



Approved January 2022

Appropriate Interfacility Patient Transfer

Revised January 2022,
January 2016 with current
title, February 2009, February
2002, June 1997, September
1992 titled "Appropriate Inter-
Hospital Patient Transfer"

Originally approved
September 1989 as a position
statement titled "Principles of
Appropriate Patient Transfer"

The American College of Emergency Physicians (ACEP) believes that quality emergency care should be universally available and accessible to the public. For patients evaluated or treated in the emergency department (ED) who require transfer from the ED to another facility, ACEP endorses the following principles regarding patient transfer.

- The optimal health and well-being of the patient should be the principal goal of patient transfer.
- Emergency physicians, physician assistants (PAs) and nurse practitioners (NPs), and facility personnel should abide by applicable laws regarding patient transfer. All patients should be provided a medical screening examination (MSE) and stabilizing treatment within the capacity of the facility before transfer. If a competent patient requests transfer before the completion of the MSE and stabilizing treatment, these services should be offered to the patient and informed refusal documented.
- The transferring facility is responsible for informing the patient or responsible party of the risks and the benefits of transfer and document these. Before transfer, patient consent should be obtained and documented whenever possible.
- The medical facility's policies and procedures and/or medical staff bylaws should identify the individuals responsible for and qualified to perform MSEs. The policies and procedures or bylaws must define who is responsible for accepting and transferring patients on behalf of the hospital. The examining physician at the transferring hospital should use his or her best judgment regarding the condition of the patient when determining the timing of transfer, mode of transportation, level of care provided during transfer, and the destination of the patient.
- The mode of transportation used for transfers should be at the discretion of the treating emergency physician, PA, or NP and based on the individual clinical situation, available options, needed equipment and patient preference. Options for transport include but are not limited to ambulance, air-transport, and private vehicle. Regardless of the method of transfer, intravenous access may remain in place if deemed appropriate by the referring emergency physician, PA, or NP.

- Payment for transport should not be retrospectively denied by insurance companies.
- Agreement to accept the patient in transfer should be obtained from a physician or responsible individual at the receiving hospital in advance of transfer. When a patient requires a higher level of care other than that provided or available at the transferring facility, a receiving facility with the capability and capacity to provide a higher level of care may not refuse any request for transfer.
- All pertinent records and copies of imaging studies should accompany the patient to the receiving facility or be electronically transferred as soon as is practical.
- When transfer of patients is part of a regional plan to provide optimal care at a specialized medical facility, written transfer protocols and interfacility agreements should be in place.

To ensure optimal patient care, nonhospital medical facilities should abide by transfer standards much the same as those outlined above. Laws and regulations relevant to the Emergency Medical Treatment and Labor Act¹(EMTALA) exist in many states. Physicians, PAs, or NPs who participate in patient transfer decisions should be aware of applicable federal and state-specific transfer laws and regulations.

The Emergency Medical Treatment and Active Labor Act, as established under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 (42 USC 1395 dd) and 42 CFR 489.24; 42 CFR 489.20 (EMTALA regulations).