AdventHealth

POLICY

Policy #	Policy Name
HVL.ADM.123	Emergency Medical Treatment and Labor Act [EMTALA]
Policy Location	**Responsible Department**
AH Hendersonville	Clinical Improvement
Policy Owner/Executive Owner	**Original Creation Date**
Gretchen Nicholson (PR-Ofc Clb Impv Med Staff Dir)	03/19/1999
Policy Effective Date	**Policy Review Date**
05/04/2023	05/04/2023

I. SCOPE

This policy applies to the AdventHealth Hendersonville ("Hospital") located at 100 Hospital Drive, Hendersonville, NC – Emergency Department and Labor & Delivery (The Baby Place).

II. PURPOSE:

The purpose of this policy is to comply with both the North Carolina rule for licensed hospitals (10A N.C.A.C. 13B.4103) that requires the establishment and maintenance of policies for the provision of an appropriate medical screening, treatment and transfer services to individuals who present to the emergency department of AdventHealth Hendersonville ("Hospital"), and the Emergency Medical Treatment and Active Labor Act ("EMTALA").

III. POLICY:

1. The Hospital will provide a Medical Screening Examination performed by Qualified Medical Personnel to any individual who comes to the Emergency Department, regardless of his or her age, race, ethnicity, national origin, religion, gender identity or expression, disability, pregnancy, veteran's status, sexual orientation, insurance coverage or ability to pay for medical services. If the Medical Screening Examination reveals that the individual has an Emergency Medical Condition, the Hospital will provide treatment to stabilize the emergency condition or will provide an appropriate transfer of the individual to another facility pursuant to this policy.

2. Triage and Screening:

A. Individuals who Come to the Dedicated Emergency Department shall receive an appropriate Medical Screening Examination within the Hospital's Capability and Capacity, including ancillary services routinely available, to determine whether or not an Emergency Medical Condition exists.

B. Individuals presenting on Hospital Property, other than at a Dedicated Emergency Department, who are not a Hospital patient may trigger an EMTALA obligation (e.g., Medical Screening Examination) if either the individual requests examination or treatment for an Emergency Medical Condition or if a prudent lay person observer would

believe that the individual is suffering from an Emergency Medical Condition. Individuals requiring immediate medical care shall be provided care as outlined in the AdventHealth Hendersonville Code Blue and Response to Emergencies On Campus policies and procedures.

C. Individuals registered as outpatients of the Hospital who present on Hospital Property (other than at a Dedicated Emergency Department) do not trigger an EMTALA Medical Screening Examination. Similarly an individual who comes to a Hospital-owned facility or department, which is off-campus and operates under the Hospital's Medicare provider number, will not trigger EMTALA unless the facility/department meets the definition of a Dedicated Emergency Department.

D Individuals presenting by ambulance who are not a direct admission to the Hospital are to be taken directly to a Dedicated Emergency Department treatment room, or to The Baby Place, in the case of pregnant women greater than twenty (20) weeks estimated gestation. Initial evaluation of ambulance patients shall be made by the nurse assigned to the patient or treatment room occupied by the patient.

E Pregnant women presenting for treatment or evaluation of pregnancy may be detained in the Emergency Department for emergency care and stabilization prior to transfer to The Baby Place if trauma or other emergent medical conditions are present at triage.

F Initial triage of all individuals presenting in the Emergency Department shall be provided by the registered nurse. Where indicated, the emergency physician or Qualified Medical Personnel may provide a Medical Screening Examination without prior triage, and in lieu thereof.

G. The Hospital may request on-call physicians to assist in the Medical Screening Examination and on-call physicians shall respond to such requests within an appropriate time frame. The on-call physician, or designee, should respond to calls from the Emergency Department within thirty (30) minutes by telephone, and must arrive at the Hospital, if requested to see the patient, to evaluate the patient within one (1) hour for emergent patients. Requests for assistance with Medical Screening Examination assistance may be in the form of:

a) Telephone consult
b) Video conference consult
c) Transmission of test results or other communication – i.e., imaging studies, lab results, ECGs, real time audio and video images of the patients and or other clinical information
d) Request to appear at the hospital to examine the patient.

H. While any of the above may satisfy the responsibility of the on-call physician, if the on-call physician is requested to personally appear at the Hospital, the on-call provider must appear. If the on-call physician does not respond to being called or paged, the

physician's Department Chair shall be contacted; if the Department Chair is unavailable the Chief of Staff shall be contacted. It is the on-call medical staff member's responsibility to arrange for coverage when he/she is unavailable to take call when assigned.

