

INTERHOSPITAL TRANSFER AGREEMENT
[TRAUMA PATIENTS]

THIS AGREEMENT is made this 1st day of September, 2021 by and between **TRANSFERRING FACILITY** (“Transferring Facility”) and **RECEIVING FACILITY** (“Receiving Facility”). Transferring Facility and Receiving Facility also are referred to collectively in this Agreement as the “Facilities”.

WITNESSETH

WHEREAS, Transferring Facility and Receiving Facility are each regional providers of inpatient and outpatient health care services and are affiliates of RWJBarnabas Health, Inc. (the “System”) which is organized for the delivery of integrated health care services and graduate medical education throughout the state, through its multiple programs and affiliated institutions; and

WHEREAS, any and all RWJBarnabas Health Hospitals, as set forth on **Exhibit A** attached hereto, desire to formalize an agreement whereby the transfer of trauma patients (e.g., burn injuries, traumatic brain injuries, spinal cord injuries, pediatric trauma injuries) between each and every RWJ Barnabas Health affiliate shall be in the best interest of their patients in order to provide a continuum of care by facilitating the transfer of patients between the Institutions, in accordance with the terms set forth in this Agreement, and the transfer agreement requirements as described in the New Jersey Department of Health’s Manual of Standards for the Licensure of Hospital Facilities (*N.J.A.C. 8:43G et al.*) and the Guidelines for Field Triage of Injured Patients, Recommendations of the National Expert Panel on Field Triage, 2011; Centers for

Disease Control and Prevention, MMWR, January 13, 2012, Vol. 61, No. 1 (or successor guidance); and

WHEREAS, the Transferring Facility and its physicians share the objectives of good patient care, the optimum and efficient use of health care resources and desire to assure the availability of the Receiving Facility's inpatient facilities, including but not limited to trauma services as further stated below; and

WHEREAS, the parties specifically wish to facilitate: (a) the timely transfer of patients and information necessary or useful in the care and treatment of trauma patients transferred; (b) the continuity of the care and treatment appropriate to the needs of trauma patients; and (c) the utilization of knowledge and other resources of both facilities in a coordinated and cooperative manner to improve the professional health care of trauma patients.

NOW, THEREFORE, in consideration of the covenants and promises contained herein, and intending to be legally bound, the parties agree as follows:

1. TRANSFER OF PATIENTS.

a. From Receiving Facility to Transferring Facility. When a patient's treating physician determines that it is medically necessary and appropriate to transfer a patient to receive trauma services, including but not limited to burn injuries, traumatic brain injuries, spinal cord injuries and pediatric trauma services ("Trauma Services"), and as more specifically stated on **Exhibit B** attached hereto, then the Transferring Facility shall immediately notify the Receiving Facility of the impending transfer.

b. The Transferring Facility agrees that it shall: (i) notify the Receiving Facility as far in advance as possible of transfer of a trauma patient; (ii)

transfer any and all medical information with the patient at the time of the transfer: (iii) transfer any and all patient's personal effects to Receiving Facility at the time of the transfer; (iv) make every effort to stabilize the patient prior to transfer; and (v) ensure that the patient is accompanied by qualified and trained medical personnel and with appropriate transportation equipment.

c. The Receiving Facility agrees to admit the patient for inpatient, outpatient and/or diagnostic services, as promptly as possible, provided that (i) appropriate accommodations are available at Receiving Facility; (ii) the patient satisfies the applicable admissions requirements of Receiving Facility's program; and (iii) Transferring Facility and Receiving Facility follow the agreed upon guidelines and procedures as set forth on **Exhibit B**. Both Institutions agree that the Receiving Facility shall admit the patient as promptly as possible, but that, in certain instances, the Receiving Facility may be required to accept the patient on an Observation status and subsequently, upgrade them to an Admit status. In the event the patient is accepted on an Observation basis, the Receiving Facility shall inform the Transferring Facility and the patient's physician. If further discussion is required by the patient's physician, the patient's physician may contact the Receiving Facility.

