


<b>Name of Policy:</b> <u>Emergency Medical Screening and Transfer Policy</u> <b>Policy Number:</b> 3364-100-53-24 <b>Department:</b> Hospital Administration <b>Approving Officer/Body:</b> Medical Executive Committee Chief Operating Officer <b>Responsible Agent:</b> Chief Medical Officer <b>Scope:</b> The University of Toledo Medical Center	 <b>Effective Date:</b> 08/01/2020 <b>Initial Effective Date:</b> 10/22/2008
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Major revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy	

**(A) Policy Statement**

It is the policy of the University of Toledo Medical Center (UTMC) to provide an appropriate Medical Screening Examination to individuals presenting to its Emergency Department or other UTMC Property, requesting or requiring an examination or treatment of an Emergency Medical Condition, and if one exists, either to Stabilize the Emergency Medical Condition or to Transfer the individual appropriately and in conformity with legal and regulatory requirements.

It is also the policy of UTMC to accept emergency patient transfers from other facilities if: (1) The individual being transferred requires Specialized Capabilities or facilities at UTMC that are not offered or immediately available at the transferring hospital; and (2) UTMC has the Capacity to treat the individual.

**(B) Purpose of Policy**

The purpose of this policy is to describe the requirements of the Emergency Medical Treatment and Active Labor Act (“EMTALA”) and establish UTMC procedures for compliance with EMTALA obligations.

**(C) Procedure**

**(1) When Is A Medical Screening Examination Required?**

EMTALA obligations apply, and a Medical Screening Examination will be performed on anyone who requests or requires care who presents to the following departments or locations on UTMC Property:

- a. The Emergency Department;
- b. The main hospital, and the physical area located within 250 yards of the main building, including parking lots, sidewalks and driveways; and
- c. The George Isaac Minimally Invasive Surgery Center.

The following areas are not UTMC Property for purposes of EMTALA obligations:

- a. The Ruppert Center;
- b. The Kobacker Center;
- c. Glendale Medical Building;
- d. The Radisson Hotel;
- e. The Orthopedic Institute;
- f. The Medical Pavilion;
- g. The Eleanor N. Dana Cancer Center;
- h. Physicians’ offices or clinics, even if located within the main hospital;
- i. Clinics or medical facilities off UTMC Property; or

- j. The cafeteria, gift shop, outpatient pharmacy, or other non-medical facilities.

EMTALA obligations do not apply to the following patients/situations:

- a. An individual who has been admitted as an inpatient or a direct inpatient admission even when sent through the Emergency Department;
- b. Patients who are registered as outpatients who have begun a course of outpatient care;
- c. If an individual with an unstable medical condition is admitted as an Inpatient, the EMTALA obligation has ended for the admitting hospital; even if the individual's Emergency Medical Condition remains unstabilized and the individual requires special services only available at another hospital. The hospital with specialized capabilities does not have an EMTALA obligation to accept a transfer of that individual; or
- d. Once admitted, even if the patient is still on hold in the Emergency Department waiting for an inpatient bed, EMTALA responsibilities end for that patient.

## **(2) Where Can The Medical Screening Examination Occur?**

The Medical Screening Examination should be performed in the Emergency Department, but may occur in locations other than the Emergency Department as long as all other requirements of this policy are met. The screening may also be performed in other outpatient or inpatient departments. The qualifying factors for a Medical Screening Examination to be conducted in a department other than the emergency department are:

- a. All patients with the same chief complaint are moved to this location regardless of their ability to pay;
- b. There is a medical- or age-related reason for the patient to be seen in another location;
- c. As the patient's condition warrants, qualified medical personnel accompany the patient to the area; and
- d. An equivalent, appropriate (for the patient's chief complaint) medical screening is performed in all locations.

