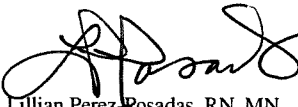


**GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL**

APPROVED BY:  Lillian Perez Posadas, RN, MN Hospital Administrator/CEO	RESPONSIBILITY Nursing Services, Medical Staff, Social Services Department, Facilities Maintenance	EFFECTIVE DATE: Interim Approved January 30, 2019	POLICY NO. A-PC400	PAGE 1 of 22
TITLE: OFF-ISLAND PATIENT TRANSFER GUIDELINES				
LAST REVIEWED/REVISED:				
ENDORSED:				

PURPOSE:

The purpose of this policy is as follows:

1. To ensure that patient safety and continuity of care is maintained when the care of patients is transferred hospital to hospital or other Healthcare facility off-island
2. To assure that quality care is provided for patients who need to be transferred to another facility.
3. To comply with all federal laws and regulatory agency standards of care related to the transfer of patients from one institution to another.
4. To specify the types of assessments and documentation that are required to assure appropriate care and the generation of a written record for any patient being evaluated for transfer.
5. To clarify the roles and responsibilities of the Hospital, the physician, Nursing Services Department, Medical Records Department, Social Services Department, the Patient Escort, the Patient Registration Department, and the patient or legal representative in terms of transferring a patient to another facility.
6. To specify the payment rates for each type of patient escort, fees that may be charged, and the class of air travel permitted for each type of off-island transfer and location as mandated by Guam's Public Law (P.L. 20-224).

POLICY:

1. It is the policy of GMHA that any patient transfer to a healthcare facility off-island complies with all federal laws, such as the Emergency Medical Treatment and Labor Act (EMTALA); and regulatory bodies' standards of practice related to safe patient transfer. GMHA is not responsible for arranging or providing escorts for patients not admitted to our hospital.
2. The need for a patient transfer to an off-island facility is evaluated by and initiated by the attending physician, agreed to by the patient or legal representative. The physician is responsible to ensure that there is an accepting provider at the receiving facility. A patient hand-off is provided to the accepting provider by the attending physician.
3. The patient transfer is coordinated with the attending physician, nursing services and social services, as well as respiratory department, if indicated.
4. When medically indicated for the patient transfer, the clinical staff required to be the patient escort must have the appropriate level of care competency, AHA certification of advance life support, and licensures. Additionally, the medical staff shall be privileged at GMHA. The Patient Escort Clinical Competency Checklist (Attachment I) must be

- completed within 72 hours prior to the scheduled transfer to determine if the escorts are qualified.
5. All clinical staff (physician, nursing, and respiratory therapist, as indicated), who escort the patient to the off-island facility shall be compensated with the appropriate administrative time, as indicated in this policy. Additionally, these staff shall be compensated per diem pay per the rates established by our local laws (PL 20-224).
 6. GMHA employees are required to return to Guam on the next available flight. Changes to airline tickets are prohibited, unless there are extenuating circumstances. In the event that there is a need to change the return flight, the employee is responsible for contacting his/her supervisor to inform him/her of the circumstances. Approval for change must be obtained from the employee's immediate supervisor.
 7. It is the responsibility of the patient or legal representative to obtain the required airline tickets for the patient and the required escorts. The airline tickets/boarding passes of the patient and escort, in addition to the patient's passport, photo ID, or live birth certificate (for the neonatal patient) shall be available at the nurses' station prior to scheduled flight time.

RESPONSIBILITIES:

I. Physician

- A. The attending physician determines the need for transfer to an off-island facility.
- B. Medically stabilize the patient and determine patient is fit to travel.
- C. Physician will discuss the need for transfer with the patient and/or the legal representative.
- D. If patient or legal representative concurs, physician will complete Physician's Certificate of Transfer forms (Attachment II). If patient or legal representative refuses transfer, he/she is requested to sign a "Refusal to Consent to Transfer" (Attachment II). If he/she refuses to sign, the refusal must be indicated in the form and in the physician progress notes.
- E. Physician will request for Social Services Consult to assist with identifying participating provider as defined by patients' insurance.
- F. Physician will provide a verbal report to the accepting physician from the receiving healthcare facility
- G. Physician will write an order for the specific type of transfer (sitting, stretcher, transport incubator, car seat, lap baby, necessity of medical escort, necessity of oxygen, and other special requirements).
- H. Physicians will write an order for any medications that will be needed enroute to the accepting hospital facility.
- I. Physician will write orders to release copies of history and physical exam, discharge summary, imaging reports, compact disc images, diagnostic test reports, specimen slides, medication records, and any other pertinent documents.
- J. Physician will complete the airline's "Fitness for Air Travel" form. Airline choice is dependent on destination.

