

Mary Greeley Medical Center
Administrative Operational Policy

EMTALA (Transfer) Policy

POLICY:

Hospitals that receive Medicare benefits are required to comply with the Emergency Medical Treatment and Labor Act (EMTALA).

PURPOSE:

To establish guidelines for either accepting an appropriate transfer from another facility and providing an appropriate transfer to another facility of an individual with an emergency medical condition (EMC), who requests or requires a transfer for further medical care and follow-up to a receiving facility as required by the Emergency Medical Treatment and Labor Act (EMTALA).

POLICY CONTENT:

APPLICABILITY:

This policy applies to anyone who requests or requires care related to an emergency medical condition who presents on the Medical Center property, including the dedicated emergency department, hospital-owned ambulances, Birthways, and other areas of the main campus (including Mary Greeley Medical Center departments in the North Tower). Off-campus facilities call 911 to take the individual to the nearest emergency department.

This policy does not apply to inpatient-to-inpatient transfers or direct admits from the physician office.

POLICY --- Accepting an Appropriate Transfer from Another Facility:

It is the policy of Mary Greeley Medical Center to accept an appropriate transfer from a transferring hospital if the individual requires specialized capabilities and Mary Greeley has the capability and capacity to treat the individual.

Capability --- ability of the hospital to offer the type of care, service, or specialty at the time of request.

Capacity --- the ability of the hospital to accommodate the individual requesting examination or treatment of the transferred individual. Capacity encompasses

such things as numbers and availability of beds and equipment and the hospital's past practices of accommodating additional patients in excess of its occupancy limits. If a hospital has a history of accommodating additional patients by whatever means (i.e., moving patients to other units, calling in additional staff, borrowing equipment from other facilities, etc.), it has demonstrated the ability to provide services to patient in excess of its occupancy limit and will be expected by CMS to do so whenever possible.

According to EMTALA regulations, Mary Greeley Medical Center, if has the capability and capacity to treat the individuals, is required to accept transfers from a transferring hospital located anywhere in the United States even if there are other hospitals closer to the transferring hospital which have the capability and capacity to care for the transferred individuals as well.

PROCEDURE --- Accepting an Appropriate Transfer from Another Facility:

The ED physician, Hospitalist and/or Specialists on-call have the responsibility to accept patient in transfer from another facility when contacted directly by the transferring physician and after determining that the medical center has the clinical capabilities to properly care for the patient.

The ED physician, Hospitalist and/or Specialist on-call will consult with the House Manager who will verify Mary Greeley Medical Center's capacity by ensuring there is bed availability, equipment and adequate staffing resources.

The House manager will then contact the transferring facility to finalize transfer arrangements.

If the accepting physician should need additional medical support, he or she should consult directly with the necessary physicians.

If the accepting physician determines that the patient's medical condition exceeds the capabilities of Mary Greeley Medical Center, he/she will suggest alternative referral sites to the transferring physician. The accepting physician may want to collaborate with other clinicians as appropriate for the case.

POLICY --- Medical Screening Exam, Stabilization, and Treatment:

It is the policy of Mary Greeley Medical Center to provide an appropriate medical screening examination to individuals presenting to the dedicated Emergency Department requesting examination or treatment of a medical condition, and to individuals presenting on hospital property requesting examination or treatment of an emergency medical condition. If an emergency medical condition exists, Mary Greeley

will stabilize and treat the emergency condition or transfer the individual appropriately and in conformity with legal and regulatory requirements.

Emergency Medical Condition --- acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) that without immediate medical attention could reasonably be expected to result in:

- placing health in serious jeopardy;
- serious impairment to bodily function; and/or
- serious dysfunction of any bodily organ or part.

If an individual presents to the hospital expressing suicidal or homicidal thoughts or gestures, or if determined dangerous to self or others, they are considered to have an emergency medical condition.

With respect to a pregnant woman who is having contractions, that there is inadequate time to effect safe transfer to another hospital before delivery, or that transfer may pose a threat to the health or safety of the woman or the unborn child.

- Labor --- the process of childbirth, beginning with the latent or early phase of labor and continuing through the delivery of the placenta. A woman experiencing contractions is in true labor unless a physician certifies that after a reasonable time of observation, the woman is in “false” labor.

Hospital Property (other than the Emergency Department) --- hospital-owned ambulances and other areas of the main campus. Off-campus facilities call 911 to take the individual to the nearest emergency department.

