

 <p>HAWAII HEALTH SYSTEMS C O R P O R A T I O N "Touching Lives Everyday"</p> <p>Policies and Procedures</p>	<p>Quality Through Compliance</p>	<p>Policy No.:</p> <p>PAT 0003</p>
		<p>Revision No.:</p> <p>N/A</p>
<p>Subject:</p> <p>Emergency Care, Transfers (COBRA)</p>	<p>Issued by:</p> <p>Corporate Compliance Committee</p>	<p>Effective Date:</p> <p>September 15, 2000</p>
	<p>Approved by:</p> <p>Thomas M. Driskill, Jr. President & CEO</p>	<p>Supersedes Policy:</p> <p>N/A</p>
		<p>Page:</p> <p>1 of 13</p>

I. PURPOSE:

- To comply with Consolidated Omnibus Budget Reconciliation Act amended in 1995 (COBRA) regarding transfer of patients.
- To provide criteria for appropriate transfer to another facility for definitive treatment.
- To provide the patient needing continuing or follow-up care at another medical facility with a means of safe transportation, continuity of care, education, and support.
- To define the role and responsibility of the nurse involved with transferring the patient.
- To provide a medical screening exam to all patients who present to HHSC hospitals (as defined below) to determine whether or not an **emergency medical condition** exists, and to provide stabilizing care for the emergency condition.
- To ensure that HHSC hospitals remain in continual compliance on an ongoing basis with the latest policies and regulatory interpretations of COBRA.

II. DEFINITIONS:

A. Emergency care and services - means an appropriate medical screening examination and evaluation within the capability of the hospital, including ancillary services routinely available to the emergency department, by an emergency physician or other practitioner qualified to determine whether an "emergency medical condition" exists. If an *emergency medical condition* exists, emergency services and care also include the care, treatment, and surgery by a physician necessary to relieve or eliminate the *emergency medical condition*, within the capability of the hospital. An *emergency medical condition* is a medical condition manifested 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: (1) placing the health of the individual, including an unborn child, in serious jeopardy; or (2) serious impairment to bodily functions; or (3) serious dysfunction of any bodily organ or part. With respect to a pregnant woman who is having contractions: (1) there is inadequate time to effect a safe transfer to another hospital before delivery; or (2) transfer may pose a threat to the health or safety of the woman or unborn child. [42 U.S.C. section 1395dd (e)(1), 42 C.F.R. section 489.24 (b)]

B. Labor - means the process of childbirth beginning with the latent or early phase of labor and continuing on 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. [42 C.F.R. section 489.24 (b)]

- C. To Stabilize** - means to provide medical treatment of the emergency medical condition necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result.
- D. Stabilized** - means: (a) with respect to an medical condition that does not involve a pregnant woman with contractions, that no material deterioration of the emergency medical condition is likely, within reasonable medical probability, to result from or occur during the transfer of the individual from the hospital; and (b) with respect to an emergency medical condition that involves a pregnant woman having contractions, that the woman has delivered the child and placenta. [42 U.S.C. section 1395 dd(e)(3)(B); 42 C.F.R. section 489.24 (b)]
- E. Transfer** - means the movement, including the discharge, of an individual outside the hospital at the direction of any person employed by, affiliated or associated, directly or indirectly, with the hospital. Transfer does not include moving an individual who has been declared dead, or one who leaves the hospital without the permission of any person responsible for directing transfers. [42 U.S.C. section 1395 dd(e)(4)]
- F. Qualified medical person** - may be a professional other than a physician, as determined by the medical staff rules and regulations or medical staff bylaws which are approved by the Board of Directors, and who is acting within the scope of their licensure and under the supervision of a physician. (List personnel by job description who have been determined to be QMPs within your facility.) [42 C.F.R. section 489.24 (a)]
- G. Labor** - means the process of childbirth beginning with the latent or early phase of labor and continuing on 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. [42 C.F.R. section 489.24 (b)]
- H. Capacity** - means the ability of the hospital to accommodate the individual requesting examination or treatment. The hospital must have the numbers and availability of qualified personnel, bed space and equipment necessary to treat the patient. Past practices and similar accommodations should be taken into consideration in determining if the hospital has the capacity to treat an individual. [42 C.F.R. section 489.24 (b)]
- I. Hospital** - means the entire hospital campus, including: (i) the main hospital buildings, including without limitation the emergency department and all other clinical departments therein; (ii) the parking lot, sidewalk, or driveway, and environment or buildings within a 250-yard radius of the main hospital buildings; (iii) any facility located off the hospital campus (the "off-site facilities"), but which has been determined to be a hospital department and/or operates under the hospital Medicare Provider Number; or (iv) an ambulance owned and operated by the hospital, even if the ambulance is not on the hospital campus.
- J. Covered individual or patient** - means an individual covered by COBRA, including: (i) any persons who present themselves to the Emergency Department; or (ii) any outpatient who has an emergency condition during his or her stay.

