

Emergency Medical Treatment and Labor Act (EMTALA) **Compliance -- SAHS**

- I. Policy Statement:** Saint Alphonse is committed to compliance with the provisions of the Emergency Medical Treatment and Labor Act ("EMTALA") and its implementing regulations. This policy exists to provide guidelines for a screening examination, treatment, and if necessary, transfer of individuals who come to the Hospital seeking an examination and treatment of a potential emergency medical condition.
- Any individual who comes to Saint Alphonse (the "Hospital") seeking an examination and treatment of a potential emergency medical condition will receive a screening examination to determine the existence of any emergency medical condition, necessary stabilizing treatment for any emergency medical condition, and if necessary, an appropriate transfer to another medical facility, without regard to the individual's ability to pay or method of payment.
- II. Definitions:**
- A. Capability of the Hospital: Those services which the Hospital is required to have as a condition of its license, as well as Hospital ancillary services routinely available to the Dedicated Emergency Department.
 - B. Capacity to Treat: The ability of the Hospital to accommodate an individual who has been referred for transfer from another medical facility, taking into consideration the availability of qualified staff, beds, and equipment, as well as the Hospital's past practices of accommodating additional patients in excess of its occupancy limits.
 - C. Dedicated Emergency Department ("DED"): A department or facility of the Hospital that meets at least one of the following requirements, regardless of whether it is located on the main campus or off campus:
 - 1. it is licensed by the State as an emergency room or an emergency department;
 - 2. it is held out to the public (by name, 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;
 - 3. during the calendar year immediately preceding the calendar year in which a determination under this section is being made, based on a representative sample of patient visits that occurred during that calendar year, it provided at least one-third (1/3) of all its outpatient visits for the treatment of Emergency Medical Conditions on an urgent basis without requiring a previously scheduled appointment.

- D. Emergency Medical Condition ("EMC"):
1. 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.
 2. A pregnant woman who is having contractions is considered to have an EMC unless a physician certifies in writing that she is in false labor. The physician is not required to physically examine the patient and the diagnosis of false labor may be done via telephone consultation with the Qualified Medical Personnel performing the Medical Screening Examination.
- E. Hospital Property: The term "Hospital Property" includes the Hospital's main campus, including parking lots, sidewalks, and driveways that are contiguous to the Hospital's main buildings, and other areas or structures located within two hundred fifty (250) yards of the Hospital's main buildings that provide patient care services for Hospital patients.
- F. Inpatient: An individual who is admitted to the Hospital for bed occupancy for purposes of receiving inpatient Hospital services with the expectation that he/she will remain at least overnight and occupy a bed even though the situation later develops that the individual can be discharged or transferred to another hospital and does not actually use a Hospital bed overnight.
- G. Labor: The process of childbirth beginning with the latent or early phase and continuing through the delivery of the placenta.
- H. Medical Screening Examination ("MSE"): An examination conducted by a physician or Qualified Medical Personnel, within the "capability of the Hospital", to determine whether an individual has an EMC.
- I. Qualified Medical Personnel ("QMP"): An individual other than a licensed physician designated by the Board of Trustees ("Board") as qualified to conduct MSEs and provide stabilizing treatment, as documented in the Hospital's Bylaws, Rules and Regulations or Board Resolution.
- J. To Stabilize or Stabilized: No material deterioration of the EMC is likely, within reasonable medical probability, to result from or occur during the transfer of the individual from the facility; or with respect to a pregnant woman who is having contractions, the woman has delivered the child and the placenta.
- K. Transfer: The movement of an individual off of Hospital Property at the direction of any person employed by (or directly or indirectly affiliated/associated with) the Hospital. The term "transfer" does not include the movement of an individual who:
1. voluntarily leaves the Hospital without being examined, without physician or Hospital knowledge or approval, or against medical advice;
 2. is being moved from one location on the Hospital's Property to another location on the Hospital's Property, or is being moved from the Main Campus to Off Campus or vice versa;
 3. or has been declared dead.

