**UNIVERSITY OF CALIFORNIA SAN FRANCISCO
AUDIT AND ADVISORY SERVICES**

**Emergency Medical Treatment and Active Labor Act (EMTALA)
Transfers Centers Review**

Project #16-073

July 2016

University of California
San Francisco

UCSF

Audit and Advisory Services

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SUBJECT: Adults and Pediatrics Transfers Centers EMTALA Review
Project # 16-073

UCSF Audit and Advisory Services (AAS) conducted a review of the UCSF Health's compliance with the Emergency Medical Treatment and Active Labor Act (EMTALA) in accord with rules and regulations pertaining to external transfer requests with UCSF Health. Our services were performed in accordance with the applicable International Standards for the Professional Practice of Internal Auditing as prescribed by the Institute of Internal Auditors (the "IIA Standards").

Our review was completed in June 2016 and the preliminary draft report was provided to department management in June 2016. Management provided us with their final comments and responses to our observations in July 2016. The observations and corrective actions have been discussed and agreed upon with department management and it is management's responsibility to implement the corrective actions stated in the report. In accordance with the University of California audit policy, AAS will periodically follow up to confirm that the agreed upon management corrective actions are completed within the dates specified in the final report.

This report is intended solely for the information and internal use of UCSF management and the Ethics, Compliance and Audit Board, and is not intended to be and should not be used by any other person or entity.

Sincerely,

Irene McGlynn
Director
UCSF Audit and Advisory Services

EXECUTIVE SUMMARY

I.   **BACKGROUND**

UCSF Audit and Advisory Services (AAS) conducted a review of UCSF Health's compliance with the Emergency Medical Treatment and Active Labor Act (EMTALA) in accord with rules and regulations pertaining to external transfer requests with UCSF Health.

EMTALA regulation requires that a participating hospital may not refuse to accept from a referring hospital, an appropriate transfer request of an individual requiring specialized capabilities or facilities if the recipient hospital has the capacity to treat the individual.[1] Violations of EMTALA can potentially lead to civil money penalties, suspension of Medicare payments, and/or exclusion from the Medicare and Medicaid programs.

The two UCSF departments reviewed were the Integrated Transfer Unit for adults located at Moffitt/Long hospital at Parnassus and the Pediatrics Transfer Unit for children located at Mission Bay hospital. For the review period (February 2015 – November 2015) the monthly average patient transfers at Moffitt/Long and Mission Bay were 246, and 129 respectively.

II.   **AUDIT PURPOSE AND SCOPE**

The purpose of this review was to assess processes and internal controls to assure adherence to EMTALA (both federal[2] and state regulations[3]) and UCSF policies. The specific areas reviewed included the intake of external adult and pediatric transfer requests to UCSF, transfer workflows in APeX, and applicable policies and procedures pertaining to EMTALA.

The scope of the review covered transactions and activities for the period February 1, 2015 – November 30, 2015 at the Moffitt/Long and Mission Bay Hospitals transfer units.

Procedures performed as part of the review included interviews with relevant personnel, walkthroughs of the Adults Integrated Transfer Unit at Moffitt/Long and the Pediatrics Transfer Unit at Mission Bay, to understand clinic and patient work flows, assessment of existing controls and processes for intake, medical screening, acceptance, and financial screening. The review also included a sample testing of patient transfers for both adult and pediatric patients, to validate processes, workflows, and documentation in APeX.

Work performed was limited to the specific activities and procedures described above. As such, this report is not intended to, nor can it be relied upon to provide an assessment of compliance beyond those areas specifically reviewed. Fieldwork was completed in June 2016.

III.   **SUMMARY**

Based on work performed, adequate controls and processes are in place to ensure effective management of Adults and Pediatrics Transfers.

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[1] Code of Federal Regulations § 489.24(e)
[2] Code of Federal Regulations § 489.20, 489.24
[3] California Health and Safety Code, Article 7, Section 1317

The specific observations by operational area for enhancement of processes are stated below and discussed more thoroughly in the "Summary of Observation and Management Corrective Action" section that follows:

Observation	Operational Area	
	Adults	**Pediatrics**
1. Due to inconsistent APeX template design and technical limitations, pertinent patient information relating to the transfer event is not correctly pulled from various templates within the patient record into the APeX Transfer Summary.	X	X
2. The APeX Transfer Summary report contains inconsistent data fields due to disparate processes between the Adults and Pediatrics Transfer Centers, resulting in an incomplete summary captured in APeX related to the transfer event.	X	X
3. For Pediatric patients, RN transfer intake documentation in APeX did not capture reasons for transfer pertaining to capability/specialized service requests.		X
4. For Pediatric patients, medical records from the referring facility were not always obtained and/or may not have been scanned into APeX.		X
5. The Admission Transfer departmental policy and procedures (ED to ED Transfers Policy 2.03.06) does not include criteria for obtaining medical records from the originating ED.	X	X

