Touro
LCMC Health

Touro Infirmary
Administrative Policy Manual

Policy #: 86
Policy: EMTALA Medical Screening Examinations and Stabilization

Primary Responsibility: Emergency Department
Coordinating Departments: Maternal Child Health, Medical Staff

PURPOSE: To assure that an appropriate Medical Screening Examination ("MSE") and necessary stabilizing treatment is provided to all individuals who present in Touro Infirmary's emergency department or labor and delivery suite (each a "Dedicated Emergency Department" or "DED"*) seeking or requiring medical evaluation or treatment, or elsewhere on Hospital property requesting or requiring emergency care.

DEFINITIONS: *Where asterisk is noted, refer to DEFINITIONS in Appendix A for an explanation

RESPONSIBILITY: The Director of the DED and Department Heads of all Hospital departments, including labor and delivery, are responsible to ensure compliance with and implementation of this policy.

POLICY:

I. Patient Presents at the Hospital

A. When an individual comes to the Hospital's Emergency Department or Labor and Delivery suite requesting medical examination or treatment, the Hospital shall provide an MSE within the capability* of the Hospital's DED, including providing ancillary services routinely available to the DED, to determine whether an emergency medical condition ("EMC")* exists, or with respect to a pregnant woman having contractions, whether the woman is in labor*.

B. If an individual arrives on Hospital Property* other than in a DED requesting or appearing to require emergency care, he/she shall be given an MSE. If a person on the Hospital Property for other than treatment reasons (visitor or hospital employee, for example) experiences what may be an EMC while on the Hospital Property, that person has "come to the emergency department" for purposes of EMTALA.

C. However, individuals suffering from an EMC after a scheduled outpatient encounter has begun at the Hospital do not trigger EMTALA obligations for the Hospital. Nor is an MSE required for an individual presenting to a DED and not requesting examination or treatment for a medical condition (for example, individuals asking for allergy shots or preventive care services such as a mammogram, those in the DED for purposes of gathering evidence for criminal law cases, or those being admitted to the Hospital after hours through the DED).

If an individual who presents in the DED requesting medication needs that medication to stabilize an EMC, Touro Infirmary is obligated to provide an MSE and stabilizing treatment.

II. Who Provides the MSE

The MSE shall be provided by a Qualified Medical Person ("QMP").* All individuals presenting in the DED and requesting or requiring examination or treatment for a medical condition shall be provided with an MSE. Triage determines the order in which patients are to be seen; triage is not an MSE.

III. Nature and Timing of MSE

The MSE shall be the same MSE that the hospital would perform on any individual coming to the hospital with those signs and symptoms, regardless of diagnosis (e.g., labor, AIDS), financial status (e.g., uninsured, Medicaid), race, color, national origin or disability. The MSE shall not be delayed to inquire about the individual's method of payment or insurance status. The Hospital shall not request prior authorization from a managed care plan or other insurer before the patient has received an MSE to determine the presence or absence of an EMC. Authorization from a managed care plan may, however, be sought concurrently with providing any stabilizing treatment, so long as doing so does not delay stabilization of the identified EMC.

IV. MSE for a Minor Child

A minor child may request or require an examination or treatment for an EMC. The staff should not delay the MSE to secure parental consent. Staff may wait for parental consent, however, before proceeding with further examination or treatment if, after the MSE, the minor child is determined to have no EMC.

V. Patient Refuses an MSE

If a patient refuses the MSE or is choosing to leave voluntarily prior to receiving an MSE, the Hospital shall assure to the best of its ability that the patient understands the benefits of an MSE and stabilization and the risks of leaving, and shall document that fact along with a description of the examination that was offered and refused (in the manner noted below in the discussion of MSE procedures). No member of the Hospital staff shall take any action that suggests to any patient that the patient may wish to leave the Hospital prior to an MSE.

VI. Hospital Lacks Capability/Capacity to Treat

When the Hospital's DED resources or Hospital resources are at capacity and the Hospital converts to diversionary status (ambulance diversion), the Hospital is not required to accept further transfers even if the patient requires the specialized capabilities of Touro Infirmary. If the patient nonetheless arrives on the Hospital campus, the patient shall be given an MSE and any necessary stabilizing treatment.

