Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

AMENDED
June 24, 2024

VHA DIRECTIVE 1094(1)
Transmittal Sheet
January 11, 2017

INTER-FACILITY TRANSFER POLICY

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive provides policy regarding the transfer of patients between Department of Veterans Affairs (VA) medical facilities and transfers between VA and non-VA medical facilities.

2. SUMMARY OF CHANGES:

a. As published: The revised directive removes the extensive information about transfer and eligibility for travel that is not applicable to the clinical setting. It also specifies that this policy is not applicable to inpatient transfers to nursing home beds or to patients, staff or visitors who develop emergency medical conditions while at a CBOC.

b. Amendment dated June 24, 2024 removes the local policy requirement verbiage found in paragraph 2.b and 4.b. This amendment is required by VHA Notice 2024-08, Suspension of Local Policy Mandates in Overdue VHA National Polices, dated June 24, 2024, which suspends implementation of this local policy mandate.

3. RELATED ISSUES: None.

4. RESPONSIBLE OFFICE: The Office of Patient Care Services, Specialty Care Services (10P4E) is responsible for the contents of this directive. Questions may be referred to 202-461-7120.

5. RESCISSIONS: VHA Directive 2007-015, dated May 7, 2007, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of January 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

David J. Shulkin, MD
Under Secretary for Health

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1. PURPOSE

This Veterans Health Administration (VHA) directive provides policy regarding the transfer of patients between Department of Veterans Affairs (VA) medical facilities and transfers between VA and non-VA medical facilities. **AUTHORITY:** 38 U.S.C. 7301 (b). This policy is not applicable to inpatient transfers to nursing home beds.

2. BACKGROUND

a. Inter-facility transfers are frequently necessary to provide a patient's access to specific providers or services. The movement of people from one institution to another exposes the patient to risks, while in some cases, failing to transfer a patient may be equally risky. VHA is responsible for ensuring that transfers into and out of its medical facilities are carried out appropriately; under circumstances which provide maximum safety for patients and which comply with applicable standards.

b. Policies must have provisions applicable to outpatients and inpatients transferring both into and out of the facility. Transfers of inpatients from VA medical facilities to other VA facilities or non-VA medical facilities are considered discharges for documentation and statistical purposes. As such, discharge documentation guidelines as outlined in VHA Handbook 1907.01 must be followed. ***NOTE:*** *If a Veterans Integrated Service Network (VISN) has established procedures for transfer of veterans within and between VISNs, these procedures must be reflected in the individual medical center's standard operating procedures.*

c. Copies of properly executed state-authorized portable do-not-attempt-resuscitation (DNAR) orders and state-authorized portable orders for life-sustaining treatment should accompany patients on transfer.

3. POLICY

It is VHA policy that all transfers in and out of VA medical facilities of inpatients and patients in the ED/ UCC are to be accomplished in a manner that ensures both maximum patient safety and compliance with the intent of the transfer provisions of EMTALA and its implementing regulations. The policy established in this directive is not applicable to patients, visitors, or staff in a Community Based Outpatient Clinic (CBOC) who present with or develop an emergency condition while there for a scheduled or unscheduled appointment, or in the case of an emergency situation involving staff, during duty hours. In addition, this policy is not applicable to inpatient transfers to nursing home beds.

4. RESPONSIBILITIES

a. **Veterans Integrated Service Network Director.** The Veteran Integrated Service Network (VISN) Director is responsible for ensuring that all VA medical facilities

within the VISN have a policy for the safe transfer of patients into and out of the medical facilities.

b. **VA Medical Facility Director.** The VA medical facility Director or designee is responsible for ensuring that processes are in place that ensures the safe, appropriate, orderly, and timely transfer of patients. These processes must comply with The Joint Commission (TJC) hospital standards, particularly those standards pertaining to emergency and non-emergency transfers and the provisions of EMTALA and its implementing regulations if applicable.

c. **Facility Chief of Staff.** The facility Chief of Staff and the Associate Director of Patient Care Services are responsible for ensuring that:

(1) Only the Emergency Department or Urgent Care Clinic physician, or designee on duty and in charge, accepts patients for evaluation in the ED/UCC. ***NOTE:*** *Responsibility for accepting direct admissions to inpatient units is determined by local policy.*

(2) All transfers are monitored and evaluated as part of VHA's Quality Management Program. VA Form 10-2649A, Inter-Facility Transfer Form (see Appendix A), and VA Form 10-2649B, Provider Certification and Patient Consent for Transfer (see Appendix B), are used to record data for both clinical and monitoring purposes.

