CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES

A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 342 Page 1 of 2
Subject	Guidelines for Transfer Agreements Between Acute Care Hospitals	
References	Health and Safety Code Section 1798.172	Effective 11/01/90

I. POLICY

All patient transfers between acute care hospitals will be conducted in a manner which provides for the medical needs of the patient. These transfers will be in accordance with written transfer agreements between participating hospitals and the regional Patient Transfer Agreement (attachment A). The transfer process and written agreements must be conducted in a manner which is consistent with Federal and State statutes and regulations, and with the guidelines established by the EMS Agency.

II. PURPOSE

In accordance with Health and Safety Code Section 1798.172, "local EMS agencies shall establish guidelines and standards for completion and operation of formal transfer agreements between hospitals with varying levels of care in the area of jurisdiction of the local EMS agency." Based upon this statutory responsibility and in order to facilitate effective transfer of patients between acute care hospitals, the EMS Agency has developed the following guidelines.

To address the coordination of patient transfers throughout the region, all acute care hospitals in Fresno, Kings, Madera, and Tulare Counties, collaborated with the EMS Agency and the Hospital Council of Northern & Central California to develop a regional Patient Transfer Agreement, which is included in this policy as Attachment A. This agreement has been approved by all acute care hospitals in the CCEMSA region.

III. PROCEDURES

A. Transfer Agreements

A transfer agreement is a written document between two acute care hospitals which establishes the procedure which will be utilized for transferring patients between the participating hospitals. A transfer agreement is generally structured in contract format and delineates each hospital's specific responsibilities based upon the role which that hospital is taking.

Approved By EMS Director	**Daniel J. Lynch** (Signature on File at EMS Agency)	Revision **08/09/2024**
EMS Medical Director	**Miranda Lewis, M.D.** (Signature on File at EMS Agency)	

Subject	Guidelines for Transfer Agreements Between Acute Care Hospitals	Policy Number 342

Transfer agreements can be structured as either one-way transfer agreements or reciprocal agreements. A one-way transfer agreement would be utilized by a hospital facility for transferring patients to a tertiary hospital which provides several specialty services which are unavailable at the transferring hospital. A reciprocal transfer agreement is utilized between acute care hospitals when either hospital may be routinely initiating transfers.

Transfer agreements facilitate a transfer process by providing a case definition for the types of patients which may be transferred and the procedures to be utilized for initiating and receiving transfers. Additionally, they identify a liaison network for communicating the need for transfers and establish financial responsibilities and limitations on transfers. Transfer agreements may also be utilized to facilitate the transfer of patients with special needs.

Hospital Council
Northern & Central California

PATIENT TRANSFER AGREEMENT

This Transfer Agreement ("**Agreement**") is entered into as of _____ ("**Effective Date**"), by and among the general acute care hospitals ("**Party**" or "**Parties**") listed in **Exhibit A** to this Agreement.

RECITALS

A. Each Party operates a licensed general acute care hospital that at times has patients, including emergency patients and inpatients, who may need a transfer to another hospital for specialized care that the Party does not have the capacity or capability, including resources that are temporarily unavailable, or for alignment with the patient's managed care plan or other responsible payor for services or for other reasons.

B. In collaboration with the Hospital Council of Northern and Central California ("**HCNCC**"), the Parties have established a Patient Transfer Work Group ("**Work Group**") to establish an area-wide patient transfer agreement in order to improve access to health care services, facilitate continuity of care, expedite the timely transfer of patients and records, provide for return transfer (repatriation) of stable patients to their communities and maximize the capabilities of available regional resources to meet the needs of patients.

DEFINITIONS

1. "**Transferring Hospital**" is the hospital from which the patient is being transferred.

2. "**Receiving Hospital**" is the hospital to which the patient is being transferred.

3. "**Transferring Physician**" is the physician initiating and responsible for the patient's transfer at Transferring Hospital.

4. "**Receiving Physician**" is the physician who accepts responsibility for the care of the patient at Receiving Hospital.

