

	POLICY NAME: EMERGENCY SERVICE AND PATIENT TRANSFER	POLICY NUMBER: 2471
	APPROVAL: DONNA BOATRIGHT, DOUG DIPPEL	ORIGINAL DATE: 10/30/2000
EFFECTIVE DATE: 08/23/2016	REVIEWED DATE: 05/01/2018	REVISION DATE: 07/05/2016

A. INTRODUCTION:

The Board of Directors of Rolling Plains Memorial Hospital after consultation with the Medical Staff, has adopted the following policy according to rules adopted by the Texas Department of Health regarding the provision of emergency services and the transfer of patients between hospitals in a medically appropriate manner. The transfer of a patient may not be predicated upon arbitrary, capricious, or unreasonable discrimination based upon race, religion, nation origin, age, sex, physical condition, or economic status. Any reference to “Hospital” means Rolling Plains Memorial Hospital.

This policy is effective 10-30-2000 and must be adhered to whenever a patient is transferred.

B. PATIENT’S RIGHTS AND GENERAL PROVISIONS:

1. Medical Screening. The Hospital recognizes the right of an individual to receive, within the capabilities of the Hospital’s staff and facilities:

- An appropriate medical screening examination,
- Necessary stabilizing treatment (including treatment for an unborn child); and
- If necessary, an appropriate transfer to another facility

Even if the individual cannot pay, does not have medical insurance, or is not entitled to Medicare or Medicaid.

2. No Delay For Injury. A medical screening examination, stabilizing treatment, or appropriate transfer will not be delayed to inquire about the individual’s method of payment or insurance status.
3. Protection Against Retaliation. A physician or qualified medical person will not be penalized or have adverse actions taken against him or her based on a refusal to authorize the transfer of an individual with a emergency medical condition that has not be stabilized.
4. Signage. The Hospital shall post a sign in the emergency department pursuant to 42 U.S.C. 1395cc(a)(1)(N)(iii), stating the rights of individual under 42 U.S.C. 1395dd (the Emergency Medical Treatment and Active Labor Act) and stating whether the Hospital participates in the Medicaid program.
5. Emergency Room Log. The Hospital shall maintain a central log on each individual who comes to the Emergency Department seeking assistance and whether the individual refused treatment, was refused treatment, was transferred, was admitted to the Hospital and treated, was stabilized and transferred, or was treated and discharged.

6. List of On-Call Physicians. The Hospital shall maintain a list of physicians who are on call for duty after the initial examination to provide treatment necessary to stabilize an individual with an emergency medical condition (as defined below).

C. DEFINITIONS:

1. "Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbance, and symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in:
 - Placing the health of the individual (or with respect to a pregnant woman, the health of a woman or her unborn child) in serious jeopardy;
 - Serious impairment to any bodily functions;
 - Serious dysfunction of any bodily organ or part, or
 - With respect to a pregnant woman who is having contractions:
 - That there is inadequate time to effect a safe transfer to another hospital before delivery, or
 - That the transfer may pose a threat to the health or safety of the woman or the unborn child.
2. "To stabilize" means, with respect to an emergency medical condition, to provide such medical treatment of the condition necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility, or, with respect to a pregnant woman in labor, that the woman has delivered the child and the placenta.
3. "Transfer" means the movement (including the discharge) of an individual outside a hospital's facilities at the direction of any person employed by (or affiliated or associated with) the hospital, but does not include such a movement of an individual who has been declared dead, or leaves the facility without permission of any such person. (Pursuant to 25 Tex. Admin. Code § 133.101(a)(4), the move of a stable patient from the Hospital to another medical facility is not considered to be a transfer if it is the understanding and intent of both hospitals that the patient is going to the second hospital only for tests, the patient will not remain overnight at the second hospital, and the patient will return to the first hospital, provided that the patient remains stable during the transfer).

