Sidney Regional Medical Center

ORIGINATING DEPARTMENT: Emergency Department	POLICY DESCRIPTION: Emergency Medical Treatment and Active Labor Act (EMTALA)
PAGE(s): 1 of 8	REPLACES POLICY and/or DOCUMENT DATED: CAH. Triage. Assessment. V014 (Triage and Assessment of the Emergency Department Patient(s) AND V008 (Medical Screening and Treatment)
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SCOPE:

Acute, Surgery, Emergency Department, Critical Care Unit, Labor and Delivery, Nursery

Definitions per Appendix V – Federal Regulations Interpretive Guidelines – Tag 400:

EMTALA (Emergency Medical Treatment and Active Labor Act):

EMTALA is triggered and an emergency Medical Screening Examination is required if any individual (whether or not eligible for Medicare benefits and regardless of ability to pay) comes by him or herself or with another person to the hospital's dedicated Emergency Department (ED), or is on hospital property within 250 yards of the main building, or is in a hospital-owned and operated ambulance for purposes of examination or treatment of a medical condition even if the ambulance is not on hospital property; or is in a non-hospital-owned ambulance that has arrived on hospital property for examination and treatment of a medical condition at the hospital's dedicated ED, and a request is made on the individual's behalf for examination or treatment of a medical condition by qualified medical personnel as defined in the hospital's Medical Staff Bylaws and/or Rules and Regulations.

The hospital must provide for an appropriate Medical Screening Examination within the capability of the hospital's ED, including ancillary services routinely available to the ED to determine whether or not an emergency medical condition exists. All individuals must have equal access to emergency medical care, without discrimination, regardless of their ability to pay and regardless of the patient's eligibility under the hospital charity care policy. Patients with similar medical conditions shall be treated consistently.

Triage:

Triage involves the ranking of patients, who may or may not have an emergency medical condition, in the order of which they may be seen.

The Centers for Medicare and Medicaid Services (CMS) has determined that triage is not the equivalent of an emergency Medical Screening Examination. CMS states that triage merely determines the sequence in which patients will be seen, not the presence or absence of a medical

condition. Individuals coming to the ED must be provided an emergency Medical Screening Examination beyond initial triage.

Patients with presenting signs and symptoms indicative of serious or critical illness (e.g., acute chest pain) shall receive immediate evaluation and care. It is important to understand that initial first impressions, especially of a cursory nature with only vital signs and presenting complaint to guide the triage, cannot be the basis of an emergency Medical Screening Examination.

Emergency Medical Condition:

"Emergency Medical Condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances, and/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 a woman or her unborn child) in serious jeopardy;
- Serious impairment to any bodily functions;
- Serious dysfunction of any bodily organ or part; or
- With respect to a pregnant woman who is having contractions:
    - That there is inadequate time to effect a safe transfer to another hospital before delivery, or
    - That the transfer may pose a threat to the health or safety of the woman or the unborn child.

Psychiatric hospitals that provide emergency services are obligated under these regulations to respond within the limits of their capabilities.

Some intoxicated individuals may meet the definition of "Emergency Medical Condition" because the absence of medical treatment may place their health in serious jeopardy, result in serious impairment of bodily functions, or serious dysfunction of a bodily organ. Further, it is not unusual for intoxicated individuals to have unrecognized trauma.

Likewise, an individual expressing suicidal or homicidal thoughts or gestures, if determined dangerous to self or others, would be considered to have an Emergency Medical Condition.

Qualified Medical Personnel or Person:

The Medical Screening Examination (defined below) must be conducted by an individual(s) who is licensed or certified in one of the professional categories approved by the hospital's governing body as qualified to administer one or more types of Medical Screening Examinations and complete/sign a certification for reinsert in consultation with a physician and such approval has been documented in the hospital's Medical Staff Bylaws and/or Rules & Regulations. Such Qualified Medical Personnel must demonstrate current competence in the performance of a Medical Screening Examination.

Medical Screening Examination:

"Medical Screening Examination" means the screening process required to determine with reasonable clinical confidence whether an Emergency Medical Condition does or does not exist, TRIAGE IS NOT CONSIDERED A MEDICAL SCREENING EXAMINATION.