I. No individual presenting at AdventHealth Hendersonville shall be denied a Medical Screening Examination by any associate or medical staff member of this Hospital. Medical Screening Examinations will be provided to any individual regardless of his or her age, race, ethnicity, national origin, religion, gender identity or expression, disability, pregnancy, veteran's status, sexual orientation, insurance coverage or ability to pay for medical services, and the level of care provided and response of on-call physicians will not vary based on the individual's age, race, ethnicity, national origin, religion, gender identity or expression, disability, pregnancy, veteran's status, sexual orientation, insurance coverage or ability to pay for medical services.

J. The Hospital shall not delay performing the Medical Screening Examination or providing necessary stabilizing treatment to inquire about an individual's insurance status, means or ability to pay or method of payment. The hospital may continue to follow reasonable registration processes for individuals for whom examination and treatment is required, including asking whether an individual is insured, and if so, what insurance is, as long as that inquiry does not delay screening or treatment. Reasonable registration processes may not unduly discourage an individual from remaining for further evaluation.

K. Where priorities permit, in the judgment of the registered nurse, or by determination of a physician, Physician Assistant or Nurse Practitioner, ambulance patients shall be provided a Medical Screening Examination prior to others in order to make treatment facilities and capabilities available more rapidly to all individuals seeking treatment or evaluation.

L. All patients shall be monitored, and their vital signs recorded in the medical record as indicated by the triage category of the patient or as directed by the responsible physician or other Qualified Medical Personnel. Time of triage, category of triage, time of arrival, time of placing in a treatment room, time of physician or Qualified Medical Personnel Medical Screening Examination, and time of call to and arrival of on-call physicians, Physician Assistant or Nurse Practitioner shall be specifically noted in the medical record.

M. The Qualified Medical Personnel providing the Medical Screening Examination shall physically examine the individual and, where necessary to rule out any potential Emergency Medical Condition in the range of the differential diagnosis for the patient, shall order such testing and further examination by an on-call physician as is routinely available to the Emergency Department within the Capability of this Hospital. The Qualified Medical Personnel's observations, evaluation of differential diagnoses, testing ordered, and results of all testing shall be recorded in the medical record.

N. The Medical Screening Examination required by this policy shall be provided to any minor, regardless of the failure to obtain parental consent prior to the provision of the examination and necessary treatment.

3. No Emergency Medical Condition Found:

If the Medical Screening Examination determines a patient does not have an Emergency Medical Condition, the patient will be treated, transferred or discharged as determined medically appropriate by the treating practitioner, and the Hospital shall have no further EMTALA obligation.

4. Necessary Stabilizing Treatment or Transfer:

A. If Qualified Medical Personnel determine that the patient is experiencing an Emergency Medical Condition, the Hospital will provide either:
   1) Further medical examination and treatment available within the capabilities of the Hospital required to stabilize the Emergency Medical Condition; or
   2) Appropriate Transfer of the individual to another medical facility.

B. The Hospital may require on-call physicians to come to the Hospital to assist in providing necessary Stabilizing treatment and such on-call physicians shall respond to such request within one (1) hour from the time of the request. The hospital will provide Stabilizing treatment in a non-discriminatory manner (i.e., Stabilizing treatment will be provided to any individual regardless of his or her age, race, ethnicity, national origin, religion, gender identity or expression, disability, pregnancy, veteran's status, sexual orientation, insurance coverage or ability to pay for medical services, and the level of care provided and response of on-call physicians will not vary based on the individual's the age, race, ethnicity, national origin, religion, gender identity or expression, disability, pregnancy, veteran's status, sexual orientation, insurance coverage or ability to pay for medical services.

C. For patients that require a transfer to another facility, appropriate transfer will be effectuated through qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer. Patients requesting transfer of their own volition, and without any suggestion or direction by any associate of this Hospital or any physician member of the medical staff, and who are unlikely to deteriorate during transfer, may be allowed to transfer themselves via their own vehicle. There shall be documentation in the medical record that transport services have been offered at AdventHealth Hendersonville.

D. The Administrative Supervisor on duty will review all transfers to assure established procedure is followed and documentation is complete.

5. Admission of Individuals as Inpatients:

A. If the Hospital has screened an individual and found that the individual has an Emergency Medical Condition and admits the individual as an Inpatient of the Hospital in good faith in order to Stabilize the Emergency Medical Condition, the Hospital will have satisfied its EMTALA obligations with respect to that individual (i.e., upon inpatient admission, EMTALA is no longer applicable to the inpatient).

B. The Hospital has no EMTALA obligations with respect to Inpatients who were admitted for elective (non-emergency) diagnosis or treatment.

