

Children’s Hospital and Health System Patient Care Policy and Procedure

This policy applies to the following entity(s):

Fox Valley Hospital

SUBJECT: Transfers at Children’s Wisconsin-Fox Valley and Emergency Medical Treatment and Active Labor Act (EMTALA)

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Definitions

Emergency Medical Condition

- I. 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
 - a. 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;
 - b. serious impairment to bodily functions; or
 - c. serious dysfunction to any bodily organ or part; or
- II. With respect to a pregnant woman who is having contractions –
 - a. that there is inadequate time to effect a safe transfer to another hospital before delivery; or
 - b. that transfer may pose a threat to the health or safety of the woman or the unborn child.

Note: Any individual that has been deemed to be a danger to self or others, by definition, has an emergency medical condition.

Capabilities of the Hospital

Refer to the hospital’s physical space, equipment, supplies and services, including ancillary

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services that the hospital provides. The capabilities of the facility's staff mean the level of care that the hospital's personnel can provide within the training and scope of their professional licenses.

Medical Screening Exam

To be performed by a qualified medical professional; an on-going process required to reach with reasonable clinical confidence, the point at which it can be determined whether or not an emergency medical condition exists. Such screening must be done within the hospital's capabilities and available personnel, including on-call physicians.

Stabilized

With respect to an emergency medical condition, that no material deterioration of the condition is likely, within reasonable medical probability, to result from or occur during the transfer of an individual from a facility. An individual will be deemed stabilized if the treating physician of the individual with an emergency medical condition has determined, within reasonable clinical confidence, that the emergency medical condition has been resolved.

Transfer means the movement (including the discharge) of an individual to outside a hospital's facilities at the direction of any person employed by (or affiliated or associated with, directly or indirectly) the hospital, but it does not include such a movement of an individual who leaves the facility against medical advice (WI statute 42CFR 389.24).

EMTALA Obligation Termination

The hospital must provide such care until the condition ceases to be an emergency, is admitted to the hospital or until the patient is properly transferred to another facility.

POLICY

It is the policy of Children's Hospital - Fox Valley (CW-FV) to follow applicable laws and regulations. All patient transfers out of CW-FV and acceptance of transfers into CW-FV will be done following a uniform system as outlined herein to ensure compliance with applicable regulations.

PROCEDURE

EMTALA requirements to provide a medical screening examination and stabilizing treatment apply to hospitals with emergency departments. Because CW-FV does not operate an emergency department, these regulations generally do not apply to CW-FV and CW-FV should follow the process below.

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I. Hospital EMTALA Requirements

- A. A participating hospital that has specialized capabilities or facilities may not refuse to accept an appropriate transfer of an individual if the receiving hospital has the capacity to treat the individual. These requirements apply regardless of whether the hospital has a dedicated emergency department
- B. EMTALA obligations do not extend to individuals who are inpatients of another hospital.
- C. Under EMTALA it is expected that a hospital take reasonable steps to adjust to capacity by various means including moving patients between units, calling in additional staff, and borrowing additional equipment from other facilities.

II. Individuals that Request Examination or Treatment for what may be an Emergency Medical Condition

A. Request for Emergency Services at ThedaCare Regional Medical Center Neenah (“TCN”)

If an individual presents on CW-FV property and makes a request for examination or treatment for what may be an emergency medical condition, the employee should either contact TCN to activate a “Code” to assist the individual or, if appropriate to the situation, help the individual to the emergency department. If the individual requires immediate assistance, the employee should provide assistance within the scope of practice (e.g., CPR) until the Code team arrives.

B. Request for Emergency Services at locations not located at TCN

If an individual presents to a CW-FV location that is not located within the TCN Hospital and makes a request for examination or treatment for what may be an emergency medical condition, the employee should call 911.

If the individual requires immediate assistance, the employee should provide assistance within their scope of practice (e.g., CPR) until 911 arrives.

III. Requests for Transfer to the CHW-FV Neonatal Intensive Care Unit (“NICU”)

- A. The CW-FV NICU will accept an appropriate transfer if the hospital has adequate space, equipment and qualified personnel to treat the transferring patient. CW-FV will provide a medical screening examination and stabilizing care within its capacity and capability.

IV. Requests for Transfers to the CHW-FV Pediatric Unit

- A. The CW-FV Pediatric unit will accept an appropriate transfer if the hospital has adequate space, equipment and qualified personnel to treat the transferring patient. CW-FV will provide a medical screening examination and stabilizing care within its capacity and capability.

V. Requirements for all Transfers to Another Facility

A. Physician Responsibilities:

1. Obtain consent for transfer and inform the patient/parent regarding risks and

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benefits.

2. Order the transfer.
 - a. Determine and order the level of care during transfer and which personnel are required to accompany the patient.
 - b. Determine and order the mode of transportation and special needs during transfer.
3. Make arrangements and obtain acceptance from the accepting physician at the receiving institution and document the accepting physician on the transfer form. See Appendix A.
4. Complete the Physician/Provider section of the Patient External Transfer Order Form (Appendix A.)
5. Patient refusal - If the patient (or parent/legal guardian) refuses the transfer, explain the risks and benefits of the transfer. If the patient (or parent/legal guardian) continues to refuse the transfer, document in the patient's medical record the refusal and the reasons why. If the patient has a psychiatric or mental health issue and refuses the transfer to a mental health facility, staff may need to contact social work and/or contact the county crisis worker.

