

Chief Executive Officer  
Ryan Harris



**Board of Directors**  
Abe Hathaway, President  
Jeanne Utterback, Vice President  
Tami Humphry, Treasurer  
Lester Cufaude, Director  
James Ferguson, Director

**Quality Committee  
Meeting Agenda**  
August 26, 2024 at 1:00 PM  
HR/Admin Conference Room  
43563 HWY 299 E  
Fall River Mills, CA 96028

**Attendees**

Les Cufaude, Director and Chair of Quality James Ferguson, Director	Ryan Harris, CEO Jack Hathaway, Director of Quality
--	--

1	<b>CALL MEETING TO ORDER</b>	Chair Les Cufaude		<b>Approx. Time Allotted</b>
2	<b>CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>			
3	<b>APPROVAL OF MINUTES</b>			
	3.1	Regular Meeting – July 24, 2024	Attachment A	<b>Action Item</b> 2 min.
4	<b>HOSPITAL QUALITY COMMITTEE REPORT</b>			Report 10 min.
5	<b>DIRECTOR OF QUALITY</b>	Jack Hathaway		Report 10 min.
6	<b>POLICIES</b> EMTALA -- Central Log Policy EMTALA -- Medical Screening Examination and Stabilization EMTALA On-Call Policy EMTALA Reporting Policy EMTALA Signage EMTALA Transfer Policy		Attachment B	Action Item 10 min
7	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>			Information 5 min.
8	<b>MOVE INTO CLOSED SESSION</b>			
9	<b>CLOSED SESSION ITEMS</b>			
	9.1	<b>HEARING (HEALTH AND SAFETY CODE § 32155) – MEDICAL STAFF CREDENTIALS</b>  <b>MEDICAL STAFF REAPPOINTMENT</b> Stephen Loos, MD (TCR) – Telemedicine Shelleen Denno, MD - Hospitalist		Action Item 5 min.

	<p><b>MEDICAL STAFF APPOINTMENT</b>  Mark Faltaous, MD (Dir. Radiology) – Telemedicine  Rashmi Hande, MD (Dir. Radiology) – Telemedicine  William Pace, MD (TCR) – Telemedicine  Natalie Nelson, NP – Hospitalist</p>		
10	<b>RECONVENE OPEN SESSION</b>		
11	<b>ADJOURNMENT:</b> Next Regular Meeting – September 23, 2024		

Agenda Posted: 08/21/2024

Chief Executive Officer  
Ryan Harris



Board of Directors  
Abe Hathaway, President  
Jeanne Utterback, Vice President  
Tami Humphry, Treasurer  
Lester Cufaude, Director  
James Ferguson, Director

Board of Directors  
**Quality Committee**  
**Minutes**  
July 29, 2024 @ 1:00 PM  
MMHD FR Boardroom

*These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.*

1	<b>CALL MEETING TO ORDER:</b> Les Cufaude called the meeting to order at 1:01 pm on the above date.		
	<b>BOARD MEMBERS PRESENT:</b>		<b>STAFF PRESENT:</b>
	Les Cufaude, Director Jim Ferguson, Director		Ryan Harris, CEO Jessica DeCoito, acting Board Clerk
	<b>Excused ABSENT:</b> Jack Hathaway, Director of Quality		
2	<b>CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>		
	None		
3	<b>APPROVAL OF THE MINUTES:</b>		
	3.1	Regular Meeting – June 19, 2024 Update “fees” to “fines”	<i>Ferguson, Cufaude</i> <b>Approved by All</b>
4	<b>HOSPITAL QUALITY COMMITTEE REPORT:</b> Self-report on medication error in clinic occurred. We have since received a report from the survey. We are working on the Plan of Corrections to address the concerns brought about in the survey findings. QIP kick off call took place with our consultant. Next meeting is on August 10 <sup>th</sup> – data will be received but will most likely have to work out the kinks on the data collected. ACHC – Executive Leadership Team selected an application date for October 15 <sup>th</sup> . Working on the Environment of Care Rounding exercises to address issues and needs in all the departments. This not only shows us the areas we can improve upon but allows us to prep for survey events and plan additional education opportunities. Met with 9XMed – remote patient monitoring service. The ELT will be meeting up to discuss the options we have to potentially work with 9XMed.		
5	<b>DIRECTOR OF QUALITY:</b> no report		
6	<b>OTHER INFORMATION/ANNOUNCEMENTS:</b> Request to move the meeting date to the Monday before the Board Meeting.		
7	<b>MOVE INTO CLOSED SESSION ITEMS: 1:40 pm</b>		
8	<b>ADJOURNMENT:</b> at 1:50 pm    Next Meeting is August 26, 2024 at 1:00 pm		

## MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: EMTALA – Central Log Policy 02.01.00	POLICY #COM028
DEPARTMENT/SCOPE: Compliance	Page 1 of 2
REVISION DATE: n/a	EFFECTIVE DATE: 7/1/2024
AUDIENCE: All Hospital Staff	APPROVAL DATE:
OWNER: J. Hathaway	APPROVER: R. Harris

The definitions in the EMTALA Policy apply to this and all other hospital EMTALA policies.

**PURPOSE:**

To establish guidelines for tracking the care provided to each individual seeking care in a dedicated emergency department (“ED”) for a medical condition or seeking care in areas on hospital property other than an ED for an emergency medical condition (“EMC”) as required of any hospital with an emergency department by EMTALA, 42 U.S.C. § 1395dd, and all Federal regulations and interpretive guidelines promulgated thereunder.

**POLICY:**

The hospital will maintain a Central Log containing information on each individual who comes on the hospital campus requesting assistance or whose appearance or behavior would cause a prudent layperson observer to believe the individual needed examination or treatment, whether he or she left before a medical screening examination (“MSE”) could be performed, whether he or she refused treatment, whether he or she was refused treatment, or whether he or she was transferred, admitted and treated, stabilized and transferred or discharged.

The Central Log includes the patient logs from the traditional ED and, either by direct or indirect reference, patient logs from any other areas of the hospital that may be considered DEDs or where an individual may present for emergency services or receive an MSE, such as Labor and Delivery.

**PROCEDURE:**

1. The hospital maintains the Central Log in an electronic format.
2. All ancillary logs maintained by all hospital departments, including the EDs, labor & delivery, behavioral health, pediatric EDs, and catheterization labs, are incorporated by reference and become part of the facility’s EMTALA Central Log.
3. The Central Log, including all additional logs incorporated into the Central Log by reference, shall be maintained in the same manner and with the same central core of information. The logs must contain at a minimum, the name of the individual, the date, time and means of the individual's arrival, the individual's age, the individual's sex, the individual's record number, the nature of the individual's complaint, the individual's disposition, the individual's time of departure, and whether the individual:
  - refused treatment,
  - was refused treatment,
  - was transferred,
  - was admitted and treated,
  - was stabilized and transferred,
  - was discharged, or
  - expired.

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: EMTALA – Central Log Policy 02.01.00	POLICY #COM028
DEPARTMENT/SCOPE: Compliance	Page 2 of 2
REVISION DATE: n/a	EFFECTIVE DATE: 7/1/2024
AUDIENCE: All Hospital Staff	APPROVAL DATE:
OWNER: J. Hathaway	APPROVER: R. Harris

4. A log entry for all individuals who have come to the hospital seeking medical attention or who appear to need medical attention must be made by the appropriate individual. Further, in non-ED departments of the hospital where an individual may present with an EMC, the department will provide the necessary information from the point of contact to the ED for logging purposes.
5. The Central Log of individuals who have come to the hospital seeking medical attention or who appear to need medical attention will be available within a reasonable amount of time for surveyor review and must be retained for a minimum of five years from the date of disposition of the individual.
6. Duplicate accounts created for the same patient who visits the hospital on more than one occasion must be consolidated so that only one medical record number per patient exists in the Central Log.

**REFERENCES:**  
42 U.S.C. § 1395dd

**COMMITTEE APPROVALS:**  
Quality

SUBJECT/TITLE:	EMTALA – Medical Screening Examination and Stabilization 02.01.00	POLICY #COM024
DEPARTMENT/SCOPE:	Compliance	Page 1 of 15
REVISION DATE:	n/a	EFFECTIVE DATE: July 1, 2024
AUDIENCE:	All Hospital Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

**SCOPE:**

This policy reflects guidance under the Emergency Medical Treatment and Labor Act (“EMTALA”) and associated State laws only. The definitions in the Company EMTALA Policy apply to this and all other facility EMTALA policies.

**PURPOSE:**

To establish guidelines for providing appropriate medical screening examinations (“MSE”) and any necessary stabilizing treatment or an appropriate transfer for the individual as required by EMTALA, 42 U.S.C. § 1395dd, and all Federal regulations and interpretive guidelines promulgated thereunder.

**POLICY:**

An EMTALA obligation is triggered when an individual comes to a dedicated emergency department (“DED”) and:

1. the individual or a representative acting on the individual’s behalf requests an examination or treatment for a medical condition; or
2. a prudent layperson observer would conclude from the individual’s appearance or behavior that the individual needs an examination or treatment of a medical condition.

Such obligation is further extended to those individuals presenting elsewhere on hospital property requesting examination or treatment for an emergency medical condition (“EMC”). Further, if a prudent layperson observer would believe that the individual is experiencing an EMC, then an appropriate MSE, within the capabilities of the hospital’s DED (including ancillary services routinely available and the availability of on-call physicians), shall be performed. The MSE must be completed by an individual (i) qualified to perform such an examination to determine whether an EMC exists, or (ii) with respect to a pregnant woman having contractions, whether the woman is in labor and whether the treatment requested is explicitly for an EMC. If an EMC is determined to exist, the individual will be provided necessary stabilizing treatment, within the capacity and capability of the facility, or an appropriate transfer as defined by and required by EMTALA. Stabilization treatment shall be applied in a non-discriminatory manner (*e.g.*, no different level of care because of an individual’s race, color, ethnicity, religion, ancestry, national origin, citizenship, age, sex, marital status, sexual orientation (including gender identification), genetic information, preexisting medical condition, physical or mental disability, insurance status, economic status, ability to pay for medical services or any other category protected by law, except to the extent that a circumstance such as age, sex, preexisting medical condition, or physical or mental disability is medically significant to the provision of appropriate medical care to the patient).

