**EMTALA: SCREENING, STABILIZATION AND TRANSFER**

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I. PURPOSE:
To provide guidance for Medical Center staff regarding the management of persons on or near the Medical Center who present with, or appear to have an emergency medical condition or who are in labor.

II. POLICY STATEMENT:
Medical Center staff will provide an appropriate medical screening examination for all individuals who may have an emergency medical condition or are in labor and who present at a Medical Center location served by Medical Center staff. In addition, if Medical Center staff conclude that a patient has an emergency medical condition or is in labor, such patients will receive necessary stabilizing treatment within the capability and capacity of the Medical Center and Medical Center staff. Such assessment and stabilizing treatment shall not be conditioned upon a patient's race, ethnicity, religion, national origin, citizenship, age, sex, preexisting medical condition, physical or mental disability, insurance status, economic status or ability to pay for medical services, except to the extent that a circumstance such as age, sex, preexisting medical condition, or physical or mental disability is medically significant to the provision of appropriate medical care to the patient.

EMTALA does not apply to hospital inpatients. However, there are other regulatory and accreditation standards that apply to hospital inpatients who experience emergency medical conditions. Failure to provide appropriate assessment and treatment to a hospital inpatient may result in sanctions.

III. DEFINITIONS:
"Capability of the Medical Center" means the physical space, equipment, supplies, and specialized services that the Medical Center provides, and the level of care that Medical Center personnel can provide within the training and scope of their professional licenses/certifications (including the services of on-call physicians). When determining the Capability of the Medical Center, the Capability of all Medical Center Campuses shall be considered.

"Capacity of the Medical Center" means the ability of the Medical Center to accommodate a patient, including the number and availability of qualified staff, beds, equipment, and the Medical Center's past practices of accommodating patients in excess of occupancy limits. For example, if the Medical Center in the past has called in additional staff or moved patients to other units, these factors will be considered in the definition of the Medical Center's capacity. When determining the Capacity of the Medical Center, the Capacity of all Medical Center Campuses shall be considered.

"Dedicated Emergency Department" means the applicable department(s) listed on Attachment A, as amended from time to time by the Medical Center.

"EMTALA" refers to Sections 1866 and 1867 of the Social Security Act, 42 U.S.C. Section 1395dd, which obligates hospitals to provide medical screening, stabilizing treatment, and/or transfer for patients who may have an Emergency Medical Condition and women in labor.

"Emergency Medical Condition" or "EMC" means 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:

1. Placing the health of the patient (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
2. Serious impairment of bodily functions;
3. Serious dysfunction of any bodily organ or part; or
4. With respect to a pregnant woman who is having contractions: (a) that 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 her unborn child.

"Labor" means the process of childbirth beginning with the latent or early phase and continuing through the delivery of the placenta. A woman who is experiencing contractions is in true labor unless a physician, certified nurse-midwife, or other Qualified Medical Person acting within his or her scope of practice as defined in hospital medical staff bylaws and State law certifies that, after a reasonable period of observation, the woman is in false labor.

"Medical Center" means the applicable facility(ies) listed on Attachment A.

"Medical Screening Examination" or "MSE" means an examination performed by a licensed physician or a Qualified Medical Person to determine with reasonable clinical confidence whether an Emergency Medical Condition exists.

"Qualified Medical Person" or "QMP" means an individual, other than a licensed physician, who is designated by the Medical Staff Bylaws of the Medical Center as qualified to administer one or more types of Medical Screening Examinations and/or complete and sign a transfer certification in consultation with a physician in a Medical Center document that is approved by the Medical Executive Committee.

"Stabilize," "Stabilizing," or "to Stabilize" means:

1. With respect to an EMC, that the patient is provided with such medical treatment as is 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 patient from the Medical Center; or
2. With respect to a pregnant woman who is having contractions and who cannot be transferred before delivery without a threat to the health or safety of the woman or the unborn child, that the woman is provided with medical treatment until the delivery of the child and the placenta.

"Stabilized" means a physician or QMP has documented the performance of an appropriate MSE and the determination that, with reasonable clinical confidence:

1. The patient's EMC has been resolved or that no material deterioration is likely to occur, although the underlying medical condition may persist; or
2. With respect to a pregnant woman who is having contractions and who cannot be transferred before delivery without a threat to the health or safety of the woman or the unborn child, that the woman has delivered the child and the placenta.

"Stable Patient" means a patient for whom a physician or QMP has documented the performance of an appropriate MSE and the determination that the patient did not present with an EMC, or the patient's EMC has been Stabilized.

