SA Health

Policy

Inter-Facility Transfer

Version 1.1
Approval date: 10 April 2025
PDS Reference No: D0516

Government of South Australia
SA Health

1. Name of policy

Inter-Facility Transfer

2. Policy statement

This policy provides the mandatory requirements across SA Health for the management of inter-facility transfers, referred by an emergency department (ED), inpatient medical team, or a non-hospital-based clinician, to a facility for the purpose of medical review, treatment, or care. This includes inter-facility transfers for the provision of acute care or step-down services (sub-acute or restorative care).

3. Applicability

This policy applies to all employees and contracted staff of SA Health; that is all employees and contracted staff of the Department for Health and Wellbeing (DHW), LHNs (including state-wide services aligned with those Networks) and SA Ambulance Service (SAAS) and SAAS volunteers.

This policy does not apply to contracted providers of virtual hospital or health services, such as My Home Hospital.

4. Policy principles

SA Health's approach to inter-facility transfers is underpinned by the following principles:

- We are committed to delivering care that is respectful of and responsive to, the preferences, needs and values of patients.
- We ensure decisions are made in consultation with patients, their family and/or carer and in alignment with their goals of care.
- We enhance patient care with the equity of access and safe, timely and efficient transfer of all patients, irrespective of geographical home location.
- We are committed to establishing a streamlined and consistent approach for safe and timely inter-facility transfers and ensuring a suitable inpatient bed is secured for patients accepted by an inpatient service for an inpatient admission.
- We are committed to direct communication between clinicians and encouraging cooperation, mutual understanding, and respect.
- We seek to improve access to services by reducing avoidable treatment delays, minimising avoidable repeat patient medical reviews, avoiding unnecessary transfers to ED, and reducing transfer of care delays.
- We will maximise utilisation of other modes of transport where safe and clinically appropriate to preserve ambulance resources.
- We ensure that inter-facility transfers are receptive and responsive to, and culturally safe for, Aboriginal and Torres Strait Islander people to achieve equitable health outcomes, with specific consideration to transfers from regional and remote communities.

5. Policy requirements

- All LHNs and SAAS must:
  - Develop local procedures for the management of inter-facility transfers, in line with Appendix 1 Inter-facility Transfer Mandatory Instruction, including:
    - clear processes for all clinical services.
    - escalation mechanisms for medical and operational concerns.

- defined clinical and corporate governance frameworks.

- All LHNs must:
  - Manage demand to accommodate inter-facility transfers and ensure patients are:
    - not delayed or refused admission due to bed availability or capacity, irrespective of phase of care (including time critical care needs), if a patient cannot be safely cared for in place, or an alternative option cannot be found within a clinically appropriate timeframe.
    - prioritised based on agreed clinical need, with consideration to clinical capability of the sending facility.
    - transferred with the understanding that when specialty services are no longer required, the patient will be transferred back to the sending facility, or a facility with an equivalent level of clinical capability close to the patient's geographical home location.
  - Ensure each facility has a nominated staff member or single point of contact responsible for bed management and allocation, at all times (contactable via a generic email address and/or phone number).
  - Determine the most appropriate mode of transport in line the Patient Transport Decision Making Matrix, and where required, arrange an ambulance in line with Process for Booking SAAS Patient Transport Service, as outlined in Part 2 of the Appendix 1: Inter-facility Transfer Mandatory Instruction.
  - Minimise delays to SAAS at both the sending and accepting facility for all inter-facility transfers in line with the Ambulance Transport and Handover Policy.
  - Establish local approval processes to ensure transport costs assumed by the health service, in line with the Responsibility for Costs Associated with Transport and Assistance Options, are authorised by appropriate financial delegations, as outlined in Part 6 of the Appendix 1: Inter-facility Transfer Mandatory Instruction.
  - Ensure patients are notified of any costs or fees associated with transport (not including SAAS Patient Transport Service) and eligibility criteria for transport assistance, as early as possible to prepare for discharge or transfer, in line with Part 6 and Part 7 of the Appendix 1: Inter-facility Transfer Mandatory Instruction.
- SAAS must:
  - Proactively manage inter-facility transfers by actioning transport bookings in line with the Process for Booking SAAS Patient Transport Service, as outlined in Part 2 of Appendix 1: Inter-facility Transfer Mandatory Instruction, and in accordance with relevant contractual obligations and SAAS operating procedures, to minimise delays in releasing ED cubicles and inpatient beds.
  - Ensure all inter-facility transfers are transported within a timely manner with consideration to clinical need, remoteness of location, contractual obligations, and within the hierarchy of ambulance and community demand.