- III. POLICY:** Subject to the definitions above, and as implemented by the procedures below, the following shall apply:
- A.** All HHSC facilities shall comply with amended COBRA regulations dated 1995 in regards to all transfers.
 - B.** HHSC hospitals shall provide medical examination and treatment to stabilize a medical condition within the capabilities of the available staff and the hospital prior to transferring a patient to another facility.
 - C.** HHSC hospitals shall not transfer a patient who has an unstabilized emergency/medical condition unless the patient or his or her legal representative requests the transfer or a physician certifies the medical necessity of the transfer.
 - D.** Once “emergency services and care” have been provided, transfer may be considered if the patient is “stabilized” or, if not stabilized, the patient has requested a transfer or the physician has certified that the transfer is medically necessary. Before the hospital may transfer a patient the hospital must satisfy the following conditions:
 - 1. The transferring hospital has provided the medical treatment within its capacity which minimizes the risks to the patient’s health and, in the case of a woman in labor, the health of the unborn child.
 - 2. The patient has been informed of the reasons for the transfer, all associated risks and benefits, and has consented to the transfer to another medical facility.
 - 3. The transferring physician has notified a physician at the receiving facility and has obtained that physician’s consent to the transfer and confirmation that the individual meets the facility’s admission criteria relating to appropriate bed, personnel, and equipment necessary to treat the patient.
 - 4. The receiving facility has available space and qualified personnel for the treatment of the patient and has agreed to accept transfer of the individual and to provide appropriate medical treatment.
 - E.** The attending physician (from the transferring hospital) is responsible for care of a patient enroute to the receiving facility.
 - F.** Enroute, if the patient’s status changes, the medical attendant shall contact the nearest base station for orders.
 - G.** Mode of transfer shall be determined by the physician.
 - H.** All pertinent medical information (e.g., ED form, x-rays, lab reports, etc.) will accompany the patient.

IV. PROCEDURES:

A. Medical Screening Examination:

1. A medical screening examination and necessary stabilization shall be provided to any covered individual who comes to the hospital, by himself or with another person, requesting treatment.
 - a. The hospital should not seek, or direct a covered individual to seek, authorization to provide screening or stabilizing services from the covered individual's health plan or insurance company if doing so would delay medical screening and necessary stabilization treatment.
 - b. A hospital should not delay a medical screening examination or necessary stabilizing treatment to prepare an Advanced Beneficiary Notice and obtain a beneficiary signature.
 - c. If a covered individual inquires about financial obligations for emergency services, the hospital shall clearly inform the covered individual that regardless of the covered individual's ability to pay, the hospital will provide a medical screening and stabilizing treatment.
 - d. If a covered individual intends to leave the hospital prior to the medical screening examination or necessary stabilization treatment, the hospital should offer the covered individual further medical examination and/or treatment, inform the covered individual of the benefits of such examination and treatment, and take all reasonable steps to obtain the covered individual's written informed consent to refuse such examination and treatment.
2. The purpose of the medical screening examination is to determine whether an emergency medical condition exists.
 - a. The medical screening examination must be conducted within the capability of the department to which the covered individual presents, including ancillary services on-call coverage routinely available to that department.
 - b. The medical screening examination may be performed by a qualified medical person per hospital protocol (see Definitions).
 - c. If an on-call physician's services are needed, the on-call physician must be contacted.
 - d. If a patient is transferred because an on-call physician refused or failed to appear within a reasonable time to provide necessary stabilizing treatment, the name and address of the on-call physician must be provided to the receiving facility at the time of transfer.
 - e. The hospital shall provide the medical screening examination in the emergency department of the hospital and/or another appropriate location in the hospital, such as the labor and delivery suite in accordance with the policies of the hospital.

