

Higher Level of Care (HLOC) Transfer

1. Introduction

This policy addresses the transfer of patients within Vancouver Coastal Health (VCH) and Providence Health Care (PHC) who require [Higher Level of Care](#) (HLOC) services. This document is to be used by referring and receiving physicians, VCH and PHC [Staff](#), and by the Provincial [Patient Transfer Network](#) (PTN) to support HLOC transfers within VCH and PHC.

1.1. Scope

This policy applies to HLOC transfers within VCH and PHC. It does not apply to transfers from other health authorities except in cases where a specific VCH or PHC site is identified as the provincial resource for tertiary or quaternary services.

The HLOC policy does not apply to transfers determined to be [Life, Limb and Threatened Organ](#) (LLTO), as LLTO transfers are of higher priority requiring urgent and immediate need for intervention. For LLTO procedures, consult the [Life, Limb and Threatened Organ \(LLTO\) Transfers](#) policy.

2. Policy

VCH and PHC will provide the care that patients need, or will transfer HLOC patients to a site which has the services that a patient requires. These transfers will follow this policy. It is an expectation that Health Authorities outside of the Vancouver Coastal Health Authority region provide HLOC service within their individual catchment areas and have policies and procedures in place to expedite required transfers.

2.1 Higher Level of Care (HLOC)

A transfer for HLOC within a VCH or PHC site is initiated when the sending site does not have the service that the patient requires. HLOC transfers are time sensitive and should be designated by degree of priority. The transfer time frame will vary depending on the patient's clinical need. The patient's clinical need is discussed during the conference call between the receiving and sending physicians.

For some populations, there are additional considerations which will affect the transfer procedures and time frame:

- **Critical Care:** For critically ill patients requiring transfer to an Intensive Care Unit (ICU) due to lack of service capability or capacity, the transfer should be to the site that can provide level of care required. This is determined using [Services Capabilities – Referral Centers Guideline](#).

Critically ill patients should not be transferred to alternate ICU's if they are already being cared for in a critical care setting, unless such transfers are to a HLOC or providing capacity for a HLOC Critical Care transfer, as this would unnecessarily expose critically ill patients to the increased risk associated with transferring the patient.

- **Perinatal (Maternal/Newborn) and High Risk Paediatric:** All transfers must be initiated through the PTN single access number and identified as “specific population.”

To initiate a transfer, the referring physician at the Sending Site contacts the PTN at 604-215-5911 or toll free at 1-866-233-2337.

During the conference call, a physician or delegate from the sending site will be required to answer questions to determine priority of transfer. The PTN priority category for HLOC is PTN Colour Yellow.

If it is determined that the patient has a clinical condition, illness or injury that is immediately threatening to life, limb or organ, or if the patient requires immediate need for intervention at the receiving site, then Life Limb Threatened Organ (LLTO) transfer may be considered and would escalate the transfer to Priority 1/Red Colour (see [LLTO policy](#)).

2.2 Assessment of Eligibility: VCH and PHC Service Referral Centers

When assessing patient eligibility for transfer and which site should receive the patient, the sending site and PTN will consult the [VCH and PHC Service Capabilities: Referral Centers Guideline](#) for a list of service capabilities at various VCH and PHC sites and the diagnoses/clinical conditions that qualify as HLOC (see [Appendix A](#)).

2.3 Coordination of Transfer: The Patient Transfer Network (PTN)

The PTN facilitates all transfers between and within British Columbia health authorities. The approved VCH and PHC Primary Referral Pattern guideline will be used by PTN as a guideline for decision making (see [Appendix A](#)). Any existing VCH, PHC and provincial protocols for Trauma, STEMI, Stroke, Maternal Child and Youth, and Mental Health will override these [Primary Referral Patterns](#).

Patients will be transferred to acute care sites within VCH and PHC according to the capabilities as outlined in the [VCH and PHC Service Capabilities: Referral Centers Guideline](#).

2.4 Receiving the HLOC Patient: The Receiving Site

When VCH or PHC physicians or surgeons receive a referral from the PTN that they ascertain to be in the category of HLOC, the receiving physician (which is always the [Most Responsible Physician](#)) will accept the patient and the PTN will initiate transfer with clearly determined timelines in which the transfer is expected to occur.