IV.   OBSERVATIONS AND MANAGEMENT CORRECTIVE ACTIONS ("MCA")

A. APeX Transfer Summary Report

No.	Observation	Risk/Effect	Recommendation	MCA
1	***Due to inconsistent APeX template design and technical limitations, pertinent patient information relating to the transfer event is not correctly pulled from various templates within the patient record into the APeX Transfer Summary.*** **a) Adults Integrated Transfer Center:** Review of a sample of 10 encounters found that while the name of the accepting physician is recorded in the Admission information section of the patient record, it is not being populated in the APeX Transfer Summary. **b) Pediatric Access Transfer Center:** Although the reason for transfer from originating facility and the name of the accepting physician are documented during intake by Peds Access Center nurses in APeX under bed request, the APeX Transfer Summary is not populated with this information. CMS Interpretive Guidelines §489.24(d)(2)(ii): requires that the transferring hospital to document its communication with the receiving (recipient) hospital, including the date and time of the transfer request and the name of the person accepting the transfer.	Potential delays in triage of the patient to determine if subspecialty care is required. Also, the identification of the accepting Physician in a central place, will facilitate the tracking of the UCSF attending if issues arise during triage.	It is recommended that Adults and Pediatric Transfer Centers' management consult with the APeX IT team to identify enhancements in the Transfer Center (TC) Summary, enabling the documentation of the reason for the transfer and the named accepting physician to be recorded in a central location.	**Responsible Party:** Adults and Pediatrics Transfer management **Target Date:** September 30, 2016 **Actions:** Transfer Centers management in collaboration with APeX IT, will redesign the Transfer Summary to enable documentation of transfer reason and the name of the accepting physician during intake to be populated.

2	*The APeX Transfer Summary report contains inconsistent data fields due to disparate processes between the Adults and Pediatrics Transfer Centers, resulting in an incomplete summary captured in APeX related to the transfer event.* The APeX Transfer Summary reports for Adults and Pediatrics contain inconsistent data fields and omission of pertinent information that is documented during intake, resulting in documentation of the RN Intake, Referral, and Certification, not in alignment within APeX.	The disparate APeX Transfer Summary reports could result in the delay of acceptance of a transfer request and also result in the inadvertent denial or acceptance of a transfer request.	Both Transfer Centers should identify best practices and align data fields in the APeX Transfer Summary and workflows to ensure all pertinent clinical information is documented. The APeX team has been informed and consulted on the two disparate transfer center summary modules and reports. An opportunity to streamline the intake process and reports has been identified and it is recommended that management in collaboration with the APeX team, develop a single intake process and report that is available for both the adults and pediatric transfer centers.	**Responsible Party:** Adults and Pediatrics Transfer management **Target Date**: September 30, 2016 **Actions:** As part of the assessment and redesign of TC Summary Transfer Centers management in collaboration with APeX IT, will identify inconsistent data fields and will align the two separate Transfer Summary reports.

B. RN Intake Documentation

No.	Observation	Risk/Effect	Recommendation	MCA
3	***For Pediatric patients, RN transfer intake documentation in APeX did not capture reasons for transfer pertaining to capability/specialized service requests.*** A review of a sample of 10 pediatric transfers indicated the following: • None had documented a reason for transfer pertaining to capacity/capability; • None had documented a reason for a higher level of care / specialized services; • One case did not document that the transfer event was cancelled since proper cancellation protocols were not followed. UCSF Policy 6.03.01 (Admission and Transfer-In Acceptance) indicates, UCSF Medical Center must accept an appropriate transfer of an individual with an unresolved Emergency Medical Condition if: 1. The individual being transferred requires such specialized capabilities or facilities that are not offered or not immediately available at the transferring hospital; and 2. The transferring facility does not have the capacity or capability to treat the individual; and 3. UCSF Medical Center has the capacity to treat the individual.[4]	The omission or failure to document pertinent clinical information during the intake process, may delay the assessment by the accepting Provider on the appropriateness of a pediatric transfer request.	The RN intake process and documentation should be reviewed and assessed against the UCSF Policy 6.03.01 (Admission and Transfer-In Acceptance) to ensure important clinical documentation (i.e. vitals) is included at the point of intake in APeX. Pediatric Access management should consider as part of its assessment of APeX intake workflow and development of processes to consult with the Adult Integrated Transfer Center to identify best practices. The Pediatrics Transfer Center should consider adopting the Adults Integrated Transfer Center protocols for cancellations.	**Responsible Party:** Pediatrics Transfer management **Target Date:** September 30, 2016 **Actions:** a) Pediatric Transfer management will align the Adults Transfer Summary template to document transfer reasons for capacity, higher level of care in the Peds TC. b) Pediatrics Transfer management will develop protocols and TC documentation requirements for the cancellation of transfer events