Labor:

"Labor" means the process of childbirth beginning with the latent or early phase and continuing through the delivery of the placenta. A woman experiencing contractions is in true labor unless a physician or Qualified Medical Person certifies, after a reasonable period of observation that she is in false labor. A woman who is not in true labor may still have an Emergency Medical Condition if the individual has a medical condition such that the absence of immediate medical attention will place her or her unborn child in serious jeopardy.

To Stabilize:

- With respect to an Emergency Medical Condition, to provide such medical treatment of the condition as is necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual form a facility;

- With respect to a pregnant woman who is having contractions and who cannot be transferred Before delivery without a threat to the health or safety of the woman or the unborn child, that the woman has delivered the child and the placenta;

- With respect to a patient with a psychiatric condition, the patient is protected and prevented from injuring himself/herself or others.

Stable for Discharge:

- The treating physician has determined, within reasonable clinical confidence, that the patient has reached the point where his continued medical care (including diagnostic work-up and/or treatment) could reasonably be performed as an outpatient or later as an inpatient, as long as the patient is given a plan for appropriate follow-up care with discharge instructions; or

- With respect to an individual with a psychiatric condition, the physician has determined that the patient is no longer considered to be a threat to himself/herself or others.

- Stable for Discharge does not require the final resolution of the Emergency Medical Condition. However, the patient is never considered "Stable for Discharge" if within a reasonable medical probability the patient's condition would materially deteriorate after discharge.

"Stable for Transfer"

- The physician, or a Qualified Medical Person in consultation with the physician, determines within a reasonable medical probability that the patient will sustain no material deterioration in his or her medical condition as a result of the transfer, or with respect to a woman in Labor, that she has delivered the child and the placenta;

- With respect to an individual with a psychiatric condition, a physician or Qualified Medical Person in consultation with a physician determines that the patient is protected and prevented from injuring himself/herself or others.

- Stable for Transfer does not require the final resolution of the Emergency Medical Condition.

"Transfer"

- "Transfer" means the movement (including the discharge) of an individual outside the hospital's facilities at the direction of any person employed by or associated, directly or indirectly, with the hospital, but does not include such a movement of an individual who; (1) has been declared dead; or (2) leaves the hospital without permission or against medical advice.

"Within the capability of the hospital"

- "Within the capability of the hospital" means those services which the hospital is required to have as a condition of its license, as well as on-call physician specialists and hospital ancillary services routinely available.

PURPOSE:

1.10 To ensure an appropriate emergency Medical Screening Examination is completed to maintain compliance with EMTALA AND to follow the process required to reach with reasonable clinical confidence, the point at which it can be determined whether an Emergency Medical Condition does or does not exist.

1.11 Adherence to EMTALA guidelines is a requirement of critical access hospitals (CAH) with a dedicated ED. EMTALA prohibits hospitals with a dedicated ED from refusing to examine or treat individuals with an Emergency Medical Condition.

1.12 EMTALA requires:

1. Hospitals with a dedicated ED (such as Sidney Regional Medical Center) must provide every patient seeking medical care at the hospital with an appropriate emergency Medical Screening Examination sufficient enough to determine if the patient has an Emergency Medical Condition or is in active Labor.

2. If the emergency Medical Screening Examination reveals that an Emergency Medical Condition exists, the hospital must then provide the patient with treatment necessary to stabilize this condition, regardless of the ability to pay and regardless of the patient's eligibility under the hospital charity care policy. Patients with similar medical conditions shall be treated consistently.

3. The Federal Register explains that a hospital is responsible for providing care "until the condition ceases to be an Emergency Medical Condition or until the patient is stable for transfer to another facility". The hospital may transfer unstabilized patients provided that it has done all it can within its capabilities to first treat and stabilize the patient and that certain other statutory requirements are satisfied.