## **(3) What Are The Requirements Of A Medical Screening Examination?**

- a. The Medical Screening Examination consists of an assessment and any ancillary tests or focused assessment based on the patient's chief complaint necessary to determine the presence or absence of an Emergency Medical Condition. This may be a brief history and physical examination or may require complex ancillary studies and procedures such as (but not limited to) lab tests, EKG or radiology procedures. (See definition of Medical Screening Examination for further explanation.)
- b. The Medical Screening Examination is the process a provider must use to reach with reasonable clinical confidence whether an Emergency Medical Condition exists.
- c. The Medical Screening Examination must provide evaluation and Stabilizing Treatment within the scope of the hospital or facilities Capability and not consider a patient's ability to pay.

## **(4) Who May Perform The Medical Screening?**

The Medical Screening must be performed by a Qualified Medical Person or Qualified Mental Health Professional, as defined in section (D) of this policy. These professionals will function within the scope of their license and certification with approval by the Board. Non-physician qualified personnel who perform the Medical Screening Examination utilize protocols approved by the Medical Staff.

## **(5) What Is Required For Documentation Of The Medical Screening?**

- a. The medical record will reflect the findings of the Medical Screening Examination, which may include results of any tests performed and analysis, and the determination that a Medical Emergency Condition exists.
- b. Disposition of the patient will be documented with any patient education provided and a follow-up plan of care if discharge is appropriate.
- c. Registration, in the Emergency Department, regardless of where Medical Screening Examination occurs, will maintain an emergency medical care log to track care provided to individuals who come to the

Emergency Department. Elements of the log will include: Name, age, gender, date, time, presenting complaint, diagnosis and disposition (i.e., the individual refused treatment, was treated, admitted, stabilized and/or transferred or discharged).

- d. The Emergency Department emergency medical care log will be maintained for five years and from time-to-time monitored for completeness, gaps in entries or missing information.

**(6) What Are The Requirements For Transferring An Individual With An Emergency Medical Condition That Has Not Been Stabilized?**

An individual with an Emergency Medical Condition who has not been Stabilized will not be Transferred except as provided below. The individual's condition need not be stabilized before a Transfer if any of the following apply:

- a. Transfer Request: The individual requests, in writing, Transfer to another medical facility after being informed of:
  - (i) UTMC's obligation to examine and stabilize and
  - (ii) the risks of transfer; both of which will be documented in the medical record. The request must be in writing, indicate the reasons for the request and that the individual is aware of the risks and benefits of the transfer. In this case, the transfer must be an *Appropriate Transfer*.
- b. Physician Certification: The physician signs a certification that the benefits of a Transfer outweigh the risks to the individual or, in the case of a woman in **Labor**, to the woman and unborn child, and sets forth a summary of risks and benefits. A copy of this certification shall be contained in the individual's medical chart. In this case, the Transfer must be an Appropriate Transfer.
- c. Refusal of Treatment or Transfer: The individual refuses to consent to the offer of treatment (or the offered transfer under a physician certification) after being informed of the risks and benefits of Stabilizing Care/Treatment or Transfer, and reasonable steps have been taken to secure a written informed refusal which shall indicate that the individual has been informed of the risks and benefits of the examination and treatment or Transfer. A description of the examination, treatment or transfer that the individual refused, that the individual was informed of the risks and benefits of Stabilizing Care/Treatment or Transfer and the steps taken to secure the individual's written informed refusal will be documented in the individual's medical chart.

**(7) What EMTALA Obligations Apply To A Patient Who Is In Labor?**

Any female patient who presents in labor to the Emergency Department, or other UTMC Property, as identified in this policy, will receive a Medical Screening Examination and necessary Stabilizing Treatment. The medical record will document that the Medical Screening Examination included the following:

- a. Regularity and duration of uterine contractions;
- b. Fetal position and station;
- c. Cervical dilation; and
- d. Status of the membranes (i.e., ruptured, leaking, intact).

Any woman experiencing contractions is considered to be in true labor unless a physician certifies that, after a reasonable time of observation, the woman is in false labor (see below). Any woman in active labor is considered unstable for purposes of EMTALA.

A woman in labor may be transferred only if she or her representative requests the Transfer and/or a physician signs a certification that the benefits of transfer outweigh the risks; the physician must document the explicit medical benefits of the Transfer. The Transfer must be an Appropriate Transfer.

