

Crenshaw Community Hospital Policies and Procedures	Policy Number #ER100.115	Effective Date
	Revision Date	Review Date 04/13/2015
Manual: Nursing – Emergency Dept.  Title: EMTALA Guidelines	<hr/> Chief Of Staff <hr/> Administrator	

**PURPOSE:**

To ensure compliance with Federal EMTALA laws regarding medical screenings and transfers.

**POLICY:**

- All patients presenting to Crenshaw Community Hospital for a non-scheduled visit and seeking care must be accepted and evaluated regardless of the patient’s ability to pay.
- All patients shall receive a medical screening exam that includes providing all necessary testing and on-call services within the capability of the Hospital to reach a diagnosis. Federal law requires that all necessary definitive treatment will be given to the patient and only maintenance care can be referred to a physician office or clinic.
- The triage of a patient for managed care contracts without a medical screening exam is not acceptable under EMTALA law. The Health Care Financing Administration (HCFA) states that third-party payers do not have the authority to authorize treatment.
- Crenshaw Community Hospital may not transfer or discharge a patient who may be reasonably at risk to deteriorate due to the natural process of their medical condition, they are legally unstable according to EMTALA standard. This standard also states that a pregnant woman who is in labor is not legally stable until the baby and placenta have been delivered.
- Crenshaw Community Hospital may not transfer patients who are potentially unstable as long as the hospital has the capabilities to provide treatment and care to the patient. A transfer of a patient to another facility may be only for reason of medical necessity.
- Crenshaw Community Hospital will provide an on-call physician specialty list which includes all specialties privileged at this facility. (Special rules apply if there are not enough physicians to provide coverage on-call.) The on-call list will be openly posted in the Emergency Department and a record of all on-call lists

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shall be maintained for 5 years. The specialist must respond to the Hospital to render an evaluation and care. Patients may not be sent to the on-call physician's office for definitive care.

- If a patient is to be transferred for medical necessity the following guidelines must be followed:
  - A physician certification that the risks of transferring the patient are outweighed by the potential benefits. The individual risks and benefits must be documented and the patient's medical record must support these, or...
  - The patient requests a transfer in writing.
  - In addition:
    - The receiving hospital must give acceptance in advance. The acceptance must be documented in the medical record.
    - Patient gives written consent for transfer
    - The patient must be transferred by an appropriate medical transfer vehicle. A patient may not be transferred in a private passenger vehicle unless the patient refuses to be transported by ambulance. The patient's refusal must be in writing.
- The physician will order appropriate medical personnel to attend the patient, maintain and/or initiate treatment or medications, and manage known potential adverse effects.
- Appropriate life support equipment will be ordered
- Copies of the medical record, x-rays and laboratory tests will accompany the patient when transferred. In the event copying the records could jeopardize the patient, the records may be sent on a STAT basis to the receiving facility as soon as completed.

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### **MEDICAL SCREENING EXAMS**

- The purpose of the Medical Screening Exam is to determine if the patient has an emergency medical condition. Medical Screening Exams should include at a minimum the following:
  - Emergency Department Log entry including disposition of patient
  - Patient’s triage record
  - Vital signs
  - History
  - Physical exam of affected systems and potentially affected systems
  - Exam of known chronic conditions
  - Necessary testing to rule out emergency medical conditions
  - Notifications and use of on-call personnel to complete previously mentioned guidelines
  - Notification and use of on-call physicians to diagnose and/or stabilize the patient as necessary
  - Vital signs upon discharge or transfer
- The results of the Medical Screening Exam shall be documented and become a part of the patient’s permanent record, which will be signed by the emergency department physician.
- The person performing the MSE will ask no information about payor status, HMO/PPO membership or insurance coverage.

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- Once the MSE has been completed, the physician will determine if a medical emergency exists. If a medical emergency does exist, the patient will continue through the normal emergency department process and the hospital will provide stabilizing treatment to the extent of its capabilities and capacity. If a determination is made that a medical emergency does not exist, the physician will inform the patient of such and direct them to the Registration Clerk to discuss the following options:
  - Stay in the Emergency Department for care and treatment. If this option is chosen, the patient will be required to pay the hospital fee prior to treatment.
  - Follow up with a family physician.
  - Seek care and treatment at a community clinic. A community resource guide will be provided. A referral will be made by Emergency Department staff to hospital case management and/or Medicaid Eligibility/financial counselors as needed, to assist with continuity of care and direction to financial assistance sources.
  
- Non-Urgent Chief Complaints - The following is a list of complaints/conditions that are generally considered non-urgent and subject to the QMP process:
  - Hay fever
  - Chronic back pain, mild, able to walk without assistance
  - Dental problems – minor
  - Dizziness – chronic
  - Drug or alcohol detoxification information request
  - Eye, mild irritation without signs of infection

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- Foot problems – non-diabetic patients only (blisters, pain, ingrown toe nails, plantar warts)
- Hepatitis exposure
- HIV test request
- Immunizations and gamma globulin requests
- Lice or scabies (suspected or real)
- Minor contusions or abrasions
- Minor UTI – adults without co-morbid disease
- Mouth Blisters
- Physical examination requests
- Prescription refills
- Rash – localized
- Sexual disease exposure
- Skin infection – minor sores
- Sleep disorder
- Sunburn without blisters – localized
- Suture removal (unless instructed to return to ER for re-check)
- Work release or disability form completion

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- Wound checks (unless instructed to return to ER for re-check)

**EMERGENCY MEDICAL CONDITIONS:**

- Emergency medical conditions under EMTALA law constitute any condition that is a danger to the patient or unborn fetus or could result in a risk of dysfunction or impairment to the smallest bodily part or organ if the patient is not treated in the near future.
- Emergency medical conditions include:
  - Undiagnosed, acute pain which is sufficient to impair normal functioning
  - Pregnancy with contractions (defined as unstable)
  - Substance abuse symptoms (i.e., alcohol ingestion)
  - Psychiatric disturbances including severe depression, insomnia, suicide ideation or attempt, dissociative state, inability to comprehend danger or care for self

PATIENT HOLD FORM

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Patient Name

Telephone Number

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Patient Address

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Spouse/Guardian/ Next of Kin

Telephone Number

The above named patient has presented to/or is a patient of Crenshaw Community Hospital. After examination by myself and in consultation with, \_\_\_\_\_, we have determined that this patient has signs and symptoms of mental illness, the he/she is likely to be of immediate danger to self or others and, therefore, pursuant to § 22-8-1 of the Code of Alabama 1975, the patient is being held without his/her consent for further evaluation and treatment. On the next business day, the patient will, if not previously cleared, will be referred to the Crenshaw County Probate Court for involuntary commitment.

During this period, the patient may be restrained in accordance with Crenshaw Community Hospital Restrain Policies, and shall, if necessary, be physically restrained from leaving the premises. Any medical treatment deemed necessary and appropriate shall be administered to the patient and no further consent shall be required.

The basis of the decision to hold the patient for evaluation and possible commitment is based upon:

\_\_\_\_\_ Statement and actions of the patient:

and/or

\_\_\_\_\_ Statements regarding actions of the patient related by family or persons accompanying the patient to the Emergency Department.

The signature of two (2) physicians is a requirement of §22-8-1.

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Physician Signature

Date/Time

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Physician's Printed Name

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Physician Signature

Date/Time

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Physician's Printed Name

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