

EMTALA 2021 Update

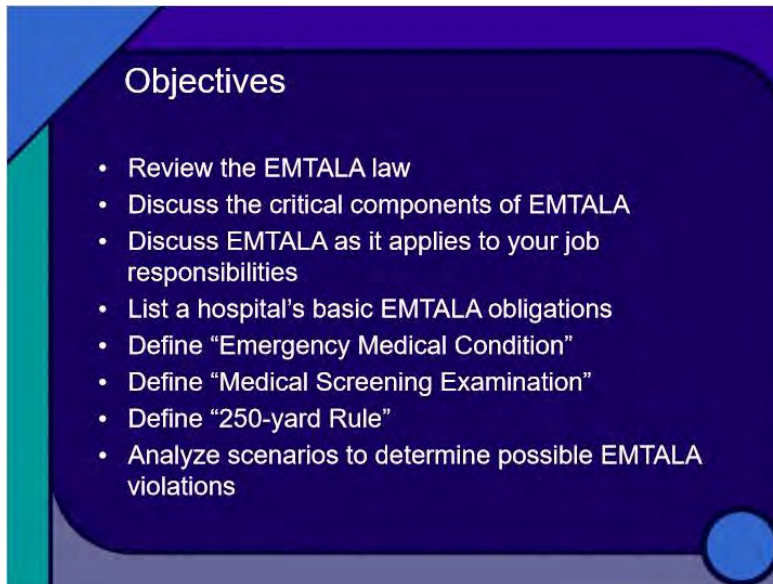
1. EMTALA 2008

1.1 EMTALA



Notes:

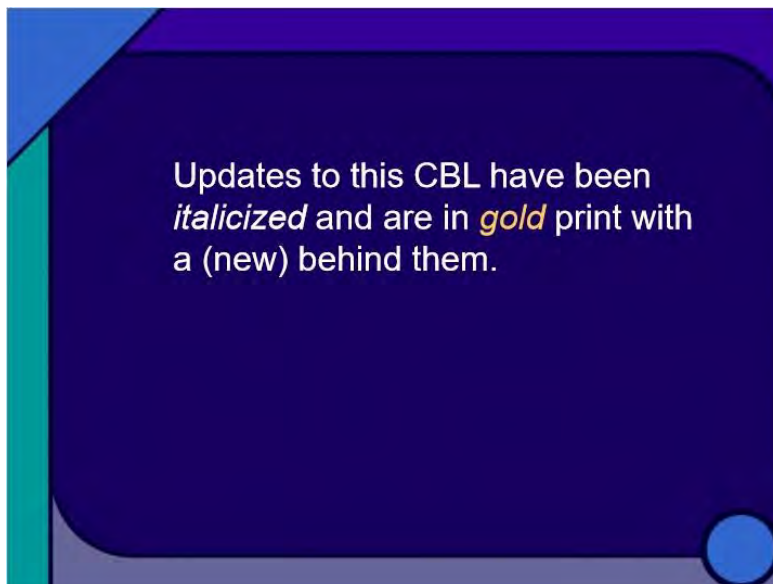
1.2 Objectives



Objectives

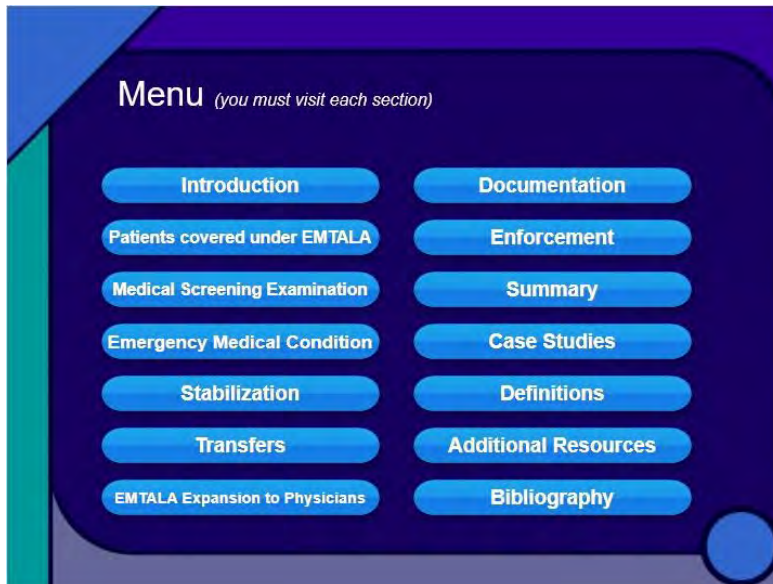
- Review the EMTALA law
- Discuss the critical components of EMTALA
- Discuss EMTALA as it applies to your job responsibilities
- List a hospital's basic EMTALA obligations
- Define "Emergency Medical Condition"
- Define "Medical Screening Examination"
- Define "250-yard Rule"
- Analyze scenarios to determine possible EMTALA violations

1.3 Updates



Updates to this CBL have been *italicized* and are in *gold* print with a (new) behind them.

1.4 Menu



Notes:

1.5 EMTALA - the law



1.6 Introduction to EMTALA

Introduction to EMTALA

In 1986, Congress enacted EMTALA, the Emergency Medical Treatment and Labor Act, to ensure public access to emergency services regardless of ability to pay. EMTALA requires hospitals that participate in Medicare to provide a medical screening examination of any person who comes to the emergency department and requests examination or treatment. If the hospital determines that the person has an emergency medical condition, including active labor, the hospital must provide treatment to stabilize the condition or provide for an appropriate transfer to another facility.

EMTALA originally targeted hospitals. In 1989, Congress expanded EMTALA to include physicians. Further revisions were made in 2002 that specifically address on-call physicians.

This standard of care is mandated by *law*, not by medicine.

1.7 Introduction to EMTALA

Introduction to EMTALA

EMTALA applies only to participating hospitals. These are hospitals which have entered into “provider agreements” under which they will accept payment from the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS).*

**FirstHealth has provider agreements with CMS.*

The Emergency Medical Treatment and Labor Act (EMTALA) governs virtually every aspect of hospital-based emergency services. Failure to comply with this federal law subjects the hospital to costly government investigations, adverse public relations, potential monetary penalties and/or termination from Medicare, and substantial civil liability. Medical staff leaders and the individual members of the medical staff, particularly those who take call to the emergency department, must have a strong working knowledge of the law.

(new)

1.8 EMTALA primary requirements

EMTALA has three legal duties upon hospitals

- *Hospital emergency departments must provide an appropriate medical screening exam (MSE) to determine whether or not an emergency medical condition (EMC) exists.*
- *If a hospital determines that an emergency medical condition does exist, then the hospital must either stabilize the individual, or, if it is unable to stabilize the individual, th hospital must transfer the patient to a hospital that is capable of stabilizing the medical condition.*
- *Hospitals with specialized capabilities or facilities are required to accept appropriate transfers of patients who require such specialized services, if the hospital has the capacity to treat the individual. (EMTALA's "non-discrimination provision")*

(new)

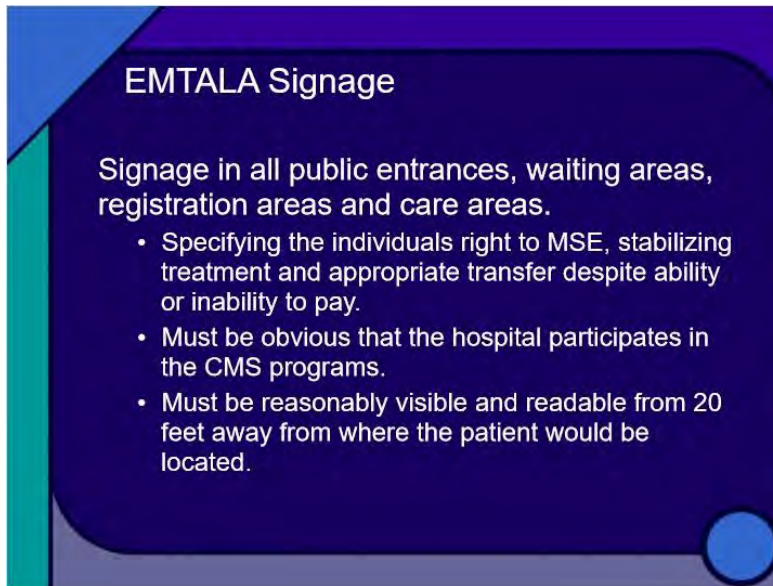
1.9 EMTALA primary requirements

Requirement

- *EMTALA specifically requires hospitals to maintain a list of on-call physicians to help the ED determine if the patient has an emergency medical condition, to help stabilize emergency patients, and to treat patients the hospital accepts in transfer. Furthermore, there may be 'no delay' in access due to the patient's insurance status.*

(new)

1.10 EMTALA Signage



EMTALA Signage

Signage in all public entrances, waiting areas, registration areas and care areas.

- Specifying the individuals right to MSE, stabilizing treatment and appropriate transfer despite ability or inability to pay.
- Must be obvious that the hospital participates in the CMS programs.
- Must be reasonably visible and readable from 20 feet away from where the patient would be located.

Notes:

- Approximate size 18x20

1.11 EMTALA sign in the MRH ED



EMTALA sign in the MRH ED

IT'S THE LAW!

IF YOU HAVE A MEDICAL EMERGENCY OR ARE IN LABOR, YOU HAVE THE RIGHT TO RECEIVE, within the capabilities of this hospital's staff and facilities:

- An appropriate medical SCREENING EXAMINATION
- Necessary STABILIZING TREATMENT (including treatment for an unborn child) and if necessary
- An appropriate TRANSFER to another facility

even if

YOU CANNOT PAY or DO NOT HAVE MEDICAL INSURANCE

or

YOU ARE NOT ENTITLED TO MEDICARE OR MEDICAID.

This hospital does participate in the Medicaid and Medicare Programs.

1.12 Who is covered under EMTALA?



Notes:

1.13 Patients covered under EMTALA

Patients covered under EMTALA

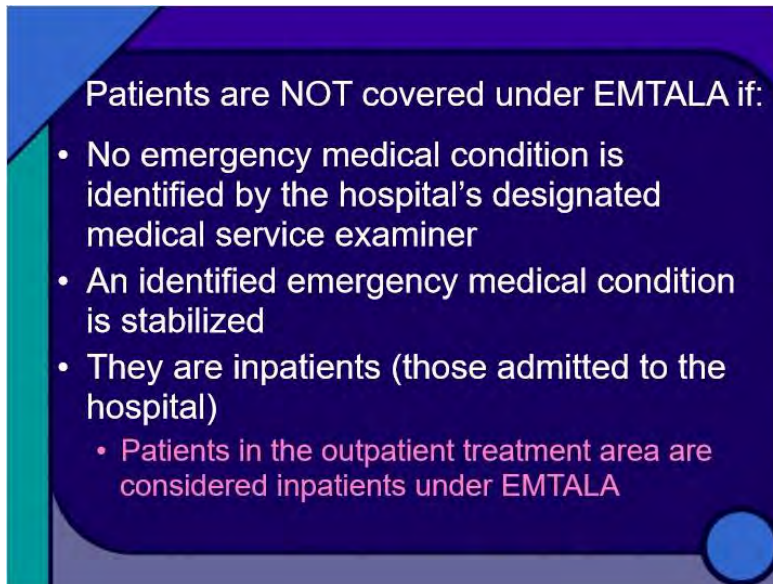
ALL patients are covered under EMTALA, not just Medicare or Medicaid patients.

Patients may do any of the following to qualify for EMTALA:

- Present to the ED and request medical care. The request may be made by the patient or someone on behalf of the patient. Or if the patient is unable to make the request but shows symptoms that indicate an obvious possibility of an emergency medical condition.
- Be on campus within 250 yards of the main building (250 Yard Rule)
- Be on board an EMS hospital-based vehicle

Any patient who presents to the ED and requests examination or treatment for a medical condition must have a medical screening examination to determine if an emergency medical condition exists.