"Triage" entails the clinical assessment of the individual's presenting signs and symptoms at the time of arrival at the hospital, in order to prioritize when the individual will be seen by a physician or other QMP.

"Unstable Patient" means a patient who has an EMC that has not been Stabilized.

"Transfer" means the relocation of a patient from one Medical Center to another Medical Center, or to a non-Medical Center, under the direction of a physician or Qualified Medical Person, but does not include the movement of a patient who (1) has been declared dead; (2) leaves the Medical Center without permission or against medical advice; or (3) is transported between campuses or departments of one Medical Center.

"Transport" means the movement of patients within a Medical Center including movement between campuses of a single Medical Center or from an off-campus provider-based facility to the main campus of the Medical Center.
IV. PROCEDURES

A. Medical Screening Examinations

1. Overview
   a. General.
      i. A MSE is an examination performed by a physician or a QMP to determine with reasonable clinical confidence whether an EMC (including active labor) exists. If an EMC does exist, Medical Center staff must provide Stabilizing treatment for the patient's EMC within the Capability and Capacity of the Medical Center.
      ii. A MSE is tailored to each patient's presenting symptoms and complaints. Depending on the patient's presenting symptoms and complaints, the MSE may be a simple process involving only a brief history and physical examination or a complex process that involves ancillary studies, laboratory tests, x-rays, CT scans, ultrasound and/or other diagnostic tests and procedures.
      iii. Patients with similar medical conditions must receive similar MSEs.
      iv. The medical record must reflect continued monitoring according to the individual's needs until it is determined whether or not the individual has an EMC and, if he/she does, until he/she is stabilized or appropriately transferred. There should be evidence of this ongoing monitoring prior to discharge or transfer.
      v. Triage, a nursing process that, among other things, determines the order in which patients will be seen, does not constitute a MSE.
   b. Minors. If a minor, or someone legally authorized to make a request on a minor's behalf, requests examination or treatment for an EMC, Medical Center staff will not delay the provision of the MSE by waiting for parental consent. If a parent or other legally authorized person is present, consent shall be sought. If the minor does not have an EMC, consent will be obtained in accordance with the Medical Center’s Informed Consent/informed Refusal policy.
   c. Pregnant Women. The MSE should include ongoing evaluation of fetal heart tones, regularity and duration of uterine contractions, fetal position and station, cervical dilation, and status of the membranes (i.e., ruptured, leaking, intact), as appropriate. Such information must be documented in the medical record.
   d. Behavioral Health Patients. The MSE should include an assessment of suicide or homicide attempt or risk, orientation, or assaultive behavior that indicates a danger to self or others. Such information must be documented in the medical record.

2. Performance of the Medical Screening Examination
   a. A physician or QMP must perform the MSE. If, after an initial MSE, a physician or QMP determines that the services of an on-call physician are necessary to complete the MSE or provide treatment, the on-call physician will be contacted. The physician or QMP performing the MSE may also attempt to contact the patient's primary or treating physician at any time to seek input or advice regarding the patient's condition or medical history, however, such attempts should not inappropriately delay services.
b. The physician and/or the QMP must ensure that the evaluations/assessments included in the MSE are documented in the patient’s medical record. In addition, the physician and/or the QMP must determine and clearly document whether the patient has an EMC in the patient’s medical record.

3. Medical Screening Examination Requirements

A physician or QMP must perform and document a MSE for each individual (including a newborn, minor, person brought by law enforcement, or undocumented resident) who presents in the following circumstances:

a. Presentation to a Dedicated Emergency Department. A MSE is required if the individual presents to a Dedicated Emergency Department and the individual or a person acting on the individual’s behalf requests examination or treatment for the individual's medical condition, or 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 (unless the individual presents for a scheduled visit and meets the criteria set forth in Section A.5.(b) below).

b. Presentation to an Area on Medical Center Property. A MSE is required if the individual presents to an area on Medical Center property that is not a Dedicated Emergency Department (including a parking lot, sidewalk, cafeteria, gift shop, off-site outpatient location, etc.), and the individual or a person acting on the individual's behalf requests examination or treatment for what may be an EMC, or a prudent layperson observer would believe, based on the individual's appearance or behavior, that the individual needs an emergency examination or treatment. If an individual presents to an area on Medical Center property that is not a Dedicated Emergency Department, Medical Center staff must respond to the scene or contact the local EMS service (dial 911) in accordance with the Medical Center's emergency response policy. In most circumstances, such an individual will be transported by Medical Center staff or EMS to a Dedicated Emergency Department for the required MSE.