PROCEDURE:

I. PRESENTING IN THE DEDICATED EMERGENCY DEPARTMENT (DED)

Touro Infirmary will adhere to the following procedure for patients presenting in the Hospital or on the Hospital campus:

A. *Presenting in DED*

1. Patients presenting in the DED or their authorized representative will proceed directly to Registration to complete the "Quick Reg" function – that is, they will have their name, date of birth, sex, chief complaint and time of arrival recorded in the computer system. The Registrar will give the face sheet to the Triage Nurse. The patient is armbanded.
2. The patient will proceed immediately thereafter to triage unless the Triage Nurse is already engaged with a patient. If the Triage Nurse is engaged but the chief complaint presented at the Registration desk is any of the following, the Registrar will immediately interrupt the Triage Nurse or contact the clinical supervisor for assistance: a woman in labor; a patient not conscious; a patient complaining of chest pain, pressure or palpitations, shortness of breath, active bleeding, severe pain, allergic reaction. Between patients, the Triage Nurse shall check the computer to determine if any persons waiting for triage should be immediately seen; otherwise, patients shall be triaged in the order in which they arrived in the Hospital DED.
3. If the patient volunteers that he/she is uninsured or otherwise unable to pay for care, Hospital staff shall assure the patient that he/she is entitled to receive an MSE and stabilizing treatment in the event an EMC exists, whether or not he/she can pay.

B. *Triage*

The Triage Nurse shall assess the presenting complaint and symptoms of all patients presenting in the DED for treatment. The Triage Nurse will take a brief history, vital signs as indicated, and perform a focused physical examination before assigning the patient an acuity level that will determine the order in which the patient will receive an MSE.

C. *Registration*

1. Upon completion of MSE and any stabilizing treatment the Registrar will register the patient and obtain necessary demographic and financial information, conduct insurance verification, seek needed authorizations and inform the patient of his/her potential financial liability.
2. Under no circumstances shall Hospital staff request prior authorization from a managed care plan or other third party payor before the patient has received an MSE to determine the presence or absence of an EMC. Authorization may be sought, however, concurrently with providing any stabilizing treatment, so long as doing so does not delay stabilization of the identified EMC.
3. If the patient has no insurance or the Hospital is not a participating provider on the patient's insurance plan, Hospital staff shall not discuss the cost of the service before the patient has received an MSE or make any attempt to collect payment.

D. *The MSE*

1. If the Triage Nurse's assessment reveals a possible emergent condition, the Triage Nurse shall immediately bring the patient into the DED treatment area for an MSE and necessary care.
2. Patients arriving by ambulance shall be brought immediately into the DED treatment area where a staff nurse shall discuss the patient's condition with EMS personnel and perform triage.
3. A patient presenting in the DED may be moved to contiguous or other on-campus hospital-owned facility for MSE or stabilization if:
    a) All patients with similar conditions are so moved
    b) There is bona fide medical reason to move the patient
    c) A qualified individual accompanies the patient
4. A Qualified Medical Person as designated by the Governing Board of Touro Infirmary shall perform the MSE. If the Qualified Medical Person performing the MSE is other than a physician and an EMC is identified, the Qualified Medical Person shall notify a Physician QMP in order that additional evaluation, if indicated, can be undertaken and either stabilizing treatment or an EMTALA transfer begun, as appropriate.
5. The nature and extent of the MSE depends upon the patient's presenting symptoms. It may be a brief history and physical or a complex assessment that involves ancillary studies and procedures.
6. Medical and hospital personnel may contact the patient's private attending physician for medical history so long as the MSE and stabilizing treatment are not delayed. Should the emergency physician and the private attending disagree on the care and/or disposition of the patient, the patient's care shall remain under the direction of the emergency physician until such time as the private attending presents to the DED and assumes the care of his/her patient.

7. The MSE process shall continue until, with reasonable clinical competence, it can be determined whether an EMC does or does not exist. The MSE shall be fully documented. For a pregnant individual, the medical records shall indicate whether or not the patient is in labor. For individuals with psychiatric symptoms, the medical records shall indicate an assessment of suicide or homicide attempts or risk, orientation, or assaultive behavior that indicates danger to self or others. If an EMC is determined to exist, actions necessary to stabilize the patient shall be taken.

