# Adult Patient Transfers to Mercy Hospital for CHG and Biddle Point/Elizabeth Family Medicine (EFM)

Pt unstable, requires ICU or progressive care

Stroke or TIA requiring admission or OBS

Pregnant

Hemophilia or TTP

Chest Pain or suspected ACS with any of the following:

Positive troponin

Ischemic changes on ECG not known to be old

Hx of PCI (angioplasty or stent)

Hx of CABG

Pt requires specialty services at CMC (PCI, OB, Hepatobiliary, Thoracic surgery, ALS consult, Levine Cancer, Radiation Therapy, Toxicology, Neurosurgery, etc.)

Procedure at Main related to chief complaint in past 4 month such as surgery, endoscopy, etc.

Sent to or transferred to CMC ED for this admission

Z

No

Patient belongs to practice at Biddle Point or Elizabeth Family Medicine and weekday 7A to 7P

Or any recently admitted patient of EFM/Biddle Point that needs readmission within 30 days 24/7

Pt to be admitted to CMC (Do not transfer to Mercy)

For all CHG patients admitted to CMC Main, ED secretary will ask ED physician the indication for admission to CMC main

No

Yes

Emergency physician to discuss transfer with patient

If patient agrees to transfer:

Call PCL to contact EFM admitting physician on call at Mercy to arrange direct admission to floor at Mercy.

Notify ED charge nurse of transfer

Yes

Every day of the week 24 hours a day

Patient meets criteria for admission to CHG - Tree of Life PCP or unassigned MR ending in 5,6,7,8,9,or 0.

or BP/EFM who fall outside of M-F 7A-7P hours (including patients with failed ED observation who require admission)

Emergency physician to discuss transfer with patient

If patient does not agree to transfer, admit to CMC Main

Notify ED charge nurse of transfer

Yes

**Patient Agrees to Go to Mercy**

ED Physician calls PCL and asks for CHG Mercy Hospitalist who will call back through PCL.

If Mercy Hospitalist agrees to admit patient they will notify PCL to arrange transfer and admission

If Mercy Hospitalist does not agree to admit, they will call Hospitalist at CMC Main

The ED Physician will order a bed at CMC under Staff Med M and place holding orders

**Before Transfer to Mercy Nurse ensures stable VS**

a. HR >130 or < 50 at time of transfer

b. SBP > 220 or < 90 at time of transfer

c. RR > 32 at time of transfer

d. O2 saturation < 90% unresponsive to nasal oxygen at time of transfer

Nurse will halt transport and alert emergency physician if unstable VS

**Protocol During Increased Clinical Load for CHG Hospitalist at Mercy**

If CHG Mercy Hospitalist can accept patient but will be unable to see patient in timely manner:

CHG Mercy Hospitalist will contact CHG Nurse (before 6 PM) or CHG Main Hospitalist (after 6 PM).

CHG Main Hospitalist will see patient in CMC ED and write orders for Mercy admission.

CHG Main Hospitalist will notify PCL when patient is ready for transport to Mercy

# Transfer Guidelines

**Guidelines for CHG Transfers**

Every day of the week 24 hours a day for Calls to CHG Mercy

**Guidelines for Biddle Point EFM Transfers**

Monday through Friday 7 AM – 7 PM for Calls to EFM/Biddle Point Mercy admissions

**CHG Patients admitted to CMC Main**

ED secretary will ask ED physician reason why patient cannot be transferred to Mercy.

CHG Provider at CMC Main will confirm with ED physician why patient cannot be transferred to Mercy

**Timing of Transfer**

Patients will be transferred from CMC main to Mercy Hospital as soon as possible after being accepted at Mercy. They will not wait at CMC for a bed to become available at Mercy

Guidelines for Biddle Point EFM Transfers

No restrictions based on day of week or number of patients per day

**Stability for Transfer**

Guidelines for Biddle Point EFM Transfers

No restrictions based on day of week or number of patients per day

Guidelines for CHG Transfers

Patients requiring medical (not cardiac) telemetry

Weekdays only 7 AM – 3 PM

2 Patients per day

Patients with unstable vital signs or no venous access should not be transferred to Mercy. The attending physician in the ED can either cancel the transfer and admit to CMC or intervene to stabilize the patients until they meet transfer criteria including venous access.

DO NOT TRANSFER IF:

a. HR >130 or < 50 at time of transfer

b. SBP > 220 or < 90 at time of transfer

c. RR > 32 at time of transfer

d. O2 saturation < 90% unresponsive to nasal oxygen at time of transfer

e. No venous access (Patients must have some form of IV access such as PRN adapter, IV, port, PICC line, etc.)