II. Medical Records Department:

- A. Completing the transcription of History and Physical and Discharge Summary when dictation is performed by the attending Physician.

III. The Nursing Unit in which the patient is admitted is responsible for the following:

- A. Carries out the transfer orders properly and accurately.
- B. Informs the Social Services Department of the order for the specific type of transfer via computerized order communications.
- C. Notifies the Nursing Supervisor of the transfer order. Charge Nurse shall indicate if the following are needed: a nurse escort, physician escort, respiratory therapist, oxygen, and/or other medical equipment. Information should also include if patient is a sitting or stretcher case and destination of transfer. For neonatal patients, transport incubator, car seat or lap transport.
- D. Charge nurse and primary nurse shall review physician orders and ensure that physician orders include medical records, electronic images, equipment, and supplies as necessary.
- E. Charge nurse shall contact the Biomedical Department and Respiratory Care Department (if respiratory equipment is involved) to coordinate with Social Services and the involved airline operations personnel to arrange for the set-up of technical equipment (such as Infant Transport Incubator) as appropriate. Immediately informing these departments will allow for adequate preparation.
- F. Charge nurse shall coordinate the appropriate billing for any life support equipment, supplies, and medications used during the transfer by completing the appropriate charge vouchers. Charge vouchers may be obtained for charges incurred during the transport, and submit to Accounting Department.
- G. Charge nurse shall obtain a signature from the patient or legal representative for an authorization to release medical records for continued care. Charge Nurse shall ensure proper medical records are copied for off-island transfer process to include:
 - 1. Face Sheet
 - 2. Discharge Summary
 - 3. History and Physical Exam
 - 4. All Physician's Orders
 - 5. Operating Room Report, Anesthesia Record (as applicable)
 - 6. Copies of Laboratory Results, Radiology Reports, electronic images, other Diagnostic Tests and Drug Profile.
 - 7. Medication Administration Record
 - 8. Rehabilitative Notes (as applicable)
 - 9. Authorization for Patient Transfer
 - 10. Informed Consent: Patient Transfer
 - 11. Patient Progress notes from the past 7 days
 - 12. Consultation Report(s)
 - 13. Nursing Discharge Instructions

- H. Hospital Nursing Supervisor and charge nurse shall receive the travel arrangement information including confirmation of return flight for the escort from the Social Services Department.
- I. Charge Nurse and Nursing Supervisor shall keep a printed itinerary until transfer is complete. Itinerary information shall include:
 - 1. Patient name
 - 2. Escort name(s)
 - 3. Airline flight number
 - 4. Departure time
 - 5. Pick up time
 - 6. Mode of transportation to airport (i.e. GMHA transport, GFD, Private medical company transport, or private vehicle)
 - 7. Plane-site or counter check-in
- J. Charge Nurse and Primary Nurse shall review transfer orders and coordinate for necessary medications, equipment and supplies necessary for the transfer.
- K. Charge Nurse and Primary Nurse shall continually assess readiness for transfer and communicate any issues that may hinder safe transfer of the patient.
- L. Charge Nurse shall contact the Social Worker to report any delays in transportation so information can be relayed to appropriate airline duty manager of the delay.
- M. Primary Nurse shall document care related to transfer.

IV. Nursing Supervisor:

- A. Determine escort(s) with Unit Supervisor.
- B. Ensure escort completes Patient Escort(s) Clinical Competence Checklist (Attachment I)
- C. Keep informed of progress of transfer including dates of travel, mode of transportation to airport, type of transfer (i.e sitting, stretcher, carseat.)
- D. Coordinate pick up of stretcher from airline with patient courier as necessary.
- E. Record in the Nursing Twenty-Four Hour Report the following:
 - 1. Name of patient transferred.
 - 2. Name of Escort.
 - 3. Date and shift the Patient escort is available to report to work following the transfer.
- F. Shall ensure coordination of transportation vehicle to airport.
- G. Shall communicate any delays or pertinent travel issues to Social Worker as necessary.

V. Social Services Department is responsible for the following:

- A. Initiate consult and assessment after physician orders Social Services consult for off-island transfer.

