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ENTERPRISE-WIDE CORPORATE POLICIES

Corporate Area: Office of Corporate Compliance

Policy Title: EMTALA

Functional Owner: Senior Vice President, Enterprise Chief Compliance Officer

Responsible Executive: Executive Vice President of Legal and Risk Affairs

Contributing Departments: Office of Corporate Compliance, Office of Legal Affairs, Emergency Medicine

PURPOSE

This policy sets forth guidelines for Thomas Jefferson University and its controlled affiliates (Jefferson) to ensure that every patient who presents on hospital property with a possible emergency medical condition receives a medical screening examination, in upholding Jefferson's standard for quality patient care. Because Jefferson is committed to integrity and abiding by all laws and regulatory requirements, this policy and requisite procedures are in accordance with the requirements of The Emergency Medical Treatment and Active Labor Act of 1986 ("EMTALA") 42 U.S.C. 1395dd.

This Enterprise policy supersedes all individual site compliance EMTALA/Medical Screening Examinations, Stabilization Treatment and Appropriate Transfer policies and applies to Thomas Jefferson University and its controlled affiliates. This umbrella policy is supported by site-specific Standard Operating Procedure (SOP) documents.

DEFINITIONS

The Emergency Medical Treatment and Labor Act of 1986 ("EMTALA") is a federal law that requires anyone coming to an emergency department to be stabilized and treated, regardless of their insurance status or ability to pay. (American College of Emergency Physicians).

Dedicated Emergency Department (DED) any department or facility of the hospital that either (1) is licensed by the state as an emergency department; (2) held out to the public as providing treatment for Emergency Medical Conditions; or (3) on one-third of the visits to the department in the preceding calendar year actually provided treatment for EMCs on an urgent basis.

Emergency Medical Condition (EMC) is 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 individual's health (or the health of an unborn child) in serious jeopardy, or serious impairment to bodily functions, or serious dysfunction of bodily organs.

Emergency Medical Condition Psychiatric (EMCP) is an emergency medical condition as defined above that may also include reports of suicidal ideation, harm to self, or harm to others. The EMCP may manifest without physical symptoms. EMCPs also place full EMTALA responsibilities on the DED and psychiatric patients must be screened and stabilized as detailed within this policy.

Hospital Property is the entire campus including the parking lot, sidewalk, driveway or hospital departments including any building owned by the hospital that is within 250 yards of the main hospital building.

Labor is the process of childbirth beginning with the latent or early phase of labor and continuing through the delivery of the placenta.

Medical Screening Examination (MSE) is the process required to reach, with reasonable clinical confidence, a determination about whether a medical or psychiatric emergency exists or does not exist.

Qualified Medical Personnel (QMP) is a practitioner who is authorized, in accordance with EMTALA and Jefferson policy, to perform medical screening examinations on individuals who present to the ED. QMPs may include attending physicians and nurse practitioners, as well as resident physicians, physician assistants, Labor and Delivery (“L&D”) nurses who handle pregnant patients with pregnancy-related complaints and certified nurses, midwives, with OB privileges, under the direction of an attending physician.

Stabilized means to provide such medical treatment of the condition as may be necessary to ensure that no material deterioration of the patient due to the condition is likely, within reasonable medical probability, to result from or occur during the transfer or discharge of the individual from a facility. Active labor is considered an EMC and a woman in active labor is considered unstable until the birth of the child and placenta. For psychiatric EMCs, the individual is considered to be stabilized when he/she is no longer considered a threat to him/herself or others or is medically stable for appropriate psychiatric transfer.

Transfer is the movement (including the discharge) of an individual outside a hospital’s facilities at the direction of any person employed by (or affiliated or associated, directly or indirectly, with) the hospital, but does not include such a movement of an individual who (i), leaves the facility without the permission of any such person. or (ii) has been declared dead.

POLICY

It is the policy of Jefferson to comply with the requirements of EMTALA statute codified at §1867 of the Social Security Act, (the Act) the accompanying regulations in 42 CFR §489.24 and the related requirements at 42 CFR 489.20(l), (m), (q), and (r).