C. The care and treatment of Inpatients of the Hospital will be provided in accordance with applicable authorities and standards, and policies and procedures, including, but not limited to, the conditions of participation for hospitals under the Medicare program.

6. Transfer of Patients with Unstable Emergency Medical Conditions:

A. No individual with an Emergency Medical Condition that has not been Stabilized will be transferred from the Hospital to another facility unless:
   a. The Transfer is an Appropriate Transfer within the meaning of this Policy; and
   b. At least one (1) of the following three (3) circumstances have been met:

      1) Patient Initiated Transfer:
      The patient (or a legally responsible person acting on the patient's behalf), without suggestion or prompting by any nurse, physician, or employee of this Hospital, requests transfer to another hospital, and;
         a) The individual has been informed of the risk of transfer to another facility and the fact that the patient's Emergency Medical Condition has not been stabilized; and
         b) The individual has been informed of the Hospital's obligation under EMTALA to provide the patient further examination and treatment, within the Hospital's Capability, required to Stabilize the patient's Emergency Medical Condition or Transfer to another facility as described in this policy; and
         c) The physician has entered the risks of the requested transfer upon the transfer form, and;
         d) The patient or legally authorized person has signed the written transfer form the content of which indicates the reasons for the requested transfer and that the individual is aware of the risks and benefits, and;
         e) The patient or legally authorized person has signed a Refusal of Services form, and;
         f) Unless the patient has also refused transfer assistance of this the Hospital in writing, the "Transfers to Another Facility" Nursing Policy is followed.

2) Transfer by Certification Procedure:
A physician has examined the patient and has determined that the patient is in need of services or procedures not within the Capability of this Hospital to provide, and;

a) Signed a transfer form (which includes a certification) stating that, based upon information available to the physician at the time of Transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual or, in the case of a woman in labor, to the woman or the unborn child, from being transferred.

b) The ED physician has entered a statement of those risks and benefits specific to the individual patient upon the transfer form, and;

c) The patient or a legally authorized person has signed an informed consent in writing to the transfer based upon the risks and benefits disclosed in the transfer form (or if no one is able to sign the consent, the details of the circumstances are set forth in the medical record clearly establishing the reason the consent was not signed, and the transfer form signature line is marked "unable to sign".

3) Involuntary Transfer Process:

a) Proper state documents are completed for the involuntary mental health commitment process (Refer to related policies: "Transfers to Another Facility" and "Evaluation and Disposition of Behavioral Health Patients within the Emergency Department")
b) The Transfers to Another Facility policy is followed.

7. Special Situations:

A. Designation of certain hospitals for specific insurance plans is not acceptable grounds for transfer unless or until the patient's Emergency Medical Condition has resolved or unless the transfer is patient initiated.

B. Physician convenience, physician preferences for certain facilities, continuity of care, state designated centers for specific types of care, trauma center rules, state rules or practices inconsistent with COBRA/EMTALA are not justifiable grounds for transfer under EMTALA.

8. Refusal to Consent:

Individuals refusing examination, treatment, or transfer shall be documented consistent with the Refusal of Care procedure.

A. Refusal to Consent to Examination or Treatment:
If an individual brought to the Hospital or a person acting on the individual's behalf, refuses further examination and Stabilizing treatment, the physician caring for the individual shall:
1) Explain the risks and benefits of further examination and treatment.
2) Offer to further examine and treat the individual.
3) Take reasonable steps to obtain informed refusal to consent to further examine and treatment.
4) Document in the medical record a description of the examination, treatment or both, if applicable that was refused.
5) Document in the medical record the reasons for refusal.
6) Document in the medical record the steps taken to try to secure written informed refusal, if written informed refusal was not secured.

B. Refusal to Consent to Transfer:
If an individual brought to the Hospital or a person acting on the individual's behalf, refuses Transfer to another facility, the physician caring for the individual shall:
1) Explain the risks and benefits of the Transfer.
2) Offer to Transfer the individual to another facility.
3) Take reasonable steps to obtain written informed refusal to consent to the Transfer.
4) Document a description of the proposed Transfer that was refused by or on behalf of the individual.
5) Document in the medical record that the individual has been informed of the risks and benefits of the transfer and state the reasons for refusal.
6) Document in the medical record the steps taken to obtain written informed refusal, if written informed refusal is not secured.

9. On-Call List:

A. The Hospital shall maintain a current list of physicians, including specialists and subspecialists, who are on-call for duty after the initial examination to provide further evaluation of an individual presenting with a potential Emergency Medical Condition or the treatment necessary to Stabilize an individual with an Emergency Medical Condition.

