COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

Mangum Regional Medical Center

TITLE		POLICY
EMTALA – Medical Screening and Treatment of Emergency Medical Conditions		**EMD-015**
MANUAL	EFFECTIVE DATE	REVIEW DATE
Emergency Department		
DEPARTMENT	REFERENCE	
Emergency Department		

I. SCOPE

This policy applies to Mangum Regional Medical Center and any entities operating under the Hospital's Medicare Provider Number including, but not limited to, the following:

- All Clinical Departments
- Administration
- Ancillary Departments
- Quality/Risk Management
- Admitting/Registration
- Employed Physicians
- Emergency Department
- Hospital owned Medical Office Buildings
- Hospital owned Clinics
- Billing Finance

II. PURPOSE

The intent of this policy is to set forth policies and procedures for the Hospital's use to ensure compliance with the Emergency Medical Treatment and Labor Act (EMTALA), 42 U.S.C., Section 1395 and all Federal regulations and interpretive guidelines promulgated thereunder.

III. DEFINITIONS

A. **Appropriate Transfer:** is accomplished (once a physician has certified the need for transfer or the patient has requested transfer after an explanation of the risks and the Hospital's obligation to provide stabilizing services) when:

1. The transferring Hospital has provided medical care and treatment within its capability and capacity and minimized the risks to the individual's health and in the case of a woman in labor, the health of the unborn child.

2. The receiving facility has available space and qualified personnel for the treatment of the individual and has agreed to accept transfer of the individual and provide appropriate medical care and treatment.
3. The transferring Hospital sends to the receiving Hospital all medical records related to the emergency medical condition (EMC) for which the individual presented, available at the time of transfer, including records related to the EMC, observations of signs or symptoms, preliminary diagnosis, treatment provided, results of diagnostic studies (or telephone reports), and the informed written consent or certification required, and any other records that are not readily available at the time of transfer are sent as soon as practicable after the transfer; and
4. The transfer is effected through qualified personnel, transportation and equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer.

B. **Capability of Hospital:** means the physical space, equipment, supplies, services provided, and the level of care provided by Hospital personnel within the training and scope of their professional licenses/certifications.

C. **Capacity of Hospital:** means the ability of the Hospital to accommodate a patient, including the number and availability of qualified staff, beds, equipment, and the Hospital's past practices of accommodating patients in excess of occupancy limits. For example, if the Hospital in the past has called in additional staff or moved patients to other units (areas), these factors will be considered in the definition of the Hospital's capacity.

D. **Central Log:** is a log that a Hospital is required to maintain on each individual who comes to the emergency department or any location on Hospital property seeking assistance. The Log must contain at a minimum the disposition of each individual, whether he/she refused treatment, was refused treatment, or whether he/she was transferred, admitted and treated, stabilized and transferred or discharged. The purpose of the central log is to provide a listing of each individual who comes to the DED or onto Hospital property seeking examination or treatment for a potential EMC.

E. **Certification of False Labor:** A physician or Qualified Medical Provider (QMP) diagnoses after a reasonable period of observation that a woman is in "false labor" and certifies the diagnosis prior to discharge.

F. **"Comes to the Emergency Department":** for purposes of this policy, an individual is deemed to have "come to the emergency department" if the individual:
1. Presents at the dedicated emergency department (DED), and requests an exam or treatment for what may be an EMC, or has such a request made on his/her behalf. In the absence of such request by or on behalf of the individual, a request on behalf of the individual should be considered to exist if 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; or
2. Presents on Hospital property, other than a DED, and requests an exam or treatment for what may be an EMC, or has such a request made on his/her

behalf. In the absence of such a request by or on behalf of the individual, a request on behalf of the individual should be considered to exist if a prudent layperson observer would believe, based on the individual's appearance or behavior, that the individual needs emergency examination or treatment; or

3. Is in a ground or air non-hospital-owned ambulance on Hospital property for presentation or examination for a medical condition at the Hospital's DED.