III. Procedure:

- A. Examination and Treatment:

1. MSE. The Hospital will provide a MSE, within the capability of the Hospital, for purposes of determining whether an EMC exists, to the following individuals:
 - a. any individual presenting at a DED seeking examination and treatment of a medical condition, or on whose behalf a request is made;
 - b. any individual presenting at a DED who a prudent layperson would believe, based on the individual's appearance or behavior, that the individual needs examination or treatment for a medical condition;
 - c. any individual presenting on Hospital Property other than a DED seeking examination and treatment of a potential EMC, or on whose behalf a request is made;
 - d. any individual presenting on Hospital Property other than a DED who a prudent layperson would believe, based on the individual's appearance or behavior, that the individual needs examination or treatment for an EMC.
2. Non-DED Locations on Hospital Property.
 - a. If an individual presents anywhere on Hospital Property that is not a DED and is seeking examination and treatment of a potential EMC, or appears to a prudent layperson to need examination or treatment for an EMC, the individual should be immediately transported to the appropriate DED (i.e., Emergency Department, Maternity Unit) at the Hospital for a MSE and any necessary stabilizing treatment.
 - (1) If an individual presents at a Saint Alphonsus Medical Group ("SAMG") clinic on Hospital Property with a potential EMC, the clinic will follow the process in the SAMG policy addressing emergencies on Hospital property (see Section VIII) to evaluate whether the individual has a potential EMC and needs to be immediately transported to the DED.
 - b. While awaiting transport of the individual to the DED, an employee should remain with the individual and provide basic life support ("BLS") or other necessary care if the employee is trained to do so.
 - c. The appropriate method of transport of the individual to the DED, including the accompanying personnel and equipment, will be determined in accordance with the applicable Hospital or SAMG policy addressing emergencies on Hospital property (see Section VIII).
 - d. If the individual refuses to be transported to the DED, or refuses the recommended mode of transport, the individual will be advised of the risks of such refusal and reasonable efforts will be made to have the individual sign the Informed Consent to Refuse Offered Services form. If the individual refuses to sign the form, document the risks explained to the individual, the efforts taken to have the individual sign the form, and the individual's refusal to do so.
3. No Delay For Financial Inquiry. The MSE will not be delayed in order to inquire about the individual's ability to pay or method of payment. Inquiries about financial responsibility for emergency services should be answered by Hospital staff knowledgeable of billing and EMTALA issues. Individuals should be advised of the Hospital's obligation and willingness to provide a MSE and stabilizing treatment, if necessary. Individuals should be encouraged to defer discussion of financial responsibility until the MSE has been completed.
4. No Delay for Parental Consent/No Parental Presence Requirement. A minor can request a MSE and stabilizing treatment for an EMC. The Hospital should not delay the provision of a MSE or stabilizing treatment by waiting for parental consent. If after the MSE, it is determined that the minor does not have an EMC or the EMC has been stabilized, then the Hospital can wait for

parental consent before proceeding with further examination and treatment if the minor does not have the authority under federal or state law to consent to treatment. Additionally, the Hospital cannot require that a parent or other adult remain with a minor patient in order for the patient to receive a MSE and/or stabilizing treatment.

