

# EMTALA

*Emergency  
Medical  
Treatment and  
Labor Act*



# Intent of EMTALA

The EMTALA regulations were created to prevent hospitals and providers from denying patients care on the basis of their ability to pay.

The law addresses the hospital's legal obligation when an individual presents to the hospital campus or off-site urgent care or emergency department and requests examination and treatment for a possible emergency condition or for labor.

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# When does EMTALA apply?

EMTALA applies when a person seeking emergency care arrives at the hospital or is on hospital property.

This includes:

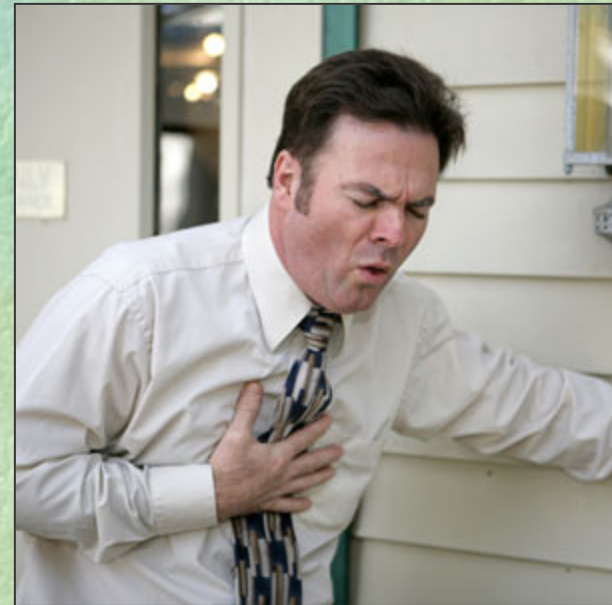
- *Hospital owned ambulances on route to SJH (it excludes ambulance trips to other organizations)*
- *Outpatient settings (where the patient develops symptoms and requests treatment)*
- *Transfers of patients from SJH to another hospital for stabilization of an emergency condition*





# EMTALA applies to Emergency Medical Conditions (EMC)

- An EMC is any medical condition manifesting:
  - acute symptoms of severity, including pain, that, without immediate medical attention, could reasonably be expected to result in placing the health of the individual, including an unborn fetus, in:
    - serious jeopardy;
    - serious impairment to bodily functions;
    - or serious dysfunction of any bodily organ or part.





# EMTALA Components: Screening

Individuals presenting to the hospital requesting emergency services are entitled to a medical screening examination performed by qualified individuals, to determine if an emergency medical condition exists.



*Triage is not medical screening.*



# A Little More about the Screening

- If the Medical Screening Examination:
  - Is refused:
    - the physician/qualified provider should explain the risks of not having the exam
    - a release should be signed, refer to Patient Rights policy # PR.15
  - Reveals no emergency medical condition:
    - no further EMTALA obligations exist
    - Patient may be treated and released
  - Indicates an emergency condition exists
    - treatment and stabilization should follow





# EMTALA Components: Stabilization

If an emergency condition exists, the hospital is required to provide stabilizing treatment within its capability and capacity.





# EMTALA Components: Stabilization

- Must be within the hospital's capability and capacity
- Is achieved when no further physical deterioration is apt to result from transfer or discharge
- Can be deferred to another facility if the hospital does not have the equipment/personnel to provide for stabilization

If refused ~ refer to policy PR-15.  
Patient is expected to sign the  
AMA/Refusal of Care form





# EMTALA Components: Transfer



Patients can be transferred to another hospital for stabilization ~ however, the transfer MUST be performed within certain guidelines in order to be considered appropriate.



# EMTALA Components: Transfer

## Authorization for transfer of care:

- If stabilization is NOT complete:
  - Patient or legal representative must request or consent to the transfer in writing after being informed of the benefits and risks of transfer
  - Physician responsible for the patient must certify on the EMTALA form that the transfer is necessary for:
    - stabilizing treatment
    - further medical benefit





# EMTALA Components: Transfer

- Transferring physician (or designee)
  - obtains consent for transfer
  - makes arrangements with the receiving hospital
- Physician responsible for patient documents:
  - patient condition in medical record
  - risks and benefits with patient/guardian



*The transferring physician is responsible for the patient until the patient arrives at the receiving facility*



# EMTALA Components: Transfer

Medical record copies must be provided, including:



- signs/symptoms
- preliminary diagnosis
- treatment provided
- test results (including CDs)
- informed consent or transfer certification
- any information related to specialists contacted
- date and time of events
- durable power of attorney (if applicable)



# EMTALA Components: Transfer

Patient must be accompanied by personnel qualified to care for him/her during transport with supplies & equipment to assure safe



Requirements are guided by the Interfacility Transfer Protocol: State of NH Prehospital Patient Care Protocol Manual.



# EMTALA: Implications for On-Call Physicians and Providers

- A list of physicians who are “on-call” is required
- A 30 minute response time is required for all on call physicians.
- Refusal to respond shall be reported to the C.E.O. for investigation and further action.





# EMTALA: Implications for On-Call Physicians and Providers



- On call responsibilities:
  - Appropriate telephone orders given to ED physician
  - Primary care or direction of treatment of the patient
  - Care of the patient until the problem leading to emergency presentation is resolved and the patient is discharged or transferred



# EMTALA: Central Log

- A log must be maintained for 5 years including:
  - each individual who comes to the emergency department seeking assistance
  - whether he or she refused treatment
  - whether he or she was transferred, admitted and treated, stabilized and transferred, or discharged
- The log is inclusive of patients presenting for labor and delivery.





# EMTALA: YOUR Responsibility

All SJH staff members have  
responsibility through  
EMTALA.

If YOU discover a patient in  
need of medical attention ~  
in ANY location, please  
assure they receive the care  
needed by taking the patient  
to the Emergency  
Department or calling 911





# IT'S THE LAW!

IF YOU HAVE A MEDICAL EMERGENCY OR ARE IN LABOR  
YOU HAVE THE RIGHT TO RECEIVE, within the capabilities  
of this hospital's staff and facilities:

- An appropriate MEDICAL SCREENING EXAMINATION
  - Necessary STABILIZING TREATMENT (including  
treatment of an unborn child)

and if necessary

- An appropriate TRANSFER to another facility  
even if

YOU CANNOT PAY or DO NOT HAVE MEDICAL INSURANCE