POLICY:

Any patient who arrives at a hospital DED or develops an EMC while at St. Joseph Hospital shall be evaluated and a medical screening evaluation and stabilization shall be performed in accordance with EMTALA regulations.

Any individual who comes to the hospital emergency department requesting examination or treatment shall be provided with an appropriate medical screening examination.

The hospital shall not discriminate against any individual when providing a medical screening examination.

PURPOSE:

To establish clinical guidelines for medical screening exams, stabilization and safe appropriate transfer of patients to other facilities in compliance with EMTALA.

DEFINITIONS:

Central Log

The Central Log includes, directly or by reference, those logs of patients from other areas of the hospital that may be considered DEDs, such as Labor and Delivery where an individual may present for emergency services or receive a medical screening examination in addition to the traditional emergency department.

DED

Dedicated Emergency Department: any department or facility of the hospital, regardless of whether it is located on or off the main hospital campus that meets at least one of the following requirements:

1. Licensed by the state where it is located under applicable state law as an emergency room or emergency department;
2. It is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or
3. During the calendar year immediately preceding the calendar year in which a determination under the section is being made, based on a representative sample of patient visits that occurred during that
calendar year, it provides at least one third of all its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment.

**Emergency Medical Condition (EMC)**

A medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in:

1. placing the health of the individual in serious jeopardy,
2. serious impairment of bodily functions, and
3. serious dysfunction of any bodily organ or part.

**Obstetrical**

With respect to a pregnant woman who is having contractions – 1) there is inadequate time to effect a safe transfer to another hospital before delivery, 2) that transfer may pose a threat to the health or safety of the woman or the unborn child.

**Psychological**

With respect to psychiatric emergency medical conditions: History of drug ingestion in comatose or impeding comatose conditions; depression with feeling of suicidal hopelessness; delusions, severe insomnia or helplessness; history of recent suicidal attempt or suicidal ideation; history of recent assaultiveness, self-mutilative or destructive behavior; inability to maintain nutrition in a person with altered mental status; impaired reality testing accompanied by disordered behavior; impending DTs or acute intoxication; seizures (withdraw or toxic); A patient expressing suicidal or homicidal thought or gestures, if determined to be dangerous to self of others, would be considered to have an EMC.

**EMTALA**

Emergency Medical Treatment and Labor Act:

**Medical Screening Exam (MSE)**

A medical screening examination is the process required to reach, with reasonable clinical confidence, the point at which it can be determined whether the individual has an Emergency Medical Condition or not. A Medical Screening Examination is not an isolated event. It is an ongoing process that begins, but typically does not end with triage.

**Medical Transport**

Preferred medical transport includes ambulance, wheelchair van, and helicopter.

**On Call Duties/Schedule**

The medical staff bylaws or appropriate policy and procedures define the responsibility of on-call physicians to respond, examine and treat patients with an EMC. Factors to consider in developing the on-call list include: number of physician on the medical staff who are holding the privileges of the specialty, other demands on the physicians, frequency with which the physician's services are required and provisions the hospital has made for situations where the on-call physician is not available or not able to respond due to circumstances beyond his or her control. The hospital is expected to provide adequate specialty on-call coverage consistent with the service provided at the hospital and the resources the hospital has available.

**Qualified Medical Personnel (QMP)**
The Medical Screening Examination must be conducted by an individual who is determined to be qualified by hospital by-laws or rules and regulation and who meets the requirements of 482.55 concerning emergency services personnel and direction. The designation of the qualified medical personnel should be set forth in a document approved by the governing body of the hospital. If the rules and regulations of the hospital are approved by the board of trustees or other governing body, those personnel qualified to perform the medical screening examinations may be set forth in the rules and regulations, or the hospital by-laws. It is not acceptable for the hospital to allow informal personnel appointments that could frequently change.

**Transfer**

**Appropriate Transfer**

A transfer to another medical facility will be appropriate only in those cases in which-

**The transferring hospital**-

- Provides medical treatment within its capacity that minimizes the risks to the individual's health and in the case of a woman in labor, the health of the unborn child.
- Sends to the receiving facility all medical records related to the emergency at the time of the transfer, including available history, records related to the individual's emergency medical condition, or observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests, the informed written consent (or copy thereof) 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. Other records must be sent as soon as practicable after transfer. 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.

**The receiving facility**-

- Has available space and qualified personnel for the treatment of the individual; and has agreed to accept transfer of the individual and to provide appropriate medical treatment.