False Labor: A women in false labor may only be discharged before delivery if a physician diagnoses and certifies that she is in false labor after a physical examination by the physician, or after a telephone consultation with the Qualified Medical Person performing the Medical Screening Examination. In either case, the certification including, but not limited to, whether the physician diagnosed the false labor by physical examination or telephone consultation with a Qualified Medical Person, shall be documented in the individual's medical chart.

**(8) What If A Patient Seeking Emergency Care Decides To Leave (AMA/LWBS)?**

If a patient waiting for Medical Screening Examination decides to leave without examination the following steps should be taken if at all possible:

- a. Explain to the patient it is important to have the Medical Screening Examination to rule out whether or not they have an Emergency Medical Condition that needs treatment;
- b. Use an interpreter if the patient has limited English proficiency, or use an alternate means of communication;
- c. Inform the patient of the risks of not having the Medical Screening Examination;
- d. Ask the patient to sign the Against Medical Advice (“AMA”) form acknowledging they understand the risks of leaving without the Medical Screening Examination per policy 3364-100-10-10;
- e. Document on the medical record the above information and if they refuse to sign the AMA, document that on the record as well.

**(9) What If An Individual Requests Non-Emergency Services?**

When an individual presents to the Emergency Department for non-emergency services, and from the nature of his/her request it is clear that the individual is not making a request, or having a request made on his/her behalf, for examination or treatment of an Emergency Medical Condition, UTMC is not obligated to conduct a comprehensive Medical Screening Examination. When non-emergency services are requested, a Qualified Medical Provider may perform a basic Medical Screening Examination and direct the individual to another location other than the Emergency Department.

**(10) When Will UTMC Accept Patient Transfers From Other Facilities**

UTMC may not refuse to accept an Appropriate Transfer of an individual who requires specialized Capabilities or facilities if UTMC has the Capacity to treat that individual. UTMC will not accept Transfers of women over 20 weeks gestation, burns, or pediatrics requiring neonatal or pediatric intensive care units, as UTMC has neither the resources nor specialty physicians to care for these patients. Should these patients arrive in the emergency department, they will receive a Medical Screening Examination, and then an appropriate Transfer.

When there is a community-wide emergency diversion activation, UTMC shall accept transfers that require a higher level of care regardless of bed availability.

**(11) What On-Call Responsibilities Are Required By EMTALA**

UTMC will maintain a list of On-Call Physicians (by individual name, not physician group) on its medical staff, including the availability of the On-Call Physician.

- a. An On-Call Physician contacted to provide treatment To Stabilize an individual with an Emergency Medical Condition shall respond within thirty (30) minutes of being contacted, the appropriate time as determined by contractual arrangement with On-Call Physicians or by medical staff and such times will be no longer than what is prudent for that particular specialty, taking into consideration the number of On-Call Physicians for that rotation and degree to which On-Call Physicians are typically used at UTMC and available back-up.
- b. It is the responsibility of the Emergency Department physician to determine whether a phone consultation or in-person consultation with an On-Call Physician is necessary. If the Emergency Department physician determines that an in-person consultation is necessary, the On-Call physician must respond in person to the Emergency Department within the parameters delineated above.
- c. On-Call Physicians who are on-call may be simultaneously performing procedures and surgery if they have received permission from UTMC’s Chief Medical Officer or designee or if they have appropriate backup where the On-Call Physician is unable to respond because of a situation beyond his/her control.

- d. In instances where a specialty service is unavailable (where no backup is available), the patient may be transferred to another facility where the appropriate specialty coverage is available. The receiving facility must consent to the Transfer of the patient.

#### **(12) What EMTALA Signage Is Required?**

Each department that provides Emergency Services shall post a sign (English and Spanish) in a place or places likely to be noticed by all individuals entering the department that includes:

- a. A statement that UTMC participates in Medicaid;
- b. The rights of patients with an Emergency Medical Condition and women in Labor.

The sign shall state:

**If You Have An Emergency**

You have the right to receive, within the capabilities of this hospital's staff and facilities:

- An appropriate medical screening examination
- Necessary stabilizing treatment (including treatment of an unborn child)
- An appropriate transfer to another facility, even if you cannot pay or do not have medical insurance or you are not entitled to Medicare or Medicaid.