- f. For all or part of the medical screening examination, but only if a bona fide medical reason exists, the covered individual may be moved or directed to alternate sites either at the hospital or to other hospital-owned facilities on land contiguous with that portion of the hospital where the emergency department is located (the “alternate sites”). All covered individuals with the same medical condition must be moved to the same alternate site, regardless of their ability to pay for treatment.

B. Transfer of the Stable Patient:

1. If the medical screening examination establishes **that no emergency medical condition exists**, the following steps should be taken:
 - a. The medical record must reflect that the patient does not have an *emergency medical condition*.
 - b. The patient may be admitted, discharged or transferred.
2. If an **emergency medical condition was found to exist**, but the physician determines that the patient’s medical condition is stabilized, the patient may be transferred when the following have been met:
 - a. Treatment to stabilize the patient must be administered within the capabilities of the department’s available staff and services.
 - b. The Physician’s Authorization for Transfer form (Attachment A) for transfer is completed.
 - c. The patient may be transferred upon completion of the COBRA Transfer Checklist and Patient Transfer Summary (Attachment C).
 - d. The acknowledgement of the notification of the transfer by the patient or the legal representative is reflected in the medical record.

C. Transfer of the Unstable Patient: Transfer of the **unstable** patient may only take place if there is a Transfer Request or a Physician Certification:

1. Transfer at the Request of the Patient or the Patient’s Legal Representative:
 - a. The physician must inform the patient or the patient’s legal representative of:
 - (1) The hospital’s obligation under COBRA, and
 - (2) Risk of the transfer.
 - b. The physician must document that the patient understands the specific risks of transfer under the circumstances, and state the reasons why the patient requests transfer.

- c. Patient's Request for Transfer or Discharge form (Attachment B, section E) is in writing and signed by the patient or legal representative.
 - d. Physician's Authorization for Transfer (Attachment A) is completed.
 - e. The patient may be transferred after completion of the COBRA Checklist and Patient Transfer Summary (Attachment C).
 - f. The acknowledgement of the notification of the transfer of the patient or legal representative is reflected in the medical record.
2. Transfer upon Physician Certification:
- a. The physician must certify in writing that, based on the information available at the time of transfer, the medical benefits of treatment at another facility outweigh any increased risks to the patient and, in the case of a pregnant woman, to the unborn child, from the transfer.
 - b. The physician must complete and sign the Physician Certification Form.
 - c. The Physician's Authorization for Transfer (Attachment A) must be completed.
 - d. The Patient's Transfer Acknowledgement form (Attachment B, section A) is completed.
 - e. The Patient will be transferred upon completion of the COBRA Checklist and Patient Transfer Summary (Attachment C).
3. If the Physician is not Physically Present at the Time of Transfer:
- a. The physician must be consulted by a qualified medical person to determine that, based on the information available at the time of transfer, the medical benefits of treatment at another facility outweigh any increased risks to the patient and, in the case of a pregnant woman to the unborn child, from the transfer.
 - b. The qualified medical person may sign the certification, but the physician must countersign within the time frame specified within the hospital's medical staff rules and regulations or policy for qualified medical personnel to certify a transfer in the absence of a physician.
4. Transfer of the Pregnant Woman with Contractions:
- a. The patient is considered *stabilized* only after delivery of the baby and placenta. Once the baby and placenta have been delivered, the patient can be transferred as any other *stable* patient [see section B (2)].
 - b. If the patient has not been delivered, she may be transferred only as an *unstable* patient (see sections C1 and C2).

5. Transfer Appropriateness Criteria: The transfer must meet appropriateness criteria, which include:
 - a. The transferring hospital provides:
 - (1) Medical treatment within its capacity which minimizes the risks to the patient's health, and in the case of a woman in labor, the health of the unborn child; and
 - (2) Copies of all available medical records related to the patient's emergency condition that are available at time of transfer.
 - b. The receiving facility has:
 - (1) Available space and qualified personnel, and
 - (2) Has agreed to accept the transfer.
 - c. Appropriate personnel and transportation equipment are utilized for the transport.
6. Transfer Documents: Transfer documents that must be provided to the receiving facility at the time of transfer include:
 - a. All pertinent medical records, including all transfer forms, relating to the emergency medical condition.
 - b. The name and address of any on-call physician who has refused to appear within a reasonable time to provide necessary stabilizing treatment.
 - c. Other records, such as test results or medical records which are not readily available during the patient's admission, must be sent as soon as possible after the transfer.
 - d. A copy of all documents supplied to the receiving facility must be kept, including records not available at the time of transfer.