**PROCEDURE:**

**MSE**

Medical Screening Exam: An individual must receive a MSE, within the capabilities of the hospital's DED, to determine whether or not an EMC exists, or with respect to a pregnant woman having contractions, whether the woman is in labor, and whether or not the treatment requested is explicitly for an emergency condition. (For detailed description of an appropriate MSE see EMTALA: Administrative Requirements policy # RI.033)

**Transfer**

A. The Physician, Physician Assistant or Nurse Practitioner shall:
   a. Obtain informed consent or refusal of transfer from the patient or the surrogate. The patient or surrogate must be provided with information regarding the risks and benefits of transfer. This shall be documented on the Transfer form.
   b. Contact the physician at the receiving facility who will be responsible to assume care of the patient and assure the receiving facility has the capacity to care for the patient.
c. Document on the EMTALA Transfer form # NS-19 the name of the receiving facility, the name and title of the person accepting the transfer.

d. Write a transfer order # PO 58, this order shall include at least the following:
   i. Name of designated facility
   ii. Mode of transportation
   iii. Personnel to accompany the patient
   iv. Specific equipment needs not routinely available
   v. Medical orders for care during transfer (Form # PO 58)
   vi. Complete all non-highlighted sections of the transfer form; certifying that based upon the information available at the time of transfer, the medical benefits reasonably expected from the transfer outweigh the increased risks to the individual. If the physician is not physically present at the time of transfer, a physician’s assistant or nurse practitioner may sign the certification after consultation with the physician. The physician must cosign the certification within 24 hours.

B. The Nurse Shall:

   a. Arrange for transportation as ordered by the physician

   b. Complete a nursing assessment prior to transfer; this shall be documented in the medical record and in the nursing section of the transfer form. Vital signs will be assessed and recorded within 10 minutes prior to the transfer.

   c. Provide the receiving facility with a telephone report on the patient's conditions and ensure that the receiving facility is provided with copies of pertinent medical data from the patient's medical record. This shall include at least the following: copies of EMTALA Transfer form # NS-19, history and physical, lab work, x-rays, EKG's and other cardiac studies, physician progress notes, pre-transfer nursing assessment, Medication Administration Records, face sheet and any data requested by the receiving physician and/or facility.

      i. Compliance with NPSG 08.02.01 requires that when a patient is referred to or transferred from one hospital to another, the complete and reconciled list of medications is communicated to the next provider of service, and the communication is documented.

      ii. Record the time of departure, mode of transfer and personnel accompanying the patient on the Transfer Certification form.

      iii. Ensure the transfer form is completed prior to transfer. The original transfer form shall be maintained within the Medical Record at St. Joseph’s hospital and a copy shall be sent with the patient to the receiving facility. In the event the copy is not sent with the patient, a completed transfer form will be faxed to the receiving facility as soon as possible. The receiving facility will be made aware via telephone that the form is being faxed.

POINTS OF EMPHASIS:

A. A physician must sign the transfer form certifying that based upon the information available at the time of transfer, the medical benefits reasonably expected from the treatment at another medical facility outweigh the risks of the individual.
If a physician is not physically present at the time of transfer a physician's assist or nurse practitioner may sign the certification after consultation with the physician. The physician must countersign the certification within 24 hours.

B. Patients will be transferred by the appropriate medical vehicle with the appropriate level of support personnel and equipment as specified by the attending physician.
   - Taxi cab and private vehicles should not be used except in the case of specific, written patient refusal of preferred medical transport.

C. Any transfer of an individual with an EMC must be initiated either by a written request of transfer from the individual or the legally responsible person acting on the individual's behalf or by a physician order with the appropriate physician certification as required by EMTALA.
   - EMTALA obligations regarding the appropriate transfer of an individual determined to have an EMC are applicable in any DED of a hospital whether located on or off the hospital campus and in all other departments of the hospital located on hospital property.