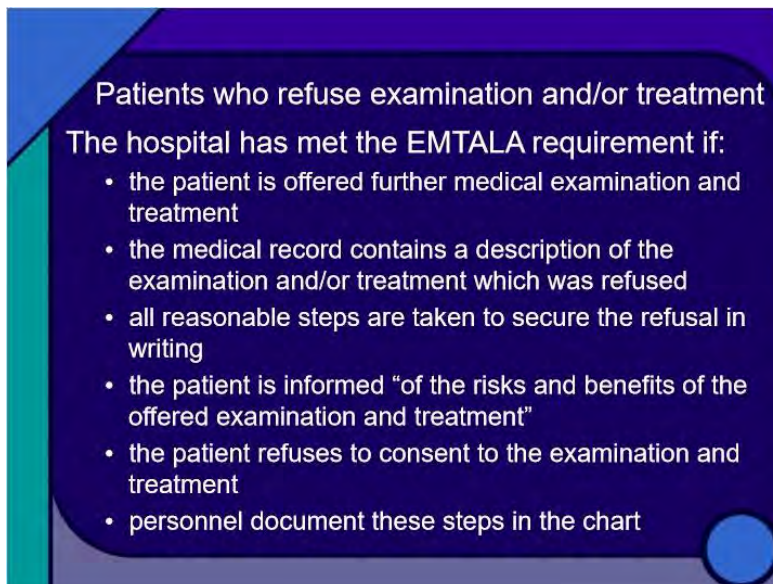
1.14 Patients are NOT covered under EMTALA if:



Patients are NOT covered under EMTALA if:

- No emergency medical condition is identified by the hospital's designated medical service examiner
- An identified emergency medical condition is stabilized
- They are inpatients (those admitted to the hospital)
 - Patients in the outpatient treatment area are considered inpatients under EMTALA

1.15 Patients who refuse examination and/or treatment

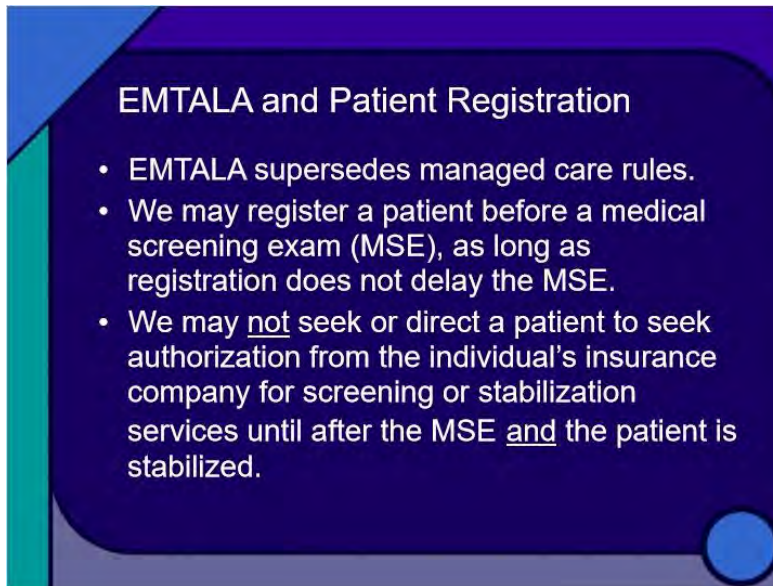


Patients who refuse examination and/or treatment

The hospital has met the EMTALA requirement if:

- the patient is offered further medical examination and treatment
- the medical record contains a description of the examination and/or treatment which was refused
- all reasonable steps are taken to secure the refusal in writing
- the patient is informed "of the risks and benefits of the offered examination and treatment"
- the patient refuses to consent to the examination and treatment
- personnel document these steps in the chart

1.16 EMTALA and Patient Registration



EMTALA and Patient Registration

- EMTALA supersedes managed care rules.
- We may register a patient before a medical screening exam (MSE), as long as registration does not delay the MSE.
- We may not seek or direct a patient to seek authorization from the individual's insurance company for screening or stabilization services until after the MSE and the patient is stabilized.

Notes:

- Pre-authorization calls are in violation of the law before a MSE.
- Medicare/Medicaid bans their managed care plans from requiring pre-authorization
- Hospital paid pay \$40,000 for allegations that it denied MSE to two patients because their primary care physicians denied payment authorization.

1.17 Patient Financial Inquiries

Patient Financial Inquiries

- Patients should be informed of the hospitals' obligations under EMTALA, and encouraged to stay until after the MSE and stabilization treatment as necessary to affect a safe transfer, if requested.
- If, despite counseling, the patient declines MSE and treatment, the hospital should inform the patient of the risks and benefits of refusing treatment and take all reasonable steps to gain written informed consent of the patient's refusal. (see AMA policy)
- Documentation should include a description of the proposed exam and treatment that was refused.

1.18 What is an EMTALA "Medical Screening Exam"?

What is an EMTALA "Medical Screening Exam"?



1.19 Medical Screening Examination

Medical Screening Examination

The MSE must be conducted by a qualified medical person that has met the criteria defined by hospital policy. RN triage does not fulfill the MSE criteria.

The hospital must provide the same MSE for all patients with like conditions.

We may not delay the MSE for financial interview.

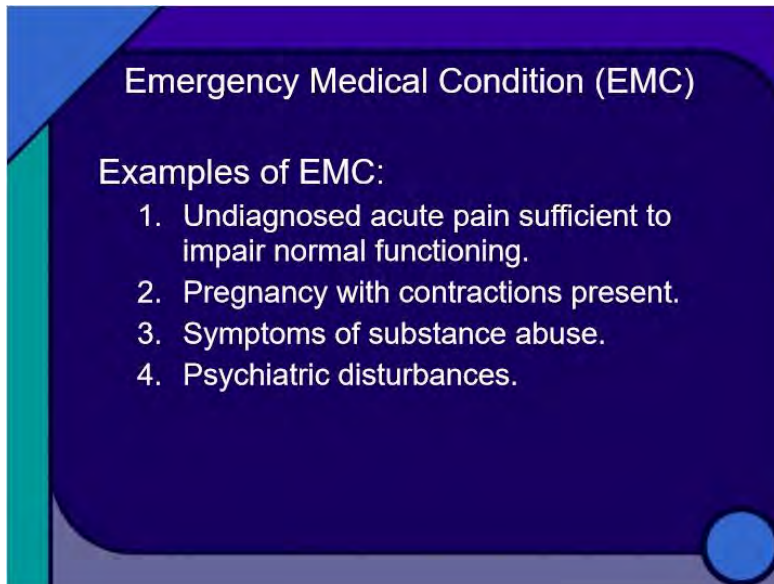
A MSE is not an isolated event. It is an ongoing process that begins, but typically does not end, with triage (new).

1.20 How do we know if it's an emergency medical condition?

How do we know if it's an emergency medical condition?



1.21 Emergency Medical Condition (EMC)



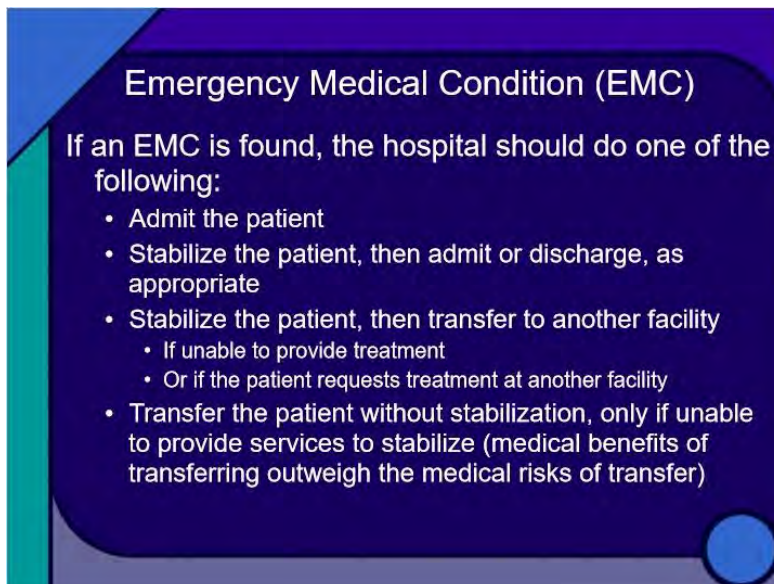
Emergency Medical Condition (EMC)

Examples of EMC:

1. Undiagnosed acute pain sufficient to impair normal functioning.
2. Pregnancy with contractions present.
3. Symptoms of substance abuse.
4. Psychiatric disturbances.

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1.22 Emergency Medical Condition (EMC)



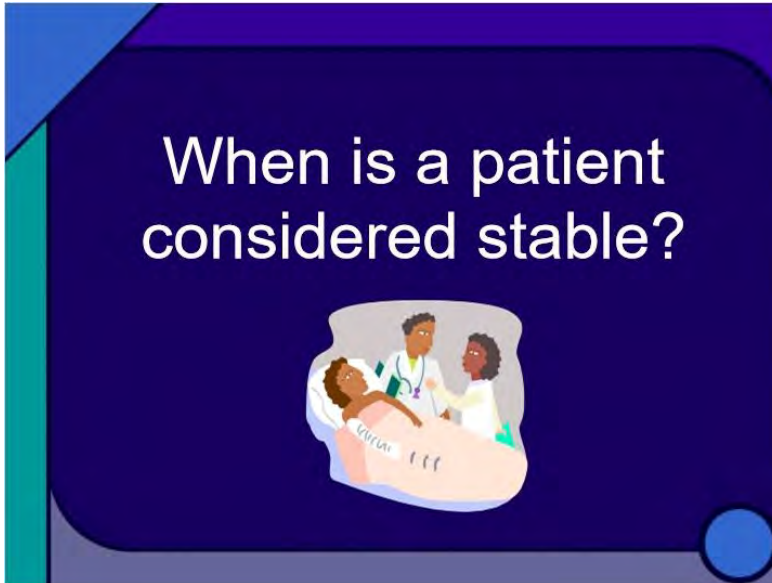
Emergency Medical Condition (EMC)

If an EMC is found, the hospital should do one of the following:

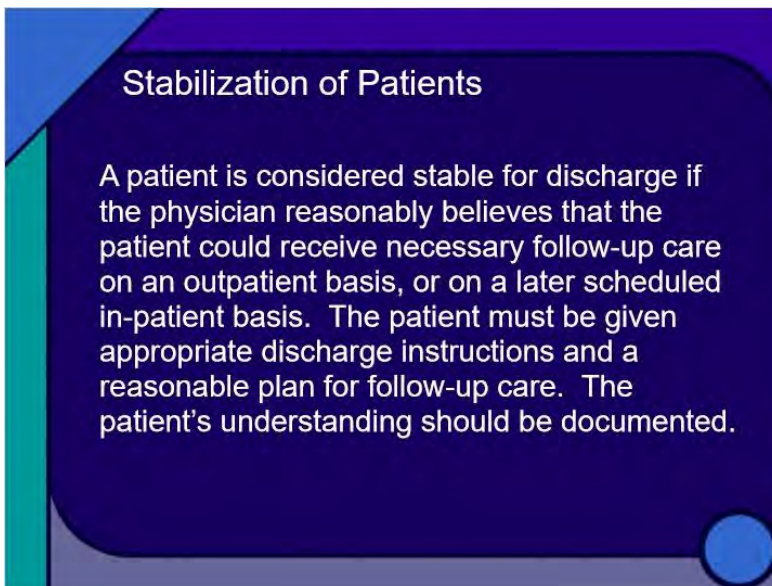
- Admit the patient
- Stabilize the patient, then admit or discharge, as appropriate
- Stabilize the patient, then transfer to another facility
 - If unable to provide treatment
 - Or if the patient requests treatment at another facility
- Transfer the patient without stabilization, only if unable to provide services to stabilize (medical benefits of transferring outweigh the medical risks of transfer)

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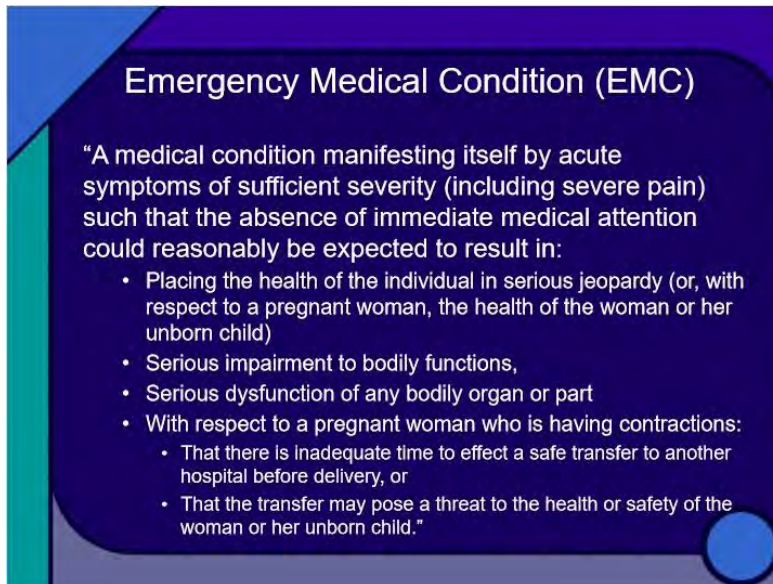
1.23 When is a patient considered stable?