6. Mandatory related documents

The following documents must be complied with under this Policy, to the extent that they are relevant:

- Ambulance Transport and Handover Policy
- Clinical Communication and Patient Identification Clinical Directive
- Fact Sheets:
  - Booking SAAS Patient Transport Service
  - Destination Directory of Services for Specialist Review or Admission
  - Patient Transport Decision Making Matrix
  - Responsibility for Costs Associated with Transport and Assistance Options
- Inter-Facility Transfer Guideline.
- Inter-hospital Transfer of a Patient to WCH Campus
- Managing Transfer or Discharge of Patients Policy

- Recognising and Responding to Clinical Deterioration Clinical Directive
- Resuscitation Planning – 7 Step Pathway Clinical Directive
- Statewide Demand and Escalation Policy
- SA Medical Imaging Procedures:
  - Procedure for the Transfer of Patients Between SA Health Sites for Non-Cardiac Medical Imaging
  - Procedure for the Transfer of Patients Between SA Health Sites for Non-Cardiac Medical Imaging -Flowchart
  - Procedure for the Transfer of Patients Between SA Medical Imaging Sites -Flowchart
  - Procedure for Transfer of Patients Between WCH and RAH Emergency Department 1.5T MRI
  - TQEH ED to RAH Radiology Transfer for CT Clinical Procedure
  - Inpatient transfers from hospital sites to RAH for PET Studies Clinical Procedure

7. Supporting information

- Aboriginal Health Care Framework 2023-2031
- Clinical Services Capability Framework.
- Medicare Ineligible Patient Payment
- Patient Assistance Transport Scheme (PATS)
- Refugee Health Service
- SA Health Patient Financial Assessment Form

8. Definitions

- **Accepting clinician:** means a senior decision-maker (or delegate) who is responsible for accepting and receiving an inter-facility transfer.
- **Delegate:** means a clinician operating on behalf of and under the clinical supervision of a senior decision-maker. The senior decision-maker must retain responsibility and accountability for clinical decision making regarding the requirement for inter-facility transfer.
- **Facility**: means the sending or accepting location for inter-facility transfers where medical review, treatment and/or care is provided to patients, including but not limited to, a public hospital or health service, residential or community-based facility.
- **Inter-facility transfer:** means the transfer of a patient who has been referred to a public hospital or health service by an ED, inpatient medical team or non-hospital-based clinician for the purposes of medical review, treatment or care. Inter-facility transfers may operate within or between public hospitals or health services, residential or community-based facility, based on clinical needs of the patient, access to services or capacity constraints. It also includes transfer or discharge to a place of residence in the community (including Residential Aged Care Facility (RACF)) when care is complete and where the patient requires transport by ambulance.
- **Integrated Cardiovascular Clinical Network South Australia (iCCnet SA):** means a state-wide provider clinical network which supports the practice of evidence-based medicine and continuous quality improvement in the management of cardiovascular disease in diverse settings across regional, rural and remote South Australia.