D. The transfer of an individual shall not be predicated upon arbitrary, capricious or unreasonable discrimination based upon race, religion, national origin, age, sex, physical conditions or economic status.
   1. Appropriate Transfer
      A. The transferring hospital provides medical treatment within its capacity that minimizes the risks to the individual's health and in the case of a woman in labor, the health of the unborn child;
      B. The receiving facility has available space and qualified personnel for the treatment of the individual and has agreed to accept the transfer and to provide appropriate medical treatment
      C. The transferring hospital sends the receiving hospital copies of all medical records related to the EMC for which the individual presented that are available at the time of transfer
      D. 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 transport
   2. Hospitals that request transfers must recognize that the appropriate transfer of individuals with unstabilized EMCS that require specialized services should not routinely be made over great distances, bypassing closer hospitals with the needed capability and capacity.
      A. Higher Level of Care: A higher level of care should be the more likely reason to transfer an individual with an EMC that has not been stabilized. The following are examples of a higher level of care:
         - A receiving hospital with specialized capabilities or facilities that are not available at the transferring hospital must accept an appropriate transfer of an individual with an EMC who requires specialized capabilities or facilities if the hospital has the capacity to treat the individual.
         - If there is a local, regional or state plan for hospital care for designated populations such as individuals with psychiatric disorders or high risk neonates, the transferring hospital must still provide a MSE and stabilizing treatment prior to transferring to the hospital so designated by the plan
      B. Other Transfer Situations
Diagnostic Facility

If an individual is moved to a diagnostic facility located at another hospital for diagnostic procedures not available at the transferring hospital and the hospitals arrange to return the individual to the transferring hospital, the transfer requirements must still be met by the sending hospital. The receiving hospital is not obligated to meet the EMTALA transfer requirements when implementing an appropriate transfer back to the transferring hospital. The recipient hospital will send or communicate the results of the tests performed to the transferring hospital.

Off-Campus hospital-based facilities

A transfer from a hospital-based facility located off-campus to a nonaffiliated hospital is allowed where the facility at which the individual presented cannot stabilize the individual and the benefits of transfer exceed the risks of transfer; however, the off-campus facility must still comply with the requirements of an appropriate transfer as defined by EMTALA.

C. Pre-Existing Transfer Agreements

Appropriate transfer agreements should be in place and in writing between the hospital, including any outpatient or other off-campus departments where care is provided and other hospitals in the area where the outpatient or off-campus departments are located. Even if there are pre-existing transfer agreements between transferring and receiving hospitals, a physician certification is required for any medically indicated transfer for an unstable individual.

D. Transfer of High Risk Deliveries

A hospital that is not capable of handling a high-risk obstetrical patient of delivery must still provide an MSE and any necessary stabilizing treatment as well as meet the requirements of an appropriate transfer even if a transfer agreement is in place.

3. Diversion/Exceeded Capacity

If the transferring hospital has the capability but lacks the capacity to treat the individual, then the individual would likely benefit from the transfer and it would be permissible, if all other conditions of an appropriate transfer are met. In addition, the hospital may transfer an individual due to bed shortage or overcrowding, if it has exhausted all its capabilities, even if the individual does not require any specialized capabilities of the receiving hospital. The receiving hospital should accept the individual in transfer if it has the capacity and capability to do so. In communities with a community-wide emergency services system, the receiving hospital must accept the individual being transferred from a hospital on diversionary status if it has the capacity to and capability. After acceptance, the receiving hospital may attempt to validate that the transferring hospital has, in fact, exhausted all its capabilities prior to transfer.

4. Lateral Transfers

Transfers between hospitals of comparable resources are not permitted unless requested by or on behalf of the patient or the receiving facility would offer enhanced care benefits to the patient. Examples of permissible situations include a mechanical failure of equipment or no ICU beds available.

5. Women in Labor

For a woman in labor, a transfer may be made only if the woman in labor or her representative requests the transfer, and if a physician signs a certification that the benefits reasonably expected
from the provision of appropriate medical treatment at another facility outweigh the increased risks to the individual or the unborn child. A hospital cannot cite State law or practice as the basis for transfer. A woman in labor who requests transfer to another facility may not be discharged against medical advice to go to the other facility. The risks associated with such a disposition must be thoroughly explained to the patient and documented. If the patient still insists on leaving to go to another facility, the facility should take all reasonable steps to obtain, the patient's request in writing and take all reasonable steps to have the patient transported using qualified personnel and transportation equipment. Transporting a woman in labor by privately-owned vehicle is not an appropriate form of transportation.

6. Observation Status

An individual who has been placed in observation status is not an inpatient, even if the individual occupies a bed overnight. Therefore, placement in observation status of an individual who came to the hospital's DED does not terminate the EMTALA obligations of that hospital or a recipient hospital toward the individual.

