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<b>FACILITY:</b>	HSHS St. Vincent Hospital HSHS St. Mary's Hospital HSHS St. Nicholas Hospital HSHS St. Clare Hospital	<b>MANUAL:</b> Nursing
<b>TITLE:</b>	<b>Screening, Treatment and Transfer (EMTALA)</b>	<b>ORIGINATING DEPARTMENT:</b> Emergency
<b>SUPERSEDES:</b>	SVGB 100-07-029, 100-05-051 SMGB CL-3013 SNS HA-Em.4 SCO ERPP102	<b>POLICY NUMBER:</b> GN-009

**I. POLICY:**

Health care services are provided to any sick or injured person regardless of race, religious belief, financial means or other status.

**II. PURPOSE:**

- To facilitate the timely and appropriate screening, treatment and/or transfer of persons.
- To comply with Emergency Medical Treatment and Active Labor Act (EMTALA) regulations.

**III. DEFINITIONS:**

1. **“Campus”** includes parking lot, sidewalk, and driveway; excludes areas and structures that are within 250 yards of the main hospital building, but are *not* part of the Hospital (e.g., physician offices, entities with separate Medicare provider numbers, restaurants, shops, other nonmedical facilities).
2. **“Emergency medical condition”** means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbance, and symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in:
  - a. Placing the health of the person (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 functions;
  - c. Serious dysfunction of any bodily organ or part; or
  - d. With respect to a pregnant woman who is having contractions means:
    - 1) That there is inadequate time to effect a safe transfer to another hospital before delivery, or
    - 2) That the transfer may pose a threat to the health or safety of the woman or the unborn child.
3. **“Labor”** means the process of childbirth beginning with the latent or early phase of labor and continuing through the delivery of the placenta. A woman is in true labor unless a physician or qualified individual certifies that, after a reasonable time of observation, the woman is in false labor.
4. **“Qualified Medical Personnel” (QMP)** means the personnel who are to conduct the medical screening exam which includes Medical Staff Appointees (MSA), Physician Assistants (PA-C), sexual assault nurse examiner-trained registered nurse, and Advance Practice Registered Nurse/Nurse Practitioner, RNs trained for labor and delivery who have completed the comprehensive orientation and skills inventory in accordance with professional Standards and Practice Guidelines.

5. **“Stable” (for discharge)** means that it is determined within reasonable clinical confidence that the person has reached the point where his or her continued care, including diagnostic work and/or treatment, could be reasonably performed as an outpatient or later as an inpatient, provided the person is given a plan for appropriate follow-up care with discharge instructions.
6. **“Stable” (for transfer, including women in labor)** means that it is determined within reasonable clinical confidence that the person is expected to leave the Hospital and be received at the second facility, with no material deterioration in his or her medical condition, and the treating MSA reasonably believes that the receiving facility has the capability to manage the person’s medical condition and any reasonably foreseeable complications of the condition.
7. **“Transfer”** means the movement (including the discharge) of a person outside the Hospital’s facilities at the direction of any person employed by (or affiliated or associated, directly or indirectly with) the Hospital, but does not include such a movement of a person who has been declared dead, or who leaves the facility without the permission of any such person.

#### IV. GUIDELINES/PROCEDURES:

##### A. RIGHTS TO TREATMENT OR APPROPRIATE TRANSFER

Regardless of ability to pay, the sick or injured person receives, within the capabilities of the Hospital’s colleagues and facilities, the following:

- An appropriate medical screening examination (See Section IV(B)(1-2) of this Policy);
- Necessary stabilizing treatment for any emergency medical condition (including treatment for unborn children, pregnant women, and psychiatric and substance abuse patients) (See Section IV(B)(4) of this Policy); and
- If necessary, an appropriate and safe transfer to another facility (See Section IV(C) of this Policy).

