Health Services
LOS ANGELES COUNTY

DHS Expected Practice

Specialty: DHS Inpatient, ER, and Clinic Providers

Subject: Transfer Procedure for Patients between DHS Facilities or from External Sources

Date: June 23, 2021

Purpose:
To outline the Expected Practice for DHS staff to follow for receiving patient transfer requests between Department of Health Services (DHS) facilities or from external sources (e.g., hospitals, clinics, non-DHS departments) to a DHS hospital.

Target Audience:
DHS Inpatient, ER, and Clinic Providers

Background Definitions:

1. *Capacity* - the ability of a hospital to accommodate a patient transfer request. Capacity encompasses such things as the number and availability of qualified staff, beds, and equipment, and the hospital's past practices of accommodating additional patients in excess of its capacity limits.

2. *Capability* - California law defines "within the capability of the facility" as "those capabilities which the hospital is required to have as a condition of its emergency medical services permit and services specified on Services Inventory Form 7041 filed by the hospital with the Office of Statewide Health Planning and Development."

3. *EMTALA* - the Emergency Medical Treatment and Active Labor Act, and the regulations and Interpretive Guidelines adopted by CMS thereunder.

Please Note

This *Expected Practice* was developed by DHS Medical Management division to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care, and was guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this *Expected Practice*, but in such cases compelling documentation for the exception should be provided in the medical record.

As with all expected practices, clinicians should exercise their own clinical judgment to ensure that patients receive appropriate care as needed.

Doing so may include contacting a consultant or re-eConsulting if they feel that recommendations are not aligned with the expected practice described here, doing so is warranted, or if the patient's condition changes.

4. *Patient Flow Facilitator* (PFF) - a designee (e.g., physician, senior nurse, command center) at a DHS hospital whose job includes coordinating evaluation and approval, or denial of Emergency Department (ED)-to-ED and inpatient transfer requests presented by the Transfer Center.

5. *Transfer* - as defined by EMTALA, a "transfer" is the movement (including discharge) of an individual outside the hospital's facilities at the direction of any person employed by (or affiliated or associated, directly or indirectly, with) the hospital, excluding removal of a deceased individual's body and individuals leaving without permission or direction to do so.

6. *Transfer Center* (TC) - the designated unit that facilitates patient transfer requests from external sources to DHS hospitals and between DHS facilities. The Transfer Center is comprised of three co-located work units:
    a. *Central Dispatch Office* (CDO) - CDO is an office of the Los Angeles County DHS Emergency Medical Services (EMS) Agency. CDO is the ambulance dispatch office for the County ambulance services operated by the EMS Agency.
    b. *Medical Alert Center* (MAC) - MAC is an office of the Los Angeles County DHS EMS Agency. MAC serves as the intake unit and receives all transfer requests 24 hours a day, seven days a week.
    c. *Utilization Management* (UM) - UM is an office of the Los Angeles County DHS Patient Access. UM monitors enterprise-wide capacity and capability to accept transfers in collaboration with DHS hospital PFFs, reviews medical necessity of patient transfer requests, and prioritizes transfers based on this policy, in the context of operational constraints.

Expected Practice:

1. This Expected Practice summarizes key points from DHS policies pertaining to the transfer of patients to provide an equitable and consistent process for patients to access inpatient resources across the DHS system. To ensure that patients receive the right care, at the right time, by the right provider, all transfer requests must be referred to the TC.
    a. DHS physicians and staff are not authorized to receive and accept transfer requests directly.
        i. Approved exceptions to DHS clinicians receiving transfer requests directly include EMS Agency-authorized workflows for ST-elevation myocardial infarction (STEMI) and trauma re-triage patients.
    b. The complexity of EMTALA and other legal and contractual obligations, insurance authorization processes, transportation coordination, and the potential disruption and sanctions for an EMTALA violation support centralization of the patient transfer process.
    c. TC will not accept a transfer request from patients or family members.

NOTE: Mental health inpatient transfers to Los Angeles County Department of Mental Health (DMH) contracted facilities are coordinated by the DMH Access Center.

2. Capacity and capability to accept patients at the DHS hospitals is determined by the PFFs and is reported utilizing and updating the agreed upon enterprise-wide information system (TeleTracking)

for transparency and visibility. In general, patient transfer requests are evaluated based on the capability and capacity of the hospital as a whole, rather than the capability of the dedicated ED.