#### **(13) When May Routine Business Office Registration Take Place?**

The Medical Screening of a patient seeking emergency care cannot be delayed for financial inquiry including managed care authorization. However, routine registration should take place to facilitate the patient flow through the department.

The guidelines to observe while registering the patient are:

- a. Do not interfere with the timeliness of the medical screen;
- b. Do not call the managed care organization for permission to do a medical screen; and
- c. Do not say or imply anything to the patient that might discourage them from seeking the medical screen.

#### **(14) Monitoring Of EMTALA Compliance**

Any concern with compliance with these guidelines should be reported to the Office of Legal Affairs, Risk Management or reported to the Compliance Hotline.

- a. Risk Manager or designee will conduct investigation of the alleged violation.
- b. If after investigation the hospital finds substantial reason to believe that (another) hospital violated EMTALA with an inappropriate transfer, that hospital will be contacted and clarification will be pursued. If a valid violation is identified, UTMC must promptly report to CMS or the State survey agency within seventy-two (72) hours of receiving an improperly transferred individual. Reporting will be initiated by the Risk Management Department.
- c. If after investigation, it is found that UTMC breached the EMTALA procedure, action plans to correct and prevent other occurrences will be documented, implemented and the practice monitored by the respective department.
- d. UTMC will not penalize or take adverse action against a physician or Qualified Medical Person because they refused to authorize the transfer of an individual with an Emergency Medical Condition that has not been stabilized or against any UTMC employee who reports a violation of this policy or EMTALA.

UTMC will monitor compliance with EMTALA and this policy; such monitoring will occur on a routine basis and will encompass all eligible facilities falling under EMTALA.

**(D) EMTALA Definitions**

1. ***Appropriate Transfer.*** A Transfer of an individual with an Emergency Medical Condition that has not been Stabilized (either at his or her own request or under a physician certification) where the following requirements are met:
  - a. The individual has received the medical treatment within UTMC's Capability that is necessary to minimize the risk to the individual's health and, in the case of a pregnant woman, the health of the unborn child.
  - b. The receiving facility has space and qualified personnel for the treatment and has agreed to the transfer and to provide appropriate medical treatment.
  - c. UTMC provides the receiving facility with
    - (i) a copy of all records related to the emergency condition available at the time of transfer, including available history, observations of signs and symptoms, preliminary diagnosis, treatment provided, and results of any diagnostic tests or studies;
    - (ii) a copy of the written consent that the individual be transferred; and
    - (iii) the name and address of any on-call physician who refused or failed to appear within a reasonable time. Other records not yet available must be sent as soon as practicable after Transfer.
  - d. Qualified personnel and transportation equipment as required, including the use of necessary and medically appropriate life support measures are used in effecting the transfer.
2. ***Capability(ies).*** Capability includes physical capability and personnel capability. Physical capability means the physical space, equipment, supplies and services that UTMC provides. Capabilities of the staff means the level of care that the personnel of UTMC can provide within the training and scope of their professional licenses. This includes coverage available through UTMC's on call roster.
3. ***Capacity.*** The ability of UTMC to accommodate the individual requesting examination or treatment, or the transferred individual considering all relevant factors including, but not limited to, the number and availability of qualified staff, beds and equipment, and UTMC's past practices of accommodating additional patients.
4. ***Comes to the Emergency Department.*** An individual who is not a current Patient of UTMC (not currently an inpatient at UTMC or an individual who has already begun to receive outpatient services as part of an encounter with UTMC) "Comes to the Emergency Department" under any one of the following circumstances:
  - a. The individual presents to the Emergency Department and the individual or someone on behalf of the individual requests examination or treatment for a medical condition, or if a prudent layperson observer would believe, based upon the individual's appearance or behavior, that the individual needs examination or treatment for a medical condition.
  - b. The individual presents on UTMC Property other than the Emergency Department and requests examination or treatment for what may be an emergency medical condition, or if a prudent layperson observer would believe, based upon the individual's appearance or behavior, that the individual needs emergency medical examination or treatment.
  - c. The individual is in a ground or air ambulance that is on UTMC's property. The individual being transported has not Come to the Emergency Department until the ambulance is on UTMC's Property.
  - d. UTMC may not make an inquiry into the financial or insurance status of any patient being transported via ambulance to UTMC's Emergency Department. UTMC may not divert or turn away individuals en route to UTMC via ambulance who are requesting or requiring treatment for an Emergency Medical Condition unless UTMC is on EMS Bypass Status (see policy no. 3364-100-01-12).
5. ***Emergency Medical Condition.***
  - a. 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:
    - (i) 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;