c. Presentation via Ambulance for Services at the Medical Center. A MSE is required if the individual is transported onto Medical Center property for the purpose of receiving an examination or treatment of a possible EMC in the Dedicated Emergency Department, regardless of whether the Medical Center is on diversionary status or the Medical Center instructed the ambulance operator to transport the patient to another facility.

d. Presentation via Ambulance for Transport Elsewhere. A MSE is required if the individual is transported onto Medical Center property for the purpose of facilitating transport elsewhere (i.e., the individual is meeting another ground or air ambulance on Medical Center property) and: (1) the individual was transported from another hospital and the sending hospital did not complete an MSE, or (2) the individual, personnel accompanying the individual, or a legally responsible person acting on the individual's behalf requests examination or treatment.

4. When a Medical Screening Examination is not required

a. Medical Center Inpatients. A MSE is not required if the individual is a Medical Center inpatient. An inpatient who appears to have an EMC should be assessed and treated according to the Medical Center's inpatient policies.

b. Scheduled Appointments. A MSE is not required if the individual presents to a Dedicated Emergency Department for a scheduled appointment and meets the criteria set forth in Section A.5.(a) below.

c. Presentation via Ambulance. A MSE is not required if the individual is transported onto Medical Center property via ambulance and:
i. Will be directly admitted as a Medical Center inpatient;
ii. Is transported to the Medical Center to receive outpatient services;
iii. Is transported from another hospital for the sole purpose of facilitating transport elsewhere (i.e., the individual is meeting another ground or air ambulance on Medical Center property) and (1) the sending hospital completed a MSE, and (2) neither the individual, personnel accompanying the individual, nor a legally responsible person acting on the individual's behalf, have requested examination or treatment; or
iv. Is transported per EMS protocol for the sole purpose of facilitating transport elsewhere (i.e., the individual is meeting another ground or air ambulance on Medical Center property) and, neither the individual, personnel accompanying the individual, nor a legally responsible person acting on the individual's behalf, have requested examination or treatment.

5. Presenting to a Dedicated Emergency Department but requesting non-emergent services

Note: An individual requesting a service that is customarily performed in a non-emergent setting and who does not need examination or treatment for a possible EMC should not be directed to a Dedicated Emergency Department for such services.

a. Scheduled Visits. If an individual presents to a Dedicated Emergency Department seeking non-emergent services, the Dedicated Emergency Department staff may provide such services without conducting and documenting a MSE, if:
   i. The individual has a documented, scheduled appointment to receive such services; and
   ii. The Dedicated Emergency Department staff has a written or verbal order for such services; and
   iii. The nature of the individual's request and his/her appearance and behavior make it clear that the patient does not seek attention for a possible EMC.

b. Unscheduled Visits. If an individual presents to a Dedicated Emergency Department seeking non-emergent services, but does not have a scheduled appointment and a written or verbal order for such services, a MSE is required. However, the physician or QMP need only perform such MSE as would be appropriate for any individual presenting in that manner, to determine whether the individual has an EMC.

6. Medical Screening Examinations requiring services in another department

The MSE may require ancillary services available in areas of the Medical Center outside the Dedicated Emergency Department. In such a circumstance, the patient may be transported to such an area if:

a. The physician determines that the risks and benefits of the movement outweigh the potential for the movement to adversely affect the patient's health and safety;

b. Patients with the same or similar medical conditions are moved to this location regardless of their ability to pay for treatment;

b. There is a bona fide medical reason to move the patient; and

d. Appropriate medical personnel accompany the patient, as necessary.
7.  Patients with/without an Emergency Medical Condition

a.  **Patient has an EMC.** If the patient has an EMC, Medical Center staff must provide Stabilizing treatment for the patient's EMC within the Capability and Capacity of the Medical Center. If the patient receives treatment but remains unstable, the patient may be admitted or transferred, but may not be discharged (see Sections C and D below). If the patient's EMC is Stabilized, the patient may be admitted, transferred, or discharged (see Sections C and D below).

b.  **Patient does not have an EMC.** If the patient does not have an EMC, the patient is considered a Stable Patient and may be admitted, transferred or discharged (see Sections C and D below).