SUBJECT/TITLE:	EMTALA – Medical Screening Examination and Stabilization 02.01.00	POLICY #COM024
DEPARTMENT/SCOPE:	Compliance	Page 2 of 15
REVISION DATE:	n/a	EFFECTIVE DATE: July 1, 2024
AUDIENCE:	All Hospital Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

## **PROCEDURE:**

### **1. When an MSE is Required**

A hospital must provide an appropriate MSE within the capability of the hospital’s emergency department, including ancillary services routinely available to the DED, to determine whether or not an EMC exists: (i) to any individual, including a pregnant woman having contractions, who requests such an examination; (ii) an individual who has such a request made on his or her behalf; or (iii) an individual whom a prudent layperson observer would conclude from the individual’s appearance or behavior needs an MSE. An MSE shall be provided to determine whether or not the individual is experiencing an EMC, or a pregnant woman is in labor. An MSE is required when:

- a. The individual ***comes to a DED*** of a hospital and a request is made by the individual or on the individual’s behalf for examination or treatment for a medical condition, including where:
  - i. The individual requests medication to resolve or provide stabilizing treatment for a medical condition.
  - ii. The individual arrives as a transfer from another hospital or health care facility. Upon arrival of a transfer, a physician or qualified medical person (“QMP”) must perform an appropriate MSE. The physician or QMP shall provide any additional screening and treatment required to stabilize the EMC. The MSE of the individual must be documented. This type of screening cannot be performed by the triage nurse. If an EMC is determined to exist and the hospital admits the individual as an inpatient for further treatment, the hospital’s obligation under EMTALA ceases.

**Note:** The MSE and other emergency services need not be provided in a location specifically identified as a DED. The hospital may use areas to deliver emergency services that are also used for other inpatient or outpatient services. MSEs or stabilization may require ancillary services available only in areas or facilities of the hospital outside of the DED.

- b. The individual arrives on the ***hospital property other than a DED*** and makes a request or another makes a request on the individual’s behalf for examination or treatment for an EMC.
  - i. **Screening where the individual presented:** If an individual is initially screened in a department or location on-campus other than the DED, the individual may be moved to another hospital department or facility on-campus to receive further screening or stabilizing treatment without such movement being a transfer. The hospital shall not move the individual to an off-campus facility or department (such as an urgent care center or satellite clinic) for an MSE.
  - ii. **Transporting to the DED:** The hospital may determine that movement of an individual to the hospital’s DED may be necessary for screening. However, common sense and individual

SUBJECT/TITLE:	EMTALA – Medical Screening Examination and Stabilization 02.01.00	POLICY #COM024
DEPARTMENT/SCOPE:	Compliance	Page 3 of 15
REVISION DATE:	n/a	EFFECTIVE DATE: July 1, 2024
AUDIENCE:	All Hospital Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

judgment should prevail. When determining how best to transport the individual to the DED (means of transport, accompanying qualified personnel, equipment, etc.), the following factors should be taken into account but shall not be determinative:

- Whether the hospital DED has the personnel and resources necessary to render adequate medical treatment to all existing patients in the DED,
  - Whether responding to the emergency could send hospital personnel into harm's way or unreasonably endanger or jeopardize the lives or health of such personnel, and
  - Whether non-hospital paramedics, emergency medical technicians, or other qualified personnel are more appropriate to respond.
- iii. Transporting to other hospital property: The facility may direct individuals to other hospital-based facilities that are on hospital property and operated under the hospital's provider number. However, the hospital should not move an individual to a hospital-based facility located off-campus, such as a rural health clinic or physician office, for an MSE or other emergency services. Individuals should only be moved to the hospital-based on-campus facility when the following conditions are met:
- all persons with the same medical condition are moved to this location regardless of their ability to pay for treatment,
  - there is a bona fide medical reason to move the individual, and
  - QMP accompany the individual.
- Note:** Unless outpatient testing is associated with an individual presenting to the DED with a request for an emergency medical screening, it should not be performed in the emergency department. Individuals presenting for outpatient testing should be registered as outpatients and not as emergency patients.

**Note:** Anyone may make the request for an MSE, or treatment described in both a. and b. above. Specifically,

- A minor (child) can request an examination or treatment for an EMC. Hospital personnel should not delay the MSE by waiting for parental consent. If, after screening the minor, it is determined that no EMC is present, the staff may wait for parental consent before proceeding with further examination and treatment. **Note:** For additional information regarding the treatment of minors, please consult your operations counsel.
- Emergency Medical Services (EMS) personnel may request an evaluation or treatment on an individual's behalf.

**Example:** If an individual is on a gurney or stretcher or in an ambulance or on a helipad at the hospital and EMS personnel, the individual, or a legally responsible person acting on the individual's behalf, requests examination or treatment of an EMC from hospital staff, an MSE must be provided.



SUBJECT/TITLE:	EMTALA – Medical Screening Examination and Stabilization 02.01.00	POLICY #COM024
DEPARTMENT/SCOPE:	Compliance	Page 4 of 15
REVISION DATE:	n/a	EFFECTIVE DATE: July 1, 2024
AUDIENCE:	All Hospital Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

- c. The individual arrives ***on the hospital property***, either in the DED or property other than the DED, ***and no request is made*** for evaluation or treatment, but the appearance or behavior of the individual would cause a prudent layperson observer to believe that the individual needed such examination or treatment.
- d. An individual is in a ***ground or air ambulance*** for purposes of examination and treatment for a medical condition at a hospital's DED, and the ambulance is either:
  - i. *owned and operated by the hospital*, even if the ambulance is not on hospital grounds, or
  - ii. *neither owned nor operated by the hospital, but on hospital property*.
- e. A ***community-wide plan*** exists for specific hospitals to treat certain EMCs (*e.g.*, psychiatric, trauma, physical or sexual abuse). Prior to transferring the individual to the community plan hospital, an MSE must be performed, and any necessary stabilizing treatment rendered.
- f. If a ***law enforcement official*** requests hospital emergency personnel to provide ***medical clearance*** for incarceration, the Hospital has an EMTALA obligation to provide an MSE to determine if an EMC exists. If an EMC is found to exist and is stabilized, the Hospital has met its EMTALA obligations and additional requests for assessment or testing are not required. All facilities must remain in compliance with federal and state HIPAA regulations.
- g. If a ***law enforcement official*** brings a person who is exhibiting behavior that suggests that he or she is intoxicated to the DED for ***drawing of the blood alcohol*** and asks for an MSE, or if a prudent layperson observer would believe that the individual needed examination or treatment for a possible EMC, then an MSE must be performed. This is required because some medical conditions could present behaviors similar to those of an inebriated individual.
- h. If an individual presents to a facility which does not have the capability to perform a rape kit when one is needed, the hospital's obligation is to provide an appropriate MSE without disturbing the evidence and transfer the individual to a hospital that has the capability to gather the evidence. The transfer must occur only in compliance with hospital policies and procedures that are Medicare Hospital Conditions of Participation (CoP) and licensure compliant.
- i. ***Born Alive Infant***. When an infant is born alive in the DED, if a request is made on the infant's behalf for screening for a medical condition or if a prudent layperson would conclude based on the infant's appearance or behavior that the infant needed examination or treatment for a medical condition, the hospital and physician must provide an MSE. If the infant is born alive elsewhere on the hospital's campus and a prudent layperson observer would conclude based on the born alive infant's appearance or behavior that the infant was suffering from an EMC, the hospital and medical staff must perform an MSE to determine whether or not an EMC exists. If an EMC exists, the hospital must provide for stabilizing treatment or an appropriate transfer.
- j. ***Off-Campus Provider-Based Emergency Department***. An off-campus provider based-emergency department is a department of the hospital, located no more than 35 miles from the main hospital, that meets all the provider-based requirements, holds the same Medicare provider number as the main hospital and is licensed by the state as an Emergency

SUBJECT/TITLE:	EMTALA – Medical Screening Examination and Stabilization 02.01.00	POLICY #COM024
DEPARTMENT/SCOPE:	Compliance	Page 5 of 15
REVISION DATE:	n/a	EFFECTIVE DATE: July 1, 2024
AUDIENCE:	All Hospital Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

**Department.** If an individual presents to an off-campus provider-based emergency department (should not be referred to as a “free-standing” emergency department), he or she must be provided an appropriate MSE just as he or she would if the presentation was at the main campus emergency department. Should the individual require additional screening for stabilizing care by a physician specialist, he or she will be moved to the main campus or another non-HCA facility for the additional care required. Such movement would be via an appropriate transport vehicle as designated by the ED Physician with appropriate equipment and personnel as determined by the ED Physician.

**2. When an MSE is NOT Required**

a. If an individual **presents to a DED** in the following circumstances only, **no MSE is required by EMTALA:**

i. *The individual requests services that are NOT examination or treatment for an EMC, such as preventive care services or drugs that are not required to stabilize or resolve an EMC.*

**Example:** An individual presents to the DED and tells the clerk that he needs a flu shot because it is now flu season. The hospital is not obligated to provide an MSE under EMTALA because the request for a flu vaccine is a preventive care service.

ii. *The individual requests services that are NOT for an EMC such as gathering of evidence for criminal law cases* (sexual assault, blood alcohol). When the request made is only to collect evidence, not to analyze the results or otherwise examine or treat the individual, no EMTALA obligation exists.

iii. *When an individual appears for non-emergency tests* or pursuant to a previously scheduled visit. The hospital must ensure and document that no EMC was present or that no request was made to examine or treat the individual for an EMC.

a) When an individual presents to the DED for medical care that is, by its nature, clearly unlikely to involve an EMC, the individual’s statement that he or she is not seeking emergency care, together with brief questioning by QMP, is sufficient to establish that there is no EMC.

b) A QMP is not required to question or examine the individual if the individual presents to the DED solely to fill a physician’s order for a non-emergency test. The QMP should, however, question the individual to confirm that no EMC exists if the individual requests treatment for a non-emergency condition unrelated to the physician’s order.

