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July 30, 2003

TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

SUBJECT: **STATUS REPORT – PATIENT TRANSFER POLICIES**

This is to provide a status report on the review and implementation of changes to the Department of Health Service's (DHS) protocols regarding the acceptance of patient transfers from non-County hospitals. As advised in my June 2, 2003 memo, the changes are being implemented in two phases, which are described below.

Inpatient Transfers

On July 1, the Department implemented the first phase, which addressed the transfer of non-emergent inpatients from private facilities to DHS hospitals. The new protocols streamlined the process of determining the capability of the each County hospital to accept patient transfers. The Department has closely monitored the implementation of these changes and has found no untoward incidents relating to the transfer of non-emergent inpatients. The Department will continue to monitor the impact of this change in protocol.

Emergency Department Transfers

The second phase involves the transfer of emergency department (ED) patients into County hospitals. DHS leadership has been working to refine the current processes affecting the transfer of patients with emergency medical conditions, as defined by the Federal Emergency Medical Treatment and Active Labor Act (EMTALA). The Department had previously targeted August 1, for the implementation of any revised procedures; however, as a result of the number issues that require analysis and resolution prior to implementation of this phase, the August 1

Each Supervisor
July 30, 2003
Page 2

implementation date is unlikely. The following are the key issues that need to be resolved prior to implementation:

- Under EMTALA, hospitals can limit the acceptance of patients requiring a “higher level of care” if the accepting facility does not have the capacity to treat the patient. The Department is continuing to work with County Counsel to establish an appropriate definition of capacity that takes into account the different physical plant considerations, bed capacity, and staffing plans of each DHS hospital to ensure that any new protocol regarding acceptance of emergent patient transfers is in full compliance with EMTALA and State anti-dumping laws.
- EMTALA and State law do not address the interface of the Medical Alert Center (MAC) as the coordinating center for all transfers into the County health system. Thus, the Department and County Counsel are continuing to review the role the MAC can play in facilitating the transfer of patients into DHS hospitals.

By September 1, the Department intends to implement its policy regarding acceptance of non-EMTALA ED patients (those with no emergency medical condition) while it continues to work with County Counsel to review its legal obligation under EMTALA and applicable State laws for patients with emergency medical conditions. Thirty days following the implementation of the non-EMTALA transfer protocols, an additional status report will be provided to you.

Please let me know if you have any questions.

TLG:rt

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors