

<p align="center">St. Joseph's/ Candler Health System</p>	<p align="center">Administrative Policy</p> <p>Title: EMTALA – Emergency Medical Treatment and Active Labor Act</p>	<p>Policy Number: 1102-A Effective Date: 04/30/2024 Page 1 of 8</p>
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Policy Statement

It shall be the policy of St. Joseph's/Candler Health System (SJ/C) to comply with federal laws and regulations, including the provisions of EMTALA.

Definition of Terms

Capability – this includes the use of ancillary services and the services of on-call LIP. The purpose of the policy is to ensure that, when necessary, hospital services, which are routinely utilized by Emergency Room staff, are also utilized in the screening examination regardless of the patient's ability to pay.

Capacity – available beds, space, equipment and personnel. If a hospital generally has accommodated additional patients by whatever means (for example, moving patients to other units, calling in additional staff, borrowing equipment from other facilities), it has demonstrated the ability to provide services to patients in excess of its occupancy limit.

Dedicated Emergency Department (DED) – 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. It is licensed by the State 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 this section is being made, based on a representative sample patients visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of EMCs on an urgent basis without requiring a previously scheduled appointment.

Emergency Department Inpatients (EDIP) – individuals who are boarded in the DED after admission with expectation that they will remain at least overnight and occupy a bed in the hospital.

Emergency Medical Condition (EMC) – a medical condition manifesting itself by acute symptoms or 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:

1. 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;
2. Serious impairment to bodily functions; or
3. Serious dysfunction of any body organ or part; or with respect to a pregnant woman who is having contractions:
 - a. That there is inadequate time to effect a safe Transfer to another hospital before delivery; or
 - b. That Transfer may pose a threat to the health or safety of the woman or the unborn child.

EMTALA – Emergency Medical Treatment and Active Labor Act

Inpatient – a patient who has been admitted to a hospital for bed occupancy of at least one night for purposes of receiving Inpatient hospital services. Inpatient will be protected through the application of the Conditions of Participation.

Labor – the process of childbirth beginning with the latent or early phase of Labor and continuing through the delivery of the placenta. A woman experiencing contractions is in true Labor unless an LIP or qualified healthcare designee certifies that, after reasonable time of observation, the woman is in false Labor.

Licensed Independent Practitioner (LIP) – physician or any other individual permitted by law and by the Hospital to provide care and services without direction or supervision, within the scope of the individual’s license and consistent with individually granted clinical privileges.

Medical Screening Examination – is to determine whether the individual is experiencing “an Emergency Medical Condition.” Triage is not equivalent to a Medical Screening Examination, but it determines the order in which patients will be seen, not the presence or absence of an EMC.

Qualified Medical Personnel (QMP) – the Medical Screening Examinations will be conducted by individuals determined as qualified by hospital bylaws or rules and regulations. The following individuals are considered QMP in the emergency room (1) LIPs for all levels of care; (2) nurse practitioners; and (3) physician assistants for Level 1 and 2 patients.

The Telfair Birthplace is a dedicated obstetrical triage and will have one of the following professionals defined as a QMP to complete the Medical Screening Examination, a (1) registered nurse; (2) clinical nurse specialist; and (3) nurse practitioner.

Stable for Discharge – means that continued care, including diagnostic work-up and/or treatment, can be safely performed on an outpatient basis, or later on an Inpatient basis, provided the patient is given a plan for appropriate follow-up care with discharge instructions.

Stabilizing Treatment/Stabilized – is medical treatment of the EMC as may be 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 patient from this hospital to another facility. With respect to a pregnant woman having contractions, “to stabilize” means that the patient has delivered the child(ren) (including the placenta).

Transfer – the movement (including the discharge) of a patient outside the DED or acute care hospital, to another acute care facility, at the direction of any person employed by the hospital (or affiliated or associated, directly or indirectly with), but does not include movement of an individual who has been declared dead or those patients leaving against medical advice (AMA). For the purposes of this policy, Transfer does not include discharge to Nursing Homes, Rehab, Hospice, Home Health or home.

Procedure

A. PRESENTING FOR CARE AND MEDICAL SCREENING EXAMINATION

1. Any individual who comes to the DED requesting examination or treatment will be provided with an appropriate Medical Screening Examination by QMP.
2. An individual will also be considered to have come to the DED if the individual is on the Hospital premises (including its parking lot, driveway, or sidewalk) and is requesting care for what they believe to be an EMC.
3. The Medical Screening Examination will include ancillary services where appropriate and routinely available to the DED. If necessary, ancillary services, including, but not limited to, laboratory testing and radiology studies, will be conducted as deemed appropriate by the QMP as part of the Medical Screening Examination and will be ordered and completed if medically necessary to determine if an EMC exists. The Medical Screening Examination must be similar for patients presenting with similar symptoms.
4. In providing a Medical Screening Examination, the Hospital will not discriminate against any individual because of diagnosis, financial status, race, color, national origin, or handicap.