**Example:** A physician refers an individual to the emergency department for occupational medicine testing.

b. If the individual is in a **ground or air ambulance** which is:

i. *owned and operated by the hospital and operated under community-wide EMS protocols or EMS protocols “mandated by State law” that direct it to transport the individual to a*

SUBJECT/TITLE:	EMTALA – Medical Screening Examination and Stabilization 02.01.00	POLICY #COM024
DEPARTMENT/SCOPE:	Compliance	Page 6 of 15
REVISION DATE:	n/a	EFFECTIVE DATE: July 1, 2024
AUDIENCE:	All Hospital Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

hospital other than the hospital that owns the ambulance (i.e., to the closest appropriate facility). In this case, the individual is considered to have “come to the emergency department of the hospital” to which the individual is transported, at the time the individual is brought onto hospital property; or

- ii. *not owned by the hospital and not on the hospital’s property* even if the ambulance personnel contact the hospital by telephone or telemetry communications and inform the hospital that they want to transport the individual to the hospital for examination and treatment; or
- iii. *owned but not operated by the hospital* as where a physician who is not employed or otherwise affiliated with the hospital that owns the ambulance directs its operation and the ambulance is not on hospital property.

**Note:** A hospital may deny access to individuals when it is in “official diversionary” status because it does not have the capability or capacity to accept any additional emergency individuals at the time. The hospital shall develop and adopt written criteria that describe the conditions under which any or all of the hospital’s emergency services are deemed to be at maximum capacity.

**Caution:** If the ambulance staff disregards the hospital’s instructions and brings the individual on to hospital property, the individual has come to the emergency department and the hospital must perform an appropriate MSE. Should a hospital which is not in official diversionary status fail to accept a telephone or radio request for transfer or admission, the refusal could represent a violation of other Federal or State regulations.

**Note:** The hospital shall maintain written records documenting the date and time of the start and end of each period of diversionary status.

- c. ***Use of hospital-owned helipad on hospital property for patient transport.*** No MSE is required for individuals being transported by local ambulance services or other hospitals to tertiary hospitals throughout the state through use of a ***hospital-owned helipad on the hospital’s property*** by local ambulance services or other hospitals as long as the sending hospital conducted the MSE prior to transporting the individual to the helipad for medical helicopter transport to a designated recipient hospital. The sending hospital is responsible for conducting the MSE prior to transfer to determine if an EMC exists and implementing stabilizing treatment or conducting an appropriate transfer.

**Caution:** If the individual’s condition deteriorates while being transported to the helipad or while at the helipad, the hospital at which the helipad is located must provide another MSE and stabilizing treatment within its capacity if requested by medical personnel accompanying the individual.

SUBJECT/TITLE:	EMTALA – Medical Screening Examination and Stabilization 02.01.00	POLICY #COM024
DEPARTMENT/SCOPE:	Compliance	Page 7 of 15
REVISION DATE:	n/a	EFFECTIVE DATE: July 1, 2024
AUDIENCE:	All Hospital Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

If, as part of the EMS protocol, EMS activates helicopter evacuation of an individual with a potential EMC, the hospital with the helipad does not have an EMTALA obligation if they are not the recipient hospital, unless a request is made by EMS personnel, the individual, or a legally responsible person acting on the individual’s behalf for the examination or treatment of an EMC.

- d. **Off campus, non-DED.** If an individual requests emergency care in a hospital department off the hospital’s main campus that does not meet the definition of a DED, EMTALA does not apply, and the hospital department is not obligated to perform an MSE. However, the off-campus department must have policies and procedures in place as to how to handle patients in need of immediate care.

3. **Extent of the MSE**

- a. **Determine if an EMC exists.** The hospital must perform an MSE to determine if an EMC exists. It is not appropriate to merely “log in” or triage an individual with a medical condition and not provide an MSE. Triage is not equivalent to an MSE. Triage entails the clinical assessment of the individual’s presenting signs and symptoms at the time of arrival at the hospital in order to prioritize when the individual will be screened by a physician or other QMP.
- b. **Definition of MSE.** An MSE is the process required to reach, with reasonable clinical confidence, the point at which it can be determined whether the individual has an EMC or not. It is not an isolated event. The MSE must be appropriate to the individual’s presenting signs and symptoms and the capability and capacity of the hospital.
- c. **An on-going process.** The individual shall be continuously monitored according to the individual’s needs until it is determined whether or not the individual has an EMC, and if he or she does, until he or she is stabilized or appropriately admitted or transferred. The medical record shall reflect the amount and extent of monitoring that was provided prior to the completion of the MSE and until discharge or transfer.
- d. **Judgment of physician or QMP.** The extent of the necessary examination to determine whether an EMC exists is generally within the judgment and discretion of the physician or other QMP performing the examination function according to algorithms or protocols established and approved by the medical staff and governing board.
- e. **Extent of MSE varies by presenting symptoms.** The MSE may vary depending on the individual’s signs and symptoms:
  - i. Depending on the individual’s presenting symptoms, an appropriate MSE can involve a wide spectrum of actions, ranging from a simple process involving only a brief history and physical examination to a complex process that also involves performing ancillary studies and procedures such as (but not limited to) lumbar punctures, clinical laboratory tests, CT

SUBJECT/TITLE:	EMTALA – Medical Screening Examination and Stabilization 02.01.00	POLICY #COM024
DEPARTMENT/SCOPE:	Compliance	Page 8 of 15
REVISION DATE:	n/a	EFFECTIVE DATE: July 1, 2024
AUDIENCE:	All Hospital Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

scans and other diagnostic tests and procedures.

- ii. *Pregnant Women:* The medical records should show evidence that the screening examination includes, at a minimum, on-going evaluation of fetal heart tones, regularity and duration of uterine contractions, fetal position and station, cervical dilation, and status of membranes (*i.e.*, ruptured, leaking and intact), to document whether or not the woman is in labor. A woman experiencing contractions is in true labor unless a physician, certified nurse-midwife or other QMP acting within his or her scope of practice as defined by the hospital’s medical staff bylaws and State medical practice acts, certifies in writing that after a reasonable time of observation, the woman is in false labor. The recommended timeframe for such physician certification of the QMP’s determination of false labor should be within 24 hours of the MSE, however, the medical staff bylaws, rules and regulations can provide guidance on the timeframe.
- iii. *Individuals with psychiatric or behavioral symptoms:* The medical records should indicate both medical and psychiatric or behavioral components of the MSE. The MSE for psychiatric purposes is to determine if the psychiatric symptoms have a physiologic etiology. The psychiatric MSE includes an assessment of suicidal or homicidal thoughts or gestures that indicates danger to self or others, and, as applicable, an assessment of the patient’s inability to provide or utilize food, shelter, or clothing due to a mental disorder.

**Non-discrimination.** The hospital must provide an MSE and necessary stabilizing treatment to any individual regardless of an individual’s race, color, ethnicity, religion, ancestry, national origin, citizenship, age, sex, marital status, sexual orientation (including gender identification), genetic information, preexisting medical condition, physical or mental disability, insurance status, economic status, ability to pay for medical services or any other category protected by law, except to the extent that a circumstance such as age, sex, preexisting medical condition, or physical or mental disability is medically significant to the provision of appropriate medical care to the patient.

**4. Who May Perform the MSE**

- a. Only the following individuals may perform an MSE:
  - i. A qualified physician with appropriate privileges.
  - ii. Other qualified licensed independent practitioner (LIP) with appropriate competencies and privileges; or
  - iii. A qualified staff member who:
    - is qualified to conduct such an examination through appropriate privileging and demonstrated competencies.
    - is functioning within the scope of his or her license and in compliance with state law and applicable practice acts (*e.g.*, Medical or Nurse Practice Acts);
    - is performing the screening examination based on medical staff approved guidelines, protocols, or algorithms; and

SUBJECT/TITLE:	EMTALA – Medical Screening Examination and Stabilization 02.01.00	POLICY #COM024
DEPARTMENT/SCOPE:	Compliance	Page 9 of 15
REVISION DATE:	n/a	EFFECTIVE DATE: July 1, 2024
AUDIENCE:	All Hospital Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

- is approved by the facility’s governing board as set forth in a document such as the hospital bylaws or medical staff rules and regulations, which document has been approved by the facility’s governing body and medical staff. It is not acceptable for the facility to allow informal personnel appointments that could change frequently.
- b. **Qualified Medical Personnel.** QMPs may perform an MSE if licensed and certified, operating under the supervision of a physician, approved by the hospital’s governing board through the hospital’s by-laws, and only if the scope of the EMC is within the individual’s scope of practice.
- i. The designation of QMP is set forth in a document approved by the governing body of the hospital. Each individual QMP approved to provide an MSE under EMTALA must be appropriately credentialed and must meet the requirements for annual evaluations set forth in the protocol agreements with physicians and the State’s medical practice act, nurse practice act or other similar practice acts established to govern health care practitioners. Only appropriately credentialed APRNs, PAs and physicians may perform MSEs in the DED.
  - ii. **Psychiatric QMP.** The ED physician shall consult the QMP providing the behavioral assessment for psychiatric purposes but shall remain the primary decision-maker with regard to transfer and discharge of the individual presenting to the DED with psychiatric or behavioral emergencies. Should an individual with a psychiatric or behavioral emergency present to a behavioral department of a hospital that meets the requirements of a DED, that department is responsible for ensuring that the individual has the appropriate MSE, including any behavioral examination, and providing necessary stabilizing treatment.
  - iii. **Labor and Delivery QMP.** QMPs in the labor and delivery DED may be appropriately-approved RNs and must communicate their findings as to whether or not a woman is in labor to the obstetrician on call, the laborist, or the ED physician.
  - iv. **Limitations.** The hospital has established a process to ensure that:
    - a) a physician examines all individuals whose conditions or symptoms require physician examination.
    - b) an ED physician on duty is responsible for the general care of all individuals presenting themselves to the emergency department; and
    - c) the responsibility remains with the ED physician until the individual’s private physician or an on-call specialist assumes that responsibility, or the individual is discharged.
5. **No Delay in Medical Screening or Examination**
- a. **Reasonable Registration Process.** An MSE, stabilizing treatment, or appropriate transfer will not be delayed to inquire about the individual’s method of payment or insurance status or conditioned on an individual’s completion of a financial responsibility form, an advance beneficiary notification form, or payment of a co-payment for any services rendered. The facility must render emergency services and care without first questioning the patient or any other person as to his or her ability to pay therefor. The patient or his/her legally responsible relative or

SUBJECT/TITLE:	EMTALA – Medical Screening Examination and Stabilization 02.01.00	POLICY #COM024
DEPARTMENT/SCOPE:	Compliance	Page 10 of 15
REVISION DATE:	n/a	EFFECTIVE DATE: July 1, 2024
AUDIENCE:	All Hospital Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

guardian are required to provide insurance or credit information, or sign an agreement to pay, promptly after the services are rendered. The hospital may seek non-payment information from the individual’s health plan about the individual, such as medical history. In the case of an individual with an EMC, once the hospital has conducted the MSE and has initiated stabilizing treatment, it may seek authorization for all services from the plan as long as doing so does not delay completion of the stabilizing treatment.

- b. **Managed Care.** For individuals who are enrolled in a managed care plan, prior authorization from the plan shall NOT be required or requested before providing an appropriate MSE and initiating any further medical examination and necessary stabilizing treatment.
- c. **EMS.** A hospital has an obligation to see the individual once the individual presents to the DED whether by EMS or otherwise. A hospital that delays the MSE or stabilizing treatment of any individual who arrives via transfer from another facility, by not allowing EMS to leave the individual, could be in violation EMTALA and the Hospital CoP for Emergency Services. Even if the hospital cannot immediately complete an appropriate MSE, the hospital must assess the individual’s condition upon arrival of the EMS service to ensure that the individual is appropriately prioritized based on his or her presenting signs and symptoms to be seen for completion of the MSE.
- d. **Contacting the individual’s physician.** An ED physician or non-physician practitioner may contact the individual’s personal physician at any time to seek advice regarding the individual’s medical history and needs that may be relevant to medical treatment and screening of the individual, so long as this consultation does not inappropriately delay services.
- e. **Financial Responsibility Forms.** The performance of the MSE and the provision of stabilizing treatment will NOT be conditioned on an individual’s completion of a financial responsibility form, an advance beneficiary notification form, or payment of a co-payment for any services rendered.
- f. **Financial Inquiries.** Individuals who inquire about financial responsibility for emergency care should receive a response by a staff member who has been well trained to provide information regarding potential financial liability. The staff member who provides information on potential financial liability should clearly inform the individual that the hospital will provide an MSE and any necessary stabilizing treatment, regardless of his or her ability to pay. Individuals who believe that they have an EMC should be encouraged to remain for the MSE.

Note: There is no delay in the provision of an MSE or stabilizing treatment if: (i) there is not an open bed in the DED; (ii) there are not sufficient caregivers present to render the MSE and/or stabilizing treatment; and (iii) the individual’s condition does not warrant immediate screening and treatment by a physician or QMP.

6. **Refusal to Consent to Treatment**

- a. **Written Refusal – Partial Refusal of Care or Against Medical Advice.** If a physician or QMP

SUBJECT/TITLE:	EMTALA – Medical Screening Examination and Stabilization 02.01.00	POLICY #COM024
DEPARTMENT/SCOPE:	Compliance	Page 11 of 15
REVISION DATE:	n/a	EFFECTIVE DATE: July 1, 2024
AUDIENCE:	All Hospital Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

has begun the MSE or any stabilizing treatment and an individual refuses to consent to a test, examination or treatment or refuses any further care and is determined to leave against medical advice, after being informed of the risks and benefits and the hospital's obligations under EMTALA, reasonable attempts shall be made to obtain a written refusal to consent to examination or treatment using the form provided for that purpose or document the individuals refusal to sign the Partial Refusal of Care or the Against Medical Advice. The medical record must contain a description of the screening and the examination, treatment, or both if applicable, that was refused by or on behalf of the individual.

- b. **Waiver of Right to Medical Screening Examination.** If an individual refuses to consent to examination or treatment and indicates his or her intention to leave prior to triage or prior to receiving an MSE or if the individual withdrew the initial request for an MSE, facility personnel must request that the individual sign the Waiver of Right to Medical Screening Examination Form that is part of the Sign-In Sheet or document on the Sign-In Sheet the individual's refusal to sign the Waiver of Right to Medical Screening Examination Form.
- c. **Documentation of Information.** If an individual refuses to sign a consent form, the physician or nurse must document that the individual has been informed of the risks and benefits of the examination and/or treatment but refused to sign the form.
- d. **Documentation of Unannounced Leave.** If an individual leaves the facility without notifying facility personnel, this must be documented upon discovery. The documentation must reflect that the individual was at the facility and the time the individual was discovered to have left the premises. Triage notes and additional records must be retained. If the individual leaves prior to transfer or leaves prior to an MSE, the information should be documented on the individual's medical record. If an individual has not completed a Sign-In Sheet, an ED staff member should complete a sheet and if the individual's name is not known a description of the individual leaving should be entered on the form. All individuals presenting for evaluation or treatment must be entered into the Central Log.

#### 7. **Stabilizing Treatment Within Hospital Capability**

The determination of whether an individual is stable is not based on the clinical outcome of the individual's medical condition. An individual has been provided sufficient stabilizing treatment when the physician treating the individual in the DED has determined, within reasonable clinical confidence, that no material deterioration of the condition is likely, within reasonable medical probability, to result from or occur during the transfer of the individual from a facility, or with respect to an EMC of a woman in labor, that the woman has delivered the child and placenta; or in the case of an individual with a psychiatric or behavioral condition, that the individual is protected and prevented from injuring himself/ herself or others. For those individuals who are administered chemical or physical restraints for purposes of transfer from one facility to another, stabilization may occur for a period of time and remove the immediate EMC, but the underlying medical



SUBJECT/TITLE:	EMTALA – Medical Screening Examination and Stabilization 02.01.00	POLICY #COM024
DEPARTMENT/SCOPE:	Compliance	Page 12 of 15
REVISION DATE:	n/a	EFFECTIVE DATE: July 1, 2024
AUDIENCE:	All Hospital Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

condition may persist and, if not treated for longevity, the individual may experience exacerbation of the EMC. Therefore, the treating physician should use great care when determining if the EMC is in fact stable after administering chemical or physical restraints.

- a. **Stable.** The physician or QMP providing the medical screening and treating the emergency has determined within reasonable clinical confidence, that the EMC that caused the individual to seek care in the DED has been resolved although the underlying medical condition may persist. Once the individual is stable, EMTALA no longer applies. (The individual may still be transferred; however, the “appropriate transfer” requirement under EMTALA does not apply.)
- b. **Stabilizing Treatment Within Hospital Capability and Transfer.** Once the hospital has provided an appropriate MSE and stabilizing treatment within its capability, an appropriate transfer may be effected by following the appropriate transfer provisions. (See Transfer Policy.) If there is a disagreement between the physician providing emergency care and an off-site physician (*e.g.*, a physician at the receiving facility or the individual’s primary care physician if not physically present at the first facility) about whether the individual has been provided sufficient stabilized treatment to effect a transfer, the medical judgment of the transferring physician takes precedence over that of the off-site physician.

Refer to the hospital’s Transfer Policy for additional directions regarding transfers of those individuals who are not medically stable. If a hospital has exhausted all its capabilities and is unable to stabilize an individual, an appropriate transfer should be implemented by the transferring physician.

- c. **Stabilizing Treatment and Individuals Whose EMCs Are Resolved.** An individual is considered stable and ready for discharge when, within reasonable clinical confidence, it is determined that the individual has reached the point where his or her continued care, including diagnostic work-up and/or treatment, could reasonably be performed as an outpatient or later as an inpatient, provided the individual is given a plan for appropriate follow-up care with the discharge instructions. The EMC that caused the individual to present to the DED must be resolved, but the underlying medical condition may persist. Hospitals are expected within reason to assist/provide discharged individuals with the necessary information to secure follow-up care to prevent relapse or worsening of the medical condition upon release from the hospital.

SUBJECT/TITLE:	EMTALA – Medical Screening Examination and Stabilization 02.01.00	POLICY #COM024
DEPARTMENT/SCOPE:	Compliance	Page 13 of 15
REVISION DATE:	n/a	EFFECTIVE DATE: July 1, 2024
AUDIENCE:	All Hospital Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

#### 8. **When EMTALA Obligations End**

The hospital's EMTALA obligation ends when a physician or QMP has made a decision:

- a. That no EMC exists (even though the underlying medical condition may persist);
- b. That an EMC exists, and the individual is appropriately transferred to another facility; or
- c. That an EMC exists, and the individual is admitted to the hospital for further stabilizing treatment; or
- d. That an EMC exists, and the individual is stabilized and discharged.

Note: A hospital's EMTALA obligation ends when the individual has been admitted in good faith as an inpatient, whether or not the individual has been stabilized. An individual is considered to be an inpatient when the individual is formally admitted to the hospital by a physician's order. A hospital continues to have a responsibility to meet the patient's emergency needs in accordance with hospital CoPs. A patient in observation status is not considered admitted as an inpatient, therefore, EMTALA obligations continue.

#### 9. ***EMTALA Waivers and Requirements During Pandemics and Other Declared Emergencies.***

- a. Alternative Screening Sites on Campus for Screening during a Pandemic (No Waiver Required.) For the screening of influenza like illnesses, the hospital may establish an alternative screening site(s) on campus. Individuals may be redirected to these sites AFTER being logged in. The redirection and logging can take place outside the entrance to the DED. However, the person doing the directing must be qualified (*e.g.*, an RN or QMP) to recognize individuals who are obviously in need of immediate treatment in the DED. The MSEs must be conducted by qualified personnel.
- b. Alternative Screening Site Off-Campus (No Waiver Required.) The hospital may encourage the public to go to an off-campus hospital-controlled site for the screening of influenza like illness. However, the hospital may NOT tell an individual who has already come to the DED to go to the off-site location for the MSE. The off-campus site for influenza like illnesses should not be held out to the public as a place that provides care for EMCs in general on an urgent, unscheduled basis.
- c. EMTALA Waivers.
  - i. A hospital operating under an EMTALA waiver will not be sanctioned for an inappropriate transfer or for directing or relocating an individual who comes to the DED to an alternative off-campus site, for the MSE if the following conditions are met:
    1. The transfer is necessitated by the circumstances of the declared emergency in the emergency area during the emergency period (as those terms are defined in the hospital's EMTALA Transfer Policy).