G. **"Dedicated Emergency Department" (DED):** is defined as any department or facility of the Hospital, regardless of whether it is located on or off the main Hospital, that meets at least one of the following requirements:

1. The hospital department is licensed by the State in which it is located under applicable State law as an emergency room or emergency department; or
2. The hospital department is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions (EMC) on an urgent basis without requiring a previously scheduled appointment; or
3. The hospital department during the preceding calendar year in which a determination under this Section is being made, based on a representative sample of patient visits that occurred during the calendar year, it provides at least one-third (1/3) of all its outpatient visits for the treatment of EMCs on an urgent basis without requiring a previously scheduled appointment. *This includes individuals who may present as unscheduled ambulatory patients to units (such as labor and delivery or psychiatric intake or assessment units of hospitals) where patients are routinely evaluated and treated for EMCs.*

H. **Emergency Medical Condition (EMC):** means:

1. A medical condition manifesting itself by acute symptoms of sufficient severity (including but not limited to: 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 either:
   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, or
   b. Serious impairment to bodily function, or
   c. Serious dysfunction of any bodily organ or part; or
2. 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 the transfer may pose a threat to the health and safety of the woman or her unborn child.

I. **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 of patients who may have an EMC and women in labor.

J. **Hospital property:** means the entire Hospital campus, including the physical area immediately adjacent to the Hospital's main building (i.e. parking lot, sidewalks and driveways), and other areas and structures that are not attached to the Hospital's main building but are located within 250 yards of the Hospital's main building. Hospital property excludes areas or structures that are not part of the Hospital such as physician offices, rural health centers, skilled nursing facilities, or other entities that participate separately under Medicare.

K. **Labor:** means the process of childbirth beginning with the latent or early phase and continuing through the delivery of the placenta. A woman is in true labor unless a physician or other qualified medical person certifies, after a reasonable period of observation that she is in false labor. Certification of false labor by a non-physician (i.e. physician assistant, nurse practitioner, or qualified nurse) requires physician certification.

L. **Medical Screening Examination (MSE):** means an examination performed by a licensed physician or Qualified Medical Person (QMP) including any ancillary services to determine with reasonable clinical confidence whether an EMC does or does not exist.

M. **Medical Transport:** preferred medical transport includes ambulance, helicopter and wheelchair van.

N. **Obstetrical emergency:** refers to a pregnant woman who is having contractions and;

1. There is inadequate time to affect a safe transfer to another hospital before the patient's delivery; or
2. That transfer pay pose a threat to the health or safety of the woman or unborn child.

O. **Physician Certification:** refers to the pre-transfer written certification by the physician ordering the transfer, that based on the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risk of transfer to the individual and, in the case of a woman in labor, to the unborn child, from effecting the transfer. The certification should include a summary of the risks/benefits upon which the certification is based and the reason(s) for transfer. If a physician is not physically present at the time of transfer, a qualified QMP may sign the certification in consultation with the transferring physician. The consulting physician must countersign the certification within seventy-two (72) hours of the transfer.

P. **Prudent Layperson:** means any non-medical but reasonable attentive observer.

R. **Psychological/Psychiatric emergency:** refers to medical conditions including but not limited to: history of drug ingestion in a comatose or impending comatose conditions; depression with feeling of suicidal ideations or attempts; history of suicidal attempt or suicidal ideation; history of recent physical aggressiveness, self-harming or destructive behavior; delusions, severe insomnia or helplessness; inability to maintain nutrition in a person with altered mental status; impaired reality testing accompanied by disordered behavior; impending DTs or acute intoxication; seizures (withdraw or toxic); a patient expressing suicidal or

homicidal thought or gestures, if determined to be dangerous to self or others, any of these psychiatric conditions would be considered an EMC.