D. Refusal of Further Examination, Treatment, or Transfer: Refusal of further examination, treatment or transfer must be documented.

1. If it has been determined the patient is in labor or has an emergency medical condition, the patient must be offered the care, treatment, or surgery necessary to stabilize or eliminate the condition within the capability of the hospital.
2. If the patient or the legal representative refuses such further care or refuses transfer, the person must be informed by the physician of the risks and benefits of refusing the recommended treatment or transfer.
3. The hospital must take all reasonable steps to obtain the patient's or the legal representative's informed refusal.

4. If the signature of the patient or legal representative cannot be obtained, the medical record should reflect the refusal of the person to sign the refusal form.

E. Federal Requirements: Hospitals must:

1. File agreements with the Department of Health and Human Services regarding treatment of emergency conditions to qualify for participation in the Medicare program.
2. Adopt and enforce policy/protocol that is in compliance with the Requirements of COBRA and its amendments. [42 U.S.C. section 1395cc (a)(1)(l)(i)]
3. Maintain records related to patients transferred to or from the hospital for five years from date of transfer. [42 U.S.C. section 1395cc(a)(1)(l)(ii)]
4. Maintain a list of physicians who are on call for duty after the initial examination to provide treatment necessary to stabilize a patient with an emergency medical condition for 5 years. [42 C.F.R. 489.20(r)]
5. Maintain a central log of each individual who came to the emergency department or other hospital location for care, and whether he or she refused treatment, was refused treatment, transferred, admitted and treated, stabilized and transferred, or discharged for 5 years. [42 U.S.C. section 1395cc(a)(1)(l)(ii)]

F. Posting of Signs:

1. Signs shall be conspicuously posted stating whether or not the hospital participates in the Medicaid program.
2. Signs shall be conspicuously posted, in the emergency department and other areas where patients might seek treatment, specifying rights of individuals under law with respect to examination and treatment for emergency medical conditions and women in labor. [42 U.S.C. section 1395cc(a)(1)(N)(iii)]
3. Signs should be in the language appropriate to the geographic area serviced by the hospital.
4. Signs must be clearly readable at 20 feet or the expected vantage point of patients. [42 C.F.R. section 489.20 (q)]

G. Reporting Requirements:

1. Medical Staff members and employees have the following reporting obligations:
 - a. To report to administration or risk management any known or suspected violations of the transfer laws on the part of the hospital in its capacity as a receiving or transferring hospital.
 - b. To report to the receiving facility, at the time of transfer, the name and address of on-call physician who has refused or failed to appear within a reasonable time

after being requested to provide necessary stabilizing treatment to a patient with an emergency medical condition.

2. No adverse actions will be taken against any hospital medical staff member or employee who reports violations of federal or state transfer law(s) to the proper authorities. [42 C.F.R. section 489.24(d)]
3. A hospital may not penalize a physician or a qualified medical person for refusing to authorize the transfer of a patient with an emergency medical condition that has not been stabilized. [42 U.S.C. section 1395dd(l)]

H. Off-Site Facilities:

1. Off-site facilities shall be deemed to have the capabilities of the entire hospital, but the hospital need not transfer additional staff or personnel to any off-site facility or staff the off-site facility to be on standby for emergencies.
2. Off-site facilities shall adopt protocols for handling patients with potential emergency conditions.
3. Off-site facilities shall have direct contact with emergency personnel at the hospital if a patient presents with an emergency medical condition.
4. Off-site facilities which provide urgent care, primary care, and other services and which are routinely staffed by physicians and nurses must have at least one person on duty during regular hours of operation to provide medical screening examinations and stabilizing treatment.
5. Off-site facilities which do not provide services routinely staffed by physicians and nurses shall have protocols for contacting physicians at the main hospital and arranging either transport of a potential emergency to the main hospital or transfer to another hospital.