SUBJECT/TITLE:	EMTALA – Medical Screening Examination and Stabilization 02.01.00	POLICY #COM024
DEPARTMENT/SCOPE:	Compliance	Page 14 of 15
REVISION DATE:	n/a	EFFECTIVE DATE: July 1, 2024
AUDIENCE:	All Hospital Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

2. The direction or relocation of an individual to receive medical screening at an alternate location is pursuant to an appropriate State emergency preparedness plan or, in the case of a public health emergency that involves a pandemic infectious disease, pursuant to a State pandemic preparedness plan.
3. The hospital does not discriminate on the basis of an individual's source of payment or ability to pay.
4. The hospital is located in an emergency area during an emergency period; and
5. There has been a determination that a waiver of sanctions is necessary.
- ii. An EMTALA waiver can be issued for a hospital only if:
  1. The President has declared an emergency or disaster under the Stafford Act or the National Emergencies Act; and
  2. The Secretary of HHS has declared a Public Health Emergency (PHE); and
  3. The Secretary invokes his or her waiver authority including notifying Congress at least 48 hours in advance; and
  4. The waiver includes a waiver of EMTALA requirements, and the hospital is covered by the waiver.
- iii. In the absence of CMS notification of area-wide applications of the waiver, the hospital must contact CMS and request that the waiver provisions be applicable to the hospital.
- iv. In addition, in order for an EMTALA waiver to apply to the hospital and for sanctions not to apply, (i) the hospital must activate its disaster protocol, and (ii) the State must have activated an emergency preparedness plan or pandemic preparedness plan in the emergency area, and any redirection of individuals for an MSE must be consistent with such plan.
- v. Even when a waiver is in effect, there is still the expectation that everyone who comes to the DED will receive an appropriate MSE, if not in the DED, then at the alternate care site to which they are redirected or relocated.

Except in the case of waivers related to pandemic infectious disease, an EMTALA waiver is limited in duration to 72 hours beginning upon activation of the hospital’s disaster protocol. In the case of a PHE involving pandemic infectious disease, the general EMTALA waiver authority will continue in effect until the termination of the declaration of the PHE. However, the waiver may be limited to a date prior to the termination of the PHE declaration, as determined by CMS. If a State emergency/pandemic preparedness plan is deactivated in the area where the hospital is located prior to the termination of the PHE, the hospital no longer meets the conditions for an EMTALA waiver, and the hospital waiver would cease to be in effect as of the deactivation date. Likewise, if the hospital deactivates its disaster protocol prior to the termination of the PHE, the

SUBJECT/TITLE:	EMTALA – Medical Screening Examination and Stabilization 02.01.00	POLICY #COM024
DEPARTMENT/SCOPE:	Compliance	Page 15 of 15
REVISION DATE:	n/a	EFFECTIVE DATE: July 1, 2024
AUDIENCE:	All Hospital Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

hospital no longer meets the conditions for an EMTALA waiver, and the hospital waiver would cease to be in effect as of the deactivation date.

**REFERENCES:**

42 U.S.C. § 1395dd

**COMMITTEE APPROVALS:**

Quality:

## MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE:	EMTALA On-Call Policy 02.01.00	POLICY #COM025
DEPARTMENT/SCOPE:	Compliance	Page 1 of 5
REVISION DATE:	n/a	EFFECTIVE DATE: 7/1/2024
AUDIENCE:	All Hospital Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

The definitions in the EMTALA Policy apply to this and all other hospital EMTALA policies.

**PURPOSE:**

To establish guidelines for the hospital, and its personnel to be prospectively aware of which physicians, including specialists and sub-specialists, are available to provide additional medical evaluation and treatment necessary to stabilize individuals with emergency medical conditions (“EMCs”) in accordance with the resources available to the hospital as required by EMTALA, 42 U.S.C. § 1395dd, and all Federal and State regulations and interpretive guidelines promulgated thereunder.

**POLICY:**

The hospital must maintain a list of physicians on its medical staff who have privileges at the hospital or if it participates in a community call plan, a list of all physicians who participate in such plan. Physicians on the list must be available after the initial examination to provide treatment necessary to stabilize individuals with EMCs who are receiving services in accordance with the resources available to the hospital. The cooperation of the hospital’s medical staff members with this policy is vital to the hospital’s success in complying with the on-call provisions of EMTALA. The hospital should make its privileged physicians aware of their legal obligations as reflected in this policy and the Medical Staff Bylaws and should take all necessary steps to ensure that physicians perform their obligations as set forth herein and in each document.

**PROCEDURE:**

**Develop an On-Call Schedule.** The facility’s governing board must require that the medical staff be responsible for developing an on-call rotation schedule that includes the name and direct telephone number or direct pager of each physician who is required to fulfill on-call duties. Practice group names and general office numbers are not acceptable for contacting the on-call physician. Individual physician names with accurate contact information, including the direct telephone number or direct pager where the physician can be reached, are to be put on the on-call list. The hospital MUST be able to contact the on-call physician with the number provided on the list. If the on-call physician decides to list an answering service number as the preferred method of contact, his/her mobile phone number must be provided to the hospital as a backup number to reach the on-call physician. The backup number will be used by hospital and Transfer Center personnel when the On-Call Physician does not respond to calls in a timely manner. Each physician is responsible for updating his or her contact information as necessary. Each hospital shall provide a copy of the daily on-call schedule to the Transfer Center.

## MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE:	EMTALA On-Call Policy 02.01.00	POLICY #COM025
DEPARTMENT/SCOPE:	Compliance	Page 2 of 5
REVISION DATE:	n/a	EFFECTIVE DATE: 7/1/2024
AUDIENCE:	All Hospital Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

The on-call schedule may be by specialty or sub-specialty (*e.g.*, general surgery, orthopedic surgery, hand surgery, plastic surgery), as determined by the hospital and implemented by the relevant department chairpersons. The Medical Executive Committee (“MEC”) shall review the on-call schedule and make recommendations to the CEO when formal changes are to be made or when legal and/or operational issues arise.

The hospital shall keep local Emergency Medical Services advised of the times during which certain specialties are unavailable.

Only physicians that are available to physically come to the ER may be included on the on-call list. A physician available via telemedicine does not satisfy the on-call requirements under EMTALA.

**Records.** The hospital must keep a record of all physicians on-call and on-call schedules for at least five years. Any on-call list must reflect any and all substitutions from the time of first posting of the list. These records may be in electronic or hardcopy format.

**Maintain a List.** Each hospital must maintain a list of physicians who are on-call for duty after the initial examination to provide treatment necessary to stabilize an individual with an EMC. The Medical Staff Bylaws or appropriate policy and procedures must define the responsibility of on-call physicians to respond, examine, and treat patients with an EMC. Factors to consider in developing the on-call list include: the level of trauma and emergency care afforded by the hospital; number of physicians on the medical staff who are holding the privileges of the specialty; other demands on the physicians; frequency with which the physician’s services are required; and the provisions the hospital has made for situations where the on-call physician is not available or not able to respond due to circumstances beyond his or her control. The hospital is expected to provide adequate specialty on-call coverage consistent with the services provided at the hospital and the resources the hospital has available.

California hospitals with licensed basic emergency departments must have internal medicine (which may include hospitalists), imaging, pathology, surgical and anesthesia physician coverage at all times.

In addition, the on-call list requirement applies to any hospital with specialized capabilities that is participating in the Medicare program regardless of whether the hospital has a DED. Specialty Hospitals must have appropriate on-call specialists available for receiving those individuals transferred pursuant to EMTALA. Hospitals should verify that the privileges of each on-call physician are current as to the procedures that each on-call physician is able to perform and the services that each on-call physician may provide.

The on-call list maintained for the main hospital Emergency Department shall be the on-call list for the hospital, including any Off-Campus Provider-based Emergency Departments.

**Physician’s Responsibility.** The hospital has a process to ensure that when a physician is identified as being “on-call” to the DED for a given specialty, it shall be that physician’s duty and responsibility to assure the following:

SUBJECT/TITLE:	EMTALA On-Call Policy 02.01.00	POLICY #COM025
DEPARTMENT/SCOPE:	Compliance	Page 3 of 5
REVISION DATE:	n/a	EFFECTIVE DATE: 7/1/2024
AUDIENCE:	All Hospital Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

1. Immediate availability, at least by telephone, to the ED physician for his or her scheduled “on-call” period, or to secure a qualified alternate who has privileges at the hospital if appropriate.
2. Arrival or response to the DED within a reasonable timeframe (generally, response by the physician is expected within 30 minutes). The ED physician, in consultation with the on-call physician, shall determine whether the individual’s condition requires the on-call physician to see the individual immediately. The determination of the ED physician or other practitioner who has personally examined the individual and is currently treating the individual shall be controlling in this regard.
3. The on-call physician has a responsibility to provide specialty care services as needed to any individual who comes to the Emergency Department either as an initial presentation or upon transfer from another facility.
4. The on-call physician has a responsibility to notify the Medical Staff Coordinator of changes to the on- call schedule.

**Authority to Decline Transfers.** The on-call physician does not have the authority to refuse an appropriate transfer on behalf of the facility.

Only the CEO, Administrator-on-Call (“AOC”), or a hospital leader who routinely takes administrative call has the authority to verify that the facility does not have the capability and capacity to accept a transfer. Any transfer request which may be declined must first be reviewed with this individual before a final decision to refuse acceptance is made. This requirement applies to all transfer requests, regardless of whether the transfer request is facilitated by a Transfer Center representative or the facility’s CEO designee or ED physician. For purposes of this requirement, a Nursing Supervisor, House Supervisor or other similarly titled position is not considered to be an equivalent of the AOC.

**Financial Inquiries.** Medical Staff Members who are on-call and who are called to provide treatment necessary to stabilize an individual with an EMC may not inquire about the individual’s ability to pay or source of payment before coming to the DED and no facility employee, including Transfer Center employees, may provide such information to a physician on the phone.

Members of the hospital medical staff who serve on-call cannot refuse to respond to call on the basis of an individual’s race, color, gender identity, ethnicity, religion, ancestry, national origin, citizenship, age, sex, marital status, sexual orientation (including gender identification), genetic information, preexisting medical condition, physical or mental disability, insurance status, economic status, ability to pay for medical services or any other category protected by law, except to the extent that a circumstance such as age, sex, preexisting medical condition, or physical or mental disability is medically significant to the provision of appropriate medical care to the patient.

**Physician Appearance Requirements.** If a physician on the on-call list is called by the hospital to provide emergency screening or treatment and either fails or refuses to appear within a

## MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE:	EMTALA On-Call Policy 02.01.00	POLICY #COM025
DEPARTMENT/SCOPE:	Compliance	Page 4 of 5
REVISION DATE:	n/a	EFFECTIVE DATE: 7/1/2024
AUDIENCE:	All Hospital Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

reasonable timeframe, the hospital and that physician may be in violation of EMTALA as provided for under section 1867(d)(1)(C) of the Social Security Act. If a physician is listed as on-call and requested to make an in-person appearance to evaluate and treat an individual, that physician must respond in person within a reasonable amount of time. For those physicians who do not respond within a reasonable amount of time, the Chain of Command Policy should be initiated.