5. "**Stabilize**" and "**Emergency Medical Condition**" have the same meanings as these terms are defined in the EMTALA regulations (42 C.F.R. §489.24) setting forth the responsibilities of hospitals in emergency cases.

NOW, THEREFORE, the Parties agree as follows:

AGREEMENT

1. **Duties of Transferring Hospital**. The Transferring Hospital or Transferring Physician, as indicated, shall have the following duties and obligations in connection with a patient's transfer under this Agreement:

(a) **Transfer Authorization**. The Transferring Physician shall authorize the transfer of the patient to the Receiving Hospital, including documenting in the patient medical record the medical necessity or other reason for the transfer of the patient to the Receiving Hospital and the medical condition of the patient at the time of transfer. The Transferring Hospital and Physician shall determine that the patient is appropriate for transfer in accordance with all applicable Federal or State laws and regulations regarding patient transfers as well as with applicable requirements of the Transferring Hospital's transfer policies and EMS transfer guidelines.

(b) **Obtaining Consent for the Transfer**. The Transferring Hospital or Physician shall obtain the consent of the Receiving Hospital and a Receiving Physician for the transfer:

(1) The consent of the Receiving Hospital will be obtained by telephone, facsimile or other electronic means, by contacting the Receiving Hospital in accordance with the terms of this Agreement and any procedures adopted by the Receiving Hospital in accordance with Section 2(a)(1) and disseminated to all Parties by HCNCC.

(2) The Transferring Hospital/Physician will use best efforts to provide clear, accurate communication of patient data and clinical status, including assigning clinical personnel, as appropriate and feasible, to provide (or be immediately available to provide) information as to a patient who has a complex or unstabilized condition or requires a higher level of care. The Parties agree to work collaboratively with the Work Group to develop and implement standards for consistent and accurate reporting of patient information.

(3) At the time of initial contact, the Transferring Hospital will provide the following patient information to the Receiving Hospital –

- The patient's name and date of birth (gender as applicable);
- Whether patient is an emergency patient or an inpatient;
- The patient's diagnosis and description of the patient's clinical condition;
- The patient's clinical status, including whether patient has an Emergency Medical Condition and if so, whether the Condition is Stabilized;
- The reason for the transfer (e.g., higher level of care, lack of specialty services, lack of beds or inadequate staffing, patient request, etc.);
- Core clinical information (vital signs, intubation, etc.); and
- The estimated time of arrival of the patient.

(4) As necessary for the Receiving Hospital and Physician to evaluate the clinical needs of the patient and their respective capability and capacity to meet those needs, the Transferring Hospital or Physician will provide (orally or electronically) pertinent clinical information to the Receiving Hospital and Physician, so long as the Transferring Physician determines that any delay in providing the information will not result in a material deterioration in the patient's medical condition.

(5) If the Receiving Hospital confirms that it has capacity and capability to accept the patient, the Transferring Hospital or Physician will obtain the consent of the Receiving Physician. The Receiving Hospital will assist the Transferring Hospital or Physician in contacting a qualified Receiving Physician who may be available to accept the patient.

(6) The Transferring Hospital and Physician will document in the patient record the consent of the Receiving Hospital and Physician, including the time and date and the names of the Receiving Physician and Receiving Hospital representative who have respectively consented to the transfer.

(c) **Insurance Information**.

(1) If the transfer is for a patient with an Emergency Medical Condition that is ***not*** Stabilized, the Transferring Hospital will not provide the Receiving Hospital or Physician any insurance or financial information until the Receiving Hospital and Physician have accepted the patient.

(2) If the Transferring Hospital/Physician advises the Receiving Hospital that the patient is an inpatient or the patient's condition is stabilized, the Transferring Hospital will provide the Receiving Hospital the patient's insurance information (including the name and telephone number of the patient's health plan, patient ID # or member #)

(d) **Patient Transportation**. The Transferring Hospital and Physician are responsible to arrange appropriate and safe transportation that is appropriate for the patient's medical condition, including designation of (i) appropriate equipment for the transfer, (ii) treatment orders during transport, and (iii) the level of professional personnel (including physicians and hospital personnel, when appropriate) who should accompany the patient during transfer.