B. HUC Responsibilities:

1. Follow patient transfer check off list for required documents to be printed and sent with the patient at transfer.
2. Call Radiology services if images were obtained to have them sent either via CD or electronically to receiving hospital.
3. Place the patient external transfer order form on the top of the packet and place all documents in an envelope.

C. Nursing Responsibilities:

1. For all transfers:
 - a. Complete the Nursing/Provider section of the Patient External Transfer Order form. (Appendix A)
 - b. Obtain parent/legal guardian signature for consent to transfer on the Patient External Transfer Order form after the physician has discussed the transfer with the parent/legal guardian.
 - c. Perform and document the patient's assessment before transfer.
 - d. Ensure that a copy of the Patient External Transfer Order Form (Appendix A) accompanies the patient during transfer.
 - e. Ensure that copies of the patient's medical record accompany the patient during transfer.
2. For transfers with a non-CW Transport service:
 - a. Notify the appropriate transfer vendor as determined by the transferring physician, or designee.
 - i. Fill out the required forms from that vendor.
 - ii. Make copies of forms and place in patient chart.
 - iii. Call report to the nurse at the receiving facility.
3. For Transfers with CHW Milwaukee transport team:

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- a. Give report to the transport team nurse.
- 4. For transfers by the CHW Fox Valley transport team:
 - a. Call report to the nurse at the receiving hospital.

References:

EMTALA: Emergency Medical Treatment and Active Labor Act, 42 U.S.C. sec 1395dd and 42 C.F.R. § 489.24.


Medicare Conditions of Participation for Hospitals: 42 C.F.R. Part 482

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APPENDIX A – Patient External Transfer Order Form

P A T I E N T L A B E L	 <p>PATIENT EXTERNAL TRANSFER ORDER FORM</p>
Nurse/Provider to Complete: <input type="checkbox"/> Transfer Service Contacted Date: _____ Time: _____ <input type="checkbox"/> CW-FV RN/RCP EMT: Specify _____ <input type="checkbox"/> CW Transport <input type="checkbox"/> CW-FV Transport <input type="checkbox"/> Other Transport _____ <input type="checkbox"/> Transfer Service Time of Arrival: _____ Time of Transfer: _____ <input type="checkbox"/> RN report given to _____ RN at (time): _____ by _____ RN <input type="checkbox"/> RN caring for patient at time of transfer _____ Phone No. _____ <input type="checkbox"/> Personal belongings sent with patient: _____ <input type="checkbox"/> Vital Signs at time of transfer: Time: _____ P: _____ R: _____ BP: _____ <input type="checkbox"/> Copies sent with patient: <input type="checkbox"/> ED chart <input type="checkbox"/> Lab results <input type="checkbox"/> Images <input type="checkbox"/> EKG <input type="checkbox"/> Transfer form <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Other _____	
Infection Prevention: Isolation <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____ RN Signature: _____ Date: _____ Time: _____	
Physician/Provider to Complete: This patient is to be transferred consistent with these orders.	
1. Patient condition <input type="checkbox"/> Stable, there is no reasonable likelihood of material deterioration from or during transport <input type="checkbox"/> Unstable, there may be a risk for deterioration from or during transport, but expected medical benefits of transfer outweigh potential risks	
2. Benefits/reasons for transfer <input type="checkbox"/> Adult services <input type="checkbox"/> Patient/family initiated request for transfer <input type="checkbox"/> Services required at other hospital <input type="checkbox"/> Return to referral hospital <input type="checkbox"/> Other _____	
3. Hospital Acceptance Name of receiving hospital: _____ City: _____ Name of physician obtaining acceptance: _____ Date/Time: _____ Name of accepting physician: _____ MD report called to receiving hospital _____ Date/Time: _____ <input type="checkbox"/> Receiving facility provided with appropriate medical records/test results, etc.	
4. Risks of transfer <input type="checkbox"/> All transfers have inherent risks of delays, accidents in transit, pain or discomfort upon movement, and limited capacity of transport units that may limit available care in the event of a crisis <input type="checkbox"/> Other _____	
5. Mode of transport <input type="checkbox"/> Ambulance <input type="checkbox"/> Gurney <input type="checkbox"/> Wheel chair <input type="checkbox"/> Private vehicle <input type="checkbox"/> Police <input type="checkbox"/> Taxi/bus <input type="checkbox"/> Helicopter <input type="checkbox"/> Crib / Isolette / Transport Isolette <input type="checkbox"/> Other _____	
6. Escorted by <input type="checkbox"/> Outside law enforcement <input type="checkbox"/> RN <input type="checkbox"/> RCP <input type="checkbox"/> Security <input type="checkbox"/> MD <input type="checkbox"/> Other _____	
7. Required Life Support: <input type="checkbox"/> None <input type="checkbox"/> IV <input type="checkbox"/> Oxygen <input type="checkbox"/> Monitor <input type="checkbox"/> Other _____	
8. Medication Reconciliation: <input type="checkbox"/> Medication reconciliation completed _____	
9. Medical Orders a. _____ b. _____ c. _____ d. _____	
I certify that I have explained the risks and benefits of transfer to the patient. Based upon my examination of the patient and the information available to me at the time of transfer, I certify that the risks of transfer are outweighed by the benefits reasonably anticipated from proper care at the receiving facility.	
Physician Signature: _____ Date: _____ Time (Required): _____ I acknowledge that I understand the risks and benefits of the transfer and consent to the transfer.	
Patient/Legal Guardian Signature: _____ Date: _____ Time: _____	
Witness Signature: _____ Date: _____ Time (Required): _____	
C2310FV (03/23) White Copy — Medical Records Yellow Copy — Receiving Facility	

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