d. When the patient is transferred by means of a designated transport unit from the Transferring Facility, the Receiving Facility shall retain responsibility for the patient once the patient is within the Receiving Facility. The Receiving Facility's responsibility for patient care shall begin when the patient is on site and is admitted, either as an inpatient or an outpatient, to the Receiving Facility. Both Institutions agree

to implement any necessary protocols to assure quality control and patient safety, as agreed upon by both Institutions.

f. Consent to and Notice of Transfer. Except in an emergency when there is insufficient time for notice and/or consent, the patient's relatives or legally responsible party, shall be given adequate notice of the proposed transfer before the transfer occurs. Prior to any transfer under this Agreement, the Transferring Facility shall secure all applicable consents required from the patient, the person responsible for the patient or the patient's attending physician. The patient, or if appropriate, the person responsible for the patient, shall be given adequate notice of the patient's transfer prior to the transfer in accordance with customary practice of the Transferring Facility. The Transferring Facility agrees to notify Receiving Facility, as far in advance as reasonably possible, of an impending transfer.

g. Availability of Services for Medical Emergencies.

Receiving Facility shall make available its diagnostic and therapeutic services in the event of a medical emergency at the Transferring Facility. Receiving Facility agrees to accept patients transferred to its Emergency Department, provided that (i) appropriate accommodations are available at Receiving Facility; (ii) the patient satisfies the applicable admissions requirements of the Receiving Facility; and (iii) Receiving Facility and Transferring Facility follow the agreed upon guidelines and procedures as set forth on **Exhibit B**.

2. TERM.

a. This Agreement shall commence as of September 1, 2021 and shall have a term of one (1) year and shall renew from year to year thereafter. Either party

may terminate this Agreement at any time with or without cause upon thirty (30) days prior written notice.

b. Following the date of termination of this Agreement, each party shall continue to treat all patients transferred by the other party prior to such date in accordance with this Agreement.

3. MEDICAL DOCUMENTATION AND TRANSFER REPORT

a. The Transferring Facility shall document all interventions and sequence of events in the chart and complete the chart up to the time of transfer. Copies of the complete records relating to the medical condition as well as other pertinent patient records shall be given to the emergency transport team or patient for delivery to the Receiving Facility. In addition, the Transferring Facility shall ensure and provide the Receiving Facility with the following information for each patient transferred:

(i) Proper acuity shall be documented, including documentation that the intensity of service required meets Receiving Facility's inpatient criteria; and

(ii) Progress notes shall include the reasons for the patients transfer to the Receiving Facility for either services or for observation. Additionally, the progress notes shall document that the patient(s) are advised of and understand the risks involved with the procedures and the transfer.

b. The Transferring Facility shall complete a transfer report, in a form acceptable to the Receiving Facility, and shall make every reasonable effort to contact the Receiving Facility and follow the transfer protocol outlined by the Receiving Facility and provided to the Transferring Facility prior to transfer of the patient. In the event of an

emergency, the Transferring Facility shall also contact the Receiving Facility to notify it of the transfer and the nature of the emergency.

c. A copy of the transfer report shall accompany the patient to the Receiving Facility. The transfer report shall include but not be limited to: (i) current medical findings and diagnosis; (ii) name and contact information (name, address, cell telephone number and home and business telephone number, and relationship to the patient) of the individual(s) authorized to consent for procedures; (iii) current prescribed medications and dosage; (vi) dietary needs and restrictions; and (v) pertinent administrative information including Medicare/Medicaid status and third-party payer information. In addition to the foregoing information, Transferring Facility shall provide the following information: (i) whether the patient has executed an advance directive (i.e., a living will, durable power of attorney); (ii) if applicable and if known, the name, address and home and business telephone number of the patient's attorney-in-fact (financial and/or durable) and/or the patient's legal guardian; (iii) the name and telephone number of the patient's attending physician; and (iv) such other pertinent information as the Transferring Facility may possess or the Receiving Facility may request.