S. **Qualified Medical Person (QMP):** means an individual, other than a licensed physician, who is designated by the Medical Staff Bylaws or rules and regulations (and consistent with state licensure) as qualified to administer one or more types of MSEs and/or complete and sign a transfer certification in consultation with a physician in a Hospital document that is approved by the Medical Staff Committee and Governing Board.

T. **Stabilize:** means in relation to an EMC:
   1. that no material deterioration of the patient's condition is likely, within reasonable medical probability, to result from or occur during the transfer of the patient from a facility; or
   2. that the woman has delivered the child and the placenta.

U. **To Stabilize:** means in relation to an EMC:
   1. to provide such medical treatment of the patient's condition necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely from or occur during the transfer of the individual from a facility; or
   2. that the woman has delivered the child and placenta.

V. **Stable for Discharge:** means:
   1. the physician has determined, within reasonable clinical confidence, the patient has reached a point where his/her continued medical treatment, including any diagnostic work-up or treatment, could reasonably be performed as an out-patient or later as an in-patient, as long as the patient is given a plan for appropriate follow-up care with discharge instructions; or
   2. the patient with a psychiatric condition has been determined to no longer be a threat to himself/herself or others.
   3. Stable for Discharge does not require resolution of the EMC. The patient is never considered stable for discharge if within a reasonable medical probability the patient's condition would materially deteriorate after discharge.

X. **Stable for Transfer:** between medical facilities means:
   1. The physician or QMP in consultation with the responsible physician determines, within reasonable clinical confidence, that the patient will sustain no material deterioration in his/her medical condition as a result of the transfer, and that the receiving facility has the capability to manage the EMC and any reasonably foreseeable complication; or
   2. The patient with a psychiatric condition, a physician or QMP in consultation with the responsible physician should determine the patient is protected and prevented from injuring himself/herself or others.
   3. Stable for Transfer does not require resolution of the EMC.

Y. **"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.

Z. **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.

AA. **"Unstable Patient":** means a patient who has an EMC that has not been stabilized.

IV. POLICY

Any individual who comes to the Hospital or on Hospital property requesting examination or treatment is entitled to and shall be provided an appropriate MSE performed by a physician or other QMP to determine whether or not an EMC exists.

If an EMC exists, the Hospital will (without regard for the patient's insurance coverage or ability to pay) provide:

- Stabilizing treatment within the capabilities and capacity of the Hospital, and/or
- An appropriate transfer to another Hospital (if required for the patient's treatment or requested by the patient).

The Hospital will not base the provision of emergency services and care upon an individual's race, ethnicity, religion, national origin, citizenship, culture, language, age, sex, pre-existing medical condition, physical or mental disability, sexual orientation, gender identity or expression, economic status, insurance status or ability to pay for medical services, except to the extent that a circumstance is relevant to the provision of appropriate medical care.

V. PROCEDURE

A. Triage and Registration

1. Triage

a. Individuals who come to the DED should be triaged as soon as possible after arrive using the ESI triage tool in order to determine the order in which they will receive an MSE.

b. **Triage is NOT an MSE**, as it does not determine the presence or absence of an EMC, but rather, simply determines the order in which individuals will receive an MSE.

2. Registration

a. The Hospital will not delay the provision of an MSE or any necessary stabilizing medical examination and treatment in order to inquire about the individual's method of payment or insurance status.

1) The Hospital may, however, follow reasonable registration processes after triage has been completed, but prior to the provision of the MSE, including asking whether an individual is insured and, if so, what the insurance is. Such processes will not unduly discourage individuals from remaining for further evaluation. Further such inquiry will not delay provision of the MSE. The collection of

insurance information will occur at times when an individual is waiting for an available exam room. Once an exam room is available, the individual will be immediately taken to the exam room to receive the MSE.

2) The Hospital will not seek authorization from the individual's insurance company for screening or stabilization services until the Hospital has provided the appropriate MSE, and initiated any further medical exam and treatment required to stabilize the individual EMC.