The PTN will notify the receiving designated patient flow lead who will in turn notify their site-based Staff of transfer timeline and coordinate the delivery of necessary resources.

The transfer timeline is defined as the time period in which the transfer is supposed to occur to ensure patient care and safety. The accepting service at the receiving site creates a bed for direct transfer of the HLOC patient to an inpatient bed or wherever possible.

For HLOC transfers that do not meet the expected time target, the situation must be reassessed and a physician conference with PTN must occur to determine if escalation of patient status from HLOC to LLTO is required.

2.5 Repatriation Procedures

HLOC is not dependent upon [Repatriation](#). Repatriation procedures determined on a case by case basis by both sending and receiving site as facilitated by PTN and in accordance with the [Intra-Health Authority Repatriation](#) policy (VCH and PHC).

2.6 Diversion of a Transfer

In situations where VCH or PHC cannot provide the service requested, VCH and PHC will proactively alert PTN that the service is unavailable, and the estimated period of time until the service becomes available.

If the designated patient flow lead access leader/designated administrator firmly believes that the necessary resources cannot be mobilized in the time available, or that accepting a transfer will place patients or Staff at an inappropriate level of risk, designated patient flow lead at the sending site with PTN will discuss with the VCH or PHC physician the option of an expedited transfer to the nearest available resource.

3. Responsibilities

3.1. VCH and PHC Staff

VCH and PHC Staff will manage the sending and receiving processes and information requirements as outlined in this policy in a timely and professional manner, and provide clear, concise, and up to date information to the PTN as required. VCH and PHC Staff will identify the site specific point of contact person.

3.2. PTN

The PTN will use a standardized streamlined process as the provincial point of contact for advice/transfer requirements for all inter- and intra-facility patient transfers. PTN will ensure clinical/medical oversight for complex/high acuity patient transfers, as well as provide a coordinated communication function between clinicians/sites with the identified site specific point of contact person.

4. Compliance

The Patient Safety Learning System (PSLS) will be used to identify any quality concerns regarding any HLOC transfers.

The designated patient flow lead at the sending site is to contact the designated patient flow lead at the receiving site to resolve refusals of HLOC transfers.

5. Supporting Documents

5.1. Related Policies

- [Intra-Health Authority Repatriation](#)
- [Life, Limb and Threatened Organ Transfer](#)

5.2. Guidelines/Procedures/Forms

- [Mental Health Transfer Guidelines](#)
- [Patient Transfer Network](#)
- [Provincial Maternal Newborn Transfer Network: Principles and Processes](#)
- [Repatriation MOU](#)
- [Transport from MSJ: Urgent Life, Limb or Threatened Organ \(LLTO\) and Higher Level of Care\(HLOC\)](#)
- VCH and PHC Service Capabilities: [Referral Centers Guideline for LLTO and HLOC](#)

6. Definitions

“Higher Level of Care” (HLOC) means that a patient’s care needs exceed the service capabilities that are currently provided at a site and that the patient needs to be transferred to another site that can provide the required service.

“Life, Limb and Threatened Organ” (LLTO) means that a patient’s life, limb or organ condition are deemed to be life threatening and require immediate transfer to a facility that can provide the requisite care.

“Most Responsible Physician” means the physician accepting care of the patient.

“Patient Transfer Network” (PTN) means the provincial service that provides the coordinated approach for all inter-facility transfers of patients in B.C.

“Primary Referral Patterns” means the preferred site that the sending site might consider referring to if they needed to transfer a patient requiring HLOC services.

“Repatriation” means returning the patient to a site of origin or home community.

“Staff” means all employees (including management and leadership), Medical Staff Members (including physicians, midwives, dentists and Nurse Practitioners), residents, fellows and trainees, students, volunteers, contractors and other service providers engaged by VCH and PHC.

