Title: EMTALA-Emergency Medical Treatment and Active Labor Act - Compliance

I. Policy Statement

A. When an individual presents or is brought to University of Missouri Health Care, MUHC, for examination and treatment of a nonscheduled medical condition, a physician, physician’s assistant or advance nurse practitioner will provide a medical screening examination within the capability of the facility, including ancillary services routinely available for the purposes of determining the presence or absence of an emergency medical condition.

B. An individual with an emergency medical condition will receive further medical examination and treatment within the capabilities of the staff and facilities available as may be required to stabilize the emergency medical condition. If the individual’s emergency medical condition requires treatment beyond the capability or resources of the facility, a transfer will be arranged through appropriate means to a facility who has agreed to accept the patient.

II. Definitions

A. **Discharge**: The release of a patient from the ED to a place of residence or an extended health care facility. Extended health care facilities will include: nursing homes, residential care facilities, residential psychiatric care facilities or any facility that the patient is residing other than an acute health care facility.

B. **Transfer**: The release of a patient from the ED to another acute health care facility. This will include other acute care hospitals and acute care psychiatric hospitals.

C. **Emergency Medical Condition**: A medical condition manifesting acute symptoms of sufficient severity that the absence of immediate medical attention could reasonably be expected to result in placing the health of the person in serious jeopardy, serious impairment to any bodily functions, or serious dysfunction of any bodily organ or part. The scope of this definition is not limited to patients with traditional evaluations of emergency or urgent conditions and may include individuals with traditional designations of non-urgent and, possibly, chronic conditions. Special categories of emergency medical conditions under the statute include:

1. Severe pain
2. Pregnancy with contractions present
3. Symptoms of substance abuse (includes alcohol intoxication)
4. Psychiatric disturbances
Title: EMTALA-Emergency Medical Treatment and Active Labor Act - Compliance

D. Medical Screening Examination: The initial and on-going evaluation of the presenting patient are conducted by a physician, advanced practice professional, or by a registered nurse acting under medically approved guidelines and/or algorithm. The exam will include history, physical examination, appropriate testing, and completion of appropriate documentation, within the capabilities of this hospital utilizing those facilities routinely available including the use of indicated on-call physicians, as appropriate.

E. Stabilizing Treatment: Medical care appropriate and necessary to remove the risk of deterioration to the patient’s medical condition prior to discharge or transfer. Hospital admission, suturing, diagnostic testing, surgery, psychiatric services, detoxification or other treatment of symptoms of alcohol or other substance abuse, antibiotic therapy, and fracture immobilization or casting may be deemed to be necessary definitive care by Federal authorities in the absence of valid documentation that the condition required only follow-up care.

F. Stable: A patient is deemed stable under Federal law when:
   1. Pregnancy: Pregnant women experiencing uterine contractions are deemed stable under the law if a physician, after examining the woman, certifies in the record that the woman is in false labor or the hospital delivers the baby and placenta.
   2. All other cases: The patient’s condition is such that no material deterioration is likely to occur from or during transfer (including discharge or referral).

III. Process/Content

A. Any person presenting to the Emergency Department, ED, or Urgent Care requesting or seeking treatment for a non-scheduled medical condition will receive a Medical Screening Examination within the capability of the facility for purposes of determining the presence or absence of an emergency medical condition.

B. Any person with an emergency medical condition will receive further medical examination and treatment within the capabilities of the staff and facilities as may be required to stabilize the emergency medical condition.

C. Patients that have been treated for an emergency medical condition that has been resolved by treatment received in the ED must have certification in the ED medical record, by the ED attending physician or advanced practice professional, that the emergency medical condition no longer exists.

D. This certification must also contain any applicable consults from medical specialty services or sub-services that must also document that the emergency medical condition no longer exists.

E. If a specialty service or sub-service fails to document that the existing medical condition has been resolved, then the emergency medical condition will be deemed to still exist.

F. If it is determined by the attending physician that this hospital does not have the capabilities necessary to provide stabilizing treatment for the patient necessary to resolve the emergency medical condition, then an appropriate transfer may be arranged for the patient.

G. No patient may be transferred to another acute care facility until such time that a physician at the receiving facility has been consulted and has agreed that the facility has the capabilities to care for the patient and that the physician has agreed to assume the care of the patient.