- **Non-hospital-based clinician:** means an appropriately qualified clinician or medical practitioner who does not have direct admitting rights to an intended facility (i.e. MedSTAR Medical Retrieval Consultant, SAVCS Consultant, Primary Care Provider, RACF, General Practitioner (GP), specialist or Nurse Practitioner). This includes SAAS paramedics and ambulance officers for the purposes of referral to direct admission pathways.
- **Patient Flow Unit:** means the dedicated patient flow unit / operations centre or the person(s) responsible for patient flow depending on the resources within a facility. This includes Bed Managers and After-Hours Nurse Managers.
- **Transporting clinician:** means paramedics, ambulance officers and volunteers providing emergency and non-emergency ambulance transportation via SAAS (including the SAAS MedSTAR Emergency Medical Retrieval Service) and various contracted services.
- **Sending clinician:** means a senior decision-maker (or delegate) who is responsible for referring a patient for an inter-facility transfer.
- **Senior decision-maker:** means a consultant, Fellow, senior registrar or an appropriately qualified non-hospital-based clinician (refer to definition) with sufficient clinical knowledge and skills for the specific responsibility of considering, approving and arranging requests for inter-facility transfers.
- **South Australian Virtual Care Service (SAVCS):** means the designated virtual unit, providing regional clinicians with access to senior clinical decision makers, supporting care in place, and when required assisting in and facilitating transfers between public hospitals or health services. The following service exclusions apply:
  - Patients requiring emergency stabilisation and transfer (service provided by MedSTAR).
  - All paediatrics (under 18 years of age).
  - Patients suitable for iCCnet SA, Perinatal Advice Line or other existing clinical pathways.
  - Patients with a primary mental health diagnosis.
- **State Health Coordination Centre (SHCC)**: means the central and integrated coordination hub with a multidisciplinary team of clinicians, responsible for maintaining 24/7 system oversight by responding to patient flow blockages and ensuring resources are directed where they are needed most.
- **State-wide services**: means Statewide Clinical Support Services, Prison Health, SA Dental Service, BreastScreen SA and any other state-wide services that fall under the governance of the LHNs.

9. Compliance

This policy is binding on those to whom it applies or relates. Implementation at a local level may be subject to audit/assessment. The Domain Custodian must work towards the establishment of systems which demonstrate compliance with this policy, in accordance with the requirements of the Risk Management, Integrated Compliance and Internal Audit Policy.

Any instance of non-compliance with this policy must be reported to the Domain Custodian for the Services, Planning and Programs Domain and the Domain Custodian for the Risk, Compliance and Audit Policy Domain.

10. Document ownership

Policy owner: Domain Custodian for the Services, Planning and Programs Policy Domain.

Title: Inter-facility Transfer Policy

Objective reference number: A5698699

Review date: 20/05/2029

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11. Document history

Version	Date approved	Approved by	Amendment notes
1.0	20/05/2024	Chief Executive, DHW	Updated Policy aligned with the SA Health Policy Framework. This policy replaces the Direct Admission to a Hospital Inpatient Unit Policy Guideline, Transfer Process – Patients Requiring Urgent and Semi-Urgent Percutaneous Coronary Intervention in SA Health Services Policy Directive, and the Transfer Process – For Patients Requiring Urgent Surgery and Surgical Assessment in SA Health Services Policy Directive.
1.1	10/04/2025	Chief Executive, DHW	Information related to transport between facilities, discharge to the community, transport costs, and transport assistance in the Ambulance Transport and Handover Policy has been transferred to the Inter-Facility Transfer Policy. The Policy was updated to remove reference to the attachments and to reference the Ambulance Transport and Handover Policy instead.

12. Appendices

1. Inter-facility Transfer Mandatory Instruction

Appendix 1: Inter-Facility Transfer Mandatory Instruction

The following Instruction must be complied with to meet the requirements of this policy.

Inter-facility transfers operating within or between public hospitals or health services, must be based on the patient's clinical needs or risk, access to services, and capacity constraints.

For patients accepted by an inpatient service for an inpatient admission, use of the statewide inter-facility transfer process, as defined by the SHCC, must be considered. For in-scope patient cohorts, refer to the Inter-Facility Transfer Guideline.

1. Pre-Transfer Requirements

1.1. Prior to initiating an inter-facility transfer, the sending clinician (or delegate) must:

a) consult with the patient, their family and/or carer to ensure the decision for transfer is in alignment with the patient's goals of care.

AND

b) consider if care in place is appropriate, with support from a secondary service or appropriate specialist clinical advice and guidance, including the use of virtual specialist in-reach (such as SAVCS).

OR

c) consider if a referral can be made via an established pathway to ensure transfers are coordinated via existing mechanisms, including but not limited to, existing:

- adult, paediatric or perinatal critical care pathways.
- procedures for birthing at non-birthing hospitals.
- memorandums of understanding governing the transfer of patients with a primary mental health diagnosis.
- Admission pathways for specific patient cohorts or clinical specialties. For patients with suspected Acute Coronary Syndrome, the inter-facility transfer must occur in line with the Management of Chest Patient / Suspected Acute Coronary Syndrome, as defined by the iCCnet SA.
- cross-jurisdictional border arrangements (such as Broken Hill, Alice Springs).

