

Last revision: June 2012	Review Date 3/2015	Approved by: Board of Trustees
------------------------------------	------------------------------	--

PURPOSE:

- To identify requirements for the emergency medical screening;
- To identify guidelines for providing the appropriate setting (department) for conducting medical screenings;
- To identify providers eligible to perform the emergency medical screening;
- To comply with Emergency Medical Treatment & Active Labor Act (EMTALA), 42 U.S.C. § 1395 and subsequent federal interpretive guidelines and state regulations

POLICY:

Every patient presenting to Syringa Hospital & Clinics (“SHC”) property requesting medical examination or treatment will receive an appropriate medical screening examination within the capability of the hospital, including ancillary services routinely available, to determine whether an emergency medical condition exists.

Persons with emergency medical conditions will be treated and their condition stabilized without regard to ability to pay for services.

DEFINITIONS:

Hospital property means the entire main hospital campus (250 yard rule for non-contiguous structures), including the *parking lot, sidewalk, and driveway*, but excluding other areas or structures of the hospital’s main building that are not part of the hospital, such as physician offices, cafeteria, or other non-medical facilities.

Emergency which requires a medical screening is a condition which the “lay person” requesting emergency treatment defines as an emergency.

Emergency Medical Condition is a medical condition manifesting acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- Serious impairment to bodily functions;
- Serious dysfunction of any bodily organ or part; or
- The individual posing a danger to himself or others (in the case of the patient with psychiatric disturbance).

With respect to a pregnant woman who is having contractions:

- There is inadequate time to effect a safe transfer to another hospital before delivery; or
- Transfer may pose a threat to the health or safety of the woman or the unborn child.

Stabilize refers to providing medical treatment of the patient’s condition necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during a transfer of the individual from a facility. In the case of a woman in labor, stabilize means that the

woman has delivered the child and the placenta. For psychiatric conditions, stabilize means the person is protected and prevented from harming themselves or others.

Triage is a sorting process to determine the order in which patients will be provided a medical screening examination by a qualified medical person. Triage is not the equivalent of a medical screening examination and does not determine the presence or absence of an emergency medical condition.

Transfer means the movement of a living patient to another facility at the direction of any person employed by the clinic or hospital, but does not include such a movement of an individual who has been declared dead or who leaves the facility against medical advice (AMA) or without being seen (LWBS).

LOCATIONS AND CIRCUMSTANCES THAT REQUIRE MEDICAL SCREENING:

Medical Screenings are performed at

- SHC Emergency Department for any patient who presents to the department requesting medical examination or treatment for any medical condition including a pregnant person with contractions, or if the patient is unable to speak, a condition that a prudent layperson would believe needs exam or treatment.
- SHC Grangeville Clinic or SHC VA Clinic for *unscheduled, walk-in* patients requesting examination or treatment for a potential emergency medical condition, or if the patient is unable to speak, a condition that a prudent layperson would believe needs exam or treatment.
- SHC Labor & Delivery department for patients presenting with contractions, for the determination of active labor.

A request on behalf of the individual will be considered to exist (even if not explicitly stated) 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.

If a request is made by a patient or on his or her behalf for examination or 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.

Minors may consent to an exam for emergency medical condition, and for stabilizing treatment if the exam reveals potential emergency condition. If it is determined there is no emergency medical condition, consent must be obtained from parents or legal guardian.

WHEN EMTALA DOES NOT APPLY:

Hospital need only perform screening necessary to rule out emergency medical condition. Once an emergent medical condition has been ruled out, EMTALA no longer applies. Billing and/or insurance processes may proceed before further medical care is provided.

In case of an obvious non-emergency situation, the person's statement that he/she is not seeking emergency care together with brief questioning by qualified medical screener is sufficient to rule out an emergency medical condition. Depending on specific findings, the patient may be discharged, or may be instructed to return for treatment at a later time.

EMTALA does not apply to requests for preventative care (e.g., immunization, flu shots), requests by physician or police solely to perform non-emergency test or gather evidence (e.g. for blood alcohol level,

sexual assault evidence), or prescheduled appointments with the provider.

Once a patient has been admitted to the hospital, EMTALA regulations no longer apply. If an inpatient develops emergency medical condition after admission, EMTALA does not apply.

SHC OFF-CAMPUS LOCATIONS WHERE EMTALA REGULATIONS DO NOT APPLY:

SHC Kooskia Clinic – this clinic is not a dedicated emergency department and does not meet criteria that would subject it to EMTALA regulations. See policy/procedures for SHC Kooskia Clinic regarding management of emergent medical conditions presenting to or developing at that site.

SHC Physical Therapy Department – this off-campus department provides only scheduled physical therapy services, and does not manage or treat emergent medical conditions. See policy/procedures for SHC Physical Therapy department regarding recognition/management of an emergent medical condition presenting to or developing at that site.

