

# Policy and Procedure

	<b>ENTITY/HOSPITAL</b> INTEGRIS Health	<b>NUMBER</b> SYS-LGL-111	
	<b>MANUAL</b> System Policy and Procedure	<b>EFFECTIVE DATE</b> 1/01	
	<b>SUBJECT</b> EMTALA Requirements and Flow Chart	Reviewed 3/01, 6/15	Revised 3/01

## 1.0 PURPOSE

The purpose of this policy is to set forth the requirements related to emergency medical screening, the transfer of patients from an INTEGRIS *Health* facility, and the acceptance of patient transfers from other health care facilities.

## 2.0 POLICY

ALL INTEGRIS *Health* facilities will comply with the Consolidated Omnibus Budget Reconciliation Act of 1985 amended by the Omnibus Budget Reconciliation Acts (“COBRA”) of 1987, 1989, and 1990, the Emergency Medical Treatment and Active Labor Act (“EMTALA”) 42 U.S.C. §1395dd et al., as amended from time to time, which require INTEGRIS *Health* facilities to comply with specific requirements related to the emergency medical treatment of patients. A brief summary of these requirements is set forth in Attachment #1.

## 3.0 PROCEDURE

3.1 All patients presenting for treatment will receive, after the initial triage, a Medical Screening Examination by Qualified Medical Personnel to determine whether an Emergency Medical Condition exists.

3.1.1 In the event the Medical Screening Examination does not reveal an Emergency Medical Condition:

- Patient may be consulted by a financial counselor to obtain insurance information and/or to determine the means of payment of any further services the patient’s medical condition requires.
- If the Medical Screening Examination does not reveal an emergency medical condition and the means of payment have been discussed, either treatment is provided or patient is discharged; whichever is appropriate.

3.1.2 In the event the Medical Screening Examination does reveal an Emergency Medical Condition:

- Appropriate treatment or transfer shall be rendered immediately.
- A financial counselor will meet with the patient only after treatment is rendered, the Emergency Medical Condition is stabilized, or an appropriate transfer is arranged.

## 4.0 DEFINITIONS

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- 4.1 **“Emergency Medical Condition”** means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) 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 and/or her unborn child) in serious jeopardy; (b) serious impairment to bodily functions or (c), serious dysfunction of any bodily organ or part; or (d) with respect to a pregnant woman who is having contractions, (i) there is inadequate time to effect a safe transfer to another hospital before delivery, or (ii) that the transfer may pose a threat to the health or safety of the woman and/or unborn child.
  
- 4.2 **“Medical Screening Examination”** means the appropriate examination, within the capability of the hospital’s emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists. The “capability” of the hospital’s emergency department includes the hospital’s resources and staff which are available to inpatients at the hospital, including “on-call” physicians. “Capacity” of the hospital includes whatever such hospital customarily does to accommodate patients in excess of its occupancy limits (including number of staff on duty and amount of equipment on the hospital’s premises). These same resources are to be available to individuals coming to the hospital for emergency medical treatment. The Medical Screening Examination (“MSE”) must be conducted by Qualified Medical Personnel who are actually caring for the patient at the hospital. The MSE is to be completed promptly and without delay for any reason. Even in the case of a mass crisis, all efforts should be made to promptly provide the MSE and stabilization or transfer, as appropriate. The MSE is an ongoing process, and the patient’s medical records are to reflect continued monitoring according to the patient’s needs and must continue until the patient is either stabilized or appropriately transferred.
  
- 4.3 **“Qualified Medical Personnel”** means physicians or hospital staff approved by the hospital’s governing body, and specified in its bylaws or rules and regulations, as individuals who are qualified to perform certain medical functions, including conducting a MSE and signing a certification for transfer in a physician’s absence. Under current Oklahoma law, in particular, the Nurse Practice Act, only physicians, physician assistants or Advanced Registered Nurse Practitioners (“ARNPs”) are qualified as Qualified Medical Personnel to perform the MSE. Both physician assistants and ARNPs must have supervising physicians in order to prescribe drugs which may be a necessary part of the patient’s medical treatment. Further, an ARNP must have a specialization as a Family ARNP in order to perform MSEs for the variety of age groups seeking emergency medical treatment in the hospital’s emergency department.
  