(1) If there is a delay in the transfer process that will result in the patient's arrival at the Receiving Hospital by more than one (1) hour beyond the estimated time of arrival, or the ambulance or other patient transport is re-directed en route to another hospital, the Transferring Hospital (if aware of the delay or diversion) will immediately notify the Receiving Hospital.

(2) Except as otherwise agreed by the Parties with respect to a specific transfer, the Transferring Facility shall remain responsible for the patient until he/she arrives at the Receiving Facility, at which time the responsibility for the patient's care will shift to the Receiving Facility.

(e) **Transfer of Patient Records**. The Transferring Hospital will forward (with the patient or by electronic means) copies of those portions of the patient's medical record that are relevant to the transfer and continued care of the patient, including copies of records related to the patient's condition, observations of signs or symptoms, preliminary diagnosis, pertinent history, treatment provided and results of tests and procedures.

(1) If a patient has an Emergency Medical Condition that has ***not*** been Stabilized, the records will include (i) a copy of the patient's informed request for the transfer or the physician's certification that the medical benefits of the transfer outweigh the risks of transfer; and (ii) if an on-call physician at the Transferring Hospital failed or refused to examine or treat the patient within a reasonable time, the name and address of the on-call physician.

(2) If all necessary and relevant medical records are not available at the time the patient is transferred, the records will be forwarded by the Transferring Hospital as soon as possible, but within four (4) hours of the transfer.

(f) **Patient Notice**. The Transferring Facility will comply with patient notice and consent requirements applicable to the transfer. The Transferring Hospital will recognize the right of the patient to make an informed refusal of consent to treatment or transfer in accordance with applicable law;

(g) **Personal Property**. The Transferring Facility will transfer the patient's personal property (such as money and valuables) and information related to these items, or make other appropriate disposition of personal property, in accordance with its policy and procedure for the inventory and safekeeping of patient valuables.

(h) **Patient Rights/Preference**. If the patient is an emergency patient whose condition is Stabilized or is an inpatient, the Transferring Hospital will (i) comply with applicable contractual, statutory and regulatory obligations that might exist between the patient and his/her health plan or designated provider; and (ii) recognize the right of the patient to transfer to the hospital and/or physician of his/her choice.

2. **Responsibilities of the Receiving Hospital**. The Receiving Hospital shall have the following duties and obligations in connection with a patient transfer under this Agreement:

(a) **Transfer Acceptance Process**.

(1) Each Party will centralize, to the extent feasible, the responsibility to receive requests to accept the transfer of patients under this Agreement. A list of contacts and telephone numbers for processing of transfer requests for each Party is attached hereto as **Exhibit B**. Each Party may submit to HCNCC additional information regarding its transfer acceptance process, which HCNCC will disseminate to the Parties.

(2) Each Party will establish a transfer acceptance worksheet and/or intake forms in order to record (i) the date and time of requests; (ii) the hospital, department and representative making a transfer request; and (iii) the patient information set forth in Section 1.B(2) above.

(b) **Conditions for Patient Acceptance**. The Receiving Hospital will accept a patient transferred in accordance with this Agreement and provide or arrange for the provision of medical services to the patient, provided –

(1) The Receiving Hospital has appropriate beds, equipment, staff and service capacity to meet the expected needs of the patient;

(2) A Receiving Physician on the Receiving Hospital's Medical Staff has accepted the patient; and

(3) The patient meets the Receiving Hospital's admission criteria applicable to the patient.

(c) **Response Time**. If the transfer involves a patient with an Emergency Medical Condition that is ***not*** stabilized, the Receiving Hospital will exercise reasonable efforts to respond to the Transferring Hospital within thirty (30) minutes after receiving the request to transfer the patient.