- B. Contact patient's health insurance representative to advise them of referral so representative will see patient to discuss destination/facility options and insurance coverage.
- C. Obtain the completed Fitness for Travel form for review and discussion with patient family or legal representative. Social Worker shall explain to the patient or legal representative of their role and financial responsibility for the type of transfer. Social Worker shall have patients assess their financial ability to effectuate transfer and will make arrangements with the respective airlines upon the readiness of the patient.
- D. Obtain mailing address, telephone numbers, and a signature on the Agreement for Reimbursement of Patient Transfer Services Form (Attachment III). The original is placed in the medical record and a copy is forwarded to the Accounts Payable Section of the Accounting Department for billing purposes.
- E. Verify that both a physician and receiving facility have agreed to assume care for the patient, usually a verbal confirmation: between physician, and Social Worker for Medicare patients. For private patients, arrangement is done by the insurance and physician.
 - 1. For patient transfers to health care facilities in Honolulu, Los Angeles, and Philippines, and other accepting healthcare facilities:
 - a. For Medicare or self-pay patients, Social Services shall send a standardized fax message or email to the health care facility which contains the information necessary to evaluate if they can accept the care of the patient. The patient's health insurance takes the lead in identifying the healthcare facility.
 - b. Health insurance representatives will advise if there is a problem regarding acceptance of the patient.
 - c. For patient transfers to other health care facilities where there is no Guam Medical Referral Office (GMRO) the patient's insurance provider shall make the necessary arrangements for the identification of and acceptance by a physician. Insurance representatives are key from the start as they guide the transfers based on their provider networks.
- F. Arrange for air transportation of the patient per mode of transfer ordered by attending physician (sitting, stretcher, oxygen use, medical escort (RN, RT, MD)).
 - 1. For patients able to travel by commercial carrier: Contact the airline that provides the most direct services to the final destination.
 - 2. Ensure medical escorts have a confirmed return flight to Guam.
- G. Communicate and coordinate with the Unit Supervisor/Nursing Supervisor on duty the need for nurse (or respiratory therapist) to escort the patient based on physician orders found in the Fitness for Travel form. Social Worker shall secure both departure and return date for the medical escort and then provide itinerary to the RN Supervisor or Chief of Respiratory for identification of escorts. Usually, the attending physician will identify the MD escort for their patients and in some instances, *the* attending physician becomes the MD escort.
- H. Confirm ground transportation from GMHA to the accepting facility according to attending physician's orders. From GMHA to Guam International Airport Authority: RN Supervisor or designee shall arrange GMHA Transport or GFD ambulance for counter check-in or planeside check-in, respectively. Insurance representatives shall arrange the same for their

- members and Social Worker shall coordinate w/ medical facilities the ground transportation of Medicare-only insured patients.
- I. Confirm the arrangement for ground transportation from the airport to the receiving facility s arranged by the insurance providers. Social Workers shall make arrangements for ambulance service for Medicare and self-pay patients
 - J. When oxygen is ordered for ground and/or in-flight, Social Worker shall arrange for oxygen use in-flight with airline personnel and shall coordinate with physician and family the process needed to ensure oxygen is available per airline regulation. In some cases, portable oxygen concentrators (POCs) shall either be provided for all DPHSS Medicaid/MIP patients otherwise all other patients will need to secure their own if not provided by their insurance company.
 - K. All stretcher cases and patients who need oxygen for the transfer shall participate in plane side loading. Social Worker shall assist patient and/or family in completing the Guam International Airport Authority's Release of Liability Form (Attachment IV).
 - L. Assist patient's family with information on the airfare as provided by the airlines and other fees, such as that for the escort.
 - M. Inform the patient or legal representative of their financial responsibility for the airfare cost after they have been fully advised by their insurance provider per the patient's insurance benefits guidelines. Family shall be sent to insurance providers to learn of airfare and facility coverage if still unclear about airfare benefits. When requested, patient may be referred for financial assistance and other community resources. Social Workers shall wait for the patient/family to advise to move forward with airline reservations and the patient must be financially ready to purchase tickets two days after reservation is made or two days before departure, whichever comes first.
 - N. Inform the Charge Nurse of the travel arrangement including confirmation of return flight for the patient's escort/s via the Off Island Transfer Schedule (Attachment IV) provided when the coordination has been finalized.
 - O. Document the progress of off-island transfer process and any other pertinent information in the Patient Notes section of the patient's electronic chart on an on-going basis and up to closure.

IV. Patient Escort (Before Transfer):

- A. Be selected by Hospital Nursing Supervisor in accordance with Unit Supervisor and based on employee competence and availability.
- B. Receive proper orientation to the duties and processes of a Patient Escort.
- C. Complete Attachment I: Patient Escort(s) Clinical Competence Checklist.
- D. Report to the nursing unit where the patient is currently cared for at least two hours prior to the scheduled time of departure from GMHA, for final preparation to travel.
- E. Receive a hand-off from the Primary Nurse and reviews the patient's medical record.