1.2. Where clinically appropriate, a facility close to the patient's home geographical location and their family and/or carer must be considered.

1.3. The decision to transfer must be made following a clinical discussion between the sending and accepting clinician (or delegate). The final decision must be:

a) made by the accepting clinician, in consultation with the sending clinician.

b) based on an appropriate clinical risk assessment

c) documented in the patient's medical record.

1.4. The timeframe for transfer must be agreed between the sending and accepting clinician (or delegate), with consideration to:

a) clinical risk to the patient.

b) clinical capability of the sending facility to safely manage care for the patient.

Where there are concerns about transfer delays due to the current capacity of the accepting facility, refer to Section 2.2.

1.5. The timeframe for critical transfers is determined by SAAS MedSTAR in consultation with the sending and accepting clinician (or delegate).

1.6. A patient identified as at risk of deterioration must be considered for early transfer to a facility where their care could be managed more effectively.

1.7. To facilitate good communication and ensure a sufficient level of clinical information is available:

a) the Patient Flow Unit must be involved in discussions coordinating the transfer and notified of all inter-facility transfers prior to patient movement to prioritise and enable bed allocation.

b) the relevant documentation, including clinical notes, discharge summary, medication chart and relevant investigation results, must be completed and provided to assist in clinical handover of the patient. For facilities with Sunrise Electronic Medical Record (EMR), this information must be available in the patient's electronic medical record.

c) when SAAS is required as the transport mode, sufficient clinical information and relevant documentation must be provided at the time of ambulance booking for continuity of care.

1.8. The patient, their family and/or carer must be informed of the intent to transfer, with the understanding that if the patient continues to require care when specialty services are no longer required, the patient will be transferred back to the sending facility, or a facility with an equivalent level of clinical capability close to the patient's geographical home location.

2. Transfer Requirements

2.1. Inter-facility transfers accepted by an inpatient service for an inpatient admission must be transported directly to an available inpatient bed at the accepting facility, with the following important exceptions:

a) The patient has deteriorated prior to or during transit, necessitating arrival via ED. If the deterioration is prior to transit, this must be communicated to the sending and accepting clinician (or delegate). If the deterioration is during transit, the transporting clinician must notify the accepting facility via the Government Radio Network (GRN) radio.

OR

b) There is a requirement for specialist ED treatment of a critically ill or multisystem trauma patient.

OR

c) There is an agreed clinical requirement for admission via the ED. This agreement must be made between the sending and accepting clinician (or delegate).

2.2. If a patient has been accepted by an inpatient service for an inpatient admission and an inpatient bed is not available within the agreed timeframe, the accepting clinician and patient flow unit must:

a) consider the suitability of alternative options, including whether the inter-facility transfer can be appropriately accommodated at another facility.

OR

b) contact the sending clinician (or delegate) to determine if the patient can be safely cared for in place until a suitable inpatient bed is available.

Where a patient cannot be safely cared for in place, or an alternative option cannot be found within a clinically appropriate timeframe, the accepting clinician (or delegate) and accepting facility must prioritise placement of the patient in an inpatient bed with consideration to clinical need.

2.3. Inter-facility transfers for patients requiring:

a) further specific investigations.

OR

b) specialist review to determine ongoing care requirements (such as admission, discharge with ambulatory follow-up, or return to sending facility)

must be received in a location appropriate to the patient's care needs (such as rapid access clinics, acute assessment centre, other speciality services or ED).

2.4. The sending facility must determine the most clinically appropriate and cost-effective mode of transport in consultation with the accepting clinician (or delegate), with consideration to the patient's clinical condition and required medical intervention, and in line with the Patient Transport Decision Making Matrix.

2.5. If it is determined by the sending facility that an ambulance is required:

a) A booking must be made via the SAAS External Booking System (EBS) and in line with the Process for Booking SAAS Patient Transport Service.

b) The booking process must commence as early as possible from decision to transport patient to ensure appropriate SAAS resources can be allocated.

c) The transport platform (such as road and/or air) will be determined by SAAS.