1.24 Stabilization of Patients



1.25 Emergency Medical Condition (EMC)

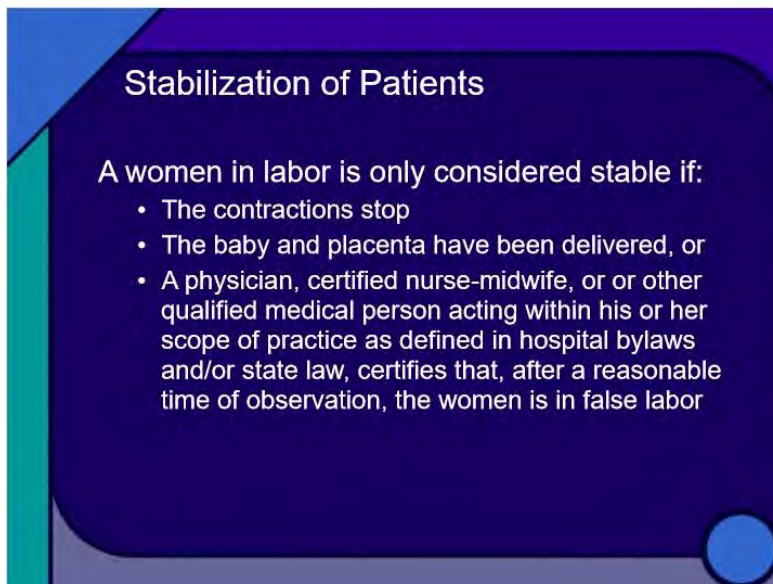


Emergency Medical Condition (EMC)

"A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the health of the individual in serious jeopardy (or, with respect to a pregnant woman, the health of the woman or her unborn child)
- Serious impairment to bodily functions,
- Serious dysfunction of any bodily organ or part
- With respect to a pregnant woman who is having contractions:
 - That there is inadequate time to effect a safe transfer to another hospital before delivery, or
 - That the transfer may pose a threat to the health or safety of the woman or her unborn child."

1.26 Stabilization of Patients

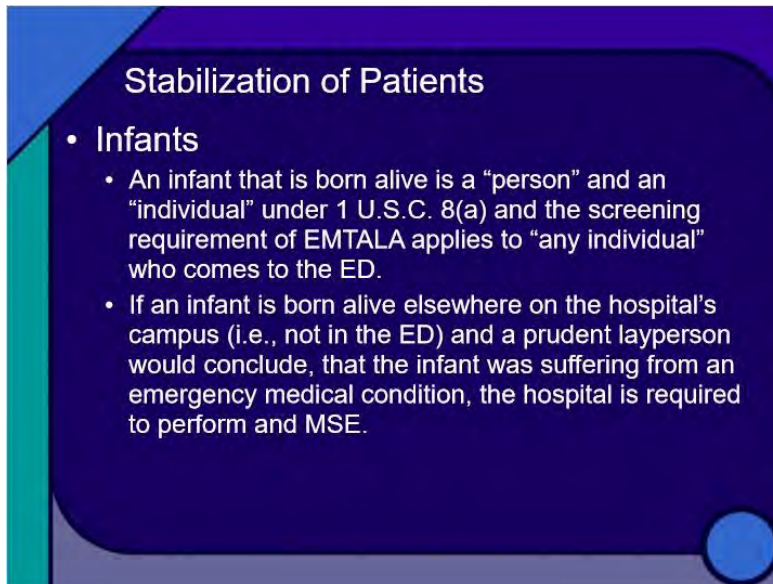


Stabilization of Patients

A women in labor is only considered stable if:

- The contractions stop
- The baby and placenta have been delivered, or
- A physician, certified nurse-midwife, or other qualified medical person acting within his or her scope of practice as defined in hospital bylaws and/or state law, certifies that, after a reasonable time of observation, the women is in false labor

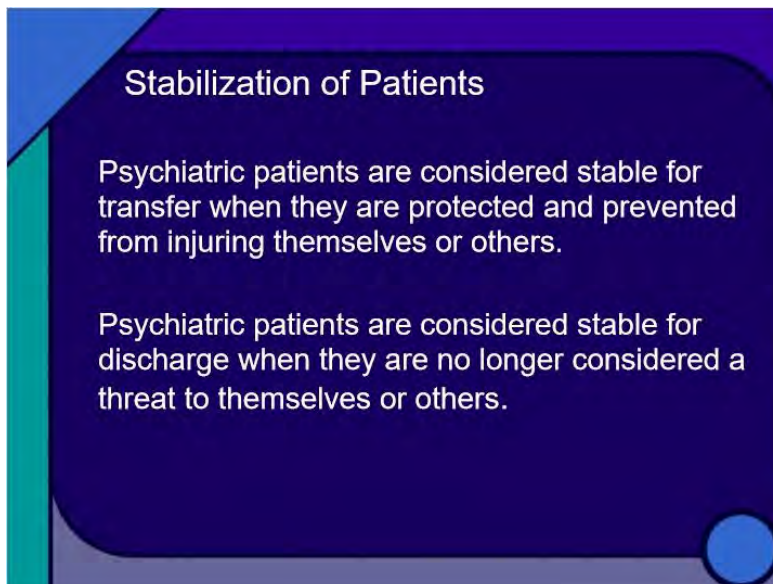
1.27 Stabilization of Patients



Stabilization of Patients

- **Infants**
 - An infant that is born alive is a “person” and an “individual” under 1 U.S.C. 8(a) and the screening requirement of EMTALA applies to “any individual” who comes to the ED.
 - If an infant is born alive elsewhere on the hospital’s campus (i.e., not in the ED) and a prudent layperson would conclude, that the infant was suffering from an emergency medical condition, the hospital is required to perform and MSE.

1.28 Stabilization of Patients

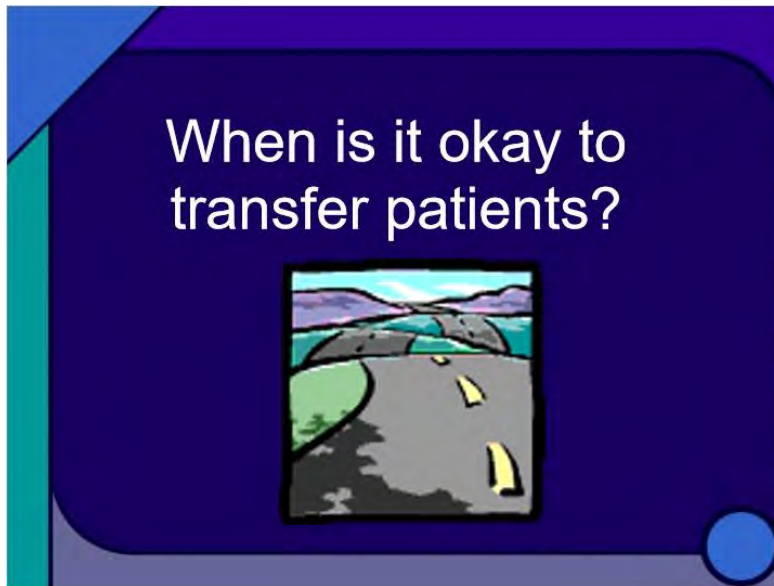


Stabilization of Patients

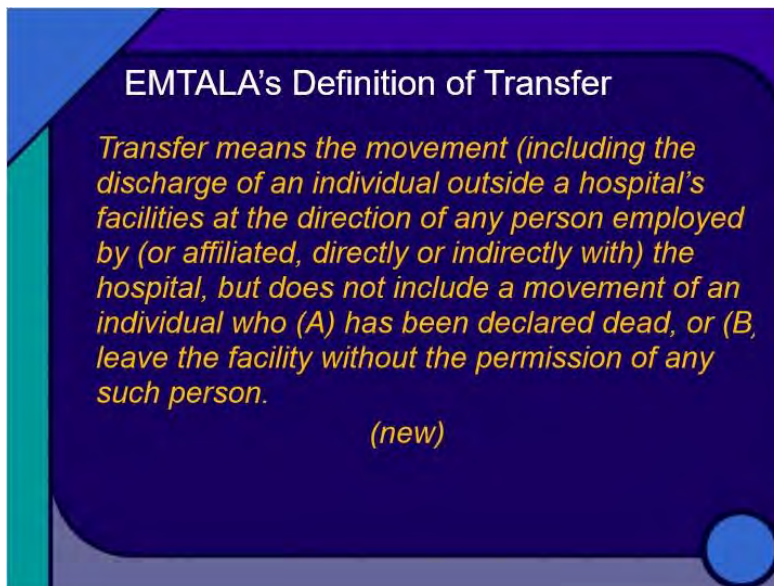
Psychiatric patients are considered stable for transfer when they are protected and prevented from injuring themselves or others.

Psychiatric patients are considered stable for discharge when they are no longer considered a threat to themselves or others.

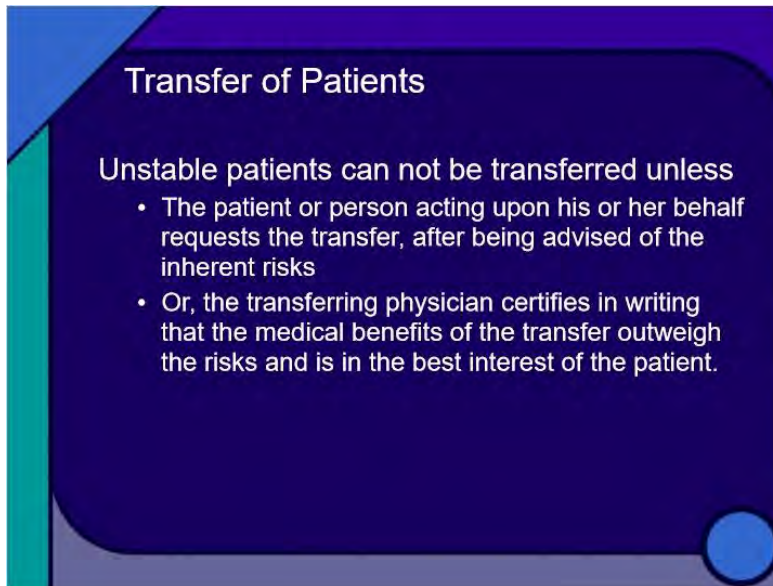
1.29 When is it okay to transfer patients?



1.30 Transfer of Patients



1.31 Transfer of Patients

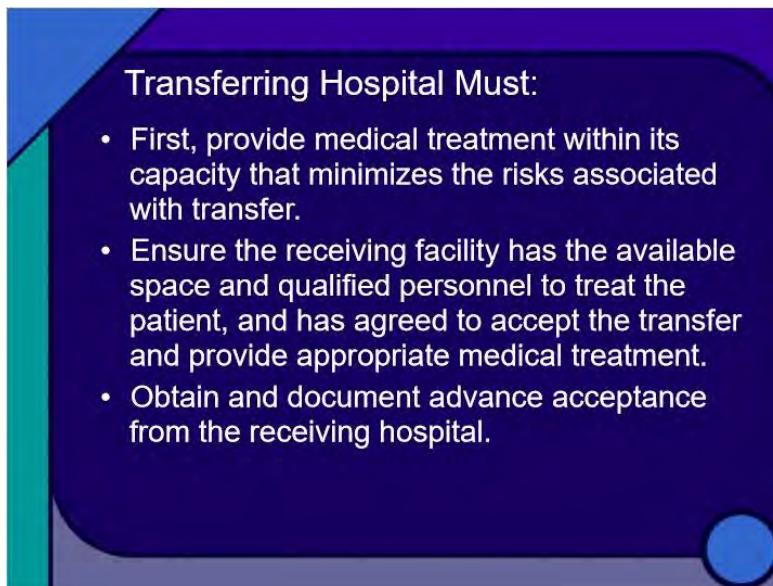


Transfer of Patients

Unstable patients can not be transferred unless

- The patient or person acting upon his or her behalf requests the transfer, after being advised of the inherent risks
- Or, the transferring physician certifies in writing that the medical benefits of the transfer outweigh the risks and is in the best interest of the patient.

1.32 Transferring Hospital Must



Transferring Hospital Must:

- First, provide medical treatment within its capacity that minimizes the risks associated with transfer.
- Ensure the receiving facility has the available space and qualified personnel to treat the patient, and has agreed to accept the transfer and provide appropriate medical treatment.
- Obtain and document advance acceptance from the receiving hospital.