(d) **Admissions Process**. The Receiving Hospital will be responsible for the admissions and/or registration process for each patient accepted by the Receiving Physician, as follows:

(1) The admission requirements of the Receiving Hospital will be completed prior to the transfer except if the patient has an Emergency Medical Condition that is not Stabilized at the time of the transfer.

(2) Except for the transfer of a patient who has an Emergency Medical Condition that is not stabilized at the time of the transfer –

- The admission process will include provision by the Transferring Hospital of patient insurance information relating to coverage of medical services (such as Medicare, Medi-Cal HMO, etc.) and pertinent medical and demographic information regarding the patient, including Veteran status; and
- The Transferring Hospital will obtain prior authorization from the patient's payor, or other person for the transfer and the admission or other medical care services to be provided by the Receiving Hospital if (i) obtaining prior authorization is required by the payor prior to the transfer and/or admission; and (ii) requesting such authorization is otherwise permitted by law.

(e) **Transportation**. When appropriate and within its capabilities, or upon request by the Transferring Hospital, the Receiving Hospital or Physician will consult with the Transferring Hospital or Physician as to the transport of the patient.

(f) **Patient Valuables**. The Receiving Hospital will maintain policies for the acknowledgement and inventory of any patient valuables transported with the patient.

3. **Repatriation (Return Transfers)**.

(a) When a patient transferred under this Agreement no longer requires the specialized services of the Receiving Facility and is stable for repatriation to the Transferring Facility, consistent with all applicable requirements under federal and state law (including patient notice and consent requirements), the Transferring Facility shall accept the return transfer of the patient if it has the capability to provide continuing care to the patient, and shall make best efforts to accomplish the transfer within a maximum of forty-eight (48) hours, including, without limitation,

(1) Reserving a bed and giving the patient priority over non-emergency admissions in order to ensure prompt placement of the patient;

(2) Identifying a physician at the Transferring Facility who will be responsible for the patient; and,

(3) Providing appropriate personnel, equipment and services to assist the Receiving Facility with the return transfer of the patient.

(b) In the event the Transferring Facility is unable to accept the return transfer of the patient within seventy-two (72) hours of the request by Receiving Facility, the Chief Executive Officer (or designee) of the Transferring Facility will promptly confer with the Chief Executive Officer (or designee) of the Receiving Facility about the reasons for such inability, and they shall develop a plan to expedite the return transfer of the patient as promptly as possible.

(c) In order to facilitate return transfers, each Party shall establish policies and procedures to (i) identify bed availability for returning patients; and (ii) communicate with the Transferring Hospital in a timely manner in order to provide information necessary for assuring bed availability for a returning patient.

4. **Disputes**.

(a) If a dispute arises between two Parties during the course of a pending transfer relating to the clinical status and needs of the patient or the method of transportation, the judgment of the Transferring Physician shall take precedence solely for purposes of facilitating a timely decision on the transfer. If a dispute between two Parties arises or continues after a final decision has been made by the Receiving Hospital and Physician on the acceptance of a transfer, the judgment of the Transferring Physician shall not be dispositive in the resolution of the dispute.

(b) To the extent permitted by law, the Parties to the transfer will cooperate in the mutual review of a transfer that the Receiving Hospital identifies as implemented in a manner that is a possible violation of state or federal law, or this Agreement.

(c) All patient transfers will be done on an equitable basis, without regard to financial or diagnostic desirability.

5. **Disaster/Emergency Situation**. In the event of an area-wide disaster or national, state or local emergency situation, which requires the evacuation of patients, each Party agrees to admit evacuated patients from the other Party to the extent there is physical capacity to do so, and when consistent with local disaster evacuation orders and protocols. This agreement recognizes that federal response to disasters, including the response of VA hospitals, is governed by the Stafford Act.