B. If an on-call physician fails or refuses to respond by telephone to a request to provide medical evaluation or treatment of an individual within thirty (30) minutes, alternate physicians will be used to provide care and treatment to the patient and an occurrence report shall be generated and the matter forwarded to the Risk Manager.
1) If an on-call physician fails or refuses to:
    1. Respond by telephone within thirty (30) minutes when notified by an Emergency Department physician that his or her services are needed Or

2. Respond <u>in-person within one (1) hour</u> when notified by an Emergency Department physician that his or her services are needed

3. AND the emergency physician orders a Transfer because the Emergency Department physician determines that without the services of the on-call physician, the benefits of Transfer outweigh the risks of Transfer:
   a) The Risk Manager will be notified, and an occurrence report will be written.
   b) The name and address of the on-call physician who failed to respond or appear, and thus resulted in the Transfer of the patient, will be included in the patient's medical record, which will be provided to the receiving facility.

C. Medical Staff physicians are responsible for taking call as scheduled through the end of their scheduled call shift. In the event a Medical Staff physician is unable to take call as scheduled, the Medical Staff physician is responsible for arranging for another physician to take their scheduled call and shall provide notice the Hospital Switchboard Operator with notification of the change.

D. <u>Simultaneous Call at another Facility while On Call</u>
Medical Staff physicians are permitted to take call at the Hospital while simultaneously on call at another hospital or health care facility; provided, however that the Medical Staff physician taking simultaneous call must:
   1) Notify the Switchboard Operator in advance of any dates of call on which the Medical Staff physician is taking simultaneous call and,
   2) Provide the Switchboard Operator with the name of a Medical Staff physician to serve as back up in the event the physician's call duties at the other hospital or health care facility prevent them from responding to a request from the hospital.
      a) In the event a physician on call is unable to respond to a request from the Hospital due to call obligations at another hospital or health care facility, the Hospital will call the back-up physician, or their APP designee.
      b) In the event the back-up physician or APP designee fails to respond or appear as may be requested, the Department Chair shall be contacted; if the Department Chair is unavailable, the Chief of Staff shall be contacted. The Hospital shall use alternate physicians to provide care and treatment to the patient.
      c) If no back-up physician of the same specialty is available, the Emergency Department will provide necessary Stabilizing treatment to the patient until the Medical Staff physician is available.
      d) If the Emergency Department is unable to provide the necessary Stabilizing treatment without the Medical Staff physician or the patient's condition requires otherwise, the Emergency Department will arrange for an Appropriate Transfer of the patient to another facility.

E. *Scheduled Elective Surgery while On Call*

Medical Staff physicians are permitted to perform elective surgeries while on-call, within the scope of their privileges. It is recognized that a Medical Staff physician may not be able to respond to the Emergency Department in the required timeframe if currently performing a surgical procedure. If elective surgeries will be performed while the Medical Staff physician is on-call, they must:

1) Notify the Switchboard Operator in advance of any dates of call during which the Medical Staff physician is performing elective surgery and,
2) Provide the Switchboard Operator with the name of a Medical Staff physician or APP designee to serve as back up in the event the physician is unable to respond to a request from the Emergency Department while performing elective surgery.
    a) In the event a physician on-call is unable to respond to a request from the Hospital due to performing elective surgery, the Hospital will call the back-up physician or their APP designee. In the event the back-up physician or APP designee fails to respond or appear as may be requested, the Department Chair shall be contacted; if the Department Chair is unavailable, the Chief of Staff shall be contacted. The Hospital shall use alternate physicians to provide care and treatment to the patient.
    b) If no back-up physician of the same specialty is available, the Emergency Department will provide necessary Stabilizing treatment to the patient until the Medical Staff physician is available.
    c) If the Emergency Department is unable to provide the necessary Stabilizing treatment without the Medical Staff physician or the patient's condition requires otherwise, the Emergency Department will arrange for an Appropriate Transfer of the patient to another facility.

F. *Subspecialties with Limited Physician Back-up Coverage*

It is recognized that certain subspecialties represented on the Hospital Medical Staff and on-call schedule have limited physician back-up coverage. In certain circumstances, it is possible that the subspecialist on call may not be able to respond to the Emergency Department in the required timeframe due to circumstances beyond their control (e.g., currently performing a surgical procedure, transportation failures, personal illness, etc.). In those situations, the following will occur:

1) If no back-up physician of the same specialty is available, the Emergency Department will provide necessary Stabilizing treatment to the patient until the Medical Staff physician is available.
2) If the Emergency Department is unable to provide the necessary Stabilizing treatment without the Medical Staff physician or the patient's condition requires otherwise, the Emergency Department will arrange for an Appropriate Transfer of the patient to another facility.