3) Physicians or QMPs are not precluded from contacting the individual's physician at any time to seek advice regarding medical history and needs that may be relevant to the medical treatment and screening of the individual as long as the consultation does not inappropriately delay services required.

B. Medical Screening Examination (MSE)

1. <u>General</u>

a. The Hospital will provide within the capability of the DED an appropriate MSE by a physician or QMP to all patients who present to the DED to determine within reasonable medical probability whether or not an EMC (including active labor) exists. The MSE and any treatment must be documented in the patient's medical record.

b. A patient who presents anywhere outside the DED and is seeking treatment for a potential EMC the patient will be immediately transported to the DED for an MSE and any necessary stabilizing treatment.

c. If an EMC does exist, Hospital staff will provide stabilizing treatment for the patient's EMC within the capability and capacity of the Hospital.

b. An appropriate MSE is tailored to each individual 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 exam or a complex process that involves ancillary studies, lab test, x-rays, and/or other diagnostic studies.

c. Patients with similar medical conditions must receive similar MSE's.

d. The medical record must reflect continued monitoring according to the patient's needs until it is determined whether or not the patient 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.

e. Triage, a nursing process that, among other things, determines the order in which patients will be seen, **does not constitute a MSE**.

2. <u>Minors</u>

a. If a minor, or someone legally authorized to make a request on a minor's behalf, requests examination or treatment for an EMC, Hospital 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 should be sought. If the minor does not have an EMC, consent should be obtained in accordance with the Hospital's Informed Consent/Refusal policy.

3. Pregnant Women
   a. The MSE should include frequent and ongoing evaluation of fetal heart tones, regularity and duration of uterine contractions, fetal position and station, cervical dilation, and status of membranes (i.e. ruptured, leaking, intact), as appropriate. Such additional information must be documented in the patient's medical record.
4. Behavioral Health Patients
   a. The MSE should include an assessment of but not limited to: suicide or homicide attempt or ideation/risk, orientation, assaultive, aggressive behavior that indicates a danger to self or others using the ASQ Suicide Risk Screening Tool and Brief Suicide Safety Assessment. Such additional information must be documented in the patient's medical record.

C. Presents to Dedicated Emergency Department for Non-Emergent Services
1. Scheduled Visits: If a patient presents to the DED seeking non-emergent services, the DED staff may provide such services without conducting and documenting an MSE if:
   - The patient has a documented, scheduled appointment to receive such services; and
   - The DED staff has a written or verbal order for such services; and
   - The nature of the patient's request and his/her appearance and behavior make it clear that the patient does not seek attention for a possible EMC.
2. Unscheduled Visits: If a patient presents to the DED seeking non-emergent services, but does not have a scheduled appointment and a written or verbal order for such services, a MSE is required. The physician or QMP is only required to perform an MSE that would be appropriate for any patient presenting in that manner, to determine whether an EMC exists or not.

D. Medical Screening Examinations requiring Services in Other Departments
1. The MSE may require ancillary services available in other areas of the Hospital outside of the DED. In these circumstances, the patient may be transported to such an area if:
   a. The physician or QMP determines the risk and benefits of the movement of the patient outweighs 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;
   c. There is a valid medical reason to move the patient; and

d. Appropriate medical personnel and/or equipment to accompany the patient, as necessary

F. Individuals Who Do Not Have an EMC

1. If a physician or QMP has determined the patient does not have an EMC after the completion of an appropriate MSE, the patient may be transferred to another medical facility (if in need of further medical treatment) or discharged.
2. The appropriate portions of the "Transfer Certificate for Stable Patients" (Attachment A) is completed if the patient is transferred to another medical facility.
3. Patients who have been determined not to have an EMC and are to be discharged must receive a follow-up care plan with written discharge instructions.
4. Pregnant Patients
   a. If after a reasonable time of observation the provider has determined the patient is in "false labor" the provider must complete the Certification of False Labor form (Attachment B).

