

Guidelines for Facilitation of Outside Facility

Transfer of Patients with Psychiatric or Behavioral Health Conditions

UAB Medicine believes that quality emergency care should be universally available and accessible to the public. For patients who are evaluated or treated for psychiatric emergencies and who require transfer from the emergency department to another facility the following principles shall apply.

- Outside facility transfer of patients requiring psychiatric admission from UAB Medicine's emergency departments shall occur when any of the following conditions are met:
 - **Diversion/Exceeded Capacity.**
 - The UAB Center for Psychiatric Medicine is on diversion and lacks the capacity to accept and/or provide treatment for admitted patients awaiting a CPM bed in any of the UAB Medicine Emergency Departments.
 - **Bed Shortage:**
 - A shortage of available CPM beds exist and the benefits of transfer to an outside facility with available capacity and capability for psychiatric admission outweigh the risks of continued stay within the emergency department. Physician certification of risks and benefits must be documented in the medical record.
 - **Patient Consent:**
 - Patient consent must be obtained if the patient or an authorized legal representative requests transfer. Patients should be provided with a list of available facilities with capacity and capability for psychiatric management and treatment.
 - Patient consent for transfer must be obtained if the patient voluntarily presents for treatment and has medical decision-making capacity as determined by a provider. Patients should be provided with a list of available facilities with capacity and capability for psychiatric management and treatment.
 - **Patient consent for transfer is not required** for patients who lack medical decision-making capacity as determined by a provider or patients who present involuntarily for psychiatric evaluation and treatment and who require subsequent admission. **Examples include but not limited to:** Act 353 holds, involuntary holds, involuntary

commitments, no AMA orders, homicidal or suicidal admits, patients with a final diagnosis of psychosis or acute psychosis, or if a family member, law enforcement officer, or support person brings the patient to the emergency department against their will.

- Patient consent is not required for psychiatric patients who lack informed decision-making capacity. The inability of the patient to make independent decisions regarding his/her care must be documented.

Reference:

- Centers for Medicare and Medicaid Services: CMS Hospital Division of Continuing and Acute Care Providers Quality Safety and Oversight Group. "Re: Consent for Psychiatric Transfers." Message to Stephanie Woods. 31 March, 2021. E-mail.

Cross References:

- EMTALA Policy
- Psychiatric Diversion