- F. Meet the patient and family member or legal representative, if there was no opportunity to do so prior to the day of departure. Patient escort to explain his/her responsibilities to patient and family/legal representative.
- G. Assure completeness of all ordered medical records, radiological, laboratory reports and Compact Discs, fluids/medication, equipment, and supplies have been arranged for.
- H. Ensure that all appropriate forms have been completed and are on file in the patient's medical record for transport with the patient and that all arrangements regarding the transfer are complete.
- I. Assures that all necessary equipment have been or are being checked by the Bio-Medical Department for safety.
- J. Assures that passport/proof of citizenship and required visa are valid for 6 months and on hand.
- K. Obtains from nursing unit a Patient Escort Packet which contain the following:
 - 1. Patient Transfer Record. (Attachment V)
 - 2. Patient Transfer Expense Report Form (Attachment VI)
 - 3. Patient Escort Clinical Competence Checklist (Attachment I)
 - 4. Post transfer Checklist (Attachment VII)

VI. Patient Escort (During Patient Care):

- A. Maintain a professional, well groomed appearance while providing patient care. Clothing and grooming should contribute to a positive impression of the hospital organization while maintaining safety standards and adhering to the following:
 - 1. Wear employee identification at all times during patient transfer
 - 2. Incorporate occupational health and safety recommendations for appropriate attire during patient care (i.e. closed-toe shoes)
 - 3. Dress comfortably and professionally where interventions can be completed efficiently
- B. Adhere to all rules and regulation of airports and airlines during travel
- C. Complete the "Patient Transfer Record". This record contains at minimum, the following information:
 - 1. Documentation of pulse, respiration, blood pressure, and temperature prior to transfer, following landing, and as indicated.
 - 2. Documentation of any problem encountered en route, the interventions that were implemented and the patient's response.
 - 3. Documentation of any medications and IV fluids administered.
 - 4. Summary of patient intake and output.
 - 5. Documentation of time the flight left, time the flight arrived, time the ground transport arrived and the time the patient arrived at the receiving facility.
 - 6. Documentation of the summary of the condition of the patient en route and upon arrival to the receiving facility.

- D. The Registered Nurse (RN) Patient escort will primarily be responsible for ensuring proper documentation. In the event that a RN Patient escort is not required, then documentation within the scope of practice shall be completed by the accompanying Patient escort. Physicians who are the sole Patient escort will also be required to document information above.
- E. Upon arrival at the receiving facility, the Patient escort:
 - 1. Stays with the patient until care has been transferred to the receiving facility or appropriately arranged transport service team (i.e receiving nurse and/or physician with medical transportation). For countries where flights are limited, the escort must return on the next available flight.
 - 2. Provides a patient report to a physician or receiving licensed personnel.
 - 3. Delivers all medical records, images, and/or slides to receiving facility or team.
 - 4. Transfers all medications, documents, x-ray films, Compact Disk imagery, laboratory results and specimen slides (if any) to the receiving facility.
 - 5. Completes the transfer of care section of the Patient Transfer Record (Attachment V)
 - 6. Provides the receiving facility a copy of the Patient Transfer Record and retains the original for submission to Medical records upon return to GMHA.
 - 7. Secures the equipment for return to GMHA. In some cases, if there is no GMRO at the area where patient has been transported, portable O2 concentrators may need to return with Patient escorts.
- F. Communicate any unexpected delays or changes in flights to the Hospital Nursing Supervisor and Unit Supervisor.

VII. The Patient Escort (Upon Return to GMHA):

- A. Completes the Post-Transfer Checklist (Attachment VII) as follows and submits to Nursing Supervisor (on duty when the escort left) within 72 hours after return to Guam
- B. Returns all signed out equipment to appropriate departments.
- C. Returns all unused supplies to the appropriate department for proper crediting to the patient.
- D. Submits the original copy of the completed Patient Transfer Record (Attachment V) to Medical Records Department for inclusion in the patient's medical records.
- E. Submits to Accounts Payable section of the Fiscal/Accounting office the following:
 - 1. Patient Transfer Expense Report (Attachment VI)
 - 2. Request for Per Diem signed by Nursing Supervisor (Attachment VII)
 - 3. Patient Transport Charge Voucher
 - 4. Copy of Ticket and Boarding Pass (make a copy and attach to Administrative Leave Request).
 - 5. Administrative Leave Request (Original copy to the patient escort's Unit Supervisor).
- F. Returns Blood Transfusion slips to Laboratory Department (if applicable).
- G. Returns Patient Escort Clinical Competence Checklist to Nursing Office

OTHER INFORMATION:

- I. If the Patient Dies En Route:
 - a. The patient escort instructs the airline's flight crew to contact the local office in Guam to contact GMHA with an emergency message for the Nursing Supervisor on duty, the Social Worker who handled the case or the on call Social Worker.
 - b. The body is taken to the receiving health care facility, or the nearest hospital facility.
 - c. Complete documentation of the events that led to the patient's death must be recorded in Patient Transfer Record (Attachment V).
 - d. Complete the hospital's established occurrence reporting process upon return to GMHA and route to Risk Management immediately.