If, as a result of the on-call physician's failure to respond to an on-call request, the hospital must transfer the individual to another facility for care, the hospital must document on the transfer form the name and address of the physician who refused or failed to appear.

**Call by Non-Physician Practitioners.** The ED physician must be able to first confer with the on-call physician. Midlevel practitioners (usually physician assistants or advanced practice registered nurses) who are employed by and have protocol agreements with the on-call physician, may appear at the hospital and provide further assessment or stabilizing treatment to the individual only after the on-call physician and ED physician confer and the on-call physician so directs the licensed non-physician practitioner to appear at the hospital. The ED physician and the on-call physician must jointly approve the decision to have a non-physician practitioner respond to call instead of the on-call physician. The individual's medical needs and capabilities of the hospital, along with the State scope of practice laws, hospital bylaws, and rules and regulations, must be thoroughly reviewed prior to implementing this process. The designated on-call physician remains ultimately responsible for providing the necessary services to the individual in the DED regardless of who makes the first in-person visit. If the ED physician does not believe that the non-physician practitioner is the appropriate practitioner to respond and requests the on-call physician to appear, the on-call physician must come to the hospital to see the individual.

**Selective Call and Avoiding Responsibility.** Medical Staff Members may not relinquish specific clinical privileges for the purpose of avoiding on-call responsibility. The Governing Board is responsible for assuring adequate on-call coverage of specialty services in a manner that meets the needs of the community in accordance with the resources available to the hospital. Exemptions for certain medical staff members (*e.g.*, senior physicians) would not per se violate EMTALA-related Medicare provider agreement requirements. However, if a hospital permits physicians to selectively take call **ONLY** for their own established patients who present to the DED for evaluation, then the hospital must be careful to assure that it maintains adequate on-call services, and that the selective call policy is not a substitute for the on-call services required by the Medicare provider agreement.

**Providing Elective Surgeries or Other Therapeutic or Diagnostic Procedures While On-Call.** The hospital shall have in place policies and procedures to ensure that specialty services are available to meet the needs of any individual with an EMC if the hospital permits on-call physicians to schedule elective surgeries during the time that they are on-call. An on-call physician who undertakes an elective surgery while on-call must arrange for an appropriate physician with comparable hospital privileges to serve as back-up to provide on-call coverage and notify the facility of such determination. The facility will



## MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE:	EMTALA On-Call Policy 02.01.00	POLICY #COM025
DEPARTMENT/SCOPE:	Compliance	Page 5 of 5
REVISION DATE:	n/a	EFFECTIVE DATE: 7/1/2024
AUDIENCE:	All Hospital Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

ensure that the DED is familiar with the back-up arrangement for any physician performing elective procedures.

**Simultaneous Call.** Physicians are permitted to have simultaneous call at more than one hospital in the geographic area; however, the physician must provide the hospital with the physician's on-call schedule so that the hospital can have a plan in place to meet its EMTALA obligation to the community. This plan could include a back-up call by an additional physician or the implementation of an appropriate transfer. An on-call physician may not choose which hospital in which to treat a patient purely for the physician's convenience (*e.g.*, if a physician is on-call for both Hospitals A and B, is at Hospital B, but requested to come to Hospital A by the Hospital A ED physician, the on-call physician is obligated to treat the patient at Hospital A).

**Back-up Plans and Transfers.** The hospital shall have in place a written plan for transfer and/or back-up call coverage by a physician of the same specialty or subspecialty for situations in which a particular specialty is not available or the on-call physician cannot respond due to circumstances beyond the physician's control. The ED physician shall determine whether to attempt to contact another such specialist or immediately arrange for a transfer. The hospital must be able to demonstrate that hospital staff is aware of and able to execute the back-up procedures.

Appropriate transfer agreements shall be in place for those occasions when an on-call specialist is not available within a reasonable period of time to provide care for those individuals who require specialty or subspecialty physician care, and a transfer is necessary. A list of facilities with which the hospital has transfer arrangements and the specialties represented shall be available to the individual or Transfer Center responsible for facilitating the transfer. The transfer agreements shall not include financial provisions for EMTALA transfers.

**Transfer to Physician's Office.** When a physician who is on-call is in his or her office, the hospital may NOT refer individuals receiving treatment for an EMC to the physician's office for examination and treatment. The physician must come to the hospital to examine the individual if requested by the treating physician.

**REFERENCES**

42 U.S.C. § 1395dd

**COMMITTEE APPROVALS:**

SUBJECT/TITLE:	EMTALA Reporting Policy 02.01.00	POLICY #COM026
DEPARTMENT/SCOPE:	Compliance	Page 1 of 2
REVISION DATE:	n/a	EFFECTIVE DATE: 7/1/2024
AUDIENCE:	All Hospital Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

**PURPOSE:**

The purpose of this policy is to ensure that all reports related to potential EMTALA violations are properly made.

**POLICY:**

As required by provisions of EMTALA, the Hospital must report certain types of known or suspected EMTALA violations to CMS and to other appropriate state agencies. It is the policy of the hospital to voluntarily self-report certain types of EMTALA violations.

**PROCEDURE:**

Please refer to the Emergency Medical Treatment and Patient Transfer Policy for a complete list of definitions pertaining to this policy.

The Hospital’s medical staff members and employees have the following reporting obligations:

1. **Violations By Another Hospital:** The Hospital’s medical staff members and employees who know of an apparent violation of the EMTALA transfer laws on the part of another Hospital, in its capacity as either a transferring or receiving Hospital, will immediately report such violation to Hospital administration. Hospital administration will report the suspected violation to CMS or to the state survey agency.

Such violations typically involve a situation where the Hospital has reason to believe it may have received an individual who has been transferred from another hospital in violation of the EMTALA transfer requirements, (i.e., without doing any one of the following: 1) providing treatment within its capacity to minimize the risks of the transfer; 2) contacting the receiving Hospital and confirming that it has the capacity to treat the patient and accepts the patient; 3) transporting the patient by appropriate means and with qualified personnel; or 4) sending a copy of the patient’s medical records).

2. **Violations By the Hospital:** The Hospital’s medical staff members and employees who know of an apparent violation of the EMTALA transfer laws on the part of the Hospital, in its capacity as either a transferring or receiving Hospital, will immediately report such violation to Hospital administration.

Hospital will consult with Legal, when the Hospital believes an apparent violation may be reported to a federal or state survey agency, either by another Hospital, a patient, Hospital staff, or the matter should be reported by the Hospital itself.

SUBJECT/TITLE: EMTALA Reporting Policy 02.01.00		POLICY #COM026
DEPARTMENT/SCOPE: Compliance		Page 2 of 2
REVISION DATE: n/a	EFFECTIVE DATE: 7/1/2024	
AUDIENCE: All Hospital Staff		APPROVAL DATE:
OWNER: J. Hathaway		APPROVER: R. Harris

- 
3. An on-call physician who fails or refuses to come to the Hospital within a reasonable period of time, as requested, to evaluate or stabilize the patient, must be reported to Hospital administration. The Hospital will consult with Legal, to determine if a self-report is appropriate. All such self-reports should be reviewed and approved by Legal prior to filing with the appropriate federal or state agency.
  
  4. It is expected that any Hospital Medical Staff member or employee who knows of or suspects an EMTALA violation will report it immediately to Hospital administration.

**COMMITTEE APPROVALS:**

Quality:

## MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: EMTALA Signage 02.01.00	POLICY #COM027
DEPARTMENT/SCOPE: Compliance	Page 1 of 2
REVISION DATE: n/a	EFFECTIVE DATE: 7/1/2024
AUDIENCE: All Hospital Staff	APPROVAL DATE:
OWNER: J. Hathaway	APPROVER: R. Harris

The definitions in the Hospital EMTALA Policy, LL.EM.001, apply to this and all other hospital EMTALA policies.

**PURPOSE:**

To establish guidelines for providing all individuals with the opportunity to be aware of and view their right to medical screening examination (“MSE”) and stabilization for an emergency medical condition (“EMC”) as required of any hospital with an emergency department by EMTALA, 42 U.S.C. § 1395dd, and all Federal regulations and interpretive guidelines promulgated thereunder.

**POLICY:**

All emergency departments and any other place likely to be noticed by all individuals entering the emergency department and those individuals waiting for examination and treatment in areas of the hospital other than the traditional emergency department such as the entrance area, admitting areas, waiting rooms, and treatment areas located on hospital property must post conspicuously, appropriate signage notifying individuals of their right to an MSE and stabilization or treatment for an EMC and required services for women in labor as specified under EMTALA as well as information indicating whether or not the hospital participates in the Medicaid program.

**PROCEDURE:**

The hospital will post signage that, at a minimum, meets the following requirements:

- a) Signage must be conspicuously posted in any place or places likely to be noticed by all individuals entering the emergency department, as well as those individuals waiting for examination and treatment in areas other than the traditional emergency department (*e.g.*, entrance, admitting area, waiting room, labor and delivery, and other treatment areas located on hospital property):
- b) Signage must be readable from anywhere in the area.
- c) Wording on signage must be clear and in simple terms in a language(s) that is / are understandable by the population the hospital serves.

The contents of the signage must:

- a) indicate whether or not the hospital participates in a Medicaid program approved under a State plan under Title XIX.
- b) specify the rights of individuals with EMCs to receive an MSE and necessary stabilization and treatment for any EMC regardless of the ability to pay; and
- c) specify the rights of women in labor who come to the emergency department for health care services.

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: EMTALA Signage 02.01.00	POLICY #COM027
DEPARTMENT/SCOPE: Compliance	Page 2 of 2
REVISION DATE: n/a	EFFECTIVE DATE: 7/1/2024
AUDIENCE: All Hospital Staff	APPROVAL DATE:
OWNER: J. Hathaway	APPROVER: R. Harris

The signage content must include the following language:

**IT’S THE LAW!**

If you have a medical emergency or are in labor, even if you cannot pay or do not have medical insurance or you are not entitled to Medicare or Medicaid, 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 for an unborn child); and

If necessary, an appropriate transfer to another facility.

This hospital (does/does not) participate in the Medicaid program. \*

The emergency department signage for California hospitals must include the name, address, and telephone number of the regional office of the California Department of Public Health, Licensing and Certification Division.