2.6. Inter-facility transfers requiring:

a) a higher level of acute care must be facilitated irrespective of the time of day.

b) step-down services (sub-acute or restorative care) must occur within a timeframe where there is availability of appropriate medical and nursing staff to clinically assess and process admissions. This must be locally determined and clearly defined in local procedures.

2.7. Regional inter-facility transfers requiring SAAS road transport must occur within the hours of 0700hrs – 2200hrs, in line with the SAAS Country Inter-Hospital Transfers Procedure to reduce risk of fatigue for transporting clinicians and to ensure the transfer occurs during reasonable hours for available family, clinical and administrative supports. To achieve transfers within the hours of 0700hrs – 2200hrs, appropriate care in place options must be considered, including the use of virtual specialist in-reach (such as SAVCS).

2.8. Where a regional inter-facility transfer requiring SAAS road transport is required between the hours of 2200hrs – 0700hrs due to clinical needs or risk, a discussion must occur with the relevant SAAS delegate. Prior to departure the accepting clinician (or delegate) or patient flow unit must clearly identify and state the entry point for all inter-facility transfers to avoid delays in transfer of care.

2.9. Upon arrival at the facility:

a) the transfer of clinical care from transporting clinician to accepting facility must occur in less than or equal to 30 minutes in line with the Ambulance Transport and Handover Policy.

b) the clinical assessment of the patient must occur in a timely manner, with consideration to clinical need, particularly patients with time-critical conditions, and local service requirements.

2.10. Where there is an agreed clinical requirement for admission via the ED, and the accepting facility has significant transfer of care delays, consideration must be given to briefly deferring the transfer, if clinically appropriate, and providing care in place in line with Section 1.1b and/or reviewing the need for admission via the ED. The transfer of patients with urgent or time-critical care needs must not be deferred.

3. Return Transfer Requirements

3.1. The return transfer must occur within a clinically agreed timeframe and must be:

a) planned as early as possible, with notification made prior to the planned date of departure.

b) negotiated between the accepting and sending clinician (or delegate), with the Patient Flow Unit included in discussions.

3.2. The process for acceptance of return transfers to acute care (with exception to specialised stroke services in line with Section 3.3) or step-down (sub-acute or restorative care) will vary between clinical services and must be defined in local procedures.

3.3. Where an inter-facility transfer has occurred for access to a specialised stroke service, the transfer must be accommodated within 24 hours (or one working day) of clinical acceptance to maintain critical care capacity. For further information regarding inter-hospital collaboration of acute stroke care, refer to the Stroke Management Procedures and Protocols Clinical Guideline.

3.4. For return transfer to regional hospitals or health services:

a) the availability of medical officers with admitting rights, relevant clinical support, and/or contractual obligations for a repatriation aeromedical flight plan must be considered.

b) where SAAS road transport is required, this must occur within the hours of 0700hrs – 2200hrs in line with Section 2.7. If SAAS road transport is required between 2200hrs – 0700hrs due to clinical need or risk, this must occur in line with Section 2.8.

c) the contractual obligations for a repatriation flight must be followed where a repatriation flight is required.

3.5. In the event an appropriate bed cannot be secured for return transfer, escalation must occur in line with Section 4.

3.6. Upon arrival at the facility the transfer of clinical care from transporting clinician to accepting facility must occur in less than or equal to 30 minutes in line with the Ambulance Transport and Handover Policy.

4. Escalation

4.1. To enable timely action and resolution, escalation must occur as soon as delays or barriers to transfer occur, including in the event of the following:

a) a bed is not available at the accepting facility within a clinically agreed time.

b) there is a disagreement regarding transfer.

c) there are ongoing delays associated with the transport.

d) there is significant transfer of care delays at the accepting facility.

e) the return transfer does not occur.

The escalation process must not further delay the transfer.

4.2. The use of existing escalation pathways must be considered for:

a) issues or delays associated with SAAS MedSTAR, contractual aeromedical transfers, iCCnet or other existing clinical pathways.

b) statewide interfacility transfer escalation processes, as defined by the SHCC.

