

HARBOR-UCLA MEDICAL CENTER

**SUBJECT: ACCEPTANCE OF ED-TO-ED TRANSFER
REQUESTS FOR PATIENTS *WITHOUT*
AN EMERGENCY MEDICAL CONDITION**

POLICY NO. 308D

PURPOSE:

To establish procedures governing acceptance of Emergency Department (ED) to ED transfers for patients due to an unresolved medical condition but for whom an emergency medical condition does not exist.

POLICY:

This policy pertains only to ED patients at other hospitals who are *stable for transfer* and who are being considered for ED-to-ED transfer into Harbor’s Adult ED for continued care and ultimate admission to a Harbor inpatient unit related to an unresolved medical condition.

This policy does not apply to patients who have an “emergency medical condition” as defined by Emergency Medical Treatment and Active Labor Act (EMTALA). For example: A patient in the emergency department at a sending hospital whom the sending hospital never “stabilized” as that term is defined by EMTALA.

The decision to accept or refuse any ED-to-ED transfer request for a patient *without* an emergency medical condition must be based on *both* of the following:

- Harbor’s *ED capacity and hospital capacity, and*
- The patient’s clinical stability and medical condition.

DEFINITIONS:

ED-to-ED Transfer: A transfer into Harbor’s Adult ED of a patient from another medical facility.

Emergency Department (ED) Capacity: A determination, stated as either “open” or “closed,” about the capacity of Harbor’s Adult ED to accept ED-to-ED transfers. This determination is based on *both* the:

- Availability of treatment stations in the Adult ED *and,*
- The number of patients in Adult ED Triage waiting to be taken to the Adult ED treatment area.

Emergency Medical Condition: An emergency medical condition is either:

EFFECTIVE DATE: 3/04

REVISED: 2/07, 1/15, 5/18

REVIEWED: 2/11, 1/15, 5/18

REVIEWED COMMITTEE:

SUPERSEDES:

APPROVED BY: _____

Kim McKenzie, RN, MSN, CPHQ
Chief Executive Officer

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Chief Nursing Officer

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- A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in:
 1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
 2. Serious impairment to bodily functions; or
 3. Serious dysfunction of any bodily organ or part;Or,
- With respect to a pregnant woman who is having contractions:
 1. That there is inadequate time to effect a safe transfer to another hospital before delivery; or
 2. That transfer may pose a threat to the health or safety of the woman or the unborn child.

Hospital Capacity: A determination of the capacity of Harbor's inpatient areas to accept transfers from other hospitals/facilities. This determination is stated as either "open" or "closed" in relation to a particular type of bed (i.e., ICU, ward, step-down, isolation). This determination is based on the availability of *all* of the following:

- **Capability.** If Harbor provides the medical and surgical services appropriate for the patient.
- **Bed availability.** If there is an open bed in the appropriate medical service (e.g., ICU, step-down, ward, isolation room, etc.).
- **Accepting physician.** If there is a physician who can provide the level of care requested *and* who agrees to accept the patient.
- **Required nursing and technical personnel.** If Harbor has the required nursing and ancillary personnel needed for the patient (e.g., dialysis, respiratory therapist, etc.).
- **Operational capability.** If the needed operating room and/or diagnostic and interventional equipment is available and operational.
- **Other considerations,** including the number and type of pending admissions (e.g., emergency department, clinic, scheduled) and pending (accepted but not yet arrived) intra-county transfers.

MAC: The Los Angeles County Medical Alert Center. This Los Angeles County Department of Health Services (DHS) agency receives, screens and coordinates on behalf of DHS hospitals, all appropriate requests to transfer patients to DHS emergency departments and inpatient wards 24 hours a day, seven days a week. MAC presents screened transfer requests to Harbor and other DHS hospitals for their final approval or denial of the transfer. MAC also coordinates associated transport arrangements for the transfer patients.

Patient Flow Facilitator: A senior Harbor nurse whose job includes coordinating and facilitating evaluation and approval or denial of ED-to-ED and inpatient transfer requests presented by MAC.