- II. Unexpected Problems:
 - a. Should any problems occur for the patient escort, he/she should try to work through a member of the Social Services Department or the transfer coordinator at the receiving Hospital for assistance. If resolution fails at this level, the Patient escort should try to call the Social Worker who handled the case or the Nursing Supervisor at GMHA. Additional resources to consider are the Guam Medical Referral Offices, local Police Department or US Embassy.

AIR AMBULANCE TRANSPORT

- I. All air ambulance transfers must be coordinated with the Medical Director and Risk Manager.
 1. Air ambulance transfers shall be initiated by physician order.
 2. Social Services shall initiate consult and coordinate transfer process with physician, family or legal representative, insurance company and Charge Nurse of the assigned Unit.
 3. Social Services shall ensure that the Medical Director is made aware of all patients planned for transfer.
 4. Hospital Physician / Charge nurse shall communicate patient's condition with the air ambulance team.
 5. Any supplies/medications requested by air ambulance team need prior approval by the Medical Director.

RELATED POLICIES:

6313-I-19.00, Neonatal Transport Escort and Competency Checklist, of the Nursery/NICU Unit Policy and Procedure Manual.

6301-IIC-39.00, Guidelines in Resuscitating a Neonate, of the Nursery/NICU Unit Policy and Procedure Manual.

RECISSIONS:

A-PC400, Off-Island Patient Transfer Guidelines, of the Administrative Manual made effective June 29, 2016.

ATTACHMENTS:

- I. Patient Escort Clinical Competency Checklist
- II. Physician's Certificate of Transfer/Refusal to Consent to Transfer
- III. Agreement for Reimbursement of Patient Transfer Services Form
- IV. GIAA Release of Liability
- V. Off-Island Transfer Schedule
- VI. Patient Transfer Record
- VII. Patient Transfer Expense Report Form
- VIII. Post Transfer Checklist
- IX. Request for Per Diem
- X. Patient Escort Charge Voucher

ATTACHMENT I
PATIENT ESCORT(S) CLINICAL COMPETENCE CHECKLIST
*****NOT PART OF THE MEDICAL RECORD*****

This checklist should be completed within 72 hours prior to the patient transfer and filed at the Nursing Supervisor's office. A courtesy copy will also be forwarded to the GMHA Social Services Department.

1. Escort(s) name: _____

2. Professional status:

 Physician Registered Nurse RRT Other (specify)_____

3. Does the physician or allied health professional have active staff privileges?
 Yes No

4. Escort has a current and valid Guam License:

<u>Title:</u>	<u>Expiration Date</u>
<input type="checkbox"/> MD	_____
<input type="checkbox"/> RN	_____
<input type="checkbox"/> RRT	_____
<input type="checkbox"/> Other (please specify)_____	_____

5. Escort has:

<u>Certification:</u>	<u>Expiration Date</u>
<input type="checkbox"/> BLS	_____
<input type="checkbox"/> ACLS	_____
<input type="checkbox"/> PALS	_____
<input type="checkbox"/> NALS	_____
<input type="checkbox"/> Specialty Care or Area of Certification Specify_____	_____
<input type="checkbox"/> Appropriate hospital specialty experience	_____

6. Name of patient to be escort: _____
Diagnosis: _____
Reason(s) for transport _____

I certify the above person meets the GMHA Escort qualifications.

Associate Administrator, Medical Services (For Physician Escort)

Date

Assistant Administrator, Nursing Services (For: Nursing Escort)

Date

Assistant Administrator, Professional Support (For Respiratory Therapist Escort)

Date

ATTACHMENT II

CERTIFICATE OF TRANSFER

I hereby certify that, based on the information available to me at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical care at another medical facility outweigh the increased risk to the individual, and in the case of pregnancy, the patient is deemed stable for transfer and active labor which would make transfer contraindicated.

This certification is based on the following:

Reason for Transfer: _____

Benefits: _____

Risks: _____

All transfers have the inherent risks of traffic delays, accidents during transport, inclement weather, rough terrain or turbulence, and the limitations of equipment and personnel present in the vehicle or aircraft.

Physician Name: _____ Date: _____ Time: _____

Physician Signature: _____

=====

CONSENT TO TRANSFER

I hereby consent to transfer to another medical facility. I understand that it is the opinion of the physician responsible for my care that the benefits of transfer outweigh the risks of transfer. I have been informed of the risks and benefits upon which this transfer is being made. I have considered these risks and benefits, including the ones set out above, and consent to transfer.

