Central DuPage Emergency Medical Services System

Transfer of Responsibility of Patient Care to Avoid Abandonment

INTRODUCTION AND APPROVAL: 3/90	EMS MEDICAL DIRECTOR: _____
REVIEW & APPROVAL: _____	EMSS COORDINATOR: _____
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PURPOSE:

To delineate proper transfer of responsibility of patient care from the prehospital providers to hospital or other facility personnel of equal or greater competence or appropriate refusal of service documentation obtained to avoid patient abandonment.

POLICY:

I. Transfer of Responsibility for Patient Care to:

Emergency Department: When a patient is transported to an emergency department, the transporting crew shall not leave the patient unattended in the department. A verbal acceptance of responsibility for the patient is sufficient if documented on the Prehospital Care Report. The time of transfer of care should also be documented. Care of a patient must be turned over to an RN or MD only.

Other Hospital Departments or Medical Facilities: (e.g. Nursing Homes) - When a patient is transported to a location in a hospital other than the Emergency Department or to a nursing home or other healthcare facility, the ambulance crew shall remain with the patient until an RN or MD accepts responsibility for the patient. Verbal acceptance of responsibility is sufficient if documented on the Prehospital Care Report. The time of transfer of care should also be documented.

Another Prehospital Care Provider: When the care of a patient is going to be transferred to another prehospital care provider, the ambulance crew shall remain with the patient until the second care provider arrives and accepts responsibility for the care of the patient. Written acceptance of the patient must be obtained by having the provider receiving the patient sign the Prehospital Care Report of the first provider and indicate in writing that the first provider has given the second provider a report on the condition of and treatment given to the patient. The second provider shall not accept responsibility for the patient until the report is given. When care of patient is transferred to another prehospital provider, that provider must be of at least equal if not higher degree of training (e.g. BLS crew must transfer to at least another BLS ambulance. Care of the ALS patient may not be transferred to a BLS crew.) If care is being transferred to another crew because the patient is refusing

transport for any reason, a refusal of service form must be signed by the patient and the initial crew. All calls involving a patient transfer to another provider must be called into Medical Control.

II. Inter-hospital Transfers

If a patient is receiving medications or is connected to medical equipment, and these medications and/or equipment are not taught in the CDEMSS, a nurse or physician must be present on the transfer. A provider is prohibited from transferring such a patient without a nurse or physician present during transfer.

III. Notes

1. Once treatment starts or you accept the duty to provide service, you must remain with the patient until he/she is safely transferred to the care of other providers with the level of care required for competent care of that patient.

2. Never leave a patient in a receiving facility until you have provided the staff with all the required information and the staff has assumed care of the patient.

3. When a patient refuses treatment and transport, who in your opinion requires immediate treatment, confirm the patient has the mental capacity to refuse consent and always notify the base hospital of the refusal.

4. Delays in treatment caused by the police do not give you the right to leave the patient.

5. The EMS personnel shall not transfer an advanced life support patient, requiring that level of care, to an EMT unit not capable of providing the needed treatment.

Point Emphasis: Abandonment claims can occur at any level of care, and even a temporary failure to supervise or stay with the patient may create liability.