

<p style="text-align: center;">HH 410: Referral and Transfer of Patients</p> <p style="text-align: center;">WAC 246-335-520: Delivery of Services</p>	
Date of Origin: 03/01/20	Revised: 05/22/2025

Policy Statement:

Hanford Home Health will refer or transfer patients to other community-based programs when Hanford Home Health services are unable to meet the patient's needs.

Procedure:

- 1) In order to minimize the possibility of patient abandonment, clients shall be given at least a forty-eight (48) hour written notice prior to discharge.
- 2) Forty-eight (48) hour written notice discharge is not required if any of the following exists:
 - The home care aide/caregiver is abused or threatened, or the environment is considered unsafe for the worker
 - Significant patient non-compliance
 - Failure to pay for services rendered
 - If the patient or family representative refuses to allow for the provision of a safe environment.
 - When repeated attempts by home care staff to establish a care regime are unsuccessful and there exists noncompliance with the Plan of Care that renders the patient and the home environment unsafe.
- 3) Patients will be referred or transferred to another community program or facility when:
 - There is not adequate staff to meet the patient's need for services
 - The skills, abilities and resources of Hanford Home Health are not adequate to meet the needs of the patient
 - The Director of Clinical Services or designee does not believe the patient's needs can be safely met
 - The patient and/or family request a referral or transfer to another program
 - The needs of the patient can no longer be met.
- 4) An initial telephone report will be made to the receiving program to inform them of the patient's condition and needs.
- 5) Upon request and according to agency policy and procedure, provided patient information or a summary of care when the patient is transferred or discharged to another agency or facility.