

	Page 1 of 4	
	EFFECTIVE DATE: 8-10-2005	NUMBER: 9305
	ORIGINATOR: Corporate Compliance Officer	
ORGANIZATIONAL POLICY EMTALA – Organizational Compliance	CONCURRENCE: President and CEO EVP/Chief Nursing Officer VP Medical Affairs/ CMO Chief – Department of Emergency Medicine	
	APPROVAL: Board of Trustees	

INTRODUCTION

As a Medicare participating provider, Ellis Hospital is required to comply with the Emergency Medical Treatment and Labor Act (EMTALA) codified at Section 1867 of the Social Security Act, the accompanying regulations in 42 CFR §489.24 and the related requirements of 42 CFR §489.20 (l) (m), (q), and (r) and §482.12(f). EMTALA requires a hospital that has an emergency department to provide a medical screening examination to any individual who comes to the emergency department, without regard to eligibility for health insurance benefits or ability to pay. If the individual is determined to have an emergency medical condition, the hospital must provide either stabilizing treatment or an appropriate transfer.

SCOPE

Applies to all persons who “come to the emergency department,” as defined in EMTALA and its accompanying regulations, and as interpreted by Ellis Hospital policies.

DEFINITION OF TERMS

MSE – Medical Screening Examination

STATEMENT OF POLICY

Ellis Hospital has designated the following Organizational Policies to be an integral part of the Organizational Policy: Emergency Services and EMTALA (#9305), Institutional Transfers – Outgoing (#7164), Institutional Transfers – Incoming (#7168), Responding to Individual Requests for Health Care at Off-Site Locations (#9306), Refusal of Care (#7340), Basic Emergency Management Protocols (#7023), Trauma Team (#6394), Diversion of Patients (#7072), Admission Criteria for the Pregnant Patients and their Ongoing Treatment (#7022), Discharge Review Process (#7062), Code Assist (#7054). Additional guidance regarding the screening, evaluation, treatment and transfer of individuals who come to the Emergency Department may be found in the Emergency Department Policy Manual (ED Manual).

Issues related to emergency call procedures are addressed in Section 5 of the Ellis Hospital Medical – Dental Staff Rules and Regulations.

As a Medicare participating hospital with a dedicated emergency department and one or more off-campus departments, Ellis Hospital will:

- A. Provide an appropriate MSE (medical screening examination) within the capability of Hospital's emergency department. (Organizational Policies #9305, #7023, #7072, #7054 and ED Manual).
- B. If the individual has an emergency medical condition, either provide any necessary stabilizing treatment, transfer the individual in compliance with EMTALA, or admit the individual as an inpatient. (Organizational Policies #9305, #7164, #6394, #7022, #7062, #7064, ED Manual).
- C. Not delay medical screening examination and/or stabilizing treatment in order to inquire about payment status. (Organizational Policies #9305 and ED Manual).
- D. Take all reasonable steps to secure an individual's written informed refusal of further medical examination and treatment or an appropriate transfer, as applicable (Organizational Policies #9305 and #7340, ED Manual).
- E. Accept appropriate transfers of individuals with an emergency medical condition if Ellis Hospital has the specialized capabilities or facilities and the capacity to treat such individuals. (Organizational Policies #9305 and #7168, #7072, ED Manual).
- F. Report to the Centers for Medicare & Medicaid Services or the New York State Department of Health any time there is reason to believe that Ellis Hospital has received an individual who has been transferred in an unstable emergency medical condition from another hospital in violation of EMTALA. (Organizational Policy #9305)
- G. Post signs in the Emergency Department and in places likely to be noticed by individuals entering the emergency department or waiting for examination and treatment specifying the rights of individuals under EMTALA with respect to examination and treatment for emergency medical conditions and women in labor. The signage must specify that Ellis Hospital participates in the Medicaid Program. (Organizational Policy #9305)
- H. Maintain medical and other records related to individuals transferred to and from Ellis Hospital for a period of five years from the date of transfer. (Organizational Policies #9305, #7164 and #7168).
- I. Maintain a list of physicians who are on emergency call after the initial examination to provide treatment necessary to stabilize an individual with an emergency medical condition. (Organizational Policy #9305, Medical Staff Rules and Regulations Section 5).
- J. Maintain a central log of individuals who come to the emergency department seeking assistance and indicate whether these individuals refused treatment, were denied treatment, or were transferred, admitted and treated, stabilized and transferred or discharged. (Organizational Policy #9305, #7062, ED Manual)
- K. Not penalize or take adverse action against a physician or a qualified medical person because the physician or the qualified medical person refuses to authorize the transfer of an individual with an emergency medical condition that has not been stabilized or against any hospital employee who reports a violation of these requirements. (Organizational Policy #9305).

- L. Ensure that the Hospital has written policies and procedures in effect with respect to the off-campus departments for appraisals of emergencies and referrals when appropriate. (Organizational Policy #9305, #9306)

No Adverse Action

It is the policy of Ellis Hospital to promote a workplace where all employees and all healthcare providers are free to discuss concerns about any issue. It is the policy of Ellis Hospital to strictly prohibit any retaliation or adverse action taken against an employee who reports a violation of this policy or EMTALA.

Reports of retaliatory conduct or adverse action should be reported to the Corporate Compliance Officer, Director of Risk Management, or to any Vice President for immediate action.

EXHIBITS

Exhibit A - Informed Refusal of Treatment/Release from Responsibility

REFERENCES

Social Security Act, Section 1867, 42 U.S.C. §1395dd, Examination and Treatment for

Emergency Medical Conditions and Women In Labor

42 CFR §489.24, Special Responsibilities of Medicare Hospitals in Emergency Cases

42 CFR §489.20 (l) (m), (q), (r), Basic Commitments

42 CFR §482.12(f), Condition of Participation: Governing Body

State Operations Manual, Appendix V – Interpretive Guidelines, Responsibilities of Medicare

Participating Hospitals in Emergency Cases

Emergency Department Policy Manual

ORIGINAL IMPLEMENTATION DATE:

REVIEW DATE: 8/08

REVIEWED: 8/05

REVISED:



INFORMED REFUSAL OF TREATMENT / RELEASE FROM RESPONSIBILITY

I understand that Ellis Hospital has offered:

- to examine me (the patient) to determine whether I am suffering from an emergency medical condition;
- to provide necessary treatment to care for and stabilize my condition;
- to provide medically appropriate transfer to another facility capable and/or willing to provide care that is not available at this facility;
- to arrange for transfer by ambulance or aircraft;
- to perform/provide the following therapies/procedures deemed appropriate for my condition:

The physician(s) and/or licensed healthcare professional(s) have informed me that the benefits that might reasonably be expected from the offered services are:

and that the risks of refusing these services are:

I understand that my refusal may result in a worsening of my known condition and any conditions currently unknown, and could pose a threat to my life, my health, and my medical safety including death or permanent disability. I hereby:

- refuse the offered services acknowledge my decision to leave against medical advice.

I have read this document in its entirety, and I fully understand it. I release Ellis Hospital, the attending physician and all Ellis Hospital healthcare providers and employees from all responsibility and resultant ill effects.

Patient

Date

Administrative - check all that apply:

Patient:

- Refused informed discussion Left against medical advice Left without signing form

Witness (Physician/Healthcare Provider)

Date

When a patient is a minor or lacks capacity to give consent, signature of person authorized to give consent for treatment:

Name of Authorized Representative

Relationship to Patient

ADDRESSOGRAPH