Notes:

-

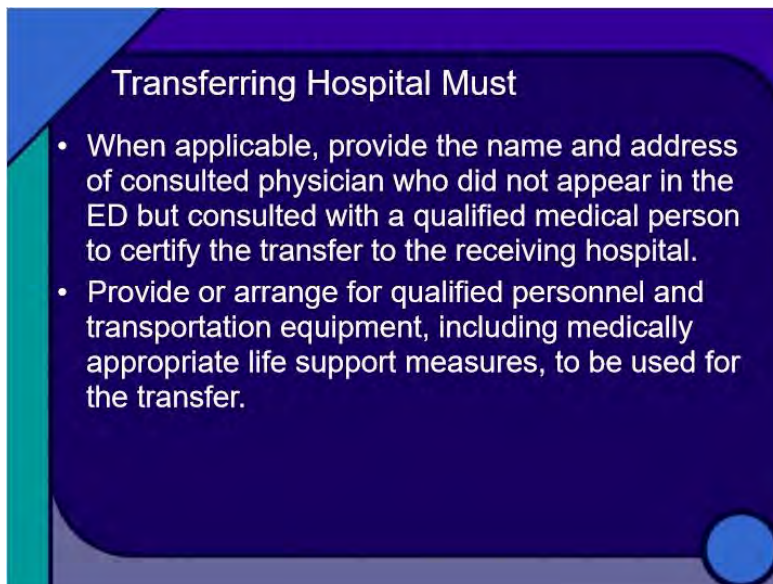
1.33 Transferring Hospital Must



Transferring Hospital Must

- Transferring hospital must send the receiving hospital all pertinent available medical records, or copies related to the EMC including available:
 - history
 - observation of signs or symptoms
 - preliminary diagnosis
 - treatment given
 - results of diagnostic studies and tests
 - the informed written consent or certification for transfer

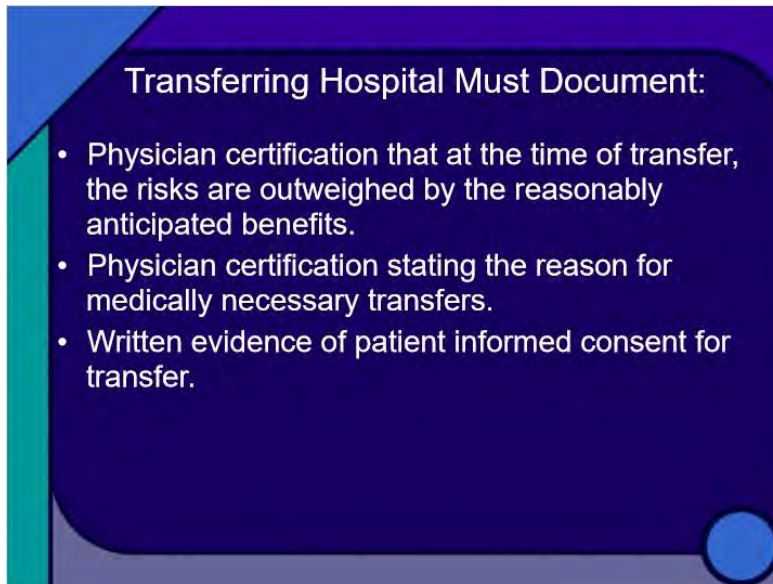
1.34 Transferring Hospital Must



Transferring Hospital Must

- When applicable, provide the name and address of consulted physician who did not appear in the ED but consulted with a qualified medical person to certify the transfer to the receiving hospital.
- Provide or arrange for qualified personnel and transportation equipment, including medically appropriate life support measures, to be used for the transfer.

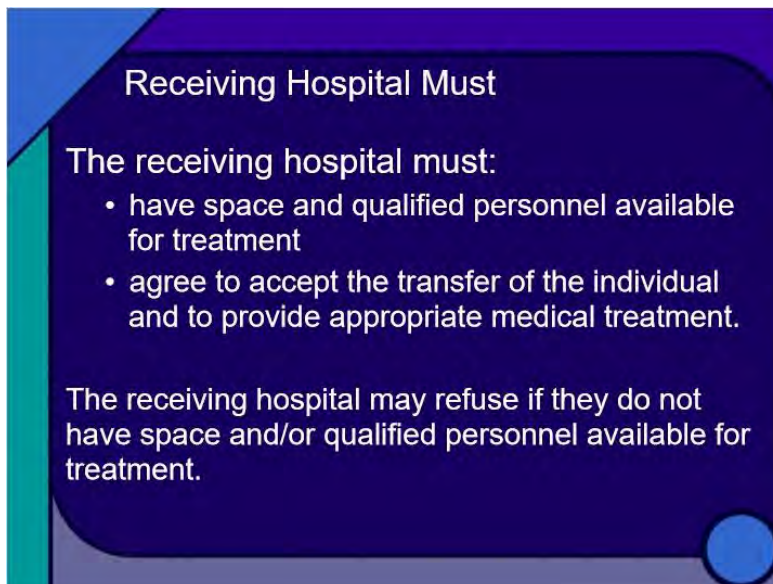
1.35 Transferring Hospital Must Document:



Transferring Hospital Must Document:

- Physician certification that at the time of transfer, the risks are outweighed by the reasonably anticipated benefits.
- Physician certification stating the reason for medically necessary transfers.
- Written evidence of patient informed consent for transfer.

1.36 Receiving Hospital Must



Receiving Hospital Must

The receiving hospital must:

- have space and qualified personnel available for treatment
- agree to accept the transfer of the individual and to provide appropriate medical treatment.

The receiving hospital may refuse if they do not have space and/or qualified personnel available for treatment.

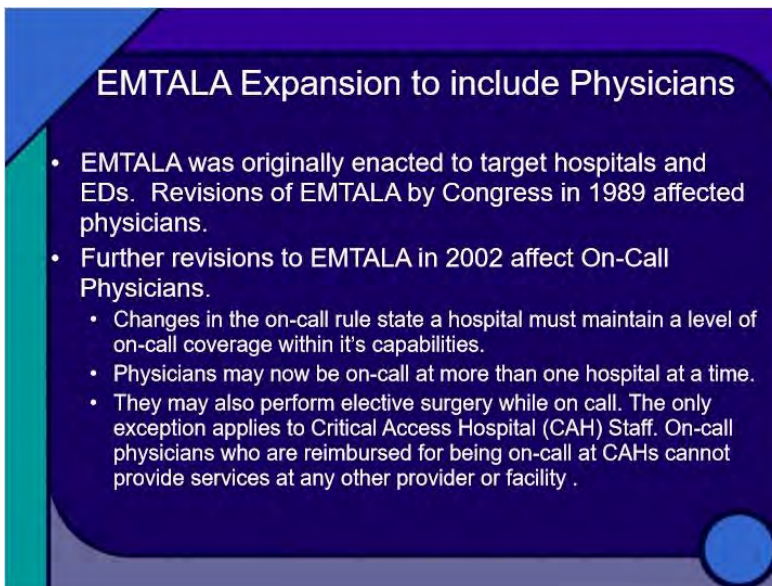
Notes:

- **May be declined when the hospital does not have the capacity to handle the patient**
- **To Regional Office of CMS**

1.37 EMTALA and Physicians



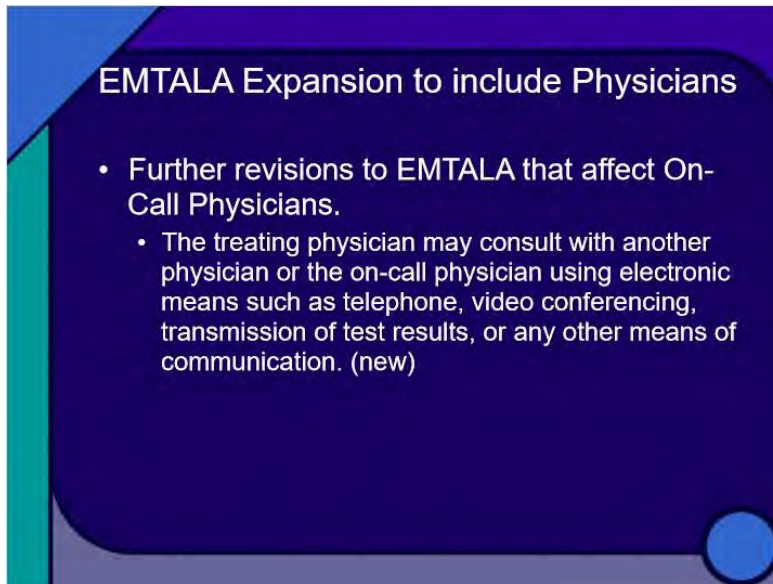
1.38 EMTALA Expansion to include Physicians



Notes:

- Cases over the years established that commonly, unstable transfers from ED's were necessitated by the refusal of on-call physicians to provide care.

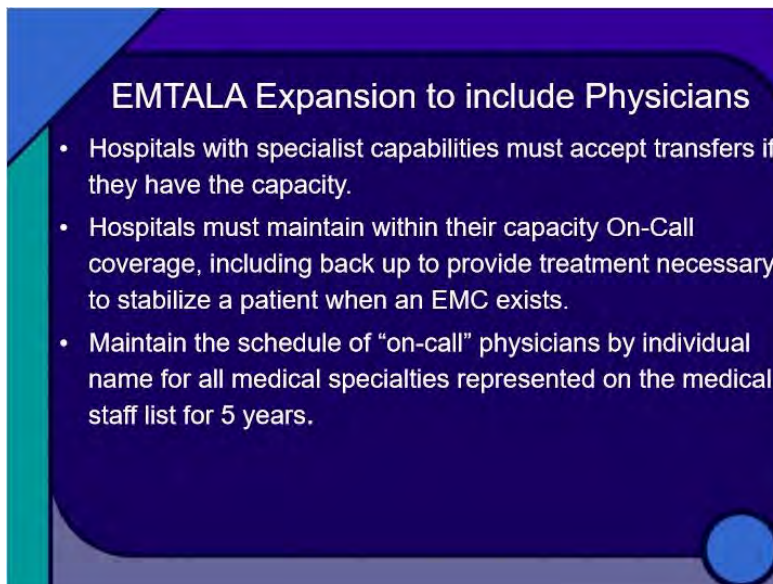
1.39 EMTALA Expansion to include Physicians



EMTALA Expansion to include Physicians

- Further revisions to EMTALA that affect On-Call Physicians.
 - The treating physician may consult with another physician or the on-call physician using electronic means such as telephone, video conferencing, transmission of test results, or any other means of communication. (new)

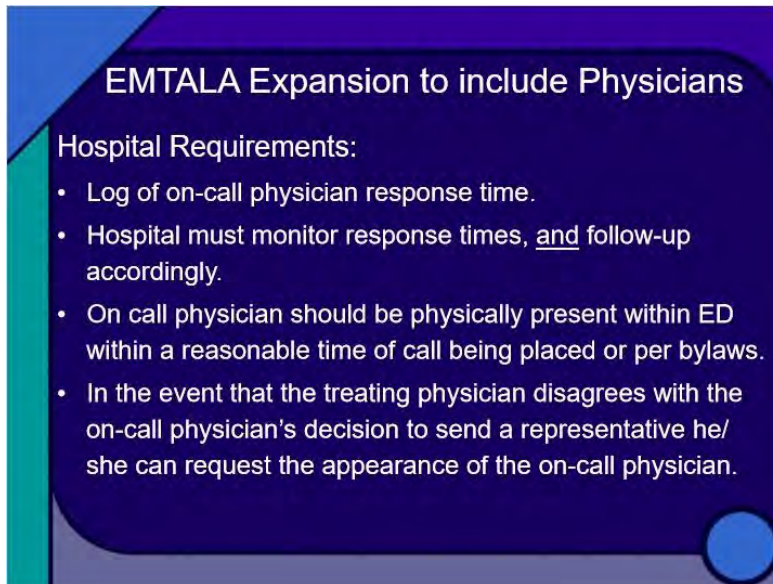
1.40 EMTALA Expansion to include Physicians



EMTALA Expansion to include Physicians

- Hospitals with specialist capabilities must accept transfers if they have the capacity.
- Hospitals must maintain within their capacity On-Call coverage, including back up to provide treatment necessary to stabilize a patient when an EMC exists.
- Maintain the schedule of “on-call” physicians by individual name for all medical specialties represented on the medical staff list for 5 years.

1.41 EMTALA Expansion to include Physicians

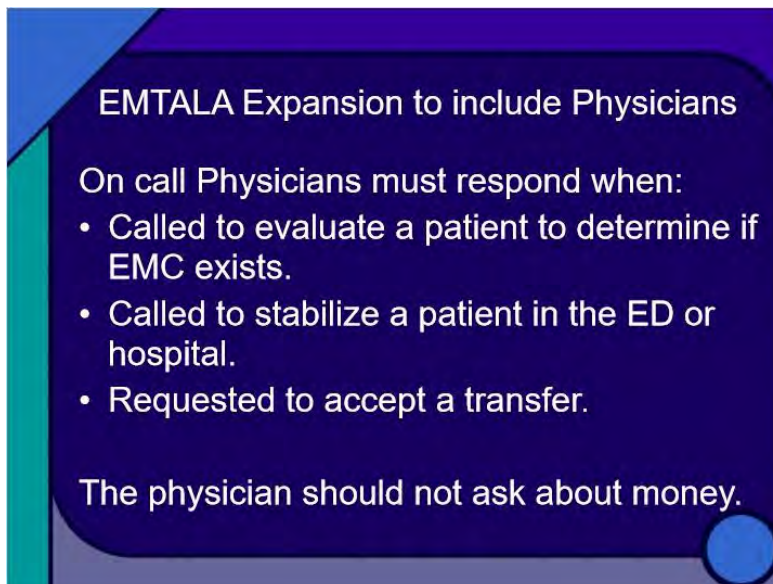


EMTALA Expansion to include Physicians

Hospital Requirements:

- Log of on-call physician response time.
- Hospital must monitor response times, and follow-up accordingly.
- On call physician should be physically present within ED within a reasonable time of call being placed or per bylaws.
- In the event that the treating physician disagrees with the on-call physician's decision to send a representative he/she can request the appearance of the on-call physician.