H. The name of the receiving physician shall be documented in the ED medical record along with the notations that the physician has agreed to accept the patient.
Title: EMTALA-Emergency Medical Treatment and Active Labor Act - Compliance

I. A copy of the patient’s medical record and discharge instructions must be sent with the patient or faxed to any acute care facility that the patient is being transferred to regardless of whether the emergency medical condition still exists.

J. All patients with an existing emergency medical condition must also have the Patient Transfer Form (EMTALA-MR070-11-98) sent with the patient or faxed to the receiving facility prior to patient transfer.

K. In cases where a delay in transport would be detrimental to the patient’s condition, the EMTALA forms will be filled out in their entirety and faxed to the receiving facility after the transfer has been initiated.

L. No patient presenting to the ED with an emergency psychiatric condition will be transferred to another facility until such patient receives a medical screening for underlying medical conditions and is evaluated by University Health Care Psychiatric/Behavioral Health Services. (See Emergency Services Administrative Procedure: Mental Health Screening Examination)

M. Patients presenting to the ED with existing emergency medical conditions and psychiatric conditions will receive medical screenings from both medical and psychiatric services.

N. The ED attending must certify that the patient has been medically stabilized, within the best capabilities of the University Health Care, prior to transfer.

O. Any patient who has had an emergency medical condition treated and stabilized, cannot be transferred to a psychiatric facility until such time that a receiving physician at that facility has been consulted and agrees that the facility has the capabilities to care for the patient.

P. If any member of the ED medical staff, nursing staff or consulting specialist expresses disagreement or concern over whether a patient has been appropriately stabilized for transfer, or whether an emergency medical condition exists, the ED attending shall have final authority as to whether to transfer or discharge the patient.

Q. All cases involving disagreement or concern will be referred to the ED Peer Review Committee for review.

R. The ED attending shall decide the most appropriate mode of transporting when transferring a patient with an emergency medical condition to another acute care facility.

S. 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.

T. The ED attending shall document the reason for choosing the selected mode of transportation.

U. If a patient refuses recommended ambulance transportation and elects to transfer by means of a private vehicle, ED staff shall attempt to obtain an “Against Medical Advice” form with the patient’s signature, and shall otherwise document that that risks of such action by the patient have been explained to the patient and that the patient’s action is against medical advice.

V. EMTALA transfer forms shall also document, as a risk of transfer that “no medical staff will be available to monitor or provide aid to the patient during the transfer.”

PROCEDURE FOR PATIENTS REFERRED TO UNIVERSITY OF MISSOURI HEALTH CARE FROM OUTSIDE HOSPITALS:

1. MUHC must accept all patients suffering from an emergency medical condition as long as MUHC has (a) the specialized capabilities or specialized facilities and (b) the capacity; to
Title: EMTALA-Emergency Medical Treatment and Active Labor Act - Compliance

manage the patient.

2. MUHC will not give preference to one referring hospital or physician over another hospital or physician when accepting patients from another hospital.

3. If staff or medical staff at MUHC believes that a patient has been transferred inappropriately to MUHC from a referring hospital, they must report the circumstances of the patient transfer to the Office of Corporate Compliance or the Office of Regulatory Affairs. This report may be completed either through the use of the Patient Safety Network (PSN), e-mail or written report. The report should contain the patient name, date of transfer and referring hospital if known.

4. All reports of potential inappropriate transfers will be investigated by the Office of Regulatory Affairs. The results of any such investigations will be forwarded to the Chief Compliance Officer for determination as to report the potential violation to the Regional CMS Office.

5 Prior to accepting patients who are in active labor, MUHC physicians with relevant expertise should consult with the referring physician to discuss the risk and benefits to the mother and unborn child of (i) immediate transfer and (ii) transfer after local delivery. If the resource is available, MUHC physicians should include in the discussion the potential benefits of sending the MUHC neonatal transport team to stabilize and transport of the infant after local delivery.

Attachments

There are no attachments to this policy.

III. References, Regulatory References, Related Documents, or Links

Department of Health and Human Services, Centers for Medicare and Medicaid Services, 42 CFR Parts 413, 482, and 489. Federal Register.


CMS State Operations Manual Appendix V – Interpretive Guidelines