5. The purpose of the Medical Screening Examination is to determine if an individual is experiencing an EMC.
6. If an individual presents to the DED and the nature of the individual's request for treatment makes it clear that the condition is not an emergency, the Hospital is required only to perform such screening as would be appropriate for any individual presenting in the manner to determine that the individual does not have an EMC.

B. NO DELAY IN SCREENING OR EXAMINATION

1. There will be no delay in providing a Medical Screening Examination or Stabilizing Treatment for an EMC in order to inquire about the patient's method of payment or insurance status. Neither the performance of the Medical Screening Examination nor the provision of Stabilizing Treatment will be conditioned on a patient's completion of a financial responsibility form or payment of a co-payment.
2. Patients who inquire about financial responsibility for emergency care will be encouraged to delay such discussions until after the completion of the Medical Screening Examination. These patients will also be told that the Hospital will provide a Medical Screening Examination and Stabilizing Treatment, regardless of their ability to pay.
3. If a patient withdraws his or her request for examination or treatment by expressing the intent to leave, the DED staff nurse will discuss the medical issues related to a "voluntary withdrawal." The DED staff nurse will:
 - a. Inform the patient of the benefits of the examination and treatment, and of the risks of withdrawal prior to receiving the examination and treatment;
and
 - b. Ask the patient to sign a Refusal for Medical Treatment Form, which will be completed by the DED staff nurse. If the patient refuses to sign the form, a description of risks, benefits and alternatives discussed and of the examination and/or treatment that were refused will be documented in the patient's Electronic Medical Record (EMR).
4. If a patient leaves the DED prior to the Medical Screening Examination or Stabilizing Treatment without notifying Hospital personnel, this will be documented. The DED staff nurse documentation in the patient's EMR must reflect that the patient had been at the Hospital and the time the patient was discovered to have left the premises.

C. STABILIZATION AND TREATMENT

1. Except as set forth below, patient experiencing an EMC must be stabilized prior to being discharged or transferred. A patient is considered to be stabilized when the treating LIP has determined, with reasonable clinical confidence, that the patient's EMC has been resolved.
2. **For all patients presenting to the Emergency Department:** An Emergency Department LIP will be responsible for the general care of all patients presenting to the

Emergency Department until the patient's private LIP, or an on-call LIP, assumes that responsibility or the patient is discharged or transferred.

3. **For all patients presenting to the OB Triage:** The patient's private LIP or the on-call LIP will be responsible for the general care of all patients presenting to the OB Triage until the patient is discharged or transferred.
4. A patient may request that a particular LIP be contacted to provide necessary Stabilizing Treatment. If the LIP is on the Hospital's Medical Staff, an attempt will be made to contact the LIP.
5. If the DED is unable to contact the patient's requested LIP, the requested LIP is contacted, but unavailable to come to the Hospital, or if the patient does not have a preferred LIP, the LIP listed on the on-call rotation schedule may be contacted to provide consultation or Stabilizing Treatment for the patient as deemed medically appropriate by the treating Emergency Department LIP. If in the opinion of the Emergency Department LIP the request for treatment by the patient's requested LIP will result in an appropriate delay of treatment of the patient's EMC, the Emergency Department LIP will contact the on-call LIP.
6. The patient must consent to any proposed Stabilizing Treatment in accordance with standard Hospital protocols related to informed consent for treatment.
7. A patient may be discharged after the EMC has been resolved or after a determination has been made that the patient is sufficiently Stable for Discharge.

D. PATIENT TRANSFERS TO A MEDICAL FACILITY

1. A patient in an EMC may be Transferred to another medical facility before Stabilization if:
 - a. After being informed of the risks of Transfer and of the Hospital's treatment obligations, the individual requests to be Transferred ("patient-initiated transfer"); written confirmation of the request will be documented in the patient's records and on applicable transfer forms (See **Admissions, Transfer and Discharge in the Acute Care Setting, Patient Care Policy #6045-PC**). If the patient requests the Transfer against the advice of the LIP, this will be noted in the Patient Transfer Form. If the patient refuses to sign the form, all pertinent information will be recorded in the patient's medical record; or
 - b. Based on the information available at the time of transfer, the LIP determines that the medical benefits to be received at another medical facility outweigh the risk to the patient of being Transferred (including, in the case of a woman in Labor, the risks to the unborn child) and a certification to this effect is signed by the LIP ("LIP-initiated transfer"). The LIP will complete the applicable transfer form (See **Admissions, Transfer and Discharge in the Acute Care Setting, Patient Care Policy #6045-PC**). If a patient refuses a Transfer that is recommended by an LIP, steps will be taken to obtain this refusal in writing and the same will be documented in the patient's medical record.