1.42 EMTALA Expansion to include Physicians



EMTALA Expansion to include Physicians

On call Physicians must respond when:

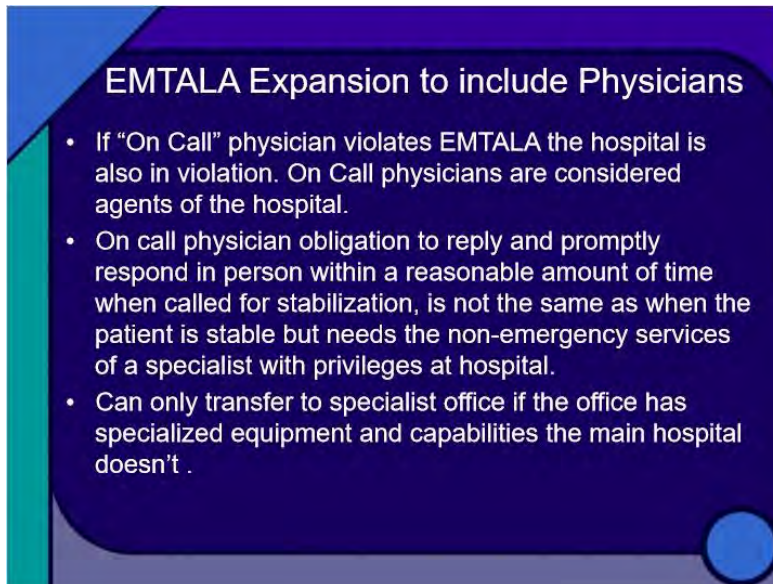
- Called to evaluate a patient to determine if EMC exists.
- Called to stabilize a patient in the ED or hospital.
- Requested to accept a transfer.

The physician should not ask about money.

Notes:

If they are asking about money, they are planning on that making a difference. Physician may ask anything he wants but you are not permitted to answer. If asked do not provide the information even if the patient is fully insured

1.43 EMTALA Expansion to include Physicians



EMTALA Expansion to include Physicians

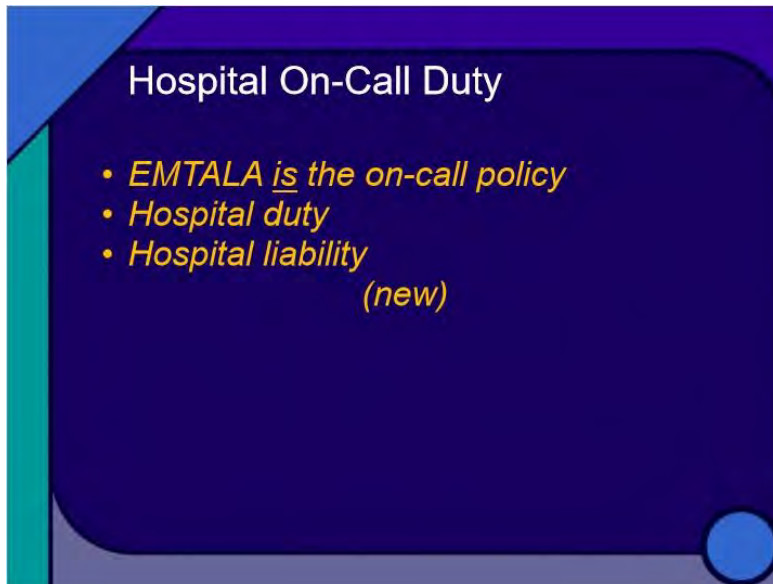
- If "On Call" physician violates EMTALA the hospital is also in violation. On Call physicians are considered agents of the hospital.
- On call physician obligation to reply and promptly respond in person within a reasonable amount of time when called for stabilization, is not the same as when the patient is stable but needs the non-emergency services of a specialist with privileges at hospital.
- Can only transfer to specialist office if the office has specialized equipment and capabilities the main hospital doesn't .

Notes:

EMTALA RULING

Woman was brought into the ED S/P MVA with severe injuries. The on call surgeon was attending a CME session in a nearby town 30 miles away. He had not notified the hospital he would be unavailable. He was unreachable for 1 hour. After discussion between the EDMD and the on-call doctor it was decided the patient would be transferred to a university hospital. Due to bad weather the patient had to be transported by ground ambulance. Patient was not operated (she had a kidney, her gall bladder, colon and part of her small intestine removed) until 4 hours after arrival to the original ED. The doctor was held liable for the patients delay in treatment

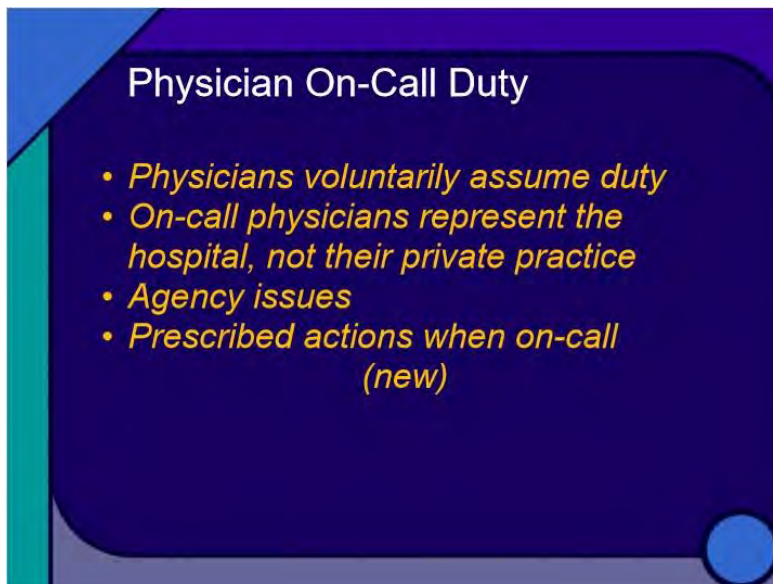
1.44 Hospital On-Call Duty



Hospital On-Call Duty

- *EMTALA is the on-call policy*
- *Hospital duty*
- *Hospital liability*
(new)

1.45 Physician On-Call Duty



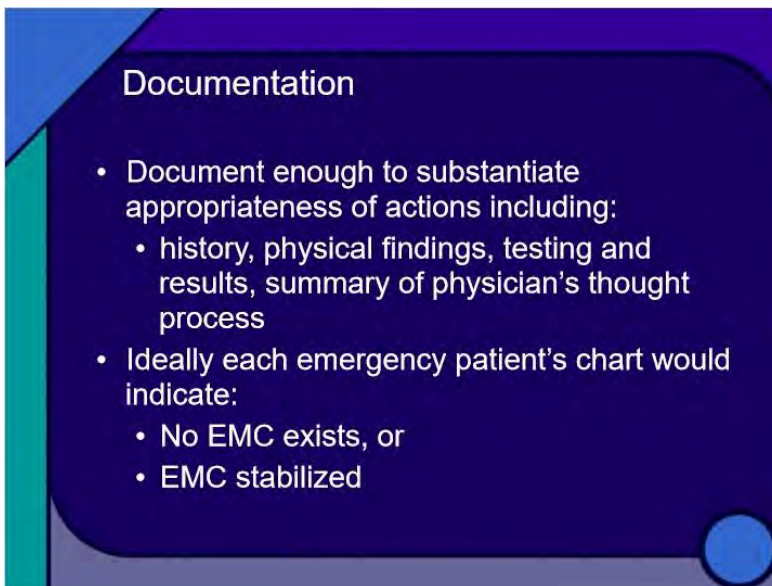
Physician On-Call Duty

- *Physicians voluntarily assume duty*
- *On-call physicians represent the hospital, not their private practice*
- *Agency issues*
- *Prescribed actions when on-call*
(new)

1.46 What do we need to document on the patient's chart?



1.47 Documentation



1.48 EMTALA Enforcement



1.49 Enforcement

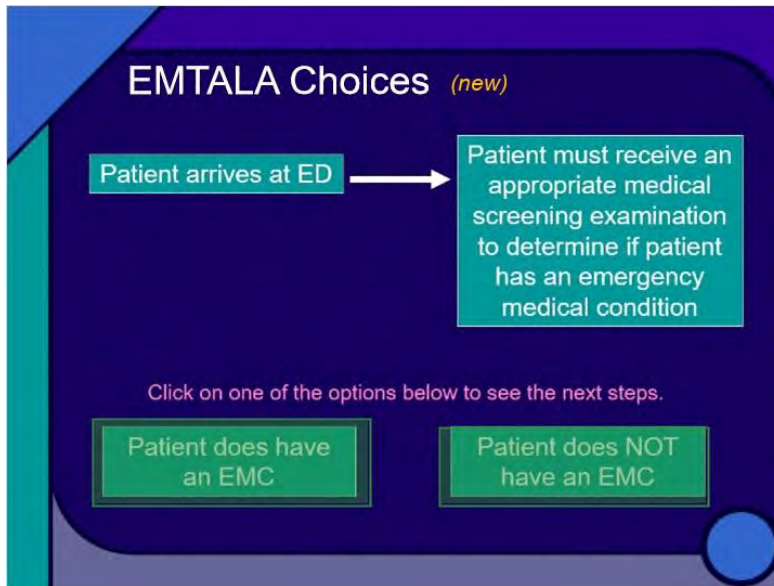
Enforcement

Facilities which fail to provide this standard of care may be fined up to **\$100,000.00** per violation and may face termination of CMS participation. *(new)*

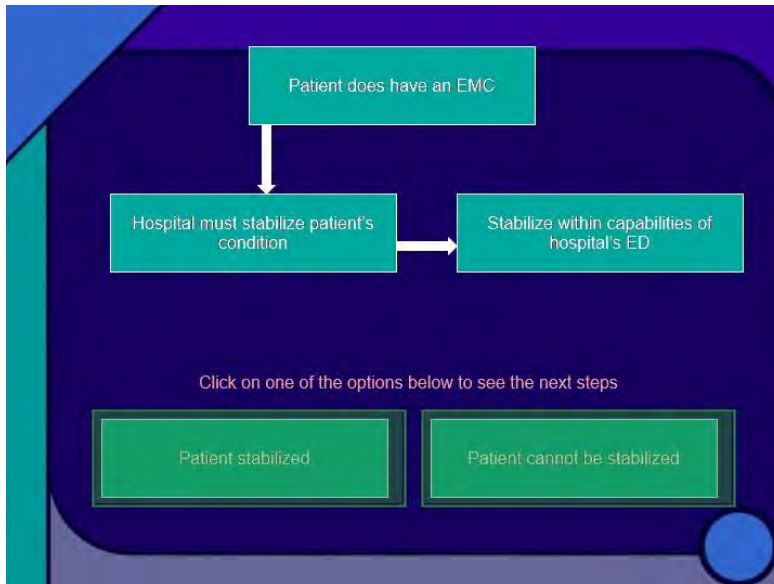
Patients have the right to sue hospitals for EMTALA violations!

These penalties are not covered by malpractice insurance.

