

 <p>THE UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER</p>	Clinical Practice Policies and Procedures
UNIVERSITY HOSPITALS	

Emergency Transfers (EMTALA)	All Ages <u>X</u>
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POLICY:

It is the policy of the University of New Mexico Health Sciences Center (UNMHSC) Clinical Operations that all patients coming to UNMHSC requesting emergency services receive an appropriate Medical Screening Examination as required by the Emergency Medical Treatment and Active Labor Act (“EMTALA”), 42 U.S.C., Section 1395 and all Federal regulations and interpretive guidelines promulgated thereunder.

POLICY CROSS REFERENCE:

- Medical Staff On-Call Policy
- Patient Divert Policy
- Non-Emergent Transfers of Patients from UNMHSC to Other Institutions Policy

GENERAL INFORMATION and DESIRED OUTCOME

1. Background: Federal law requires hospitals with emergency rooms to provide a Medical Screening Examination (MSE) to every patient who comes to the hospital requesting emergency examination or treatment and to provide the patient with the necessary stabilizing treatment that is within the capabilities of the hospital until the patient is stable for transfer or discharge. These services must be provided to each patient regardless of the patient’s financial condition. In addition, the hospital cannot delay the treatment to inquire about the patient’s insurance or financial status.
2. In addition, New Mexico Department of Health Regulations and (Federal) Medicare Conditions of Participation (COP) and Centers for Medicare and Medicaid Services (CM) mandate that a hospital make reasonable efforts to contact, within 24 hours of ED arrival, a patient’s agent, surrogate, family member or other person the hospital believes has the authority to make healthcare decisions on behalf of the patient if the patient is unconscious or incapable of communication. NM Uniform Healthcare Decisions Act. Section 24 – 7A – 1 etseq. (1995, as amended)
3. Medical Screening Examinations: All persons seeking emergency care at UNMHSC shall receive an appropriate Medical Screening Examination (“MSE”) to determine whether an emergency medical condition exists, without regard to a patient’s

ethnicity, religion, national origin, citizenship, age, gender, sexual orientation, pre-existing medical condition(s), physical or mental disability, insurance status, economic status or ability to pay for medical treatment.

4. **Stabilizing Treatment:** If it is determined that the individual has an emergency medical condition, UNMHSC will provide the individual, within the capabilities of the Health Sciences Center, with further medical examination and treatment to stabilize the medical condition.
5. **Without Delay:** Triage of patients is used to determine the order in which patients will be provided a MSE by a physician. Staff must not delay the process of providing a MSE or necessary stabilizing treatment in order to inquire about an individual's method of payment, insurance status or prior authorization.
6. **Transfers:** Individuals with an emergency medical condition which has not been stabilized may only be transferred on the basis of either an informed request or certification by a physician of the medical reasons for the transfer. The treating physician is responsible for evaluating, ordering and arranging all transfers of patients from the Emergency/Labor & Delivery Departments to other facilities (including physician offices) for immediate care in accordance with the procedures set forth in this policy.
7. **On-Call Physicians and Ancillary Services:** On-call physician services and ancillary services routinely available to the Emergency Department will be made available to individuals who come to the hospital seeking examination or treatment of an emergency medical condition.
8. **Communication with Patient's Physician or LRP (Legally Responsible Person):** Where medical appropriate, the patient's primary care physician and/or attending physician will be contacted by the Emergency/Labor and Delivery Department personnel to obtain additional medical information to determine appropriate treatment/disposition of the individual.

In addition, the Emergency Department personnel will make reasonable efforts to contact, within 24 hours of ED arrival, a patient's agent, surrogate, family member or other person who has the authority to make healthcare decisions on behalf of the patient if the patient is unconscious or incapable of communication.

9. **Departmental Policies:** UNMHSC departments can adopt and maintain protocols as needed to implement this policy. Departmental protocols must not, however, conflict nor contradict this hospital-wide policy.

PROCEDURES:

1. MEDICAL SCREENING EXAMINATION

All patients who come to UNMHSC for emergency medical treatment shall receive an appropriate Medical Screening Examination (MSE). Neither the MSE nor necessary stabilizing treatment shall be delayed in order to inquire about an individual's method of payment, insurance status, or in order to obtain prior authorization.