10. Acceptance of Transfers:

A. It is the policy of this Hospital to accept patients for inter-hospital transfer from within the boundaries of the United States who are suffering from Emergency Medical Conditions that are in need of stabilizing treatment that is within the Capability and Capacity of this facility but not available at the original facility treating the patient. Such acceptance will be without regard to the financial ability or method of payment of the patient, or to the age, race, ethnicity, national origin, religion, gender identity or expression, disability, pregnancy, veteran's status, sexual orientation, or condition of disability of the patient to the extent that such disability is not a decisive medical factor in the ability of this Hospital to care for the patient.

B. In order to coordinate the acceptance of transfers most effectively all requests for acceptance of transfers from other hospitals shall be handled in the following manner:

1. All requests for transfer to the Emergency Department will be received by the Emergency Department physician. The Emergency Department physician on-duty will accept the call for immediate processing, or if the Emergency Department physician is unavailable due to critical care being rendered to a patient, the Emergency Department registered nurse will take the call and arrange for the Emergency Department physician to return the call on a STAT basis.

2. If an accepting physician at AdventHealth Hendersonville has not been previously arranged, the Emergency Department physician will provide the caller with the name and phone number of the on-call specialist and instruct the party to contact the on-call specialist directly. The Emergency Department physician will instruct the party to call back if they are unable to reach the on-call physician, or if they have any difficulties obtaining acceptance of the patient for transfer.

3. If inpatient admission is anticipated, the accepting Emergency Department physician or on-call specialist will immediately notify the Administrative Supervisor or designee of the patient's acceptance, the condition of the patient, any necessary bed, equipment, and surgical requirements for the patient, and the estimated time of arrival.

11. Central Log:

A. For the purpose of documenting EMTALA compliance, the Hospital will maintain a central log on each individual who Comes to the Emergency Department.

B. The log will contain information on whether the individual refused treatment, was refused treatment, or whether he or she was transferred, admitted and treated, stabilized and transferred, or discharged.

12. Suspected Violations:

A. The Risk Manager will be responsible for investigating and assuring the reporting to Hospital administration of any and all suspected violations of the hospital's policies regarding its obligations to provide screening examinations and stabilizing treatment.

1. Should an associate or physician suspect the hospital received an improperly transferred individual, an occurrence report will be generated and the matter promptly reported to the Risk Manager.

2. The Risk Manager will investigate the incident and report the findings to the CMO and CEO.

3. The CMO and CEO may gather additional facts, and ultimately will evaluate the facts of the events as known to this facility and shall report each incident where it appears that a violation MAY HAVE occurred to the CMS Regional Office. Notification of the incident is to be received by CMS within 72 hours of the possible improper transfer or discharge from the prior hospital.

13. Retention of Records:

A. The Risk Manager, on behalf of the hospital, will maintain a file of all COBRA/EMTALA related occurrence reports and all notifications to CMS and records of incidents for at least five (5) years from the date of the incident.
B. The Hospital Switchboard Operator and Emergency Departments will be responsible for maintaining copies of the daily Physician On-call schedule for all services offered. These will be archived for a period of five (5) years.

14. Waiver of EMTALA Regulations:

A. During a national emergency or applicable declaration of state emergency preparedness plan activation, or in the case of a state public health emergency that involves pandemic infections, federal sanctions attributable to an inappropriate transfer or for the direction or relocation of an individual to receive a medical screening at an alternate location may be waived.
B. This waiver is permitted at the direction of the State Emergency Operations Director/President of the United States/Secretary of Health and Human Services and will designate the allowed timeframe of the waiver.
C. In order for an EMTALA waiver to apply to the Hospital, the Hospital must activate its disaster protocol, the Hospital must be located within the emergency area, and the state of North Carolina must have activated an emergency preparedness plan/pandemic preparedness plan in the area that includes the Hospital's location. When operating under an EMTALA waiver, individuals may be redirected to alternate locations for a Medical Screening Examination.

IV. PROCEDURE/GUIDELINES: NA

III. DEFINITIONS:

Consolidated Omnibus Budget Reconciliation Act of 1985 ("EMTALA"). The EMTALA law utilizes legal definitions that do not necessarily match those commonly used in health care. Specific definitions created by EMTALA will be utilized in this policy to aid in defining appropriate and compliant level of care and procedures.

