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SYSTEM: Hospital Sisters Health System	MANUAL(S): Executive Manual
TITLE: Emergency Medical Treatment and Active Labor Act (EMTALA)	ORIGINATING DEPARTMENT: Compliance
EFFECTIVE DATE: December 14, 2020	REVISION DATE(S):
SUPERSEDES: #RC-17, 12/11/17, 2/9/15, 9/7/10	
<small>* As required by CMS Regulation §482.12 A-0043 Conditions of Participation: Governing Body, the following hospitals and entities are included as HSHS entities: ILLINOIS: (1) HSHS St. John’s Hospital – Springfield (2) HSHS St. Mary’s Hospital – Decatur, (3) HSHS St. Francis Hospital – Litchfield, (4) HSHS Good Shepherd Hospital – Shelbyville, (5) HSHS St. Anthony’s Memorial Hospital – Effingham, (6) HSHS St. Joseph’s Hospital – Highland, (7) HSHS St. Joseph’s Hospital – Breese, (8) HSHS St. Elizabeth’s Hospital – O’Fallon, (9) HSHS Holy Family Hospital – Greenville, (10) HSHS Physician Enterprise (HSHS Medical Group – Illinois, Prairie Cardiovascular Consultants). WISCONSIN: (1) HSHS St. Vincent Hospital – Green Bay, (2) HSHS St. Mary’s Hospital Medical Center – Green Bay, (3) HSHS St. Clare Memorial Hospital – Oconto Falls, (4) HSHS St. Nicholas Hospital - Sheboygan, (5) HSHS Sacred Heart Hospital – Eau Claire, (6) HSHS St. Joseph’s Hospital – Chippewa Falls, (7) HME Home Medical, (8) Libertas Treatment Center – Green Bay and Marinette, (9) HSHS Physician Enterprise (HSHS Medical Group – Wisconsin).</small>	

I. POLICY:

An individual who comes to a Hospital Sisters Health System Dedicated Emergency Department (DED) or Hospital Property in need of or requesting emergency medical services is entitled to and will receive, regardless of diagnosis, race, religion, gender, ethnicity, national origin, age, handicap, marital status, sexual orientation, or source of payment for care, an appropriate Medical Screening Examination (MSE) by a physician or Qualified Medical Person (QMP) to determine if the individual has an Emergency Medical Condition (EMC).

In the event of a declared national emergency, a DED located in the emergency area will comply with guidance issued by the Center for Medicare and Medicaid Services related to screening, treating and transferring patients.

II. PURPOSE:

To provide guidelines for the screening and transfer of patients with an emergency medical condition in accordance with requirements of the Emergency Medical Treatment and Labor Act (EMTALA)

III. SCOPE:

This policy is applicable to all HSHS hospitals*, Physicians’ Organizations, and operating entities including their employees, agents and medical staff, as well as employed physicians of an HSHS Medical Group, HSHS Wisconsin Medical Group and Prairie Cardiovascular Consultants.

IV. GUIDELINES/PROCEDURES

A. Definitions

1. Dedicated Emergency Department (DED): means the hospital’s licensed emergency department and any other department of the hospital, whether it is located on or off the main hospital campus, that is held out to the public as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment. Such departments include urgent care centers, labor and delivery departments, and psychiatric unit crisis centers.



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2. Emergency Medical Condition (EMC): means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbance, and symptoms of substance abuse) that the absence of immediate medical attention could reasonably be expected to result in:
 - a. 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;
 - b. Serious impairment to any bodily function;
 - c. Serious dysfunction of any bodily organ or part;
 - d. With respect to a pregnant woman who is having contractions:
 - i. That there is inadequate time to effect a safe transfer to another hospital before delivery;
or
 - ii. That the transfer may pose a threat to the health or safety of the woman or the unborn child.
 3. Hospital Campus: is, for purposes of this policy, the hospital and hospital buildings and public areas such as parking lots, sidewalks, driveways that are contiguous to the hospital campus or are within 250 yards of the hospital's main building. The hospital has no obligation under the Emergency Medical treatment and Active Labor Act (EMTALA) with respect to individuals who present to other areas or structures that may be located within 250 yards of the hospital but that are not part of the hospital. Examples of separate entities that are not part of the hospital include independent medical practices and commercial businesses.
 4. Medical Screening Examination (MSE): is the process required to determine within reasonable clinical confidence whether an EMC does or does not exist and whether a woman having contractions is in need of immediate medical attention. The MSE is an ongoing process and must be done within the facility's capabilities (e.g., equipment, technical resources) and the availability of qualified medical personnel.
 5. Qualified Medical Person (QMP): means an individual who is licensed or certified in a professional category deemed appropriate by the governing body's Bylaws or Medical Staff Rules and Regulations and who has demonstrated current competence in the performance of the MSE in accordance with facility policies and procedures. Based upon recommendation from the executive committee of the medical staff, non-physicians may be approved by the governing body to administer one or more types of MSE and complete/sign a certification for transfer in consultation with a physician, if appropriate.
 6. Stabilized: means, with respect to an EMC, that no material deterioration of the condition is likely, within reasonable medical probability, to result from or occur during the transfer of the individual from a facility; or the EMC has been resolved; or
 - a. With respect to a pregnant woman in labor, that the woman has delivered the child and the placenta.
 - b. With respect to an individual with a psychiatric condition, the QMP determines that the patient is protected and prevented from injuring himself/herself or others.
 7. Stable for Discharge: means the physician has determined that the individual has reached the point where his/her continued medical treatment could reasonably be performed as an outpatient or later as an inpatient, as long as the individual is given a plan for appropriate follow-up care with discharge instructions.
- B. Patients with psychiatric symptoms will receive a MSE sufficient to determine that a medical condition that mimics a psychiatric condition is not present.
- C. If an individual presents to a DED or elsewhere in the hospital and makes a request for services that are not considered an examination or treatment for a medical condition (e.g., preventive care, lab, or x-ray services), the hospital is not obligated to provide a MSE.



