

HARBOR-UCLA MEDICAL CENTER

SUBJECT: ACCEPTANCE OF ED-TO-ED TRANSFER  
REQUESTS FOR PATIENTS WITH AN EMERGENCY  
MEDICAL CONDITION

POLICY NO. 308C

**PURPOSE:**

To establish procedures for acceptance of a request from an outside emergency department to transfer into Harbor's Adult Emergency Department a patient *with* an emergency medical condition as defined in the Emergency Medical Treatment and Active Labor Act (EMTALA).

**DEFINITIONS:**

**Emergency Medical Condition:** An emergency medical condition is either:

- 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.

**EMTALA:** Emergency Medical Treatment and Active Labor Act. This federal act mandates that "a participating hospital that has the specialized capabilities or facilities (including, but not limited to, facilities such as burn units, shock trauma program, neonatal care or a regional referral center in a rural area) may not refuse to accept from a referring hospital within the boundaries of the United States, an appropriate transfer of an individual who requires specialized capabilities or facilities, if the receiving hospital has the capacity to treat the individual."

**EFFECTIVE DATE:** 3/04

**SUPERSEDES:**

**REVISED:** 7/07, 1/14, 10/17

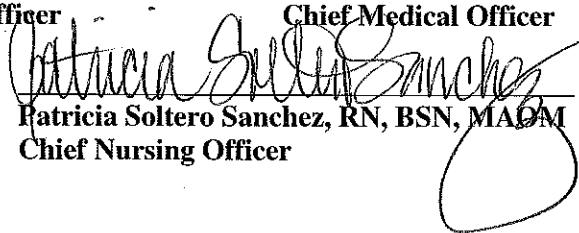
**REVIEWED:** 2/11, 1/14, 10/17

**REVIEWED COMMITTEE:** ER Chair/Associate Med. Dir. Hospital Services

**APPROVED BY:**

  
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**EMTALA Transfer:** *A patient in the Emergency Department of one hospital who has an emergency medical condition (as defined in EMTALA) that has not been stabilized and who is being considered for transfer to the emergency department at another hospital for continued care.*

**Capacity:** A determination of Harbor's ability to stabilize a patient with an emergency medical condition whom an outside emergency department is seeking to transfer to Harbor's Adult Emergency Department. This determination is based on the availability of *all* of the following:

- **Capability:** Harbor provides the medical and surgical services appropriate for the patient.
- **Bed availability:** There is an open bed in the appropriate medical service (e.g., ICU, step-down, ward, isolation room, etc.) and available space and personnel in the Emergency Department to care for the patient as determined by the Emergency Department Attending on duty.
- **Accepting physician:** There is a physician who can provide the level of care requested *and* who agrees to accept the patient.
- **Required nursing and technical personnel:** Harbor has the required nursing and ancillary personnel needed for the patient (e.g., dialysis, respiratory therapist, etc.).
- **Operational capability:** Harbor has the needed operating room and/or diagnostic and interventional equipment available and operational.

**MAC:** The Los Angeles County Medical Alert Center. This Los Angeles County Department of Health Services (DHS) agency MAC receives, screens and coordinates on behalf of DHS hospitals all appropriate requests to transfer patients to a 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 transfer transport arrangements.

The only exception to transfers coordinated by the MAC Center are life threatening conditions for which immediate treatment is **not available** at the transferring facility and the 9-1-1 system is activated to get the patient rapidly transferred to the facility with definitive care. Examples of this emergency transfer include, but are not limited to, trauma center care, and ST-Elevation Myocardial Infarction (Los Angeles County EMS Agency Reference No. 513.1. For 9-1-1 IFTs for reasons other than STEMI (e.g. trauma triage), the paramedics shall notify the Base station per LA County and will be directed to the nearest appropriate receiving facility (i.e. Trauma Center or Pediatric Trauma Center). Specialty service and ED physicians should not accept 9-1-1 IFT patients that would bypass comparable specialty centers en route to Harbor-UCLA.

**Medical Screening Examination:** The process required to reach, with reasonable clinical confidence, the point at which it can be determined whether an emergency medical condition does or does not exist."

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

**Stable for Transfer:** A determination by the treating physician attending a patient that: 1) within reasonable clinical confidence, the patient is expected to leave the sending hospital and be received by a

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second (receiving) hospital, with no material deterioration of the patient's medical condition, and 2) s/he (the treating physician) reasonably believes the receiving facility has the capability to manage the patient's medical condition and any reasonable foreseeable complications of that condition.