5. Further Examination Or Treatment By On-Call Physician. The DED physician will determine and document whether it is necessary for an on-call physician to personally appear at the DED to provide further examination and treatment of the individual.
 6. Determination of No EMC or Stabilized EMC. If, after utilizing the appropriate ancillary services routinely available to the DED, it is determined that the individual does not have an EMC or that the EMC has been stabilized, the basis for this determination shall be documented in the medical record.
 7. EMTALA Inapplicable. If it is determined that no EMC exists or that the individual's EMC has been stabilized, the EMTALA requirements no longer apply. Additionally, if an individual is admitted as an inpatient, the EMTALA requirements no longer apply. Furthermore, the EMTALA requirements do not apply to outpatients receiving outpatient services.
 8. Treatment Of Individuals With An EMC. If it is determined that an EMC exists, the Hospital shall: provide further examination and treatment, within the capability of the Hospital, until the individual's condition is stabilized; or provide for an appropriate transfer of an un-stabilized individual to another medical facility as set forth in this policy.
- B. On-Call Requirements:
1. The Hospital will maintain an on-call list of physicians who have privileges at the Hospital and are available to provide stabilizing treatment to individuals in DEDs who have EMCs.
 2. It is the responsibility of the on-call physician to appear at the Hospital, when requested by the DED physician, within the time period required by the Medical Staff Bylaws, Rules and Regulations and the Medical Staff Policy and Plans.
 3. The on-call physician shall assume responsibility for the management of the individual until the case has been referred to another physician who has accepted responsibility for the management of the individual.
 4. In the event there is no on-call availability in a certain specialty, it is the policy of the Hospital for the DED physician to assess alternate treatment options for the individual and appropriately transfer the individual (if needed) to another medical facility capable of meeting the individual's clinical needs, including specialty care needs.
 5. If it is determined that a transfer of an individual with an unstable EMC is required because of an on-call physician's unreasonable refusal to appear or appear within a reasonable amount of time, the name and address of the on-call physician shall be reported on the Patient Consent To/Request For Transfer form by the DED physician, and the SAHS Director of Emergency Services or Risk Management shall be notified as soon as possible as set forth in this policy.
- C. Transfer:
1. Circumstances Permitting Transfer. An individual in an unstable EMC may only be transferred to another medical facility in either of the following circumstances:

- a. Physician Certification. A physician or QMP makes a determination, based on information available at the time of transfer, that the medical benefits to the patient reasonably expected from treatment at another medical facility outweigh the risks of transfer; in the case of a woman in labor, the benefit and risk assessment will include the risks and benefits to the woman and her unborn child. The physician or QMP must complete and sign the Physician Certification on Saint Alphonsus' Patient Consent To/Request for Transfer form (the physician must counter-sign the form in the event a QMP signs the Certification), which must contain a summary of the risks and benefits upon which the Certification is based. If the individual consents to the physician-certified transfer, reasonable efforts should be made to have the individual sign the Patient Consent To/Request For Transfer form indicating the individual's consent to the physician-certified transfer. If the individual consents but refuses to sign the form, document the risks and benefits explained to the individual, the efforts taken to have the individual sign the form, and the individual's refusal to do so.
 - b. Patient Request for Transfer. The individual, or other legally responsible person, requests a transfer against medical advice after being informed of the risks of transfer, the possible benefits of continued treatment at the Hospital, the alternatives (if any) to transfer, and the Hospital's obligation to provide examination and treatment. Reasonable efforts should be made to have the individual sign the Patient Consent To/Request For Transfer form, which must contain the individual's written request for transfer against medical advice, the reason for the request, a summary of the risks of transfer, and an acknowledgment that the individual is aware of the risks and benefits of the transfer. If the individual refuses to sign the form, document the risks and benefits explained to the individual, the efforts taken to have the individual sign the form, and the individual's refusal to do so.
2. Appropriate Transfer Of Individuals With Un-stabilized EMC. Any transfer of an individual in an unstable EMC as discussed above must be conducted in the following manner:
- a. Prior to transferring the individual, the Hospital must confirm that the receiving medical facility has available space and qualified personnel for treatment of the individual and the receiving medical facility must agree to accept the individual. The Hospital must document in writing the receiving medical facility's acceptance of the transfer, including the name of any accepting physician;
 - b. The transfer must be effected through qualified personnel and proper transport equipment, including the use of any necessary and medically appropriate life support measures during the transfer;
 - c. Prior to transfer, the Hospital must provide treatment within its capacity to minimize the risks to the individual (and in the case of a woman in labor, the risks to the woman and unborn child) from being transferred;
 - d. The Hospital must provide the receiving medical facility with all relevant records available at the time of transfer, including:
 - (1) the individual's history, signs and symptoms, preliminary diagnosis, test results, and treatment provided; and
 - (2) Saint Alphonsus' Patient Consent To/Request for Transfer form; and

