

Glacial Ridge Health System

Emergency Medical Treatment and Labor Act (EMTALA)

Purpose:

Glacial Ridge Health System will comply with the federal statute known as the Emergency Medical Treatment and Labor Act (EMTALA), a section contained within the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 (42 USC 1395 dd or Section 1867 of Social Security Act), and subsequent amendments. Compliance with EMTALA is required when an individual presents to the organization and is requesting examination or treatment of a medical condition or such a request is made on the individual's behalf. A request will be considered to exist if a prudent layperson observer would believe, based on the individual's appearance or behavior that the individual needs examination or treatment of a medical condition.

Definitions:

Appropriate Transfer

An appropriate transfer to a medical facility is a transfer in which:

- The transferring facility provides the medical treatment within its capabilities which minimizes the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child; **and**
- The receiving facility must have available space and qualified personnel for the treatment of the individual and the receiving facility has agreed to accept the transfer of the individual and to provide appropriate medical treatment; **and**
- The transfer is effected through qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer; **and**
- The transferring facility sends to the receiving facility all medical records related to the emergency condition available at the time of transfer, including but not limited to, the preliminary diagnosis, treatment provided, results of any tests, the patient's informed written consent, transfer certification, and the name and address of any on-call physician who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment.

Capabilities

Capabilities means the medical facility has qualified personnel, physical space, equipment and supplies necessary to provide treatment for the emergency medical condition.

Certification

Documentation by medical staff, that, based upon information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks from the transfer and, in the case of labor, to the unborn child. This certification must

include a summary of the risks and benefits.

If the patient's physician is not physically present in the department at the time of transfer of a patient, a qualified medical person can sign the certification as previously described after consulting with a physician who authorizes the transfer. The physician must countersign the certification later (as soon as practically possible, but within 48 hours).

Emergency Medical Condition (EMC)

A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances, or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in:

- placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; **or**
- the serious impairment to bodily functions; **or**
- the serious dysfunction of any bodily organ or part.

With respect to a pregnant woman who is having contractions, an emergency medical condition exists when there is inadequate time to effect a transfer to another hospital before delivery or when that transfer may pose a threat to the health or safety of the woman or the unborn child.

An EMC also includes an individual expressing suicidal or homicidal thoughts or gestures, if determined dangerous to self or others.

Hospital

Hospital includes buildings, hospital grounds and owned facilities that are contiguous with (touching) the land where the facility is located and are operated under the hospital's Medicare provider number. Patients in hospital-owned ambulances are also covered under EMTALA, as is any person requesting medical treatment or screening within 250 yards of the hospital property.

Medical Screening Examination (MSE)

A medical screening examination is the process of examination and treatment necessary to determine whether an emergency medical condition exists. The organization must provide an appropriate medical screening examination within the organization's capabilities, including all specialized services routinely available, to any individual who comes to the organization and requests examination or treatment for a medical condition. A medical screening examination must be performed by a physician or qualified medical person as defined in the medical staff bylaws or rules & regulations. The MSE may occur through emergency services in the Glacial Ridge Health System. A record of the MSE will be kept in the patient's Electronic Medical Record.

On Call Practitioner

On call practitioner means the practitioner who is on call per the on call calendar.

Patient Request for Transfer

If the unstable patient (or a legally responsible individual acting on behalf of the patient) requests transfer to another hospital and the transferring hospital has the capability to render stabilizing treatment, the patient must be informed of the hospital's obligations to treat until stabilized and the risk(s) of transfer.

Transfer Refusal

If the patient refuses to consent to transfer, the following steps should be taken:

- The patient (responsible person) must be informed of the risks and benefits of the transfer and the risks associated with refusal of transfer.
- The medical record must contain a description of the proposed transfer that was refused by the patient.
- The hospital must take all reasonable steps to secure the patient's (responsible person) written informed refusal. The written document must indicate that the person has been informed of the risks and benefits of the transfer, the risks associated with refusal of transfer and the reasons for the patient's (responsible person) refusal.