1.1 Scope of Examination

- 1.1.1 The scope of an MSE must be tailored to the presenting complaint and the medical history of the patient. If screenings for active labor are performed in the Labor and Delivery Department, the evaluation process shall be consistent with what is utilized in the Emergency Department.
- 1.1.2 The MSE must be the same medical screening examination that the hospital would perform on any individual coming to UNMHSC with similar signs and symptoms, regardless of the individual's ability to pay for medical care.
- 1.1.3 Triage is not equivalent to an MSE. Triage merely determines the "order" in which patients will be seen, not the presence or absence of an emergency medical condition.

1.2 Exam to be provided within Capabilities of UNMHSC

- 1.2.1 The examination must include all services within the capabilities of the Health Sciences Center, which, in the judgment of the emergency physician or other treating physician are necessary to screen and/or stabilize an individual with an emergency medical condition. These services include the use, when necessary, of on-call specialty physicians.
- 1.2.2 A list of the physicians on-call shall be maintained by UNMHSC and shall be posted in the Emergency Department at all times. On-call physicians must respond in a timely manner.

1.3 Continuous Monitoring

- 1.3.1 The MSE is a continuous process reflecting ongoing evaluation in accordance with an individual's needs. Evaluation will continue until it is determined that the individual does not have an emergency medical condition or the emergency medical condition has been stabilized .
- 1.3.2 The patient's medical record must reflect continued monitoring according to the patient's needs and must continue until he/she is stabilized or appropriately transferred. Evidence of the evaluation must be documented in the medical record prior to discharge or transfer.

1.3.3 Personnel Qualified to Perform the Exam

1.3.3.1 Qualified Medical Person at UNMHSC means physician, in-house or on-call physician, house staff, or others as set forth in writing by the hospital.

1.3.4 Communication with Patient's Physician or LRP(Legally Responsible Person)

1.3.4.1 When medically appropriate, the patient's primary care physician, team and/or attending physician will be contacted by the Emergency/Labor and Delivery Department personnel to obtain additional medical information to determine appropriate treatment/disposition of the individual.

1.3.4.2 The Emergency Department personnel will make reasonable efforts to contact, within 24 hours of ED arrival, a patient's agent, surrogate, or other person who has the legal authority to make healthcare decisions on behalf of the patient if the patient is unconscious or incapable of communicating a healthcare decision.

2. REGISTRATION

- 2.1. UNMHSC staff must not delay the process of providing an MSE or necessary stabilizing treatment in order to inquire about an individual's method of payment or insurance status.
- 2.2. Patients who inquire about financial responsibility for emergency care will be encouraged to delay such discussion until after the completion of the Medical Screening Examination. These patients will be told that the hospital will provide an MSE and stabilizing treatment, regardless of their ability to pay. Staff should take reasonable steps to encourage the patient to remain for the examination.
- 2.3. If a patient is unwilling to proceed with the Medical Screening Examination or stabilization treatment for any reason, the situation must be handled the same as any refusal of care and documented as referred to in the "Refusal to Consent to Examination, Treatment, or Transfer" section of this policy.

3. LOCATION OF CARE

- 3.1. A Medical Screening Examination and/or stabilizing treatment may take place within UNMHSC, including areas other than the Emergency Department or the Labor and Delivery Department, or elsewhere on the Health Sciences Center Campus so long as:
 - 3.1.1. the selection of the location is based on medical criteria consistently applied to all patients
 - 3.1.2. patients are accompanied to such location by qualified UNMHSC personnel; and
 - 3.1.3. the location is operated under the UNMHSC's Medicare Provider Number.
- 3.2. Patients with unstable emergency conditions may not be sent to UNMHSC off campus facilities.

4. DISCHARGE

- 4.1. A patient is considered stable for discharge, when within reasonable clinical confidence, it is determined that the patient has reached the point where his/her continued care, including diagnostic work-up and/or treatment, could reasonably be performed as an outpatient or later as an inpatient, provided that the patient is given a plan for appropriate follow-up care with the discharge instructions. For the purpose of discharging a patient with psychiatric condition(s), the patient is considered to be stable for discharge when he/she is no longer considered to be a threat to himself/herself or to others.

- 4.2. Individuals who do not have an emergency medical condition who are “stable for discharge” or individuals with an emergency medical condition which has been stabilized may only be discharged from a department under the following conditions:
 - 4.2.1. An adequate medical screening examination has been documented, including all interventions;
 - 4.2.2. The physician signed the appropriate section of the patient’s medical record;
 - 4.2.3. An evaluation was performed immediately prior to discharge;
 - 4.2.4. The patient received adequate written instructions/teachings regarding his/her condition.
 - 4.2.5. All pertinent information has been entered in the Central Log.

5. TRANSFER OF CARE OUTSIDE THE HEALTH SCIENCES CENTER

- 5.1. A patient is stable for transfer from one hospital to a second hospital if the treating physician determined, within reasonable clinical confidence that the patient is expected to leave the hospital and be received at the second facility, with no material deterioration in his/her medical condition; and the treating physician reasonably believes the receiving facility has the capability to manage the patient’s medical condition and any reasonably foreseeable complication of that condition. In the case of a patient who is suffering from psychiatric condition(s), the patient is considered to be stable for transfer when he/she is protected and prevented from injuring himself/herself or others.
- 5.2. UNSTABLE PATIENTS: An individual with an emergency medical condition which has not been stabilized may only be transferred for medical reasons or if the individual makes an informed request for a transfer:
 - 5.2.1. For Medical Reasons with Physician Certification: If the treating physician certifies in writing on the “Transfer Summary Form” that, based on the reasonable risks and benefits to the patient, and based on the information available at the time of patient’s transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another facility outweigh the increased risks to the patient, and, if pregnant, the patient’s unborn child from effecting the transfer. In the event an on-call or other physician has become involved in the care of the patient to the extent that he/she has assumed substantial responsibility for that patient, the physician shall also certify that the medical benefits outweigh the risks, and shall document such certification in the patient’s medical record.
 - 5.2.2. Informal request: The individual or a representative acting on the individual’s behalf is first fully informed of the risks and benefits of the transfer. The transfer may then occur provided the individual or LRP:

- 5.2.2.1. Makes a request for the transfer; and
 - 5.2.2.2. Acknowledges the request and his/her awareness of the risks and benefits of the transfer in writing on the “Transfer Summary Form.”
- 5.3. STABLE PATIENTS: Individuals with an emergency medical condition which has been stabilized may be transferred to another facility under one of the following conditions:
 - 5.3.1. Transfer for Medical Reasons: If the treating physician recommends the transfer based on medical benefits and the individual provides informed consent to the transfer, the transfer may then occur if the patient or LRP consents to the transfer and acknowledges the reasons for the transfer on the “Transfer Summary Form.”
 - 5.3.2. Informed request for transfers: The individual requests a transfer for non-medical reasons after first being fully informed of the risks and alternatives to such a transfer. The transfer may then occur provided the individual or LRP:
 - 5.3.2.1. Makes a request for the transfer and
 - 5.3.2.2. Acknowledges the request and his/her awareness of the risks and benefits of the transfer in writing on the “Transfer Summary Form.”
 - 5.3.2.3. The treating physician who is responsible for the individual’s care must declare that the patient is stable for transfer on the patient’s “Transfer Summary Form.”
- 5.4. PHYSICIAN CERTIFICATION
 - 5.4.1. Physician certification is required for all transfers. This certification is required from the treating physician ordering the transfer and prior to the patient’s transfer, noting that based on the information available at the time of transfer, the medical benefits reasonable expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual and, in the case of a woman in labor, to the unborn child, from effecting the transfer. The certification shall include a summary of the risks and benefits upon which the certification is based and the reason(s) for the transfer.
 - 5.4.2. If the treating physician is not physically present at the time of transfer, another physician can sign the certification as long as that physician is in agreement with the certification and the treating physician subsequently, countersigns the certification.
- 5.5. MEDICAL RECORDS

Medical records, laboratory and diagnostic reports, along with consultation notes, if applicable, must accompany all patients transferred. Reports that are

not yet available at the time of transfer must be faxed to the recipient hospital as soon as they become available.

5.6. TRANSPORT BY QUALIFIED PERSONNEL

5.6.1. All transfers will be carried out through qualified medical personnel and equipment, as determined by the ED or L&D physician, including the use of necessary and medically appropriate life support measures during the transfer.

