



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER**

SUBJECT: TRANSFER OF EMERGENCY DEPARTMENT PATIENTS TO OTHER ACUTE CARE FACILITIES **POLICY NO.** 308A

CATEGORY: Provision of Care	EFFECTIVE DATE: 3/99
POLICY CONTACT: Joy LaGrone, RN	UPDATE/REVISION DATE: 4/22
REVIEWED BY COMMITTEE(S): Emergency Department Operations Committee	

PURPOSE:

To define requirements for the transfer of emergency department (ED) patients to other acute care facilities.

POLICY:

Transfer of a patient being treated in the emergency department (ED) to another facility will only occur after the patient has been stabilized to the degree that is possible at Harbor-UCLA Medical Center.

Prior to transfer, the case must be presented to and accepted by the receiving physician, and the facility must have accepted the patient based on available capacity. Patients will only be transferred with the approval of the Harbor-UCLA ED Attending physician and after his/her/their certification that the benefits outweigh the risks of transfer.

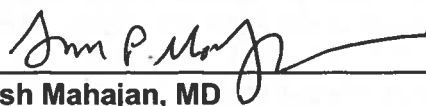
Higher level of care (HLOC) transfers to stabilize and treat an emergent medical condition (EMC) as defined by the federal Emergency Medical Treatment and Active Labor Act (EMTALA) will occur without regard to the patient's ability to pay.

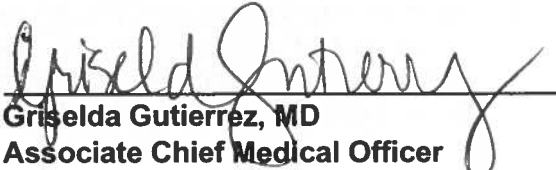
The Los Angeles County (LAC) Transfer Center (TC)/Medical Alert Center (MAC) is the intermediary in the transfer of patients to other DHS facilities.


As determined by the treating physician, if a patient has a time-sensitive EMC, then either 9-1-1 re-triage can be used for certain agreed-upon indications mentioned below, or through transfer agreements to a comprehensive stroke center, or TC/MAC will coordinate the transfer, regardless of insurance as per EMTALA.

As determined by the treating physician, if the patient has a non-time-sensitive HLOC transfer, then the transfer will be coordinated between Utilization Management (UM) and TC/MAC to determine the most expeditious transfer for the patient. For a non-DHS patient, this might include a non-DHS hospital with the HLOC needed or a DHS facility with the HLOC needed.

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For non-EMTALA transfers, non-DHS patients' health plan is the intermediary with UM to coordinate the patient's transfer to non-DHS facilities.

Reasons for transfer to other facilities may include, but are not limited to:

- Patient requires services or a higher level of care not available at Harbor-UCLA at the time of the patient evaluation (e.g., burn center, finger/hand replant surgery, hyperbaric treatment, STEMI when Harbor's catheterization lab is encumbered, trauma care when closed to trauma, or advanced stroke care). Depending on the clinical indication, these transfers might occur through 9-1-1 re-triage, TC/MAC for transfer to a DHS facility, and/or UM for transfer to a non-DHS facility.
- Patient requires inpatient hospitalization or specialty care at a time when Harbor-UCLA does not have the capacity or equipment to provide the needed hospitalization or service (e.g., no available inpatient beds, law enforcement custody patient).
- The patient or his/her/their legal representative or health plan requests transfer to another facility and has located a receiving physician who accepts the transfer at the receiving facility on request of the patient (e.g., patients who are members of a non-DHS health plan, the Department of Veterans Affairs, etc.).

PROCEDURE:

