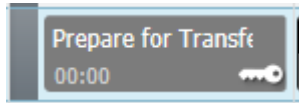


EMTALA documentation

LaunchPoint workflow

Step 1

- Provider enters PowerPlan: **EMTALA Patient Transfer Plan** order
- Patient status column in LaunchPoint will change to prepare for transfer



- Two forms will fire to the nurse activities column for RN to complete
 - I. **Medcom/RTS transfer request:** fill out all yellow fields, this is the transport request for RTS to pick up patient.

Prepare for Transfer 01/03/25 11:10:00 EST, EMTALA: Prepare Patient for Transfer, Track Order on Worklist, Medcom/ RTS Transfer Request

Performed on: 01/06/2025 13:13 EST

Request Information

Facility Information

SNF/Hospice/Re

Form Status

☒ Initial ☐ Modification ☐ Cancellation

Modification/Cancellation Details

Patient Diagnosis

Regional Transport Type

☐ MAMA ☐ Transport ☐ Wheelchair ☐ Behavioral Health

County of Residence

Buncombe

Team

☐ Ground Ambulance (RTS)
☐ Air Transport (MAMA)
☐ Neonatal Team
☐ Behavioral Health Transport

BH Status

☐ Involuntary ☐ Voluntary

Patient Status

☐ Discharge ☐ Transfer

Color Triage (priority)

☐ Red ☐ Yellow
☐ Orange ☐ Green

Red Triage Requires Provider Name

Receiving MD

Location Transport

☐ Regional ☐ Campus

Pick Up Date/Time

Call Back Pager/Phone Number

Destination

☐ Home
☐ Facility
☐ Skilled Nursing Facility
☐ Other

Please provide city, address, facility name if applicable

Patient Weight - kg

No qualifying data available.

Nurse to Accompany Patient

☐ Yes ☐ No

- II. **EMTALA/COT-Nursing handoff:** fill out all yellow fields, this form documents that report was called to receiving facility. Please be sure you document the name and title of the person you called report to.

Prepare for Transfer 01/03/25 11:10:00 EST, EMTALA: Prepare Patient for Transfer, Track Order on Worklist, **EMTALA/COT - Nursing Handoff**

EMTALA/COT - Nursing Handoff

IV: MODE/SUPPORT/TREATMENT DURING TRANSFER AS APPROVED BY PHYSICIAN - (Complete Applicable Items):

Mode of Transportation For Transfer

☐ BLS ☐ Other

☐ ALS

☐ Helicopter

☐ Neonatal Unit

Transporting Agency

V: RECEIVING FACILITY AND INDIVIDUAL

Staff at Receiving Hospital Verifying Acceptance (name/title)

Receiving Facility Phone Number

Date/Time of Acceptance

VI: ACCOMPANYING DOCUMENTATION

Accompanying Documentation

☐ Copy of Pertinent Medical Record

☐ Lab/EKG/X-Ray

☐ Copy of Transfer Form

☐ Pertinent Legal Documents

☐ Advanced Directive

☐ Other:

Accompanying Documentation Sent Via

☐ Patient/Responsible Party

☐ Fax

☐ Transporter

Report Given To (Person/Title)

Time Report Given

NOTE: All Vital Signs are to be recorded in IView and must be documented within 15 min of transport

Patient Consent Obtained

☐ Yes, patient/legal representative has signed consent

☐ No, patient incapacitated, unable to consent

☐ No, this patient is involuntarily committed

In Progress

Step 2

- After completion of forms above, patient status column will change to **MD Final Validation**
- Provider will then need to complete MD Final Validation form when transport is in the building and ready to transport patient.
- Vital signs must be documented within 15 minutes of transport. This is part of the **MD Final Validation**, please make sure vitals are documented within the time frame or the provider will not be able to sign the form.

Step 3

- After completion of MD Final Validation form, patient status column will change to **RN Final Validation**
- One form will fire to the nurse activities column for RN to complete:

- EMTALA/COT-Nursing Final Validation:** Final validation form completed by CNC/Team Lead and confirms that all information is correct. **Form must be printed (by clicking on Print completed document button on the bottom) and sent with the patient.**

Provider Approval to Transfer 01/03/25 11:32:00 EST, Patient Ready for Transfer, EMTALA: Provider Approval to Transfer, Track Order on Worklist, **EMTALA/COT - Nursing Final Validation**

EMTALA/COT - EMTALA Certification of Transfer:

I: MEDICAL CONDITION:
Diagnosis: sfgswg
Medical Screening Exam Completed: No Emergency Medical Condition Identified

II: REASON FOR TRANSFER:
Reason For Transfer: Medically Indicated
On-Call Physician Name:
On-Call Physician Address:

III: RISK AND BENEFIT FOR TRANSFER:
Medical Benefits: Obtain level of care/service not available at this facility
Rationale/Details: frgh
Medical Risks: Deterioration of condition en route
Rationale/Details: rshg

IV: MODE/SUPPORT/TREATMENT DURING TRANSFER AS APPROVED BY PHYSICIAN:
Mode of Transportation For Transfer: BLS
Transporting Agency: Cherokee County EMS
Support/Treatment During Transfer: None
Restraint Type:

V: RECEIVING FACILITY AND INDIVIDUAL:
The receiving facility has the capability for the treatment of this patient (including adequate equipment and medical personnel) and has agreed to accept the transfer and provide appropriate medical treatment: Yes
Receiving Facility: Brynn Mar Hospital
Receiving Facility Phone Number: ihopuo
Receiving MD: Test, ED- Physician
Date/Time of Acceptance: 01/03/2025 11:08
Person at receiving facility verifying bed availability: ip'hio
Transferring QMP?:
Transferring QMP Per Order of Transferring MD:
Transferring MD:

VI: ACCOMPANYING DOCUMENTATION:
Sent Via: Patient/Responsible Party
Accompanying Documentation: Copy of Pertinent Medical Record, Lab/EKG/X-Ray
Report Given To (Person/Title): fhaerh
Time Report Given: 01/03/2025 11:08
Vital Signs Prior to Transfer
T: [No Results Found](#)
Pulse: [No Results Found](#)
R: [No Results Found](#)
BP: [No Results Found](#)
Provider/QMP: I have examined this patient and/or the information available and based upon the reasonable risks and benefits I certify that the medical benefits reasonably expected from the provision of appropriate medical treatment at another facility outweigh the increased risk to this patient's medical condition (and, in the case of labor, to the unborn child) that may result from effecting this transfer.: Yes
Patient Consent Obtained: Yes, patient/legal representative has signed consent

Nursing attests that process is complete and patient is ready for transfer ☒ Yes

Print Completed Document ☐ Yes

Auth (Verified)

Step 4

- Gather all patient belongings and package patient for transport
- Send all pertinent medical records with transport to receiving facility
- Be sure to send a copy of the signed consent form and final EMTALA/COT that was printed in the previous step.