



EMERGENCY DEPARTMENT POLICY/STANDARDS MANUAL

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I. POLICY:

Patients may be transferred from Bayonne Medical Center’s Emergency Department to another hospital if the service required is not available to the patient. This includes Trauma, Labor, and Pediatric care. No patient will arbitrarily be transferred to another hospital if Bayonne Medical Center has the resources to provide optimal care.

II. PURPOSE:

Bayonne Medical Center is responsible for making appropriate transfer arrangements consistent with the patient’s medical needs. A transfer may be arranged only after the Emergency Department Physician and/or Attending Physician has determined that such a transfer will not create a medical hazard to the patient or that such transfer is considered to be in the patient’s best interest despite the potential hazard of movement. A transfer shall only be made after prior notification and agreement with an appropriate medical facility and accepting physician.

III. PROCEDURE:

Appropriate reasons for transfer may also include the need for specialized services not available at Bayonne Medical Center, private Physician request, Patient request, and bed unavailability.

CRITERIA FOR TRANSFER

Prior to any anticipated transfer, the patient will receive a medical screening examination to determine whether there is an emergency medical condition, including trauma, and or labor. For the purpose of this procedure, an emergency medical condition is one of such acuity or severity that there is a reasonable likelihood of it’s placing the patient’s health or life in jeopardy or producing serious impairment of bodily functions or body organs or

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parts; or in the case of a woman in labor, that she is having contractions. If any of these conditions is found to be present, Bayonne Medical Center will provide such further examination and treatment as is necessary to stabilize the condition, or to affect a safe and appropriate transfer. These conditions may also include but not limited to:

- A. Carotid or vertebral arterial injury
- B. Torn thoracic aorta or great vessel
- A. Cardiac rupture
- B. Bilateral pulmonary contusion with PaO₂ to FiO₂ ratio less than 200
- C. Major abdominal vascular injury
- D. Grade IV, V, or VI liver injuries
- E. Grade III, IV, or V spleen injuries
- F. Unstable pelvic fracture
- G. Fracture or dislocation with neurovascular compromise
- H. Penetrating injury or open fracture of the skull
- I. Glasgow Coma Scale score < 14 or lateralizing neurologic signs
- J. Unstable spinal fracture or spinal cord deficit
- K. > 2 unilateral rib fractures or bilateral rib fractures with pulmonary contusion
- L. Open long bone fracture
- M. Significant torso injury with advanced co-morbid disease (such as coronary artery disease, chronic obstructive pulmonary disease, type 1 diabetes mellitus, or immunosuppression)

The treating Bayonne Medical Center Physician will contact the receiving Hospital's private Attending Physician or Emergency Physician authorized to accept the patient transfer. The transferring physician will review the patient's clinical findings, treatment and needs with the receiving physician.

The receiving physician or other authorized individual must formally accept the patient in transfer, and this must be documented on the patient's medical record. The receiving physician is responsible to make all necessary admission arrangements at the accepting facility.

The receiving and referring Physician will agree on the medical details of transport. Bayonne Medical Center's emergency department will arrange all needed medical resources during transport unless other arrangements have been agreed upon between the physicians.

The patient's consent is required for transfer to another facility. The emergency department Physician will obtain the consent after explaining all risks and benefits of transfer to the patient and document as such.



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A copy of Bayonne Medical Center's transfer form, together with copies of all relevant treatment records, including lab results, x-rays, EKG's, consultation reports, etc. will accompany the patient.

Medical responsibility for the patient's care remains with the referring physician until arrival at the receiving institution except in the case of a receiving facility providing a retrieval team of their own staff. In those cases, the receiving physician or appropriate alternative provided through the receiving facility will direct medical control once care is transferred to the transport team.

Details of the transfer must be documented on an approved EMTALA form, including: names of receiving and sending physicians; verifications of bed availability at the receiving facility; name of transport and facility nursing staff taking report of patient's condition; risks and benefits/reason of such transfer and statement from the sending physician that risks are outweighed by the benefits of the transfer; The signatures of the sending physician and the nurse or crisis worker providing details to the sending facility; and the signature of the patient or legal representative indicating that they consent to the transfer. This is in accordance with BMC Organizational Policy # 2.53.1 (EMTALA).

In the case of the involuntary commitment of a crisis patient, the doctor and crisis worker must initial the patient consent area indicating the involuntary status of the transfer.

IV. **REFERENCES:**

BMC Organizational Policy (EMTALA) # 2.53.1
Licensing standards for Acute Care Hospitals
New Jersey Department of Health and HCFA, COBRA/EMTALA Regulations