4. PATIENT RECORDS; PERSONAL ARTICLES.

The Transferring Facility agrees to send with each patient at the time of transfer, or in the case of an emergency, as promptly as possible after the transfer, an abstract of pertinent medical and other information necessary to continue the patient's treatment without interruption, together with essential identifying and administrative information. This abstract shall include but not limited to current medical findings, diagnosis,

information on the course of treatment provided in the Transferring Facility, nursing and dietary information, ambulation status, and any patient advance directives.

5. TRANSPORTATION.

Arrangements for the safe transportation of a patient, including (but not limited to) the selection of the mode of transportation and providing appropriate health care practitioner(s) to accompany the patient, shall be made by, or caused to be made by the Transferring Facility. The Receiving Facility's responsibility for patient care shall begin when the patient is admitted, either as an inpatient or an outpatient, to that Facility.

6. BILLING AND COLLECTION.

Each party shall be responsible for billing and collecting its own payments for rendering services to the patients transferred to it pursuant to this Agreement. The patient or his/her third-party payor or insurer shall be responsible for paying the charges of each party for services rendered. Neither party to this Agreement shall be responsible to the other for paying such charges in the event the patient or third-party payor or insurer does not pay such charges. Also, neither party shall have any liability for any debts or obligations of a financial or legal nature incurred by the other party by virtue of this Agreement. Each party agrees that it shall not submit any bill or accept payment from any patient or third party payor with respect to services provided by the other party.

7. INDEPENDENT CONTRACTORS.

a. The parties are independent contractors. This Agreement does not make either party the agent, employee or servant of the other party for any purpose. Nothing in this Agreement shall be construed as limiting the rights of either party to affiliate or contract with any other health care facility on any basis, including (but not limited to)

other transfer agreements, while this Agreement is in effect. After a patient has been transferred from one facility to the other, the patient shall be solely and exclusively under the control and supervision of the Receiving Facility, and the Transferring Facility shall neither have nor exercise any supervision or control whatsoever over the rendering of services to the patient or the exercise of medical judgment in connection with such services.

b. Each party shall be solely responsible for: (a) managing all patient care activities conducted within its facility; (b) providing and maintaining all equipment, facilities, and supplies needed for patient care activities within its facility; (c) the employment, discipline and compensation of all employees or contractors who may be involved from time to time in providing patient care or ancillary services within its facility; and (d) credentialing and monitoring all personnel providing patient care within its facility.

8. COMPLIANCE WITH ALL LAWS.

a. During the term of this Agreement (and all renewals thereof), each party shall comply with all applicable federal, state or local statutes, laws, rules and regulations.

b. During the term of this Agreement (and all renewals thereof), each party shall comply with all applicable federal, New Jersey state and local laws, rules, and regulations, including, but not limited to, the Emergency Medical Treatment and Active Labor Act (“EMTALA”) 42 U.S.C.A. Sec. 1395 dd(a), and the regulations promulgated thereto in carrying out the terms of this Agreement.

c. During the term of this Agreement and as required under the New Jersey statutes and regulations, each party shall comply with the standards, practices and protocols in accordance with the “Guidelines for Field Triage of Injured Patients, Recommendations of the National Expert Panel on Field Triage, 2011; Centers for Disease Control and Prevention, MMWR, January 13, 2012, Vol. 61, No. 1,” or successor guidance.

9. NON-DISCRIMINATION/PATIENT HIV STATUS.

Both parties agree that (a) neither party may refuse to receive a patient by reason of patient’s race, religion, gender, country of national origin, sexual orientation, or medical diagnosis; (b) neither party may refuse to receive a patient because of patient’s HIV status; (c) the portion of the medical records indicating the patient is HIV positive or is known to have been exposed but has not been established to be HIV negative to a reasonable degree of scientific certainty will be transmitted in a confidential manner and in accordance with federal and state laws and regulations; (d) patient’s HIV status may be disseminated only to those health care providers who have a medical need to know; and (e) both parties understand that each is equally obligated to use universal precautions for all patients, regardless of HIV status, during transfer or treatment.

10. INDEMNIFICATION.

Each Facility shall be responsible for its own acts and omissions and shall not be responsible for the acts and omissions of the other Facility. Neither Facility shall assume any liability to the other or to the patient by virtue of this Agreement for debts, responsibilities or other obligations incurred by the other party to this Agreement.