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[4] CMS Interpretive Guidelines §489.24(e)(2)

C. **Referring Facility Medical Record Documentation**

No.	Observation	Risk/Effect	Recommendation	MCA
4	*For Pediatric patients, medical records from the referring facility were not always obtained and/or may not have been scanned into APeX.* A review of a sample of 10 pediatric transfers indicated 55% did not include medical records from the originating facility pertaining to the transfer event. CMS Interpretive Guidelines§489.24(d)(2)(iii):stipulates that the transferring hospital should send to the receiving facility all medical records (or copies thereof) related to the emergency condition which the individual has presented that are available at the time of the transfer, including available history, records related to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests.	The omission or failure to obtain and document pertinent clinical information during the intake process, may delay the assessment by the accepting Provider on the medical necessity and resources required.	Financial counselors and RN(s) should be trained on the requirement to obtain medical records from a referring facility. The Pediatric Access Center should assess workflows to ensure the referring facility's medical record is scanned into APeX and included in the Benioff Children Hospital throughput discussions to identify a resource. If unable to obtain the medical records, the RN intake documentation should include requisite information (see Section B. RN Intake information) for the accepting Provider to make a determination if the transfer is appropriate and within the capabilities of UCSF.	**Responsible Party:** Pediatrics Transfer management **Target Date:** September 30, 2016 **Actions:** Pediatrics Transfer management will collaborate with the hospital unit managers to develop workflows for documenting and scanning medical records from the referring facility into the patient chart. Where no records are available, an APeX note will be developed to include in the patient chart.

D. Policies and Procedures

No.	Observation	Risk/Effect	Recommendation	MCA
5	***The Admission Transfer departmental policy and procedures (ED to ED Transfers Policy 2.03.06) does not include criteria for obtaining medical records from the originating ED.*** To ensure compliance with EMTALA, policies and procedures should include requirements for obtaining medical records from the originating facility pertaining to the emergency medical condition and the transfer event. CMS Interpretive Guidelines §489.24(d)(2)(iii): The transferring hospital sends to the receiving facility all medical records (or copies thereof) related to the emergency condition which the individual has presented that are available at the time of the transfer, including available history, records related to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests.	The omission or failure to obtain medical records from the originating ED may delay the assessment of the accepting Provider to make a determination on the medical necessity and resources required.	Policies and procedures should be assessed to ensure medical records and other supporting documentation (i.e. UCSF Patient Reservation forms) is documented within the APeX patient record. Similarly, if APeX enhancements are required to facilitate the intake process if medical records are unavailable upon transfer request, management should identify process improvements in APeX to eliminate paper or manual documentation.	**Responsible Party:** Adults and Pediatrics Transfer management **Target Date:** September 30, 2016 **Actions:** Transfer Centers management will update their procedures to include criteria for obtaining and documenting the medical records from the referring facility.

APPENDIX A

To conduct our review, the following procedures were performed for the areas in scope:

- Walkthroughs of the Adults Integrated Transfer Unit and the Pediatric Transfer Unit
- Assessed compliance with EMTALA regulations and CMS Interpretive Guidelines
- Interviewed Management, RN staff, and Financial counselors
- Reviewed statutes and regulations pertaining to EMTALA
    - Code of Federal Regulations § 489.20, 489.24
    - California Health and Safety Code Section 1317
- Reviewed CMS Interpretive Guidelines Rev. 60, 07-16-10
- Reviewed DPH report on SFGH EMTALA review
- Reviewed the following UCSF Policies:
    - 6.03.09_EMTALA Requirements for Emergency Medical Treatment
    - 2.03.06_ED to ED Transfers
    - 6.03.01_Admission and Transfer-In Acceptance
- Validated the intake, medical acceptance, transfer documentation for a sample of 20 (10 Adults and 10 Pediatric) transfer events
- Assessed process and controls for intake, financial screening of patients, and acceptance for transfer requests
- Reviewed APeX Workflows for:
    - APeX Transfer Summary Module for both the Adults Integrated Transfer Center and the Pediatrics Transfer Center
    - Medical record documentation for external transfer requests into UCSF