I hereby release the attending physician, any other physicians involved in my care, the hospital, and its agent and employees, from all responsibility for any ill effects which may result from my transfer.

Signature of Patient or Responsible Party: _____

Relation of Responsible Party: _____

Witness: _____ Date: _____ Time: _____

=====

REFUSAL OF TRANSFER

I acknowledge that I have been examined, and that I have been offered to transfer to another medical facility. I have been informed of the risks and consequences involved in this refusal, the possible benefits of continuing medical treatment at this transfer hospital, and any realistic alternatives to my decision to refuse further examination and treatment/transfer.

I hereby release the attending physician, any other physicians involved in my care, the hospital, and its agent and employees, from all responsibility for any ill effects which may result from my refusal to transfer.

Signature of Patient or Responsible Party: _____

Relationship to Responsible Party: _____

Witness: _____ Date: _____ Time: _____

CERTIFICATE OF TRANSFER

GUAM MEMORIAL HOSPITAL AUTHORITY

Reviewed/Revised: 08/2018

Stock #: _____ Form # _____

Patient ID

ATTACHMENT III

This agreement is executed between the Guam Memorial Hospital Authority (GMHA) and the following patient: _____.

I, _____ (Print name of patient or legally responsible party), agree to accept responsibility of the cost of services related to the transfer provided by the Guam Memorial Hospital Authority (GMHA) and its agents.

These services may include the provision of a qualified escort by GMHA for the patient from the Guam Memorial Hospital to the receiving institution; provision of per diem for the escort; provision of necessary and appropriate medical supplies, equipment, and medications; and the provision of any other services that are necessary to effectuate the safe transfer of the patient.

in exchange for these, I agree to accept the financial responsibilities for those costs not covered by my insurance carrier. I further agree to pay all costs associated with collection activities should my account be referred to a collection agency.

Furthermore, I agree to reimburse GMHA in a timely manner.

Signature of Patient/Legally Responsible Party

Date and Time

of GMHA Representative

Date and Time Signature

OTHER INFORMATION

Mailing Address:

Telephone Numbers:
Home: _____
Work: _____
Cellphone: _____

**AGREEMENT FOR REIMBURSEMENT OF
PATIENT TRANSFER SERVICES**
GUAM MEMORIAL HOSPITAL AUTHORITY
Reviewed/Revised: 08/2018
Stock #: Form #

PATIENT ID

ATTACHMENT IV



P.O. Box 8770
Tamuning, GU 96931
Tel: (671) 646-0300
Fax: (671) 646-8823
www.guamairport.com

**RELEASE OF LIABILITY
FOR THE
A.B. WON PAT INTERNATIONAL AIRPORT AUTHORITY, GUAM**

Release executed on _____ by _____ of _____, Guam, here referred to as "Releasor," to A.B. Won Pat International Airport Authority, Guam, herein referred to as "Releasee."

I, Releasor, being of lawful age, in consideration of being permitted to participate in plane-side loading and unloading of Guam Memorial Hospital Authority stretcher patients for off-island transfer, do for myself, my heirs, executors, administrators and assigns, hereby release and forever discharge the A.B. Won Pat International Airport Authority, Guam, its Board of Directors, officers, employees, successors and assigns, of and from any and every claim, demand, action or right of action, of whatever kind or nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death or property resulting or to result from any accident that may occur as a result of my participation in plane-side loading and unloading of Guam Memorial Hospital Authority stretcher patients for off-island transfer or any activities in connection with plane-side loading and unloading of Guam Memorial Hospital Authority stretcher patients for off-island transfer, whether by negligence or not. I further release All GIAA ARFF or all other personnel from any claim whatsoever on account of first-aid, treatment or service rendered me during my participation in plane-side loading and unloading of Guam Memorial Hospital Authority stretcher patients for off-island transfers. I further understand that all transfers have the inherent risk of airline delays, accidents during plane-side loading and unloading, inclement weather, and the limitations of equipment and personnel during the transfer process. I have been informed of the risks upon which this transfer is being made. I have considered these risks and consent to the transfer.

This Release contains the entire agreement between the parties hereto and the terms of this Release



are contractual and not a mere recital.

Releasor further states that he or she has carefully read the foregoing Release and knows the

contents thereof and signs this Release as his or her own free act.

IN WITNESS WHEREOF, Releasor has executed this Release at _____,
the day and year first above-written.