NOTE: *The policy established in this directive is not applicable to patients, visitors, or staff in a Community Based Outpatient Clinic (CBOC) who present with or develop an emergency condition while there for a scheduled or unscheduled appointment, or in the case of an emergency situation involving staff, during duty hours. These patients can be transferred to the appropriate acute care facility without a need to complete VA Forms 10-2649A and 10-2649B.*

(a) Completion of a templated note in the patient's Computerized Patient Record System (CPRS) with electronic signature is acceptable in place of VA Form 10-2649A.

(b) VA Form 10-2649B is available as an iMedConsent form. It can be located by launching iMed from the tools menu of CPRS and locating VA Form 10-2649B in the shared folder.

(c) Local or state forms which provide all the required information can be accepted as an alternative to VA Form 10-2649A and VA Form 10-2649B when a patient is being transferred to a VA facility from a non-VA medical facility, and are included in the patients' medical record.

(d) If a patient in the ED/UCC refuses to consent to transfer, all reasonable steps are taken to secure the patient's written informed refusal (or that of a person acting on the patient's behalf) and include this in the medical record. The written document must indicate the person has been informed of the risks and benefits of the transfer and must state the reasons for the individual's refusal. The medical record must contain a description of the proposed transfer that was refused by or on behalf of the individual. If

the reason for transfer is due to a facility or regional emergency, the patient will be transferred regardless of refusal.

(3) No patient is to be transferred to a VA medical facility or accepted from a VA or non-VA medical facility, without the prior approval of an appropriately-credentialed, privileged, VA staff physician, or designee. No patient may be transferred from a VA medical facility to a non-VA medical facility without the prior approval from an accepting physician, or designee, at the receiving non-VA medical facility.

(a) An assigned designee, involved in any decisions or actions related to transfers, must be a credentialed provider. The designee cannot be an individual who is at the VA as a post graduate trainee (intern, or resident). If the designee is not a physician, the designee must be a qualified medical person as determined by the facility's by-laws or rules and regulations. Transfer-related decisions by a non-physician designee may be made only after a physician is consulted and agrees with the action. Signatures of any transfer-related documentation by the non-physician designee must subsequently be counter signed by the physician consulted.

(b) The accepting physician, or designee, must speak directly with the referring physician, or designee, regarding the care of the patient. A nurse-to-nurse contact for a patient report is also essential. These verbal communications need to allow for questions and answers from both transferring and receiving facilities. Tele-health technology if available may be a tool used to proactively and effectively link the referring provider and/or Veteran with an accepting provider at a distance through interactive videoconferencing to facilitate with the transfer. Tele-health can be used to ensure safe and appropriate transfers of patents between facilities, thereby reducing mortality and increasing tele-health service opportunities. This is irrespective of whether the transferring facility is VA or non-VA. If the accepting physician/provider is a staff physician/provider not working in the ED/UCC, this physician/provider must discuss the details of the transfer with the ED/UCC physician in the event the patient reports to, passes through, or comes through the ED/UCC.

(c) The sending facility assumes full responsibility for the patient during travel. This means the sending institution has full responsibility for determining stability for transfer and the appropriate services needed to accomplish a safe transfer.

(4) When a patient is accepted for transfer, the referring and accepting physicians, or their respective designees, agree on the following information, which the referring physician must record on VA Form 10-2649A. ***NOTE:*** *In the case of transfers from non-VA medical facilities, non-VA local forms meeting EMTALA requirements are an alternative.*

(a) The date and time transfer will occur.

(b) Documentation of the patient's (or legally-responsible person acting on the patient's behalf) informed consent to transfer (see Appendix B, VA Form 10-2649B).

(c) Medical and/or behavioral stability of the patient for transfer.

(d) The mode of transportation and equipment needed.

