Psych Transfer Notes
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- How many of you have been involved in psych transfers?
- Of those, who has NEVER had a psych transfer that was, in social and emotional terms, an exquisitely painful experience?
- As with pain clinic, this lecture won’t eliminate your pain, but will help you to CONTROL it

- **Truth from error rather than confusion**
- Some answers, mostly good questions
  - Start and then withhold Mercy Psych Transfer memo
  - Questions are more important, handout at end
  - more like Journal Club than Grand Rounds -- no change in practice, but feel better informed (less anxious? condition of Satori? just apathetic and resigned to the process?)

- **Ft. Pitt bridge case**
  - Truth with capital T
  - Religious figures speak in parables: they may have TRUTH and we’re only looking for capitalized Truth
  - Shouldn’t let facts stand in way of truth (Bacon again)
True in detail: in Allegheny Co., in Pittsburgh, appellate court decision

- Are EMTs allowed to restrain a patient on a 201 commitment?
- Are EMTs allowed to restrain a suicidal patient?
- Are EMTs REQUIRED to restrain a suicidal patient?
- How do you determine “allowed” or “required”?
- What are the different types of law that apply to this situation, and why do I care?
  - Constitutional Law (US/State): Due Process? Unreasonable search or seizure?
  - Legislative Law (US/State): COBRA/EMTALA? Sections 201 and 302 of the Mental Health Act?
  - Regulatory Law: Mental Health Policies
  - Common Law: medical personnel acting “in loco parentis”? Suicide case law?

A physician at a hospital without psychiatric facilities wishes to transfer a psych patient to you at your hospital.

- Can you, and should you, refuse the transfer if:
- you don’t have any psych beds?
- you don’t have any appropriate psych beds?
- your hospital doesn’t take the patient’s insurance?

A physician at a hospital WITH psychiatric capability wishes to transfer a psych patient to your hospital

- Can you refuse the transfer? When and why?
- Insurance
- “Catchment area”: What does this mean? When does it operate? How do you deal with “catchment” vs. EMTALA issues?
- Known to your hospital.
- Detox
- Dual-Diagnosis

You have a psych patient who needs admission. There are no appropriate beds at your hospital.

- How do you choose a psych facility to transfer the patient to?
- What if that facility refuses, citing “catchment area” or other insurance issues?

You have a psych patient who needs admission
The patient has signed a 201 voluntary commitment. Your hospital’s psych unit, or the transfer-accepting hospital, demands that you “complete a backup 302.” What do you do?

Your psychiatrist on call at your hospital refuses to accept the patient based on insurance issues, and tells you to transfer the patient to his “catchment hospital.” What do you do?