CASEY COUNTY HOSPITAL

EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT ("EMTALA")

SCOPE: This Policy and Procedure applies to the hospital and rural health clinics including Casey County Primary Care and Casey County Family Practice.

SUBJECT: The treatment of patients with an emergency medical condition or who are in labor.

STANDARD OF CARE: Upon arrival to Casey County Hospital, those patients are entitled to receive an appropriate medical screening examination within the capability of Casey County Hospital's Emergency Department. All patients will receive treatment regardless of race, creed, ethnic background or ability to pay.

POLICY: If the patient is determined to suffer from an emergency medical condition/active labor, the patient must be offered medical treatment as necessary to stabilize that condition within the capabilities of the hospital. A patient may not be transferred or discharged in an unstable condition or in labor unless the patient or authorized person makes a written request for transfer or discharge or the attending physician or Emergency Department physician certifies that the medical benefits to be gained by transfer to another facility outweigh the risks of transfer. Patients who are transferred are provided medical supervision as warranted by their condition. Ambulance transport is obtained based on the assessed needs of the patient.

PROCEDURE:

A. Patient's Right to Treatment or Transfer: An emergency medical condition is defined as a 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 patient in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. With respect to a pregnant woman who is having contractions, an emergency medical condition means that there is inadequate time to safely transfer the patient to another hospital before delivery or that transfer may pose a threat to the health or safety of the patient or the unborn child.

   "Labor" means the process of childbirth beginning with the latent or early phase and continuing through the delivery of the placenta. A woman is in true labor unless a physician or qualified medical person certifies, after a reasonable period of observation, that she is in false labor. A woman who is not in true active labor may still have an emergency medical condition if the individual has a medical condition such that the absence of immediate medical attention will place her or her fetus in serious jeopardy.

   If the patient is found to be suffering from an emergency medical condition or in labor, the patient is entitled to either such further medical examination and treatment as may be required to stabilize the condition or for an appropriate transfer to another facility. Stabilizing treatment is defined as such medical treatment as may be necessary to assure within reasonable medical probability that no material deterioration of the condition is likely to result or occur during or from transfer, or, with respect to a pregnant woman who is having contractions, such medical treatment as may be necessary for the patient to deliver (including the placenta).

B. Patient Presents to Hospital for Treatment: An individual who comes to the emergency department or comes to the Hospital when he or she seeks emergency services; and,

1. The individual presents anywhere on the Hospital property, including the parking lot, sidewalk, driveway; or a Hospital-operated facility on the Hospital's campus; or

2. The individual present anywhere in the Hospital, on the Hospital's main campus, including on-campus provider based entities such as rural health clinics. The Hospital's main campus is the physical area immediately adjacent to the provider's main building, or other areas and structures that are not strictly contiguous to the main buildings, but are located within 250 yards of the main buildings; or

3. The individual presents to any facility or organization off the main Hospital campus which has been presumed or determined to be a department of the Hospital designated with provider-based status by the Health Care Financing Administration (HCFA); or

4. The individual arrived on Medical Center grounds in an ambulance not owned by the Hospital. If the ambulance staff disregards the Hospital's instructions that it is in diversionary status and transports the individual on to Hospital grounds, the individual is still considered to have come to the Hospital for purposes of triggering EMTALA's requirements.

C. Emergency Log: The name of each individual who presents to the Emergency Room for assistance shall be entered in the Emergency Room Register (patient log), which shall indicate the patient's disposition (i.e., refused treatment, was refused treatment, was transferred, admitted or treated, stabilized and transferred, or discharged, either by a physician or against medical advice).

D. No Delay to Confirm Method of Payment: Emergency Department personnel may not delay provision of a medical screening examination in order to inquire about the patient's method of payment or insurance status. If the screening examination indicates that the patient suffers from an emergency medical condition (including labor), Emergency Department personnel may not delay in providing necessary stabilizing treatment or an appropriate transfer in order to inquire about the patient's method of payment or insurance status.

E. Medical Screening Examination: The medical screening examination is an ongoing process. The medical record must reflect continued monitoring, according to the patient's condition. Monitoring must continue until the individual is stabilized or appropriately admitted or transferred. The screening examination must be documented in the medical record. The Emergency Room shall be staffed by a licensed physician at all times. This physician will be in the building at all times and will see ALL parties presenting to the ER regardless of their final destination or disposition.

1. Pertinent information, including but not limited to vital signs, tetanus (if applicable) and immunization history, allergies, medical history, and current medications will be recorded on the ER record.