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- D. If an EMC exists, the hospital should provide further medical examination and treatment as required to stabilize the EMC within the capability of the hospital or arrange for transfer to another medical facility.
- E. There should be no delay with the provision of a MSE, stabilizing treatment, or appropriate transfer in order to inquire about the individual's method of payment or insurance status. However, the hospital may follow general registration processes for patients who come to a DED, including requesting information concerning insurance, as long as these procedures do not delay the medical screening or treatment. Discussions regarding patient payment obligations may proceed once the QMP has confirmed that the MSE has been completed and stabilizing treatment has been initiated.
- F. An individual on Hospital Property in need of or seeking treatment for an apparent emergency condition shall be immediately transported to the appropriate DED by the method and with the personnel and equipment deemed appropriate under the circumstances by those who are with the individual. The staff will continue to stabilize the individual, within their capability, until the transport team arrives.
- G. HSHS hospitals cooperate and participate in regional treatment agreement plans. Individuals will be transferred to appropriate medical centers consistent with the regional agreement guidelines. All individuals transferred under the guidelines will be deemed to have an EMC. Stabilization within the capabilities of the hospital will be provided to such individuals prior to transfer.
- H. Each hospital will maintain an on-call list for instances where a medical specialist is needed to complete a medical screening examination or stabilizing treatment. The DED physician should document in the medical record the name and address of any on-call physician who refuses or fails to come in to provide stabilizing treatment, thus necessitating transfer.
- I. Patients who have not been Stabilized should not be transferred unless:
 - a. The transfer is at the request of the patient or family and the patient/family gives written consent after being informed of the hospital's obligation to treat and the risks of transfer, OR
 - b. The transfer is deemed necessary by the DED physician, AND
 - i. The physician certifies that the medical benefits of the transfer outweigh the risks, AND
 - ii. The patient/family gives written consent, when possible, after being informed of the risks and benefits of the transfer.
- J. The receiving hospital should be contacted prior to transfer.
 - a. The receiving hospital should have available space and qualified personnel and agree to accept the transfer.
 - b. A physician at the receiving hospital should also agree to accept the patient prior to transfer.
 - c. Contacts with the receiving hospital should be documented in accordance with facility policy.
- K. Copies of all available medical records, along with a copy of the transfer form containing the Physician Certification and patient consent should be sent with the patient. It is not necessary to obtain written authorization from the patient to release copies of the record to the receiving facility.
- L. The transfer should be made with qualified personnel and transportation equipment deemed appropriate by the transferring physician.



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- M. If a competent adult patient insists on leaving the facility against medical advice, appropriate documentation should be made. In the case of minors, incompetent adults, or an individual with a psychiatric condition who is still at risk of injuring himself/herself, refer to facility policy for guidance.
- N. A central log will be maintained of all patients who present to the DED to include the disposition of each case.
 - a. The central log should include directly or by reference logs from each area defined as a dedicated emergency department, such as labor and delivery and urgent care centers.
 - b. The log(s) will be maintained for a period of at least five (5) years.
- O. Signs will be posted in each DED, and other places in the hospital that a person might go seeking emergency treatment, specifying the rights of individuals who come to the hospital and request treatment for an EMC.

V. REFERENCE

Originator: _____ *Mark Novak*
VP & Compliance Officer

Accountable Leader _____ *Mark Novak*
VP & Compliance Officer

Administrative Approval: _____ *Mary Starmann-Harrison*
President & CEO