4. Appropriate EMTALA signage notices shall be posted for all individuals entering the ED, as well as those individuals waiting for examination and treatment. These signages shall be posted conspicuously in the ED, entrance, admitting area, waiting room and treatment area, and shall specify the rights of individuals under section

1867 of the Act with respect to examination and treatment of Emergency Medical Conditions and women in Labor. These signages shall be in English as well as in the predominantly secondary language used in this community, and shall be large enough to be readable even if the individual is in a wheelchair or being wheeled in on a cart from an ambulance.

5. These EMTALA signage notices shall say: *If you have a medical emergency or are in labor, you have the right to receive, within the capabilities of this hospital's staff and facilities: an appropriate medical examination and necessary stabilization treatment (including treatment for un unborn child), and if necessary an appropriate transfer to another facility even if you cannot pay or do not have medical insurance or, you are not entitled to Medicare or Medicaid. This hospital is a participant in the Medicaid program.*

POLICY:

2.10 It shall be the policy of Sidney Regional Medical Center (SRMC) that all patients presenting to SRMC requesting medical treatment shall be provided a uniform Triage and appropriate emergency Medical Screening Examination a Qualified Medical Person in conjunction with the staff provider or on-call provider to determine if an Emergency Medical Condition exits.

According to Sidney Regional Medical Center Medical Staff By-laws, Section 3, paragraph 4 Emergency Room, second paragraph of subsection A:

"*A qualified medical personnel shall have special training and experience in performing an emergency medical screening. All Sidney Regional Medical Center emergency room registered nurses and paramedics will be so qualified and a current list of the qualified medical personnel shall be maintained by the Director of Nursing Service and/or Vice President of Patient Care Services and updated annually and as necessary. The Director of Nursing Services and the Clinical Education Coordinator shall be responsible for ensuring the competency for qualified medical personnel".*

2.11 As defined by the United States Secretary of Health and Human Services, appropriate signage shall be maintained visible and posted throughout SRMC's dedicated ED specifying the rights of individuals with emergency medical conditions and women in labor who come to SRMC's ED for healthcare services. This signage shall also indicate that SRMC participates in the Medicaid program.

2.12 Every patient who presents to the SRMC's ED seeking care shall be registered. A medical record shall be prepared and maintained. The medical record must include, among other things:

1) A record of refusal of treatment with documentation of explanatory details;
2) A record of refusal of transfer with documentation of explanatory details;
3) A record of the transfer consent or certification;
4) A copy of records accompanying a transfer and details of all records to be sent to the receiving hospital,
5) A record documenting the failure of on-call physicians to provide medical care.

2.13 SRMC shall maintain a central log on each individual who comes to the ED seeking assistance ("ED Book") and whether he or she refused treatment, was refused treatment, or whether he or she was transferred, admitted and treated, stabilized and transferred, or discharged. SRMC Acute Care nursing staff maintains the responsibility for the ED Book and it completeness. The ED Book is kept at the ED Registration Desk. SRMC shall create a log entry and chart for every patient who comes to the ED whether the patient was ultimately treated or not.

2.14 All procedures for admission and treatment in the ED shall be followed.

2.15 All persons presenting to the ED shall be provided an Emergency Medical Screening Examination regardless of symptomology, financial status, race, color, national origin, handicap, gender, sexual orientation or ability to pay beyond initial Triage to determine if an Emergency Medical Condition exists.

2.16 Emergency Medical Screening Examinations shall be completed prior to obtaining any patient financial information.

2.17 The Emergency Medical Screening Examination shall be initiated by the Qualified Medical Person within fifteen (15) minutes of arrival to the ED and include a complete set of vital signs initially and ongoing monitoring and documentation if the condition indicates. Assessment is to be done in relationship to chief compliant and actual clinical presentation of signs and symptoms, and can include a paramedic or emergency medical technician (EMT) assessment if the patient is transported to the ED via an ambulance. This Emergency Medical Screening Examination shall include all necessary testing and on-call services, within the capability of SRMC, to reach a diagnosis that excludes the presence of an Emergency Medical Condition.

2.18 The Qualified Medical Person competent to perform an Emergency Medical Screening Examination per SRMC's Medical Staff Rules and Regulations shall follow the ten (10) components. Diagnostic testing shall not be delayed to avoid calling in the on-call person.

