

	INODAYA HOSPITALS-KAKINADA		Documentation code: INH/AAC. - doc No:06
	Policy on Transfer In		Issue date: 11/11/2025
	Reference: AAC.3a. NABH Standards – 6 th Edition		Review No: 00
	Prepared date:11/11/2025	Review Date:10/11/2026	Issue No: 01

AAC. 3a,b,c. Policy on Transfer In, out and referral

1. Purpose:

The objective of the policy is to standardize the process for transfer – in of patients from other hospitals/facilities

2. Scope:

- The scope of the policy covers Consultants, Emergency department, Front office executives, billing section (cash & credit) involved in the transfer-in of patients form other hospitals/facilities
- The scope of the policy also covers all planned and unplanned transfers from other facilities
- The scope of the policy is defined for transfer-in of unstable & stable patients from other hospitals/facilities to our hospital

3. Distribution:

Consultants, junior residents, Emergency Department, Front Office – executives, Cash billing section & Credit billing section

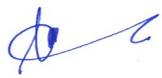
4. Definitions:

Duty MET In-charge: Duty Medical Emergency Team in-charge

MET: Medical Emergency Team consists of Duty Anesthesiologists, Duty Emergency Physicians, Duty Emergency Nursing Team (Casualty) & Duty Emergency Nursing Team (Wards/ICU)

ACLS: Advanced Cardiac Life Support

BLS: Basic Life Support

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5. Responsibility:

Front office executives, Operations executives, casualty executive & billing section in-charges

6. Policy:

- a. Our hospital accepts planned / unplanned or stable /unstable patients form other hospitals / facilities
- b. The Casualty Medical Officer & Casualty – Executive coordinates the transfer – in process with necessary advice from the Duty MET In-charge
- c. The Casualty Medical Officer discuss with the transferring organization’s Medical Officer/Consultant and assess the needs of the transfer in coordination with the Duty MET in-charge
- d. Our hospital offers to provide professional transfer – in services (with additional charges as applicable). Our professional transfer – in services consists of:
 - i. Advanced Cardiac Life Supports equipped ambulance
 - ii. Basic Life Supports equipped ambulance
 - iii. BLS & ACLS trained staff members
- e. Every transfer-in is prioritized as a unstable patient transfer / Stable patient transfer
- f. All unstable patient transfer – in processes are offered professional transfer – in services with ACLS support facilities
- g. All stable patient transfer-in processes are offered professional transfer – in services with BLS support facilities
- h. A brief discharge summary is requested from the transferring hospital/facility

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7. Responsibility Matrix for Transfer – In of patients:

S.No	Action/Step with regards to the process of Transfer - In	Responsibility
1	Information with regards to the Transfer – In request from other hospital is discussed with the consultant concerned & Duty MET In-charge	Casualty Medical Officer
2	Plan of transfer is informed to the transferring hospital/facility and necessary counseling of the patient's attenders	Casualty Medical Officer & Casualty - Executive
3	Arrangements for transfer – ACLS/BLS team members & Ambulance	Casualty Medical Officer & Casualty - Executive
4	Completion of transfer & Hand over by ACLS/BLS team leader to casualty team	ACLS / BLS team leader, Casualty Medical Officer & Casualty - Executive

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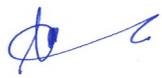
AAC. 3b. TRANSFER OUT POLICY/ REFFERAL

An “appropriate transfer” is defined as one in which:

- The receiving facility has available resources and agrees to accept the transfer and provide necessary treatment
- The transferring facility provides the receiving hospital with a complete copy of the patient’s records and other information (such as discharge summary, copies of investigation reports, etc.)
- The transfer is affected through qualified personnel and transportation equipment, including use of necessary and medically appropriate life support measures during the transfer

The term “Un Stable Medical condition” means a medical condition manifested by acute symptoms within such severity that in the absence of immediate medical attention probably may result in,

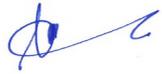
- Placing the health of the individual in serious jeopardy
- Serious impairment / dysfunction of organs / body functions.
This list includes the patients who have any one of the following entities: (based on physiological criteria)
- Requiring ventilator support
 - SPO₂ maintained with oxygen between 90-100% Not with adequate respiratory effort / normal respiratory pattern
 - BP <110/70 mmHG with ionotropic support, Hypotension / accelerated hypertension
 - Any life threatening event in the past 48 hours such as acute MI, stroke, severe head injury, Cardio respiratory arrest due to any cause.
 - Any other patient as identified by the Clinician

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Policy and Procedure for transfer out/ referral:

- i. Our hospital transfers both stable & unstable patients to other hospitals / diagnostic facilities, when the patient care needs are beyond our scope of services
- j. The Casualty Medical Officer & Casualty – Executive coordinates the transfer – out process with necessary advice from the Duty MET In-charge
- k. The Casualty Medical Officer discuss with the receiving organization’s Medical Officer/Consultant/Representative and assess the needs of the transfer in coordination with the Duty MET in-charge
- l. Our hospital offers to provide professional transfer – out services. Our professional transfer – out services consist stable / unstable cases
 - i. Advanced Cardiac Life Supports equipped ambulance
 - ii. Basic Life Supports equipped ambulance
 - iii. BLS & ACLS trained staff members
- m. All unstable patient transfers are offered professional transfer – out services with ACLS support facilities& ACLS team
- n. All stable patient transfer-in processes are offered professional transfer – out services with BLS support facilities& BLS team
- o. A brief discharge/case summary (mentioning the significant findings and treatment) is provided to the patient’s attenders and a copy is retained in the patient’s medical record of our hospital – for all transfer – out patients

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8. Responsibility matrix for transfer – out/referral of patients to other hospitals/diagnostic facilities

S.No	Action/Step with regards to the process of Transfer - Out	Responsibility
1	Information with regards to the Transfer – Out process to other hospitals/facilities are discussed with the consultants concerned & Duty MET In-charge	Casualty Medical Officer
2	Plan of transfer out is informed to the receiving hospital/ diagnostic facility and necessary counseling of the patient’s attenders with regards to the administrative formalities (Consent forms & Transfer-Out charges)	Casualty Medical Officer & Casualty - Executive
3	Arrangements with regards to ACLS/BLS team members & Ambulance for the transfer out process	Casualty Medical Officer & Casualty - Executive
4	Completion of transfer out process & Hand over by ACLS/BLS team leader to receiving hospital/facility	ACLS / BLS team leader, Casualty Medical Officer & Casualty - Executive

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1. Criteria of Stable Patient:

- Conscious
- Airway not compromise
- Breathing adequate
- Circulation adequate
- GCS 15 /15

2. Criteria of Unstable Patient:

- Unconscious
- Airway compromise
- Breathing inadequate
- (R/R <8 or >16)
- Circulation inadequate
P.R = >100 b/minor < 60 b/minor
B.P = < 90 mmHg
- GCS = < 8
- RTA
- Acute coronary Syndrome
- Acute CVA
- Acute Poisoning
- Acute Abdomen
- Acute limb Ischemic
- Heat Stroke

3. While transfer out/ referral to the patient a discharge summary/transfer summary has handed over to the patient/patient attendants a details of course of treatment

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given in hospital. (If patient is having any medico legal activity the copy of the same is retain with organization.

Document Revision History

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Version	Date of issue	Reason for Revision
Original version - 1		
Revised version - 2		
Revised version - 3		
Revised version - 4		
Revised version - 5		

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