2. All pediatric patients will be weighed.

3. The “ABC” status will be assessed and treated as indicated.

4. The nurse performing the initial assessment will immediately notify the physicians of any condition, which may result in loss of life, limb or bodily function. These may include, but are not limited to, the following:

    a. BP greater than 170/90;

    b. BP less than 80/50; start 02 at 2 LPM and connect to the cardiac monitor, start a large bore IV catheter and start crystalloids with the patient lying flat;

    c. Anginal symptoms: start 02 at 2 LPM and connect the patient to a cardiac monitor, start an IV catheter and give 1 NTG SL q 5 minutes times three as soon as the systolic blood pressure remains greater than 90 mmHg;

    d. Active bleeding: apply pressure to control bleeding;

    e. Major trauma or suspected cervical spine: start 02 large bore IV and crystalloids;

    f. Loss of movement, sensation or circulation; start oxygen, do neurological check and Doppler pulse check;

    g. Temperature of 102 degrees or greater or temperature below 97 degrees: warm blankets and warm fluids indicated for decreased temperatures;

    h. Burn victims: start 02 and a large bore IV catheter maintaining sterility. Refer to “Care of the Burn Victim” policy. Burn victims with greater than or equal to a TBS burn of 20 percent will be transferred to a burn center after stabilization;

    i. Inadequate or questionable neurological status: start 02 and do neurological check;

j. The Code Blue policy should be followed in the event a patient presents to the ER in cardiopulmonary arrest.

F. If Treatment Refused: If the patient is found to be suffering from an emergency medical condition (including labor), but the patient or authorized person, after an explanation of the risks and benefits of further examination and treatment, refuses to consent to such examination and treatment, Emergency Department personnel should take all reasonable steps to secure the patient's (or authorized person's) refusal of treatment in writing on the form Refusal to Consent to Examination, Treatment or Transfer. A description of the examination or treatment that was refused and its risks and benefits must be documented in the Medical Record and the form for Refusal to Consent to Examination, Treatment or Transfer should be completed.

G. Consent: Upon presentation to the ER, the patient or his/her legal guardian must sign or give a consent for treatment, "Authorization for Emergency and Outpatient Record." If the patient is unaccompanied and in need of immediate treatment, the business office personnel will be contacted to come to the ER and obtain the necessary consent.

H. Transfer Form: A patient transfer form is completed for all patients who are transferred to other facilities. The form must indicate that a medical screening examination has been performed and state the patient's diagnosis. The form must identify the physician authorizing transfer from the Hospital, the name of the receiving facility, and the name of the physician accepting transfer at the receiving facility.

1. Contact Receiving Facility and Physician: Prior to transfer, it must be documented on the transfer form that the attending physician or the Emergency Department physician has contacted the physician at the receiving facility prior to transfer to obtain the receiving physician's acceptance of the patient, that the receiving facility has been notified in advance, that the receiving facility has agreed to accept the transfer and provide appropriate treatment, and that a nursing report has been called to the receiving facility.

2. Physician's Certification: (necessary only for patient with emergency medical condition or in labor) If the patient is found to be suffering from an emergency medical condition (including labor) that has not been stabilized, and the patient or authorized person has not requested transfer, the patient may not be transferred without the written certification of the attending physician or emergency physician that the medical benefits expected from treatment at the receiving facility outweigh the increased risks of transfer. If the physician is not physically present at the time of transfer, a qualified medical person may sign the certification after direct consultation with the physician, provided that the physician subsequently countersigns the transfer form.

3. Records Sent With Patient: Pertinent medical information accompanies the patient, including a copy of the Emergency Department record setting forth observations of the

patient's signs or symptoms, a preliminary diagnosis, treatment that has been provided, test results and a copy of the transfer form.

4. Personnel Provided During Transfer: The transfer is effected through qualified personnel. If the patient's condition warrants it and if possible, the patient is accompanied by a physician, resident, nurse or paramedic. The nursing supervisor is notified for assistance in arranging nurse accompaniment as needed.

5. Transportation and Life Support Equipment: Transfer is effected with transportation equipment as required, including the use of necessary and medically appropriate life support measures during transfer.

I. Transfer:

1. If Transfer Refused: If the patient is found to have an emergency medical condition (including labor), and is found to be in need of transfer to another facility, but the patient or authorized person, after explanation of the risks and benefits of transfer, refuses to consent to the transfer, Emergency Department personnel should take all reasonable steps to secure the patient's (or authorized person's) refusal of transfer in writing. Such written refusal should be obtained for a patient's refusal of specific treatment. A description of the examination or treatment that was refused and its risks and benefits must be documented in the medical record and the form for Refusal to Consent to Examination, Treatment or Transfer should be completed.