WHO MAY CONDUCT MEDICAL SCREENINGS?

The SHC Board recognizes the following medical personnel as qualified medical persons to perform medical screening examinations to determine whether an emergent medical condition exists:

For Emergency department screenings

- Physicians with SHC medical staff privileges to work in ER
- Midlevel providers with SHC medical staff privileges to work in ER
- Registered Nurses, designated by the Director of Nursing and the Clinical Nurse Manager as having met Emergency Services Policy competency criteria to work independently in the ER and to perform medical screenings.

For OB medical screenings

- Physicians with SHC medical staff privileges to perform, at a minimum, emergency management of labor/delivery.
- Midlevel providers with SHC privileges to perform, at a minimum, emergency management of labor/delivery care until a qualified practitioner arrives.
- RNs designated by the Director of Nursing and the OB Nursing Coordinator as having met OB Services Policy competency criteria to work independently in LDR and to perform OB medical screenings.

For SHC Grangeville Primary Care and VA Clinic screenings

Physicians with SHC medical staff privileges to work in the clinic

Midlevel Providers with SHC medical staff privileges to work in the clinic.

MEDICAL SCREENING AND REGISTRATIONS PROCESS

SHC may follow reasonable registration processes for individuals for whom examination or treatment is required, including asking whether an individual is insured and, if so, what that insurance is, as long as that inquiry does not delay screening or treatment. Billing and insurance information may be obtained concurrently with the triage/medical screening but

- Must not interfere with the timeliness of the medical screen;
- Must not include calling a managed care organization for permission to do a medical screen;
- Must not imply anything to the patient that might discourage him/her from seeking the medical screen;
- Must not give the patient any information about advance beneficiary notice prior to the medical screen;
- Must not unduly discourage individuals from remaining for further evaluation.

MEDICAL SCREENING FOR THE ER PATIENT:

A medical screening exam by a qualified RN begins with a focused nursing assessment which includes, but is not limited to:

- A full set of vital signs
- Allergies
- Current medications
- A brief history and physical assessment pertinent to the presenting complaint (e.g. auscultation of heart and/or lungs, inspection of wounds, injuries)
- Completed Triage documentation in the EHR.

If an emergency medical condition is suspected the ER nurse will implement stabilization actions and/or protocols as appropriate and contact the on-call healthcare provider. The ER policy requires a thirty minute response time by the on-call ER provider for suspected emergency medical conditions.

MEDICAL SCREENING FOR THE PREGNANT PATIENT WITH CONTRACTIONS

Any pregnant woman of 12 weeks or more gestation, presenting to the SHC ER or LDR department regardless of reason for visit, will have fetal heart tones checked and recorded on the patient's record.

Medical screening of the OB patient with contractions includes

- Vital signs, allergies, and any current medical problems;
- Current pregnancy status, determination if patient has a primary physician and whether the patient has had prenatal care;
- Evaluation of contraction frequency, duration, and intensity;
- Noted presence or absence of urge to push, rectal/perineal pressure;
- Vaginal exam for cervical dilation;
- Assessment of other patient complaints or symptoms including vaginal bleeding, pain, lack of fetal movement, or any other potential medical emergency;
- Status of amniotic membranes by patient history or visual inspection;
- A fetal heart baseline strip of 20 minutes.

The patient's primary physician, or if no local physician, the ER on-call provider will be notified of the patient's arrival and the initial assessment by the RN.

The provider may order a longer observation period during which time any changes in maternal or fetal stability will be reported.

If maternal and fetal status continues to be stable and true labor is not established, the provider will note findings in the record and discharge the patient. The provider may elect to discharge the patient via direct telephone order to the RN based on the RN's reported information.

When discharged by telephone order:

- The RN after consulting with the provider will document the false labor and discharge by telephone order.
- The RN will discuss with the patient the discharge orders and provide written instructions specifying what unusual symptoms would require an immediate return to the hospital. Any additional provider instructions will also be noted on the discharge instruction sheet.
- Within 24 hours, the ordering provider will review the observation period's documentation in patient's record and review the related fetal monitor strips. The provider will note his/her findings in the record and countersign any telephone orders.

MEDICAL SCREENING IN THE CLINIC

Reception and Triage and Screening Process

The receptionist will notify a clinic nursing staff member of the arrival of an unscheduled patient presenting to the reception desk who requests a medical exam or treatment.

A nursing staff will conduct a brief triage and screening exam sufficient to identify possible emergent medical condition and will include as applicable:

- A full set of vital signs
- Allergies
- Current medications
- A brief history and physical assessment pertinent to the presenting complaint

If an emergency medical condition is suspected the nurse will contact a clinic provider to complete the medical screening and/or arrange for movement of the patient directly to the ER. A clinic provider will respond to complete the medical screening exam within thirty minutes of notification.

