POLICY STATEMENT

It is the policy of Island Hospital to stabilize and transfer patients with conditions that cannot be treated at Island Hospital. In addition, patients will be transferred when there is inadequate staffing, lack of beds, equipment or services to provide necessary care to the patient.

In general, Island Hospital does not provide the following services:

- Neurosurgical
- Rehabilitation, Intensive or Long Term Patient
- Neonatal Intensive Care
- Spinal Cord, Acute or Chronic Inpatient Rehabilitation
- Burns, except small area
- Cardiac Catheterization, Angioplasty, Coronary Bypass Grafts
- Acute or Chronic Dialysis
- High Risk Pregnancy
- Psychiatric Services – (acute admission requiring a psychiatrist as the primary admitting physician)
- Pediatric Care: Long Term Inpatient, Respiratory Support with a Ventilator
- Severed Limbs for Re-attachment

PURPOSE

The purpose of this policy is to provide guidelines for transfer of patients

SCOPE

Emergency Department, Acute Care, ICU, Birth Center

DEFINITIONS

Transfer criteria: Patients will only be transferred to another facility after:

- contact and agreement of the receiving facility
- consent of receiving admitting physician
- consent from patient for the transfer, if able
- stabilization of the patient to the extent possible at Island Hospital prior to transfer. If patient not medically stable, benefits must outweigh risks.

MEDICAL SCREENING EXAMINATION: The purpose of the medical screening examination (MSE) is to determine whether a patient has an emergency medical condition (EMC). A Medical Screening Exam will not be delayed while insurance/financial information is obtained.

Emergency Medical Condition (EMC): An EMC exists if an individual has acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any body organ or part.
REQUEST FOR EXAMINATION OR TREATMENT:
The request for examination or treatment of a patient can be made by anyone on behalf of the patient.

Requests for drug testing or legal blood alcohol concentration sampling may be sufficient to constitute a “request for examination or treatment” under COBRA.

Any person appearing to need medical intervention should always be offered medical care, and should not be allowed to refuse care until a physician explains the risk of refusal and determines that the person is legally competent to refuse.

Blood alcohol or drug testing requests should not require the hospital to perform an MSE, since generally no “request for examination or treatment” is made. However, to protect the hospital, the nurse or physician involved should always specifically document that the patient did not request examination or treatment for any medical condition. For a police request, the person may go straight to the lab.

PREGNANCY:
For a pregnant woman having contractions, an EMERGENCY MEDICAL CONDITION exists if there is inadequate time to transfer the patient prior to delivery or the transfer may pose a threat to the health or safety of the woman or the unborn. A woman in labor is not considered stable until delivery (which includes the placenta).

STABLE:
A patient is defined as STABLE if no deterioration of the condition is likely to result from or occur during the transport of the person.

EQUIPMENT
None

QUALITY CONTROL
This policy will be reviewed annually.

PROCEDURE | KEY POINTS
---|---
1. All persons who present to the Emergency Department will have an MSE by a Physician to determine an EMC exists. | The American College of Emergency Physicians (ACEP) Policy position states that medical screening examinations will be performed by a physician. All individuals, regardless if insured or indigent, under the age of consent, in the United States illegally, covered by Medicare, Medicaid, or a managed care plan, must be provided a medical screening examination. The level of screening will be “uniform” for all those who present with substantially similar complaints. An appropriate medical screening is determined not by correct diagnosis, but by having uniform screening procedures for every patient regardless of the ability to pay.

2. Patients having an EMC will receive further medical evaluation and treatment within the capability of the Hospital and its staff in order to stabilize the patient. | Triage only dictates the number the patient is assigned for treatment. It is not a screening examination.
| 3. | The physician may determine that Island Hospital lacks services or capacity necessary for the patient’s care and that the benefits of transfer outweigh the risk of treatment in order to receive necessary care. | The physician documents this assessment. The risks and benefits are explained to the patient and documented in the medical record. The patient agrees to the transfer. The patient signs a consent form. |
| 4. | Patients that have not been stabilized should not be transferred unless the patient or representative requests immediate transfer in writing. Stabilization of the patient’s medical condition includes such care as to assure, within reasonable probability that no material deterioration is likely to result during transfer. The appropriate means of transportation, (airlift, BLS, ACLS ambulance, etc.), should be selected. This includes the qualified personnel and equipment to address potentially emergent needs and foreseeable life support measures during transportation. | If the patient or representative does not desire stabilization prior to transfer, have the patient or their representative complete the "Voluntary Refusal Of Medical Treatment" form. If the patient or their representatives will not sign, the refusal should be witnessed and confirmed in writing in the record by the attending physician and at least one other person. Insure that all pertinent information is documented in the medical record. |
| 5. | The patient or spouse may refuse further treatment or transfer to another facility after hearing the risks vs benefits. | The requirements for COBRA are met with the offer and explanation of risks and benefits. Carefully document. Attempt to obtain a signature of informed refusal. This should be witnessed and placed in the medical record. If the patient refused the transfer, no further efforts should be made to transfer the patient. |
| 6. | The receiving facility is contacted and agrees to accept the patient and can provide adequate facility, staff, beds, and equipment to provide the necessary care. | Document the information gained through telephone contact with the receiving facility. Include the name of the physician, date and time of contact and verbal agreement to accept the patient. |
| 7. | Document all information regarding the patient’s evaluation and treatment in the Electronic Medical Record. | Document vital signs upon admission and discharge, especially if serial VS are not done. |
| 8. | Patients transferred to another facility will be sent with a copy of all chart materials and any diagnostic studies performed. Complete the form “Authorization For Transfer”. Send the original with the patient (this is the only original that should be sent with the patient). | The attending RN is responsible for completing all documentation required by Island Hospital including the computerized Care Plan and Nursing Assessment for Inpatients. |
APPENDIX A

RESPONSIBILITIES AT ISLAND HOSPITAL

A. A PHYSICIAN at Island Hospital has obtained consent to the transfer by a PHYSICIAN at the receiving hospital and confirmation by the receiving hospital that the patient meets the receiving hospital’s admission criteria relating to beds, personnel and equipment.

B. The transferring physician is the emergency room physician UNLESS a primary care or specialist has been consulted in which case the consulted physician is the transferring physician and decisions and responsibilities become his/hers.

C. The “physician at the receiving hospital” is:
   § the admitting physician and not the emergency room physician or a consultant not responsible for the proposed admission, or:
   § consent is received from the trauma physician at a Level I trauma/burn center, i.e., Harborview.

Neither the transferring nor the receiving physician is a reliable source for information concerning “beds, personnel and equipment”. That responsibility has been DELEGATED to the SHIFT NURSING SUPERVISOR at Island Hospital and similar individuals at other institutions.

No transfer should be initiated until BOTH the physician acceptance and the appropriate delegated confirmation of available beds, personnel and equipment have been accomplished.

RELATED DOCUMENTS

None

REFERENCES

None