7. Transfer of Individuals Who Are Medically Stable

EMTALA does not apply to an individual who has been medically stabilized. The hospital has no further EMTALA obligations to an individual who has been determined not to have an EMC or whose EMC has been stabilized or who has been admitted as an inpatient.

8. Transfer of Individuals Who Have Not Been Stabilized

A. If an individual at the hospital has an EMC that has not been stabilized, the hospital may transfer the individual if the individual requests transfer or the expected benefits of the transfer to a facility with a higher level of care outweigh the increased risks of the transfer.

B. The consent of the receiving hospital must be obtained and documented in the patient's medical record before transfer. The receiving hospital must have the capability and capacity to treat the individual's EMC.

C. The hospital shall provide all available medical records as well as the name and address of any on-call physician who refuses or failed to provide necessary stabilizing treatment.

D. The transfer shall be affected through qualified personnel and transportation equipment as required, including the use of necessary and medically appropriate life support measures during the transfer.

E. If the physician is not physically present in the DED at the time the individual is transferred, a QMP will sign the transfer form after consultation with the physician who agrees with the need for transfer and subsequently cosigns the transfer form. The transfer form must contain a written summary of the risks and benefits upon which it is based.

F. The date and time of the physician or QMP certification should match the date and time of the transfer.

9. Refusal to Consent to Transfer

- If an individual, or the legally responsible person acting on the individual's behalf, refuses to consent to the hospital's offer to transfer the individual to another facility for services the hospital does not provide and informs the individual, or the legally responsible person, of the risks and benefits to the individual of the transfer and the risks of refusing transfer. All reasonable steps...
will be taken to secure a written refusal from the individual or the person acting on the individual's behalf. The individual's medical record must contain a description of the proposed transfer that was refused by the individual or the person acting on the patient's behalf, a statement that the individual was informed of the risks and benefits and the reason for the refusal to consent to the transfer.

10. Transfers that are not medically indicated

▪ If a medically unstable individual, or the legally responsible person, requests a transfer to another hospital that is not medically indicated, the individual or the legally responsible person must first be fully informed of the risks of the transfer; the alternatives (if any) to the transfer; and the hospital's obligations to provide further examination, treatment sufficient to stabilize the individual's EMC. If a request is made and certification is provided, the individual must still be informed of the risks versus benefits of the transfer.

Components of the Individual's Request for Transfer. The transfer is appropriate only when the request meets all of the following requirements:

1. Is in writing and indicates the reasons for the request;
2. Contains a statement of the hospital's obligations under EMTALA and the benefits and risks that were outlined to the person signing the request;
3. Indicates that the individual is aware of the risks and benefits of the transfer;
4. Is made part of the individual's medical record, and a copy of the request should be sent to the receiving facility when the individual is transferred; and
5. Is not made through coercion or by misrepresenting the hospital's obligations to provide an MSE and treatment for an EMC or labor.

11. Refusal to Accept an Appropriate Transfer

▪ Any inappropriate transfer refusals must be reported to the Organizational Integrity Officer and the leadership team of the hospital. Should a hospital that is not in diversionary status fail to accept a telephone or radio request for transfer or admission, the refusal could represent a violation of other federal or state requirements such as Hill-Burton obligations.

12. Medical Screening Exam

A. An EMTALA obligation is triggered when an individual comes to a DED and;

1. A request is made by the individual or on the individual's behalf for an examination or treatment for a medical condition, or
2. A prudent layperson observer would conclude from the appearance or behavior that an examination or treatment of a medical condition is needed.
3. Further, if an individual presents elsewhere on hospital property and requests examination of treatment for an EMC or if a prudent layperson observer would believe that the individual is suffering from an EMC, then an appropriate MSE, within the capabilities of the hospital's DED (including ancillary services routinely available and the availability of on-call physicians), is performed by an individual qualified to perform such examination to determine whether an EMC exists, or with respect to a pregnant woman having contractions, whether the woman is in labor and whether the treatment requested is explicitly for an EMC. If an EMC is determined to exist, the individual is provided necessary
stabilizing treatment, within the capacity and capability of the facility, or an appropriate transfer as required by EMTALA. Such stabilizing treatment is applied in a non-discriminatory manner.

B. Determination if an EMC exists

1. The hospital must perform a MSE to determine if an EMC exists. It is not adequate to log in or triage an individual with a medical condition and not provide a MSE. Nurse triage is not equivalent to a MSE.