V. CRITERIA FOR TRANSFER ON AN UNSTABLE/PATIENT:

- A.** The unstable patient requests the transfer; or
- B.** The physician certifies the medical necessity of the transfer; or
- C.** Patients are considered stable for transport to another hospital when the following parameters are met:
 1. **BP:** Systolic > 80mm Hg
Maintain with fluid or chemical support
 2. **Pulse:** >40BPM (*rates <40 BPM*)
Maintain with chemical or electrical pacing
 3. <140 BPM
 4. **Controlled airway:** If patient is compromised, intubate prior to transport.

5. Neurologically stable.
6. Venous access.

D. Procedures:

1. General:

- a. When it has been determined that a patient requires specialized care that is unavailable at this hospital, the physician shall contact an appropriate specialty service/physician.
- b. The following information is usually required and should be readily available:
 - (1) Patient's name
 - (2) Patient's age
 - (3) Patient's diagnosis
 - (4) Patient's condition
 - (5) Any other pertinent information

2. Initiating the Transport:

- a. The transferring physician shall speak with the receiving physician to obtain his/her consent to the transfer, after which he/she shall write any applicable orders, including the order for transfer.
- b. The receiving physician generally will make arrangements with the receiving hospital, but it shall be the responsibility of the transferring physician to confirm bed availability at the receiving hospital.
- c. After reconfirming bed availability with the receiving facility, the charge nurse or the patient's nurse shall be responsible for arranging the necessary transportation (this includes ground ambulance and/or air ambulance).

3. Air Ambulance Transfers: For air ambulance transfers, initiate as follows:

- a. Call American Medical Response (AMR) to ascertain the availability of air transportation with estimated time of arrival (ETA).
- b. Arrange transport to air ambulance via ground transfer ambulance by beeping transfer ambulance personnel. If unavailable, obtain approval from ERD physician to utilize Medic 20 for transport.
- c. Notify the ground transfer ambulance of the air ambulance ETA.
- d. Reminders:
 - (1) No glass IV bottles.

- (2) Place identification stickers on all equipment sent with the patient.
4. Ground Ambulance Transfers: For ground ambulance transfers, initiate as follows:
 - a. Beep or call the transfer ambulance personnel to arrange for its use. If unavailable, obtain approval from ERD physician to utilize Medic 20.
 - b. Reminders:
 - (1) No glass IV bottles.
 - (2) Place identification stickers on all equipment sent with the patient.
5. If none of the above is available, then the fire department may be utilized.
6. Transfer Documentation: Pull a "COBRA" Transfer Forms Packet; the following consents/releases shall apply for the various types of transfers:
 - a. Physician Initiated Transfers:
 - (1) The physician shall complete a "Physician's Authorization for Transfer" form (Attachment A).
 - (2) The physician shall inform the patient and/or his representative(s) of the reasons for transfer, all associated risks and benefits, and any alternatives to transfer. All necessary signatures shall be obtained and witnessed on the "Patient's Transfer Acknowledgment" form (Attachment B, section A).
 - (3) If the patient and/or his representative(s) consent to the transfer, the necessary signatures shall be obtained and witnessed on the "Patient's Consent to Transfer" section of the form (Attachment B, section C).
 - (4) If the patient and/or his representative(s) refuse the transfer, the necessary signatures shall be obtained and witnessed on the "Patient's Refusal of Transfer" (Attachment B, section D).
 - (5) When the patient and/or his representative has refused the transfer and, in addition, has also refused further medical examination and treatment, obtain the necessary signatures on the "Patient's Refusal of Further Medical Treatment" form (Attachment B, section F).
 - b. Patient Initiated Transfers: If the physician does not authorize transfer of the patient to another medical facility, but the patient and/or his representatives requests a transfer, obtain the necessary signatures on the "Patient's Request for Transfer or Discharge" form (see Attachment B, section E). This is to be signed after the physician has explained the risks and consequences involved.
7. Preparing for Transfer:
 - a. The charge nurse or patient's nurse shall complete the "Patient Transfer Form" (*Briggs*). The original copy is sent with the patient and a copy is filed in the

patient's medical record. Duplicate copies are needed for air and ground ambulances as applicable.