PROCEDURE

I. Services provided in an emergency

A. The Jefferson staff will provide appropriate medical screening examinations and stabilizing medical care to people who present to a dedicated emergency department (DED), labor and delivery unit, or Hospital property (as defined above).

B. The DED staff will register every person visiting the DED for treatment in the hospital's patient information system.

C. Emergency Services will not be provided based on race, color, sex, ethnicity, age, religion, national origin, veteran status, sexual orientation, citizenship, residence, preexisting medical condition, physical or mental disability, insurance status, economic status, or ability to pay for medical services.

D. Emergency Services will not be delayed in order to ask about a person's ability to pay, payment method, or insurance status. During treatment, the hospital will obtain information about insurance, as long as it does not slow down the provision of emergency services. A hospital may also request insurance or financial information from the patient or the patient's surrogate immediately following service delivery and after any EMC, if any, is stabilized or resolved. The term "patient" or "individual" will also apply to "patient surrogate", if needed.

II. Consultation with Patient's Physician

A. Emergency physicians and QMPs may consult an individual's physician at any time to make sure that the treatment and screening that they provide the patient are appropriate based on the patient's medical history and needs.

B. If it does not cause an inappropriate delay in services, this consultation can be made.

III. On-Call Physicians

A. Jefferson hospitals maintain a list of physicians who are on-call. The On-Call Physicians at Jefferson hospitals are available in-person or via telehealth. They will provide recommendations and stabilizing treatment to patients with an emergency medical condition.

B. The response time for each entity will be defined by its SOPs.

IV. Stabilization and Discharge/Transfer

A. When a physician determines that, with reasonable clinical confidence, continued care, including diagnostic work-ups and/or treatment, can be performed as an outpatient or later as an inpatient, provided the individual is given a reasonable plan for appropriate follow-up care and discharge instructions, the individual is considered "stable for discharge."

B. "A stable patient" for transfer to another facility is one whose medical condition can reasonably be expected not to deteriorate while leaving the hospital to be received by the second facility, and whose physician reasonably believes that the receiving facility has the capability to handle the patient's medical condition and any reasonably foreseeable complications.

C. Patients with unstable medical conditions will not be transferred for any reason, except in

circumstances where (1) the patient requests a transfer and is advised of its risks, or (2) the treating physician determines that the medical benefits outweigh the risks.

V. Patient Refusal of MSE, Necessary Stabilizing Treatment, or Transfer

A. If an individual comes to a Jefferson hospital seeking Emergency Services and after that refuses a MSE, necessary stabilizing treatment, and/or medically appropriate transfer, he or she will be informed of the risks and benefits of accepting or refusing the MSE, stabilizing treatment and/or medically appropriate transfer. The patient may be asked to sign a Refusal of Examination or Treatment form (entity specific forms attached to entity SOPs).

B. The medical record must contain a description of the examination, stabilizing treatment, or medically appropriate transfer that the individual refused.

VI. Patient Transfer from Jefferson to another Institution

A. Before a patient is transferred, the physician or designated hospital representative who arranges or certifies the transfer, must talk directly to a physician or designee at the receiving facility to obtain the accepting physician's consent to the transfer. Also, to confirm the receiving facility has available space, qualified personnel and the necessary equipment to provide appropriate medical treatment to the individual.

B. The transferring doctor will determine the proper transportation arrangements for the patient based on the travel time and distance, mode of travel, equipment availability, and the qualifications of the transport people.

C. The physician must document the patient's informed consent for transfer on the Authorization for Acute Care Interfacility Transfer Form (entity specific forms attached to entity SOPs).

1. If a patient is unable to give informed consent because of their physical or mental condition, and the hospital has made a reasonable effort to find a patient surrogate, informed consent is not required.

2. If the physician is unable to obtain informed consent for the transfer, the physician will document the circumstances and the rationale for the transfer in the patient's medical record.

D. A physician needs to explain in the medical record why transferring a patient with an unstabilized medical condition outweighs any increased risks to the patient and, in the case of a woman in labor, to her unborn child. A physician must certify the transfer of an unstable patient on the Authorization for Acute Care Interfacility Transfer Form (entity-specific forms attached to entity SOPs). A physician will provide sufficient medical treatment within the facility's ability before transferring the patient. This will minimize the risks to their health and, in the case of a woman in labor, to the unborn baby's health.