When an individual presents to the Hospital, Emergency Department or Labor and Delivery, the registrar or designee will “quick register” the individual. This will include name, date of birth, and chief reason for the visit and any other personal information needed to identify the patient. If a person is not able to provide this information, the unidentified patient registration pathway will be followed. The Hospital may not delay providing a medical screening examination or stabilizing treatment to inquire about the person’s method of payment or insurance status. Financial payment discussions may not occur before screening or before treatment of an emergency medical condition. A patient may be asked during registration about insurance, but this cannot delay an emergency screening exam or stabilization treatment. This applies to persons who have been triaged but not yet fully screened and/or treated for an emergency medical condition. Examples of prohibited activities during/or after registration include the following, but are not limited to the following:

1. **No Prior Authorization.** The Hospital shall not request prior authorization from a health plan before the person has received a screening and treatment as required under this Policy.
2. **No Financial Responsibility Forms or Co-pays.** Prior to performing a screening and treatment as required under this Policy, the Hospital shall not ask any person to complete a financial responsibility form or an advance beneficiary notification form, and shall not ask the person to provide (or accept from the person) a co-payment for any services rendered.
3. **Inquiries about Financial Liability for Emergency Services.** Registration colleagues receive training to be knowledgeable about the Hospital’s obligations under EMTALA and to provide information about potential financial liability in accordance with this Policy. A person’s inquiries about his or her obligation to pay for emergency services shall be answered by trained registration colleagues, who shall:
  - a. Inform the person that, notwithstanding the person’s ability to pay, the Hospital stands ready and willing to provide a medical screening examination and stabilizing treatment, if necessary.
  - b. Encourage any person who believes that he or she may have an emergency medical condition to remain for the medical screening examination and to defer further discussion of financial responsibility issues

until after the medical screening and necessary treatment has been performed.

- c. If the person chooses to withdraw his or her request for examination or treatment, a colleague with appropriate medical training must discuss the medical issues related to a “refusal of treatment” as described in Section B(3) below. This discussion shall include an explanation of the risks and benefits to the individual of examination and treatment. This discussion, including the patient’s understanding of this discussion, shall be documented in the record. In addition, reasonable steps shall be taken to obtain a written refusal of examination and/or treatment from the individual.

**Note:** A person is entitled to a screening examination and treatment under this Policy if the person presents anywhere on the Hospital property, including (i) outside on the Hospital’s parking lot or sidewalks, (ii) any Hospital-owned facility on the Hospital’s campus, and (iii) any department of the Hospital, including the Emergency Department (ED) and Labor and Delivery. (See Section IV(D) of this Policy.)

## B. SCREENING AND TREATMENT

1. **Appropriate Medical Screening.** When a person comes to the Hospital seeking emergency medical treatment, the Hospital shall provide an appropriate medical screening examination, performed by Qualified Medical Personnel (QMP), to determine whether the person has an emergency medical condition. The scope of the screening examination is dictated by: (i) the person’s presenting symptoms, (ii) any relevant Hospital screening policy, procedure or directive, and (iii) what is within the Hospital’s capabilities, including ancillary services and colleagues (including on-call colleagues) that are routinely available to the Hospital. For the purpose of suture removal in the ED, the Emergency Department nurses are designated to perform a medical screening examination to assess the patient for any additional medical treatment or examination needed by a physician.
2. **Basic Screening Procedure.** The following procedure shall be used in performing the appropriate medical screening examination.
  - a. All other persons, including pregnant women who present to the Emergency Department will be initially evaluated by QMP unless individual requests to be evaluated in Labor and Delivery. A RN will triage to assess the severity and priority of each individual. All individuals will be given an appropriate medical screening examination.

The only exceptions to this policy are patients who:

- i. Present under physician phone or written orders by a Medical Staff Appointee (MSA), provided that:
  - a) The patient has been recently seen in the MSA’s office or currently under the MSA’s care.
  - b) The patient, upon presentation to the ED, has no additional complaints or symptoms and does not request a screening or other treatment
  - c) The patient signs a Refusal of Screening/Treatment Form, as described in Section B.3, and the Hospital explains to the patient that it stands ready and willing to provide a medical screening examination and stabilizing treatment if the patient requests.