- b. The charge nurse or his/her designee shall obtain the necessary signatures on the facility specific "Consent to Disclose Information" form.
- c. The transferring physician shall complete all appropriate forms (i.e., air ambulance form).
- d. Xeroxed copies of the following applicable records **must** be sent with the patient:
 - (1) Patient's Consent to Transfer
 - (2) Brigg's Patient Transfer Form **(if applicable)**
 - (3) Accompanying Linen/Equipment List
 - (4) Air Ambulance Order Sheet (*if applicable*)
 - (5) History & Physical
 - (6) Emergency Department records/applicable inpatient records
 - (7) Flow Sheets
 - (8) Transfer Summary
 - (9) Computer Admission Summary Sheet
 - (10) Insurance cards (*if available*)
 - (11) Any other applicable records (lab, Xray, etc.)
- e. Xeroxed copies of the following records **may** be sent with the patient:
 - (1) Discharge Summary
 - (2) Medication Profiles
 - (3) Physician's Progress Notes
- f. Place xerox copies of the following into the envelopes labeled and Ground Ambulance, as applicable.
 - (1) "Patient Transfer Form" (*Briggs*)
 - (2) Insurance Information
 - (3) Transport Request and Medical AMR Necessity Certification (if applicable)
- g. Place the following into an envelope labeled HAA, for air transfers.
 - (1) Original "AMR Transfer Form" (if applicable)
 - (2) Xerox of the "Patient Transfer Form" (*Briggs*)
 - (3) Insurance Information
 - (4) DHS Form #208 (if applicable)
- h. The transferring charge nurse or patients nurse shall give a telephone report to the receiving nurse prior to the patient's transfer.
- i. All information/calls relating to the transfer shall be documented on the "COBRA Transfer Checklist and Patient Transfer Summary" (Attachment C) which shall become part of the patient's permanent record.

8. Care of Patient Awaiting Transfer:
 - a. Obtain and document vital signs at least every thirty (30) minutes or more often as indicated.
 - b. Monitor the patient's respiratory and cardiac status and treat as indicated.
 - c. Maintain patency of peripheral IV lines and/or Heparin Lock and infuse per MD's orders.
 - d. Document all treatments, medications, labs, x-rays and observations.
 - e. Apply an *identification band on the patient's wrist* to the patient prior to transfer.
9. Discharge the patient in the usual manner. In the progress notes document the following:
 - a. Time and mode of departure.
 - b. Who accompanied the patient (i.e., family, staff, attendants)
 - c. Condition on discharge
 - d. Mode of transportation for transfer
 - e. Destination (receiving facility)
 - f. Receiving physician
10. The transferring physician should attempt to contact the receiving facility/physician to ascertain the patient's status upon arrival and shall document the same on the patient's progress note as an "Addendum to Transfer."
11. Complete the COBRA Transfer Checklist and Patient Transfer Summary (Attachment C). Retain a copy of the COBRA Transfer Checklist in the patient's permanent hospital record.

VI REFERENCES:

- A.** 1999 JCAHO Manual; Continuum of Care – Patient Rights & Organization Ethics
- B.** Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)
- C.** Consolidated Omnibus Budget Reconciliation Act of 1994 (COBRA)
- D.** Consolidated Omnibus Budget Reconciliation Act of 1995 (COBRA)

- Attachments:**
- A. Physician's Authorization for Transfer
 - B. Patient's Transfer Acknowledgement
 - C. Cobra Transfer Checklist and Patient Transfer Summary

PHYSICIAN'S AUTHORIZATION FOR TRANSFER

I, (*print name of physician*) _____,
the undersigned physician, have examined and evaluated (*print name of patient*) _____.

Based on this evaluation, the information available to me at this time, and the reasonable risks and benefits to the patient, I have concluded for the reasons which follow that, as of the time of transfer, the medical benefits reasonably expected from the provision of treatment at another facility outweigh any increased risks to the patient and, if pregnant, to the patient's unborn child, from effecting the transfer. I believe, within reasonable medical probability, the transfer will not create a material deterioration in, or jeopardy to, the medical condition or expected chances for recovery of the patient, or if pregnant, of the patient's unborn child.

Reasons for transfer, including summary of risks and benefits: _____

Updated status of patient's condition: _____

Physician Signature: _____

Date: _____

Time: _____ a.m./p.m.