E. In addition to the Authorization for Acute Care Interfacility Transfer Form (entity-specific forms attached to entity SOPs) any pertinent medical records available at the time of the transfer including documentation related to the current visit diagnostic test requests, etc. must be sent from the transferring hospital to the receiving hospital. If a transfer is deemed to be in the patient's best interest, it should not be delayed until records are retrieved or test results are in. After the individual is transferred, test results will be sent to the receiving facility.

F. It is the responsibility of the transferring hospital to provide safe transportation to the receiving

hospital. The transferring hospital maintains the EMTALA responsibility while the patient is in transport. Transportation will occur via a licensed ambulance (ground or air), staffed with the appropriate personnel and within the scope of practice for the level of care required for the safe transport of the patient. Personal transportation is prohibited by policy; patients may exercise their right to refuse transportation which would indicate refusal of emergency services.

G. In accordance with the statute, the hospital will inform the receiving facility of the name and address of any on-call physician who refused or failed to appear to provide necessary stabilizing treatment within the timeframe specified in the entity specific SOP, when such failure necessitated the transfer.

H. The patient has the right to ask for a transfer or discharge to another facility. It is not possible to transfer a patient until he or she is medically stable unless the patient refuses stabilizing care. If the patient refuses care, the Refusal of Examination or Treatment form (attached to the entity's SOP) must be completed.

I. Any time a patient refuses to sign the appropriate form, the hospital representative who witnesses the refusal will document it.

J. The transfer of an unstable psychiatric patient requires the right mode of transport and personnel for transport.

VII. Acceptance or Denial of External Transfers to Jefferson

A. Certain hospitals within the Jefferson Enterprise have specialized capabilities and facilities and may act as receiving hospitals under EMTALA. Jefferson hospitals have a responsibility to evaluate all requests for transfer of patients from other hospitals. With the exception of transfer requests described in the following paragraph, Jefferson will accept an appropriate transfer of any patient with an unstabilized EMC who requires specialized capabilities or facilities that Jefferson can provide.

B. Any acceptance or rejection of transfer to a Jefferson DED must be made by an attending physician and not through administrative means.

C. Jefferson may refuse a transfer if:

- i. The requesting hospital is outside of the boundaries of the United States, or
- ii. The patient is already stabilized at the transferring facility or is an inpatient at the transferring hospital. The EMTALA duty of the receiving hospital is limited to unstable patients who require specialized care. The receiving hospital can accept the transfer of a stable patient or an inpatient to their emergency department but does not have an EMTALA duty to do so.
- iii. The hospital does not have the capacity to accept the patient at that time.

VIII. Reporting Inappropriate Transfers

A. Jefferson has to report any inappropriate transfers that come in from external facilities to CMS.B. Jefferson won't punish hospital employees who report inappropriate transfers.

IX. Signage

A. In the emergency department, Labor and Delivery areas, and other areas than the DED (such as entrances, admission areas, waiting areas, treatment areas), Jefferson will post notices (in a form specified by the Department of Health and Human Services (DHHS)) explaining people's rights.

B. Jefferson will post conspicuously (in a form specified by the DHHS) information indicating whether or not the hospital participates in the Medicaid program under a State plan approved under Title XIX.

X. Log and Record Retention

A. Jefferson will keep a central log of each person who comes to the emergency department seeking assistance and will note whether he or she:

- i. Eloped
- ii. Refused treatment
- iii. Was treated and discharged
- iv. Was treated and admitted
- v. Was transferred

B. Jefferson will maintain medical and other records related to individuals transferred to or from the hospital for a period in accordance with the record retention policy of the institution.

References:

Emergency Medical Treatment and Active Labor Act of 1986 (“EMTALA”), 42 U.S.C. 1395dd
Jefferson’s Code of Conduct and Ethical Behavior

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Responsibility for maintenance of policy:
SVP/Chief Compliance Officer

(Signature on File)

Approved by:
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