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**Transfer Center Required Patient Information Packet**

UCLA Health wants to help our patients and surrounding referring facilities when transfer requests are initiated. To do so, we are asking to have all essential patient information collected and readily available when a transfer request is initiated. Please be prepared to verbally answer the following questions and fax information from this packet. Thank you.

Please be prepared to verbally answer the following questions:

1. Referring medical facility information
   1. Referring facility name
   2. Referring MD Name and their contact (cell phone/email/fax)
   3. Case Manager information (cell phone/email/fax)
   4. Off hours case manager information (cell phone/email/fax)
   5. Nursing unit contact number
2. Patient demographics and information:
   1. Patient name (First, Middle, Last)
   2. Age and DOB
   3. Gender
   4. Code Status
3. Medically relevant information:
   1. Date of admission from referring facility
   2. Chief complaint and/or diagnosis
   3. Has the patient been seen at other facilities for this issue?
   4. Has the patient been accepted by a UCLA MD or service? If so who or which one?
   5. Specific reason for transfer request to UCLA (i.e., transplant eval/surgical intervention/specialty service/medical management).
   6. Type of request per UCLA’s definitions (immediate, urgent, or non-emergent):
      1. **Immediate: threat to patient’s life, limb, or vision if not treated within 24 hours.**
      2. **Urgent: patient at risk if not treated within 48 hours.**
      3. **Non-emergent is anything else**.
   7. Source level of care (ICU/Intermediate/Monitored/Med-surg):
   8. Synopsis of patient’s care thus far?
      1. Specific tests and dates relative to patient’s care? (i.e., radiology scans)
      2. Daily updates of patient’s care from referring facility?
   9. Prior surgery related to patient’s current hospitalization? If so, where and when was the patient’s surgery? What is the surgeon’s full name and cell phone number?
   10. Latest vital signs?
   11. Transplant Status? (If applicable)
   12. Isolation status? (If applicable)
   13. Labs? (CBC/BMP/ABG)
   14. Is the patient intubated? If so, when? What are the current ventilator settings?
   15. Drips?
   16. Does that patient already have advanced care device management in place (i.e. Impella, CRRT, ECMO, etc.)
4. Covid screening:
   * 1. Date of COVID screening?
     2. Has the patient been tested for COVID-19 in the past 48 hours? Results?
     3. In the past 10 days, has the patient been within 6 feet of a confirmed case of COVID-19 for a total of 15 minutes or more over a 24- hour period, without a face covering? Results?
5. Foreign travel screenings
   * 1. Has the patient traveled to and/or been in contact with a person that has traveled outside of the country within the last 30 days?
6. Infection Prevention High Risk Screening
   * 1. Does the patient have a C. auris infection status?
     2. Does the patient have a Carbapenem-resistant Enterobacterales (CRE) infection status?
     3. In the past 12 months, has the patient been admitted to a Long-Term Acute Care Hospital (LTACH) or a Skilled Nursing Facility in California?
     4. Has the patient been admitted for an overnight stay to an acute care hospital outside of California in the past 12 months?
     5. Is the patient from a Kindred facility?
     6. Is the patient mechanically ventilated or does the patient have a tracheostomy?
     7. Was the patient hospitalized overnight during their travel?
     8. Does the patient have a history of Candida Auris?

Be prepared to fax the following information:

1. Medically Relevant information
   1. Patient face sheet
   2. H&P
   3. Consult notes.
   4. Imaging reports
   5. Last 2 days of progress notes
   6. Insurance information (except ER-to-ER transfers).

Once all this information is gathered, be prepared to verbally answer the questions as previously directed. Please call UCLA Patient Transfer Center at (310) 825-0909. Then select the best fitting option for your patient referral from the list below.

Option 1: MD, life threatening patient referrals, or ER Referrals.

Option 2: Transplant patient referrals.

Option 3: RN or CM urgent or non-emergent transfers.

Once you have called, please fax the patient’s information from to (310) 825-2700.

Thank you.