

## EMSC Inter-facility Transfer Guidelines/Agreements Survey

*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. State: \_\_\_\_\_
7. Zip Code: \_\_\_\_\_
8. Name of person completing survey: \_\_\_\_\_
9. Job title of person completing survey: \_\_\_\_\_
10. Phone Number: \_\_\_\_\_ [format: (xxx) xxx-xxxx]
11. Email of person completing survey: \_\_\_\_\_ (format: johndoe@someplace.com)

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

**12) 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    **Go to 13** →
- No, we do not have written guidelines    **Skip to 14** →
- We currently do not have written guidelines, but are in the process of developing them.



**12a) If you are in the process of developing **guideline(s)**, when do you anticipate the **guideline(s)** to be ready: Month/Year (mm/yyyy): \_\_\_\_\_    **Skip to 14** →**

**13) You answered that your facility has written inter-facility transfer guidelines. Please indicate whether the guidelines 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) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Process for selecting the appropriate care facility   | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.)                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Process for patient transfer (including obtaining informed consent)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Plan for transfer of patient medical record   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Plan for transfer of copy of signed transport consent   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Plan for transfer of personal belongings of the patient   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Plan for provision of directions and referral institution information to family   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

14) 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 15**
- No, we do not have written agreement(s) —→ **Go to 15**
- We currently do not have written agreement(s), but are in the process of developing them.



14a) If you are in the process of developing agreements, when do you anticipate the agreement(s) to be ready: Month/Year (mm/yyyy): \_\_\_\_\_

**Additional Information:**

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

**We appreciate your time and help.**

**Please return the survey to [state contact info].**