2. The extent of the MSE may vary depending upon the individual's signs and symptoms.
   i. An appropriate MSE can involve a wide spectrum of actions ranging from a simple process involving only a brief history and physical examination to a complete process that also involves performing ancillary studies and procedures such as lumbar puncture, clinical laboratory tests, CT scans and other diagnostic tests and procedures.
      a. Pregnant Women
         • The medical record should show evidence that the screening examination includes, at a minimum, on-going evaluation of fetal heart tones, regularity and duration of uterine contractions, fetal position and station, cervical dilation, and status of membranes, to document whether or not the woman is in labor.
      b. Individuals with psychiatric symptoms
         • The medical records should indicate both medical and psychiatric or behavioral components of the MSE. The MSE is to determine that from a physiologic perspective, an EMC does not exist. The psychiatric MSE includes an assessment of suicidal or homicidal thoughts and/or gestures that may indicate danger to self or others.

C. Who May Perform the MSE

   i. the following individuals may perform a MSE
      a. A qualified physician with appropriate privileges; or
      b. A qualified Licensed Independent Practitioner with appropriate competencies and privileges; or
      c. A qualified staff member who:
         • Is qualified to conduct such an examination through appropriate privileging and demonstrated competencies;
         • Is functioning within the scope of his or her license and in compliance with state law and applicable practice acts
         • Is performing the screening examination based on medical staff approved guidelines, protocols or algorithms; and
         • Is approved by the facility's governing board as set forth in a document such as the hospitals bylaws or medical staff rules and regulations that has been approved by the facilities governing body and medical staff. It is not acceptable
for the facility to allow informal personnel appointments that could change frequently.

D. No Delay In Medical Screening Exam
   i. Reasonable Registration Process
      a. A MSE, stabilizing treatment, or appropriate transfer will not be delayed to inquire about the individual's method of payment or insurance status, nor conditioned on an individual's completion of a financial responsibility form, an advance beneficiary notification form, payment or a co-payment for any services rendered. The facility may follow reasonable registration processes for individuals for who examination or treatment is required. Reasonable registration processes may include asking whether the individual is insured, and is so, what the insurance is, as long as these procedures do not delay screening or treatment or unduly discourage individuals from remaining for further evaluation. The hospital may seek non-payment information from the individual's health plan about the individual, such as medical history. In the case of an individual with an EMC, once the hospital has conducted the MSE and has initiated stabilizing treatment, it may seek authorization for all services from the plan as long as doing so does not delay completion of the stabilizing treatment.

   ii. Financial Responsibility Forms
      a. The performance of the MSE and the provision of stabilizing treatment will not be conditioned on an individual's completion of a financial responsibility form, an advance beneficiary notification form, or payment of a co-payment for any services rendered.
         • Financial Inquiries
            a. Individuals who inquire about financial responsibility for emergency care should receive a response by a staff member who has been well trained to provide information regarding potential financial liability. The staff member who provides information on potential financial liability should clearly inform the individual that the hospital will provide an MSE and any necessary stabilizing treatment, regardless of his or her ability to pay. Individuals who believe that they have and EMC should be encouraged to remain for the MSE.

13. Authority to Accept a Transfer
    The Emergency Physician and the Hospital CEO or designee, such as the AOD are the ONLY individuals authorized to accept or refuse the transfer of an individual from another facility on behalf of the receiving hospital. The hospital shall not refuse to accept an appropriate transfer of an individual who requires specialized capabilities or facilities that are offered at St. Joseph's hospital unless the hospital does not currently have the capacity to treat the individual.

14. Authority to Conduct a Transfer
    The emergency physician at the transferring hospital is responsible for determining the appropriate mode of transportation, equipment and attendants for the transfer in such a manner as to be able to effectively manage any reasonably foreseeable complication of the individual's conditions that could arise during the transfer. Only qualified personnel, transportation and equipment, including those life support measures that may be required during transfer may be employed in the transfer of an individual with an unstabilized EMC.
15. Document Stable Condition

The stability of the individual is determined by the emergency physician or QMP in consultation with the physician. After it is determined that the individual is medically stable, the physician or QMP must accurately and thoroughly document the parameters of such stability.

- Retained Records
  The hospital staff shall maintain the medical records of individuals transferred to or from St. Joseph Hospital according to Medical Records Department policy or at a minimum for five years.

REFERENCES:

(St. Mary’s Regional Medical Center, 2011)

ATTACHMENTS:

Transfer Form # NS-19
Transfer Order Sheet PO #58

Attachments: No Attachments