

Transfer Center Required Patient Information Packet

Bakersfield Behavioral 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 answer the following questions:

1. Referring Facility Information

- a. Referring facility name
- b. Referring MD Name and their contact information (cell phone/email/fax)
- c. Case Manager information (cell phone/email/fax)
- d. After business hours case manager information (cell phone/email/fax)
- e. Nursing unit contact number

2. Patient demographics and information:

- a. Patient name (First, Middle, Last)
- b. Age and DOB
- c. Gender
- d. Code Status

3. Medically relevant information:

- a. Date of admission from referring facility
- b. Chief complaint and/or diagnosis
- c. Has the patient been seen at other facilities for this issue?
- d. Specific reason for transfer request to BBHH (i.e., SUD service/psychiatric medical management).
- e. Type of request based on the following description (immediate, urgent, or non-emergent):
 - i. Immediate: threat to patient's life, limb, or vision if not treated within 24 hours.
 - ii. Urgent: patient at risk if not treated within 48 hours.
 - iii. Non-emergent is anything else.
- f. Treatment plan for patient's care so far: (i.e. 1:1 care, further eval)
- g. Specific tests and dates relative to patient's care? (i.e., mental health assessments)

- h. Daily updates of patient's care from referring facility? (i.e. initiation of any medication treatment)
- i. Prior treatment related to patient's current hospitalization diagnosis? If so, where and when was the patient's status? What is the providers full name and phone number?
- j. Latest vital signs?
- k. Hold Status? (If applicable)
- l. Isolation status? (If applicable)
- m. Medication regiment?

4. Covid screening:

- a. Has the patient had any COVID symptoms in the last week? What were the symptoms?
- b. Did patient complete a COVID test, if yes, what were the results?

*If COVID symptoms have been persistent we will require a COVID test prior to transfer, speak to intake regarding symptoms.

5. Comorbidities

- a. 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?
- b. What is the degree of impairment or disability of the patient? If any
- c. Level of need for comprehensive care management
- d. Serious or complex health condition

Be prepared to fax the following information:

- 1. Medically Relevant information
 - a. Patient face sheet
 - b. H&P
 - c. Consult notes.
 - d. Medication treatment reports
 - e. Last 2 days of progress notes
 - f. Insurance information

Once all this information is gathered, be prepared to verbally answer the questions as previously directed. Please call BBHH Patient Transfer Center at (877) 755-4907. Fax. (661)241-5587