11. ACCESS TO RECORDS.

For a period of five (5) years after the furnishing of services pursuant to this Agreement, each party agrees to provide the Secretary of Health and Human Services or the Comptroller General of the United States with all requested records necessary to verify the nature and cost of such services.

11. PROMOTIONAL MATERIALS; USE OF OTHER PARTY'S NAME.

Neither party shall use the name of the other party in any promotional or advertising material unless review and written approval shall be first obtained from the party whose name is to be used.

12. HIPAA; PROTECTED HEALTH INFORMATION.

Center and Transferring Facility each acknowledge and agree that each is a HIPAA-covered entity, and each agrees to maintain the confidentiality of patient information for its patients in compliance with HIPAA and applicable state law. Without limiting any other obligations hereunder, Center agrees that with respect to its own obligations as a HIPAA-covered entity, Center (i) maintains HIPAA policies and procedures; (ii) will comply with HIPAA, and such policies and procedures, with respect to its provision of services, and with respect to patients transferred to the Transferring Facility; and (iii) trains all applicable employees on its and their obligations to keep patient information confidential.

13. MISCELLANEOUS.

a. This Agreement may be executed in more than one (1) counterpart, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. If this Agreement is executed in counterparts, no signatory hereto

shall be bound until each of the parties named below shall have duly executed or caused to be executed a counterpart of this Agreement.

b. No failure on the part of either party to exercise, and no delay in exercising, any right or remedy hereunder shall operate as a waiver hereof, nor shall any single or partial exercise of any right or remedy hereunder preclude any other or a future exercise thereof or the exercise of any other right or remedy granted hereby or by a related document or by law.

c. This Agreement may only be modified, supplemented or amended by a written instrument executed by the party to be charged therewith.

d. All notices, requests, demands and other communications required or permitted to be given hereunder shall be in writing, and shall be deemed duly given: (i) when personally delivered; (ii) when receipt is acknowledged, if sent by facsimile or other electronic transmission device; (iii) one day after deposit with a nationally recognized overnight courier, specifying "next day delivery"; or (iv) three (3) days after being sent by registered or certified mail, postage prepaid, return receipt requested. Any notice, demand or other communication given by a party in connection with this Agreement shall be sent to the other party at the address set forth above for such other party, with a copy of all notices also sent to RWJBarnabas Health, Inc., 95 Old Short Hills Road, West Orange, New Jersey 07052, Attention: David A. Mebane, Esq., General Counsel.

e. This Agreement shall be governed by and construed in accordance with the laws of the State of New Jersey without regard or giving effect to its principles of conflicts of law. All disputes arising out of this Agreement shall be resolved by a court

of competent jurisdiction in the State of New Jersey and both parties hereby consent to the jurisdiction of the courts of the State of New Jersey and the Federal District Court for the District of New Jersey.

f. The headings contained in this Agreement are solely for convenience of reference and shall not in any way limit or affect the meaning or interpretation of any of the terms or provisions of this Agreement.

g. This Agreement and the performances of any obligations hereunder may not be assigned by either party, but shall inure to the benefit of, and be binding upon, the parties hereto and their respective successors, legal representatives and permitted assigns. Nothing contained in this Agreement, express or implied, is intended to confer upon any person or entity other than the parties hereto and their respective successors, legal representatives and permitted assigned, any rights or remedies under or by reason of this Agreement.

h. The provisions of this Agreement shall be deemed severable, and the invalidity and unenforceability of any one or more of the provisions hereof, shall not affect the validity and enforceability of the other provisions.

i. This Agreement constitutes the entire agreement of the parties with respect to the subject matter hereof, and supersedes all prior promises, agreements, communications, representations and warrants, and understanding of the parties, oral and written, with respect to such matters.

[Signature Page Follows]

IN WITNESS WHEREOF, each party has caused this Agreement to be executed by its duly authorized officers or representatives as of the date first written above.