6. **Role of the Work Group**. The Parties agree to continue the activities of the Work Group and will cooperate with the Work Group in holding quarterly meetings (or other frequency as agreed) to monitor progress and challenges in managing the transfer and repatriation processes, including reporting data on key indicators developed by the Work Group. Each Party acknowledges and agrees that the Work Group will also monitor, communicate and provide training on changes in EMTALA, and other laws and regulations relating to patient transfers and engage other hospitals that have are not Parties to this Agreement to participate in the Work Group and this Agreement. It is the intent of the Parties that the Work Group will develop and disseminate protocols for the transfer of patients requiring specialized procedures (such as NICU, PICU and behavioral health patients); as appropriate, such protocols shall become an exhibit to this Agreement upon the approval of a majority of the Parties hereto in accordance with Section 12 below.

7. **Independent Contractor**.

(a) The Parties are at all times independent contractors with respect to their relationship with one another, the purpose of which is to promote continuity of patient care consistent with applicable laws and regulations.

Nothing in this Agreement shall create nor be construed as creating any agency, partnership, joint venture or other corporate relationship between Parties.

(b) The governing body of each Party shall have exclusive control over its policies, management, assets and affairs. Neither Party shall assume any liability by virtue of this Agreement for any debts or obligations of either a financial or a legal nature incurred by the other Party to the Agreement. Nothing in this Agreement shall affect or interfere with the (i) bylaws, rules and regulations of a Party as they relate to medical staff membership and the clinical privileges of the members of each Party's medical staff; or (ii) the services and admission policies of each Party.

8. **Charges for Services.**

(a) Charges for services performed by either Party shall be billed and collected by the Party rendering the services directly from the patient, third party payer or other source legally responsible for payment (including, if applicable, pursuant to Section 8(b) below). Except as set forth in Section 8(b) below, neither Party shall have any liability to the other for such charges unless mutually agreed to in writing in advance.

(b) If a Party has a legal obligation (whether imposed by statute or by contract) to provide or pay for care for a patient who is to be transferred under this Agreement, the Party having the responsibility shall be liable for the reasonable charges of the other Party for providing medically necessary services and care.

9. **Other Conditions.**

(a) This Agreement is solely for the purpose of facilitating and expediting the transfer of patients between the Parties. Nothing in this Agreement shall require any Party to transfer any patient or any number or type of patients to any other Party or require any Party to accept any patient or any number or type of patients other than as may be required by law or other contractual obligations (such as payor agreements).

(b) This Agreement shall be non-exclusive between the Parties. Nothing in this Agreement shall be construed as limiting the rights of either Party to contract with any other health facility on a limited or general basis or implement transfers to any general acute care hospital that is not a signatory to this Agreement.

(c) The Chief Executive Officer of each Party shall communicate with the Medical Executive Committee and key physicians (including emergency physicians) relating to the roles and responsibilities in making and accepting transfers (especially for specialty services) and repatriations.

(d) Each party shall be responsible to provide in-service training to its medical staff and personnel as to the procedures of this Agreement and its internal policies and procedures for making and accepting transfers and repatriations.

10. **Compliance with Law.** The Parties shall comply with all applicable federal, state and local laws, regulations and ordinances, including applicable standards of the Joint Commission and any other applicable accrediting bodies, and reasonable policies and procedures of the parties.

(a) To the extent that any provision of this Agreement conflicts with EMTALA or state licensing laws for the provision of emergency services and care, as such laws may be amended, the provisions of EMTALA or the state licensing laws, as applicable, shall take precedence over and/or automatically supersede any inconsistent provisions of this Agreement. As with all agreements involving departments of the United States government, federal supremacy applies to the VA Central California Health Care System.

(b) Each Party shall at all times be licensed by the State Department of Public Health and certified by the Medicare and Medi-Cal programs, except for federal hospitals, which shall maintain compliance with their own regulations for operation.

11. **Term**.

(1) **Term**. This Agreement shall be effective on the Effective Date and shall continue unless and until terminated.

(2) **Termination**. A Party may terminate its participation in this Agreement (i) at any time, without cause, upon sixty (60) days prior written notice; or (ii) immediately following the effective date of any amendment to this Agreement under Section 12 below that the Party declines to accept. Notice of termination shall be made in writing to the HCNCC Regional Vice President (Fresno Office), which shall notify all other Parties as to the termination notice and its effective date.

