

# 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

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:  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

## 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:
  - I. **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 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): fhaerhre  
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.