



**ORTHOPAEDIC
— TRAUMA —
ASSOCIATION**

Transfer of the Orthopaedic Trauma Patient: Criteria and Procedure

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Purpose:

To provide guidelines regarding the transfer of patients from one emergency room to another for specialty care and outline an appropriate procedure for accomplishing these transfers.

Principle:

The best interest of the patient should be the primary criteria for all patient transfers. Transfers should be performed when appropriate services or expertise to evaluate and/or treat a patient are not available at the initial receiving facility. Whenever possible, prearranged transfer agreements should be in place to facilitate timely transfers of patients. All patients should be appropriately evaluated by qualified physicians prior to transfer. Emergency treatment and/or stabilization should be accomplished at the initial facility prior to transfer. The reason for transfer should be explained to the patient. Transfers should not be undertaken without the consent of the patient or patient's representative. If consent cannot be obtained, the treating physician should document the reason for transfer.

Institutions with limited capacity for orthopaedic services must establish methods for appropriate patient evaluation, treatment and transfer ensuring timely care of patients with musculoskeletal injuries. This coordination may require agreements between health care facilities and local orthopaedic surgeons who provide call-sharing between facilities or telemedicine consultation

Transfer and triage agreements should be developed considering the realities of local man-power limitations in cooperation with local hospitals and orthopaedic surgeons. Efficient and appropriate care of patients with musculoskeletal emergencies should be the goal of these agreements. The competitive aspects of health care delivery must yield to the community's need for the proper disposition, evaluation and treatment of patients with emergent conditions. This requirement will necessitate cooperation between hospitals, physicians, emergency responders and government to ensure the best available care and avoid the inefficiencies and difficulties associated with a haphazard approach.

Guidelines

1. Transfer of patients with musculoskeletal injuries is often necessary to ensure treatment at an appropriate level of expertise and resource availability.
2. The primary goal of the transfer of trauma patients is the provision of appropriate care for the patient's injuries.
3. Transfer should not be based on the payer status of the patient.
4. All documentation and imaging should accompany the patient to avoid delay in treatment and duplication of studies.
5. Cooperation, planning and use of technology should be utilized to best allocate emergency resources within communities. The needs of the population must always be the highest priority. Physicians, hospitals and emergency service responders must wisely allocate these resources
6. Regional Transfer Agreements (trauma networks) should be established between hospitals when necessary to ensure appropriate care is available to patients in a timely fashion and avoid delays associated with long-distance transfers. These guidelines should be developed on a hospital-to-hospital level by the administration of both institutions.
7. When there is not an established trauma network, physical examination and review of pertinent imaging studies must be performed by the transferring physician. It is the transferring orthopaedic surgeon's responsibility to make direct physician-to-physician contact with the receiving orthopaedic surgeon prior to sending the patient. Transfer without communication should only occur when medical circumstances necessitate expedited transfer.
8. The "on-call" orthopaedic surgeon for a facility has an obligation to respond to consults within that facility. When the "on-call" orthopaedic surgeon does not/cannot respond in a timely fashion, the emergency room physician should convey the history, physical exam and results of pertinent imaging as accurately as possible to the receiving orthopaedic surgeon. The referring physician should also explain the circumstances necessitating transfer without the consultation of the "on-call" physician including the name of the "on-call" physician.