

Sample Transfer Checklist and Script for Accepting Emergency Patients

<i>PART 1 — COLLECT BASIC INFORMATION</i>	
<p><i>INQUIRIES/DOCUMENTATION</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Date and time of the call <input type="checkbox"/> Name of transferring hospital <input type="checkbox"/> Name of the caller (position if known) <input type="checkbox"/> Telephone number of caller <input type="checkbox"/> Name of staff member receiving the call <input type="checkbox"/> Patient's name <input type="checkbox"/> Patient's age (gender optional) <input type="checkbox"/> Name of transferring physician <input type="checkbox"/> Other basic information 	<p><i>COMMENTS</i></p> <p>Do not ask for any insurance or financial information prior to determination whether the request is for an EMTALA or non-EMTALA patient transfer.</p> <p>If an EMTALA transfer, do not ask for any insurance or financial information before final decision to accept or decline the transfer.</p>
<i>PART 2 — DETERMINE WHETHER THE REQUEST IS FOR AN EMTALA OR NON-EMTALA TRANSFER</i>	
<p><i>INQUIRIES/DOCUMENTATION</i></p> <p>1. “Is the patient in an emergency department (or labor & delivery)?”</p> <ul style="list-style-type: none"> • If an inpatient — no EMTALA obligation to accept the patient (refer to Transfer Policy for acceptance of non-EMTALA transfers). Go to Part 5 if transfer declined. • If an emergency patient — go to question 2. <p>2. “Has there been a determination that the patient has an ‘emergency medical condition?’”</p> <ul style="list-style-type: none"> • If patient does not have an “emergency medical condition” — no EMTALA obligation to accept the patient (refer to Transfer Policy for acceptance of non-EMTALA transfers). Go to Part 5 if transfer declined. • If patient has an “emergency medical condition” — go to question 3. 	<p><i>COMMENTS</i></p> <p>Inpatients include patients admitted to the hospital who are boarded in the emergency department pending the availability of an inpatient bed or other treatment area.</p> <p>“Emergency medical condition” is a medical condition (including severe pain, psychiatric disturbances or chemical dependency abuse) manifesting itself by acute symptoms of sufficient severity so that the absence of immediate medical attention could reasonably be expected to result in:</p> <ul style="list-style-type: none"> (A)(i) Placing the health of the patient (or an unborn child) in serious jeopardy, or (ii) Serious impairment of bodily functions, or (iii) Serious dysfunction of any bodily organ or part; or (B) A pregnant woman having contractions if there is inadequate time for a safe transfer to another facility or the transfer will pose a threat to the health of the mother or the unborn child.

<i>PART 2 — DETERMINE WHETHER THE REQUEST IS FOR AN EMTALA OR NON-EMTALA TRANSFER (CONT.)</i>	
<i>INQUIRIES/DOCUMENTATION</i>	<i>COMMENTS</i>
<p>3. “Has there been a determination as to whether the emergency medical condition is “stabilized” or “unstabilized?”</p> <ul style="list-style-type: none"> • If “stabilized,” no EMTALA obligation to accept the patient (refer to Transfer Policy for acceptance of non-EMTALA transfers). Go to Part 5 if transfer declined. • If not stabilized, go to question 4. 	<p>“Stabilized” means when no material deterioration is likely, within reasonable medical probability, to result from or occur during the transfer of the patient to another medical facility (or woman having contractions has delivered the baby/placenta).</p> <p>The determination of whether the patient is stabilized is made by the transferring physician.</p>
<p>4. “What are the reasons for the transfer?”</p> <ul style="list-style-type: none"> • If the reasons are not to access “specialized services” that are required to stabilize the patient’s emergency medical condition (for example, the reason given relates to insurance purposes, physician preference, etc.), there is no EMTALA obligation to accept the patient (refer to Admission Policy for acceptance of non-EMTALA transfers). • If the reasons are to access “specialized services” that are required to stabilize the patient’s emergency medical condition, document the reasons: <ul style="list-style-type: none"> <input type="checkbox"/> Specialized care (NICU, neurosurgery, catheterization, etc.) <input type="checkbox"/> Lack of capacity at transferring hospital <input type="checkbox"/> Diagnostic testing only (and return to transferring hospital) <input type="checkbox"/> Patient request for transfer <input type="checkbox"/> On-call physician is unavailable (in surgery or at another hospital). <input type="checkbox"/> On-call physician failed or refused to respond <input type="checkbox"/> No on-call physician on the schedule <p>Go to question 5.</p>	<p>NOTE: The hospital may be required to accept a non-EMTALA transfer from another facility (e.g., the patient is insured by a plan that is aligned with the hospital, or under a county contract or transfer agreement).</p> <p>“Specialized services” are any services (including surgery) provided by the receiving hospital that are necessary to stabilize the patient’s emergency medical condition that are a higher level of care at the time of the transfer than the level of care available at the transferring hospital at the time of the transfer.</p> <p>A patient request for a transfer must be an informed request (after receiving information regarding risks and benefits and alternatives) to the transfer.</p> <p>If an on-call physician failed or refused to respond, and the patient is accepted for transfer, report the on-call failure to [specify location for reporting on-call failures].</p>
<p>5. “Does the transferring hospital have the present capability and capacity to provide those services?”</p> <ul style="list-style-type: none"> • If the transferring hospital has the present capability and capacity to provide the specialized services required for the patient, no EMTALA obligation to accept the patient (refer to Transfer Policy for acceptance of non-EMTALA transfers). • If the transferring hospital states that it does not have the present capability and capacity to provide the specialized services required for the patient, go to Part 3. 	<p>Document the name of the person who determined the presence of, or lack of, capability and capacity.</p>