### OR

- ii. Have recently been seen in the ED and is returning to the ED for follow up care and/or continuation of care. Documentation is done in the EMR as an addendum to the original ED visit if less than 1 hour from discharge. If greater than 1 hour a new visit will need to be created.
- b. Women over 20 weeks gestation with isolated/solitary pregnancy-related symptoms , no evidence of non-pregnancy related symptoms, in active labor, or request to be evaluated for labor are transported immediately to Labor and Delivery where they are given a medical screening examination by a QMP to determine if an emergency medical condition exists. Women in labor (or other emergency medical condition) are stabilized or transferred in accordance with Sections IV(B)(4) and IV(C) of this Policy.

- c. Persons presenting to the Hospital requesting evaluation of a sexual assault or the gathering of evidence absent serious physical injury receive a medical screening examination by a SANE (Sexual Assault Nurse Examiner) colleague.
  - d. Persons who are sent to the ED receive a medical screening examination by a QMP to determine if an emergency medical condition exists further define the person's medical condition and needs.
  - e. If a QMP performs an appropriate medical screening and determines that the person does not have an emergency medical condition, this policy ceases to apply, except that:
    - i. if the person is transferred to another facility, a Certificate of Transfer should be completed and the other transfer requirements of Section IV(C) followed; and
    - ii. a sudden change or deterioration in the patient's condition warrants a subsequent medical screening examination.
3. **Refusal of Screening and Treatment.** If a person refuses to consent to a medical screening examination or treatment to stabilize an emergency medical condition, the following procedures shall be used:
- a. **Encourage Examination and Treatment.** Offer the person further medical examination and treatment within the capabilities of colleagues and facilities available at the Hospital as may be required to identify and stabilize an emergency medical condition.
  - b. **Explain Risks and Benefits.** Give the person (or a person acting on his/her behalf) an explanation of the risks and benefits (including risk to the unborn child) of the examination and/or treatment.
  - c. **Note in Record.** Describe in the person's EMR the examination and/or treatment that the person refused.
  - d. **Obtain Written Refusal of Examination/Treatment.** Take reasonable steps to obtain the written informed refusal of the examination and/or treatment from the person (or a person acting on his/her behalf). (Use Form: "Declination of Medical Screening"). If obtained, this written refusal is scanned into the person's electronic medical record.
4. **Stabilize or Transfer.** If the QMP determines that the person has an emergency medical condition, the Hospital (through its ED or Labor and Delivery Department, as appropriate) shall **either**:
- a. **Stabilize the person's condition** by providing such additional medical treatment and monitoring within the capabilities of the colleagues and facilities of the Hospital, as necessary to stabilize the medical condition.
    - i. If the use of on-call MSA is appropriate for such stabilizing care, the Hospital must call in such MSA.
  - b. Once the person is stable, this Policy ceases to apply and the patient may be discharged or transferred without needing to meet any further obligations under this Policy, except that:
    - i. **Transfer of the patient** – Appropriate transfer of the patient to another medical facility must be conducted in accordance with Section IV(C) of this Policy. If the patient is transferred to another facility, a Certificate of Transfer is completed.
    - ii. **Transport of inpatients** – Inpatients may be transported to another healthcare provider to receive treatment or services not provided or available at the respective Hospital. A Certificate of Transfer form is not required.

### C. TRANSFERS

The ED physician or MSA may initiate referrals of stable patients for outpatient or inpatient care to a MSA whenever the patient's condition warrants. If the patient has no attending MSA this is arranged through the on-call MSA's according to Physician On-Call Policy and Rosters.

**Note:** The following transfer requirements apply to permanent transfers.

1. **Conditions for Transfer of Patient.** A person may be transferred to another medical facility only if either a. or b. below is met, and the transfer is an appropriate transfer (as described below in Section IV(C)(2)).