B.  Registration and Prior Authorization

Requests for information (including registration and prior authorization activities) must not delay the provision of screening or treatment, or unduly discourage the individual from remaining for further evaluation. Medical Center staff may request information as follows:

1.  **Upon Presentation.** When the individual presents to a Dedicated Emergency Department, (s)he may only be asked to provide the following information:
   a.  Name. If the individual is a minor, Medical Center staff may request the name of the minor and an adult who is legally authorized to act on the minor's behalf (e.g., the minor's parent, legal guardian or legal custodian);
   b.  Date of birth;
   c.  Chief complaint;
   d.  Primary/family physician;
   e.  Allergies; and
   f.  Social Security number.

2.  **After Triage.**
   a.  If an assessment or treatment room is not immediately available and the individual will be directed to the waiting area, Medical Center Staff will ask whether the individual would like to continue the registration process: "An assessment or treatment room is not immediately available. While you are waiting, would you like to continue the registration process, or do you prefer to continue the registration process later in your visit?" If the individual is willing to continue the registration process, Medical Center Staff may:
      - Request that the individual execute the Medical Center's Treatment Agreement or financial responsibility form;
      - Inquire into individual's method of payment or insurance status; and
      - Obtain the individual's assistance in securing health plan pre-authorization.

Medical Center staff may not request that the individual sign an advance beneficiary notice, request and/or collect a copayment, or initiate financial counseling.

b.  If an assessment or treatment room is available, the physician or QMP has initiated the MSE, and the physician or QMP indicates that discussion with the patient will not delay the provision of screening or treatment, or unduly discourage the patient from
remaining for further evaluation, Medical Center Staff may continue the registration process as described in Section B.

1. (b) (i) above.

3. Upon Completion of a MSE. If the MSE is complete and the provision of any necessary stabilizing treatment has occurred, Medical Center staff may proceed with any registration, insurance or payment activities, including financial counseling, the signing of an advance beneficiary notice, and the collection of a copayment.

Medical Center staff may discuss appropriate alternative health care settings only after a physician or QMP documents that a MSE has been performed and that the patient does not have an EMC (or the patient's EMC has been Stabilized).

C. Inpatient Admission

1. Admission of Stable Patient

A physician or QMP may determine that a Stable Patient is in need of ongoing inpatient care. In such a circumstance, a physician with admitting privileges may admit the patient if:

a. The Medical Center has the Capability and Capacity to provide the necessary ongoing patient care; and

b. The physician or QMP documents that an appropriate MSE was performed and that the patient does not have an EMC (or the patient's EMC has been appropriately Stabilized).

2. Admission of Unstable Patient

A physician with admitting privileges may admit an Unstable Patient if the Medical Center has the Capability and Capacity to provide Stabilizing treatment. During the admission process, Medical Center staff must provide all necessary Stabilizing treatment for the patient's EMC within the Capability and Capacity of the Medical Center. If the Medical Center does not have the Capability or Capacity to provide Stabilizing treatment, or the Medical Center has exhausted all of its resources in attempting to Stabilize the patient's EMC, Medical Center staff must offer the patient an appropriate Transfer (see Section D.2. below).

D. Transfer or Discharge

1. Transfer or discharge of Patient

A physician or QMP may discharge or Transfer a Stable Patient from the Medical Center to a receiving facility for ongoing care if ALL of the following requirements are met:

a. The physician or QMP documents that an appropriate MSE has been completed and:

i. The patient does not suffer from an EMC; or

ii. The patient had an EMC, but the physician or QMP has determined with reasonable clinical confidence that the patient has been Stabilized and has reached the point where his or her continued care, including diagnostic work-up, treatment, and/or
other follow-up care could be reasonably performed in another setting;
b. Medical Center staff document in the patient's medical record that the patient has been provided with a plan for appropriate follow-up care as part of the discharge instruction, and within reason, information necessary to secure recommended follow-up care to prevent relapse or worsening of the medical condition upon release from the Medical Center; and
c. The Transfer is carried out in accordance with the procedures set forth in Sections D.3(b)-(d) below.

2. Unstable Patient discharges

An Unstable Patient MAY NOT BE DISCHARGED from the Medical Center unless (s)he leaves the facility against medical advice. In such a circumstance, Medical Center staff must document the patient's informed refusal in accordance with the facility's Informed Consent/informed refusal policy.