7. References

[Mental Health Act](#)

8. Appendix

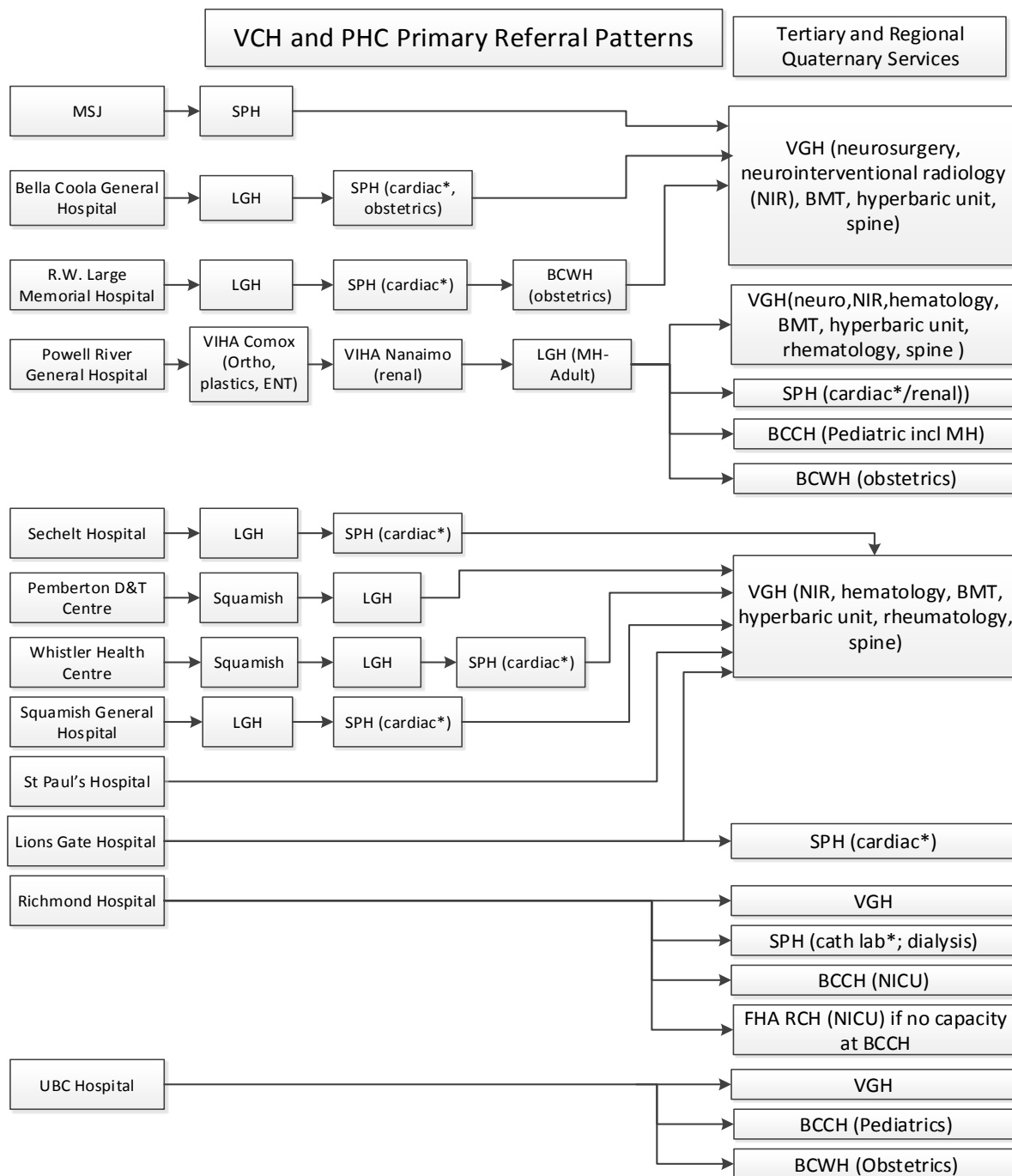
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[VCH and PHC Primary Referral Patterns \(See Appendix A\)](#)

Questions

Contact: Regional Emergency Services Program

Appendix A – VCH and PHC Primary Referral Patterns



Any existing VCH, PHC and provincial protocols for Trauma, STEMI, Stroke, Maternal Child and Youth, and Mental Health will override these Primary Referral Patterns
 Trauma cases being transferred via Air Ambulance will be directed to VGH
 *Cardiac/Cath Lab cases may be referred to SPH or VGH (depending on factors that may include patient history and comorbidities)