Medical Screening Examination (MSE) --- an examination within the capability of the hospital’s Emergency’s Department, including ancillary services routinely available to the ED, to determine with reasonable clinical confidence whether an emergency medical condition exists.

Stabilize --- to provide medical treatment of the emergency medical condition necessary to assure, with 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. With respect to a woman in labor, the woman as delivered the child and the placenta.

PROCEDURE --- Medical Screening Exam, Stabilization, and Treatment:

Medical Screening Examination

All individuals who come to Mary Greeley Medical Center's Emergency Department for examination or treatment, and all individuals who present on the hospital's property (including Mary Greeley's ambulances) requesting examination or treatment of an emergency medical condition, shall receive an appropriate medical screening examination. The scope of the medical screening exam will provide all necessary testing and on-call services within the capability of the hospital to reach a diagnosis that excludes the presence of an emergency medical condition. Provision of the medical screening examination and further examination and treatment may not be delayed in order to inquire about the individual's method of payment or insurance status. If the individual has an emergency medical condition, further examination and treatment within the capabilities of the staff and facilities must be provided as required to stabilize the emergency medical condition.

Psychiatric patients are considered stable when they are protected and prevented from injury or harming self/others (i.e., initiation of 1:1 monitoring, seclusion, physical or chemical restraints, etc.), along with stabilizing of a medical condition as needed.

A medical screening examination and/or stabilizing treatment shall take place within the Emergency Department or on Birthways.

Personnel qualified to perform an emergency medical exam include:

Emergency Department:

1. Practitioners - Any physician medical staff member or physician assistant or advanced practice nurse with appropriate privileges providing emergency services is authorized to perform medical screening examinations in any location on the Medical Center premises.
2. Registered Nurses - Any registered nurse employed by Mary Greeley Medical Center who has completed the competency-based orientation checklist for the Emergency Department is authorized to perform a nursing assessment which will form the basis for a medical screening examination. Upon completion of the nursing assessment, the registered nurse will describe the results to the appropriate physician who will determine whether the individual is in an emergency medical condition and will give orders for any further treatment. Treatment may include testing to exclude an emergency medical condition and use of on-call physicians as needed for diagnosis.

Mobile Intensive Care Services:

1. Practitioners - Any Emergency Department practitioner is authorized to perform medical screening examinations, whether in person or through medical control via radio contact with the paramedics.

2. Paramedics - Any paramedic employed by the Medical Center who has completed the competency-based orientation checklist for the Mobile Intensive Care Service is authorized to perform a pre-hospital assessment which may form the basis of a medical screening examination. Paramedics operate under standing protocols approved by the Medical Director. Paramedics may contact the on duty Emergency Department physician for further orders/discussion.

Birthways:

1. Physicians - Any physician medical staff member with appropriate obstetrical privileges is authorized to perform medical screening examinations on the Birthways unit.
2. Midwives - Any midwife with appropriate obstetrical privileges is authorized to perform medical screening examinations on the Birthways unit.
3. Registered Nurses - Any registered nurse employed by Mary Greeley Medical Center who has completed the competency-based orientation checklist for Labor and Delivery is authorized to perform a nursing assessment, which will form the basis for a medical screening examination. Upon completion of the nursing assessment, the registered nurse will describe the results of the assessment to the appropriate physician or midwife, who will determine whether the individual is in an emergency medical condition and will give orders for any further treatment.

Psychiatric Services:

1. Physicians - Any physician medical staff member with appropriate psychiatric privileges is authorized to perform medical screening examinations in any location on the Medical Center premises.
2. Registered Nurses—Any registered nurse employed by the Medical Center who has completed the competency-based orientation checklist for psychiatric services is authorized to perform a nursing assessment of a psychiatric or substance abuse patient which will form the basis for a medical screening examination. Upon completion of the nursing assessment, the registered nurse will describe the results to the appropriate practitioner who will determine whether the individual is an emergency medical condition and will give orders for any further treatment.