(e) The appropriate level of care required during transportation and a health care professional trained to provide that care. In most instances, cases transported by ambulance will have this requirement satisfied by the ambulance personnel. In cases requiring additional resources or those not being transported by ambulance, the VHA facility transferring the patient has a responsibility to provide the appropriate health care personnel and include plans for returning them to their duty station when the transfer has been completed.

(f) Identification of the transferring and receiving physicians.

(g) Details of the need for care and the proposed level of care after transfer.

(h) Send all pertinent medical records available, including an active patient medication list and any medications given to the patient prior to transfer with the patient, including documentation of the patient's advance directive made prior to transfer, if any.

d. **The Emergency Department /Urgent Care Clinic Medical Director and Nurse Manager.** The Emergency Department/Urgent Care Clinics (ED/UCC) medical facility Director and Nurse Manager are responsible for ensuring that the VA medical facility ED or UCC, is in compliance with the emergency department provisions of Title 42 Code of Federal Regulations (CFR) 489.24 implement the Emergency Medical Treatment and Labor Act (EMTALA), which is codified at 42 U.S.C. 1395dd and its implementing regulation, 42 CFR § 489.24(a). While not technically subject to EMTALA and the implementing regulations promulgated by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), VHA requires as a matter of policy that VA staff comply with the intent of EMTALA regarding the transfer of patients seen in our Emergency Department/Urgent Care Clinics (ED/UCC) between VA medical facilities and between VA and non-VA ED/UCCs. The intent of this provision is to ensure that all patients with an acute medical condition, regardless of ability to pay, have equal access to emergency treatment in hospitals that have EDs. VA facilities with EDs or UCCs must comply with these provisions even though VA does not participate in Medicare or Medicaid and even though VA's EDs and UCCs are not licensed by the State and do not hold themselves out to the public as a place that provides care for emergency medical conditions on an urgent basis without an appointment. This requirement is essential to VA's ability to provide a complete medical service for Veterans, pursuant to 38 U.S.C. 7301.

NOTE: *The intent of these provisions is to prevent a facility from transferring a patient with an emergency medical condition being evaluated in the ED/UCC to another facility before the acute condition has been stabilized, unless the receiving facility agrees to the transfer or a failure to transfer the patient would itself be likely to result in greater harm. This includes proper stabilization of the pregnant patient and/or emergency delivery of the fetus/newborn if possible prior to transfer.*

e. **Veterans Integrated Service Network Chief Medical Officer.** The Veterans Integrated Service Network (VISN) Chief Medical Officer (CMO) is responsible for:

(1) Contacting any VA or non-VA medical facility that may have transferred a patient to a VA facility in a manner that violates this policy. ***NOTE:*** *Attachments C and D are sample memoranda; Attachment E is a sample letter; i.e., Notice of Investigation, for use with non-VA facilities.*

(2) Responding to any concerns of non-VA facilities regarding transfers from a VA medical facility.

(3) Initiating a fact-finding review in cases of possible inappropriate transfer to a VA medical facility from either another VA or from a non-VA medical facility using established protocols.

5. REFERENCES

a. VHA Handbook 1907.01, Health Information Management and Health Records, Information Assurance Services.

b. 38 U.S.C. 7301.

c. 42 U.S.C. 1395dd. (EMTALA).

d. 42 CFR 489.24.

e. 2014 Joint Commission (JC) Comprehensive Accreditation Manual for Hospitals, (Standards PC.04.01.01 and PC.04.02.01).

f. VHA Handbook 1004.04, State-Authorized Portable Orders (SAPO).

VA FORM 10-2649A, INTER-FACILITY TRANSFER FORM

Department of Veterans Affairs (VA) Form 10-2649A, Inter -Facility Transfer Form can be found on the VA Forms website at: http://vaww.va.gov/vaforms/medical/pdf/vha-10-2649A-fill.pdf.