G. Individuals Who Have an EMC

1. When the physician or QMP determines the patient has an EMC, the Hospital will:
   a. within the capability of the Hospital, stabilize the patient to the point where the patient is either stable for discharge or stable for transfer; or
   b. provide for an appropriate transfer of an unstabilized patient to another medical facility in accordance with these procedures. Transfers of unstabilized patients are allowed only pursuant to patient request, or when a physician or QMP in consultation with the responsible physician, certifies that the expected benefits to the patient from the transfer outweighs the risks of transfer; or
   c. after stabilizing the patient, admits him/her to the Hospital for further treatment.

H. Refusal of Treatment

1. Refusal of Examination or Treatment: If the Hospital offers examination and treatment and informs the patient/family/patient representative of the risks/benefits of the patient/family/patient representative refusing the examination and treatment, but the patient/family/patient representative refuses to consent to the examination and treatment, the Hospital will take all reasonable steps to have the patient/family/patient representative sign a "Refusal to Permit Further Medical Screening Examination and Treatment for Emergency Medical Condition Form" (Attachment C). The medical record must contain a description of the examination, treatment, or both, if applicable, that was proposed but refused by the patient/family/patient representative, the risks/benefits of the examination and/or treatment; the

reasons for refusal; and if the patient/family/patient representative refused to sign Attachment C, the steps taken in an effort to secure the written informed refusal. A patient who has refused medical examination and/or treatment may be transferred in accordance with the procedures set forth for patients with an unstabilized EMC.

2. Refusal of Transfer: If the Hospital offers an appropriate transfer but the patient/family/patient representative refuses the transfer, after being informed of the risks/benefits of the transfer, such refusal is considered a refusal to permit further treatment and the Hospital should take all reasonable steps to have the patient/family/patient representative sign a "Refusal of Transfer to Another Medical Facility" form (Attachment D). In addition, the medical record must contain a description of the reasons for the purposed transfer.

VI. TRANSFERS

A. Transfer or Discharge of a Stable Patient

1. A physician or QMP may discharge or transfer a stable patient from the Hospital to a receiving facility for ongoing care if ALL the following requirements have been 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/her continued care, including diagnostic work-up, treatment, and/or other follow-up care could be reasonably performed in another facility;
    b. Hospital staff has documented in the patient's medical record the patient has received a plan for appropriate follow-up care and discharge instructions; and
    c. If a physician or QMP has determined the patient does not have an EMC after the completion of an appropriate MSE, the patient may be transferred to another medical facility (if in need of further medical treatment) or discharged.
        i. The appropriate portions of the "Transfer Certificate for Stable Patients" (Attachment A) is completed if the patient is transferred to another medical facility.

B. Discharge of Unstable Patients

1. An unstable patient **MAY NOT BE DISCHARGED** from the Hospital unless he/she leaves the Hospital against medical advice (AMA). If this should occur, Hospital staff must document the patient's informed refusal (see Refusal of Transfer section H) using the "Refusal of Transfer to Another Medical Facility" form (Attachment D).