Stabilization and Treatment

Mary Greeley will provide further medical examination and all stabilizing treatment, within the hospital's capabilities of the staff (including medical staff) and medical facility, to all individuals who present with an emergency medical condition. If needed, and Mary Greeley Medical Center has the capability and capacity, individuals with unstabilized emergency medical conditions, may be admitted to the inpatient/observation admission services or taken to surgery for stabilizing treatment. For cases where there is a

difference of opinion between the ED physician and specialist physician on call in regards to stabilization of a patient following provider to provider consult, the in-house hospitalist will be consulted. If the hospital is unable to stabilize an individual within its capability, an appropriate transfer will be implemented.

Refusal of Examination/Treatment

- **LEFT WITHOUT BEING SEEN (LWBS):**
If an individual leaves prior to or after Triage, and before the medical screening examination, without notifying hospital personnel, hospital personnel will document the departure in the individual's medical record. Documentation shall include, at a minimum (via Triage Call system), the fact that the person had been there, what time the hospital discovered that the patient had left and complete the Refusal of Exam/Treatment form indicating that the patient left before risks and benefits were explained to them.

If an individual leaves prior to or after Triage, and before the medical screening examination, after notifying hospital personnel, the individual must be informed of the benefits of the examination and treatment and the risks of refusal of such examination and treatment. A Refusal of Exam/Treatment form must be completed, signed by the individual, and placed in the medical record to document the individual's written informed refusal of examination and treatment. Documentation shall include, at a minimum (via Triage Call system), the fact that the person had been there and what time the hospital was notified by the individual of their intent to leave the hospital without being seen.

AGAINST MEDICAL ADVICE (AMA): If the individual, or a person acting on the individual's behalf, refuses further examination and treatment, the individual must be informed of the benefits of the examination and treatment and the risks of refusal of such examination and treatment. If consent to further examination and/or treatment is still withheld, an Against Medical Advice (AMA) form must be completed and placed in the medical record to document the individual's written informed refusal of examination and treatment. Documentation should include a description of the examination and/or treatment refused by or on behalf of the individual, and the fact that the individual has been informed of the benefits of the examination/treatment and risks of refusing examination, treatment or both.

Registration

The Medical Center shall not delay in providing a medical screening examination or necessary stabilizing treatment in order to inquire about an individual's method of payment or insurance status. Request for any payment or payor authorization are not to be made prior to the medical screening examination and initiation of any stabilizing treatment.

Treatment or Discharge of Stabilized Patients

Once the medical screening examination is completed and there is a determination the patient does not have an emergency medical condition or the emergency medical condition has been stabilized, the patient may be:

1. Treated (if to be admitted, 2 conditions must exist: 1) admission order and 2) bed availability); or
2. Discharged, so long as the patient has clinically reached a point where further care is not needed or may be reasonably performed on an outpatient basis or later scheduled on an inpatient basis and the patient is given a reasonable plan for appropriate follow-up care and discharge instructions.

POLICY --- Transferring a Patient to Another Acute Care Facility:

Transfer of Patients with an Emergency Medical Condition

Any transfer of an individual with an emergency medical condition must be initiated either by a written request for transfer from the individual or the legally responsible person acting on the individual's behalf or by a physician order with the appropriate physician certification as required under EMTALA.

Transfer of an individual to another medical facility presenting at the Emergency Department with an emergency medical condition is appropriate under the following circumstances:

1. The emergency medical condition has been stabilized.
2. The individual's emergency medical condition has not been stabilized, but the individual (or a legally responsible person acting on the individual's behalf) after being informed of the hospital's obligation to provide further examination and treatment and of the risk of transfer, requests a transfer to another medical facility. In this case, the transfer authorization and transfer requirement forms must be completed and signed by the individual or a legally responsible person on his or her behalf and placed in the medical record.
3. The individual's emergency medical condition has not been stabilized, but a physician has determined that based upon the information available to him or her at the time of transfer, the medical benefits reasonable expected from the provision of appropriate medical treatment in another medical facility outweigh

the increased risks to the individual and, in the case of a pregnant woman and/or labor, to the pregnant woman and unborn child, from effecting a transfer. After being informed of the risks and benefits of the transfer and the individual and/or legally responsible person has consented to the transfer, the individual or legally responsible person shall be requested to sign the transfer requirement forms.