D. PATIENT EVALUATION:

1. When a patient arrives at the hospital (patient defined as an individual seeking medical treatment) who:
 - a. may or may not be under the immediate supervision of a personal attending physician;
 - b. has one or more undiagnosed or diagnosed medical conditions; and

- c. within reasonable medical probability, requires immediate or continuing hospital services and medical care.
2. The patient must be evaluated by qualified medical personnel (QMP), as determined by the Hospital and Medical Staff. The QMP may be:
 - a. A physician, advance practice nurse, or a physician's assistant who:
 1. Is present in the hospital at the time the patient presents or is presented; or
 2. Is on call and is physically able to reach the patient within a reasonable time, not to exceed thirty (30) minutes, after being informed that a patient is present at the hospital and under order to assess and report the patient's condition to the physician.
3. If a patient refuses to consent to an examination or treatment, Hospital personnel shall take reasonable steps to secure the written informed refusal of such examination and/or treatment from the patient or a person acting on a patient's behalf refusing a related examination and treatment. The reasonable steps include the following actions:
 - a. The patient will receive an explanation of the increased medical risks that may be reasonably expected from not being examined or treated, any increased risks to the patient from not affecting the transfer, and the medical benefits reasonably expected from the provision of appropriate treatment.
 - b. If possible, the patient or person acting on the patient's behalf will sign a document concerning the refusal. The attending physician or a hospital employee will witness the signature and place the document in the hospital's record.
 - c. If the patient or person acting on the patient's behalf refuses to sign the refusal, the attending physician or hospital employee will document the refusal to sign the document on the refusal form.

E. PATIENT TRANSFER:

1. The transferring physician will personally examine and evaluate the patient before an attempt to transfer is made.
2. Additional transferring physician duties include the following:
 - a. The transferring physician shall determine and order life support measures which are medically appropriate to stabilize the patient prior to transfer and sustain the patient during transfer, and order the utilization of appropriate personnel and equipment for the transfer.
 - b. In determining the use of medically appropriate life support measures, personnel, and equipment, the transferring physician shall exercise that degree

of care which a reasonable and prudent physician exercising ordinary care in the same or similar locality would use for the transfer.

- c. Prior to each patient transfer, the physician who authorizes the transfer shall personally examine and evaluate the patient to determine the patient's medical needs and to assure that the proper transfer procedures are used.
 - d. Prior to transfer, the transferring physician shall secure a receiving physician and a receiving hospital that are appropriate to the medical needs of the patient and that will accept responsibility for the patient's medical treatment and hospital care.
3. When a patient has an emergency medical condition that has not been stabilized, the patient may be transferred if:
- a. The patient requests transfer against medical advice and the physician or hospital inform the patient of the Hospital's responsibility to provide stabilizing treatment to the patient and the risk of transfer and obtain the patient's or legally responsible person's request for transfer in writing; or
 - b. The transferring physician completes a certification statement, which includes a summary of risks and benefits, that, based on the information available at the time of transfer, the medical benefits reasonably expected from the provision of medical treatment at another facility outweigh the increased risks to the patient, and the case of labor, to the unborn child.\
4. If a patient at the Hospital has an emergency medical condition that has not been stabilized, or when stabilization of the patient's vital signs is not possible because the Hospital does not have the appropriate equipment or personnel to correct the underlying process (e.g. children's hospitals, thoracic surgeon on staff, or cardiopulmonary bypass capability), evaluation and treatment should be performed and transfer should be carried out as quickly as possible.
5. Patient Refusals
- a. If a patient with an emergency medical condition refuses to consent to transfer to another medical facility after being informed of the Hospital's obligation to provide stabilizing treatment, of the medical benefits reasonably expected from the provision of treatment at the hospital, and any increased medical risks to patient from not effecting transfer, Hospital personnel shall take reasonable steps to secure the written informed refusal of the transfer from the patient or a person acting on a patient's behalf.

- b. Transfer of patients may occur routinely or as part of a regionalized plan for obtaining optimal care for patients at a more appropriate or specialized facility.
- c. Except as may be required by the Texas Indigent Health Care and Treatment Act and patient requests, transfers of patients who have emergency medical conditions may be undertaken for medical reasons only.