2. Transfer Based on Patient Request: If the patient is being transferred at the request of the patient or authorized person, and the patient has an emergency medical condition (including labor) that has not been stabilized, obtain the signature of the patient or authorized person on the Request for Interinstitutional Transfer Form after explaining Casey County Hospital's obligations to provide necessary stabilizing treatment and explaining the risks of transfer. If the patient does not have an emergency medical condition, or if the patient has an emergency medical condition that has been stabilized, document the request of the patient or authorized person on the transfer form and the patient's chart.

J. On-Call List: Emergency Department personnel shall maintain a list of physician who are on call for duty after the medical screening examination to provide treatment necessary to stabilize a patient with an emergency medical condition (including labor). If an on-call physician is called and fails or refuses to appear within a reasonable period of time, the attending physician or Emergency Department physician can order a transfer of the patient after determining that without the services of the on-call physician, the benefits of transfer outweigh the risks of transfer. The name and address of the on-call physician who failed or refused to appear must be stated on the transfer form.

K. Sign Posted in Emergency Department: A sign is to be posted in a conspicuous place in the Emergency Department and in all areas in which patients routinely present for treatment of an

emergency medical condition specifying a patient's right to necessary stabilizing treatment or an appropriate transfer to another facility if the patient suffers from an emergency medical condition (including labor). The sign should also indicate if the Hospital participates in the Medicaid Program.

L. Recordkeeping: The Hospital, whether transferring or receiving patients, must maintain for a minimum of period of five (5) years the following:

1. Medical and other records related to individuals transferred to or from the Hospital;

2. On-call schedules which list the individual on-call physicians who are on duty after the initial examination to provide treatment necessary to stabilize an individual with an emergency medical condition; and

3. A central log must be kept on each individual seeking emergency services and who comes to the Hospital, the emergency department, anywhere on the Hospital campus or to off-campus departments of the Hospital designated with HCFA provider-based status. The log must also include an indication whether the individual refused treatment or transfer, or was transferred, admitted and treated, stabilized and transferred, or discharged. Logs that are maintained in other departments that perform medical screening examinations, such as in labor and delivery, shall be deemed a part of the central log and are subject to the same requirements as the central log. Outpatient sign-in, appointment or other lists utilized for registration are not a part of the central log. However, if an individual presents to other non-emergency areas of the Hospital and later requests an emergency medical screening examination, then this individual shall be entered on the central log even though the initial treatment was not for emergency medical treatment.

M. Obligation to Accept Certain Transfers:

1. To the extent that the Hospital has specialized capabilities or facilities, that are not available at a facility that has asked the Hospital to accept the transfer of a patient needing those capabilities or facilities, the Hospital shall accept appropriate transfers of such patients if the Hospital has the capacity to treat the patient. "Capacity" means the ability of the Hospital to accommodate an individual who has been referred for transfer from another facility, and encompasses such things as numbers and availability of qualified staff, beds and equipment, as well as the Hospital's part practices of accommodating additional patients in excess of its occupancy limits to meet its anticipated emergency needs. For example, if the Hospital calls in additional staff, moves patients to other units or uses on-call physicians in order to meet anticipated emergency needs, then these actions define the capacity.

2. Only the physicians are authorized to accept or reject transfers from other hospitals. The person who accepts or rejects another hospital's request that the Hospital accept or transfer must record the request, his/her response to the request, and the basis for any denial of such a request.

N. Transfer from Another Facility: If a patient is received in the Emergency Department from another facility and improper transfer is suspected, the Hospital Administration should be notified. Hospital Administration is responsible for investigating the incident and making appropriate notification.

O. Miscellaneous:

1. Trauma Room and Exam Room Two will be used for the more critically ill or potentially critical patients. These categories of patients will take priority for treatment. The Treatment Room, Exam Room One and Exam Room Three shall be used for minor illnesses and examinations.

2. Prior medical records of patients in the ER may be obtained from Medical Records when appropriate and reasonably possible.

3. Clothing, valuables and medication will be returned to the family or patient, or they may elect to have these items locked in the business office safe for which they will receive a receipt.

4. Intercommunication from patient care areas to summon additional personnel in an emergency situation shall be accomplished through utilization of the paging system by depressing the page button on the telephone and paging appropriate personnel.

5. During examinations, all non-health care providers, including police officers, will leave the room at the discretion of the staff.