Capabilities: "Capabilities" means as to the Hospital that there is physical space, equipment, supplies and specialized services that the Hospital provides (e.g., surgery, psychiatry, obstetrics, intensive care, pediatrics, etc.). Capabilities of the Hospital's staff means the level of care that the personnel of the Hospital can provide within the training and scope of their professional license, including coverage available through the Hospital's on-call roster.

Capacity: "Capacity" means the maximum amount or number that can be contained or accommodated. Capacity to render care is not reflected simply by the number of persons occupying a specialized unit, the number of staff on duty, or the amount of equipment on the Hospital's premises. Capacity includes whatever the Hospital customarily does to accommodate patients in excess of its occupancy limits. If the Hospital has customarily accommodated patients in excess of its occupancy limits by whatever means (e.g., moving patients to other units, calling in additional staff, borrowing equipment from other facilities) it has, in fact, demonstrated the ability to provide services to patients in excess of its occupancy limits.

Comes to the Emergency Department: "Comes to the Emergency Department" means, with respect to an individual who is not a patient, an individual who:

1. Has presented at the Hospital's Dedicated Emergency Department and requests examination or treatment for a medical condition or has such a request made on his/her behalf. In the absence of such a request by or on behalf of the individual, a request on behalf of the individual will be considered to exist if a prudent layperson observer would believe, based on the individual's appearance or behavior, that the individual needs examination or treatment for a medical condition; or

2. Has presented on Hospital Property, other than the Dedicated Emergency Department, and requested examination or treatment for what may be an Emergency Medical Condition or has such a request made on his/her behalf. In the absence of such a request by or on behalf of the individual, a request on behalf of the individual will be considered to exist if a prudent layperson observed would believe, based on the individual's appearance or behavior, that the individual needs emergency examination or treatment; or

3. Is in a ground or air non-hospital-owned ambulance on Hospital Property for presentation for examination and treatment for a medical condition at the Hospital's Dedicated Emergency Department. An individual in a non-Hospital-owned ambulance off Hospital Property is not considered to have come to the Hospital's Dedicated Emergency Department, even if a member of the ambulance staff contacts the Hospital by telephone or telemetry communications and informs the Hospital that they want to transport the individual to the Hospital for examination and treatment. The Hospital may direct the ambulance to another facility if it is in "diversionary status," that is, it does not have the staff or facilities to accept any additional emergency patients. If, however, the ambulance staff disregards the Hospital's diversion instructions and transports the individual onto Hospital Property, the individual is considered to have Come to the Emergency Department.

If an individual comes to the Hospital's Dedicated Emergency Department and a request is made on his or her behalf for examination for treatment for a medical condition, but the nature of the request makes it clear that the medical condition is not of an emergency nature, the Hospital is required only to perform such screening as would be appropriate for any individual presenting in that manner, to determine that the individual does not have an Emergency Medical Condition.

Dedicated Emergency Department: "Dedicated Emergency Department" means 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: a) licensed by the State as an emergency room or emergency department; b) holds itself out to the public (by names, 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 c) a location whereat at least one third of the patient visits are for treatment of Emergency Medical Conditions on an urgent basis without requiring a previously scheduled appointment.

For the purpose of this policy, the following departments of the Hospital are Dedicated Emergency Departments:

- The Emergency Department
- Labor and Delivery (The Baby Place)

Emergency Medical Condition: "Emergency Medical Condition" means a medical condition manifesting itself by acute symptoms of sufficient severity 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 the pregnant woman, the health of the woman and/or her unborn child) in serious jeopardy; or
2. Serious impairment to bodily functions, or
3. Serious dysfunction of any bodily organ or part.

With respect to a pregnant woman who is having contractions:

1. That there is inadequate time to effect a safe transfer to another hospital before delivery, or
2. That transfer may pose a threat to the health or safety of the woman or the unborn child.

Guidance on Emergency Medical Conditions for Substance Abuse and Psychiatric Conditions:

1. Some intoxicated individuals may qualify as having an Emergency Medical Condition because the absence of medical treatment may place their health in serious jeopardy, result in serious impairment of bodily functions, or cause serious dysfunction of a bodily organ. In addition, intoxicated individuals may have unrecognized trauma.
2. An individual expressing suicidal or homicidal thoughts or gestures, if determined dangerous to self or others, would be considered to have an Emergency Medical Condition.

Follow-up Care: "Follow-up Care" means non-hospital medical care rendered after discharge of a patient following the completion of the Medical Screening Examination and necessary stabilizing treatment rendered in the Hospital. Follow-up care referral may be made where the attending or Emergency Department physicians, or other Qualified Medical Personnel, in their medical judgment, deem that a delay of continued care will not pose a risk of material deterioration in the patient's medical condition as a result of the discharge.