C. Transfer of Unstable Individuals

1. When a patient has been determined to have an unstable EMC, the patient may be transferred only if the transfer is conducted in accordance with the procedures as set forth below. The patient may be transferred:
    a. Patient/Family/Patient Representative Request: a transfer may be initiated if the patient/family/patient representative is first fully informed of the risks of the transfer, the alternatives (if any) to the transfer, and the Hospital's obligations to provide further examination and treatment sufficient to stabilize the patient's EMC and provide appropriate transfer. The transfer should then occur if the patient/family/patient representative:
        1. makes a request for transfer to another medical facility, including the reason for such transfer (reason must be documented on the transfer form); and
        2. acknowledges his/her request and understanding of the risks/benefits of the transfer, by signing the "Transfer Certificate for the Unstable Patient" (Attachment E); or
    b. Physician Certification: the patient may be transferred if a physician, or if the physician is not physically present at the time of transfer, a QMP in consultation with a physician has certified the medical benefits expected from the transfer outweigh the risks. The date and time of the physician certification should closely match the date and time of the transfer. A physician certification that is signed by a non-physician QMP must be countersigned by the responsible physician within seventy-two (72) hours.
2. When the hospital transfers a patient with an un-stabilized EMC to another medical facility the transfer shall be conducted as follows:
    a. The Hospital shall, within its capability, provide medical treatment that minimizes the risks to the patient's health and, in the case of a woman who is having contractions, the health of the unborn child.
    b. A representative of the receiving hospital confirms that the receiving medical facility has available space (bed) and qualified personnel to treat the patient, has agreed to accept the transfer, to provide the appropriate medical treatment, and a physician at the receiving medical facility has agreed to accept the patient transfer; and
    c. The Hospital will document its communication with the receiving medical facility including the date and time of the transfer request(s) and the name and title of the person accepting the transfer; and
    c. Prior to transfer the Hospital will send to the receiving facility copies of all pertinent medical records available at the time of transfer including but not limited to the following:
        - Available history
        - Records related to the individuals EMC
        - Results of diagnostic tests (or telephone reports of studies)
        - Results of any tests

- Observations of signs and symptoms
- Preliminary diagnoses
- Treatment provided
- Written patient consent or physician certification to transfer

The Hospital will forward all relevant records, pending lab work and test results to the receiving facility that were not available at the time of transfer once they become available.

d. The transfer of the patient will be affected through appropriately trained 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 responsible physician is responsible for determining the appropriate mode of transport, equipment, and transporting professionals to be used for transfer.

D. Internal Procedures for Transfer

1. The physician or QMP shall:
   a. contact the receiving facility who will be responsible to assume care of the patient and assure the receiving facility has the capacity to care for the patient.
   b. document on the appropriate transfer form the name of the receiving facility, the name and title of the person accepting the transfer.
   c. write an order for transfer that will include the following:
      i. Name of designated facility
      ii. Mode of transportation
      iii. Personnel to accompany the patient
      iv. Specific equipment needs not routinely available
      v. Medical orders for care during transfer
2. Nursing staff shall:
   a. complete a nursing assessment prior to transfer, this will be documented in the patient's medical record. Vital signs will be assessed and documented within 15 minutes prior to the time of transfer.
   b. arrange transport as ordered by the physician or QMP.
   d. provide the receiving facility with a telephone report of the patient's condition.
   e. ensure the receiving facility is provided with copies of pertinent medical records that shall include but not limited to the following: appropriate EMTALA transfer form, H&P, lab work, diagnostic studies (or telephone reports), progress notes, nursing assessment/notes, medication administration records (MAR), face sheet and any data requested by the receiving physician and/or facility.
      i. Record the time of departure, mode of transfer and personnel accompanying the patient on the appropriate transfer form.

ii. Ensure the appropriate transfer form is completed prior to transfer. The original transfer form should be maintained within the patient's medical record and a copy sent with the patient to the receiving facility. In the event the copy is not sent with the patient, a completed transfer form should be faxed to the receiving facility as soon as possible. The receiving facility should be made aware via telephone that the form is being faxed.

E. Patient Transfers to the Hospital

1. The Hospital will accept an appropriate transfer of a patient with an un-stabilized EMC if it has the capacity and capabilities that are not available at the transferring facility. The Hospital must accept appropriate transfer of a patient needing care and treatment if the Hospital has capacity and capabilities to treat the patient.
2. The following Hospital personnel are authorized to accept or reject transfers from another facility on behalf of the Hospital:
    a. Emergency Department Physician
    b. Mid-Level Provider in consultation with consulting physician
    c. Chief Clinical Officer
3. Hospital personnel who accept or reject another facility's request for transfer will record the following information on the central log:
    a. Response to the request
    b. Basis for denial of such request

