LOS ANGELES COUNTY
DEPARTMENT OF HEALTH SERVICES

PROBLEM TRANSFER/EMTALA REPORTING

TODAY'S DATE: _____

Instructions:

This form may be used by DHS Acute Care Facilities to report intra-County or inpatient **(Non-EMTALA)** transfer issues to the Emergency Medical Services (EMS) Agency for incidents that involved the inappropriate transfer arrangements of a patient to DHS facility and that resulted in or had the potential to result in an adverse patient outcome. Please complete this form and include as much pertinent clinical information or attachments to demonstrate the patient's medical condition, specific treatment concerns and other details relevant to the patient transfer arrangement. The Problem Transfer report and attachments are to be submitted to the **Medic Alert Center (MAC)** attention to John Quiroz for review and follow up.

This form may also be used by Department of Health Services (DHS) Acute Care Facilities to report a non-County facility to Health Facilities Investigation Division for incidents that involved the inappropriate transfer or discharge arrangement of a patient to a DHS facility which may have violated an element of the Emergency Medical Treatment and Active Labor Act **(EMTALA)** and may have resulted in an adverse outcome. Please complete this form and include as much pertinent clinical information or attachments to demonstrate the patient's medical condition, specific treatment concerns and other details relevant to the patient transfer arrangement. The Problem Transfer report and attachments are to be submitted to the **Health Facilities Investigation Division** within 72 hours of the transfer. Your facility Chief Executive Officer and Chief Medical Officer should be involved in this reporting.

John Quiroz, Program Manager
Emergency Medical Services Agency
Medic Alert Center
10100 Pioneer Blvd., Suite 200
Santa Fe Springs, CA 90670
Tel: (562) 378-1512
Fax: (562) 906-4300
Email: jquiroz@dhs.lacounty.gov

PROBLEM TRANSFER REPORT: Complete when a transfer into a DHS facility requires further review and or follow up. Submit directly to John Quiroz, MAC.

Lisa Parker-Willis, Supervisor ICF-IID & Clinic DO
Los Angeles County Department of Public Health
3400 Aerojet Ave., Suite 323
El Monte, CA 91731
Tel: (626) 312-1161
Fax: (626) 927-9842
Email: lisa.parkerwillis@cdph.ca.gov

EMTALA VIOLATION: Submit form directly to Health Facilities Division within 72 hours. Submit copy to John Quiroz, MAC.

NAME OF HOSPITAL: _____

DEPARTMENT: _____

CONTACT PERSON: _____ TELEPHONE #_____

ALTERNATE: _____ TELEPHONE #_____

BEST TIME TO CONTACT: _____

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LOS ANGELES COUNTY
DEPARTMENT OF HEALTH SERVICES

PROBLEM TRANSFER/EMTALA REPORTING

DATE/TIME OF OCCURRENCE: _____/_____/_____   _____AM/PM

PATIENT'S NAME: _____ HOSPITAL TELEPHONE #: _____

ED to ED TRANSFER: ☐   ED to INPATIENT: ☐

SENDING FACILITY: _____ CONTACT # _____

SENDING PHYSICIAN: _____ CONTACT # _____

RECEIVING FACILITY: _____ CONTACT # _____

RECEIVING PHYSICIAN: _____ CONTACT # _____

THIS CASE IS BEING REFERRED FOR THE FOLLOWING REASONS: (Check all that apply)

PROBLEM TRANSFER:

☐ Transfer without Medical Alert Center involvement
☐ No physician to physician communication
☐ Patient sent to receiving facility without prior notification
☐ Patient sent to receiving facility without acceptance/authorization
☐ Delay in transfer with adverse outcome
☐ Patient is a lateral transfer and represented as needing a higher level of care
☐ Failure of on-call physician at sending facility to respond
☐ Patient was discharged, instructed to self-transport to alternate hospital and required higher level of care

TRANSPORTATION:

☐ Delay in transportation with adverse outcome
☐ Patient sent without medical records (including labs and x-rays)
☐ Patient transported without appropriate personnel
☐ Patient transported without appropriate equipment
☐ Refusal to accept patient transfer with an Emergency Medical Condition
   Name of Refusing Physician: _____
☐ Other (explain): _____

DIAGNOSIS/TREATMENT:

☐ Admitting diagnosis differs from reason for transfer
☐ Patient's clinical condition differs from information given on the phone
☐ Adequate treatment for stabilization could/should have been done prior to transfer
☐ Inappropriateness of treatment at sending facility
☐ Patient transferred from another licensed facility that appeared ill treated

DESCRIPTION OF PROBLEM/OCCURRENCE:

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