I. ARRANGING TRANSFER

A. Transfer to a non-DHS Facility

1. Discuss the transfer with the patient (or patient's legal representative).
2. Obtain approval for transfer from the Harbor-UCLA Attending physician.
3. Utilization Management (UM) will coordinate the transfer, including obtaining transfer approval from the accepting physician, the patient's health plan (where applicable), and the non-DHS receiving facility. For patients requiring transfer for a time-sensitive condition requiring HLOC service, the ED physician may contact the TC/MAC to request consideration for EMTALA transfer to a DHS facility. For non-time sensitive HLOC transfers, UM will work with TC/MAC to also explore non-DHS options with the HLOC service, to determine the most expeditious transfer.
4. Obtain the consent of the patient/patient's legal representative on the Patient Transfer Form. (See Appendix 1: EMTALA Form)
5. Notify UM/TC of the necessary level of care during transport. It is the responsibility of the Transferring Physician to determine the level of care necessary during transport. The appropriate level of care should be designated on the Patient Transfer Form. UM will determine that appropriate transport arrangements have been made by health plan, receiving facility, patient, or patient family (See Section III, Transportation, below).
6. Assess patient's medical condition at the time of initiation of the transport. Document findings, including vital signs, in the patient's medical record. Verify that the type of transport is as designated in the Patient Transfer Form.
7. Send a copy of the patient's chart, test results, x-rays, ultrasound, CT scan images (on CD), ECG, or any additional pertinent data, patient consent, and the Patient Transfer Form with the patient. (See Section II, Documentation, below)
8. Ensure the patient's personal effects accompany the patient (e.g., clothing, jewelry).



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B. Transfer of Patient to another Los Angeles County DHS Facility

1. Discuss the transfer with the patient or patient's legal representative.
2. Obtain approval for transfer from the Harbor-UCLA Attending physician.
3. For patients requiring HLOC transfer for a time-sensitive, or non-time-sensitive condition, the ED physician will consult the Los Angeles County Transfer Center (TC)/Medical Alert Center (MAC) at (866) 940-4401. The Transferring physician/provider will obtain the Receiving Physician's acceptance of the transfer through TC/MAC. Upon acceptance of the transfer, the TC/MAC will notify the receiving facility and arrange transportation as appropriate. DHS Acute Care facilities will accept all transfers from other DHS facilities if the receiving facility has the capacity to provide for the patient's ongoing evaluation and treatment. Lack of beds is not a reason to refuse such a transfer. It is understood that once the needed specialty evaluation and treatment are completed, Harbor-UCLA will accept the patient back in transfer at the request of the receiving DHS facility. Violations of this agreement should be reported immediately to the MOD/CMO at the respective DHS facility. (See reference DHS Policy 373.3 "Intra-County Health Facility Higher Level of Care Patient Transfer Procedure" and the EP "Transfer Procedure for Patients Between DHS Facilities and From External Sources").
4. Obtain the signature of the patient/patient's legal representative on the Patient Transfer Form.
5. Assess the patient's medical condition at the time of initiation of the transport. Document findings, including vital signs, in the patient's medical record. Verify that the type of transport is as designated in the Patient Transfer Form and remains appropriate to the patient's medical condition.
6. If for some reason the patient's medical record will not be visible in the County-wide electronic health record, send a copy of the patient's chart, test results, x-rays, ultrasounds, CT scan images (on CD), ECG, or any additional pertinent data, patient consent, and the completed Patient Transfer Form with patient. (See Section II. Documentation, below)
7. Ensure the patient's personal effects accompany the patient.

C. Emergent Transfer of Patients to non-DHS Facilities

1. Patients with ST Elevation Myocardial Infarction (STEMI) or meeting Trauma Center criteria and who arrive at Harbor-UCLA at a time when Harbor-UCLA does not have the capacity to provide specialty treatment for the patient's emergency medical need will be transferred to the appropriate specialty center per LA County EMS Reference 513.1, Interfacility Transport of Patients with ST-Elevation Myocardial Infarction, and Reference 506.1, 9-1-1 Trauma Re triage). Patients with STEMI or emergent traumatic injury meeting the criteria for 9-1-1 re triage will be transferred to the nearest appropriate specialty center without the involvement of the TC/MAC or UM.
2. Patients with acute Stroke (CVA) meeting criteria for treatment at a Comprehensive Stroke Center (CSC) may be transferred to a nearby CSC with whom Harbor-UCLA has a transfer agreement, per LA County EMS Reference 322, Stroke Receiving Center Standards). This transfer will be performed by transfer agreement with the receiving CSC and without the involvement of the TC/MAC or UM.
3. The patient shall be presented to the receiving physician and facility via the recorded phone line in the Harbor-UCLA Emergency Department Radio Room.

II. DOCUMENTATION

1. Copies of the following documents are to accompany a patient when s/he/they is/are transferred from Harbor-UCLA:



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- a. Medical records regarding the patient and the condition for which the transfer is occurring. Generally, all current medical records should accompany the transferred patient in accordance with EMTALA.
 - b. Laboratory test results
 - c. Radiographic images copied onto CD or other digital format, with formal reports if available
 - d. Electrocardiograms
 - e. Signed Patient Transfer Form, including the physician's attestation of the benefits and risks of the transfer, and the physician certification and signatures. If the patient/patient's representative did not sign the form, document the reason for the lack of signature.
2. Scanned copies of the following will be added to the patient's Harbor-UCLA electronic medical record:
- a. Patient Transfer Form.
 - b. When a patient is transferred from Harbor-UCLA to another facility after first having been transferred to Harbor-UCLA, transfer records from the original transferring facility are to be copied and sent with the patient. The original transfer documents received by Harbor-UCLA are to be kept in the patient's medical record.