3. Unstable Patient Transfers

An Unstable Patient may be transferred if Medical Center staff provide Stabilizing treatment for the patient's EMC within the Capability and Capacity of the Medical Center and ALL of the requirements in sections (a)-(d) below are met:

a. A physician certifies the Transfer OR the Transfer occurs upon the request of the patient or a legally responsible person acting on the patient's behalf, as documented on the Patient Transfer Form (see Attachment B):

i. Transfer with Certification. A physician must certify that the medical benefits expected from Transfer outweigh the risks and describe the reasons for and the potential risks and benefits of the Transfer by completing the applicable areas on the Patient Transfer Form. The date and time of the certification should be close in time to the actual Transfer.

• For non-obstetrical patients, if the physician certifying the Transfer is not physically present at the time of certification, a QMP may complete the applicable areas on the Patient Transfer Form and sign the Patient Transfer Form after direct consultation with the certifying physician. The Patient Transfer Form must be countersigned by the certifying physician within 48 hours.

• For all obstetrical patients, the physician certifying the transfer or a Certified Nurse Midwife (CNM) must be physically present at the time of certification. If the physician certifying the Transfer is not physically present at the time of certification, a CNM (if designated as a QMP) may complete the applicable areas on the Patient Transfer Form and sign the Patient Transfer Form after direct consultation with the certifying physician. The Patient Transfer Form must be countersigned by the certifying physician within 48 hours.

ii. Transfer upon Request. A physician or QMP must complete the applicable section on the Patient Transfer Form and the patient or a legally responsible person acting on the patient's behalf must sign the Patient Transfer Form. By signing the Patient Transfer Form, the patient/representative makes a
written request for Transfer and acknowledges that (s)he has been fully informed of (a) the benefits, risks and alternatives (if any) of the Transfer, and (b) the Medical Center's obligations to provide further examination and Stabilizing treatment. In the event the patient/representative insists on Transfer, but refuses to sign the Patient Transfer Form, Medical Center staff should inform the patient/representative that under federal regulations the patient/representative must submit a written request for transfer. If the patient/representative continues to refuse, Medical Center staff must document on the Patient Transfer Form that the patient/representative reviewed the Patient Transfer Form (or was verbally informed of its contents) but refused to sign the Patient Transfer Form.

b. A representative of the receiving medical facility confirms that: (i) the receiving medical facility has available space and qualified personnel to treat the patient and agrees to accept the Transfer and to provide appropriate medical treatment, and (ii) a physician at the receiving facility has agreed to accept the Transfer. Medical Center staff should document any communication with the receiving facility, including the date and time of the Transfer request and the name of the person accepting the Transfer in the patient's medical record; and

c. The Medical Center staff send the receiving medical facility copies of all pertinent medical records available at the time of Transfer, including: (1) available history; (2) records related to the patient's EMC; (3) observations of signs or symptoms; (4) preliminary diagnoses; (5) results of diagnostic studies or telephone reports of the studies; (6) treatment provided; (7) results of any tests; and (8) a copy of the completed Patient Transfer Form (see Attachment B); and

d. The Transfer is effected through qualified professionals and transportation equipment, including the use of necessary and medically appropriate life support measures during the Transfer. The physician, or QMP in consultation with the physician, is responsible for determining the appropriate mode of transport, equipment, and transporting professionals to be used for the Transfer.

E. Individuals Who Refuse Screening, Stabilizing Treatment or Transfer

Informed refusal must be documented in accordance with the Medical Center's Informed Consent/informed Refusal policy.

F. Individuals Transferred to the Medical Center

1. Accepting Transfers

a. If the Medical Center has specialized Capabilities that are not available at the transferring facility, the Medical Center will not refuse to accept the transfer of an individual needing those Capabilities if the Medical Center has the Capacity to treat the individual.

b. If the Medical Center is legally obligated to any third party payor, such as a managed care plan or the county, to provide emergency services and care, the Medical Center must accept the transfer of eligible stabilized patients. If the Medical Center does not have the Capacity to care for the patient, it shall make other appropriate arrangements for the patient's care.

c. The recipient hospital's EMTALA obligations do not extend to individuals who are inpatients of another hospital. Thus, the Medical Center may not be cited for violating EMTALA if it refuses to accept the transfer of an inpatient from the referring hospital.
2. Inappropriate Transfers to the Medical Center
   Each Medical Center physician or staff member who has reason to believe that a patient was inappropriately transferred to the Medical Center as a receiving hospital will immediately report the incident to Risk Management. Risk Management will report inappropriate transfers to CMS or the State survey agency within 72 hours as directed in Section J below.