**To Stabilize:** Provision of such medical treatment of an emergency medical condition necessary to assure 1) within reasonable medical probability -- that no material deterioration of that condition is likely to result from or occur during the transfer of the individual from a facility, or 2) that the pregnant woman has delivered the child and the placenta. A patient is deemed stabilized if the treating physician attending to the patient in the emergency department has determined within reasonable clinical confidence, that the emergency medical condition has been resolved.

**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).

**PRINCIPLES:**

1. This policy pertains only to *emergency department* patients at other hospitals who have an *emergency medical condition* (as defined in EMTALA) and are being considered for transfer into Harbor's Adult ED for continued care because their emergency medical condition has not been stabilized by the sending hospital.
2. This policy does not apply to patients whose emergency medical condition has been stabilized, or patients who require continued care because of an unresolved medical condition.
3. The decision to accept or refuse any ED-to-ED transfer request for a patient with an emergency medical condition must be based *only* on a real-time determination of Harbor's capacity as defined (unless Harbor is closed due to an internal disaster).
4. In cases where disputes arise regarding the medical condition of the patient of the subject transfer, the medical opinion of the physician at the sending facility generally takes precedence over the opinion of the receiving Harbor physician.
5. The sending hospital is responsible for completing arrangements for patient transfer to Harbor.
6. Transfer requests of patients with an emergency medical condition take precedence over patients without an emergency medical condition. Under no circumstances should the Patient Flow Facilitator or physician inquire about a patient's financial status or method of reimbursement when presented with or presenting an EMTALA transfer request.
7. The sending hospital and physician shall ensure that:
  - a. Both MAC and the Harbor ED Attending Physician have been *notified prior to* the transfer and both have *accepted* the patient *prior to* initiation of the transfer, except:
    - i. Emergency transfer patients through the 9-1-1 systems, for whom MAC notification is not required.
    - ii. Trauma patients whom the Trauma Attending has determined need URGENT evaluation and/or intervention (Trauma Attending should *notify* ED Attending but does not require ED Attending approval.)

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- b. The appropriate transport modality and personnel are used to transport the transfer patient.
  - c. The patient is transported to Harbor with all pertinent medical records and copies of all appropriate diagnostic test results. Such information includes:
    - All medical records (or copies thereof) related to the emergency medical condition with which the individual has presented that are available at the time of transfer, including available history, records related to the patient's emergency medical condition, observation of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests;
    - The informed written consent or certificate (or copy thereof) required by EMTALA.
    - The name and address of any on-call physician who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment.
  - d. Other records (e.g., test results not yet available or historical records not readily available from the sending hospital's files) are sent as soon as practicable after the transfer.

**POLICY:****I. TRANSFER ELIGIBILITY****A. Reasons for an EMTALA Transfer**

A sending facility may request an EMTALA transfer for reasons including, but not limited to, the inability of the hospital to stabilize a patient's emergency medical condition because:

- The medical service required for stabilizing the patient is not provided or temporarily is not available at the sending hospital.
- The sending facility has no on-call panel for the required "stabilizing" medical service.
- The sending facility's on-call physician necessary to stabilize the patient is not available.
- The equipment needed to stabilize the patient is not available/out of service at the sending facility.

**B. Transfer Prerequisites**

The sending facility, prior to transport of an EMTALA transfer patient, shall:

- Perform an appropriate medical screening examination.
- Perform such stabilizing medical treatment as possible within its capability.
- Document certification by the sending physician that the expected medical benefits of transfer outweigh the risks of transfer.
- Attempt, within its capability, to stabilize the patient to minimize any risks to the patient during transfer.
- Obtain patient consent for the transfer. (The patient or patient's duly authorized representative must understand the reason and risks of the transfer).
- Obtain agreement from the designated Harbor physician to accept the transfer, including assurance that Harbor has the capacity and capability to treat the transferred patient. The accepting Harbor physician is encouraged to discuss with the sending physician/surgeon the

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medical measures to be accomplished prior to and/or during transfer to achieve and maintain the maximum stabilization possible.

- Notify MAC that Harbor has accepted the transfer (except for emergency transfers through the 9-1-1 system, which do not require MAC notification).
- Ensure the appropriate transport modality, personnel and equipment are used to transport the transfer patient. This shall specifically include provision of, among other things, essential lifesaving measures and emergency procedures that will minimize aggravation of the patient's condition during transport. It is the responsibility of the referring facility to arrange the appropriate level of transport, in coordination with the MAC and in accordance with L.A. County EMS Agency Ref. No 517.1, *Guidelines for Determining Inter-facility Level of Transport*. It is not appropriate for referring facilities to call 9-1-1 for transport of a patient transferred via the MAC.
- Conduct a "Doctor-to-Doctor" phone report between the sending and accepting ED physicians, via recorded contact through the MAC phone system.
- Ensure the patient is transported to Harbor with all pertinent medical records, copies of all appropriate diagnostic test results, and informed written consent or certificate (or copy thereof) required by EMTALA.

