

Beaumont® | HEALTH SYSTEM

Subject Emergency Medical Treatment and Active Labor Act (EMTALA)		No. 501	Page 1 of 5
Content Expert / Coordinating Department(s) Emergency Center		Prior Issue Date 7/2011	Issue Date 3/2014

PURPOSE: Congress enacted the Federal Emergency Medical Treatment and Active Labor Act (EMTALA) to prevent hospital from rejecting, refusing to treat, or transferring patients because they are unable to pay or lack insurance coverage. EMTALA imposes screening, treatment, and transfer requirements on hospitals with respect to any individual who comes to the Emergency Center (EC) requesting examination or treatment for a medical condition, regardless of that individual's ability to pay or insurance status.

POLICY: No patient will be denied treatment, care, or transfer based upon their financial situation.

PROCEDURE:

- 1) In accordance with EMTALA, Beaumont, Grosse Pointe, shall provide a medical screening examination for any individual who presents to the EC and requests examination or treatment for a medical condition to determine whether or not the individual has an emergency medical condition.
- 2) When an emergency medical condition is identified, the Hospital will provide, within the capabilities of its staff and facilities, further medical examination and treatment necessary to stabilize the medical condition, or transfer of the individual to a medical facility capable of stabilizing the individual's medical condition.
- 3) The medical screening obligations of this policy apply to individuals who have come to the EC, including:
 - a) Individuals who present to the EC or another area of the hospital requesting (on their own or through another) examination or treatment of a medical condition.
 - b) Individuals who are in an emergency transport vehicle that crosses the boundaries of the hospital's property.
- 4) The treatment and stabilization obligations of this policy apply to an individual who has an emergency medical condition. Having an emergency medical condition means:
 - a) Placing the health of the individual (and/or unborn child with respect to a pregnant mother) in serious jeopardy or
 - b) Serious impairment to bodily functions, or
 - c) Serious dysfunction of any bodily organ or part, or
 - d) Psychiatric disturbances and/or substance abuse symptoms that render the individual a risk to self or others.
 - e) If the individual is a pregnant woman who is having contractions:
 - i) There is inadequate time to effect a safe transfer to another hospital before delivery, or
 - ii) The transfer may pose a threat to the health or safety of the mother or unborn child.

GROSSE POINTE – EMERGENCY CENTER POLICY MANUAL

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MEDICAL SCREENING

- 1) Triage:
 - a) Triage will be performed by a Registered Nurse (RN) to prioritize the provision of further medical screening examination services and other necessary care.
 - b) After the triage assessment process occurs and while an individual is waiting for medical screening examination services, it is permissible to request information for the purpose of registering the individual and such request may include asking for information about health insurance. Under no circumstances, however, shall the provision of medical screening examination services be delayed for the purpose of requesting such information. Further, no individual shall be denied or discouraged from seeking medical screening examination services based on any response they may give in connection with registration processes
- 2) Medical Screening Examination:
 - a) Shall be performed by an Emergency Center Physician (ECP) and/or designee (NP/PA), and shall include all necessary testing, ancillary services and on-call services which are within the Hospital's capabilities, including all customary ancillary services and laboratory testing services routinely available to the EC.
 - b) The physician and/or NP/PA completing the Medical Screening Examination shall document his/her findings in the patient's record

REFUSAL OF TREATMENT

- 1) If an individual does not consent to a Medical Screening Examination, Hospital personnel will make reasonable attempts to obtain the individual's signature on the Informed Refusal Form. A signed copy will then be placed in the Individual's medical record.
- 2) If the individual refuses to sign, two hospital personnel will document refusal on the individual's medical record and on the Informed Refusal Form.

LEFT WITHOUT BEING SEEN

- 1) If the individual leaves prior to or after Triage, and before the medical screening examination, hospital personnel will document the departure on the individual's medical record

STABILIZING TREATMENT

- 1) If an individual is determined to have an emergency medical condition pursuant to a medical screening examination, the hospital must do one of the following:
 - a) Provide, within its capabilities, such further medical examination and treatment as may be required to stabilize the individual's emergency medical condition or
 - b) Appropriately transfer the individual in accordance with this policy.

