



# VITALS

A Weekly Safety Newsletter For Medical Transport Professionals

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## Look At Critical Care Transfers Critically

The Emergency Medical Treatment and Active Labor Act (EMTALA) created a number of responsibilities for hospitals. An appropriate medical screening examination must be provided by a physician or qualified medical person, as defined in the Hospital's Bylaws, to all individuals on hospital property who request emergency services to determine whether the individual has an emergency medical condition. An emergency medical condition is defined as: patient has acute symptoms of sufficient severity such that absence of immediate medical attention could reasonably jeopardize the patient's health, impair bodily functions, result in dysfunction of a bodily organ or part, or cause pain. Emergency medical condition also includes psychiatric disturbance, substance abuse, and sexual, physical, and mental abuse. A pregnant woman having contractions has an emergency medical condition unless a physician or qualified medical person certifies it is false labor.

A patient with an emergency medical condition must be stabilized before transfer. However, a transfer may occur at the patient's request or that of his/her legal guardian or agent appointed under a durable power of attorney for health care. EMTALA requires that the patient will be transferred by qualified personnel and transportation equipment as required, including the use of necessary and medically appropriate life support measures. Although EMTALA puts the responsibility for choosing the appropriate form of transfer on the hospital, quality of care issues may still arise to place the ambulance provider in jeopardy in the event of an adverse clinical outcome.

The manner in which Critical Transfers are accomplished varies tremendously. Some states have certifications for Critical Care Paramedics. Others have designations for Critical Care Transfer Units. In some cases, companies have developed internal designations for personnel and units. When making internal designations the word "certified" should be avoided, unless the organization has regulatory authority to grant certifications.



The following questions or comments are not meant to be all-inclusive or to have generalized applicability. They are intended to give you some starting points for thinking about how you approach Critical Care Transfers.

- What is the patient's diagnosis? Is it something that our personnel understand?
- Is the transfer medically necessary or at patient request? If it's patient request the patient might not be stabilized.
- What are the delineated benefits and risks of transfer? If we don't know the risks, how can we assess our capabilities related to the transfer?
- What medical records are being sent with the patient? Most EMTALA transfer forms have check boxes denoting what records are being sent. If the complete record box is checked, it's probably a good idea to make note of what is present. Other common options include: Discharge Summary, History & Physical, Consults, Lab Results, Consents, X-ray Reports, Physician Progress Notes, Nurses Notes, EKG, Therapy Notes, and a line for other. If the sending hospital tells the receiving hospital that they've sent something and it's not there when you deliver the patient, what do you think will happen?
- How will communication with Medical Control be maintained?
- What are our options en route if there is substantial clinical deterioration?
- If there are drugs, infusion pumps, ventilators, left ventricular assist devices or other things supplied by the hospital that are outside our legal or experiential scope of practice, how do our policies deal with requiring the presence of responsible hospital personnel? For example, in some states paramedics are not allowed to monitor blood infusions. If we rarely use ventilators, do we want the responsibility of trouble shooting difficulties on a long distance transfer?
- Have hospital personnel been made aware of and agree to comply with our safety practices while in our vehicle?