E. *Stated Intent to Leave Without MSE*

If the patient expresses the intent to leave the DED before an MSE has been provided, the person to whom the patient is speaking should encourage the patient to remain and refer the patient to the Triage Nurse or staff nurse, as appropriate. The Triage Nurse/staff nurse shall (1) inform patient of benefits of obtaining an MSE and stabilizing treatment, the risks of withdrawal prior to receiving such examination and treatment, and the patient's right to a medical screening examination regardless of payer status; (2) include in the medical record a description of the examination that was refused; (3) document that the patient was informed of specific benefits of obtaining an MSE and the specific risks attendant on leaving; (4) document that the patient has refused the MSE, the reason for the refusal, and the time of the refusal; and (5) request that the patient sign the form noting the declination of the MSE. If the patient refuses to sign, the Triage Nurse/staff nurse should note that fact on the form.

F. Walk Out Without Informing DED Staff

If a patient leaves a DED without notice to the DED staff and prior to an MSE and any needed stabilization, the walkout without notice should be documented. In the DED, such documentation may appear on the Triage Form, Emergency Physician Record, or DED Primary Nurse Record, depending on when Hospital staff discovered that the patient left unseen.

II. PRESENTING ON THE HOSPITAL CAMPUS BUT OUTSIDE OF THE DED, WHETHER IN A HOSPITAL BUILDING ON CAMPUS OR OUTSIDE ON THE HOSPITAL PROPERTY, INCLUDING SIDEWALKS, DRIVEWAYS AND PARKING LOTS, OR AT ANOTHER TOURO FACILITY

See Admin. policy #209 "Emergency Care Outside of the Emergency Department."

III. STABILIZATION POLICY

Patients are stabilized when their EMC has been resolved. An unstable patient will not be transferred unless the Hospital does not have the capability or capacity required to resolve the patient's EMC, or the unstable patient requests a transfer, and then only if the requirements for an appropriate transfer under EMTALA have been satisfied. Even in this instance, patients being transferred shall be stabilized within the capability and capacity of the Hospital as required under EMTALA.

Procedures Regarding Stabilization

A. A patient will be deemed stabilized if the physician attending to the patient has determined, within reasonable clinical confidence, that the EMC has been resolved. This is the case, for example, when an otherwise healthy pregnant woman in active labor has delivered the child and the placenta, or when a psychiatric patient is protected and prevented from injuring himself/herself or others. It is also the case with patients being transferred when, within reasonable medical probability, no material deterioration of their condition is likely to result from or occur during the transfer. The underlying medical problem may persist even if the EMC has been resolved.

1. Like MSE, stabilization is a process. It may be handled in the DED or other hospital department, or may require admission and treatment over several days or weeks. If the stabilization process involves admission to the Hospital, EMTALA obligations to the patient end with the patient's admission.
2. The Hospital may use chemical/physical restraints to remove an immediate EMC in order to transfer a psychiatric patient to another facility.
3. The burden of proof that the patient was stable rests with the transferring facility.

4. A patient whose EMC has been resolved can be transferred to a second facility without following the rules for an appropriate transfer under EMTALA, for no material deterioration in the patient's condition is likely to result from, or occur during transfer.
   a) The physician certification that the benefits reasonably expected from appropriate medical treatment at another facility outweigh the risk of the transfer (see Policy Regarding Transfers) is not required for transfers of individuals who no longer have an EMC, unless otherwise required by state law.
   b) Copies of medical records must accompany the transferred patient whether the patient's EMC is or is not stabilized. Copies of records not immediately available at the time of transfer should be faxed or otherwise transmitted to the receiving facility as soon as practical after the transfer consistent with patient confidentiality protections.