PATIENT'S TRANSFER ACKNOWLEDGEMENT

Section A

Re: Transfer of (name of patient) _____

I understand that, prior to any transfer from this hospital, I have a right to receive medical screening, examination, and evaluation by a physician, or other appropriate personnel, without regard to my ability to pay. I understand that I have a right to be informed of the reasons for any transfer and of any alternative care plans if I am not interested.

I understand that all transfers may be subject to delays due to inclement weather, rough terrain, poor traffic conditions, accidents, equipment malfunction, or other unforeseen circumstances. I also understand that while in transport I may not have the same level of medical care as I have received in the hospital, related to limitations in personnel and equipment.

I acknowledge that it is the opinion of the physician responsible for my care that the benefits of transfer outweigh the risks of transfer. **I acknowledge that I have been informed and understand the reasons and risks associated with this transfer and any alternatives to transfer.**

Date: _____

Time: _____ a.m./p.m.

Patient's Signature: _____

or Signature for Patient by: _____

Witnessed by: _____

Relationship: _____

PATIENT'S RETURN ACKNOWLEDGEMENT

Section B

In regards to my transfer to another facility for diagnostic studies, I understand that it is the intention that I return to _____ after testing is completed. In the event the diagnostic studies reveal the necessity for further treatment that is not provided at _____, I also understand that I may be admitted/transferred to another facility that can provide that treatment. **I acknowledge that I have been informed of the above.**

Date: _____

Time: _____ a.m./p.m.

Patient's Signature: _____

or Signature for Patient by: _____

Witnessed by: _____

Relationship: _____

COPY MUST BE SENT WITH PATIENT

PATIENT'S CONSENT TO TRANSFER

Section C

I hereby consent to transfer to (*name of facility*) _____

Date: _____

Time: _____ a.m./p.m.

Patient's Signature: _____

or Signature for Patient by: _____

Witnessed by: _____

Relationship: _____

PATIENT'S REFUSAL OF TRANSFER

Section D

I acknowledge that I have been offered a transfer to another medical facility for medical treatment and that **I refuse this transfer**. I have been informed of the possible risks and consequences involved in this refusal. I hereby release the attending physician, any other physicians now involved in my care, the hospital, its agents and employees, from all responsibility for any ill effects which may result from my refusal to be transferred.

Date: _____

Time: _____ a.m./p.m.

Patient's Signature: _____

or Signature for Patient by: _____

Witnessed by: _____

Relationship: _____

COPY MUST BE SENT WITH PATIENT

PATIENT'S REQUEST FOR TRANSFER OR DISCHARGE

Section E

This is to certify that I, *(name of patient)* _____,
who has received services at _____,

am **being transferred or discharged at my or my legal representative's request.**

I acknowledge that I have been informed of the risks and consequences potentially involved in the transfer or discharge and the possible benefits of continuing treatment at this hospital. I acknowledge that I have also been informed of the alternatives, if any, to the transfer or discharge I am requesting, and the obligation of this hospital to provide further examination and treatment, within its available staff and facilities, as required to stabilize my medical condition. I hereby release the attending physician, any other physicians involved in my care, the hospital, and its agents and employees, from all responsibility for any ill effects which may result from the transfer or delay involved in the transfer.

Date: _____
Patient's Signature: _____
Witnessed by: _____

Time: _____ a.m./p.m.
or Signature for Patient by: _____
Relationship: _____

PATIENT'S REFUSAL OF FURTHER MEDICAL TREATMENT

Section F

I acknowledge that I have been examined and that I have been offered further examination and treatment at _____.

However, I refuse further medical examination and treatment. I have been informed of the risks and consequences potentially involved in this refusal, the possible risks and benefits of continuing medical treatment at this hospital, and any alternatives to my decision to refuse further examination and treatment.

I hereby release the attending physician, any other physicians involved in my care, the hospital, and its agents and employees, from all responsibility for any ill effects which may result from my refusal of further medical examination and treatment.