**II. TRANSFER ACCEPTANCE**

Harbor will receive and evaluate EMTALA transfer requests, and make acceptance/denial determinations based on capacity 24 hours a day.

**PROCEDURE:****I. CAPACITY DETERMINATION****1. MAC**

MAC personnel will page the Patient Flow Facilitator, present the potential transfer patient, and request a real-time determination of whether Harbor has the capacity to accept the EMTALA transfer. For the transfer of a trauma patient, the MAC operator will contact the Trauma Attending on call directly. If the trauma patient transfer is deemed appropriate by the Trauma Attending on call, then s/he will confirm with the ED Attending that ED has appropriate capacity (available space and personnel - Exception *see section 7.a.ii.*) and then will notify the Patient Flow Facilitator. In the event that the Trauma Attending on call is encumbered or does not answer his/her page within 10 minutes, the MAC operator will contact the Trauma Medical Director to request transfer.

**2. Patient Flow Facilitator**

The Patient Flow Facilitator shall:

1. Respond to the MAC page within 15 minutes of receipt of the page.
2. Make the capacity determination by making a real-time assessment of whether Harbor:
  - Provides the medical and/or surgical services appropriate for stabilizing the patient.

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- Has the required nursing and technical personnel.
  - Has the operational capability (e.g., operating room, diagnostic and/or interventional equipment), including Emergency Department capacity (available space and personnel) as determined by the ED Attending Physician.
  - Has an open bed in the appropriate in-patient medical service. The Patient Flow Facilitator shall page the On-call Chief/Senior Resident/Attending of the appropriate in-patient service to present the transfer request and ask if the service has – or can make available -- a bed for the transfer patient.
3. Work in collaboration with the Trauma Attending on call to expedite the transfer of trauma patients deemed appropriate by the Trauma Attending on call.

**II. TRANSFER REQUEST ACCEPTANCE OR DENIAL****1. Inpatient Service On-call Chief/Senior Resident/Attending**

The Inpatient Service On-call Chief/Senior Resident/Attending shall:

- Reply to the Patient Flow Facilitator's page within 15 minutes.
- Review the service's caseload to determine if the service has - or can make - an available bed.
- Notify the Patient Flow Facilitator within 20 minutes of whether the service has a bed and an accepting physician to accept the proposed EMTALA transfer.

If the Inpatient Service On-call Chief/Senior Resident believes the transfer should be denied, the resident must consult with his/her Inpatient Service Attending Physician. Only the Inpatient Service Attending Physician may deny the transfer request.

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

If the transfer is accepted, the Inpatient Service On-call Chief/Service Senior Resident/Attending shall:

- Advise the Patient Flow Facilitator of the bed to be assigned to the patient.
- Discuss with the sending physician the medical measures to be accomplished prior to and/or during transfer so as to achieve and maintain maximum possible stabilization of the patient. MAC shall arrange and coordinate this physician-to-physician communication.

**2. Patient Flow Facilitator**

The Patient Flow Facilitator shall notify MAC of the transfer acceptance/denial within 1 hour (60 minutes) of MAC's presentation of the transfer request. If the transfer is accepted, the Patient Flow Facilitator shall:

- Notify the Adult Emergency Department Senior Resident of the pending EMTALA transfer.
- Notify Bed Control of the bed assignment for the pending transfer.

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**3. MAC**

MAC personnel shall:

- Notify the sending facility of the transfer acceptance/denial.
- If the transfer is accepted, MAC personnel shall arrange physician-to-physician communication between Harbor's accepting Inpatient Service Senior Resident/Attending and the sending physician.

**4. Adult ED Charge Nurse**

The Adult ED Charge Nurse shall notify:

- MAC and the Patient Flow Facilitator if the patient has not arrived within 4 hours of acceptance.

**III. Problem Transfer Report**

Sending hospitals are responsible for providing patients with an emergency medical condition -- at a minimum and prior to transfer -- a medical screening examination and necessary stabilizing treatment (within the sending hospital's capability) in accordance with EMTALA. If a problem occurs with a transfer request or transport of an EMTALA transfer patient, the accepting Inpatient Service Senior Resident or the Adult ED Attending Physician or designee shall 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. 604 "Problem Transfer Reporting"
- Los Angeles County EMS Agency Reference 513.1: ST Elevation MI Patient Destination.
- Los Angeles County EMS Agency Reference 502: Patient Destination.

Revision reviewed and Approved on behalf of the Medical Executive Committee without substantive changes on 12/11/2017:



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