F. Management of Data Relevant to Transfers

1. The Hospital must maintain medical and other records related to patients who are transferred to or from another healthcare facility for a period of ten (10) years from the date of the transfer. The medical record will include the following information:
    a. Name of the patient
    b. Name of the referring physician/medical provider
    c. Name of accepting physician
    d. Time of acceptance
    e. Name of accepting facility
    f. Name of person accepting transfer
    g. Time transfer was accepted
    h. Reason for transfer
    i. Time patient left for receiving facility
    j. Initials of physician who was on call and refused or failed to appear within a reasonable period to provide treatment to stabilize the condition.
2. The following will be maintained in the patient's medical record:
    a. Transfer form, either:
        i. Transfer Certificate for Stable Patients
        ii. Transfer Certificate for Unstable Patients
    b. Refusal of Transfer to Another Medical Facility (if applicable)

G. Reporting Suspected EMTALA Violations

1. Hospital staff or employee who believes the Hospital received an inappropriate transfer from another facility in violation of the law, or the Hospital violated EMTALA, are required to report the incident to the Compliance Officer or designee, as soon as possible for investigation. If, based on the investigation, the Compliance Officer or designee, in consultation with Counsel, determines that an inappropriate transfer has been received by the Hospital, the Compliance Officer or designee shall report the transfer to CMS or the state survey agency. Reports of inappropriate transfers must be made to CMS within 72 hours of the violation.

VII. CENTRAL LOG

A. Central Log

1. The Hospital will maintain a central log on all individuals who come to the DED seeking assistance and will include the following information:
    - Patient's Name
    - Date and Time
    - Triage Level
    - Treatment received
    - Diagnosis
    - Disposition: whether patient refused treatment, was refused treatment, or was treated, admitted, stabilized and/or transferred, or discharged.
2. The log must register all patients who present for examination or treatment, even if they leave prior to triage or MSE.
3. The central log will include, directly or by reference, patient logs from other areas of the Hospital that may be considered dedicated emergency departments, such as pediatrics and labor and delivery where a patient might present for emergency services or receive an MSE instead of in the "traditional" emergency department.
4. In non-ED departments of the Hospital where an individual may present with an EMC, the department will provide the necessary information from the point of contact to the DED for documentation in the central log.
5. The Hospital will have discretion to maintain the central log in a form that best meets their needs.
6. The central log of individuals protected by EMTALA will be available within a reasonable amount of time for review and must be retained for a minimum of five years from the date of disposition of the individual.

B. Signage

1. The Hospital will post signage that, at a minimum, meets the following requirements:
    - Signage must be conspicuously posted in the DED or in a place or places likely to be noticed by all individuals entering the DED, as well as those individuals waiting for examination and treatment in

areas other than the traditional ED (i.e.: entrance, admitting area, waiting room, treatment area);
- Signage must be readable from anywhere in the area; and
- Wording of the sign(s) must be clear and in simple terms and language(s) that are understandable by the population served by the Hospital.

2. The contents of the signage must accomplish the following:
   - Specify the rights of individuals under section 1867 of the Act with respect to examination and treatment of EMCs and women in labor; and
   - Indicate whether or not the hospital participates in a Medicaid program approved under a State plan under Title XIX.
3. The signage content must include the following languages:
   - English
   - Spanish

VIII. QUALITY

A. Responsible Person
   1. The Hospital's [insert title(s)] is/are responsible for assuring that this policy is implemented and followed, and that instances of noncompliance with this policy are reported immediately to the Compliance Officer and Quality Manager.

B. Monitoring of EMTALA Compliance
   1. Any concern with compliance with this policy should be reported to Quality Assurance/Risk Management @ (580)782-3353 ext. 241:
      a. If after an investigation by [insert title] it is found that the Hospital breached the EMTALA procedure, action plans to correct and prevent other occurrences will be documented, implemented and practice monitored by Quality Assurance/Risk Management @ (580)782-3353 ext. 241
      b. The Hospital will not penalize or take adverse action against a physician or QMP because they refused to authorize the transfer of a patient with an EMC that has not been stabilized or against Hospital staff who reports a violation of this policy or EMTALA.
   2. The Hospital will monitor compliance with EMTALA and this policy; such monitoring will occur on a monthly basis.