G. On-Call Physicians
   1. On-call physicians in the Dedicated Emergency Department
      The Medical Center maintains a monthly schedule of on-call physicians, including specialists and sub-specialists who are available for duty to screen, examine, and treat patients with potential EMCs. The list consists of individual physician names, and not physician group names. The Dedicated Emergency Department physician or QMP determines whether the on-call physician must physically assess the patient in the Dedicated Emergency Department. If so requested, the on-call physician must respond in person to the Medical Center within the timeframe set forth in the Medical Center's Medical Staff Bylaws or policies. In addition to corrective actions imposed by the Medical Center, an on-call physician who fails to present may be subject to civil monetary penalties and exclusion from the Medicare program for violation of EMTALA.

   2. On-call physician not available or refuses to come to the Medical Center
      If an on-call specialist or sub-specialist is not available or refuses to come to the Medical Center, the Dedicated Emergency Department physician or his or her designee must attempt to obtain the services of another appropriate specialist or subspecialist from the Medical Staff. If a Dedicated Emergency Department physician or a QMP determines that the services of the on-call physician are necessary to appropriately assess or stabilize the patient, but the on-call physician unreasonably refuses or fails to present to the Dedicated Emergency Department within the time permitted by the Medical Staff Bylaws or policies and the patient must be Transferred, the Dedicated Emergency Department physician or his or her designee must:
      a. Provide the name and address of that physician on the Patient Transfer Form (see Attachment B),
      b. Forward a copy of the Patient Transfer Form to Risk Management; and
      c. Report the refusal/failure to the Chief or Staff or other administrative leadership in accordance with the Medical Center's Medical Staff Bylaws.

H. Record-Keeping. Medical Center, whether Transferring or receiving patients, will maintain the following:
   1. On-Call List. A list of the physicians who were on-call for duty after the initial examination to provide treatment necessary to stabilize a patient with an EMC, for a minimum period of five (5) years; and

   2. Central Log. A central log recording each individual who came to each of the Medical Center's Dedicated Emergency Departments seeking screening or treatment, must be retained for a minimum period of five (5) years. The log will include each patient's name and medical record number (if available) and indicate whether the individual refused treatment or Transfer, was refused treatment, or was Transferred prior to stabilization, admitted and treated, stabilized and Transferred, or discharged.
Signage

1. **Content.** The Medical Center shall conspicuously post signs containing the information set forth in Attachment C. in English and other pertinent languages, that specify:
   a. The rights of individuals under the law with respect to examination and treatment for EMCs;
   b. The rights of women who are pregnant and are having contractions; and
   c. Whether the Medical Center participates in the Wisconsin Medicaid program.

2. **Location.** Signs shall be posted in all Dedicated Emergency Departments and in those places where the sign is likely to be noticed by individuals entering the emergency department and individuals waiting for examination and treatment in areas other than traditional emergency department (i.e., entrance, admitting area, waiting room, and treatment areas).

J. **Reporting Suspected EMTALA Violations.** Any Medical Center staff member who suspects that the Medical Center or any entity or facility who transfers a patient to the Medical Center has violated EMTALA, or any provision of this policy, must contact Risk Management as soon as reasonably possible. The Medical Center will not penalize or otherwise take adverse action against any Medical Center employee who reports a suspected violation of EMTALA or this policy or take adverse action against a physician or QMP who refuses to transfer an individual with an emergency medical condition. Risk Management will investigate in collaboration with the Compliance Department to determine whether a report to CMS or the State survey agency is required.

REFERENCES:

- 42 CFR § 489.24
- State Operations Manual: Appendix V, Interpretive Guidelines: Responsibilities of Medicare Participating Hospitals In Emergency Cases
  Medical Center Informed Consent/Informed Refusal Policy

OWNER: AURORA DIRECTOR OF CORPORATE COMPLIANCE
DEDICATED EMERGENCY DEPARTMENTS

Aurora BayCare Medical Center
"Dedicated Emergency Department" means:
- Emergency Department
- Labor & Delivery

Aurora Lakeland Medical Center
"Dedicated Emergency Department" means:
- Emergency Department
- Labor & Delivery

Aurora Medical Center – Kenosha
"Dedicated Emergency Department" means:
- Emergency Department
- Labor & Delivery

Aurora Medical Center – Manitowoc County
"Dedicated Emergency Department" means:
- Emergency Department
- Labor & Delivery

Aurora Medical Center – Oshkosh
"Dedicated Emergency Department" means:
- Emergency Department
- Labor & Delivery

Aurora Medical Center – Washington County
"Dedicated Emergency Department" means:
- Emergency Department
- Labor & Delivery