Stable/Stabilized

A patient will be deemed stabilized if the treating physician attending to the patient in the emergency department/organization has determined, within reasonable clinical confidence, that no material deterioration of the emergency medical condition is likely to result from or occur during transfer or discharge from the facility. A woman in labor is not stabilized until child and placenta are delivered, labor is stopped, or false labor is determined.

Stable for Discharge

A patient is considered stable for discharge when, within reasonable clinical confidence, it is determined that the patient has reached the point where his/her continued care, including diagnostic work-up and/or treatment, could be reasonably performed as an outpatient or later as an inpatient, provided the patient is given a plan for appropriate follow-up care with the discharge instructions. Stable for discharge does not require the final resolution of the emergency medical condition.

For purposes of discharging a patient for psychiatric conditions, the patient is considered to be stable for discharge when he/she is no longer considered to be a threat to him/herself or to others.

Stable For Transfer

The patient whose emergency medical condition has not been resolved is stable for transfer if the patient is transferred from one facility to a second facility and the treating physician attending to the patient has determined, within reasonable clinical confidence, that the patient is expected to leave the hospital and be received at the second facility, with no material deterioration in his/her medical condition, and the treating physician reasonably believes the receiving facility has the capability to manage the patient's medical condition and any reasonably foreseeable complication of that condition. Stable for transfer does not require the final resolution of the emergency medical condition.

For purposes of transferring a patient from one facility to a second facility for psychiatric conditions, the patient is considered stable for transfer when he/she is protected and prevented from injuring him/herself or others.

Transfer

The movement of an individual outside an organization's facilities at the direction of any person employed by (or affiliated or associated directly or indirectly with) the organization, but does not include such movement of an individual who has been declared dead or leaves the facility without the permission of any such person.

Triage

The charge-capable RN will complete a triage assessment of all patients who present to emergency services and based on the assessment will determine priority of order for completing a medical screening exam and treatment.

Woman in Active Labor

A pregnant woman experiencing uterine contractions is in active labor unless a physician certifies that, after a reasonable period of observation, the woman is in false labor.

General Requirements:

Signs

- Must be posted in places likely to be noticed by all individuals entering the hospital (e.g., entrance, admitting area, waiting room, and treatment area).
- Specify the rights of individuals with emergency conditions and women in labor who come to the hospital for emergency services.
- Indicate whether the facility participates in the Medicaid program; and
- Must be clear and in simple terms and language that are understandable by the population served by the hospital.

Medical screening examination

The organization must provide an appropriate medical screening examination (MSE) to any individual who comes to the organization and makes a request for examination or treatment of a medical condition or such a request is made on the individual's behalf. A request will be considered to exist if a prudent layperson observer would believe, based on the individual's appearance or behavior that the individual needs examination or treatment of a medical condition.

Treatment

Upon determination that an emergency medical condition or active labor exists, all available medical treatment within the capability of Glacial Ridge Health System will be provided to the patient until the EMC is stabilized.

The MSE and treatment to stabilize the patient must be provided irrespective of the patient's insurance or ability to pay. There can be no unreasonable delay to obtain insurance or payment information. Reasonable registration processes may include requesting information about insurance as long as these procedures do not delay MSE or

stabilizing treatment.

Transfer

If the patient requires a transfer to another healthcare facility, the transfer is completed in accordance with the EMTALA guidelines. (See “Appropriate Transfer”)

The hospital may not transfer a patient who has an emergency medical condition (EMC) which has not been stabilized unless:

- The transfer is appropriate and is certified by the practitioner, **or**
- The patient has requested transfer (see definitions of appropriate transfer, certification, and patient request for transfer)

In the case of psychiatric disturbance or psychiatric condition that constitutes an EMC, the psychiatric patient may be stabilized for transfer (see definitions of EMC and stabilize).

A hospital must accept an appropriate transfer of a patient with an emergency medical condition if the receiving hospital provides specialized capabilities (such as a psychiatric unit) not available at the transferring hospital and the receiving hospital has the capacity to treat the patient.