III. TRANSPORTATION

1. When a patient is transferred from Harbor-UCLA through the TC/MAC, the TC/MAC will arrange transportation. It is the responsibility of the transferring physician to determine the appropriate level of transport, in accordance with L.A. County EMS Agency Ref. No 517.1, Guidelines for Determining Interfacility Level of Transport, and to inform the MAC of the desired minimum level of transport.
2. When a patient is transferred at the request of a non-DHS health network to a non-DHS facility, the non-DHS health network will be responsible for providing appropriate transportation, at the level of transport requested by the sending physician. If the non-DHS health network will not provide appropriate transportation, the patient is not to be transferred if Harbor-UCLA can provide the services.
3. When a patient is transferred at his/her/their request without an accepting provider's agreement to arrange for transportation, advise the patient and the transportation service at the time of initial contact that the patient is financially responsible for the transfer transportation.

*Reference: California's Confidentiality Information Act permits disclosure of medical information to a contracted facility. California Civil Code Section 56.10, subdivisions (c) (4) and (c) (10).

**DHS Policy 373.3 October 1, 2012

Reviewed and approved by:
Medical Executive Committee 04/2022

Beverley A. Petrie, M.D.
President, Professional Staff Association

Harbor-UCLA EMTALA Transfer Form

Vital signs:

SBP	DBP	Temp	
HR	RR	O ₂ Sat	
Numeric pain	FACES	FLACC	CPOT

_____ has available space and resources for treatment and accepts this patient
Receiving facility

As acknowledged by: _____ and: _____
Name of accepting provider Receiving hospital contact person

_____ at: _____ on: _____
Telephone number Time Date

Name of Patient

I acknowledge that I have been informed of the risk and consequences potentially involved in the transfer, the possible benefits of continuing treatment at this hospital, and the alternative (if any) to the transfer I am requesting. I hereby release the attending provider, any other providers involved in the patient's care, the hospital and its agents and employees, from all responsibility for ill effects which may result from the transfer.

_____ at: _____ on: _____
Signature of patient or legal representative Time Date

If signed by other than patient, indicate relationship

_____ at: _____ on: _____
Signature of Witness Time Date

Diagnosis:		
Patient condition:	<input type="checkbox"/> Stable: The emergency medical condition has been treated and within reasonable medical probability, no deterioration of the patient's medical condition is likely to result or occur during transfer.	<input type="checkbox"/> Unstable: Deterioration of the patient's medical condition may result from or occur during transfer, but the benefits outweigh the risks.
Reason for transfer:	<input type="checkbox"/> Specialty services not available at this facility <input type="checkbox"/> Continuity of care <input type="checkbox"/> Insurance request	<input type="checkbox"/> Patient request (or patient's legal representative) <input type="checkbox"/> Other: _____
Provider attestation of benefits & risks:	Benefits: <input type="checkbox"/> Specialized services <input type="checkbox"/> Clinical services/ resources available at receiving facility	Risks: <input type="checkbox"/> Time delay to treatment <input type="checkbox"/> Medical condition may worsen in transfer <input type="checkbox"/> Negligible <input type="checkbox"/> Other: _____

I have examined and evaluated this patient and based on this examination conclude for the reasons noted above, that the provision of emergency treatment at another facility outweighs the risk of transfer. The benefits and risks of the transfer have been discussed with the patient (or legal representative).

Provider printed last name: _____

Provider signature: _____ ID# _____

Date: _____ Time: _____

Attending's printed last name: _____

Attending's signature: _____ ID# _____

Date: _____ Time: _____

Method of transport:

ALS BLS Ambulance Helicopter Private car Other: _____

Transport agency/company name: _____

Critical care transport team: _____

Transport arrival:

Date: _____ Time: _____

Time of transfer:

Date: _____ Time: _____

Records Sent:

Copy of medical records (MD chart & orders, nursing notes, consult notes)
 X-ray N/A CT N/A ECG N/A Patient Belongings N/A