- a. **Person Requests Transfer.** The person (or a legally responsible person acting on his/her behalf) requests transfer against medical advice after being informed of the Hospital's obligation to provide stabilizing treatment and the risks and benefits of transfer. The request for transfer must be in writing, and must indicate the reasons for the request and state that the person is aware of the risks and benefits of the transfer (Use Form: "Request for Transfer Against Medical Advice"); **or**
- b. **MSA Certification.** The transferring MSA (or non-MSA QMP after consultation with the MSA if the MSA is not physically present when a person is transferred) signs a certification before transfer stating that, based on the information available at the time of transfer, the medical benefits reasonably expected from the provision of medical treatment at another medical facility outweigh the risks to the person, and in the case of a woman in labor, to the unborn child, from being transferred. (Use Form: "Certificate of Transfer"). The certification must contain a summary of the specific risks and benefits on which it is based. If a non-MSA QMP signs the certification, the MSA must countersign the certification as soon as possible.

Note: In addition to the MSA's Certificate of Transfer, Hospital colleagues should also attempt to obtain the person's informed consent to transfer whenever possible. (Use Form: "Informed Consent to Transfer" which is on the reverse side of the Certificate of Transfer.)

2. **Appropriate Transfer.** To make an "appropriate transfer" of a person with an emergency medical condition that has not been stabilized, the Hospital must satisfy the requirements in paragraphs a - g below.
  - a. **Provide medical treatment** within the Hospital's capacity to minimize the risks to the person's health and, in the case of a woman in labor, to the health of the unborn child.
  - b. **Attending MSA contacts the receiving physician** at the receiving medical facility prior to transfer to obtain acceptance of the patient.
  - c. **Registered nurse contacts the receiving medical facility** prior to transfer with the following information:
    - i. Person's name.
    - ii. MSA or Physician accepting transfer.
    - iii. Person's diagnosis.
    - iv. Person's present status.
    - v. Estimated time of arrival if known.
    - vi. Name of transferring physician
  - d. **Complete Transfer Checklist for inpatient transfers.**
  - e. **Use qualified personnel and transportation equipment** as required to affect the transfer safely, including using necessary and medically appropriate life support measures to minimize risks during the transfer. The transferring MSA determines the method of transfer and necessary accompanying personnel based on the person's medical status, and gives accompanying personnel any orders for care en route. A patient transferred to a mental health facility is medically screened by a MSA prior to transfer. When contacting a transport service for availability, the person's status and type of equipment needed for transfer is identified. An oral report is given to the transport service including:
    - i. Person's name.
    - ii. MSA or Physician accepting transfer at the receiving facility.
    - iii. Person's diagnosis.
    - iv. Person's present status.
    - v. Name of transferring MSA.

The nursing colleagues assist the MSA with arrangements for the transfer in accordance with the person's (and family's) input as appropriate and prepare the person and family emotionally for the transfer. The responsibility for patient care during transfer is established on an individual basis.