12. **Amendments**. This Agreement may be amended at any time by a written agreement approved and signed by a majority of the then Parties hereto. Nothing in this Agreement shall prevent any Party from entering a separate agreement with another Party for a specific patient transfer between the two Parties.

13. **Miscellaneous**.

(a) **Notice**. Any notice required or permitted by this Agreement shall be effective and shall be deemed delivered upon placing in the mail, by certified or registered mail, postage prepaid, or upon personal delivery to the address or addresses set forth in **Exhibit A** hereto.

(b) **Invalid Provision**. In the event that any portion of this Agreement shall be determined to be invalid or unenforceable, the remainder of this Agreement shall be deemed to continue to be binding upon the parties hereto in the same manner as if the invalid or unenforceable provision were not part of this Agreement.

(c) **Maintenance of Records**. Each Party shall maintain all documentation relating to transfers under this Agreement, including transfer requests, acceptances and denials, for a minimum period of five (5) years from the date of the request for a transfer.

(d) **Name Use**. Neither Party shall use the name of the other Party in any promotional or advertising material without the express written consent of the other Party. This Agreement shall not constitute an endorsement by either Party of the other Party, and it shall not be so used.

(e) **Governing Law**. This Agreement shall be construed in accordance with the laws of the State of California and the laws of the United States of America.

(f) **Liability Insurance**. Each Party shall maintain general and professional liability insurance with coverage limits in amounts which are usual and customary for similar health facilities in California in size, complexity and scope of services. Each Party shall give the other Party at least 30 days' prior written notice of any proposed reduction or cancellation of such insurance coverage and shall provide to the other Party evidence of the above-described insurance policy or policies upon request. Federal hospitals are subject to the Federal Tort Claims Act and not subject to this provision of this agreement.

(g) **Indemnification**. Each Party agrees to indemnify, defend, and hold harmless the other Party, its directors, officers, employees and agents from any and all liabilities, claims, damages, losses, reasonable attorney's fees, and other reasonable costs of defense (including costs incurred prior to commencement of a lawsuit) resulting solely from or attributable solely to acts or omissions of the indemnifying Party or any of its agents in the performance of this Agreement, except where precluded by law, such as with federal hospitals.

(h) **Assignment and Delegation**. Neither Party hereto shall assign or transfer this Agreement, in whole or in part, or any of its rights, duties, or obligations under this Agreement, without the prior written consent of the other Party hereto.

(i) **Entire Agreement**. This Agreement contains the entire understanding of the Parties with respect to the subject matter hereof and supersedes all prior agreements, oral or written, and all other communications between the Parties relating to such subject matter.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the Effective Date.

EXHIBIT A

LIST AND SIGNATURES OF PARTIES

HOSPITALS

Adventist Health/Reedley Community Hospital
372 West Cypress Avenue
Reedley, California 93654-2199
Attn: Andrea Kofl, President _____

Adventist Health/Hanford Community Hospital
11899 Shaw Place
Hanford, California 93230
Attn: Andrea Kofl, President _____

Adventist Health/Selma Community Hospital
1441 Rose Avenue
Selma, California 93662-3292
Attn: Andrea Kofl, President _____

Adventist Health/Tulare Regional Medical Center
869 North Cherry Street
Tulare, California 93274-2287
Attn: Andrea Kofl, President _____

Coalinga Regional Medical Center
1191 Phelps Avenue
Coalinga, California 93210-9636
Attn: Josh Maruca, Interim/Designee Administrator _____

Community Medical Center, Clovis
755 Herndon Avenue
Clovis, California 93611
Attn: Tina Gulbronsen, Vice President _____

Community Regional Medical Center
2823 Fresno Avenue
Fresno, California 93721-1365
Attn: Tina Gulbronsen, Vice President _____

Kaiser Permanente Fresno Medical Center
7300 North Fresno Street
Fresno, California 93720-2942
Attn: Phyllis Stark, CNO/COO _____

Kaweah Health - Visalia
400 Mineral King Avenue
Visalia, California 93291-6263
Attn: Gary Herbst, CEO _____