F. ADMINISTRATIVE PROTOCOLS:

1. Choice of Facility/ Physician
 - a. The Hospital recognizes the right of an individual to request transfer into the care of a physician and a hospital of his own choosing; however, if a patient is transferred for economic reasons and the patient's choice is predicated upon or influenced by representations made by the transferring physician or hospital administration regarding the availability of medical care and the hospital services at a reduced cost or no cost to the patient, the physician or hospital administration must fully disclose to the patient the eligibility requirements established by the patients chosen physician or hospital.
 - b. Transfer of patients may occur routinely or as part of a regionalized plan for obtaining optimal care for patients at a more appropriate or specialized facility.
 - c. Except as may be required by the Texas Indigent Health Care and Treatment Act and patient requests, transfers of patients who have emergency medical conditions may be undertaken for medical reasons only.
2. Transportation
 - a. Hospital does not provide its own patient transportation services. Hospital relies on EMS and private ambulance services for emergency ground and air transport. In the event a patient requires transfer, the patient will be transported by ground ambulance service or air ambulance service, as ordered by the transferring based on the needs of the patient.
 - b. Appropriate equipment and personnel, as ordered by the transferring physician, will accompany the patient in the transportation vehicle.
 - c. If the transportation service does not have the appropriate equipment or personnel to meet the patient's needs, hospital personnel and/or equipment will be provided to accompany the patient during transport.
3. Transfers to the Hospital.
 - a. The Hospital shall not refuse to accept an appropriate transfer of an individual with an emergency medical condition if the individual requires a specialized service available at the Hospital, if the Hospital has the space and personnel

available necessary to treat the individual, and the transferring facility does not have the specialized services needed.

- b. Upon notification from a transferring physician or a transferring hospital prior to transfer, the Hospital shall respond to the transferring hospital and transferring physician with the status of the transfer request within thirty (30) minutes and either accept or refuse the transfer
 - c. The response time may be extended for an additional thirty (30) minutes if there are extenuating circumstances for the delay. The response time may also be extended before the expiration of the initial thirty (30) minute period by agreement among the receiving hospital and receiving physician. If the transfer is accepted, the delay or agreed extension must be documented in the Memorandum of Transfer.
 - d. Physicians, including on-call physicians, are not authorized to accept or refuse transfers on behalf of the Hospital. The Hospital, through its staff, receives and evaluates all requests for transfers and makes the final decision on acceptance or refusal of transfers.
4. Designated/ Mandated Providers.
- a. The Hospital will recognize and comply with the Indigent Health Care and Treatment Act, Chapter 61, Tex. Health and Safety Code, §§61.030-61.032, 61.057-61.059, relating to mandated providers, as those requirements apply to the transfer of both nonemergency and emergency patients.
 - b. The Hospital may transfer an individual who is an eligible resident of another hospital district or a public hospital to the hospital district or public hospital if such hospital has appropriate facilities, services, and staff available for providing care to the individual.
 - c. The Hospital will comply with contractual, statutory, or regulatory obligations that may exist between an individual in need of medical services and a designated or mandated provider as those obligations apply to the transfer of emergency or nonemergency patients. However, the Hospital will not refuse to screen or treat an enrollee of a managed care plan because the plan refuses to authorize treatment or pay for such screening and treatment.
5. Hospital Personnel.
- a. The Hospital will provide that licensed nurses and other qualified personnel are available and on duty to assist with patient transfers and to provide accurate information regarding eligibility and payment practices, and that written protocols or standing delegation orders, as approved by the medical staff, are in

place to guide hospital personnel when a patient requires transfer to another hospital.