VA FORM 10-2649B, PROVIDER CERTIFICATION AND PATIENT CONSENT FOR TRANSFER

Department of Veterans Affairs (VA) Form 10-2649B, Certification and Patient Consent for Transfer can be found on the VA Forms website at: http://vaww.va.gov/vaforms/medical/pdf/10-2649B%20Final.pdf

SAMPLE MEMORANDUM #1
(Department of Veterans Affairs (VA) facility to VA facility Transfer)

DATE:_____

TO: Medical Center Director or Chief of Staff at Referring VA Facility

FROM: Veterans Integrated Service Network (VISN) Chief Medical Officer (CMO)

1. National and local Department of Veterans Affairs (VA) policies specify that credentialed and privileged VA physicians must approve all transfers of patients from other facilities to a VA facility. This helps provide for patient needs and ensures that the necessary services are available to meet those needs. It is VA policy to comply with the intent of EMTALA requirements regarding the transfer of patients codified at 42 USC § 1395dd, "Examination and Treatment for Emergency Medical Conditions and Women in Labor," which forbids transfer of patients with unstablilized medical conditions except under narrow and specific circumstances.

2. On _____(Date)
_____(Patient's Name and Social Security Number)
was transferred to _____(Name of Receiving VA Medical Facility) from your facility.

3. A concern has been raised that this transfer did not comply with VA policy because (choose as many as apply):

a. The patient was not provided with an appropriate screening examination prior to transfer.

b. The transfer was not approved by a VA physician.

c. The patient (or legally responsible person acting on the patient's behalf) did not consent in writing to the transfer.

d. There was no physician's certification that the benefits of transfer outweighed the risks.

e. Pertinent medical records did not accompany the patient at the time of transfer and/or

f. The transfer was not effected using qualified personnel and/or equipment.

4. I would appreciate your reviewing the facts of this case and contacting me so that we may discuss the matter further. My telephone number is _____.

Signature Block for the

VISN CMO

*S*AMPLE MEMORANDUM #2
(To Non-Department of Veterans Affairs (VA) Facility regarding possible inappropriate Non-VA Facility to VA Facility Transfer)

DATE:_____

TO: Medical Director or Chief of Staff at Referring Non-VA Facility

FROM: Veterans Integrated Service Network (VISN) Chief Medical Officer (CMO)

1. National and local Department of Veterans Affairs (VA) policies specify that credentialed and privileged VA physicians must approve all transfers of patients from other facilities to a VA medical facility. This helps provide for patient needs and ensures that the necessary services are available to meet those needs. It is VA policy to comply with the intent of EMTALA requirements regarding the transfer of patients codified at 42 USC § 1395dd, "Examination and Treatment for Emergency Medical Conditions and Women in Labor," which forbids transfer of patients with unstablilized medical conditions except under narrow and specific circumstances.

2. On_____(Date)
_____(Name and Social Security Number)
was transferred to the _____(Name of VA Medical Facility
from _____(Name of Transferring Facility).

3. We are required by VA policy, which has adopted the essential legal requirements of **42 USC 1395dd** , to report this transfer to Health Care Financing Administration (HCFA) because (choose as many as apply):

a. The patient was not provided with an appropriate screening examination prior to transfer.

b. The transfer was not approved by a VA physician.

c. The patient (or legally responsible person acting on the patient's behalf) did not consent in writing to the transfer.

d. There was no physician's certification that the benefits of transfer outweighed the risks.

e. Pertinent medical records did not accompany the patient at the time of transfer and/or

f. The transfer was not effected using qualified personnel and/or equipment.

4. The patient has been notified that contact may be made by HCFA regarding the transfer.

Signature Block for the

VISN CMO.

SAMPLE LETTER, NOTICE OF INVESTIGATION
(Regarding Transfer from Non-Department of Veterans Affairs (VA) Facility)

DATE:_____

Dear_____
Patient's Name

On_____(Date), you were transferred from _____(Name of Facility)to the Department of Veterans Affairs (VA)_____(City and State) medical facility.

After careful review of the circumstance, we have decided to request an investigation of your transfer by the Centers for Medicare and Medicaid Services (CMS). This is an agency within the United States Department of Health and Human Services that administers the Medicare program. Someone from the CMS Regional Office in _____(City and State) may be contacting you.

The law which applies to cases such as yours is **42 USC 1395dd** , "Examination and Treatment for Emergency Medical Conditions and Women in Labor." A copy is available upon your request.

If you have any questions, please contact _____(Name) at _____(Telephone Number).

Sincerely,

Signature Block for the
Veterans Integrated Service Network (VISN) Chief Medical Officer (CMO).