Inpatient: **"**Inpatient" mans an individual who is admitted to the Hospital for bed occupancy for purposes of receiving inpatient hospital services with the expectation that he or she will remain at least overnight and occupy a bed even though the situation may later develop that the individual can be discharged or transferred to another hospital and does not actually use a Hospital bed overnight.

Labor: "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 experiencing contractions is in true labor, unless a physician, certified nurse-midwife, or other Qualified Medical Personnel acting within his or her scope of practice as defined in the Hospital's medical staff bylaws and North Carolina law, certifies that, after a reasonable time of observation, the woman is in false labor.

Medical Screening Examination: "Medical Screening Examination" means the initial and on-going evaluation of the presenting individual conducted by a physician or other Qualified Medical Personnel, including history, physical examination, appropriate testing, completion of appropriate documentation, and evaluation of the patient, within the capabilities of the Hospital utilizing those facilities routinely available to the Emergency Department, including the use of indicated Physicians or other Qualified Medical Personnel, and the use of on-call physicians as appropriate. This process is used to determine whether a patient has an Emergency Medical Condition as defined by law and/or to ensure that the individual does not have an Emergency Medical Condition as defined by law. All persons presenting are entitled

to a Medical Screening Examination that is appropriate for their medical condition to determine whether or not an Emergency Medical Condition exists. This does not mean that all screenings must be equally extensive.

Necessary Definitive Care: "Necessary Definitive Care" means that medical care appropriate and necessary to remove the risk of deterioration to the patient's medical condition prior to discharge or appropriate transfer. Interventions such as suturing, hospital admission, diagnostic testing, surgery, psychiatric services, detoxification or other treatment of symptoms of alcohol or other substance abuse, antibiotic therapy, and fracture setting or casting may be deemed to be necessary definitive care by federal authorities in the absence of valid documentation that the condition required only Follow-Up Care.

Property of the Hospital: "Property of the Hospital" or "Hospital Property" means the entire main hospital campus as defined in 42 CFR 413.65(a), including the parking lot(s), driveways, sidewalks, or hospital departments, including any building owned by the Hospital that is within 250 yards of the main hospital building. Hospital Property excludes other areas or structures of the Hospital's main building that are not part of the hospital, such as physician offices, rural health centers, skilled nursing facilities or other entities that participate separately under Medicare (e.g., home health) or restaurants, shops or other nonmedical facilities.

For the purposes of this Policy, Hospital Property includes the main hospital building (including the Dedicated Emergency Departments), and the hospital provider-based outpatient medical offices (e.g., physician clinics), including those in the Medical Office Building and all other medical offices on Doctor's Drive, all of which are within 250 yards of the main building of the Hospital.

Qualified Medical Personnel: "Qualified Medical Personnel" means medical staff physicians, in collaboration with nursing and behavioral assessment personnel, unless otherwise defined herein. For purposes of the Medical Screening Examination, Registered Nurses or Advanced Registered Nurse Practitioners are Qualified Medical Personnel provided that the Medical Screening Examination indicated by the circumstances of an individual case is within the education, training, and experience of such Registered Nurse or Advanced Registered Nurse Practitioner. Physician Assistants are Qualified Medical Personnel to the extent that their actions are authorized by a Medical Staff Physician. For labor and delivery only, Qualified Medical Personnel include labor and delivery Registered Nurses, Certified Nurse Midwives, or Advanced Registered Nurse Practitioners in collaboration with a Medical Staff Physician. Registered Nurses who have successfully completed Sexual Assault Nurse Examiner (SANE) training are Qualified Medical Personnel who may perform the Medical Screening Examination for victims of sexual assault.

To Stabilize/Stabilizing: "To Stabilize" means, with respect to an Emergency Medical Condition, to provide such medical treatment of the condition 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 individual from a facility, or, with respect to a pregnant woman with an Emergency Medical Condition, as previously described in this policy, to deliver the child and the placenta.

1. Pregnancy: A pregnant woman experiencing uterine contractions is deemed stable under the law if a physician, or other Qualified Medical Personnel, after examining the woman, certifies in the record there is adequate time to effect a safe transfer (if indicated) to another hospital before delivery and that discharge or transfer will not pose a threat to the health and safety of the woman or unborn child OR, the hospital delivers the baby and placenta.

2. Non-Pregnancy Cases: The patient is stabilized if he/she is provided appropriate care within the Capacity and Capability of the Hospital to render them in a condition that no material deterioration is likely, within reasonable medical probability, to occur from or during transfer (including discharge or referral.)