5.6.2. The mode of transportation will be documented on the “Transfer Summary Form.”

6. REFUSAL TO CONSENT TO EXAMINATION, TREATMENT OR TRANSFER

6.1. A patient retains the right to refuse necessary stabilizing treatment and further medical examination, as well as a transfer to another facility. UNMHSC will not transfer any patient with an unstabilized emergency medical condition (includes a pregnant patient having contractions, a patient in severe pain, a psychiatric disturbance or symptoms of substance abuse) unless the patient so requests and UNMHSC staff does all of the following:

6.1.1. Offers the patient further medical examination and treatment within the staff and facilities available to UNMHSC as may be required to identify and stabilize an emergency medical condition;

6.1.2. Informs the patient of the risks and benefits of such examination and treatment, and of the risks and benefits of withdrawal prior to receiving such examination and treatment;

6.1.3. Takes all reasonable steps to secure the patient’s written informed refusal for such examination and treatment; and

6.1.4. Documents the above actions in the central log and medical record along with a description of the examination, treatment, or both, if applicable, that was refused.

6.2. Patients who leave the UNMHSC without notifying hospital clinical staff shall be appropriately noted in the medical record, if any, and the central log. The documentation must reflect that the patient had been at the hospital and the time the patient was discovered to have left the premises. Triage notes and additional records must be retained.

7. ACCEPTANCE OF TRANSFERS FROM OTHER FACILITIES

UNMHSC will accept an appropriate transfer of a patient with an emergency medical condition if either:

7.1. The patient requests transfer to UNMHSC and we have capability and capacity or

7.2. UNMHSC has specialized capabilities the requesting facility does not have; and UNMHSC has the capacity to treat the individual.

8. SIGNS

UNMHSC will post signs in conspicuous locations likely to be noticed by all individuals entering the Emergency Department, Labor and Delivery areas, and other areas where patients are screened.

9. CENTRALIZED LOG

- 9.1. All UNMHSC departments/facilities where a patient presents for emergency services or receives an MSE, including the Emergency Department and Labor and Delivery, shall maintain logs that identify the patients who have presented for such services.
- 9.2. Updated logs from individual departments shall be available for quick retrieval by Hospital Administration and Risk Management in the event of an EMTALA survey.
- 9.3. The log shall include the patient's name, date, time, diagnosis, disposition and indicate whether the patient:
 - 9.3.1. Refused treatment
 - 9.3.2. Was refused treatment
 - 9.3.3. Was transferred
 - 9.3.4. Was admitted and transferred
 - 9.3.5. Was stabilized and transferred
 - 9.3.6. Was discharged
- 9.4. The log and physician on-call lists shall be maintained for 10 years in accordance with UNMHSC's policy on retention of medical records.

10. ON-CALL RESPONSE

- 10.1. UNMHSC shall maintain a list of physicians who are on-call to come to the Medical Center to consult or provide treatment necessary to stabilize a patient with an emergency medical condition. The on-call physician must respond, examine, and treat emergency patients in a timely manner, without inquiry or regard to the patient's ability to pay.
- 10.2. The notification of an on-call physician shall be documented. On-call physician refusals shall be documented as set forth in section IV-12 of this policy ("Reporting Requirements").

11. DISPUTES

UNMHSC Hospital Administration should be contracted in the event of any concern over emergency services to a patient, or a dispute with another hospital regarding a patient transfer or a concern about the Health Sciences Center's compliance with EMTALA. The Hospital Risk Manager will notify and work with Clinical Operations, Clinical Affairs, and HSC Legal Counsel to resolve the issues identified.

12. REPORTING REQUIREMENTS

- 12.1. UNMHSC is required by law to report to the Centers for Medicare & Medicaid Services (CMS a.k.a. HCFA) within 72 hours in cases where the Health Sciences Center has reason to believe it may have received an individual who is suffering from an emergency medical condition which has not been stabilized in compliance with the EMTALA transfer requirements, i.e., the transferring hospital failing to do any of the following:
 - 12.1.1. providing treatment within its capacity to minimize the risks of the transfer;
 - 12.1.2. contacting UNMHSC and confirming that it has the capacity to treat the patient and accepts the patient;
 - 12.1.3. transporting the patient by qualified personnel; or
 - 12.1.4. sending a copy of the patient's medical records with the patient being transferred.
- 12.2. A UNMHSC staff member becomes aware of an inappropriate transfer of an unstable patient with an emergency medical condition must notify the Hospital Risk Manager, who will notify and work with HSC Legal Counsel and Clinical Affairs to determine whether to report the suspected violation to the appropriate federal or state survey agency as required.
- 12.3. Violations by On-Call Physicians: On-call physicians who fail or refuse to come to the hospital as required to evaluate or stabilize an individual in the Emergency/Labor and Delivery Department will be reported to the receiving hospital on the "Transfer Summary Form," in addition to concurrent notification of Hospital Administration.