The signs must be posted in the predominant language(s) spoken in the hospital service area.

**REFERENCE:**

42 U.S.C. § 1395dd

**COMMITTEE APPROVALS:**

Quality:

SUBJECT/TITLE:	EMTALA Transfer Policy 02.01.00	POLICY #COM023
DEPARTMENT/SCOPE:	Compliance	Page 1 of 15
REVISION DATE:	n/a	EFFECTIVE DATE: 6/24/2024
AUDIENCE:	Emergency Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

This policy reflects guidance under the Emergency Medical Treatment and Labor Act (“EMTALA”) and associated State laws only.

The definitions in the EMTALA Policy apply to this and all other facility EMTALA policies.

**PURPOSE:**

To establish guidelines for either accepting an appropriate transfer from another facility or providing an appropriate transfer to another facility of an individual with an emergency medical condition (EMC), who requests or requires a transfer for further medical care and follow-up to a receiving facility as required by EMTALA, 42 U.S.C. § 1395dd, and all Federal regulations and interpretive guidelines promulgated thereunder.

**POLICY:**

Any transfer of an individual with an EMC must be initiated either by a written request for transfer from the individual or the legally responsible person acting on the individual’s behalf or by a physician order with the appropriate physician certification as required under EMTALA. EMTALA obligations regarding the appropriate transfer of an individual determined to have an EMC apply to any emergency department (“ED”) or dedicated emergency department (“DED”) of a hospital whether located on or off the hospital campus and all other departments of the hospital located on hospital property.

A hospital with specialized capabilities or facilities (including, but not limited to burn units, shock-trauma units, neonatal intensive care units, dedicated behavioral health units, or regional referral centers in rural areas) shall accept from a transferring hospital an appropriate transfer of an individual with an EMC who requires specialized capabilities if the receiving hospital has the capacity to treat the individual. The transferring hospital must be within the boundaries of the United States.

The transfer of an individual shall not consider an individual’s race, color, ethnicity, religion, ancestry, national origin, citizenship, age, sex, marital status, sexual orientation (including gender identification), genetic information, preexisting medical condition, physical or mental disability, insurance status, economic status, ability to pay for medical services or any other category protected by law, except to the extent that a circumstance such as age, sex, preexisting medical condition, or physical or mental disability is medically significant to the provision of appropriate medical care to the patient.

The CEO must designate in writing an administrative designee by title responsible for accepting transfers in conjunction with a receiving physician. The CEO administrative designee, in

SUBJECT/TITLE:	EMTALA Transfer Policy 02.01.00	POLICY #COM023
DEPARTMENT/SCOPE:	Compliance	Page 2 of 15
REVISION DATE:	n/a	EFFECTIVE DATE: 6/24/2024
AUDIENCE:	Emergency Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

conjunction with the receiving physician, *e.g.*, ED physician, has authority to accept the transfer if the hospital has the capability and capacity to treat the individual.

Note: Movement of an individual to another part of the same hospital is not considered a transfer for EMTALA purposes.

### 1. **Transfer of Individuals Who Have Not Been Stabilized**

- a. If an individual who has come to the emergency department has an EMC that has not been stabilized, the hospital may transfer the individual only if the transfer is an appropriate transfer and meets the following conditions:
  - i. The individual or a legally responsible person acting on the individual's behalf requests the transfer, after being informed of the hospital's obligations under EMTALA and of the risks and benefits of such transfer. The request must be in writing and indicate the reasons for the request as well as indicate that the individual is aware of the risks and benefits of transfer; or
  - ii. A physician has signed a certification that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual or, in the case of the woman in labor, to the woman or the unborn child, from being transferred. The certificate must contain a written summary of the risks and benefits upon which it is based; or
  - iii. If a physician is not physically present in the DED at the time the individual is transferred, a qualified medical person ("QMP") has signed a certification after a physician in consultation with the QMP, agrees with the certification and subsequently countersigns the certification. The certification must contain a written summary of the risks and benefits upon which it is based.  
Note: The date and time of the physician or QMP certification should match the date and time of the transfer.
- b. A transfer will be an appropriate transfer if:
  - i. The transferring hospital provides medical treatment within its capacity that minimizes the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child.
  - ii. The receiving facility has available space and qualified personnel for the treatment of the individual and has agreed to accept the transfer and to provide appropriate medical treatment.
  - iii. The transferring hospital sends the receiving hospital copies of all medical records related to the EMC for which the individual presented that are available at the time of transfer as well as the name and address of any on-call physician who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment;

SUBJECT/TITLE:	EMTALA Transfer Policy 02.01.00	POLICY #COM023
DEPARTMENT/SCOPE:	Compliance	Page 3 of 15
REVISION DATE:	n/a	EFFECTIVE DATE: 6/24/2024
AUDIENCE:	Emergency Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

and

- iv. The transfer is effected through qualified personnel and transportation equipment as required including the use of necessary and medically appropriate life support measures during the transport.

Hospitals that request transfers must recognize that the appropriate transfer of individuals with unstabilized EMCs that require specialized services should not routinely be made over great distances, bypassing closer hospitals with the necessary capability and capacity to care for the unstabilized EMC.

- c. Higher Level of Care. A higher level of care should be the more likely reason to transfer an individual with an EMC that has not been stabilized. The following are examples of a higher level of care:
  - i. A receiving hospital with **specialized capabilities or facilities** that are not available at the transferring hospital (including, but not limited to burn units, shock-trauma units, neonatal intensive care units, dedicated behavioral health units, or regional referral centers in rural areas) must accept an appropriate transfer of an individual with an EMC who requires specialized capabilities or facilities if the hospital has the capacity to treat the individual.
  - ii. If there is a local, regional, or state plan for hospital care for designated populations such as individuals with psychiatric disorders or high-risk neonates, the transferring hospital must still provide an MSE and stabilizing treatment prior to transferring to the hospital so designated by the plan.

## 2. Additional Transfer-Related Situations

- a. Diagnostic Facility. If an individual is moved to a diagnostic facility located at another hospital for diagnostic procedures not available at the transferring hospital and the hospitals arrange to return the individual to the transferring hospital, the transfer requirements must still be met by the sending hospital. The receiving hospital is not obligated to meet the EMTALA transfer requirements when implementing an appropriate transfer back to the transferring hospital. The recipient hospital will send or communicate the results of the tests performed to the transferring hospital.
- b. Off-Campus hospital-based facilities to nonaffiliated hospital. A transfer from a hospital-based facility located off-campus to a nonaffiliated hospital must still comply with the requirements of an appropriate transfer as defined by EMTALA. A Memorandum of Transfer must be used in such situations.

Note: Off-Campus Provider-based EDs or DED. The movement of a patient from an off-campus provider-based ED or DED to the main hospital ED is a



SUBJECT/TITLE:	EMTALA Transfer Policy 02.01.00	POLICY #COM023
DEPARTMENT/SCOPE:	Compliance	Page 4 of 15
REVISION DATE:	n/a	EFFECTIVE DATE: 6/24/2024
AUDIENCE:	Emergency Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

movement and not a transfer.

- c. Pre-Existing Transfer Agreements. Appropriate transfer agreements should be in place and in writing between the hospital, including any outpatient or other off-campus departments where care is provided and other hospitals in the area where the outpatient or off-campus departments are located. Even if there are pre-existing transfer agreements between transferring and receiving hospitals, a physician certification is required for any medically indicated transfer for an unstable individual. Transfer Agreements shall not include financial provisions for transfer but may include reciprocal provisions for transferring the individual back to the original transferring hospital when the higher level of care is no longer required.
- d. Transfers for High-Risk Deliveries. A hospital that is not capable of handling the delivery of a high-risk woman in labor must still provide an MSE and any necessary stabilizing treatment as well as meet the requirements of an appropriate transfer even if a transfer agreement is in place. In addition, a physician certification that the benefits of transfer outweigh the risks of transfer is required for the transfer of the woman in labor.
- e. Diversion/Exceeded Capacity. If the transferring hospital has the capability but lacks the capacity to treat the individual, then the individual would likely benefit from the transfer, and it would be permissible if all other conditions of an appropriate transfer are met. In addition, the hospital may transfer an individual due to bed shortage or overcrowding, if it has exhausted all its capabilities, even if the individual does not require any specialized capabilities of the receiving hospital. The receiving hospital must accept the transfer of the individual if it has the capacity and capability to do so. In communities with a community-wide emergency services system, the receiving hospital must accept the individual being transferred from a hospital on diversionary status if it has the capacity and capability. After acceptance, the receiving hospital may attempt to validate that the transferring hospital has, in fact, exhausted all its capabilities prior to transfer.
- f. Lateral Transfers. Transfers between hospitals of comparable resources and capabilities are not permitted unless the receiving facility offers enhanced care benefits to the patient that would outweigh the risks of the transfer. Examples of such situations include a mechanical failure of equipment or no ICU beds available.
- g. Women in Labor. For a woman in labor, a transfer may be made only if the woman in labor or her representative requests the transfer, and if a physician signs a certification that the benefits reasonably expected from the provision of appropriate medical treatment at another facility outweigh the increased risks to the individual or the unborn child. A hospital cannot cite State law or practice as the basis for transfer. A woman in labor who requests transfer to another facility may not be discharged against medical advice to go to

SUBJECT/TITLE:	EMTALA Transfer Policy 02.01.00	POLICY #COM023
DEPARTMENT/SCOPE:	Compliance	Page 5 of 15
REVISION DATE:	n/a	EFFECTIVE DATE: 6/24/2024
AUDIENCE:	Emergency Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

the other facility. The risks associated with such a disposition must be thoroughly explained to the patient and documented. If the patient still insists on leaving to go to another facility, the facility should take all reasonable steps to obtain the patient's request in writing and take all reasonable steps to have the patient transported using qualified personnel and transportation equipment. Transporting a woman in labor by privately-owned vehicle is not an appropriate form of transportation.

- h. Observation Status. An individual who has been placed in observation status is not an inpatient, even if the individual occupies a bed overnight. Therefore, an individual placed in an observation status who came to the hospital's DED for example, does not terminate the EMTALA obligations of that hospital or a recipient hospital toward an individual who remains in unstable condition at the time of transfer. The EMTALA obligation does not end until the patient has been stabilized, appropriately transferred, discharged, or admitted as an inpatient. Therefore, any transfer of a patient in observation status who initially presented to a DED must meet all the requirements of an EMTALA transfer.