Reddi-Net: A telecommunications system used by Harbor and all other public and private hospitals with emergency departments in Los Angeles County to report their transfer-acceptance capacity to MAC. Harbor's Reddi-Net unit is located in the radio room in the Adult ED.

Stable for Transfer: A determination by the treating physician attending a patient 1) that, within reasonable clinical confidence, the patient is expected to leave the sending hospital and be received by a second (receiving) hospital, with no material deterioration of the patient's medical condition, and 2) that

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s/he (the treating physician) reasonably believes the receiving facility has the capability to manage the patient's medical condition and any reasonable foreseeable complication of that condition.

Unresolved Medical Condition: A patient's medical condition that *has not been fully resolved* and still requires continuance of care even though the hospital has provided the patient an appropriate medical screening examination and has *stabilized* the patient's emergency medical condition. (Example: A patient who has sustained a closed extremity fracture that has been appropriately splinted/cast and requires follow-up care with Orthopedics).

PROCEDURE:

**I. ED CAPACITY DETERMINATION, CLOSURE AUTHORIZATION & REPORTING,
CLOSURE EXPIRATION**

A. Determination

The Adult ED Charge Nurse is responsible for monitoring on a continuous basis and determining the Adult ED's capacity to accept ED-to-ED transfers. This capacity status determination, stated as either "open" or "closed," must be based on *both* the availability of treatment stations in the Adult ED *and* the number of patients in Adult ED Triage and waiting rooms to be taken to the Adult ED treatment area.

The Adult ED will be closed to ED-to-ED transfers of patients without an emergency medical condition if *both*:

- All Adult ED treatment stations are occupied, *and*
- The number of patients waiting in Adult ED Triage and waiting rooms to be taken to the Adult ED treatment area exceeds one-half the number of treatment stations in the Adult ED treatment area. In most instances, the trigger number of waiting patients must be 20. Staffing, plant-management and/or infection-control factors may affect the operational capability of individual Adult ED treatment stations, thereby reducing the number of treatment stations and trigger number of waiting patients.

B. Closure Authorization & Reporting

The Adult ED Charge Nurse shall notify and consult with the Adult ED Attending Physician each time *both* ED capacity closure criteria are met. The Adult ED Attending Physician may contact the Patient Flow Facilitator and request closure to ED-to-ED transfers when the Adult ED meets both capacity closure criteria or when in the judgement of the Adult ED Attending Physician other factors necessitate closure in the interests of patient safety (e.g. when the Adult ED is in the midst of evaluating and treating multiple Trauma Team Activation (TTA) patients, or the acuity of patients in the Adult ED requires more intensive nursing care, or additional patients in the Adult ED would comprise care of critical patients currently in the Adult ED).

If the Patient Flow Facilitator authorizes such closure:

- The Adult ED Attending Physician will instruct the Adult ED Charge Nurse to document the closure and notify MAC of the closure.
- The Adult ED Charge Nurse – or designee – shall both document the ED-to-ED closure and notify MAC immediately by updating the Reddi-Net Service Capacity screen to reflect the closure.

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- The Patient Flow Facilitator shall:
 - a. Respond the Adult ED to determine reasons necessitating the closure (e.g., boarded ICU admissions, boarded ward admissions, staffing issues, delayed or out-of-service diagnostics.)
 - b. Conduct inpatient rounds if the closure was necessitated by pending admissions, and review potential patient discharges with staff.
 - c. Conduct rounds to diagnostic areas to ensure efficiency of the patient processes.
 - d. Document the closure and response steps a., b., and c. on a “Patient Flow Facilitator (PFF) Closure/Action Log.”

C. Expiration

A closure to ED-to-ED transfers expires after 4 hours. If circumstances necessitate continued closure, all steps in Section B must be performed, including notifying MAC by updating the Reddi-Net Service Capacity screen. Failure to update the Reddi-Net Service Capacity screen and notify MAC every four hours for continued closure automatically will result in the Adult ED being “open” to ED-to-ED transfer.