IX. ENFORCEMENT

All Hospital and Medical staff whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, including the Medical Staff Bylaws, Rules and Regulations.

X. RECORDKEEPING

The Hospital must maintain the following:

1. Medical and other records related to patients transferred from [insert Hospital's name], for a minimum period of ten (10) years from the date of the transfer; and
2. A central log on each patient who comes to the DED seeking screening or treatment, for a minimum period of five (5) years. The log must indicate at a minimum whether the individual refused treatment or transfer, was refused treatment, or was transferred prior to stabilization, admitted and treated, stabilized and transferred, or discharged.

XI. TRAINING

All Hospital and Medical staff in the DED will be periodically trained on Mangum Regional Medical Center EMTALA obligations and this policy to ensure that Mangum Regional Medical Center EMTALA obligations are met.

XII. REFERENCES

Social Security Act § 1867

CMS State Operations Manual Appendix V – Interpretive Guidelines – Responsibilities of Medicare Participating Hospitals in Emergency Cases (Rev. 191, 07-19-19)

XIII. ATTACHMENTS

Attachment A: Transfer Certificate for Stable Patients
Attachment B: Certification of False Labor Form
Attachment C: Refusal to Permit Further Medical Screening Examination and Treatment for Emergency Medical Condition Form
Attachment D: Refusal of Transfer to Another Medical Facility
Attachment E: Transfer Certificate for the Unstable Patient
Attachment F: EMTALA Sign [English]
Attachment G: EMTALA Sign [Spanish]

IT IS THE LAW!

IF YOU NEED EMERGENCY MEDICAL ASSISTANCE OR IF YOU ARE PREGNANT AND HAVING CONTRACTIONS

YOU ARE ENTITLED TO RECEIVE WITHIN THE CAPABILITY OF THE HOSPITAL'S STAFF AND FACILITY:

AN APPROPRIATE MEDICAL SCREENING EXAM

APPROPRIATE MEDICAL TREATMENT TO STABILIZE YOUR MEDICAL CONDITION (INCLUDING THE DELIVER OF AN UNBORN CHILD); AND, IF NECESSARY,

AN APPROPRIATE TRANSFER TO ANOTHER FACILITY, EVEN IF YOU ARE NOT ABLE TO PAY OR DO NOT HAVE MEDICAL INSURANCE OR WERE NOT ENTITLED TO PARTICIPATE IN THE MEDICARE OR MEDICAID PROGRAMS.

THIS HOSPITAL <u>DOES</u> PARTICIPATE IN THE MEDICAID PROGRAM.

ES LA LEY!

SI USTED NECESITA ATENCION MEDICA DE EMERGENCIA O SI ESTA EMBARAZADA CON CONTRACCIONES DE PARTO

USTED TIENE DERECHO A RECIBIR, SIEMPRE Y CUANDO EL HOSPITAL CUENTE CON LAS INSTALACIONES ADECUADAS Y TENGA DISPONIBLE AL PERSONAL CALIFICADO

UN EXAMEN MEDICO ADECUADO PARA PRUEBAS DE DETECCION

TRATAMIENTO MEDICO QUE SEA NECESARIO PARA ESTABILIZAR SU CONDICION MEDICA (INCLUYENDO EL PARTO DE UN NINO NO NARCIDO AUN); Y, SI ES NECESARIO,

SER TRASLADADO APOPIADAMENTE A OTRA INSTITUCION DE ATENCION MEDICA, AUNQUE USTED NO PUEDA PAGAR O NO TENGA SEGURO MEDICO O NO TENGA DERECHO DE PARTICIPAR EN LOS PROGRAMAS DE MEDICARE O MEDICAID.

ESTE HOSPITAL <u>SI PARTICIPA</u> EN EL PROGRAMA MEDICAID.