DEFINITIONS

1. **Campus** means the physical area immediately adjacent to the UNMHSC, other areas and structures that are not strictly contiguous to the Health Sciences Center but are located within 250 yards of UNMHSC.
2. **Capability** of the Health Sciences Center means the physical space, equipment, supplies and services that the Health Sciences Center provides to the public, including, for example, Surgery, Psychiatry, Obstetrics, Intensive Care and Pediatrics.
3. **Capacity** means the ability of the Health Sciences Center to accommodate the individual requesting examination or treatment of the transferred individual. Capacity encompasses such things as numbers and availability of qualified staff, beds and equipment and the hospital's past practices of accommodating additional patients in excess of its occupancy limits.
4. **Comes to the Emergency Department/hospital** means, with respect to an individual requesting examination or treatment that the individual is on the main UNMHSC building.

For purpose of this policy, “**property**” means the entire main UNMHSC “campus” as defined above, including the parking lot, sidewalk and driveway, as well as any facility or organization that is located off the main UNMHSC campus functioning under UNMHSC Medicare Provider Number.

An individual in a nonhospital-owned ambulance on hospital property is considered to have come to the hospital’s emergency department. An individual in a nonhospital-owned ambulance off hospital property is not considered to have come to the hospital’s emergency department even if a member of the ambulance staff contacts the hospital by telephone or telemetry communications and informs the hospital that they want to transport the individual to the hospital for examination and treatment. In these situation, the hospital may deny access if it is in “diversionary status”, that is, it does not have the staff or facilities to accept any additional emergency patients. If, however, the ambulance staff disregards the hospital’s instructions and transports the individual on to hospital property, the individual is considered to have come to the emergency department.

5. **Department** of Hospital means a facility or organization or a physician office that is either created by, or acquired by, UNMHSC for the purpose of furnishing health care services under the name, ownership, and financial and administrative control and license (Medicare Provider Number) of UNMHSC and is on or off campus.
6. **Emergency Medical Condition** refers to both labor and non-labor related emergency medical condition:
 - 6.1. **Labor** means the process of childbirth beginning with the latent or early phase of labor and continuing through the delivery of the placenta. A pregnant woman who is having contractions is in labor unless a physician or other qualified individual certifies that, after a reasonable time of observation, the woman is in false labor. A labor related emergency medical condition exists:
 - 6.1.1. When there is inadequate time to effect a safe transfer to another hospital before delivery, or
 - 6.1.2. When transfer may pose a threat to the health or safety of the woman or the unborn child.
 - 6.2. **Non-labor** related emergency medical condition means:
 - 6.2.1. A medical condition manifesting itself by **acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:**
 - 6.2.1.1. 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,
 - 6.2.1.2. Serious impairment of bodily functions, or
 - 6.2.1.3. Serious dysfunction of any bodily organ or part.
 - 6.2.2. **Psychiatric or substance abuse emergencies**

