



Title: Department of Psychiatry
Transfer Request Guideline
Updated: 1/3/2024

I. Purpose

The purpose of this guideline is to explain the clinical workflow for patients requesting a transfer of care.

II. Patient Population

The primary population served includes patients seeking a transfer of care provided by faculty physicians, APP's, Residents, and Fellows at any UW Behavioral Health Clinic.

III. Process

- a. Patients seeking a transfer of care can request the transfer through their provider, clinic staff, or with Patient Relations.
- b. Transfer requests are reviewed by the following:
 - Faculty requests are reviewed by the clinic manager.
 - APP requests are reviewed by APNP Psych Supervisor.
 - Resident and fellow requests are reviewed by RN/Liaison Nurse for SMPH or other department designee.
 - A second level review will be reviewed by the Medical Director of Ambulatory Services, Vice Chair for Clinical Services, or Director of the Division of Child Adolescent Psychiatry.
- c. The clinic manager will communicate to the patient the final determination and document in a telephone encounter.

IV. Criteria

- a. **Patients may be denied a transfer based on the following:**
 - Patients requesting to transfer from an APNP or resident to a faculty provider, will be denied a transfer if they are receiving the care they would receive from a faculty provider.
 - Patients requesting to transfer will be denied a transfer if they are receiving the care they would receive from another UW Health provider.
 - Patients that do not follow up with appointments or treatment plan.
 - Patients are engaging in behavior that if continued would lead to no further service. Please refer to policy 3.3.3 in U Connect.
- b. **Patients may be approved for a transfer based on the following:**
 - The treating provider is not comfortable treating the patient's condition such as ADHD or other complex needs.
 - Treating provider confirms there is a lack of rapport, and the therapeutic relationship has been unsuccessfully mended. (Provider should document attempts in the patient's medical record).
 - The patient has had multiple scheduling issues. (i.e., the provider is on medical leave, multiple provider/administrative cancellations).
 - A lapse of service (i.e., refills have been delayed on various occasions). Please allow three business days for refills.
 - The patient has specific barriers that prohibit them from seeing their provider (i.e., transportation, language barrier, patient does not have access to video, etc.)