A clinical record is kept of every patient who presents requesting care. The documentation for medical screening includes

- Medical record number
- Presentation time
- Triage time
- Medical screening examination time
- Findings
- Disposition categorized as treated and released; admitted; stabilized and transferred; discharged or refusal of treatment

Once an emergent medical condition has been ruled out, EMTALA does not apply. Billing and collection information may be discussed, and decisions regarding further treatment may follow usual clinic policy/procedures.

PATIENTS SEEKING EMERGENCY CARE WHO DECIDE TO LEAVE AGAINST MEDICAL ADVICE OR WITHOUT BEING SEEN

If a patient waiting for medical screening decides to leave without examination the following steps should be taken if at all possible:

- Explain to the patient it is important to have the medical screening to rule out whether or not they have a medical condition that needs treatment;
- Use an interpreter or an alternate means of communication if the patient has limited English proficiency;
- Inform the patient of the risks of not having the medical screening;
- Ask the patient to sign the Against Medical Advice (“AMA”) form acknowledging they understand the risks of leaving without the medical screening;
- Document on the medical record the above information and if they refuse to sign the AMA, document that on the record as well.

PATIENT TRANSFERS

EMTALA transfers must meet certain conditions:

- SHC must provide treatment within its capability to minimize risk;
- SHC must contact the receiving facility to confirm that receiving facility agrees to accept the transfer;

- SHC must send relevant clinical records to the receiving facility;
- The transfer must be accomplished through qualified personnel with proper equipment. This is generally expected to mean via air or ground ambulance.
- SHC must inform the patient of his/her EMTALA rights and the risks of transfer.
- SHC must complete a written transfer certification form that documents the reason for requested transfer, that the transfer benefits outweigh risks, and that the patient is aware of risks and benefits of transfer.
- The provider must sign the transfer certification form. If the ER practitioner is not present, the qualified medical person may consult with the provider and sign the certification; and the provider must countersign.

(See SHC Emergency Services Policy for additional policy/procedure regarding transfer of patients).

When Syringa Hospital & Clinics determines that an individual who presents with an emergency medical condition or is in active labor the SHC will either:

- Provide further medical examination and treatment within its capability to stabilize the medical condition or to provide for treatment of labor; or
- Transfer of the individual to another medical facility after the patient has been stabilized to within the capabilities of Syringa Hospital & Clinics.

Movement of a patient from one area or department of SHC to another (for example from the Clinic to the ER) for additional management of an emergent medical condition is not a transfer.

EMTALA AND EMERGENCY SURGES

CMS has determined that in cases of pandemic situations hospitals may set up alternative sites on campus for a screening exam and still comply with EMTALA.

Individuals may be directed to these sites after being logged in. The redirection and logging can also take place outside the entrance to the ER. The person doing the directing should be qualified RN who is capable of recognize individuals who are obviously in need of immediate treatment in the ER.

The hospital must provide stabilizing treatment or appropriate transfer to persons found to have an emergency medical condition, including moving them as needed from the alternative site to another on-campus department.

Hospitals may encourage the public to go directly to the off-campus sites for screening for influenza-like illness. However, the hospital may not tell individuals who have already come to its ER to go to the off-site location for the screening exam.

- The off-campus site must not be held out to the public as a place for other unscheduled emergency care.
- The off-campus site should be staffed with medical personnel trained to evaluate persons with influenza-like illnesses.
- If an individual needs additional medical attention, the hospital must arrange referral/transfer. Prior coordination with local EMS will be considered in arranging transport.

(For further guidance, refer to SHC's Emergency Operations Plan and *"Emergency Medical Treatment and Labor Act [EMTALA] & Surge in Demand for Emergency Department (ED) Services during a Pandemic"*).

ACCEPTING TRANSFERS FROM OTHER FACILITIES

EMTALA regulations stipulate that receiving hospitals, including SHC

- May refuse to accept a transfer if the transferring facility is capable of offering the same level of care;
- Cannot refuse and cannot require the patient to be sent elsewhere if SHC has the capability of providing needed specialized care;
- Cannot require a specific means of transport;
- Cannot impose additional restrictions before transfer to SHC, such as medical clearance, etc.

MONITORING OF EMTALA COMPLIANCE

Any concern with compliance with these guidelines should be reported to Risk Management. The Risk Manager or designee will conduct investigation of any alleged violation.

If after investigation, it is found that SHC breached an EMTALA procedure, corrective actions to remedy and/or prevent other occurrences will be implemented and documented. Follow-up monitoring for future compliance will be conducted by the respective Manager and/or the Risk Manager.

If after investigation SHC believes that it received a transfer in violation of EMTALA, SHC must report within 72 hours to CMS or to the State of Idaho. SHC will report the suspected violation to the transferring hospital's representative prior to contacting CMS. EMTALA violation reporting will be initiated by the Risk Management Department.