2. If a patient is to be transferred to another facility before Stabilization, medical treatment will be rendered where appropriate to minimize the risks of deterioration of the patient's condition from or during Transfer so long as the QMP determines the benefits of rendering additional medical treatment outweigh the risks to the patient of delaying the Transfer.
3. In all cases of patient Transfer, consent of the receiving hospital must be obtained and documented in the patient's medical record before the Transfer. This consent is to include that the receiving hospital has available space and qualified personnel to provide treatment to the patient. The patient's condition must also be documented in the medical record prior to the Transfer.
4. The Transfer of a patient will not be carried out until a written certification for Transfer is completed via the applicable Patient Transfer to Another Facility Form (#CL 40020 found on the Forms Repository). The patient, when capable of doing so, will indicate their consent to the Transfer by signing the appropriate designation on the Transfer form. If the patient is incapable of giving consent, this may be signed by another legally responsible party when present. A patient will not be transferred unless there is an accepting facility and accepting LIP which must be listed on the Transfer form.
5. Copies of the patient's medical record, including, but not limited to, symptoms, preliminary diagnosis, treatment provided, test results, and informed written consent or Transfer certification, will include the name and address of any on-call LIP who failed or refused to appear within a reasonable period of time to provide examination or treatment to the patient.
6. Copies of the patient's medical record and Transfer form will be sent to the accepting facility with the patient. Prior to the patient being physically transported to the ambulance or other qualified Transport method, the presence of the patient's medical record and Transfer form will be confirmed by the transferring facility's medical personnel. Test results not yet available or necessary historical records not readily available from the hospital's files at the time of Transfer will be sent as soon as practicable to the accepting facility via secure facsimile or email.
7. Before patient is transported to the ambulance or other qualified transport method, a timeout will be performed by the treating medical providers. During the timeout, the Transfer checklist on the transfer form will be reviewed by the treating medical providers to ensure it is completed. This includes verification that the patient has:
 - a. Received appropriate medical treatment to minimize the risk of transport;
 - b. There is an accepting facility that has the Capability and Capacity to treat the patient;
 - c. There is an accepting LIP;
 - d. The patient is accompanied by the pertinent medical records or that the records will be sent to the accepting facility immediately thereafter;
 - e. The Transfer is by an appropriate method;
 - f. The patient/legal representative has signed the patient certification requesting the

Transfer after having been informed of the risks and benefits of the Transfer if able and available to sign; and

- g. The LIP Certification has been signed.
 - h. The patient's primary care nurse and charge nurse will sign the timeout verification on the Transfer form to ensure the timeout is completed.
8. The Transfer of a patient will be carried out by qualified personnel using transportation equipment appropriate for the patient's medical condition.
 9. The Hospital will maintain the medical records of all patients transferred to or from its facility for a period of ten (10) years.

E. ACCEPTING PATIENT TRANSFERS

1. When a request is made to accept the Transfer of a patient from another facility, Centralized Patient Placement will be contacted. Adequate Capability and Capacity will be established by Administration.
2. If a LIP receives a request for a Transfer and is unwilling or unable to accept the Transfer, the LIP must refer the request to the Emergency Department LIP.
3. When the Hospital has the capabilities and Capacity, the Hospital (including the Emergency Department LIP and staff LIPs) must accept Transfer of an individual to provide the necessary Stabilizing Treatment for EMCs and Labor within the Hospitals Capability and Capacity. If Transfer was deemed or suspected to have been inappropriate, Hospital will report to CMS.

F. EMTALA (Emergency Medical Treatment and Active Labor Act) signage:

To comply with the federal requirements the Hospital will have signage to:

1. Specify the rights of individuals with EMC's and women in Labor who come to the Emergency Department for health care services
2. Indicate whether the facility participates in the Medicaid program
3. The wording of the sign must be clear with language in simple terms that the general hospital population can understand
4. The sign must be legible and able to read from a distance of 20 feet
5. Must be posted at the entrances and other areas as deemed appropriate
 - a. The signs will state:

“You have the right to receive within the capabilities of this Hospital's staff and facilities:”

 - (1) An appropriate Medical Screening Examination
 - (2) Necessary Stabilizing Treatment including treatment for an unborn child
 - (3) 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
 - (4) This Hospital does participate in the Medicaid program

Approved:



Signature

Original Implementation Date: See below

Next Review Date: 04/30/2027

Originating Department/Committee: ED, Legal Services

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Page 8 of 8