RELEASOR:

WITNESS:

MS03312.SGF

ATTACHMENT V

OFF ISLAND TRANSFER SCHEDULE
*****NOT PART OF THE MEDICAL RECORD*****

Patient's Name: _____

Unit: _____

Room: _____

Date of departure: _____ **Time of Departure:** _____

Airlines: _____ **Flight Number:** _____

***patient must arrive at the Airport no later than _____.**
70 minutes (1 hour and 10 minutes) prior to departure for stretcher cases
2 hours prior to departure for counter check in cases

Medical Escort (s): _____

Record locator #: _____ Confirmed Return Date: _____

Main Family Escort: _____ Relationship: _____

~~~~~  
Transport to Airport:

GFD Ambulance:  GMHA Transport:  Private Vehicle:

*NURSING: Please advise GFD ambulance or GMHA transport to be at the nursing unit by \_\_\_\_\_  
(1 hour and 40 minutes prior to departure)*

Mode of Transfer:

Sitting:  Stretcher:  ITS:  Lap Baby:  Car seat:

Medical Escort: None:  RN:  MD:  RT:

Oxygen: No:  Yes:  @ \_\_\_\_\_ liters per minute

O2 Use: On Ground & In Flight:  Flight Only:

Plane Side Check-In:  Counter Check-In:

Hospital to Hospital:  Hospital OI as Outpatient:

Destination: (City/State/Country): \_\_\_\_\_

Accepting Facility: \_\_\_\_\_

Accepting MD: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Transport to accepting facility: Ambulance:  GMRO Van:

\_\_\_\_\_  
GMHA Social Worker Date





**ATTACHMENT VII**

**PATIENT TRANSFER EXPENSE REPORT**  
**\*\*\*NOT PART OF THE MEDICAL RECORD\*\*\***

Escort Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_  
Date of travel: \_\_\_\_\_ Hospital No.: \_\_\_\_\_  
Destination: \_\_\_\_\_

**ACTUAL PER DIEM EXPENSES**

INSTRUCTION: Record all expenses incurred as a result of the transfer for which Per Diem funds were used. Receipts are required in the event the escort is requesting for reimbursements.

| Date | Commercial transportation | Car rental/taxi | Lodging | Meals | Tips | Others* | Daily total |
|------|---------------------------|-----------------|---------|-------|------|---------|-------------|
|      |                           |                 |         |       |      |         |             |
|      |                           |                 |         |       |      |         |             |
|      |                           |                 |         |       |      |         |             |
|      |                           |                 |         |       |      |         |             |

\* Explanation of Other \_\_\_\_\_ Amount \_\_\_\_\_ **Total expenses: \$ \_\_\_\_\_**  
 \_\_\_\_\_ **Cash advance Rec'd: (\$ \_\_\_\_\_)**  
 \_\_\_\_\_ **Amount owed escort/GMHA: \$ \_\_\_\_\_**

**Escort Fees**

**Note:** Departure Trip: Escort Fees are computed based on employee's hourly rate for the actual preparation time. Travel time, and time it takes to transfer and endorse patient to the receiving facility. Return Trip: Escort fees are computed based upon Administrative Leave Rate for the travel time from the receiving facility until arrival to Guam.

| <b>Preparation Date: _____</b>                                            |          |             |
|---------------------------------------------------------------------------|----------|-------------|
| Time In                                                                   | Time Out | Total Hours |
|                                                                           |          |             |
| <b>Travel from Hospital to Receiving Facility or Team, Date(s): _____</b> |          |             |
| Time In                                                                   | Time Out | Total Hours |
| (Flight time)                                                             |          |             |
| (Time to Facility /Team)                                                  |          |             |
| <b>Return to Guam Date: _____</b>                                         |          |             |
| Time In                                                                   | Time Out | Total Hours |
|                                                                           |          |             |
|                                                                           |          |             |
|                                                                           |          |             |

Signature of Escort: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Submit this Form to the Accounting Department within 72 hours upon return.**

**PATIENT TRANSFER EXPENSE REPORT**  
GUAM MEMORIAL HOSPITAL AUTHORITY  
Reviewed/Revised: 08/2018

|            |
|------------|
| Patient ID |
|------------|

OFF-ISLAND ESCORT HOURS

| Destination | PREP time | Flight Time | Endorsement-Airport | Endorsement-Hospital | Total Hours | Overnight stay-Admin Hrs | Turn around – Admin Hrs |
|-------------|-----------|-------------|---------------------|----------------------|-------------|--------------------------|-------------------------|
| Philippines | 2         | 3           | 1                   | 2                    | 6           | 8                        | 3                       |
| Hawaii      | 2         | 7           |                     |                      | 10          | --                       | 8                       |
| Los Angeles | 2         | 14          |                     |                      | 17          | --                       | 16                      |
| Japan       | 2         | 3           |                     |                      | 6           | 8                        | 3                       |

**ATTACHMENT VIII**

**POST TRANSFER CHECKLIST**

**\*\*\*NOT PART OF THE MEDICAL RECORD\*\*\***

**To the Escort:** Please complete this checklist within 48 hours after return to Guam then submit it to your immediate supervisor within 72 hours after return to Guam.

| ITEM                                                                | RECEIVING DEPARTMENT       | PERSON RECEIVING ITEM |           | DATE/TIME RECEIVED |
|---------------------------------------------------------------------|----------------------------|-----------------------|-----------|--------------------|
