

MERCY MEDICAL CENTER REDDING
Medical Staff Executive Committee Policies/Procedures Manual

Department	Medical Staff Services	
Title	COMPLIANCE WITH EMTALA	
	<p style="text-align: center;"><u>CROSS REFERENCE:</u> Governance/Administrative Policy Manual X.Z.5, X.Z.6, X.Z.4, X.Z. 3, and X.Z.0, Patient Care Manual III.Y.O, and Standardized Procedure “OB Check/Medical Screening Exam”</p>	
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Purpose:

It is the policy of the medical staff/allied health professional staff of Mercy Medical Center Redding is to comply with the Emergency Medical Treatment and Active Labor Act (EMTALA) obligations.

Policy:

EMTALA is applicable to anyone who presents in any area or department of the hospital (including on-campus and off-campus clinics and other departments billed under the hospital’s Medicare provider number) for primary assessment and treatment, including emergency room, obstetric units, urgent care, and other hospital-based clinics, and hospital-owned and operated ground or air ambulances. Requirements are also applicable to anyone who is on hospital property, including parking lots, sidewalks, and driveways. EMTALA does not apply to inpatients, including patients “boarded” in the dedicated emergency department waiting for an available bed, when an emergency medical condition has been ruled out and the patients are stabilized.

EMTALA is applicable to any physician/AHP who is responsible for the examination, treatment, or transfer of an individual, including a physician on-call for the care of such an individual. All available resources, including on-call physicians, will be used to provide ongoing evaluation and stabilizing treatment as required by law and patients will not be transferred if care is within the scope of the hospital’s services and privileges of the medical staff.

Emergency services and care are provided without regard to an individual’s race, ethnicity, national origin, citizenship, age, sex, sexual orientation, pre-existing medication condition, physical or mental handicap, insurance status, economic status or ability to pay for medical services, except to the extent that a circumstance such as age, sex, pre-existing medical condition, or physical or mental handicap is medically significant to the provision of appropriate medical care to the patient.

The Centers for Medicare and Medicaid (CMS) and the Office of the Inspector General (OIG) of the U.S. Department of Health and Human Services are responsible for the enforcement of EMTALA. Violations of EMTALA may be reported to other federal and state agencies and to the Joint Commission. The State Department of Health Services/Department of Public Health is responsible for the enforcement of state hospital licensing laws.

Procedure:

A. **Physician On-Call Responsibilities**

California law (Title 22) requires hospitals providing basic emergency services to provide on-call coverage for the basic services required for licensure (i.e. radiology, general surgery, anesthesia, general medicine) and for the supplemental services listed on the hospital license (i.e. pediatrics and obstetrics). HCFA requires that if a hospital offers a service to the public, the service should be available to patients through on-call coverage of the emergency department.

The On-Call Physician who provides his/her name to the Emergency Room shall be responsible for personally providing coverage during his/her scheduled time or for arranging for coverage by another equally qualified Medical Staff member with appropriate clinical privileges. Panelists

must respond within 30 minutes of the call from the Emergency Room in non-level one trauma cases. The notification of an on-call physician shall be documented in the medical record and any failure or refusal of an on-call physician to respond to call shall be reported to the Medical Staff Executive Committee (Rule & Regulation #14). Physician non-response will also be included in the medical staff re-credentialing review process.

It is expected that if a physician has agreed to be on-call but has also scheduled surgery during that particular time that the physician will have back up in the event that they cannot respond for an emergency.

In the event that a physician is on-call simultaneously at more than one hospital in Mercy's geographic area and the on-call physician is not available to respond, and there is no back up physician available locally, an appropriate EMTALA transfer will be implemented.

B. Medical Screening Examination (MSE)

1. **Non-Discrimination** - A MSE must be offered to any individual presenting for examination or treatment of an emergency medical condition. The examination must be provided within the capabilities of the hospital, including the availability of on-call physicians. The examination must be the same appropriate screening examination that would perform on any individual with similar signs and symptoms, regardless of the individual's ability to pay for medical care.

