

## PA Hospital EMSC Inter-facility Transfer Survey

*Please complete and mail this survey ONLY if you do not have the ability to complete the online survey included on your CD. Before you get started, please tell us about your hospital in case we need to contact you for any follow up information...*

1. Date of survey completion (mm/dd/yy): \_\_\_\_\_
2. Name of your Hospital: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. City: \_\_\_\_\_
5. County: \_\_\_\_\_
6. Zip Code: \_\_\_\_\_
7. Name of person completing survey: \_\_\_\_\_
8. Job title of person completing survey: \_\_\_\_\_
9. Phone Number: \_\_\_\_\_
10. Email of person completing survey: \_\_\_\_\_

*Next, please tell us about your hospital's inter-facility transfer guidelines...*

**11) Does your hospital or medical facility have written inter-facility guideline(s) that outline procedural and administrative policies with other hospitals for the transfer of patients of all ages including children in need of care not available at your hospital? (Select one)**

**NOTE:** Compliance with EMTALA does not constitute having inter-facility transfer guidelines. Guidelines may be a separate document or part of an inter-facility transfer agreement document.

- Yes, we have written guidelines/protocols —————> **Go to 13**
- No, we do not have written guidelines/protocols —————> **Please look at the templates provided by PA EMSC**

**12) If you answered YES to Question 11, please indicate whether the guidelines /protocols include information specifically for the transfer of patients for each item below:**

- a. Defined process for initiation of transfer, including the roles and responsibilities of the referring facility and referral center (including responsibilities for requesting transfer and communication)

Yes     No

- b. Process for selecting the appropriate care facility  Yes  No
- c. Process for selecting the appropriately staffed transport service to match the patient's acuity level (level of care required by patient, equipment needed in transport, etc.)  Yes  No
- d. Process for patient transfer (including obtaining informed consent)  Yes  No
- e. Plan for transfer of patient medical record  Yes  No
- f. Plan for transfer of copy of signed transport consent  Yes  No
- g. Plan for transfer of personal belongings of the patient  Yes  No
- h. Plan for provision of directions and referral institution information to family  Yes  No

*Please tell us now about your hospital's inter-facility transfer agreements...*

13) Does your hospital or medical facility have written inter-facility **agreement(s)** with other hospitals for the transfer of patients of all ages including children in need of care not available at your hospital? (*Select one*)

**NOTE: Compliance with EMTALA does not constitute having inter-facility transfer agreements. Agreements may be a separate document or part of an inter-facility transfer guideline document.**

Yes, we have a written agreement(s) —→ Go to 14

No, we do not have written agreement(s) —→ Please look at the data disc provided

14) Did you use one of the example templates provided to develop your transfer guidelines?

Yes

No —→ if "No" you are finished.

15) What template did you use?

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16) If you have any additional thoughts related to inter-facility transfer guidelines or agreements or about the survey itself, please share them here:

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On behalf of the Pennsylvania EMS for Children program, thank you for taking the time to complete this survey to validate that your facility has developed inter-facility transfer guidelines and/or agreements.

If you are willing to share your final guidelines and/or agreements to be used as examples for other hospitals looking to develop guidelines/agreements, please forward copies to one of the following:

Mail to: PEHSC

Attn: Steve Mrozowski

600 Wilson Lane, Ste 101

Mechanicsburg, PA 17055

Fax: 717-795-0741

**Thank you again for completing the survey!**

**We appreciate your time and help.**