

MSH ED – TRANSFER WITHIN MOUNT SINAI HEALTH SYSTEM: CHECKLIST

Follow this checklist to ensure a safe and appropriate patient transfer from MSH ED to Mount Sinai Health System Hospital Inpatient Services. Please refer to Epic → Documents → MSH Intra-System Transfer Instructions.

Patient Name (MRN):

Date:

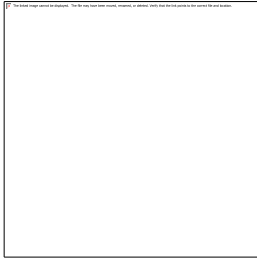
Provider:	
	Obtain verbal agreement from patient for transfer to another MSHS facility
	Enter EPIC order: "ED Transfer to Another Facility"
	Complete Epic Transfer Bundle Physician Tasks found under DC/Transfer tab
	Hand checklist & completed consent form to BA at specimen desk
	Isolation, telemetry status

Business Associate:	
	Confirm Consent Form complete
	Scan Consent Form into chart
	Prepare Transfer Envelope – Patient label, Consent Form, Face Sheet
	Hand Checklist and Envelope to ANM/Charge Nurse once EMS arrives

ANM/Charge RN:	
	Verify Consent Form is signed, dated, time stamped, & scanned
	Verify Transport
	Correct patient (2 identifiers) and Transfer Acuity (Level 2)
	Level of Transfer (BLS/ALS)
	Receiving Site and Accepting Physician
	Isolation, telemetry status
	Verify Patient Stability
	Current Vital Signs, Pain Level, Pt belongings
	Attending MD confirms patient stable for transport
	Post-Transport
	Transfer Bundle Nursing Tasks Completed in EPIC
	Patient removed from tracking board in EPIC
	ANM logs checklist

Huddle Signatures

Provider X _____ ANM/Charge RN: _____



EMERGENCY DEPARTMENT
The Mount Sinai Hospital
New York, NY 10029

**MSH ED – TRANSFER WITHIN MOUNT SINAI HEALTH SYSTEM: PATIENT
CONSENT AND PHYSICIAN CERTIFICATION**

DATE: @TODAY@
TIME: @NOW@
PATIENT NAME: @NAME@
MRN: @MRN@

FROM (Sending Hospital): Mount Sinai Hospital
TO (Receiving Hospital): {Mount Sinai St. Luke's/Mount Sinai West/Mount Sinai Beth Israel/Mount Sinai
Brooklyn/Mount Sinai Queens}
CLINICAL SERVICE: ***
TELEPHONE #: 1-800-867-4624
ACCEPTING ATTENDING PHYSICIAN: ***
**Physician has agreed to accept the transfer and receiving facility has capacity
to treat the patient**

MEDICAL RECORD #: @MRN@
PATIENT'S EMERGENCY CONTACT: @DBLINK(EPT,4320)@ **PHONE:** @@

@MSQEDDX@

REASON FOR TRANSFER: {MSH ED Reason for Transfer:32719} To Expedite Inpatient Bed
Assignment
RISKS/BENEFITS EXPLAINED TO PATIENT
(or person acting on behalf of the patient): Yes
PATIENT CONSENTS TO TRANSFER: Yes
CONDITION AT TRANSFER: {Critical/Serious/Fair/Good:32720}

RECORDS ACCOMPANYING PATIENT:
Copy of Patient Consent and Physician Certification Form
Copy of Emergency Department Visit Record
Radiology Reports
Lab Reports

Benefits:
Expeditious inpatient bed and disposition.

Risks:

All transfers have the inherent risks of traffic delays, accidents during transport, inclement weather, rough terrain or turbulence and the limitations of equipment and personnel present in the vehicle. There is the additional risk of deteriorating en route.

PATIENT CONSENT TO TRANSFER

- The risks and benefits of transfer have been explained to me.
- Based on all the information set forth above, as well as the information explained to me by my medical team, I consent to being transferred to another hospital within the Mount Sinai Health System.

Signature of Patient

(or legally responsible person): _____

Witness Signature:

Print Name of Witness:

PHYSICIAN CERTIFICATION OF TRANSFER

DATE: @TODAY@

TIME: @NOW@

PATIENT NAME: @NAME@

MR #: @MRN@

- I hereby certify that, based on the information available to me at the time of transfer, that within reasonable probability, the medical benefits reasonably expected from the provision of appropriate medical care at another medical facility outweigh the increased risk to the individual, and in the case of labor to the unborn child, from effecting this transfer.
- I have confirmed that this patient (or legally responsible person acting on behalf of the patient) is able to give informed consent.
- I have explained the risks and benefits of transfer to the patient (or legally responsible person acting on behalf of the patient).
- This patient (or legally responsible person on acting on behalf of the patient) consents to transfer.

APPROVED BY:

Sending Attending Physician:

Name: @ATTPROV@

Signature: _____

Date: _____

Telephone #: 212-241-6639

The Mount Sinai Health System Transfer Center coordinates transfers from the MSH ED to other hospitals within the Mount Sinai Health System.