Guidance on Stabilization:

A. A patient will be deemed stabilized if the treating physician or Qualified Medical Personnel attending to the patient in the Emergency Department/hospital has determined, within reasonable clinical confidence, that the Emergency Medical Condition has been resolved.

B. To be considered stable, a patient's Emergency Medical Condition must be resolved, even though the underlying condition may persist.
   1) For example, an individual presents to the Hospital complaining of chest tightness, wheezing, and shortness of breath and has a medical history of asthma. The physician or other Qualified Medical Personnel completes a Medical Screening Examination and diagnoses the individual as having an asthma attack which is an Emergency Medical Condition. Stabilizing treatment is provided (medication and oxygen) to alleviate the respiratory symptoms. In this scenario, the Emergency Medical Condition was resolved, but the underlying medical condition of asthma still exists. After stabilizing the patient, the Hospital no longer has an EMTALA obligation. The physician may discharge the patient home, admit him/her to the hospital, or transfer the patient to another hospital depending on his/her needs or request.

C. Under EMTALA, the Hospital is responsible for treating and stabilizing, within its Capability and Capacity any individual who presents himself or herself to the Hospital with an Emergency Medical Condition. The hospital must provide such care until the Emergency Medical Condition is Stabilized or until the patient is appropriately transferred to another facility.

D. For transfers between medical facilities, CMS guidance provides that a patient may be "stable for transfer" if the patient is transferred from one facility to a second facility

and the treating physician attending to the patient has determined, within reasonable clinical confidence, that the patient is expected to leave the hospital and be received at the second facility with no material deterioration in his/her medical condition; and the treating physician reasonably believes the receiving facility has the capability to manage the patient's medical condition and any reasonably foreseeable complication of that condition. Hospitals that transfer patients to recipient hospitals when patients are considered "stable for transfer", but whose Emergency Medical Condition have not been resolved are still required to perform an Appropriate Transfer. An inappropriate Transfer of an individual with an Emergency Medical Condition would be a violation of the hospital's EMTALA obligation.

1) If there is a disagreement between the treating physician and an off-site physician (e.g., a physician at the receiving facility or the patient's primary care physician if not physically present at the first facility) about whether a patient is stable for transfer, the medical judgment of the treating physician usually takes precedence over that of the off-site physician.
2) If a physician is not physically present at the time of Transfer, then another Qualified Medical Personnel in consultation with a physician, can determine if a patient is stable for Transfer.
3) A patient is considered stable for discharge (as opposed to stable for Transfer from one facility to a second facility) when, within reasonable clinical confidence, it is determined that the patient has reached the point where his/her continued care, including diagnostic work-up or treatment, could be reasonably performed as an outpatient or later as an inpatient, provided the patient is given a plan for appropriate Follow-Up Care within the discharge instructions.

E. For purposes of transferring a patient from one facility to a second facility for psychiatric conditions, the patient is considered to be stable when he/she is protected and prevented from injuring himself/herself or others. For purposes of discharging a patient (other than for the purpose of Transfer from one facility to a second facility) for psychiatric conditions, the patient is considered to be stable when he/she is no longer considered to be a threat to him/herself or others.

Scope of Privileges: "Scope of Privileges" means a physician or other Qualified Medical Personnel are deemed to be capable of performing all evaluation, treatment, and procedures within the scope of active clinical privileges granted to him or her by this Hospital, regardless of the usual and customary exercise of the full scope of those privileges, and regardless of whether another specialty is typically utilized to perform those functions.

Transfer: "Transfer" means the movement of the patient, for any reason – including discharge – from the premises of the Hospital at the direction of any person employed by, or affiliated or associated, directly or indirectly, with the Hospital, except as a result of departure against medical advice or as the result of death.

Triage: "Triage" means the initial and on-going evaluation of presenting individuals by the registered nurse to determine the order in which they will be provided a Medical Screening Examination by a physician or other Qualified Medical Personnel, as provided in the Emergency Department Triage Policy.

VI. EXCEPTIONS:

For the purpose of this policy, Hospital Property excludes areas or structures of the Hospital's main building that are not part of the hospital, such as non-employed physician offices, or other entities that participate separately under Medicare (e.g. Home Health), restaurants, shops, or other non-medical facilities.

VII. REFERENCES

1. 10A NCAC 13B.4103
2. 42 CFR 4B.65(a)

VIII. RELATED DOCUMENTS:

Code Blue
Response to Emergencies on Campus
Transfers to Another Facility
Evaluation and Disposition of Behavioral Health Patients within the ED