ATTEST:

CLARA MAASS MEDICAL CENTER



By: Mary Ellen Clyne, Ph.D.
Name: Mary Ellen Clyne, Ph.D.
Title: President + CEO

ATTEST:

COMMUNITY MEDICAL CENTER

By: _____
Name:
Title:

ATTEST:

JERSEY CITY MEDICAL CENTER

By: _____
Name:
Title:

ATTEST:

MONMOUTH MEDICAL CENTER

By: _____
Name:
Title:

ATTEST:

NEWARK BETH ISRAEL MEDICAL CENTER

By: _____
Name:
Title:

ATTEST:

RWJ CHILDRENS SPECIALIZED HOSPITAL


By: _____
Name:
Title:


IN WITNESS WHEREOF, each party has caused this Agreement to be executed by its duly authorized officers or representatives as of the date first written above.

ATTEST: **CLARA MAASS MEDICAL CENTER**

By: _____
Name:
Title:

ATTEST: **COMMUNITY MEDICAL CENTER**



By: 
Name: PATRICK AHEARN
Title: CHIEF EXECUTIVE OFFICER

ATTEST: **JERSEY CITY MEDICAL CENTER**

By: _____
Name:
Title:

ATTEST: **MONMOUTH MEDICAL CENTER**

By: _____
Name:
Title:

ATTEST: **NEWARK BETH ISRAEL MEDICAL CENTER**

By: _____
Name:
Title:

ATTEST: **RWJ CHILDRENS SPECIALIZED HOSPITAL**

By: _____
Name:
Title:

IN WITNESS WHEREOF, each party has caused this Agreement to be executed by its duly authorized officers or representatives as of the date first written above.


ATTEST: **CLARA MAASS MEDICAL CENTER**

By: _____
Name:
Title:

ATTEST: **COMMUNITY MEDICAL CENTER**

By: _____
Name:
Title:

ATTEST: **JERSEY CITY MEDICAL CENTER**

By:  _____
Name: Michael Prilutsky
Title: CEO

ATTEST: **MONMOUTH MEDICAL CENTER**

By: _____
Name:
Title:

ATTEST: **NEWARK BETH ISRAEL MEDICAL CENTER**

By: _____
Name:
Title:

ATTEST: **RWJ CHILDRENS SPECIALIZED HOSPITAL**

By: _____
Name:
Title:

IN WITNESS WHEREOF, each party has caused this Agreement to be executed by its duly authorized officers or representatives as of the date first written above.

ATTEST: CLARA MAASS MEDICAL CENTER

By: _____
Name:
Title:


ATTEST: COMMUNITY MEDICAL CENTER

By: _____
Name:
Title:

ATTEST: JERSEY CITY MEDICAL CENTER

By: _____
Name:
Title:

ATTEST: MONMOUTH MEDICAL CENTER

By:  _____
Name: *ERIC GARNEY*
Title: *President and CEO*

ATTEST: NEWARK BETH ISRAEL MEDICAL CENTER

By: _____
Name:
Title:

ATTEST: RWJ CHILDRENS SPECIALIZED HOSPITAL

By: _____
Name:
Title:

IN WITNESS WHEREOF, each party has caused this Agreement to be executed by its duly authorized officers or representatives as of the date first written above.

ATTEST: **CLARA MAASS MEDICAL CENTER**

By: _____
Name:
Title:

ATTEST: **COMMUNITY MEDICAL CENTER**

By: _____
Name:
Title:

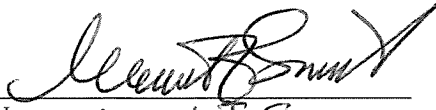
ATTEST: **JERSEY CITY MEDICAL CENTER**

By: _____
Name:
Title:

ATTEST: **MONMOUTH MEDICAL CENTER**

By: _____
Name:
Title:

ATTEST: **NEWARK BETH ISRAEL MEDICAL CENTER**

By: 
Name: MATTHEW J. SCHREIBER
Title: CHIEF OPERATING OFFICER NBIMC

ATTEST: **RWJ CHILDRENS SPECIALIZED HOSPITAL**

By: _____
Name:
Title:

IN WITNESS WHEREOF, each party has caused this Agreement to be executed by its duly authorized officers or representatives as of the date first written above.