Date: _____
Patient's Signature: _____
Witnessed by: _____

Time: _____ a.m./p.m.
or Signature for Patient by: _____
Relationship: _____

COBRA TRANSFER CHECKLIST AND PATIENT TRANSFER SUMMARY

Possible Types of Transfers:

- 1. Physician Authorizes Transfer – Patient Consents**
 Completes Physician’s Authorization for Transfer, Patient’s Transfer Acknowledgment (Section A), and Patient’s Consent to Transfer (Section C)
- 2. Physician Authorizes Transfer – Patient Refuses**
 Completes Physician’s Authorization for Transfer, Patient’s Transfer Acknowledgment (Section A), and Patient’s Refusal of Transfer (Section D)
- 3. Patient Not Stabilized – Patient Requests Transfer or Patient Not Stabilized – Family Requests Transfer**
 Complete Patient’s Request for Transfer or Discharge (Section E)
- 4. Patient Refuses Further Medical Treatment**
 Complete Patient’s Refusal of Further Medical Treatment (Section F)
- 5. Diagnostic Studies at Another Facility**
 Completes Physician’s Authorization for Transfer, Patient’s Transfer Acknowledgment (Section A), Patient’s Return Acknowledgement (Section B), and Patient’s Consent to Transfer (Section C)

Decision to Transfer made on ___ / ___ / ___
 @ _____

Type of Transfer: Emergent
 Non-emergent

The patient may not be transferred unless **each** of the following requirements is met
 (Check when done):

N/A (A) The receiving physician is qualified and has agreed to assume care for the patient.

Name of Receiving Physician: _____
Initial Contact by Dr. _____ on ___ / ___ / ___ at _____.

N/A (B) The receiving facility has available space and qualified personnel for the treatment of the patient.

Name of Facility: _____ **Unit/Floor Assigned:** _____

The receiving facility has agreed to accept transfer and to provide appropriate medical treatment.

Name of Person/Position Accepting Transfer: _____

Nurses report given to _____ **by** _____
 on ___ / ___ / ___ at _____ .

PREPARE THE APPROPRIATE ENVELOPES AS FOLLOWS:

Xeroxed **Hawaii Air Ambulance:**

- Brigg's Patient Transfer Form*
- Air Ambulance Transfer Form*
- Dept. of Human Resources Form 208 ♦
- Insurance Information

Ground Ambulance (ILS Kauai & Honolulu)

- Brigg's Patient Transfer Form*
- Insurance Information

Diagnostic Studies

- Brigg's Patient Transfer Form*
- Consents*
- Insurance Information
- Test Requisition*
- Copies of related X-rays ♦

*Indicates Mandatory for Transfer
 ♦Mandatory if they apply

Xeroxed **Receiving Facility:**

- Brigg's Patient Transfer Form*
- Consent*
- Face Sheet*
- Insurance Information
- Accompanying Linen/Equipment List ♦
- History & Physical ♦
- Copy of Advanced Directives(*if applicable*)
- History & Physical ♦
- Discharge Summary ♦
- Emergency Record ♦
- Progress Notes ♦
- Flow Sheets ♦
- Lab Reports ♦
- Xrays ♦
- EKGs ♦
- Medical Profiles
- Other: _____

Above marked envelopes given to: _____

ARRANGEMENTS FOR TRANSFER AND DIAGNOSTIC STUDIES:

Hawaii Air Ambulance N/A

Initiated by _____
 @ _____ on ____ / ____ / ____
 ETA is _____ Confirmed @ _____
 Crash Fire notified @ _____
 Ambulance notified of ETA @ _____

Ground Ambulance

Transport Ambulance beeped @ _____
 Responded @ _____
 Medic 20, if Emergent or
 Transport Ambulance not available
 Authorization @ _____

Diagnostic Studies N/A

Scheduled with Tech on ____ / ____ / ____ @ _____
 Off hours and Weekends – Call by Physician to Radiologist @ _____
 Personnel or Equipment sent from KVMH: _____

NOTIFY FOR TRANSFERS :

- Monday – Friday (0700-1530),
 Name of Person notification given to _____
- After Hours and Weekends, notify _____
- Other ER notified

REMINDERS POST TRANSFER:

- N/A Enter appropriate diagnostic studies into computer (*i.e., Bone Marrow*)
- N/A Enter use of "Transport Ambulance" into computer,
 round trip in comments **(Medicare Patients Only)**
- N/A Charge one (1) "Patient Escort" on the patient's "Nurse Charge Menu" sheet when a
 nurse accompanies the patient.

This form completed by: _____ on ____ / ____ / ____