

Sample Survey Tools for Patient Transfers and Medical Screening Examinations

QUALITY ASSESSMENT & IMPROVEMENT

<SAMPLE>

Emergency Services Transfer Forms – Documentation

Indicator: Transfer forms will be completed on all patient transfers.

Physician Assessment & Certification	Totals				Comments
	+	-	0	%	
I. Diagnosis Listed.					
II. Section 1: Patient Condition.					
A. Condition, appropriate box selected.					
B. Reason for transfer listed.					
C. Risks & Benefits transfer completed.					
III. Section 2: Transfer Requirements.					
A. Name of receiving facility.					
B. Receiving facility contact listed.					
C. Time.					
D. Receiving physician listed.					
E. Time.					

Physician Assessment & Certification		Totals				Comments
		+	-	θ	%	
IV.	Section 2: Transportation/Level of Care.					
	A. Transportation type checked.					
	B. Personnel listed.					
V.	Section 3: Physician Certification.					
	A. Updated patient status.					
	B. Time.					
	C. Legible signature.					
VI.	Section 4: Discharge/Transfer.					
	A. Vitals noted.					
	B. Medical records sent.					
	C. Patient belongings.					
	D. Time.					
	E. Legible signature and title.					
VII.	Patient Consent.					
	A. The patient (or legal representative) has checked the desired item and initialed.					
	B. The patient (or legal representative) has signed the form.					
	C. Notation that the patient (or legal representative) was unable/unwilling to sign. N =					
	D. The form is dated and timed.					
	E. A witness has signed the form.					

% = Percent compliant

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<SAMPLE INDICATORS>

Indicator #1

For unstable patients, did the medical benefits of receiving treatment at another facility outweigh the risks of the transfer to the patient (or if pregnant, unborn children)?

Indicator #2

For stabilized patients, within medical probability, did the transfer create a medical hazard to the patient?

Indicator #3

For the unstable patient being transferred to a higher level of care, were the appropriate resources available for a safe transport?

Indicator #4

For patients at risk requiring emergency intubation during transfer, were appropriate resources for transport selected?

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<SAMPLE>

Initial Medical Screening Exam Documentation

Indicator: An appropriate medical screening examination and disposition will be completed on all patients and documented in the medical record.

Are the following pieces of information completed?	Totals				Comments
	+	-	0	%	
1. Adequate identification (name, address, phone).					
2. Time of arrival.					
3. Mode of arrival.					
4. Signature of individual for permission to treat.					
5. List of allergies, as indicated/per procedure.					
6. Medication history, as indicated/per procedure.					
7. Appropriate vital signs.					
8. Statement of chief complaint.					
9. Physical assessment which is appropriate based on the C/C.					
10. An evaluation of the individual's condition which lists the acuity and the disposition.					
11. If a physician is a consult, the name of the physician must be documented.					
12. A plan for the individual is recorded.					
13. Legible signature and title of staff completing initial assessment.					
14. The disposition of the individual has been recorded.					

Are the following pieces of information completed?	Totals				Comments
	+	-	θ	%	
15A. If the individual is referred N =					
The name of the nurse accepting the individual is documented, if appropriate.					
Note documented stating the individual's needs are non-urgent.					
The discharge box is checked.					
15B. If the individual is referred to a clinic: N =					
The time and date of the appointment.					
The provider's name and location.					
Note documented stated the individual's needs are non-emergent.					
A note is made as to where the individual went, with whom, and by what means of transportation.					
Discharge box is checked.					
15C. If the individual is discharged to home: N =					
The discharge box is checked.					
The individual has signed the form noting his/her understanding of the instructions.					
Note documented stating the individual's needs are non-emergent.					
A note is made as to where the individual went, with whom, and by what means of transportation.					
16. If the patient left the department prior to or during the Medical Screening Examination, and/or prior to treatment, AMA or Patient Refusal form signed.					