- b. Administration, Nursing Administration, or Nursing House Supervisor shall notify the Receiving Hospital Administration, Nursing Administration, or Nursing House Supervisor of transfer arrangements made by the Transferring Physician and Receiving Physician. Clearance shall be received by telephone and documented as a transfer.
6. Medical Record.
- a. The Hospital will send a copy to the receiving physician and receiving hospital with the patient of all records related to the emergency condition that are available at the time of transfer (including medical records, test results, informed written consent or physician certification, and name and address of any on-call physician who refused or failed to appear within a reasonable time to provide necessary stabilizing treatment), and are relevant to the transfer and continuing care of the patient.
 - b. If all necessary medical records for the continued care of the patient are not available at the time the patient is transferred, then the records will be forwarded to the receiving physician and hospital as soon as possible. The medical record shall contain at a minimum:
 1. a brief description of the patient's medical history and physical examination;
 2. a provisional diagnosis and recorded observations of physical assessment of the patient's condition at the time of transfer;
 3. the reason for transfer;
 4. the results of all diagnostic tests, such as laboratory tests;
 5. pertinent X-ray films and reports;
 6. 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; and
 7. any other pertinent information.
 - c. The Hospital shall maintain medical and other records related to individuals transferred to or from the Hospital for a period of five years from the date of the transfer.
7. Memorandum of Transfer.
- a. The Hospital will provide a memorandum of transfer, as prescribed by the Texas Department of Health, to be completed for every patient who is transferred to another hospital licensed as a general or special hospital unless such transfer is pursuant to a transfer agreement that does not require a memorandum of transfer be completed.

- b. The memorandum of transfer will be signed by the transferring physician or, if not present, a hospital staff member acting under the physician's order.
 - c. The memorandum of transfer must be signed by a representative of hospital administration.
 - d. If a delay in transfer has occurred due to a delay in response time from the receiving hospital, the reason for the delay must be documented on the memorandum of transfer. Any agreed extension of response time must also be documented.
 - e. A copy of the memorandum of transfer must accompany the patient being transferred as well as a copy of the medical record information mentioned above.
 - f. The receipt of the memorandum of transfer shall be acknowledged in writing by the receiving hospital administration and the receiving physician.
 - g. A copy of the memorandum of transfer will be retained and filed separately from the medical record and in a manner which will facilitate its inspection.
8. The Hospital shall report to the CMS (Centers for Medicare & Medicaid Services), or the Texas Department of Health, any time it has reason to believe it may have received an individual who has transferred in an unstable emergency medical condition from another hospital in violation of the requirements of 42 U.S.C. §1395dd. Such report shall be made in accordance with hospital policies concerning the investigation of such violations.
9. Quality Review.
- a. The Hospital's medical staff will review appropriate records of patients transferred from the Hospital Emergency Department to determine compliance with this policy and the appropriate standard of care.
 - b. All patient transfers resulting from physician orders issued by telephone or radio without the patient first having been examined by the physician will be subject to automatic review by the medical staff pertaining to quality of care.

The Governing Body of the Hospital will enforce this patient transfer policy in the same fair manner as it enforces the other policies and procedure adopted for the governance of the Hospital.

By: _____
Chairman of Board of Directors
Rolling Plains Memorial Hospital

**ROLLING PLAINS MEMORIAL HOSPITAL
PATIENT TRANSFERS TRANSPORTATION PLAN**

1. Patients of Rolling Plains Memorial Hospital will require varying forms of transportation when transferred to another facility. This may include air or ground ambulance as well as private vehicles. The attending physician will decide, based on upon the patient's condition, the appropriate mode of transportation.
2. Ground ambulance transfers normally will be accomplished by the Sweetwater Fire Department which operates the ambulance service for the city and county. Transfers may be arranged by calling 235-4304, ask for the Officer of the Day.

Other ground transport available:

Fisher County EMS	325-735-2256
Mitchell County EMS	325-728-3483
Metro Care	325-673-8121
Snyder EMS	325-573-1911
North Runnels EMS, Winters Texas	325-754-4553

These may be contacted by calling the Sweetwater Fire Department.

3. Backup ground ambulance transfers are also available for the communities of Blackwell and Merkel. Arrangements from these sources may be made by calling:

Blackwell EMS	325-282-2220
Merkel EMS	325-928-4766
Guardian Services	866-458-6111

4. Transfers by air ambulance can be arranged with either of the following sources:

Air Evac	1-800-247-3822
Native Air	1-800-242-6199
Air-Med I, San Angelo	1-800-277-4354
AreoCare, Lubbock	1-800-627-2376 or 1-888-987-2862
Cook's Children's Hospital, Ft. Worth (Teddy Bear Air)	1-800-543-4878

Others used are recorded in the rolodex in Emergency Department.

Revised 3/12