- (ii) Serious impairment to bodily functions; or
  - (iii) Serious dysfunction of any bodily organ or part; or
- b. With respect to a pregnant woman who is having contractions:
  - (i) There is inadequate time to effect a safe transfer to another hospital before delivery; or
  - (ii) The transfer may pose a threat to the health or safety of the woman or the unborn child.
- 6. **EMTALA.** Emergency Medical Treatment and Active Labor Act, a Federal law, and the corresponding federal regulations (“EMTALA”), enacted to prevent unnecessary transfers of individuals with emergency medical conditions or in active labor. Penalties for violations (including, civil monetary penalties or termination of Medicare provider agreement) may be imposed against UTMC or physician or other healthcare provider.
- 7. **Inpatient.** An individual who is admitted to UTMC for bed occupancy for purposes of receiving inpatient UTMC services with the expectation that the individual will remain at least overnight and occupy a bed even if the situation later develops that the individual can be discharged or transferred to another hospital and does not actually occupy a UTMC bed overnight.
- 8. **Labor.** The process of childbirth beginning with the latent or early phase of labor and continuing through delivery of the placenta. A woman experiencing contractions is in true labor unless a physician certifies that, after a reasonable time of observation, the woman is in false labor. The diagnosis of false labor may be made by a physician via telephone consultation with the Qualified Medical Provider performing the Medical Screening Examination.
- 9. **Medical Screening Examination.** The initial and ongoing evaluation of an individual presented to the emergency department conducted by the appropriate Qualified Medical Provider to determine whether the individual has an Emergency Medical Condition, including the use of on-call physicians and all facilities and resources routinely available through UTMC, as appropriate.

A Medical Screening Examination will generally include, but not be limited to, vital signs, history and physical, mental status examination, all medically indicated screenings and tests and a diagnosis based upon findings.

For psychiatric patients, a Medical Screening Examination will also include, but not be limited to vital signs, history and physical, mental status examination, assessment of orientation, assessment of homicidal or suicidal attempt risk and assessment of whether the assaultive behavior indicates danger to self or others.

With regard to a woman in Labor, a Medical Screening Examination will also include, but not be limited to, regularity and duration of contractions, fetal position and station, cervical dilation and status of membranes.

Triage is not equivalent to a Medical Screening Examination. Triage merely determines the order in which individuals will be seen, not the presence or absence of an Emergency Medical Condition. The Emergency Medical Screening Examination shall not be delayed to inquire about method of payment or insurance status.
- 10. **On-Call Physician.** A physician on UTMC’s medical staff who is responsible, under an agreement, medical staff bylaws, or other UTMC policy to be available to respond to requests for emergency assistance.
- 11. **Qualified Medical Provider** A physician with a Doctor of Medicine, Advanced Practitioner or Doctor of Osteopathy degree, or psychologist (Ph.D.) holding a current license to practice independently in the State of Ohio.
- 12. **Qualified Mental Health Professional.** Any individual with appropriate licensure and credentialing under UTMC policies and procedures in the fields of mental health or developmental disabilities or substance abuse treatment or rehabilitation.
- 13. **Stabilize(d); Stabilizing Care/Treatment or To Stabilize.** No material deterioration of the condition is likely, within reasonable medical probability, to result from or occur during the Transfer of the individual from a facility or that, with respect to an Emergency Medical Condition in a pregnant woman, the woman has delivered the child and the placenta. The requirements of EMTALA stop when an individual is “Stabilized.”