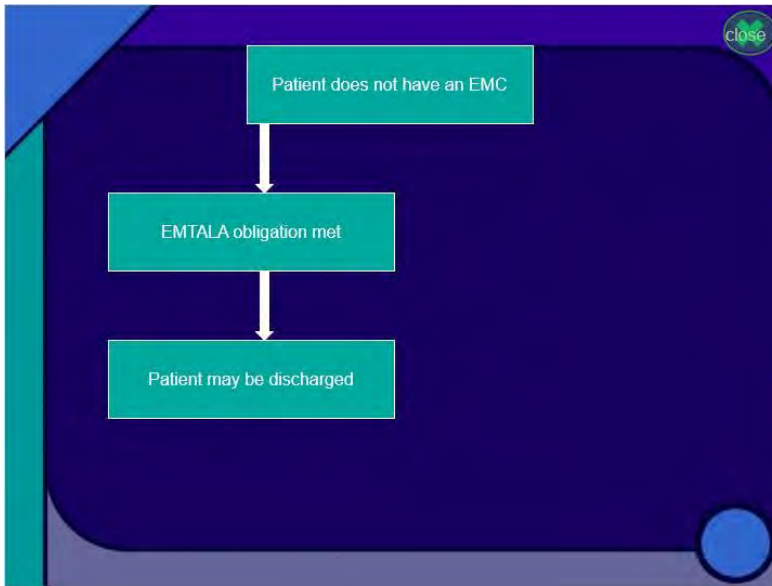
1.50 EMTALA Choices



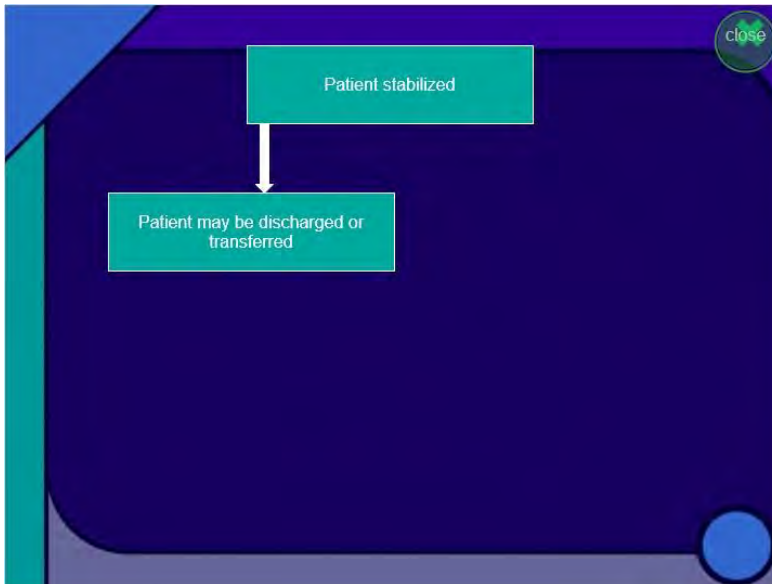
Patient does have an EMC (Slide Layer)



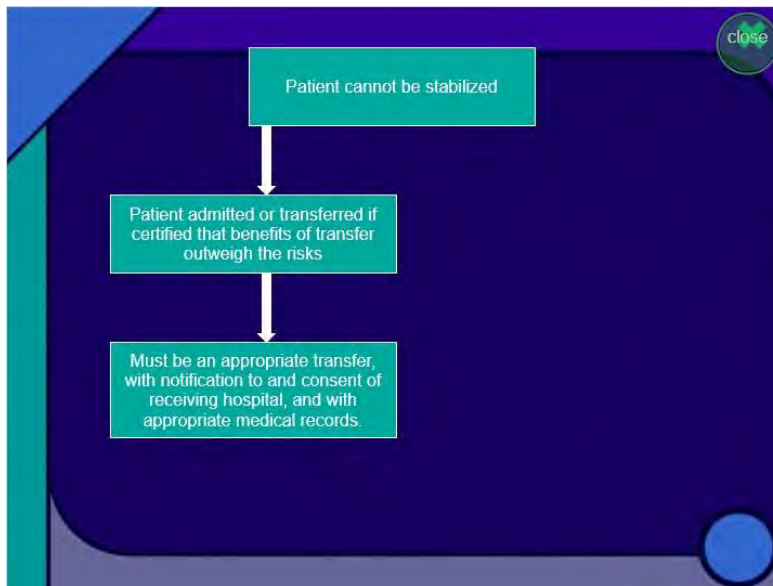
Patient does NOT have an EMC (Slide Layer)



Patient stabilized (Slide Layer)



Patient cannot be stabilized (Slide Layer)

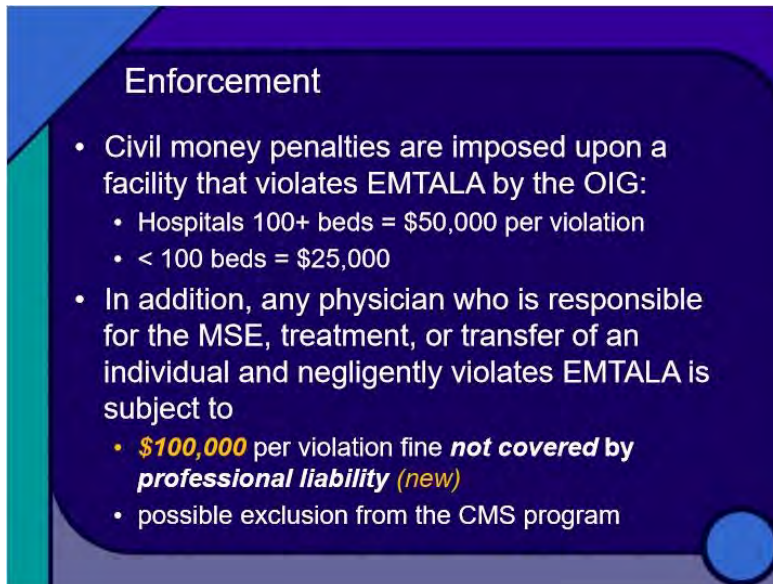


1.51 Enforcement

Enforcement

- Violations are reported to the regional office of The Center for Medicare and Medicaid Services (CMS), Justice Department, Office of Civil Rights and to The Joint Commission.
- CMS, Office of the Inspector General (OIG), the Department of Health Human Services (DHHS) are responsible for the investigation and the enforcement of the statute.

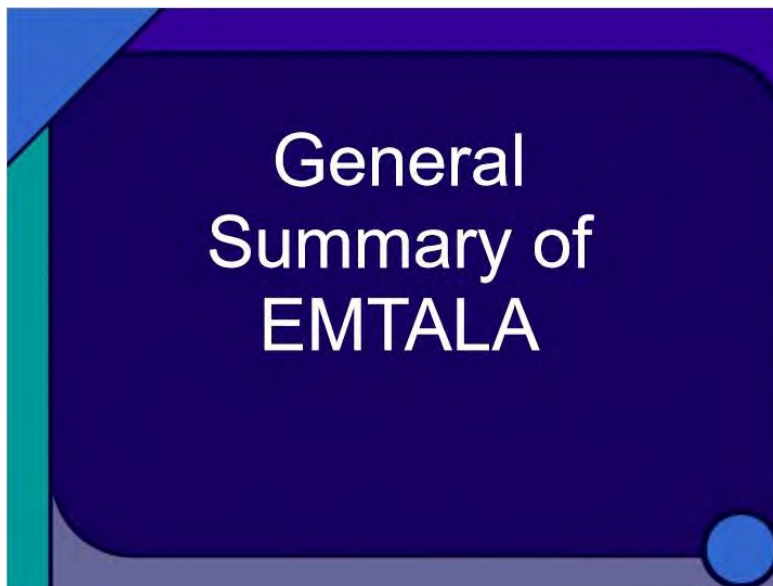
1.52 Enforcement



Enforcement

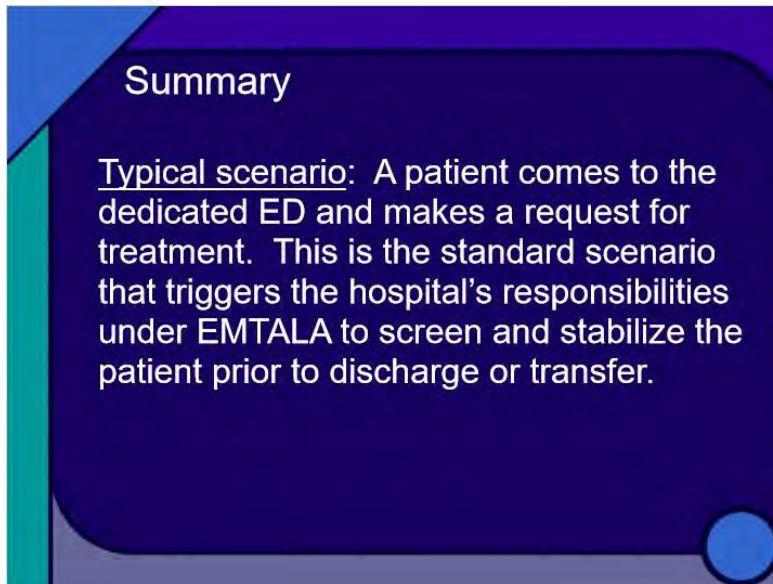
- Civil money penalties are imposed upon a facility that violates EMTALA by the OIG:
 - Hospitals 100+ beds = \$50,000 per violation
 - < 100 beds = \$25,000
- In addition, any physician who is responsible for the MSE, treatment, or transfer of an individual and negligently violates EMTALA is subject to
 - **\$100,000** per violation fine *not covered by professional liability (new)*
 - possible exclusion from the CMS program

1.53 General Summary of EMTALA



General
Summary of
EMTALA

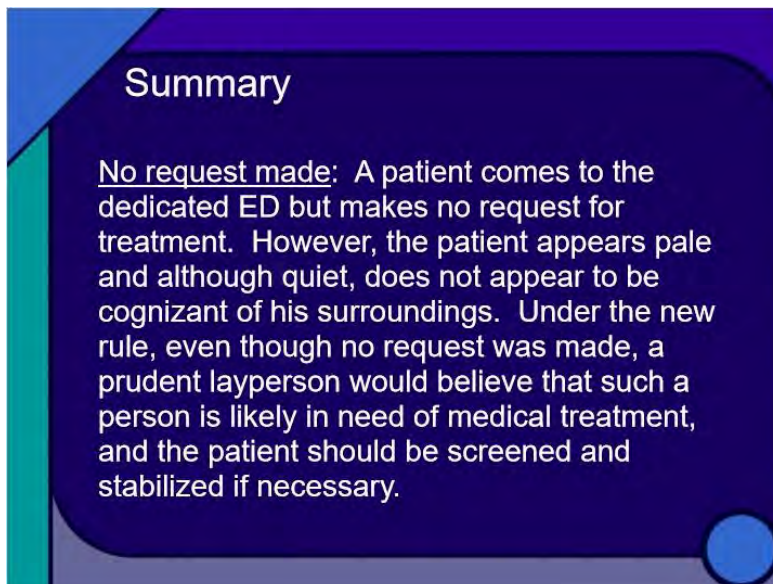
1.54 Summary

A slide with a dark blue background and a teal vertical bar on the left. The title 'Summary' is in white. The text is in white and describes a typical scenario where a patient requests treatment in an ED, triggering EMTALA responsibilities.

Summary

Typical scenario: A patient comes to the dedicated ED and makes a request for treatment. This is the standard scenario that triggers the hospital's responsibilities under EMTALA to screen and stabilize the patient prior to discharge or transfer.

1.55 Summary

A slide with a dark blue background and a teal vertical bar on the left. The title 'Summary' is in white. The text is in white and describes a scenario where a patient does not request treatment but appears ill, requiring screening and stabilization under EMTALA.

Summary

No request made: A patient comes to the dedicated ED but makes no request for treatment. However, the patient appears pale and although quiet, does not appear to be cognizant of his surroundings. Under the new rule, even though no request was made, a prudent layperson would believe that such a person is likely in need of medical treatment, and the patient should be screened and stabilized if necessary.

1.56 Summary

Summary

Not in the ED: A patient arrives at a hospital department, e.g. a psychiatric unit, which provides some emergency services but is not the hospital's usual ED. The patient's complaints are physical—extreme pain in the left flank area—and not psychiatric in nature. The psychiatric unit will be considered a dedicated ED for purposes of EMTALA. The patient should get an appropriate medical screening to the extent possible by the unit's qualified personnel, or procedures should be in place to promptly obtain an appropriate screening and follow-up at that same hospital's emergency department.

1.57 Summary

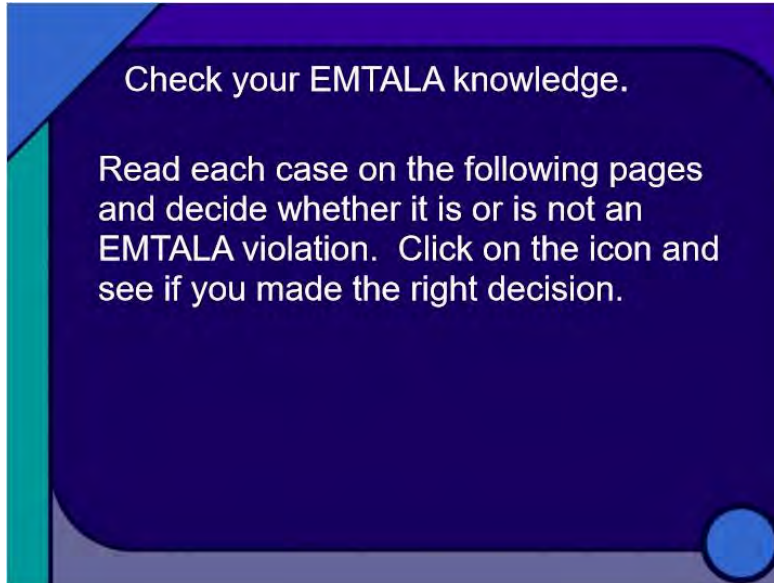
Summary

EMTALA has remained steadfast in seeking penalties for any of the following negligent violations:

- Failing to provide an appropriate **medical screening examination** to a patient seeking emergency medical care
- Failing to provide **stabilizing treatment** to an individual who has an emergency medical condition
- Transferring a patient in an **inappropriate manner**
- Failing to document process for a patient leaving against **medical advice**

2. Case Studies

2.1 Check your EMTALA knowledge.



2.2 Case 1

(True/False, 10 points, 1 attempt permitted)

A male is brought to the ED with a facial laceration after a motor vehicle accident. The patient has intermittent arterial bleeding, but the ED physician hesitates to explore the wound because of the proximity of the facial nerve. After examination, the ED physician consults the specialty on-call roster and places a call to the plastic and reconstructive surgeon listed. The specialist returns the phone call approximately 10 minutes later and states that he wasn't aware that he was on call for the evening and is a considerable distance away. Arrangements are made for him to see the patient in his office early the next morning.

