### PURPOSE

To outline the process for transferring or referring a patient to another service provider.

### POLICY

When a patient’s needs change significantly and they require care that cannot be provided by the organization, a transfer/referral to another service provider will be made.

When the patient’s plan of care changes and this change results in a transfer or referral, coordination and involvement will include the patient, their representative, as well as their primary provider to ensure a safe and appropriate transfer.

### *Transfer/Referral Criteria*

Home health care services for a patient will not be arbitrarily terminated. They may be transferred/referred for the following reasons, which will be documented in the clinical record:

1. Medical reasons
2. A determination of the inappropriateness of continuing the services
3. A change in the patient’s medical or treatment program for services Ohio Living is unable to perform.
4. Moved out of service area.

### Procedure

1. The patient will be given immediate notice and assistance in selecting other health care services appropriate to his/her needs.
2. The physician will be consulted and an order will be obtained to transfer the patient.
3. The clinician or designee will:
	1. Involve the patient and family/caregiver in the transfer.
	2. Serve as a liaison between the patient, the family/caregiver, and the physician relative to the transfer arrangements.
	3. Notify all internal or external providers of care for the patient.
4. All communication with the receiving provider, physician, and patient will be documented in the clinical record.
5. The clinician will complete a transfer/episode summary.
6. The clinical records coordinator will send a copy of the transfer/episode summary and other appropriate clinical records to the receiving provider.
7. A copy of the transfer summary will also be sent to the physician.
8. The clinician will update the comprehensive assessment, including required OASIS data elements, as required by regulation.