- 4.4 **“Stabilize”** means with respect to an emergency medical condition described in this policy, to provide such medical treatment of the condition as may be necessary to assure,

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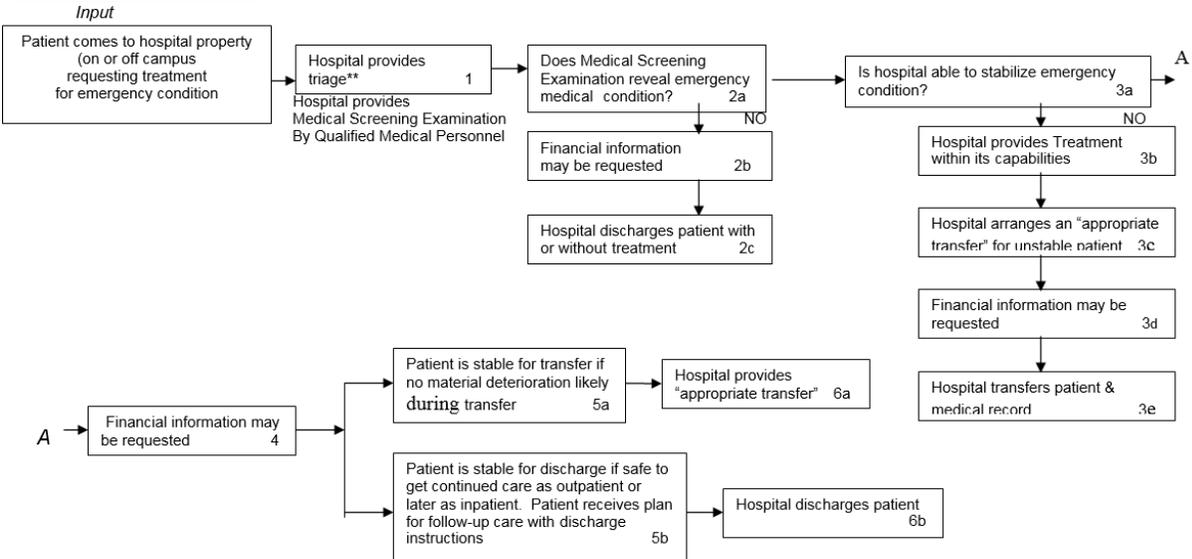
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within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility, or, with respect to an emergency medical condition described in this policy, to deliver (including the placenta).

- 4.5     **“Stabilized for Transfer”** means a patient is stable for transfer if the patient is transferred from one facility to a second facility and the treating physician attending to the individual has determined, within reasonable clinical confidence, that the patient is expected to leave the hospital and be received at the second hospital with no material deterioration in medical condition, and treating physician reasonably believes that the receiving facility has the capability to manage the individual's medical condition and any reasonably foreseeable complication of that condition. For psychiatric conditions, a patient is considered stable for transfer when he/she is protected and prevented from injuring himself/herself or others.
- 4.6     **“Stabilized for Discharge”** means an individual is considered stable for discharge when, within reasonable clinical confidence, it is determined that the individual has reached the point where his/her continued care, including diagnostic work-up and/or treatment, could be reasonably performed as an outpatient or later as an inpatient, provided that the individuals given a plan for appropriate follow-up care with the discharge instructions. Psychiatric patients are stable for discharge when they are no longer considered to be a threat to themselves or others.
- 4.7     **“Transfer”** means the transporting or discharging of an individual with an Emergency Medical Condition outside a hospital's facility at the direction of any person employed by (or affiliated or associated, directly or indirectly, with) the facility, but does not include such a movement of an individual who (a) has been declared dead; (b) leaves the facility with the permission of any such person; (c) has no Emergency Medical Condition; or (d) is moved from one department or facility to the Emergency Department of that same facility.
- 4.8     **“Facility”** means hospital property, including the main buildings, physical areas and structures immediately adjacent to the main building and those areas and structures not strictly contiguous to the main buildings but which are located within two hundred fifty (250) yards of the main buildings as well as any facility that is located off the main hospital campus but determined by the Health Care Financing Authority to be a hospital department.
- 4.9     **“Triage”** means the determination of the “order” in which patients will be seen, not the presence or absence of an Emergency Medical Condition.

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	System Legal Policy	1/01
<b>SUBJECT</b>	<b>REVISIED</b>	
EMTALA Requirements and Flow Chart	3/01	

**EMTALA Flow Chart\***



\*This graphic is not a complete summary of all of EMTALA's requirements. Contact Legal Services with specific questions.  
 \*\*Patient inquiries about financial responsibility prior to medical screening shall be discouraged. Patient shall be encouraged to remain for medical screening and advised of right to treatment regardless of ability to pay.