7. **Emergency Medical Treatment and Active Labor Act (“EMTALA”)** refers to Sections 1866 and 1867 of the Social Security Act, 42 U.S.C. Section 1395dd, which obligates hospitals to provide medical screening, treatment and transfer of individuals with emergency medical conditions or women in labor regardless of ability to pay. It is also referred to as the “anti-dumping” statute and COBRA.
8. **Labor** means the process of childbirth beginning with the latent or early phase of labor and continuing through the delivery of the placenta. A woman is in true labor unless a physician certifies that, after a reasonable period of observation, the woman is in false labor.
9. **Legally Responsible Person, (LRP)** means:
 - 9.1. A parent or guardian of a minor;
 - 9.2. An attorney-in-fact appointed by the patient pursuant to a valid Durable Power of Attorney for Health Care if the individual lacks decision-making capacity;
 - 9.3. A guardian appointed by Court Order with medical decision-making capacity for an incompetent adult;
 - 9.4. A person appointed by a court order authorizing treatment;
 - 9.5. If none of the foregoing are available, a surrogate decision maker (Uniform Healthcare Decisions Act, NMSA § 24-7A-1 et.seg., (1995, as amended))
10. **Health Sciences Center** – see “Campus”
11. **Medical Screening Examination, (MSE)**, is the process required to reach, with reasonable clinical confidence, the point at which it can be determined whether or not an emergency medical condition exists or a woman is in labor. The scope of an MSE must be tailored to the presenting complaint and the medical history of the patient. The process may range from a simple examination (such as a brief history and physical) to a complex examination that may include laboratory tests, MRI or diagnostic imaging, lumbar punctures, other diagnostic tests and procedures and the use of on-call physician specialists. Such screening must be done within UNMHSC’s capability and available personnel, including on-call physicians. The MSE is an ongoing process and the medical records must reflect continued monitoring based on the patient’s needs and must continue until the patient is either stabilized or appropriately transferred. **Only physicians, in-house or on-call physicians and house staff are allowed to perform an MSE at UNMHSC. A triage is NOT synonymous with a Medical Screening Examination.**
12. **On-Call List** refers to the list that UNMHSC maintains that defines those physicians who are “on-call” for duty after the initial Medical Screening Examination to provide further evaluation and/or treatment necessary to stabilize an individual with an emergency medical condition. The purpose of the on-call list is to ensure that the Emergency Department is prospectively aware of which physicians, including specialists and sub-specialists, are available to provide treatment necessary to stabilize individuals with emergency medical conditions. (NOTE: EMTALA mandates that if a hospital offers a service to the public, the

service should be available through on-call coverage of the Emergency Department.)

13. **Physician Certification** refers to a written certification by the treating physician ordering the transfer and prior to the patient's transfer, that based on the information available at the time of transfer, the medical benefits reasonable expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual and, in the case of a woman in labor, to the unborn child, from effecting the transfer. The certification shall include a summary of the risks and benefits upon which the certification is based and the reason(s) for the transfer.
14. **Signage** refers to the Hospital requirement to post signs conspicuously in any emergency department or in a place or places likely to be noticed by all individuals entering the emergency department as well as those individuals waiting for examination and treatment in areas other than the traditional emergency department, (e.g., outpatient departments, on-campus hospital-based entities, labor and delivery, waiting room, admitting area, entrance and treatment areas), informing the patients of their rights under Federal law with respect to examination and treatment for emergency medical conditions and women in labor. The sign must also state whether or not the hospital participates in the State's Medicaid program.
15. **Stabilized** with respect to an emergency medical condition means that no material deterioration of the condition is likely within reasonable medical probability, to result from or occur during the transfer of the individual from the facility or in the case of a woman in labor, that the woman delivered the child and the placenta. A patient 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, or if the treating physician determines that the patient is "stable for transfer" or "stable for discharge". Stabilization does not require the final resolution of the emergency medical condition.
16. **To stabilize** means, with respect to an emergency medical condition to either provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility or, in the case of a woman in labor, that the woman has delivered the child and the placenta.
17. **Stable for Discharge:** A patient is considered stable for discharge when, within reasonable clinical confidence, it is determined that the patient has reached to point where his/her continued care, including diagnostic work-up and/or treatment, could reasonably be performed as an outpatient or later as an inpatient, provided the patient is given a plan for appropriate follow-up care with the discharge instructions. For the purpose of discharging a patient with psychiatric condition(s), the patient is considered to be stable for discharge when he/she is no longer considered to be a threat to himself/herself or others.

18. **Stable for Transfer:** A patient is stable for transfer from one hospital to a second hospital if the treating physician attending to the patient has determined, within reasonable clinical confidence, that the patient is expected to leave the hospital and be received at the second facility, with no material deterioration in his/her medical condition; and the treating physician reasonable believes the receiving facility has the capability to manage the patient's medical condition and any reasonable foreseeable complication of that condition. In the case of a patient who is suffering from psychiatric condition(s), the patient is considered to be stable for transfer when he/she is protected and prevented from injuring himself/herself or others.
19. **Transfer** means the movement (including the discharge) of an individual outside UNMHSC's facilities at the direction of a physician, but does not include such a movement of an individual who has been declared dead or who leaves the facility against medical advice or without being seen. This also includes the movement of a patient from a Department of the Hospital to the Hospital.
20. **Triage** is a sorting process to determine the order in which patients will be provided a Medical Screening Examination by a physician. Triage is NOT the equivalent of an MSE and DOES NOT determine the presence or absence of an emergency medical condition.

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Date

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Approved Date: 07/02

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 Replaces Inter-Hospital Emergency Department Transfers