An individual with a psychiatric condition is “Stabilized” when the individual is protected and prevented from injuring themselves or others.

Stabilizing Care/Treatment or To Stabilize is that medical care necessary to assure that, within reasonable medical probability, no material deterioration of the condition is likely to result from or occur during the Transfer of the individual from a facility or that, with respect to an emergency medical condition in a pregnant woman, the woman has delivered the child and the placenta.

14. **Transfer.** The movement of an individual outside UTMC’s facilities, but not including a movement of an individual who leaves the facility without the permission of the physician or who has been declared dead.
15. **UTMC Property.** The entire main campus of UTMC which is the physical area immediately adjacent to UTMC’s main buildings, other areas and structures that are not strictly contiguous to the main buildings but are located within 250 yards of the main buildings, including the parking lot, sidewalk and driveway.

The following areas are not UTMC Property: other areas or structures of UTMC’s main building that are not part of UTMC, such as physician offices or other entities that participate separately under Medicare, restaurants, shops, or other non-medical facilities.

**(E) Transfer Forms**

The Transfer Form must be completed prior to any Transfer (see Attachment #1 and Section IV, Individual Transfer Guidelines, in this policy). The following instructions should be followed in completing the form:

1. Section I: Medical Condition. Determination as to whether individual is Stabilized or without an Emergency Medical Condition by a physician or other Qualified Medical Person in accordance with established procedure. The Physician or Other Qualified Medical Person that makes the determination should complete this section. Assessments performed by Qualified Medical Personnel are determined by UTMC policy(ies).
2. Section II: Certification of Need for Transfer. Section is completed and signed by a physician. If a physician is not available, this section can be completed by a Qualified Medical Person in consultation with a physician. Completion of this section of the form will be treated as a verbal order and will be countersigned by the physician in a timely manner in accordance with current medical staff rules and regulations.
3. Section III: Receiving Physician. Section is completed by the certifying physician/Qualified Medical Person with the name of the physician accepting the Transfer to the facility.
  - a. Physician-to-physician contact is most appropriate.
  - b. Physician contact is not required for individuals transferred to long term care facilities.
4. Section IV: Receiving Facility. Section is completed by the nursing staff.
  - (i) Nursing staff will document the name of the staff person contacted at the receiving facility.
  - (ii) An individual progress report will be given to the appropriate personnel at the receiving facility.
5. Section V: Mode/Support/Treatment During Transfer. Section is completed by the nursing staff.
  - a. Mode of transportation and any equipment to be utilized during transfer, including any need for isolation precautions, is identified and documented.
  - b. Transfer by Ambulance: Nursing contacts EMS and makes transportation arrangements.
  - c. Transfer by Helicopter:
    - (i) The attending physician determines who will make arrangements for helicopter service (whether it will be the physician, the nurse of the transferring facility or the physician at the accepting facility).
    - (ii) Nurse notifies the EMS and arranges for radio communication and transport of individual to helicopter pad.
    - (iii) Nurse notifies Security to clear debris from helicopter pad and to stand by for assistance.
    - (iv) Name and title of UTMC personnel accompanying the individual during transfer is documented.