2. **Scope** - A Medical Screening Examination is the process required to reach, within reasonable clinical confidence, the point at which it can be determined whether an emergency medical condition does or does not exist. The scope of the examination must be tailored to the presenting complaint and the medical history of the patient. The process may range from a simple examination (such as a brief history and physical) to a complex examination that may include laboratory tests, MRI or diagnostic imaging, lumbar punctures, other diagnostic tests and procedures and the use of on-call physician specialists.

Triage is not equivalent to a MSE. Triage merely determines the "order" in which patients will be seen, not the presence or absence of an emergency medical condition.

3. **Personnel Qualified to Perform a MSE** - Each member of the Medical Staff and those members of the Allied Health Professional Staff privileges to act as a physician assistant (PA), nurse practitioner (NP), are qualified to perform the MSE as well as selected nursing staff per standardized procedures approved by the Medical Staff.

C. Patient Transfer

Requirements for Transfer:

The treating physician is responsible for determining whether a patient is stabilized for transfer, and the mode of transportation (*See Governance/Administrative Policy: EMTALA – Patient Transfer*). A patient with an unstable emergency medical condition may be transferred only if there is compliance with all of the following:

1. Medical treatment within the hospital capabilities or provider's privileges to minimize the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child.
2. The patient record shall reflect the vital signs and condition of the patient at the time of transfer.
3. The receiving hospital has available space and qualified personnel for treatment of the patient.
4. The receiving hospital and physician have agreed to accept the patient and provide appropriate medical treatment.

5. The hospital sends to the receiving facility all medical records (or copies thereof) available at the time of the transfer related to the emergency condition of the patient including:
 - a) Records related to the patient's emergency condition. Observations of signs or symptoms, preliminary diagnosis, treatment provided, results of any tests and vital signs at the time of transfer; other records (including pending test results or records not available at the time of transfer) must be forwarded as soon as practicable after transfer.
 - b) The patient's informed written consent to transfer or the physician's certification (or copy thereof).
 - c) If applicable, the names and addresses of any on-call physician who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment.
6. The transfer is affected using proper personnel and equipment, as well as necessary and medically appropriate life support measures.

Patient Refusal of Emergency Services or Transfer:

1. The patient retains the right to refuse necessary stabilizing treatment and further medical examination, as well as a transfer to another facility.
2. If a patient refuses to accept treatment or a transfer, the offered treatment, a summary of the risks and benefits to the patient as to the refused treatment or transfer shall be documented in the physician progress notes. Every effort will be made to have the patient sign an AMA (Against Medical Advice) form indication s/he has been advised and understands the risks/benefits of declining further care, treatment or transfer.
3. If a patient leaves the hospital before receiving a medical screening examination, either with or without notice to staff of his/her departure, staff will document the circumstances and reasons (if known) for the patient's departure and the time of the departure.

Enforcement

The oversight and enforcement of on-call coverage is a medical staff responsibility. If an on-call physician fails to meet his/her obligations under EMTALA or state law, the hospital should:

1. Document in the patient medical record the time of the notification of the requested transfer and the request made to the on-call physician, the response time of the physician and the other pertinent information related to the failure of the on-call physician to meet his/her obligations;
2. Contact the chief of service or other designated person to enforce the call obligation;
3. Contact other staff physicians in the same specialty who may be available to see the patient in a timely manner;
4. If other qualified physicians are not available to see the patient, the hospital should contact other area hospitals providing the specialty service to arrange for an appropriate transfer;
5. Transfer the patient in accordance with EMTALA guidelines;
6. Document in the patient chart the name and address of the on-call physician who refused to consult and examine the patient (this documentation is expressly required by the EMTALA regulations); and
7. Report the failure to the Quality Assurance and Risk Management programs, and initiate, where appropriate, a follow-up review of the actions of the on-call physician and the hospital by the medical staff or hospital administration.

Note: Any potential EMTALA violations from another hospital should be reported to the Risk Manager for investigation. Circumstances of potential violation are defined in the *Governance/Administrative Policy: EMTALA – EMTALA Reporting*.

Approvals	Medical Executive Committee	9/00; 8/05; 5/08; 7/08	Developed	2000
	Board of Directors	11/00; 9/05; 6/08; 8/08	Reviewed	
			Revised	2005; 08