RELATED POLICIES:
EMTALA Transfers – Adm. 87
EMTALA Log & Signage – Adm. 89
Obstetric Medical Screening Examination by the OB Resident or Registered Nurse – Adm. 231)

REFERENCES
EMTALA status (42 USC 1395dd)
Appendix V - Responsibilities of Medicare Participating Hospitals in Emergency Cases 42 CFR 489.24
LAC 48.I.9319(A)(22)

FORM: "ED Screens Assessment" – Form #4905

Former ED Policy #792-1502

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APPENDIX A

DEFINITIONS:

Capabilities refer to: (1) The Hospital's physical space, equipment, supplies and services (*e.g*. trauma care, surgery, intensive care, pediatrics, obstetrics, burn unit, neonatal unit or psychiatry), including ancillary services, that the facility provides. (2) The capabilities of the facility's staff mean the level of care that the Hospital's personnel can provide within the training and scope of their professional licenses.

Dedicated Emer genc y Department ("D ED") is any department or facility of the Hospital, whether on or off the hospital campus, that meets at least one of the following requirements: (1) it is licensed as an emergency room or emergency department under applicable state law; (2) it is held out to the public (by name, posted sign, advertising or other means) as a place that provides care for EMCs on an urgent basis without requiring previously scheduled appointment; or (2) during the calendar year immediately preceding, based on a representative sample of patient visits in that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of EMCs on an urgent basis without requiring a previously scheduled appointment. Dedicated emergency departments include departments providing emergency psychiatric services, urgent care centers, as well as the labor and delivery departments if individuals may present there as unscheduled ambulatory patients and be routinely evaluated and treated.

Hospital Property means the entire main hospital campus, including the parking lot, sidewalk and driveway, but excluding other areas or structures of Touro Infirmary's main building that are not part of the Hospital (such as physician's offices or other entities that participate separately in Medicare) or restaurants, shops or other non-medical facilities.

Emergency Medical Condition (EMC") means:

(i) A medical condition manifesting itself by 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:
  (a) 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;
  (b) Serious impairment to bodily functions; or
  (c) Serious dysfunction of any bodily organ or part; or

(ii) With respect to a pregnant woman, she is in active labor that is not determined, after a reasonable time of observation, to be false labor, and therefore
  (a) There is inadequate time to effect a safe transfer to another hospital before delivery; or
  (b) That transfer may pose a threat to the health or safety of the woman or the unborn child.

(iii) With respect to a psychiatric patient, the patient is at risk of, has an orientation toward, or is demonstrating suicidal, homicidal or assaultive behavior that indicates he/she is a danger to self or others.

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 will be presumed to be in true labor unless and until a physician, certified nurse mid-wife, or other QMP acting within his/her scope of practice as defined in Touro's medical staff bylaws and State law, certifies that, after a reasonable time of observation, the woman is in false labor.

Medical Screening Examination ("MSE") means process required to determine, with reasonable clinical competence, that an EMC does or does not exist. The nature and extent of the MSE depends upon the patient's presenting symptoms. It may be a brief history and physical or a complex assessment that involves ancillary studies and procedures. For a pregnant individual, the MSE is the process used to determine whether or not the patient is in labor. For individuals with psychiatric symptoms, the MSE consists of an assessment of assaultive behavior or of suicide or homicide attempts, risk, or orientation that may indicate whether a person is a danger to self or others.

Qualified Medical Person ("QMP") means those physicians and non-physician individuals that have been designated by the Governing Board as qualified to perform the initial medical screening examination for individuals who come to the DED and request examination or treatment or present elsewhere on the Hospital campus requesting or appearing to require emergency medical treatment. The individuals designated as QMPs are: (i) all physicians credentialed by the Medical Staff; (ii) all Nurse Practitioners credentialed by the Medical Staff; (iii) All Physician Assistants credentialed by the Medical Staff; (iv) OB Residents acting under Medical Staff supervision (obstetrical MSE only); and (v) specially trained RNs in Labor and Delivery (obstetrical MSE only).

Stabilize means, with respect to the treating physician attending to the patient, to determine within reasonable clinical confidence that the EMC has been resolved. With respect to a pregnant woman, this means that the woman has delivered the child and the placenta. Psychiatric patients are considered stable when the immediate EMC is removed and they are protected and prevented from injuring or harming themselves or others. Patients being transferred are stabilized when no material deterioration of the condition is likely, within reasonable medical probability, to result from or occur during the transfer.

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