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- 2) To stabilize the individual's emergency medical condition, the hospital will provide necessary medical treatment to assure, within reasonable medical probability that no material deterioration of the individual's condition during transfer is likely to result from or occur during transfer.
- 3) In the case of a pregnant woman having contractions, the individual is not considered stabilized until delivery of the baby and placenta.
- 4) The physician will explain to the individual and/or authorized representative the risks, benefits and alternatives of further examination or treatment.
- 5) If after explanation by the physician the individual and/or authorized representative refuses to consent to further exam and treatment, such refusal will be documented in EPIC.

TRANSFER AND DISCHARGE

- 1) An individual shall be considered stable for discharge if the treating physician has determined within reasonable clinical confidence that the individual's continued care may be managed on an outpatient basis.
- 2) Once the Physician determines that the individual does not have an emergency medical condition or that the individual's emergency medical condition has been stabilized, the individual may be treated, transferred, or discharged.
- 3) Stabilization does not necessarily mean final resolution of an individual's emergency medical condition.
- 4) An individual shall be considered stable for transfer if the treating physician has determined, within reasonable clinical confidence, that the individual is expected to leave the hospital and be received at another health care facility with no material deterioration in his or her medical condition.
- 5) Individuals with psychiatric conditions shall be considered stable for transfer if they are prevented from injuring themselves or others during transfer. The treating physician must reasonably believe that the receiving health care facility is capable of managing the individual's medical condition and any reasonably foreseeable complications.
- 6) The hospital shall provide the individual the treatment within its' capacity to minimize risks and the individual is informed of risks, benefits, and alternatives associated with the transfer.
- 7) It is determined by the physician that the receiving facility has space and qualified personnel to treat the individual, and the receiving facility agrees to accept the transfer. The date and time the request for transfer has been made as well as the name and title of the person and/or physician accepting the transfer will be documented in EPIC.

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- 8) The individual will be informed of the decision to transfer and will be advised of the risks, benefits and alternatives associated with the transfer. The individual's signature will then be obtained on the Transfer Certification form.
- 9) If after explanation of risks, benefits, and alternatives to transfer, the individual refuses to consent to transfer, the transferring physician will document refusal in the individual's medical record and make reasonable efforts to obtain the individual's signature on the Informed Refusal Form.
- 10) Prior to transfer, a completed Transfer Certification form, copy of all available diagnostic results, and a copy of the medical record will be made available to accompany the individual to the receiving facility. If results are not available at time of transfer, they will be forwarded to the receiving facility when available. Copy of transfer form will be kept for our records.
- 11) Emergency Center staff will coordinate proper means of transportation with appropriate qualified personnel. Upon arrival of the transport team, report will be given by the personnel caring for the individual.
- 12) If the transfer is being made due to refusal of on-call physician to come to evaluate/treat the individual, the administrator on-call will be informed. Refusal will be noted on the Transfer Certification Form

250 YARD RULE

- 1) Hospital property includes the main campus, which also encompasses the parking lot, sidewalk and driveway.
- 2) If it is determined that assistance is required by an employee, the employee may activate an emergency response by dialing "555" and giving the operator the location of the person that needs immediate intervention. If the employee has a cellular phone they can call 313-473-1728 and give the operator the location of the person that needs immediate intervention.
- 3) If it is determined that assistance is required by a bystander(s), it may be appropriate to activate the "911" response system.
- 4) A response would be initiated and shared by the Emergency Center Clinical Staff.
- 5) Emergency response team responsibilities may include; respond to the call, assess the situation, initiate/obtain orders, transport to Emergency Center, document care provided.

ADMINISTRATIVE REQUIREMENT

- 1) If it is determined by the accepting physician that a transfer has been made to this facility inappropriately, the Nursing Coordinator/Administrator on-call will be notified.

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- 2) The Nursing Coordinator/Administrator will initiate an investigation and notify the Quality Risk Manager for further investigation.
- 3) A list of on-call physicians covering services available at the hospital will be maintained in the EC.
- 4) Signs will be posted in the Emergency Center advising each individual of:
 - a) His/her rights under EMTALA.
 - b) His/her rights to receive care as a Medicare or Medicaid beneficiary.
 - c) The policy of the hospital to provide care to individuals in need regardless of ability to pay or insurance status.
 - d) These signs will be visible at 20 feet.

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