3. Capacity within the DHS network is prioritized for empaneled patients and all patients currently receiving care in its network of hospitals and clinics, in accordance with statutory and contractual obligations. If the appropriate bed capacity, medical personnel, and equipment required to provide care consistent with accepted medical practice are available, remaining capacity is prioritized in the following order:
    a. Patient transfers with an emergency medical condition that the sending facility/source has neither the clinical expertise nor resources to stabilize (i.e., requiring a level of care not available).
    b. Medi-Cal patient transfers from non-contracted hospitals unless conditions are placed on the DHS hospitals' obligation to accept Medi-Cal patient transfers as required by California Welfare and Institutions Code Section 14087.10.
    c. Patients eligible to receive healthcare services required under Part 5 (commencing with Section 17000) of Division 9 of the California Welfare and Institutions Code.

Procedure:

1. TC will review transfer requests to determine appropriate level of care based on the patient's condition and clinical needs, by:
    a. Determining if the appropriate bed capacity, medical personnel, and equipment required to provide care consistent with accepted medical practice are available.
    b. Prioritizing transfer requests.
        i. In the interest of patient safety, a routine transfer will occur as early in the day as possible and not during the late evening hours (i.e., should arrive at the receiving DHS hospital between 8:00 am and 9:00 pm).
        ii. To optimize tertiary center bed capacity, a routine transfer for a procedural service will occur as close to the proposed date of service as possible (i.e., a transfer for a routine procedure should not be completed before or during a weekend or holiday if there will be significant lead time before the procedure can be performed).
    c. Identifying an accepting DHS hospital, care unit, and clinical service.
    d. Consulting with the PFFs, TC Medical Officer of the Day, and DHS hospital leadership and clinical staff as needed to confirm appropriateness.
    e. Performing financial screening and obtaining insurance authorization for treatment at a DHS hospital, if applicable, from third-party payor (except for transfer requests from an ED covered under EMTALA Statute).
        i. The transfer of a patient between DHS hospitals that is indicated to stabilize an urgent (goal to transport within eight hours) or emergent life-threatening (goal to transport within one hour) medical condition will not be delayed to obtain insurance authorization for treatment.
        ii. Once the urgent or emergent life-threatening medical condition has been stabilized, the patient will be transferred back to the referring DHS hospital as soon as practical if continued inpatient services are needed unless a third-party payor

directs transfer to a non-DHS facility. A return transfer to the referring DHS hospital will not be delayed to obtain insurance authorization.

2. If a DHS hospital has the capacity and capability to accept a patient transfer, TC will arrange communications between the sending and receiving physicians. TC will attempt to contact the receiving physician two times (15 minutes between attempted calls; total elapsed time of 30 minutes). Should the receiving physician be unavailable within that timeframe, TC will activate a progressive escalation of notification as follows:
    a. Assigned receiving clinician
    b. PFF, to assist in confirming the correct contact information for the receiving clinician
    c. Attending physician
    d. Division Chief/Service Chief
    e. Department Chair/Service Chief
    f. DHS hospital Chief Medical Officer (CMO)/CMO-designee (e.g., Medical Officer of the Day)

3. The decision to accept or decline a transfer request presented by TC must be discussed with and made by the attending physician.

4. The receiving clinician will determine the level of care the patient will require upon arrival to the receiving hospital. Transfer acceptance the receiving hospital ED is discouraged unless additional evaluation to determine the appropriate level of care is required. If transfer to the receiving hospital ED is required, the receiving clinician/service is responsible for evaluating the patient upon arrival.

5. TC should be notified by the receiving DHS hospital whenever there is a problem with patient transfer. A Problem Transfer Report should be submitted by the PFF or receiving physician. The form can be found on the EMS Agency website: https://file.lacounty.gov/SDSInter/dhs/1077960_Transfer-EMTALAForm.pdf

6. In cases where a deviation from this Expected Practice occurs, TC will contact the appropriate DHS hospital CMO/CMO-designee to resolve the issue.

References:

1. Los Angeles County Department of Health Services Policy No. 373.3, "Intra-County Health Facility Higher Level of Care Patient Transfer Procedure," October 1, 2012.

2. Los Angeles County Department of Health Services Policy No. XXX, "Transfer Procedure for Patients Between DHS Facilities and From External Sources," March 3, 2021 (DRAFT).