

PATIENT TRANSFER AUTHORIZATION PROCEDURE

HEALTHCARE FACILITY CATEGORY	
CATEGORY 0	Healthcare facility has no known cases of SARS (suspect or probable).
CATEGORY 1	No unprotected SARS exposure – staff and/or patients. Healthcare facility has one or more cases of SARS (suspect or probable).
CATEGORY 2	Any unprotected SARS exposure within the last 10 days but without transmission to staff or patients. The healthcare facility may or may not currently have one or more cases of SARS (suspect or probable).
CATEGORY 3	Unprotected SARS exposure with transmission to HCW's and/or patients. The healthcare facility may or may not currently have one or more cases of SARS (suspect or probable).

EMERGENCY TRANSFERS

MEDICALLY NECESSARY CRITERIA (EMERGENCY)	
<p><i>One or more body systems are abnormal and rapidly deteriorating in association with an acute illness or injury. Intense monitoring and medical interventions are required to correct and stabilize the patient's condition. Condition requires immediate specialty care for any one of the following that can not be provided in sending healthcare facility.</i></p>	<ul style="list-style-type: none"> • Abnormal or deteriorating neurological status • Life-threatening cardiac emergencies • Significant or life-threatening traumatic injuries • Threat to maternal or fetal life • Airway compromise or severe respiratory distress • Acute paediatric illness requiring specialized care

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| IF | <ol style="list-style-type: none"> 1. The sending and receiving healthcare facilities are a category 0 or 1, AND 2. The patient is not a SARS patient (suspect or probable), AND 3. Any one of the medically necessary criteria is met, AND 4. Receiving healthcare facility has committed to an appropriate bed or treatment space | THEN | <p>Call the Provincial Transfer Authorization Centre (PTAC) at 416-638-7301 for the transfer request. Approval and an authorization number will be issued. The patient transfer authorization form needs to be faxed to PTAC at 416-397-9061 after approval. The sending facility then contacts the local CACC with the authorization number to dispatch the ambulance.</p> <p>ICP notification is NOT required.</p> |
| IF | <ol style="list-style-type: none"> 1. The patient is a SARS patient (suspect or probable), OR 2. The sending or receiving healthcare facility is a category 2 or 3, OR 3. None of the medically necessary criteria are met, OR 4. The sending and receiving healthcare facility can NOT agree | THEN | <p>Call the Provincial Transfer Authorization Centre (PTAC) at 416-638-7301 for the transfer request. The PTAC physician will provide direction and approval for the transfer and an authorization number will be issued. The patient transfer authorization form needs to be faxed to PTAC at 416-397-9061 after approval. The sending facility then contacts the local CACC with the authorization number to dispatch the ambulance.</p> <p>ICP notification is required for #1 and #2.</p> |

PATIENT TRANSFER AUTHORIZATION PROCEDURE

NON-EMERGENCY TRANSFERS

- IF**
1. The sending and receiving healthcare facilities **are a category 0 or 1, AND**
 2. The patient **is not** a SARS patient (suspect or probable), **AND**
 3. Receiving healthcare facility **has** committed to an appropriate bed or treatment space
- THEN** Please fax your completed patient transfer authorization form to PTAC at **416-397-9061**. Approval and an authorization number will be phoned back and faxed back. The sending facility then contacts the local CACC or transfer service with the authorization number to dispatch the ambulance or transfer vehicle.
- ICP notification **is NOT** required.
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- IF**
1. The patient **is** a SARS patient (suspect or probable), **OR**
 2. The sending and receiving healthcare facilities **are a category 2 or 3, OR**
 3. The sending and receiving healthcare facilities **can NOT** agree
- THEN** Please fax your completed patient transfer authorization form to PTAC at **416-397-9061**. Approval and an authorization number will be phoned back and faxed back. The sending facility then contacts the local CACC or transfer service with the authorization number to dispatch the ambulance or transfer vehicle.
- ICP notification **is** required for **#1** and **#2**.

PLEASE NOTE:

- ◆ The Patient Authorization Transfer Form is now only a single page to be faxed.
- ◆ For routine transfers, same day requests will be processed first, usually within one hour of receipt, followed by next day requests which will be approved the same day.
- ◆ For all SARS patient transfers (suspect or probable) and transfers to or from a category 2 or 3 Healthcare Facility: ICP notification is required.

PATIENT TRANSFER AUTHORIZATION FORM

(complete and send this page only)

EMERGENCY TRANSFER

For an Emergency Transfer Please call PTAC at 416-638-7301 and Fax Page to PTAC: 416-397-9061

NON - EMERGENCY TRANSFER (choose one)

Patient requires transportation and medical supervision by a **Paramedic**

Patient requires transportation only, and does not require **Paramedic** supervision.

For a NON-Emergency Transfer Please Fax Page to PTAC: 416-397-9061

Requested Transfer Date: _____ Transfer Time : _____

SENDING HEALTH CARE FACILITY

Patient Surname: _____ First Name: _____

Sending Healthcare Facility: _____ SARS Category: _____

Healthcare facility Unit: _____ Room: _____

Healthcare Facility Unit Telephone: (____) (____) ext.: _____ RN/Clerk _____

Healthcare Facility Unit Fax: (____) (____)

SARS Assessment: Pass Fail

Hx and Dx: _____

Sending Infection Control Practitioner (ICP) Notified (ICP notification required **only for transfers of SARS patients or to or from category 2 or 3 Healthcare Facilities**)

Sending MD Name: _____

RECEIVING HEALTHCARE FACILITY

Receiving Healthcare Facility: _____ SARS Category _____

Healthcare Facility Unit: _____ Room: _____

Healthcare Facility Unit Telephone: (____) (____ - ____) ext.: _____ RN/Clerk: _____

Receiving Infection Control Practitioner (ICP) Notified: (ICP notification required **only for transfers of SARS patients or to or from category 2 or 3 Healthcare Facilities**)

Receiving MD Name: _____