- (v) A reassessment including vital signs will be performed by qualified medical personnel just prior to Transfer.
6. Section VI: Accompanying Documentation. Section will be recorded by the nursing staff.
    - a. The mode of transferring appropriate medical record copies is indicated.
    - b. All medical records regarding the Emergency Medical Condition available at the time of Transfer are copied and indicated including, but not limited to, the following:
      - (i) Discharge Summary (if not available, Physician Progress Notes),
      - (ii) History and Physical Report,
      - (iii) Operative Note and Pathology Report (if applicable),
      - (iv) Emergency Room Report,
      - (v) Lab (most recent cumulative report),
      - (vi) Radiology Reports or Access to Reports and Images, ,
      - (vii) EKGs,
      - (viii) Medication List,
      - (ix) Orders for en route treatment or upon arrival to receiving facility (if applicable), and
      - (x) Any materials/reports/documents specifically requested by the transferring or receiving physician.
  7. Section VII: Date/Time of Transfer is documented by nursing staff.
    - a. Date and time of Transfer is when the individual leaves UTMC.
    - b. Individuals leaving via private automobiles will be instructed to go directly to the receiving facility.
  8. Section VIII: Consent/Request for Transfer section.
    - a. Individual's written consent for Transfer is obtained. If individual is unable to consent but the Transfer is medically necessary, obtain consent from an appropriate legally responsible party. Oral/telephone/individual's mark for consent requires the signatures of two witnesses.
    - b. Individuals unable to consent and without responsible party available may still be transferred if it is necessary for appropriate care for the individual. A note indicating such circumstances will be documented in the medical record.
    - c. Individuals who are committed involuntarily to another facility pursuant to law do not require completion of this section.
  9. Distribution of Transfer Record and Copies.
    - a. Original: Retained as part of the individual's permanent medical record.
    - b. Transferring Facility: This copy is sent with the individual to the receiving facility.
    - c. Department Director: This copy is forwarded to the Department Director for monitoring activities.
  10. REQUEST FOR TRANSFER WITHOUT TREATMENT FORM. Whenever the individual requests a Transfer from UTMC to another facility or a managed care organization requests the Transfer, it is considered an individual requested Transfer. Regardless of who requests the Transfer, the individual cannot be forced to accept it.
    - a. Complete Transfer Form and procedure as indicated in Procedure I above.
    - b. Individual/responsible party signs Request for Transfer Without Treatment Form (See Attachment #2).
  11. REFUSAL TO ACCEPT TREATMENT/TRANSFER FORM. When a physician recommends Stabilizing Care/Treatment Transfer because the individual needs services not available at our facility, the individual may refuse the treatment or Transfer.
    - a. Physician/Qualified Medical Person completes Section I and II of the Form.
    - b. Individual/responsible party is informed of the risks and benefits.
    - c. Individual/responsible party signs Refusal to Accept Treatment/Transfer Form located on the back side of the Transfer Form. (See Attachment #3.) (Completion of this section replaces Release from Responsibility form (AMA) for transfer individuals.)

**(F) Patient Transfer Guidelines**

	Person Responsible
Determination of Emergency Medical Condition made.	Physician
Stabilizing treatment provided. Determination of Transfer made, based on risks and benefits.	Physician
Transfer Form initiated.	Physician/RN
Consent for Transfer by individual/responsible party obtained.	Physician/RN
Transferring MD contacts MD at receiving UTMC.	Physician
Receiving facility contacted with positive acceptance granted.	Physician/RN
Transferring physician gives Transfer order.	Physician/RN
Transfer form completed with appropriate signatures.	Physician/ RN
Transferring MD dictates/writes appropriate Transfer summary.	Physician
Copies of all medical records pertaining to the Emergency Medical Condition available at the time of Transfer (Transfer Summary, H&P, consultations, lab, x-rays, EKG, ABGs, monitor strips, paperwork for involuntary commitment, etc.) sent with individual. Additional relevant medical records that are subsequently produced are sent to the receiving facility.	Clerk/RN/Outcomes Management
Arrangements for appropriate mode of transportation made and documented. -EMS -Helicopter a) EMS notified of transport from UTMC to helicopter pad. b) Security notified to clear debris from pad and stand by.	RN/Outcomes Management
Arrangements for appropriate equipment (if applicable) to accompany individual made and documented.	RN
Reassessment and individual's vital signs obtained just prior to transport and documented in medical record.	RN
Date and time of transfer documented.	RN

**ATTACHMENTS:**

- Transfer Form
- Refusal to Accept Treatment/Transfer Form
- Request for Transfer Without Treatment