|                                                                     |                            | PRINT NAME            | SIGNATURE |                    |
| 1. Equipment                                                        | (Biomed, RT, CSR, etc.)    |                       |           |                    |
| a.                                                                  |                            |                       |           |                    |
| b.                                                                  |                            |                       |           |                    |
| c.                                                                  |                            |                       |           |                    |
| d.                                                                  |                            |                       |           |                    |
| e.                                                                  |                            |                       |           |                    |
| f.                                                                  |                            |                       |           |                    |
| 2. Supplies                                                         | Central Supply             |                       |           |                    |
| a.                                                                  |                            |                       |           |                    |
| b.                                                                  |                            |                       |           |                    |
| c.                                                                  |                            |                       |           |                    |
| d.                                                                  |                            |                       |           |                    |
| e.                                                                  |                            |                       |           |                    |
| f.                                                                  |                            |                       |           |                    |
| g.                                                                  |                            |                       |           |                    |
| h.                                                                  |                            |                       |           |                    |
| 3. Documents                                                        |                            |                       |           |                    |
| a. Patient Transfer Record (Attachment VI)                          | Medical Record             |                       |           |                    |
| b. Transfer Expense Report (Attachment VII)                         | Accounting                 |                       |           |                    |
| c. Airline Ticket                                                   | Accounting                 |                       |           |                    |
| d. Boarding Pass                                                    | Accounting                 |                       |           |                    |
| e. Medical Referral Mileage Bank Account Waiver Form (Attachment X) | Accounting                 |                       |           |                    |
| f. Request for Per Diem (Attachment IX)                             | Accounting                 |                       |           |                    |
| g. Admin Leave Form                                                 | Unit Supervisor/Accounting |                       |           |                    |
| h. Blood Transfusion Slip                                           | Laboratory                 |                       |           |                    |
| i. Patient Escort Clinical Competence Checklist (Attachment I)      | Nursing Office             |                       |           |                    |

| SIGNATURES             | PRINT NAME | TITLE | UNIT/AGENCY | DATE |
|------------------------|------------|-------|-------------|------|
| PATIENT ESCORT         |            |       |             |      |
| UNIT SUPERVISOR/CHARGE |            |       |             |      |

|            |
|------------|
| Patient ID |
|------------|

**ATTACHMENT IX**

**REQUEST FOR PER DIEM**

**\*\*\*NOT PART OF THE MEDICAL RECORD\*\*\***

To: Fiscal Department  
From: \_\_\_\_\_  
Subject: Per Diem

A patient of Guam Memorial Hospital Authority has been transferred to another medical facility. Immediate per diem cash funds are necessary for the escort and time is of the essence. Details of the request are as follows:

Escort Name : \_\_\_\_\_ Date of Departure from Guam: \_\_\_\_\_

Destination : \_\_\_\_\_ Date of Arrival to Guam : \_\_\_\_\_

Patient's Name : \_\_\_\_\_ Hospital # : \_\_\_\_\_

Medical Insurance: \_\_\_\_\_

Amount of Per Diem: \$ \_\_\_\_\_ , \_\_\_\_ x \_\_\_\_\_ days = \$ \_\_\_\_\_ , \_\_\_\_

Thank you for your assistance in this matter.

| PER DIEM RATES<br>Effective April 1, 2018 |           |
|-------------------------------------------|-----------|
| Hawaii, San Francisco, Washington DC      | \$ 223.36 |
| All Others                                | \$191.42  |
| CNMI                                      | \$159.54  |

\_\_\_\_\_  
Name and Title (Please Print)

\_\_\_\_\_  
Signature and Date

**RECEIPT**

I have received the sum of \$ \_\_\_\_.

Documents submitted :

1. Patient Transfer Expense Report
2. Copy of the airline ticket and boarding pass
3. Copy of the Medical Referral Mileage Bank Account Waiver Form (if applicable)

\_\_\_\_\_  
Escort's Name (Please Print)

\_\_\_\_\_  
Escort's Signature / Date and Time

**IMPORTANT NOTICE**  
The documents are needed in order for Guam Memorial Hospital Authority (GMHA) to recover the escort fees. Failure to turn in these documents within 72 hours upon return to work may result in GMHA recovering the escort fees from you (through payroll deduction, if applicable.)