- e. Other relevant medical records not readily available at the time of the individual's transfer must be sent as soon as practicable after transfer to the receiving medical facility.
3. Patient Refusal To Accept MSE, Treatment, Physician Certified Transfer, or Mode of Transport; Patient Request For Transfer Against Medical Advice. If an individual refuses a MSE or treatment, refuses a physician certified transfer, refuses the recommended mode of transport (e.g., ambulance), or requests to be transferred against medical advice, explain the risks and benefits of the proposed services and make reasonable efforts to have the individual sign the Informed Consent To Refuse Offered Services form. If the individual refuses to sign the form, document the risks and benefits explained to the individual, the efforts taken to have the individual sign the form, and the individual's refusal to do so. After documenting the individual's request to be transferred against medical advice, or the individual's refusal of the recommended mode of transport (e.g., ambulance), the individual may be transferred.
- D. Obligation To Accept Certain Transfers. To the extent the Hospital has specialized capabilities or facilities (e.g., trauma unit, neonatal intensive care unit, psychiatric unit) that are not available at a medical facility seeking to transfer an individual in a DED with an unstable EMC needing those capabilities or facilities, the Hospital shall accept the transfer of the individual if the Hospital has the capacity to treat the individual.

IV. Documentation:

- A. Medical Record. All medical records related to the EMC will be maintained in accordance with applicable Hospital policies and procedures governing patient health information.
- B. On-Call List. The physician on-call list in effect at the time of examination and treatment will be maintained for a minimum of five (5) years.
- C. Emergency Patient Log. The Hospital will maintain a central log on each individual who comes to a DED seeking assistance, which will contain the individual's disposition status (i.e., whether the individual was transferred, admitted and treated, stabilized and transferred, discharged, or refused treatment). The central log for all individuals who come to a DED will be maintained for a minimum of five (5) years.
- D. Signs. Signs will be posted in conspicuous locations in all DEDs and other places likely to be noticed by individuals entering DEDs and waiting for examination and treatment, which state that an individual has a right to examination and treatment for an EMC and that the Hospital participates in the Medicaid program.

V. Reporting Of EMTALA Violations:

- A. Any employee or member of the Medical Staff who believes that the Hospital or another medical facility has violated EMTALA must notify the SAHS Director of Emergency Services or Risk Management as soon as possible.
- B. The SAHS Director of Emergency Services and/or Risk Management will work with the Office of General Counsel to investigate the allegations and to determine whether a violation of EMTALA has occurred.
 1. The Hospital will complete this investigation within a reasonable period of time under the circumstances and, whenever possible, within seventy-two (72) hours.
 2. It is the policy of the Hospital to report to the Idaho State Department of Health and Welfare Bureau of Facility Standards or the Oregon Health

Authority, and/or the Centers for Medicare and Medicaid Services ("CMS"), when it has reason to believe that it received an individual who was transferred in an unstable EMC from another medical facility in violation of EMTALA.

3. If, after investigation, the Hospital determines that reporting to the Bureau of Facility Standards, Oregon Health Authority, or CMS is required, the incident will be reported by the Office of General Counsel.

VI. Whistleblower Protections:

- A. The Hospital will not penalize or take adverse action against a physician or QMP because the physician/QMP refuses to authorize the transfer of an individual with an EMC that has not been stabilized.
- B. Additionally, the Hospital will not penalize or take adverse action against an employee or Medical Staff member because the employee/Medical Staff member reports a violation of EMTALA.

VII. Protocols:

- A. Protocols for management of EMCs in the Emergency Department, the Behavioral Health Unit, and the Maternity Unit can be found in the respective department policy manuals.

VIII. Related Policies/Forms:

- A. SAHS Consent for [Medical Treatment Policy Patient and Visitor Emergencies -- SAMG](#)
- B. Boise: [Visitor Emergencies on Hospital Property](#)
- C. Baker City: [Visitor Emergencies on Hospital Property](#)
- D. [Code Blue Response](#)

IX. References: None.

X. Approval Committee(s):

- A. Baker City Medical Executive Committee – January 21, 2021
- B. Baker City Community Hospital Board – January 25, 2021
- C. Ontario Medical Executive Committee – January 12, 2021
- D. Ontario Community Hospital Board – January 12, 2021
- E. SAMG Quality Committee – January 14, 2021
- F. Nampa Medical Executive Committee – February 2, 2021
- G. Nampa Community Hospital Board – February 19, 2021
- H. Boise Medical Executive Committee – January 14, 2021
- I. Boise Quality Council of Professional Practice Committee – February 25, 2021