<p><b>Approved by:</b></p> <p><u>/s/</u> <u>08/01/2020</u>                  Richard P. Swaine, CPA                  Chief Executive Officer                  Date</p> <p><u>/s/</u> <u>08/01/2020</u>                  Amanda Lenhard, MD                  Chief of Staff                  Date</p> <p>_____</p> <p><i>Review/Revision Completed By:</i>                  HAS                  Chief of Staff- Medical Executive Committee                  Office of Legal Affairs - HSC</p>	<p><b>Review/Revision Date:</b>                  April 1, 2013                  May 1, 2016                  05/01/2109                  08/01/2020</p>
<p><b>Policies Superseded by This Policy:</b> 3364-100-53-15                  *Title updated from Executive Director to Vice President, Medical Affairs 5/19/2014</p>	<p><b>Next Review Date:</b> 08/01/2023</p>

*It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.*



THE UNIVERSITY OF TOLEDO  
**MEDICAL CENTER**

**EMERGENCY DEPARTMENT  
 AUTHORIZATION  
 FOR TRANSFER**

ADDRESSOGRAPH

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ DIAGNOSIS: \_\_\_\_\_

**SECTION I:** Reason for Transfer (check all that apply)

- Patient or private physician request
- The patient's condition is outside the capacity of the hospital's ability to provide care
- The patient has been stabilized and deterioration of the patient's condition is likely to result from transfers.
- The patient has not been stabilized, but the benefit of transfer outweighs the risk
- The transfer will be made with medical and other personnel as appropriate
- Other (describe) \_\_\_\_\_

**SECTION II:** Describe the expected benefits and risks of transfer (to be completed by a physician)

Physician Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**SECTION III:** Patient Signature or Patient Representative

Dr \_\_\_\_\_ has explained the reason for my transfer to \_\_\_\_\_ and has outlined the benefits and risk (if any) to me.  
 I consent to transfer.

\_\_\_\_\_  
 Witness Signature Patient Signature

The patient is unable to consent because \_\_\_\_\_

\_\_\_\_\_  
 Witness Signature I therefore consent for the patient  
 Signature/Relationship

**SECTION IV:** If this patient is being transferred because an on-call physician failed or refused to appear in an appropriate time, then the physician's name is listed below.

\_\_\_\_\_  
 Physician Name Address

**SECTION V:** Transferring Physician's Certification

I certify that I have answered the above questions based upon the information available to me at the time of this individual's transfer

\_\_\_\_\_  
 (Print Name of Physician Certifying Transfer) Physician Signature Date Time





**Leave From  
University of Toledo Medical  
Center  
Against Medical Advice**

Addressograph

I, \_\_\_\_\_, insist on being discharged against the advice of my attending physician(s) and / or hospital authorities.

The risks of my departure include, but are not limited to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have been informed that the insurance company or other parties paying for the hospital stay and doctor bills may not cover these expenses if I leave the hospital against medical advice. If my insurance company or other parties refuse to pay because I left against medical advice, I realize I will be responsible for my unpaid bills.

I accept the consequences of my decision and hereby release all health care providers including physicians, the University of Toledo Medical Center Hospitals, and its staff from any liability that may result from discontinuance of treatment.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Patient)

Signed: \_\_\_\_\_  
(Parent or Guardian)

Physician: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_



LG005





**Informed Refusal or Withdrawal  
of  
Treatment or Diagnostic Study  
Against Medical Advice**

Addressograph

This is to certify that \_\_\_\_\_ refuses/withdraws medical treatment at the University of Toledo Medical Center Hospitals. As a patient/surrogate decision maker/legal representative, I acknowledge that I understand this action to be against the advice of my attending physician(s) and/or hospital authorities.

1. The specific medical treatment being refused/withdrawn is:  
\_\_\_\_\_
2. My decision to refuse or withdraw treatment is based on the following reasons:  
\_\_\_\_\_  
\_\_\_\_\_
3. I have been informed of the possible/probable dangers to my/ \_\_\_\_\_ 's  
(relationship)  
Health that may result from refusing medical treatment, including, but not limited to, the following specific risks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. I assume the risk and accept the consequences of my decision at this time and hereby release and hold harmless all physicians, including the University of Toledo Medical Center Hospitals and its staff, from any liability for all ill effects that may result from refusal/withdrawal of treatment.
5. I have read and fully understand this document.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Patient)

Signed: \_\_\_\_\_  
(Parent or Legal Representative)

Physician: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

