



2014 Annual Regulatory Training

Emergency Medical Treatment and Active Labor Act (EMTALA)



Learning Objectives

Upon completion of this training, you will be able to:

- Identify the background and purpose of the Emergency Medical Treatment and Active Labor Act (EMTALA);
- Define a Medical Screening Exam (MSE);
- Define an Emergency Medical Condition (EMC);
- Identify when it is appropriate to transfer a patient to an acute care facility;
- Identify when it is appropriate to accept a patient transfer to UMMMMC;
- Identify required documentation under EMTALA; and
- Describe the on call requirements at UMass Memorial Medical Center.



EMTALA Background

EMTALA Requires Medicare-participating Hospitals to:
Provide *medical screening exam* and *stabilizing treatment*.

- To anyone who comes to the hospital seeking treatment for an **emergency medical condition**
- Within the capabilities of the Hospital/Medical Center
- Without delay to inquire regarding patient's insurance or payment status
- To patients who are transferred to the hospital with emergency medical conditions

Once patient is admitted, EMTALA obligation ends and the standard of practice applies.

Failure to comply with the above requirements can result in fines, civil liability or termination from the Medicare program.



Enforcement of EMTALA

Failure to comply with EMTALA requirements can lead to:

- Fines - up to \$50,000 per violation to UMass Memorial and the physician(s) responsible. These fines are NOT covered by malpractice insurance!
- Civil liability (i.e., lawsuit by patient harmed)
- Termination from the Medicare Program
- Negative public relations



EMTALA Purpose and MSEs

The purpose of EMTALA is to prevent discrimination in the treatment of patients with emergency medical conditions. Under EMTALA, all patients have the same rights to emergency medical care, regardless of ability to pay.

What is an “emergency medical screening”?

- The process required to reach with reasonable clinical confidence, the point at which it can be determined whether a medical emergency does or does not exist.

Who performs a medical screening examination (MSE)?

- Medical Screening Examinations (or MSEs) are to be performed by a *physician* or by *Qualified Medical Personnel (QMP)*, as specified in Hospital Medical Staff Bylaws.



Medical Screening Examination (MSE): who receives one?

EMTALA requires provision of MSEs to all patients:

- Who come to the ED requesting medical services;
- Who come to any area of the University or Memorial campus with what appears to be an Emergency Medical Condition;
- Who are transported to the hospital ED by ambulance.
- If a patient refuses an MSE, this must be documented in the medical record.

We are not required to provide MSEs to:

- Patients coming to locations other than University or Memorial Campuses (i.e., Hahnemann, CMG locations) which do not provide emergency medical services;
- Admitted patients;
- Patients who develop Emergency Medical Conditions during scheduled outpatient services.



Medical Screening Examination (MSE): Additional Information

The Centers for Medicare and Medicaid Services (CMS) have cited hospitals for:

- Asking patients financial questions or for a co-payment prior to completion of the MSE and stabilization of the patient's medical condition;
- Giving financial/insurance paperwork to the patient prior to completion of the MSE and stabilization of the patient's medical condition;
- Requesting pre-authorization for an MSE from patient's insurance plan.

Triage is not considered an MSE under EMTALA. The MSE must be sufficient to determine whether the patient has an Emergency Medical Condition (EMC).

If it is determined that an EMC does not exist, EMTALA no longer applies.

For psychiatric patients: rule out any possible physical cause for the patient's symptoms; determine need for Emergency Mental Health Screening exam.

For patients who appear intoxicated: MSE must be sufficient to rule out other causes such as Trauma, Medical Disease, side effects of medications, psychiatric disorders.