II. TRANSFER REQUEST PRESENTATION, EVALUATION, ACCEPTANCE OR DENIAL

The following steps shall be followed in the presentation, evaluation, acceptance or denial of an ED-to-ED transfer for a patient without an emergency medical condition but who needs continuance of care and ultimate inpatient admission:

1. Medical Alert Center (MAC)

MAC personnel will review Harbor’s Adult ED Capacity status on Reddi-Net prior to presenting ED-to-ED transfer requests. If Harbor’s ED Capacity is recorded as:

- **Closed to ED-to-ED transfers:** MAC generally will not contact the Patient Flow Facilitator to present the transfer request, nor should the Patient Flow Facilitator accept the transfer request. However, MAC may contact the Patient Flow Facilitator and the Adult ED Attending Physician and present the patient for a final decision if Harbor’s hospital capacity report indicates the inpatient bed and service ultimately needed by the patient are open for transfers.
- **Open to ED-to-ED transfers:** MAC will page the Patient Flow Facilitator and present the transfer request. The Patient Flow Facilitator will accept the transfer request *if* Harbor has the required capability, inpatient bed, operational capability, required staffing, and an accepting physician who can provide the requested level of care.

2. Patient Flow Facilitator

The Patient Flow Facilitator will review – and advise MAC about -- the following Hospital Capacity criteria in real-time, determining the availability of the:

- Appropriate inpatient bed needed.
- Required staffing (nursing and/or technical personnel) needed.
- Operational capability (operating room, diagnostic and/or interventional equipment) needed.

3. Medical Alert Center & Adult ED Senior (R3) Resident

Once it is determined that Harbor has the ED and Hospital capacity to accept the transfer, MAC will present the patient to the Adult ED Senior (R3) Resident.

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4. Adult ED Senior (R3) Resident

Upon hearing the presentation, the Adult ED Senior (R3) Resident shall:

- Determine if based on MAC's patient presentation, a surgical specialist and/or a medical sub-specialist is needed.
- If such a specialist/sub-specialist is needed, the Adult ED R3 Resident shall contact the appropriate specialist/sub-specialist consultant to obtain approval to accept the transfer.
- If such a specialist/sub-specialist is not needed, the Adult ER R3 Resident is authorized to accept the transfer.

If the Adult ED Senior (R3) Resident believes the transfer should be denied, the resident must consult with the Adult ED Attending Physician. ***Only the Adult ED Attending Physician may deny the transfer request.*** If the transfer is denied, the Adult ED Senior (R3) Resident shall document the denied transfer in Adult ED's "MAC Transfer Log."

If the transfer is denied for medical reasons, MAC will contact either the Adult ED Attending Physician or the MAC Medical Supervisor for further advice. MAC will arrange physician-to-physician communication between the sending physician and either the Adult ED Attending Physician or the MAC Medical Supervisor.

If the patient is accepted for transfer, the Adult ED Senior (R3) Resident shall:

- Advise MAC that the transfer has been accepted.
- Document the accepted transfer in Adult ED's "MAC Transfer Log."
- Notify – or have a designee notify – the Patient Flow Facilitator of this now-pending transfer.
- Notify the Adult ED Charge Nurse of this now-pending transfer.

5. Adult ED Charge Nurse

The Adult ED Charge Nurse will notify:

- If the patient has not arrived within four hours of Harbor's acceptance of the ED-to-ED transfer.

III. Problem Transfer Report

If a problem occurs with the transfer, the Adult ED Attending Physician or designee will document the problem on a "Problem Transfer Report." (See Hospital and Medical Administration Policy No. 309 "Problem Transfer Report and Follow-up.")

CROSS REFERENCES:

- Emergency Medical Treatment and Active Labor Act (EMTALA)
- California Code of Regulations, Health and Safety Code, Division 2, Licensing Provisions
- Los Angeles County Medical Alert Center Ref. No. 306.1 "Identification and Address Verification"
- Los Angeles County Medical Alert Center Ref. No. 604 "Problem Transfer Reporting Form"