- f. **Send with the person to the receiving facility, copies of available medical records**, including those presented by the person, related to the emergency medical condition. No consent for release of these records is required. Transfer of these records is documented in the medical record (in patient progress notes or case management notes). As soon as practical after the transfer, send copies of any records not readily available at the time of transfer. Records to be sent include:
    - i. Any available history, allergies, records related to the patient's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic tests (including EKGs and X-rays) or telephone reports of test results, treatment provided, current MSA orders, medication list, interim summary, FIN sheet and any records requested by attending MSA;
    - ii. A copy of the Transfer Checklist for inpatients;
    - iii. A copy of the Certificate of Transfer and Informed Consent to Transfer, or the Request for Transfer Against Medical Advice; and
  - g. **Order of transfer.**
3. **Person's Refusal to Transfer.** If a person with an emergency medical condition refuses to consent to a transfer who has been certified by the MSA in accordance with Section IV(C)(1)(b) of this Policy, Hospital colleagues shall do the following:
- a. **Explain Risks and Benefits.** Give the person an explanation of the risks and benefits of the transfer. If the person (or person acting on his/her behalf) continues to refuse to consent to the transfer, continue with the following steps.
  - b. **Note in Electronic Medical Record.** Describe in the person's electronic medical record the proposed transfer that was refused by or on behalf of the individual, as well as the risks and benefits of transfer.
  - c. **Person's Written Refusal.** Take reasonable steps to obtain the written informed refusal of the person to transfer (or the person acting on his/her behalf). (Use Form: "Informed Refusal to Transfer.") If obtained, this written refusal should be placed in the person's medical record.
  - d. **Obtain Certificate of Transfer** in accordance with Section IV(C)(1)(b). (the MSA should sign the Certificate, and note that patient is refusing transfer).
  - e. **Offer appropriate care/treatment** to the person, and note in medical record if refused.
4. **Obligation to Accept Certain Transfers** The Hospital must accept from another hospital within the boundaries of the United States the appropriate transfer of an individual with an emergency medical condition if:
- a. The Hospital has a specialized capability needed by the individual such as trauma unit, neonatal intensive care unit, or as may be available in the following regional referral centers: Neuroscience, Rehabilitation, Cancer, Emergency, Neonatal, Pediatric, Cardiac, and Orthopedics; and
  - b. The transferring hospital does not have the specialized capability; and
  - c. The Hospital has the capacity to treat the individual. "Capacity" means the Hospital is able to accommodate the individual requesting examination or treatment. Capacity encompasses having available an adequate number of qualified colleagues, beds and equipment at the time a request for transfer is received; and
  - d. An MSA has agreed to accept the patient in transfer.

**D. PERSONS PRESENTING OUTSIDE ED:**

1. If a person presents for emergency care at a Hospital department (on or off-campus) other than the ED or at a facility on the Hospital campus, the current department policy for an emergent situation will be followed.
2. If an individual needs emergency care when on Hospital property but is not physically in a department or facility (for example, in the Hospital parking lot, or sidewalks), the Nursing Supervisor and Security Shift Coordinator shall be notified. The individual will not be transferred to another medical facility without a QMP performing a screening exam and the transfer requirements of Section IV(C) hereof being met.

**E. MISCELLANEOUS**

1. **Mode of Accepting ED to ED Transfers.** An ED physician on duty shall be notified of such proposed transfers and shall make the decision to accept or refuse such transfer, as appropriate under this Policy and EMTALA.
2. **Reporting.** If at any time any Hospital colleague has reason to believe the Hospital may have received an individual who was transferred in an unstabilized emergency medical condition from another hospital in violation of the requirements of this Policy or EMTALA, such colleague shall immediately notify the ED Director and Medical Director. The ED Director and Medical Director shall then coordinate with Hospital Administration in investigating the report and, if appropriate, reporting the incident to the Center for Medicare and Medicaid Services.
3. **Protection Against Retaliation.** A QMP shall not be penalized nor have adverse actions taken against him or her based on:
  - a. A refusal to authorize the transfer of a person with an emergency medical condition that has not been stabilized, or
  - b. The reporting of a violation of EMTALA.
4. **Notification/Communication:** The Hospital shall post signs throughout the ED and Labor and Delivery (entry, waiting room, registration area, and exam, treatment and triage rooms), as well as in the general Hospital entryways and registration areas. The signs must state the rights of persons under EMTALA and that the Hospital participates in the Medicaid and Medicare programs.
5. **List of On-Call MSAs.** The Hospital shall maintain a specialty specific call roster of MSAs who are on call for duty after the initial screening examination to provide treatment necessary to stabilize a person with an emergency medical condition. On-call MSAs must respond to calls within a reasonable amount of time in accordance with Hospital policy. (See Physician On-Call Policy and Rosters.) The Hospital shall retain the rosters for a minimum of five (5) years.
6. **Record Retention.** The Hospital shall maintain medical and other records related to persons transferred to or from the Hospital per Hospital retention guidelines.

**V. DISTRIBUTION:**

Hospital wide  
Medical Staff Appointees  
Allied Health Professionals