Aurora Memorial Hospital of Burlington
"Dedicated Emergency Department" means:
- Emergency Department
- Labor & Delivery

Aurora Psychiatric Hospital
"Dedicated Emergency Department" means:
- Intake Department

Aurora St. Luke’s Medical Center (includes Aurora St. Luke’s South Shore)
"Dedicated Emergency Department" means:
- Emergency Department

Aurora Sheboygan Memorial Medical Center
"Dedicated Emergency Department" means:
- Emergency Department
- Labor & Delivery

Aurora Sinai Medical Center
"Dedicated Emergency Department" means:
- Emergency Department
- Labor & Delivery

Aurora West Allis Memorial Hospital
"Dedicated Emergency Department" means:
- Emergency Department
- Labor & Delivery

Aurora Memorial Center - Summit
"Dedicated Emergency Department" means:
- Emergency Department
- Labor & Delivery

Aurora Medical Center – Grafton
"Dedicated Emergency Department" means:
- Emergency Department
- Labor & Delivery

Note: See also the Medical Center emergency response policy for applicable requirements when an individual presents to an area on Medical Center property that is not a Dedicated Emergency Department.
PATIENT TRANSFER FORM (Page 1 of 3)

Section I. Physician Certification (Physician / mid-level provider [APNP / PA] to complete 1-7, then complete and sign Section II)

1. Diagnosis: ____________________________________________________________

2. Accepting Facility: ____________________________________________________

3. Accepting Physician: _________________________________________________

4. Direct physician-to-physician contact made unless specified below.
   - Direct contact NOT made. Reason: ______________________________________

5. Reason for / Benefits of Transfer (mark appropriate box below):
   - Specialty services / expertise not available at this facility: __________________
   - Specialized equipment not available at this facility: _______________________
   - Patient or patient’s representative requests transfer _______________________
   - Patient’s personal physician requests transfer ___________________________
   - Chapter 51 __________________________________________________________
   - Other: ______________________________________________________________

6. Mode of transfer with appropriate personnel* (mark appropriate box below):
   - Vehicle: Ambulance / BLS** □ Law Enforcement □ Private Vehicle ________
     □ Ambulance / ALS** □ Helicopter □ Other: ____________________________

* If the patient / representative refuses the recommended mode of transfer, complete this
  Patient Transfer form and the Informed Refusal form.

   Additional Personnel: (none, unless checked) □ MD □ RN □ Retrieval Team

7. If an on-call physician was asked to present to the hospital to provide necessary stabilizing treatment and the
   on-call physician refused or failed to appear within a reasonable time, list the on-call physician’s name, address, and
   reason for not appearing:

   ________________________________________________________________

   ________________________________________________________________

* Transferring physician is responsible for patient’s condition until patient arrives at accepting facility
** Patient may be responsible for transfer fees applied by BLS / ALS
Section II. Physician Certification, Transfer Risks & Consent

After performing an appropriate medical screening exam, the physician/qualified medical provider must discuss the risks and benefits of transfer with the patient or representative, check ONE box, and sign. Any care provider can obtain other signatures.

☐ Stable (check the appropriate box below)
☐ This patient received a medical screening examination and does NOT have an emergency medical condition.
☐ This patient had an emergency medical condition, received necessary stabilizing treatment, and is now stable.

**Physician Statement** – Based upon the information available to me at the time of transfer and within reasonable medical probability, I believe that no material deterioration of the patient’s medical status is likely to result from being transferred. To the best of my knowledge, the Accepting Facility has the capability and capacity to manage the patient’s condition(s) and any reasonably foreseeable complications of such condition(s).

☐ Unstable - Benefits of transfer outweigh risks

**Physician Statement** - This patient has an emergency medical condition, and although this patient has received stabilizing treatment within the capability and capacity of this facility, this patient’s condition remains UNSTABLE. Based on the information available to me at the time of transfer, I certify that the medical benefits reasonably expected from the provision of appropriate medical care at the Accepting Facility outweigh the increased risk to this patient (and in the case of pregnancy, to the unborn child) resulting from the transfer. I have discussed the risks and benefits of transfer with the patient and/or his/her legal representative.