Emergency Medical Condition: Definition

Acute symptoms such that the absence of immediate medical attention could result in:

- Placing the life or the individual (or unborn child) in serious jeopardy
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part

With respect to pregnant women:

- That there is inadequate time to effect a safe transfer to another hospital before delivery or,
- That transfer may pose a threat to the health or safety of the woman or unborn child



Emergency Medical Condition (EMC): Continued

If an MSE identifies an Emergency Medical Condition, we must:

- Stabilize the EMC for admission, discharge, and/or transfer to another facility (if medically necessary)



Required Documentation for Services Provided Under EMTALA

Documentation is required under EMTALA for the following:

- All services provided to the patient
- Monitoring regarding vital signs / assessments of the patient
- Physician notes / Nursing notes
- Information leading to physician's conclusions regarding:
 - Patient stabilization for discharge or transfer
 - Patient admission



Stabilizing Care

- UMass Memorial is required to provide stabilizing care to all patients with EMCs within the capabilities available (physicians/specialists, beds, etc.).
- A patient is stable when the EMC has been corrected or, when the patient's continued care, including diagnostic work-up and/or treatment, could reasonably be performed as an outpatient or later as an inpatient, provided the patient is given a plan for appropriate follow-up care with discharge instructions.
- Once the patient is stable, UMass Memorial's obligations under EMTALA are satisfied.

A patient is stable for transfer when:

- Sufficient medical treatment has been provided to assure that no material deterioration of the condition is likely to result from, or occur during, the transfer; or
- The woman has delivered the child and the placenta.



Transferring Patients With Unstable EMCs

- Only applies to Patients being transferred to a different hospital for emergency treatment;
- Patient or patient's representative must make transfer request in writing; or
- Physician must document the medical risks and benefits reasonably expected from the provision of appropriate medical treatment at another facility and certify (using Certificate of Transfer form) that the benefits outweigh any increased risks to the patient and, in the case of labor, to the unborn child, from affecting the transfer.



Criteria for Transferring Patients to an Acute Care Facility

- Provision of medical treatment within Hospital “capacity” to minimize risks to patient health and, in the case of woman in labor, the health of the unborn child;
- Consent of receiving hospital including admission criteria, bed availability and personnel/equipment needs;
- Appropriate transportation with qualified personnel and transportation equipment including life support equipment as necessary;
- Medical records and transfer summary – available history, EMC, preliminary diagnosis, results of diagnostic studies/relevant tests, treatment, informed consents;
- Patient Notification of the transfer and reasoning.



Accepting Transfers

In general, we should not refuse an emergency transfer from another hospital;

If a request is received from another hospital for an otherwise appropriate transfer of an ED patient and an appropriate UMass Memorial specialist is not available or, there is no bed availability, it is appropriate to re-direct the patient transfer to a hospital with the necessary capacity;

Patients arriving to the ED by ambulance must be provided a Medical Screening Examination and stabilizing treatment.



Examples of Accepting Transfers

EXAMPLE 1:

A woman who was 38 weeks pregnant was in a minor car accident. She began having contractions and a passerby took her to the nearest hospital. The woman's doctor did not practice at that (nearest) hospital, and the on-call physician at that hospital would not see her. Instead, he instructed staff to send her to UMass Memorial Medical Center where her doctor practiced. This would be a violation of EMTALA by the referring physician and referring hospital. Nonetheless, UMMMC must accept this patient transfer.

EXAMPLE 2:

A physician from a community hospital contacted the Care Connection Center at UMMMC requesting a patient transfer for a suspected bone fracture. The on-call physician believed the requesting hospital had the "capacity" (physician specialists/beds) to treat the patient and refused to accept the transfer. This would be a violation of EMTALA. UMMMC must accept this patient transfer.



On Call Requirements

The On-Call Listing must be accurate and complete with respect to physician names, specialties and contact information

The ED Physician must determine:

- When to consult On-Call physician
- When consultation/phone conversation is sufficient
- When the On-Call physician must come to the Hospital

The On-Call Physician must:

- Ensure the IS Support Center has appropriate contact information/phone numbers;
- Respond to a page within 5 minutes;
- Come to the Hospital when requested by ED Physician (patients may not be transferred to a more convenient location for the On-Call physician);
- In conjunction with the ED Attending Physician, determine UMMC's capability to treat the Emergency Medical Condition;
- The ED Attending Physician must make the final determination and document this decision.



Thank you!

You have completed this learning activity.