PART 3 — DETERMINE HOSPITAL CAPABILITY AND CAPACITY TO ACCEPT THE TRANSFER

NOTE: In order to assess the clinical needs of the patient and the capability and capacity of the receiving hospital, the receiving hospital may ask for the patient’s vital signs, test results and other clinical information that is pertinent to determining the receiving hospital’s capability to meet the patient’s needs

<i>INQUIRIES/DOCUMENTATION</i>	<i>COMMENTS</i>
<p>1. Does the hospital have an appropriately staffed bed that is expected to be available at the time of patient’s arrival (or later, if the patient will be routed to surgery or other treatment area)?</p> <ul style="list-style-type: none"> • If the patient requires an inpatient bed and an appropriately staffed bed is not expected to be available at the time of the transfer, there is no obligation to accept the patient. Go to Part 5. • If the patient requires an inpatient bed and an appropriately staffed bed is expected to be available at the time of the transfer, go to Question 2. 	<p>If the receiving hospital routinely boards inpatients in the ED or other overflow area, or holds an open bed for a later use, consult with [insert contact person] as to whether there is bed capacity to accept the patient.</p>
<p>2. Is the ED expected to have capacity to examine, treat and monitor the patient pending assignment of the patient to an inpatient bed, treatment or discharge from the ED?</p> <ul style="list-style-type: none"> • If the patient requires the services of the ED and the ED is on diversion or saturation or otherwise does not have capacity to accept another emergency patient with an unstabilized emergency condition, there is no obligation to accept the patient. Go to Part 5. • If the patient does not require the services of the ED, go to Question 3. • If the patient requires the services of the ED and the ED has capacity to examine, treat and monitor the patient, go to Question 3. 	
<p>3. Does the hospital expect to have service capacity at the time of the patient’s arrival (or within clinically required time frames) to provide the level of care required for the patient?</p> <ul style="list-style-type: none"> • If the patient requires an operating room, cardiac catheterization or other treatment area, and the treatment area and staff are not expected to be available at the time of the transfer (or within clinically required timeframes), there is no obligation to accept the patient. Go to Part 5. • If the special treatment area is expected to be available at the time of the transfer, go to Question 4. 	

<i>PART 3 — DETERMINE HOSPITAL CAPABILITY AND CAPACITY TO ACCEPT THE TRANSFER (CONT.)</i>	
<p><i>INQUIRIES/DOCUMENTATION</i></p> <p>4. Is there an appropriate medical staff physician who will accept the responsibility for the patient?</p> <ul style="list-style-type: none"> • If there is no appropriate medical staff physician who is available and willing to accept the patient, there is no obligation to accept the patient. Go to Part 5. • If there is an appropriate medical staff physician who is available and willing to accept the patient, accept the patient transfer and proceed to Part 4. 	<p><i>COMMENTS</i></p> <p>If an on-call physician is available to accept the patient, but is unwilling to do so, report the decision to _____.</p>
<i>PART 4 — DOCUMENTATION OF TRANSFER ACCEPTANCE</i>	
<p><i>INQUIRIES/DOCUMENTATION</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Date and time of acceptance <input type="checkbox"/> Name of accepting physician <input type="checkbox"/> Bed unit assigned to the patient (or route to emergency department) <input type="checkbox"/> Mode of transport (ALS, BLS, air, private vehicle, other) <input type="checkbox"/> Other information 	<p><i>COMMENTS</i></p>
<i>PART 5 — DOCUMENTATION IF TRANSFER NOT ACCEPTED</i>	
<p><i>INQUIRIES/DOCUMENTATION</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Not an emergency medical condition <input type="checkbox"/> Emergency medical condition is stabilized <input type="checkbox"/> Patient does not require specialized services at the hospital <input type="checkbox"/> Hospital does not provide the specialized services required to stabilize the patient’s emergency medical condition <input type="checkbox"/> Hospital does not have bed, services or ED capacity (document the reasons) <input type="checkbox"/> On-call physician is not available to accept the patient (document the reasons) <input type="checkbox"/> Transfer is for insurance reasons <input type="checkbox"/> Transfer is a lateral transfer (level of care available at transferring hospital at time of transfer) <input type="checkbox"/> Other (document the reasons) 	<p><i>COMMENTS</i></p> <p>Additional information supporting the refusal should be documented</p>