ATTEST: **CLARA MAASS MEDICAL CENTER**

By: _____
Name:
Title:

ATTEST: **COMMUNITY MEDICAL CENTER**

By: _____
Name:
Title:

ATTEST: **JERSEY CITY MEDICAL CENTER**

By: _____
Name:
Title:

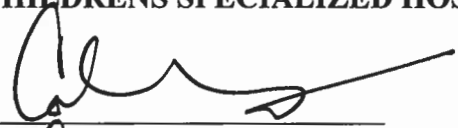
ATTEST: **MONMOUTH MEDICAL CENTER**

By: _____
Name:
Title:

ATTEST: **NEWARK BETH ISRAEL MEDICAL CENTER**

By: _____
Name:
Title:

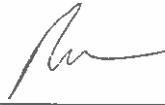
ATTEST: **RWJ CHILDRENS SPECIALIZED HOSPITAL**

By: 
Name: **Colin O'Reilly, DO, FAAP, FALOP, FCCM**
Title: **INTERIM VICE PRESIDENT AND CHIEF MEDICAL OFFICER**

ATTEST:



**ROBERT WOOD JOHNSON UNIVERSITY
HOSPITAL - HAMILTON**

By: 
Name: Dr. Seth Rosenbaum
Title: CMO

ATTEST:

**ROBERT WOOD JOHNSON UNIVERSITY
HOSPITAL - NEW BRUNSWICK**

By: _____
Name:
Title:

ATTEST:

**ROBERT WOOD JOHNSON UNIVERSITY
HOSPITAL - RAHWAY**

By: _____
Name:
Title:

ATTEST:

**ROBERT WOOD JOHNSON UNIVERSITY
HOSPITAL - SOMERSET**

By: _____
Name:
Title:

ATTEST:

SAINT BARNABAS MEDICAL CENTER

By: _____
Name:
Title:

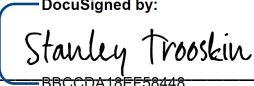
ATTEST:

**ROBERT WOOD JOHNSON UNIVERSITY
HOSPITAL - HAMILTON**

By: _____
Name:
Title:

ATTEST:

**ROBERT WOOD JOHNSON UNIVERSITY
HOSPITAL - NEW BRUNSWICK**

By:  _____
Name:
Title:

ATTEST:

**ROBERT WOOD JOHNSON UNIVERSITY
HOSPITAL - RAHWAY**

By: _____
Name:
Title:

ATTEST:

**ROBERT WOOD JOHNSON UNIVERSITY
HOSPITAL - SOMERSET**

By: _____
Name:
Title:

ATTEST:

SAINT BARNABAS MEDICAL CENTER

By: _____
Name:
Title:

ATTEST:

**ROBERT WOOD JOHNSON UNIVERSITY
HOSPITAL - HAMILTON**

By: _____
Name:
Title:

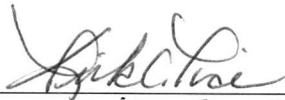
ATTEST:

**ROBERT WOOD JOHNSON UNIVERSITY
HOSPITAL - NEW BRUNSWICK**

By: _____
Name:
Title:

ATTEST:

**ROBERT WOOD JOHNSON UNIVERSITY
HOSPITAL - RAHWAY**

By: 
Name: Kirk C. Tice
Title: President + CEO

ATTEST:

**ROBERT WOOD JOHNSON UNIVERSITY
HOSPITAL - SOMERSET**

By: _____
Name:
Title:

ATTEST:

SAINT BARNABAS MEDICAL CENTER

By: _____
Name:
Title:

ATTEST:

**ROBERT WOOD JOHNSON UNIVERSITY
HOSPITAL - HAMILTON**

By: _____
Name:
Title:

ATTEST:

**ROBERT WOOD JOHNSON UNIVERSITY
HOSPITAL - NEW BRUNSWICK**

By: _____
Name:
Title:

ATTEST:

**ROBERT WOOD JOHNSON UNIVERSITY
HOSPITAL - RAHWAY**

By: _____
Name:
Title:

ATTEST:

**ROBERT WOOD JOHNSON UNIVERSITY
HOSPITAL - SOMERSET**


Shari Benjamin

By: 
Name: Anthony V. Cava, M.S., RPh., FACHE
Title: President and Chief Executive Officer

ATTEST:

SAINT BARNABAS MEDICAL CENTER

By: _____
Name:
Title:

ATTEST:

**ROBERT WOOD JOHNSON UNIVERSITY
HOSPITAL - HAMILTON**

By: _____
Name:
Title:

ATTEST:

**ROBERT WOOD JOHNSON UNIVERSITY
HOSPITAL - NEW BRUNSWICK**

By: _____
Name:
Title:

ATTEST:

**ROBERT WOOD JOHNSON UNIVERSITY
HOSPITAL - RAHWAY**

By: _____
Name:
Title:

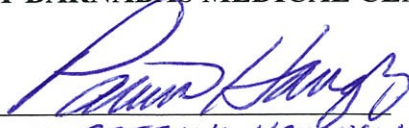
ATTEST:

**ROBERT WOOD JOHNSON UNIVERSITY
HOSPITAL - SOMERSET**

By: _____
Name:
Title:

ATTEST:

SAINT BARNABAS MEDICAL CENTER

By: 
Name: PATRICK HALBRAEY
Title: CHIEF OPERATING OFFICER

ATTEST:

**MONMOUTH MEDICAL CENTER
SOUTHERN CAMPUS**

By: _____



Name: ERIC CALWY
Title: President and CEO

**EXHIBIT A
RWJ BARNABAS HEALTH HOSPITALS**

**CLARA MAASS MEDICAL CENTER
COMMUNITY MEDICAL CENTER
JERSEY CITY MEDICAL CENTER
MONMOUTH MEDICAL CENTER
MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS
NEWARK BETH ISRAEL MEDICAL CENTER
RWJ CHILDRENS SPECIALIZED HOSPITAL
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - HAMILTON
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL – NEW BRUNSWICK
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - RAHWAY
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - SOMERSET SAINT
BARNABAS MEDICAL CENTER**

EXHIBIT B
GUIDELINES AND PROCEDURES FOR TRANSFER

A. Procedures

1. Receiving Facility shall contact the Transferring Facility regarding the management, consultation, and transport of patients requiring intermediate and /or intensive care services (i.e. telephone co-management or total management).
2. Prior to any transfer, Transferring Facility shall:
 - a. Complete a transfer report in a form acceptable to the Receiving Facility;
 - b. Make every reasonable effort to contact the Receiving Facility and follow the transfer protocol outlined by the Receiving Facility
 - c. A copy of the transfer report shall accompany the patient to the Receiving Facility. The transfer report shall include but not be limited to:
 - (i) Current medical findings and diagnosis;
 - (ii) Name and contact information (name, address, cell telephone number and home and business telephone number, and relationship to the patient) of the individual(s) best able to provide key clinical information, and consent for procedures;
 - (iii) Summary of prior course of treatment, including recent physician progress notes;
 - (iv) Current prescribed medications and dosage;
 - (v) Dietary needs and restrictions;
 - (vi) Pertinent administrative information including Medicare/Medicaid status and third-party payer information; and
 - (vii) Nursing information.
 - d. In addition to the foregoing information, Center shall provide the following information:
 - (i) Whether the patient has executed an advance directive (i.e., a living will, durable power of attorney);
 - (ii) If applicable and if known, the name, address and home and business telephone number of the patient's attorney-in-fact (financial and/or durable) and/or the patient's legal guardian;
 - (iii) Name and telephone number of the patient's attending physician; and
 - (iv) Such other pertinent information as the Transferring Facility may possess or the Receiving Facility may request.
3. The Receiving Facility agrees to accept referrals of patients from Transferring Facility provided that (a) appropriate accommodations are available at the Receiving Facility; (ii) the patient satisfies the applicable requirements of the Receiving Facility; and (iii) both Facilities follow the agreed upon guidelines and procedures.