- Violation
- Not a violation



Correct	Choice
X	Violation
	Not a violation

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.


Correct (Slide Layer)

A male is brought to the ED with a facial laceration after a motor vehicle accident. The patient has intermittent arterial bleeding, but the ED physician hesitates to explore the wound because of the proximity of the facial nerve. After examination, the ED physician consults the specialty on-call roster and the plastic surgeon is available in approximately 15 minutes. The physician is aware that the patient is 100 feet from the accident site and the distance a patient in a red car is shown crashing into a tree.

Correct
That's right! You selected the correct response.

Violation
 Not a violation

Continue



Incorrect (Slide Layer)


A male is brought to the ED with a facial laceration after a motor vehicle accident. The patient has intermittent arterial bleeding, but the ED physician hesitates to explore the wound because of the proximity of the facial nerve. After examination, the ED physician consults the specialty on-call roster and the plastic surgeon is unavailable. The patient is approximately 100 miles from the nearest hospital that is aware that the patient has a facial laceration. The distance is a considerable distance and the patient is in pain.

Incorrect
You did not select the correct response.

Violation

Not a violation

Continue



2.3 Case four: Violation or Not?

Case four – Violation!

This is a violation, EMTALA requires that services provided to inpatients of the facility also be made available to emergency patients.

2.4 Case two – Violation!

Case two – Violation!

In 1994, CMS refined the obligations of hospitals to include language that prohibits them from making any courtesy or preauthorization calls to payers before completion of the medical screening examination and stabilization. However, hospitals may ask ED patients whether they are insured and by which companies as part of the normal registration process, as long as these questions don't delay emergency screening.

2.5 Case one – Violation !

Case one – Violation !

This case is an obvious EMTALA violation. On-call physicians must respond to the hospital in a timely manner and render evaluation and care in the hospital at the request of the physician in the ED.

2.6 Case three – Violation!

Case three – Violation!

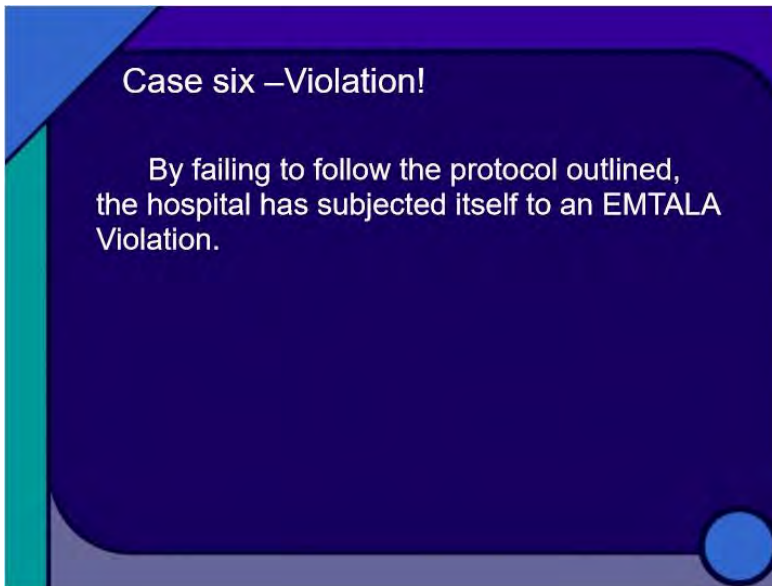
EMTALA requires that hospitals provide an appropriate medical screening examination by qualified medical personnel (as identified by the hospital's bylaws, rules, and regulations) to any patient who presents upon its premises and requests (or has someone request for him or her) care for an emergency medical condition. The best practice in this case would be to accept the patient in the ED, evaluate and stabilize the patient to the extent possible, and then transfer the patient.

2.7 Case five – Not a violation!

Case five – Not a violation!

CMS requires that the on-call list include every specialty privileged in the hospital, unless too few physicians exist in a specialty to provide coverage on call. If the hospital determines that there are too few physicians in a particular specialty to provide on-call coverage, CMS requires that a policy be in place that addresses how patients will be cared for when the specialist is not available. Note that CMS has not established a set number of what it considers "too few". Therefore, this case is not an EMTALA violation.

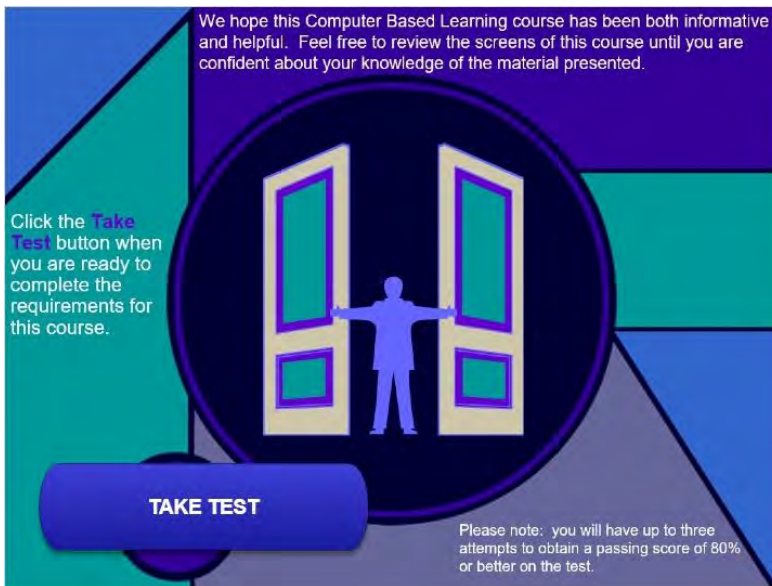
2.8 Case six –Violation!



Case six –Violation!

By failing to follow the protocol outlined, the hospital has subjected itself to an EMTALA Violation.

2.9 We hope this Computer Based Learning course has been both informative and helpful. Feel free to review the screens of this course until you are confident about your knowledge of the material presented.



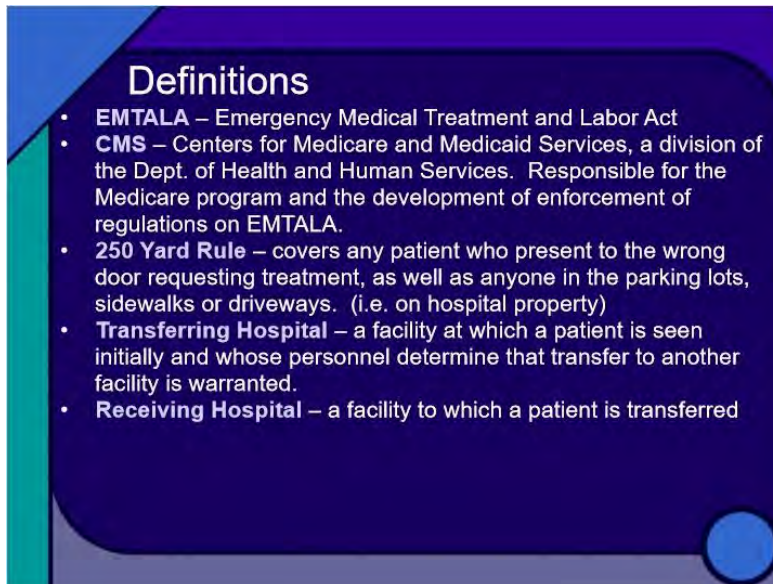
We hope this Computer Based Learning course has been both informative and helpful. Feel free to review the screens of this course until you are confident about your knowledge of the material presented.

Click the **Take Test** button when you are ready to complete the requirements for this course.

TAKE TEST

Please note: you will have up to three attempts to obtain a passing score of 80% or better on the test.

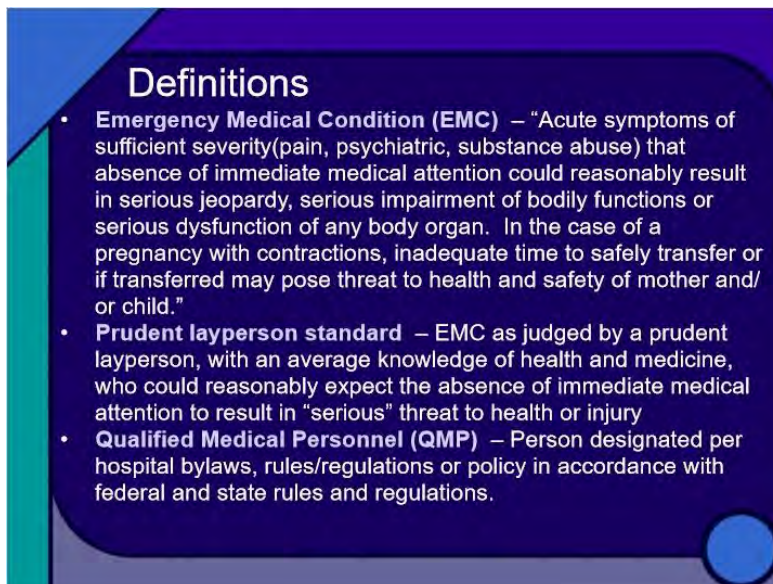
2.10 Definitions



Definitions

- **EMTALA** – Emergency Medical Treatment and Labor Act
- **CMS** – Centers for Medicare and Medicaid Services, a division of the Dept. of Health and Human Services. Responsible for the Medicare program and the development of enforcement of regulations on EMTALA.
- **250 Yard Rule** – covers any patient who present to the wrong door requesting treatment, as well as anyone in the parking lots, sidewalks or driveways. (i.e. on hospital property)
- **Transferring Hospital** – a facility at which a patient is seen initially and whose personnel determine that transfer to another facility is warranted.
- **Receiving Hospital** – a facility to which a patient is transferred

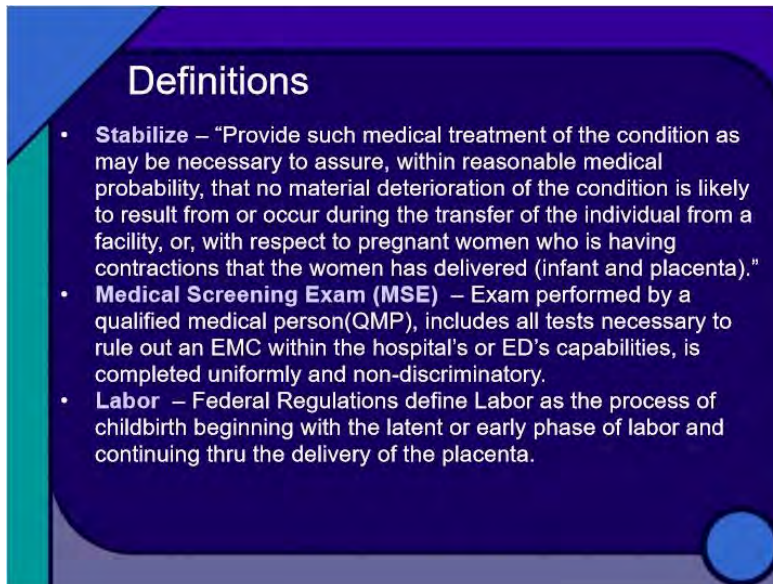
2.11 Definitions



Definitions

- **Emergency Medical Condition (EMC)** – “Acute symptoms of sufficient severity(pain, psychiatric, substance abuse) that absence of immediate medical attention could reasonably result in serious jeopardy, serious impairment of bodily functions or serious dysfunction of any body organ. In the case of a pregnancy with contractions, inadequate time to safely transfer or if transferred may pose threat to health and safety of mother and/ or child.”
- **Prudent layperson standard** – EMC as judged by a prudent layperson, with an average knowledge of health and medicine, who could reasonably expect the absence of immediate medical attention to result in “serious” threat to health or injury
- **Qualified Medical Personnel (QMP)** – Person designated per hospital bylaws, rules/regulations or policy in accordance with federal and state rules and regulations.