☐ Unstable - Risks may outweigh benefits, but patient or representative insists upon transfer

**Physician Statement** - This patient has an emergency medical condition and although this patient has received stabilizing treatment within the capability and capacity of this facility, this patient’s condition remains UNSTABLE. I have informed the patient that the staff at this facility have an obligation to perform a medical screening examination and to provide additional available medical treatment to stabilize this patient’s condition, regardless of his/her ability to pay for these services. I have discussed the risks and benefits associated with this transfer with the patient (or his/her legal representative) and have informed the patient that, in my opinion, the medical benefits reasonably expected from the provision of appropriate medical care at the Accepting Facility DO NOT OUTWEIGH THE INCREASED RISKS to this patient (and in the case of pregnancy, to the unborn child) resulting from the transfer. Regardless, this patient insists on being transferred for the following reason(s):

__________

**TRANSFER RISKS & CONSENT**

I have read and understand the Physician Statement above that applies to me. My condition and the risks and benefits of this transfer have been explained to me. I understand that all transfers involve a risk of serious injury or death due to traffic delays, accidents during transport, inclement weather, rough terrain or turbulence, and the limitations of equipment and personnel present in the vehicle. Also, during transfer, I will be away from the hospital, and if my condition is considered unstable, it may become worse. Additional risks may include:

__________

I understand and have considered the risks and benefits of this transfer and I hereby consent to transfer to another medical facility.

☐ Signature of Patient / Representative / Law Enforcement
☐ Date
☐ Time

☐ If Representative / Law Enforcement, print name
☐ Relationship / Badge Number

☐ Transferring Physician Signature
☐ Date
☐ Time

☐ Write – Medical Record / Yellow – Accepting Facility

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PATIENT TRANSFER FORM (Page 3 of 3)

Section III. Patient Information at Time of Transfer (Nurse to Complete)

1. Code Status: □ Full □ DNR □ Other: _________________________________

2. Allergies: □ NHDA □ Other: _________________________________


4. O2 @: ___ L/min (None unless marked) or Ventilator: FIO2: ___ Mode: ___ RR: ___ TV: ___ PEEP: ___

5. Monitor: □ No □ Yes: Type: _________________________________

6. Tubes / Lines / Medications: (None unless marked)
   □ IV #1: □ Capped □ Fluids/Medications: _________________________________
   □ IV #2: □ Capped □ Fluids/Medications: _________________________________
   □ NG Tube
   □ Foley Tube
   □ Chest Tube: □ Clamped □ Suction □ Other: _________________________________
   □ Other: _________________________________

7. Sent with pt:* □ H&P □ ED Record □ Progress Notes □ MO Consults
   □ Lab Results □ Nursing Database □ EKG □ Telemetry
   □ Face Sheet □ Imaging Reports □ Imaging Films
   □ Medication Reconciliation Sheet □ Cord Blood □ Maternal Blood
   □ Other: _________________________________

   * Records not available at time of transfer will be sent to the Accepting Facility as soon as possible.

8. Patient's Belongings: (List & Location): _________________________________

9. Nursing Report: To: _________________________________ By: _________________________________ Date: ______ Time: ______

   RN Signature: _________________________________ Date: __________ Time: __________

Checklist (for internal use only):

☑ All items on page 1 are complete
☑ Physician Certification of patient condition is marked on page 2
☑ Physician Signature is present on page 2
☑ Patient / Representative / Law Enforcement signature is present on page 2
☑ All items on page 3 are complete
EMTALA SIGNAGE

EMTALA posters may be ordered from Creative Services. Posters are available in several languages, and are specific to the Emergency Department or the OB Department.

The required language is as follows:

IT IS THE LAW!

If you need emergency medical assistance or if you are pregnant and having contractions, you have the right to receive, within the capability and capacity of the hospital's staff and facility:

- An appropriate medical screening examination;
- Appropriate medical treatment to stabilize your emergency medical condition (including the delivery of an unborn child); and
- An appropriate transfer to another facility, if necessary.

You are entitled to receive these services, even if you cannot pay, do not have medical insurance, or are not entitled to participate in the Medicare or Medicaid Programs.

In no event shall the provision of emergency services and care be based upon, or affected by, your race, color, ethnicity, religion, national origin, citizenship, age, sex, preexisting medical condition, disability, insurance status, economic status or ability to pay for medical services, except to the extent that a circumstance such as age, sex, preexisting medical condition, or disability is medically significant to the provision of appropriate medical care.

This hospital participates in the Wisconsin Medicaid Program.

If you have questions regarding this hospital's emergency services policy, please ask the Emergency Department/Obstetrics Patient Care Manager.

If you have complaints concerning the services you have received from the hospital, you may contact the Emergency Department/Obstetrics Patient Care Manager or Administration.