- **a.** Assessment of the chief complaint and actual clinical sign(s) and symptoms (i.e., acute condition, high risk, true emergency, chronic condition).
- **b.** Medical history, to include current medications and allergies,
- **c.** Vital signs,
- **d.** Mental status,
- **e.** Skin (evidence of dehydration, profusion, skin color),
- **f.** Ability to walk (by self, with assistance),
- **g.** A focused physical examination (an assessment appropriate to the organ system involved),
- **h.** Pain assessment (the onset, the location, the duration, the characteristics associating relieving factors and treatment, degree of pain according to the pain scale,
- **i.** General appearance (obvious injury or distress, pale, cyanosis),

j. Pregnancy/near term? Contractions, etc. (Any obstetric patient presenting to the ED any reason twenty (20) weeks gestational or more shall have fetal heart tones checked and a fetal monitor strip performed and documented).

2.19 The Qualified Medical Person shall communicate to the on-call provider and report all elements of the emergency Medical Screening Examination including:

a. Observation of the ten (10) components to the emergency Medical Screening Examination,
b. Diagnostic test results that support a conclusion that an Emergency Medical Condition does or does not exist.
c. Additional vital signs shall be obtained and documented indicative of patient's condition through the emergency stay:
    i. Critical patients every five (5) – fifteen (15) minutes as indicated.
    ii. Intermediate – every thirty (30) minutes to one hour.
    iii. All other patients every one (1) – two (2) hours.
    iv. Immediately prior to discharge (within five (5) – ten (10) minutes).
    v. All vital signs are to be documented with time of performance.
        - Obtain birth weight on patients less than one year.
        - Obtain axillary temps on children less than two years.
        - Obtain weights for all pediatric patients.
        - Obtain length and head circumference if less than one year (as indicated).
d. Tetanus status reviewed and documented.

2.20 If an Emergency Medical Condition exists, the staff provider or on-call provider shall come to the ED. If no Emergency Medical Condition exists, the staff provider or on-call provider shall come to the ED at the request of the nurse and/or patient. A thirty (30) minute response time is required for all on-call providers.

2.21 A current listing of on-call physicians, who shall respond to provide treatment necessary to stabilize an individual with an Emergency Medical Condition, shall be maintained and located in the ED. The list must accurately reflect the current privileges of the physicians on-call. Physician group names are not acceptable for identifying the on-call physician. Individual physician names are to be identified on the list with their accurate contact information. On-call physician records shall be maintained indefinitely.

2.22 Stabilization shall be provided within the capability of SRMC to prevent deterioration from or during transport or discharge. A medically appropriate transfer may be indicated if the ability to stabilize the patient exceeds SRMC's capabilities. Patients must be transported with appropriate level of care.

2.23 The receiving hospital shall be contacted and an agreement for acceptance shall be obtained. The provider is required to certify that the medical benefits outweigh the risks of the transfer, and shall document summary of risks and benefits upon which certification is based on the Physician Certification of Transfer Form.

2.24 All patient education discussed shall be documented with acknowledgement of the patient's or patient's representative's understanding.

2.25 Document response to the medication(s) administered in ED. (Patients are to remain in ED fifteen (15) – thirty (30) minutes after medication administration to observe the effect of medication.)

2.26 Document condition of patient and vital signs before discharge.

2.27 Obtain appropriate order for disposition, if appropriate, and document discharge instructions. Document disposition mode and accompaniment.

2.28 ED form shall be complete, legible and logged in the ED book after showing disposition of patient.

2.29 Documentation: Emergency Medical Screening Examination and evaluation, all provider orders, patient instructions are to be documented in the ED record. (Observation and/or comments from patients and families are to be documented in the ED record.)

2.30 SRMC shall maintain a permanent log record for all individuals seeking emergency services, which shall include: date, time, account number, name, address, age, gender, mode of arrival, ED nurse's initials, provider, chief complaint, services provided, ED level, disposition, and time.

REFERENCES:

Tag #A400

Part II Interpretive Guidelines Responsibilities of Medicare Participating Hospitals in Emergency Cases.