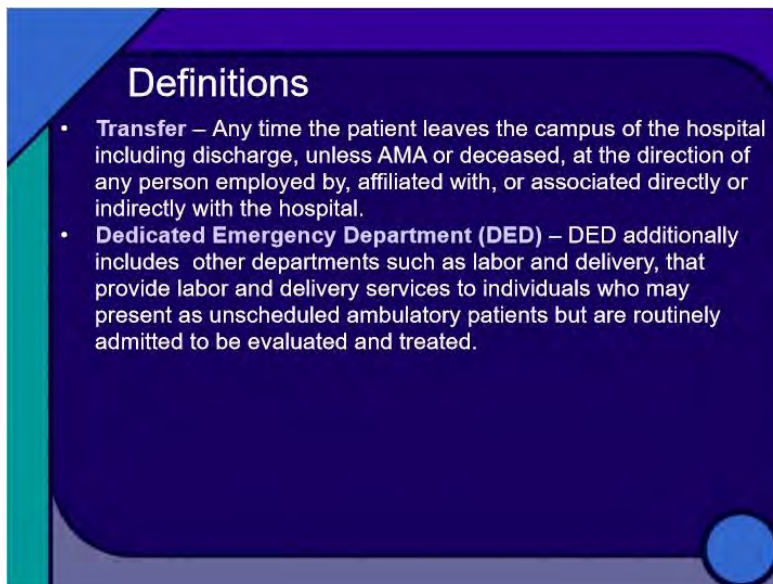
2.12 Definitions



Definitions

- **Stabilize** – “Provide such medical treatment of the condition as may be 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 individual from a facility, or, with respect to pregnant women who is having contractions that the women has delivered (infant and placenta).”
- **Medical Screening Exam (MSE)** – Exam performed by a qualified medical person(QMP), includes all tests necessary to rule out an EMC within the hospital's or ED's capabilities, is completed uniformly and non-discriminatory.
- **Labor** – Federal Regulations define Labor as the process of childbirth beginning with the latent or early phase of labor and continuing thru the delivery of the placenta.

2.13 Definitions



Definitions

- **Transfer** – Any time the patient leaves the campus of the hospital including discharge, unless AMA or deceased, at the direction of any person employed by, affiliated with, or associated directly or indirectly with the hospital.
- **Dedicated Emergency Department (DED)** – DED additionally includes other departments such as labor and delivery, that provide labor and delivery services to individuals who may present as unscheduled ambulatory patients but are routinely admitted to be evaluated and treated.

2.14 Case 2

(True/False, 10 points, 1 attempt permitted)

A female with a history of asthma presents to the ED complaining of a persistent cough. During her assessment by the triage nurse, she states that she can't afford any more unexpected medical bills and requests that the nurse check with her insurance company to find out whether it will pay for the ED visit. The triage nurse agrees to the request and asks the patient to have a seat in the waiting room while the registration secretary contacts the patient's health maintenance organization for treatment authorization.

- Violation
- Not a violation



Correct	Choice
X	Violation
	Not a violation

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.


Correct (Slide Layer)

A female with a history of asthma presents to the ED complaining of a persistent cough. During her assessment by the triage nurse, she states that she can't afford any more unexpected medical bills and requests that the triage nurse contact her insurance company for pre-authorization. The triage nurse asks the patient if she has any other health insurance while the patient is in the ED. The triage nurse asks the patient if she has any other health insurance while the patient is in the ED.

Correct
That's right! You selected the correct response.

Continue

Violation
 Not a violation




Incorrect (Slide Layer)

A female with a history of asthma presents to the ED complaining of a persistent cough. During her assessment by the triage nurse, she states that she can't afford any more unexpected medical bills and requests that the triage nurse contact her insurance company for pre-authorization. The triage nurse asks the patient if she has any other health insurance while the patient is in the ED. The triage nurse asks the patient if she has any other health insurance while the patient is in the ED.

Incorrect
You did not select the correct response.

Continue

Violation
 Not a violation



2.15 Case 3

(True/False, 10 points, 1 attempt permitted)

The hospital's ambulance service calls to report on a patient in transport who is experiencing chest pain, shortness of breath, and a heart rate of 45. The estimated time of arrival is two minutes. The physician answering the call is aware that the hospital's intensive care unit is full and tells the EMS crew to divert to the next closest facility, which is four miles away.

- Violation
 Not a violation



Correct	Choice
X	Violation
	Not a violation

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)


The hospital's ambulance service calls to report on a patient in transport who is experiencing chest pain, shortness of breath, and a heart rate of 45. The estimated time of arrival is two minutes. The physician at the hospital asks the EMS crew to report the patient's heart rate. The EMS crew reports that the patient's heart rate is four miles away.

Violation

Not a violation

Correct
That's right! You selected the correct response.

Continue



Incorrect (Slide Layer)


The hospital's ambulance service calls to report on a patient in transport who is experiencing chest pain, shortness of breath, and a heart rate of 45. The estimated time of arrival is two minutes. The physician at the hospital asks the EMS crew to report the patient's heart rate. The EMS crew reports that the patient's heart rate is four miles away.

Violation

Not a violation

Incorrect
You did not select the correct response.

Continue



2.16 Case 4

(True/False, 10 points, 1 attempt permitted)

All of the cardiothoracic surgeons on the medical staff are members of a single, large practice group. The group has determined that it is unable to provide ED on-call coverage due to the demands of its large inpatient practice at the facility. The practice manager has informed hospital administration that any attempt to force the group to provide on-call coverage may result in it moving its highly respected and profitable inpatient practices to another facility. Hospital administration has agreed to abide by the group's wishes and has instructed the ED physicians to stabilize and transfer patients who need emergency cardiothoracic evaluation and treatment.

- Violation
- Not a violation



Correct	Choice
X	Violation
	Not a violation

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.


Correct (Slide Layer)

All of the cardiothoracic surgeons on the medical staff are members of a single, large practice group. The group has determined that it is unable to provide ED on-call coverage due to the demands of its large inpatient practice at the facility. The practice manager has informed hospital administration that any a coverage
may result inpatient able
has agreed the ED ph istration
emergenc instructed
to need

Correct
That's right! You selected the correct response.

Continue

Violation
 Not a violation




Incorrect (Slide Layer)

All of the cardiothoracic surgeons on the medical staff are members of a single, large practice group. The group has determined that it is unable to provide ED on-call coverage due to the demands of its large inpatient practice at the facility. The practice manager has informed hospital administration that any a coverage
may result inpatient able
has agreed the ED ph istration
emergenc instructed
to need

Incorrect
You did not select the correct response.

Continue

Violation
 Not a violation



2.17 Case 5

(True/False, 10 points, 1 attempt permitted)

There are two neurosurgeons on the medical staff, one of whom has begun to limit his practice as he nears retirement. Although willing to provide on-call coverage on a limited basis, they are unwilling to provide continual coverage, particularly since the younger of the two maintains his primary practice at the community's other hospital. Hospital administration has agreed to abide by their wishes and has established a transfer agreement with the other local hospital for times when there is no neurosurgeon available to provide ED on-call coverage.

- Violation
- Not a violation



Correct	Choice
	Violation
X	Not a violation

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:


You did not select the correct response.

Correct (Slide Layer)

There are two neurosurgeons on the medical staff, one of whom has begun to limit his practice as he nears retirement. Although willing to provide on-call coverage on a limited basis, they are unwilling to provide continual coverage, particularly since the younger of the two maintains his primary practice at the community hospital. The hospital has agreed to transfer the younger neurosurgeon to the hospital where there is no neurosurgeon on staff.

Violation

Not a violation



Correct
That's right! You selected the correct response.


Continue

Incorrect (Slide Layer)

There are two neurosurgeons on the medical staff, one of whom has begun to limit his practice as he nears retirement. Although willing to provide on-call coverage on a limited basis, they are unwilling to provide continual coverage, particularly since the younger of the two maintains his primary practice at the community hospital. The hospital has agreed to transfer the younger neurosurgeon to the hospital where there is no neurosurgeon on staff.

Violation

Not a violation



Incorrect
You did not select the correct response.

Continue

2.18 Case 6

(True/False, 10 points, 1 attempt permitted)

Missed emergency medical condition: Patient arrives at the hospital ED and informs hospital staff that he thinks he has a cold. The patient does not appear to be in any distress or discomfort, and further questioning by staff indicates that the patient believes that he is not very sick at all. The patient does not appear to have an emergency medical condition, so the normal documentation procedures are followed. Using the new relaxed standard for patients who present with non-emergency symptoms, and given the nature of the patient's request and his overall appearance, the hospital sends this individual home with instructions to take aspirin and OTC cold medicine. No one screens the patient, takes a medical history, or documents the patient's complaints, or obtains his signature indicating that he is not seeking emergency treatment. Later that evening, the patient develops an extremely high fever and delirium, and has to be transported to the hospital via ambulance and admitted.

Violation

Not a violation

Correct	Choice
X	Violation
	Not a violation

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

Missed emergency medical condition: Patient arrives at the hospital ED and informs hospital staff that he thinks he has a cold. The patient does not appear to be in any distress or discomfort, and further questioning by staff indicates that the patient believes that he is not very sick at all. The patient does not appear to have an emergency medical condition, so the normal documentation procedures are followed. Using the new relaxed state requirements, the patient is instructed to take aspirin, and the patient's medical history is reviewed. The patient's signature is obtained, and that evening the patient is found to have had a seizure, and has to be transported to the hospital via ambulance and admitted.

Correct
That's right! You selected the correct response.

Violation
 Not a violation

Continue

Incorrect (Slide Layer)

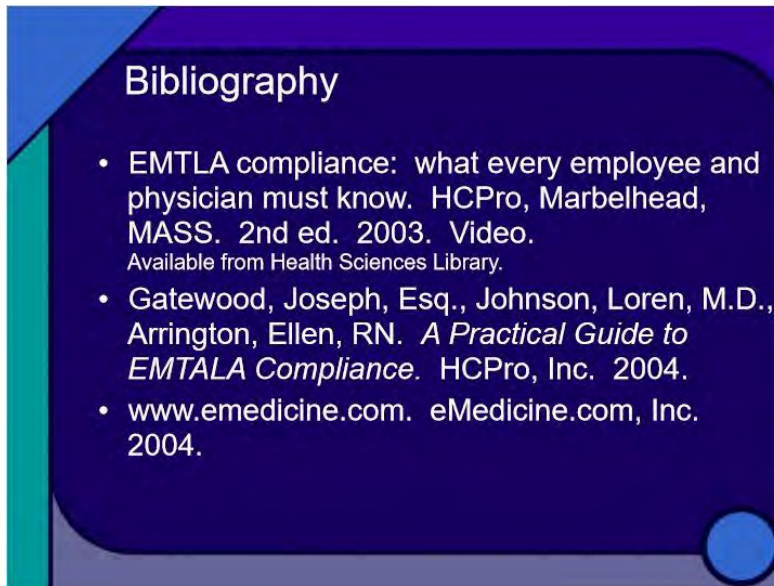
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Incorrect
You did not select the correct response.

Violation
 Not a violation

Continue

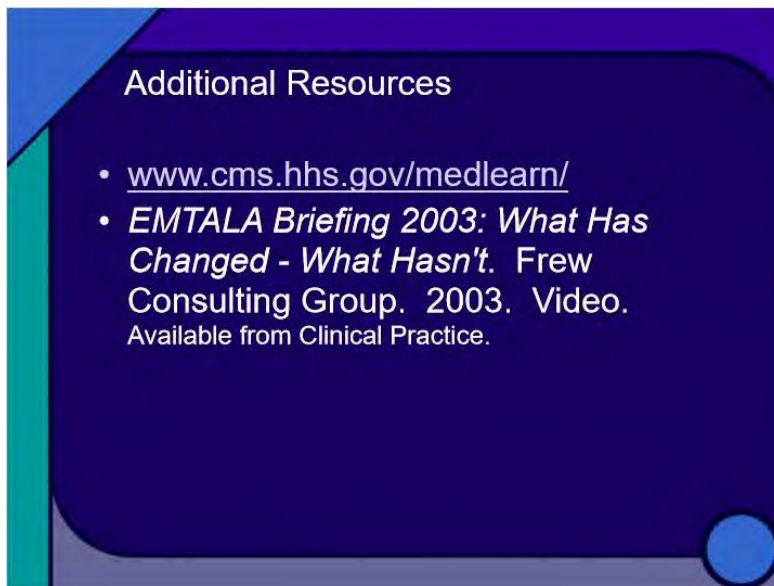
2.19 Bibliography

A slide with a dark blue background and a teal vertical bar on the left. The title 'Bibliography' is in white. The list items are in white text.

Bibliography

- EMTALA compliance: what every employee and physician must know. HCPPro, Marbelhead, MASS. 2nd ed. 2003. Video.
Available from Health Sciences Library.
- Gatewood, Joseph, Esq., Johnson, Loren, M.D., Arrington, Ellen, RN. *A Practical Guide to EMTALA Compliance*. HCPPro, Inc. 2004.
- www.emedicine.com. eMedicine.com, Inc. 2004.

2.20 Additional Resources

A slide with a dark blue background and a teal vertical bar on the left. The title 'Additional Resources' is in white. The list items are in white text.

Additional Resources

- www.cms.hhs.gov/medlearn/
- *EMTALA Briefing 2003: What Has Changed - What Hasn't*. Frew Consulting Group. 2003. Video.
Available from Clinical Practice.