

## **Inpatient Geriatrics Transfer Policy**

### **Section I. Outside Hospital Transfers (OSH) for Geriatrics**

*Note: Section I only applies to patients with UCLA Geriatricians as PCPs and to patients of the Alzheimer's and Dementia Care (ADC) Program if specified to be admitted to Geriatrics (see under Snapshot "Patient Care Coordination Note") per established consent by the patient's non-geriatrician PCP.*

#### **A. Transfer RNs (currently available only Mon-Fri from 8AM to 5PM, excluding holidays)**

1. Will perform the initial intake of clinical information from the requesting hospital.
2. Will sign on to the virtual Geriatrics Attending Transfer pager (p89615) on Mon-Fri (excluding holidays) from 8AM to 5PM, and will serve as the point of contact for the Transfer Center during these hours.
3. Will contact the designated Geriatrics Attending to discuss and decide the appropriateness of transfer and the level of care.
3. Will then:
  - a. Document the summary of the discussion and decision on Care Connect
  - b. Page the Geriatrics admitting resident (p91907) regarding the accepted transfer and the contact information of the treating/transferring physician for signout
  - c. If the patient does not arrive same day, provide Geriatrics admitting resident (virtual pager 91907) daily updates (Mon-Fri, excluding holidays)

#### **B. Transfer Center**

1. Informs the requesting hospital of the acceptance or denial
2. If there is a change request for a higher level of care, will alert Transfer RN (Mon-Fri, 8AM-5PM), or if after-hours/weekends/UCLA holidays, the Geriatrics Attending for Transfer (p89615).

#### **C. Placement Center**

1. Will textpage the Geriatrics admitting resident (pager 91907) with bed assignment info (and only if available, ETA)

#### **D. Geriatrics Admitting Resident**

1. Will obtain detailed signout from the treating/transferring MD after notification by the Transfer RN
2. Will save a spot for the accepted patient (to avoid exceeding his/her cap limit that could potentially result in the OSH patient getting bounced to the night float or direct care Hospitalist during his call)
3. If the patient does not arrive during his/her call hours, is responsible for passing along the clinical information to the next Geri admitting resident

#### **E. Geriatrics Attending for Transfer**

1. After hours and on weekends/UCLA holidays, is responsible for responding to OSH requests communicated by the Transfer Center, and will thus:
  - a. Contacts the treating/transferring physician to discuss and decide the appropriateness of transfer and level of care.
  - b. Informs the Transfer Center of the acceptance and the appropriate level of care (regular floor, monitor/non-monitored; intermediate)
  - c. Pages the Geriatrics admitting resident (p91907) regarding the accepted transfer and the contact information of the treating/transferring physician for signout
  - d. Documents a summary of the transfer accept/denial note on Care Connect
2. For denials of transfer, may be requested to provide rationale if the requesting hospital/provider requests a review of the denial by Dr Michael Lazarus, Director of Hospitalist Services and/or Dr Tisha Wang (Vice Chair, Inpatient Services)

**Section II. Lateral Transfers from RRUCLA (ER and admitted) for Geriatrics practice patients and Panel patients**

**A. Chief Residents (p91010)**

1. Will approve all transfer requests; Transfer Center does not need to obtain approval from the Geriatrics Attending for Transfer
2. If concerns arise, will have the prerogative to reach out to the Geriatrics Attending for Transfer (p89615) or the medical director of the Geriatrics Unit (p24645) to further discuss

**B. Treating/Transferring MD**

1. Will page and provide a detailed signout to the Geriatrics admitting resident p91907, preferably when a bed is already assigned

**C. Geriatrics Admitting Resident**

1. Will obtain detailed signout from the treating/transferring MD
2. Will save a spot for the accepted patient (to avoid exceeding his/her cap limit which could potentially result in the patient getting bounced to the night float or direct care Hospitalist during his call)
3. If the patient does not arrive during his/her call hours, is responsible for passing along the clinical information to the next Geri admitting resident.
4. Will discuss with Geri attending any patient not deemed appropriate for admission to Geriatrics before declining the patient.