Saint Agnes Medical Center - Fresno
1303 East Herndon Avenue
Fresno, California 93720-3397
Attn: David Spivey, President and Market Leader _____

Sierra View District Hospital - Porterville
465 West Putnam Avenue
Porterville, California 93257-3320
Attn: Donna J. Hefner, President/CEO _____

VA Central California Health Care System
2615 East Clinton Avenue
Fresno, California 93637-5696
Attn: Connie Hampton, Interim Medical Director _____

OTHER SIGNATORIES

Fresno County Health Department
Emergency Medical Services Division
1221 Fulton Mall, Second Floor
P O Box 11867, Fresno CA 93775-1867
Attn: Dan Lynch, EMS Director _____

Hospital Council - Northern and
Central California
1215 K Street, Suite 700
Sacramento, CA 95814
Attn: Bryan J. Bucklew, President & CEO _____

Hospital Council
Northern & Central California

EXHIBIT B

CONTACT LIST FOR TRANSFERS

Adventist Health/Reedley Community Hospital

Contact: House Supervisor Tel: (559) 391-3955

Adventist Health/Hanford Community Hospital

Contact: House Supervisor Tel: (559) 537-1712

Adventist Health/Selma Community Hospital

Contact: House Supervisor Tel: (559) 856-6955

Adventist Health/Tulare Regional Medical Center

Contact: House Supervisor Tel: (559) 605-0955

Clovis Community Medical Center

Contact: Tina Gulbronsen, Vice President Tel: (559) 459-6444

Coalinga Regional Medical Center

Contact: House Supervisor Tel: (559) 821-6100

Community Regional Medical Center - Fresno

Contact: Tina Gulbronsen, Vice President Tel: (559) 459-6444

Kaiser Permanente Fresno Medical Center

Contact: House Supervisor Tel: (559) 341-6651

Kaweah Health - Visalia

Contact: Transfer Center — Tel: (559) 624-6396

Saint Agnes Medical Center - Fresno

Contact: House Supervisor — Tel: (559) 779-6074

Sierra View District Hospital - Porterville

Contact: Transfer Center — Tel: (559) 791-4752

VA Central California Health Care System - Fresno

During business hours:
Contact: Transfer Coordinator — Tel: (559) 974-4145

Weekends, evenings, holidays, nights:
Contact: House Supervisor — Tel: (559) 333-2304

HOSPITAL	SPECIALTIES	PHONE #
Fresno County		
Adventist Health/Selma Community Hospital	ICU	559-891-6496 559-856-6955 House Supervisor
Coalinga Regional Medical Center		559-935-6400
Clovis Community Medical Center	ICU	559-324-4040 ER 559-618-0353 House Supervisor
Community Regional Medical Center – Fresno	Trauma, ICU, Burn, Neuro, Ortho, NICU	Transfer Out CM 559-459-6445 Transfer Center 559-459-5555
Kaiser Permanente – Fresno	ICU, Ortho	559-448-4500 Ask for House Supervisor
Saint Agnes Medical Center – Fresno	ICU	559-779-6074 House Supervisor
Adventist Health/Reedley Community Hospital	Swing Beds	559-638-8155 559-391-3955 House Supervisor
VA Central California Health Care System – Fresno	ICU, Psych, Ortho, Cardiac	559-225-6100 ext. 4312 ER ext. 5888 (AOD)
Kings County		
Adventist Health/Hanford Community Hospital	ICU, NICU, Ortho	559-585-5525 House Supervisor 559-589-2300 House Supervisor 559-537-1712 House Supervisor
Madera County		
Children's Hospital Central California	Transfer Call Center	559-353-5579
Tulare County		
Kaweah Health – Visalia	ICU, CCU, NICU, Ortho, Trauma	559-624-6773
Sierra View District Hospital – Porterville	ICU, Dialysis	559-784-1110
Adventist Health/Tulare Regional Medical Center	ICU	559-688-0821 559-685-3450 ER