4.3. All escalation processes must involve:

a) the sending and accepting clinicians (or delegate) and where required, Patient Flow Units.

b) an appropriate senior decision-maker where resolution cannot be achieved for a clinical or operational concern.

c) communication to the sending and accepting facility where SAAS anticipate delays associated with the transfer due to operational constraints.

d) communication to SAAS if there is any change in the plan for the patient and therefore a change in the engagement parameters for transfer requiring SAAS.

4.4. Incidents related to inter-facility transfers must be logged in the Safety Learning System, routinely subject to audit and review.

5. Transfers from Residential Aged Care Facilities or Disability Care Providers

5.1. Where clinically appropriate, the clinician involved in a clinical discussion with the RACF or disability care provider (this could be the accepting clinician (or delegate), transporting clinician, SAVCS or SAAS Clinical Telephone Assessment Team) must consider alternative care pathways such as virtual care, in-reach, or rapid response, to support timely access to clinical assessment by a senior decision-maker in the comfort of their residence.

5.2. The transporting clinician must consult with the patient, their family and/or carer, and the care team to enable care to be provided within the facility.

5.3. If a referral is made for virtual, personalised assessment via video link, in line with the process as defined by SAVCS, and transfer to another facility is required, the transfer must be arranged by SAVCS and in line with this Policy.

5.4. Where appropriate, wishes of the patient as expressed in advance care directives, by the substitute decision maker as specified in the advance care plan, and via resuscitation plans, must be considered and implemented within existing legal constraints and in accordance with the Advance Care Directives Policy.

5.5. If transfer to hospital is required, where a patient has a significant history with a public hospital or health service, this must be taken into consideration in line with the Ambulance Transport and Handover Policy.

6. Transport Costs

6.1. It is expected, wherever possible, patients will assume responsibility for payment and the management of their own transport requirement, however in some circumstances, responsibility for payment must be assumed by the health service in line the Responsibility for Costs Associated with Transport and Assistance Options.

6.2. Where it has been determined the medical needs of a patient prevents them from using an alternative mode of transport (refer to Patient Transport Decision Making Matrix), the booking of ambulance transport must be made in line with Process for Booking SAAS Patient Transport Service.

6.3. Where an interstate transfer is required for essential specialist care or treatment, the associated costs, including all transport to reach destination (e.g., flights, ambulance, or public transport), must be negotiated between the referring and receiving hospitals. All cross border arrangements, including Service Agreements or Memorandums of Understanding between regular referring/receiving hospitals across jurisdictions, must be governed by principles described within Clause A110 of the National Health Reform Agreement.

6.4. If a patient clinically deteriorates and requires transport to an ED via SAAS, the referring hospital is responsible for the costs associated with the transport.

7. Transport Assistance

7.1. The hospital treating clinician must consider providing transport assistance in circumstances outlined in Table 3. All requests for transport assistance (including patient escort) must be assessed and approved on a case-by-case basis.

Table 3: Circumstances Requiring Transport Assistance

Circumstance	Description
Medical	• Visual impairment where mobility is impacted (e.g., legal blindness). • Significant communication difficulties (e.g., learning difficulty, profound deafness, speech impairment). • Mental health condition that presents risk to the patient if travelling alone.
Social / Financial	• Language barriers. • Cultural support. • Unemployment or financial hardship.
Compassionate Grounds	The repatriation of a: • Patient from an overseas destination where all options have been exhausted. • Palliative care patient to their hometown/residence, or closer to home, to die. • Deceased patient to their hometown/residence following treatment (including organ/tissue donation) in a public hospital. • Deceased patient to the originating hospital, if the patient is sent interstate to receive treatment and dies during the treatment episode.

7.2. Where financial support for transport is sought based on inability to self-fund, a financial assessment must be undertaken using the SA Health Patient Financial Assessment Form.

7.3. The necessity for continuing transport assistance must be reviewed in line with the eligibility criteria, four weeks from date of initial approval.

7.4. Transport assistance may be declined or withdrawn where:

a) It is not considered medically necessary.

b) The patient is deemed to have the financial means to self-fund transport costs; or

c) The patient demonstrates non-compliance with agreed transport arrangements.

7.5. Where a request for transport assistance has been declined or withdrawn, the patient may appeal the decision in writing. Upon receipt of application, the outcome of the appeal must be advised within 10 working days.