

# **Impact of Administrative Regulations Concerning Inter-hospital Transfer on Patient Disposition at Emergency Department**

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摘要

## **Abstract**

In 2005, Taipei Department of Health has implemented a new policy that demanded emergency response hospitals reduce inter-hospital patient transfer. We therein designed the following prospective study to explore the possible impacts of modifications in administrative policies on inter-hospital transfer from emergency response hospitals. The data were collected from Taipei EOC and 7 related tertiary response hospitals from January 2004 to June 2005. Accordingly, the total number of inter-hospital patient transfer via EOC was 1,284 and self-transfer 864 at stage I (from January 2004 to December 2004). In other words, the number of EOC-mediated transfer was 107 per month and that of self-transfer 72 per month. In contrast, the number of EOC-mediated transfer was 60 per month ( $P<0.05$  vs. that at stage I) and self-transfer 41 per month ( $P<0.05$  vs. that at stage I) at stage II (from January 2005 to June 2005). The interventions that the 7 hospitals used include active intervention of bed control by hospital administrators (7/7, 100% vs. 7/7, 100%,  $P=NS$ ), interventions that increase bed turn-over rates after the administrative control has been undergoing (7/7, 100% vs. 4/7, 57%,  $P<0.01$ ), establishment of the rules of extra bed arrangement and related patient disposition (7/7, 100% vs. 3/7, 43%,  $P<0.01$ ), set-up of autonomic available bed reporting (7/7, 100% vs. 3/7, 43%,  $P<0.01$ ), contracts concerning cooperation between the main hospitals and satellite hospitals (4/7, 57% vs. 0/7, 0%,  $P<0.01$ ), monitoring of pre-hospital or inter-hospital transfer patient safety (7/7, 100% vs. 4/7, 57%,  $P<0.01$ ), standard operations procedure of mass casualties incident (7/7, 100% vs. 4/7, 57%,  $P<0.01$ ), and agreements concerning definitions of the criteria about the EOC-guided transfer (7/7, 100% vs. 4/7, 57%,  $P<0.01$ ). In conclusion, the changes of administrative policies have been proven to influence the interventions that response hospitals utilized to control available beds.