On Call Practitioner

In the event the practitioner on call for emergency services is unable or unwilling to respond to a call, the nurse on duty will initiate the chain of command.

A list of practitioners must be maintained who are on call to complete the medical screening examination or provide treatment necessary to stabilize an individual with an emergency medical condition. This list will be kept for five years.

The Medical Staff Bylaws or Rules & Regulations must define the responsibility of on-call physicians to respond, examine and treat patients with emergency medical conditions.

On call practitioner will be expected to respond within a reasonable amount of time. Glacial Ridge Hospital defines a “reasonable amount of time to respond” as 20 minutes. In the event that the on-call practitioner is requested to respond to the hospital and the practitioner fails to do so within 20 minutes, the staff requesting response reserves the right to contact another practitioner as well as notify supervisory staff of the on-call practitioner’s negligence.

Patient log

A patient log will be maintained to record information with respect to the individual presenting to the hospital requesting evaluation or treatment of a medical condition.

The log must contain sufficient detail as to diagnosis and disposition (including but not limited to whether the individual refused treatment, was refused treatment, was transferred, was admitted and treated, was stabilized and transferred or discharged).

The central log must include, directly or by reference, patients from other areas of the hospital such as L&D or MU, where a patient might present for emergency services or receive a MSE instead of in the emergency room.

This log must be retained for a minimum of seven years.

End of EMTALA Obligations

EMTALA obligations end when:

- The patient is stabilized; or
- It is determined that there is no EMC; or
- An appropriate transfer is effected; or
- An appropriate discharge is effected; or
- The patient is admitted. Admission is not an alternative to EMTALA compliance.

Transfer Requirements

Transferring Physician or Licensed Independent Practitioner will:

- Secure acceptance of transfer from physician at receiving hospital.
- Obtain consent for transfer from patient or legally responsible individual acting on behalf of the patient.
- Write order for transfer in medical record.
- Document in the medical record a complete description of the risks and benefits of the transfer discussed with the patient in obtaining informed consent.
- Complete the EMTALA Transfer form.
 - Preliminary diagnosis
 - Name of accepting physician
 - Risks and benefits of transfer
 - Sign certification of appropriate transfer

Informed consent to transfer

Must be obtained from the patient, or if the patient is not competent, a legally responsible individual acting on behalf of the patient pursuant to hospital policy.

If signature cannot be obtained, there must be documentation in the medical record explaining the efforts employed to obtain the signature and specifying why the efforts were not successful (e.g. patient not capable of signature).

Transferring Nurse shall:

- Verify with receiving facility that they have the capability and capacity to treat the patient and provide nurse to nurse report. Document name of nurse receiving report on transfer form.
- Coordinate arrangement for transfer as ordered by physician.
- Prepare patient for transfer.
- Complete the following areas on the Transfer form:
 - Reason for Transfer
 - Facility Acceptance
 - Documentation--Specify the documents sent with the patient at time of transfer.
 - Level of Transport
 - Name and address of any on-call physician who refused or failed to appear within a reasonable time to provide necessary stabilizing treatment.
- Obtain copies of medical record that will accompany patient, to include but not limited to:
 - ED record showing all treatment provided including provider dictation
 - Diagnostic Studies Results
 - Radiology reports or copies of x-rays
 - Laboratory reports
 - ECGs/Cardiac monitor strips
 - Fetal monitor strips
 - Any prehospital care provided, as available
 - Obtain vital signs at time of transfer and document in the medical record.
 - Provide report to transportation staff.
 - Send a copy of the Transfer form and copies of medical record with the patient to the receiving facility. The original Transfer form will remain at the transferring facility.

Transportation

The mode of transportation will be determined by the attending physician in accordance with the patient's medical condition.

Refusal of ambulance transport should be obtained from patients being transported by private car.

Ambulance services commonly require "Physician Certification for Ambulance Transportation"