PROCEDURE --- Transferring a Patient to Another Acute Care Facility:

Mary Greeley Medical Center's transfer process requires:

1. Physician certification that at the time of transfer, the risks of the transfer are outweighed by the reasonably anticipated benefits, or written request for transfer by the patient or legal responsible person, which is documented in the medical record (via Physician Assessment and Certification form and Transfer Requirements form).
2. Advanced acceptance by the destination hospital, which is documented in the medical record.
3. Patient consent for transfer, which is documented in the medical record (via Physician Assessment and Certification form and Transfer Requirements form).
4. Report must be called to receiving hospital.
5. Appropriate medical records, electronic and/or paper copies, relating to the individual's emergency medical condition must be sent along with the transferred individual, including completed and signed Physician Assessment and Certification form and Transfer Requirements form.
6. Qualified personnel and transportation equipment must be used for the transfer, including any necessary and medically appropriate life support measures. Mode of transfer, along with qualified medical personnel and life supporting equipment, decisions are the responsibility of the transferring physician. It is not appropriate to transfer a patient by secured/private vehicle if they have any medical issues noted which are not documented as having been stabilized. If patient is medically unstable or high risk of harming self or others, they shall be transferred by ambulance.

Refusal of Transfer

If an individual refuses a recommended transfer after having been informed of the risks and benefits, all reasonable steps must be taken to secure the individual's written informed refusal (or that of a person acting on his or her behalf) on the transfer authorization and transfer requirement forms. The completed form shall be placed in the medical record. **Transfer/Transport from Trauma Scene**

If Mary Greeley Medical Center Mobile Intensive Care Services (MICS) places an individual on a MICS cot or in a Mary Greeley ambulance at the scene, the individual is entitled to a medical screening examination on behalf of the Medical Center. Such a medical screening examination shall be offered and provided consistent with the

individual's consent or refusal. If the individual is transferred from the scene directly to another medical facility or to another ambulance service, transfer documentation is required.

If the individual's emergency medical condition has not been stabilized, but a physician has orally certified to the Paramedic that, based upon the information available to him or her at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment in another medical facility outweigh the increased risks to the individual and, in the case of a pregnant woman in labor, to the unborn child, from effecting a transfer. The transfer requirement forms shall be completed by the Paramedic on behalf of the physician, and the physician shall sign the certification within 24 hours. If the individual or legally responsible person is unavailable to sign the transfer forms, the reason shall be documented on the form.

POLICY --- Maintaining On-Call Lists:

A list shall be maintained of physicians who are on call to provide necessary treatment to stabilize an individual presenting with an emergency medical condition. The on call list shall be maintained for no less than five years. Specialties with fewer than four physicians are not required to be on-call 24/7. When a specialty with fewer than four physicians is unable to provide call coverage, the Emergency Department must be notified in advance. If an appropriate specialist is not on call, the hospital may transfer the patient to another facility if the medical benefits outweigh the risks to the patient.

POLICY --- Maintaining Central Logs:

A central log shall be maintained on each individual who comes to the Emergency Department or Birthways seeking examination or treatment of a medical condition. This log will include documentation of whether the individual refused treatment, was refused treatment, was transferred, was admitted and treated, was stabilized and transferred, or was discharged. The central log shall be maintained for no less than five years.

POLICY --- EMTALA Signage:

Signs shall be posted conspicuously in the hospital, specifically in the Emergency Department and Birthways, specifying the rights of individuals under Social Security Act of 1867 with respect to examination and treatment for emergency medical conditions.

POLICY --- EMTALA Reporting Requirements:

In any case in which hospital personnel or a medical staff member suspects that the hospital may have received an inappropriate transfer of a patient from another hospital or transferred a patient in an un-stabilized emergency medical condition, in violation of EMTALA, the following procedure shall take place:

1. The Quality Management department shall be informed of the facts suggesting such a violation.
2. Quality Management reviews the chart and interviews involved parties as appropriate. After investigation, a risk assessment is written.
3. If Quality Management still feels this is a potential violation, the chart is taken to physician review.
4. If the physician reviewer agrees that a violation of the EMTALA statues has occurred, administration will be notified.
5. The Department of Inspections and Appeals will be contacted to report such violation within 72 hours of incident.

New: 03/1984

Review Date(s): 05/1985, 05/1986, 01/1989, 06/1990, 01/2011, 02/2014, 10/2023

Revision Date(s): 06/1987, 02/1996, 09/1997, 11/1997, 01/1998, 03/1999, 03/2002, 10/2003, 05/2005, 07/2008, 04/2014, 10/2014, 01/2017, 02/2019, 03/2020, 10/2020, 03/2025, 07/2025