### 3. Authority to Decline a Transfer Request

The ED physician, working in conjunction with the CEO, Administrator-on-Call (AOC), or a hospital leader who routinely takes administrative call has the authority to decline a transfer request based on a determination that the facility does not have the capability and/or capacity to accept such transfer. This requirement applies to all transfer requests, regardless of whether the transfer request is facilitated by a Transfer Center representative or the facility's CEO designee or ED physician. For purposes of this requirement, a Nursing Supervisor, House Supervisor, or other similarly titled position is not considered to be an equivalent of the AOC.

### 4. Authority to Conduct a Transfer

The transferring physician is responsible for determining the appropriate mode of transportation, equipment and attendants for the transfer in such a manner as to be able to effectively manage any reasonably foreseeable complication of the individual's condition that could arise during the transfer. Only qualified personnel, transportation, and equipment, including those life support measures that may be required during transfer shall be employed in the transfer of an individual with an unstable EMC. If the individual refuses the appropriate form of transportation determined by the transferring physician and decides to be transported by another method, the transferring physician is to document that the individual was informed of the risks associated with this type of transport and the individual should sign a form indicating the risks have been explained and the individual acknowledges and accepts the risks. All additional requirements of an appropriate transfer are to be followed by the transferring hospital.

SUBJECT/TITLE:	EMTALA Transfer Policy 02.01.00	POLICY #COM023
DEPARTMENT/SCOPE:	Compliance	Page 6 of 15
REVISION DATE:	n/a	EFFECTIVE DATE: 6/24/2024
AUDIENCE:	Emergency Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

## **PROCEDURES:**

### **1. Transfers of Individuals Who Are Not Medically Stable**

**Requirements Prior to Transfer.** After the hospital has provided medical treatment within its capability to minimize the risks to the health of an individual with an EMC who is not medically stable, the hospital may arrange an appropriate transfer for the individual to another more appropriate or specialized facility. Evaluation and treatment shall be performed, and transfer shall be carried out as quickly as possible for an individual with an EMC which has not been stabilized or when stabilization of the individual's vital signs is not possible because the hospital does not have the appropriate equipment or personnel to correct the underlying process. The following requirements must be met for any transfer of an individual with an EMC that has not been stabilized:

- a. **Minimize the Risk.** Before any transfer may occur, the transferring hospital must first provide, within its capacity and capability, medical treatment to minimize the risks to the health of the individual or unborn child.
- b. **Individual's Request or Physician's Order.** Any transfer to another medical facility of an individual with an EMC must be initiated either by a written request for transfer from the individual or the legally responsible person acting on the individual's behalf or by a physician order with the appropriate physician or QMP and Physician certification as required under EMTALA. Any written request for a transfer to another medical facility from an individual with an EMC or the legally responsible person acting on the individual's behalf shall indicate the reasons for the request and that he or she is aware of the risks and benefits of the transfer.
- c. **Request To Transfer Made to Receiving Facility.** The transferring hospital must call the receiving hospital or the Transfer Center if the facility is part of a Transfer Center network to verify the receiving hospital has available space and qualified personnel for the treatment of the individual. The receiving hospital must agree to accept the transfer and provide appropriate treatment. The transferring hospital must obtain permission from the receiving hospital to transfer an individual. This may be facilitated by a Transfer Center. Such permission should be documented on the medical record by the transferring hospital, including the date and time of the request and the name and title of the person accepting transfer. The transferring physician shall ensure that a receiving hospital has appropriate services and has accepted responsibility for the individual being transferred. If utilizing the services of a Transfer Center, the Transfer Center may assist in determining whether the receiving hospital has the appropriate services.

SUBJECT/TITLE: EMTALA Transfer Policy 02.01.00	POLICY #COM023
DEPARTMENT/SCOPE: Compliance	Page 7 of 15
REVISION DATE: n/a	EFFECTIVE DATE: 6/24/2024
AUDIENCE: Emergency Staff	APPROVAL DATE:
OWNER: J. Hathaway	APPROVER: R. Harris

- d. Document the Request. The transferring hospital must document its communication with the receiving hospital, including the request date and time and the name of the person accepting the transfer.
- e. Send Medical Records. The transferring hospital must send to the receiving hospital copies of all medical records available at the time of transfer related to the EMC and continuing care of the individual. The transferring hospital may provide the Face Sheet with the appropriate information to the Transfer Center to assist Transfer Center in facilitating the transfer. But, the Transfer Center generally may not provide any information to, or respond to questions from, to the receiving facility or physician at the receiving facility, from the Face Sheet regarding whether or not the patient has insurance, or the type of insurance, or other information regarding the patient's ability to pay for services prior to acceptance of the patient except as required by a state or local plan for providing care to certain patient populations where insurance coverage is a determining factor in where the patient may receive care. Documentation sent to the receiving hospital must include:
- Copies of the available history, all records related to the individual's EMC, observations of signs or symptoms, patient's condition at the time of transfer, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests, monitoring and assessment data, any other pertinent information, and the informed written consent for transfer of the individual or the certification of a physician or QMP.
  - The name and address of any on-call practitioner who refused or failed to appear within a reasonable time to provide necessary stabilizing treatment; and
  - The individual's vital signs which should be taken immediately prior to transfer and documented on the Memorandum of Transfer Form.
  - Copies of available records must accompany the individual; and
  - Copies of other records not available at the time of transfer must be sent to the receiving hospital as soon as practical after the transfer.

Medical and other records related to individuals transferred to or from the hospital must be retained in their original or legally reproduced form in hard copy, microfilm, or electronic media for a period of five years from the date of transfer.

- f. Physician Certification of Risks and Benefits. A physician must sign an express written certification that, based on the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual or, in the case of a woman in labor, to the unborn child, from being transferred. The certification should meet the following requirements:
- The certification must state the reason for transfer. The narrative rationale need

SUBJECT/TITLE:	EMTALA Transfer Policy 02.01.00	POLICY #COM023
DEPARTMENT/SCOPE:	Compliance	Page 8 of 15
REVISION DATE:	n/a	EFFECTIVE DATE: 6/24/2024
AUDIENCE:	Emergency Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

not be a lengthy discussion of the individual's medical condition as this can be found in the medical record but should be specific to the condition of the patient upon transfer.

- The certification must contain a complete picture of the benefits to be expected from appropriate care at the receiving facility and the risks associated with the transfer, including the time away from an acute care setting necessary to effect the transfer.
  - The date and time of the physician certification should closely match the date and time of the transfer.
  - Certifications may not be backdated.
- g. QMP Certification. If a physician is not physically present at the time of the transfer, a QMP may sign the certification, after consultation with a physician, and transfer the individual as long as the medical benefits expected from transfer outweigh the risks. If a QMP signs the certification, a physician shall countersign it within 24 hours or a reasonable time period specified by the hospital bylaws, rules or regulations.
- h. Send Memorandum of Transfer. A Memorandum of Transfer must be completed for every patient who is transferred to another separately licensed hospital. The Memorandum of Transfer and the patient's medical record must be sent with the patient at the time of the transfer. A copy of the Memorandum of Transfer shall be retained by the transferring hospital and incorporated into the patient's medical record.

## 2. Transfers that are requested by the individual but not medically indicated.

If a medically unstable individual, or the legally responsible person, requests a transfer to another hospital that is not medically indicated, the individual or the legally responsible person must first be fully informed of the risks of the transfer; the alternatives (if any) to the transfer; and the hospital's obligations to provide further examination and treatment sufficient to stabilize the individual's EMC.

Components of the Individual's Request for Transfer. The transfer is appropriate only when the request meets all of the following requirements:

- is in writing and indicates the reasons for the request.
- contains a statement of the hospital's obligations under EMTALA and the benefits and risks that were outlined to the person signing the request.
- indicates that the individual is aware of the risks and benefits of the transfer.
- is made part of the individual's medical record, and a copy of the request should be sent to the receiving facility when the individual is transferred; and

SUBJECT/TITLE:	EMTALA Transfer Policy 02.01.00	POLICY #COM023
DEPARTMENT/SCOPE:	Compliance	Page 9 of 15
REVISION DATE:	n/a	EFFECTIVE DATE: 6/24/2024
AUDIENCE:	Emergency Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

- is not made through coercion or by misrepresenting the hospital’s obligations to provide an MSE and treatment for an EMC or labor.

Note: Once the transfer is accepted, the Memorandum of Transfer and the patient’s medical record must be sent with the patient.

### 3. Refusal to Consent to Transfer

If an individual, or the legally responsible person acting on the individual’s behalf, refuses to consent to the hospital’s offer to transfer the individual to another facility for services the hospital does not provide and informs the individual, or the legally responsible person, of the risks and benefits to the individual of the transfer, all reasonable steps must be taken to secure a written refusal from the individual or the person acting on the individual’s behalf. The individual’s medical record must contain a description of the proposed transfer that was refused by the individual or the person acting on the patient’s behalf, a statement that the individual was informed of the risks and benefits and the reason for the individual’s refusal to consent to the transfer.

### 4. Transfer of Individuals Who Are Medically Stable

EMTALA does not apply to an individual who has been medically stabilized. The hospital has no further EMTALA obligation to an individual who has been determined not to have an EMC or whose EMC has been stabilized or who has been admitted as an inpatient.

- Any individual who has been medically stabilized may be transferred upon request or pursuant to a physician’s order via a pre-arranged transfer or treatment plan according to hospital policy.

California law prescribes specific requirements for post-stabilization services and/or transfer for a patient who is a member of a health plan that does not contract with the hospital. Among the requirements, the hospital must contact the health plan for prior authorization for post-stabilization services. The plan must respond within 30 minutes and may authorize further services or arrange for a transfer. If the patient refuses a transfer, the hospital must provide the patient with a statutorily prescribed written notice of financial responsibility for further services rendered to the patient. There are additional requirements for notification of the health plan if an emergency psychiatric patient with a stabilized psychiatric EMC is transferred to another hospital for an admission. If a patient with a stabilized EMC is transferred to another hospital for “non- medical reasons,” the transfer must comply with standards requiring the acceptance by a receiving hospital and physician, transfer of patient records (including a “transfer summary” setting forth certain information

SUBJECT/TITLE:	EMTALA Transfer Policy 02.01.00	POLICY #COM023
DEPARTMENT/SCOPE:	Compliance	Page 10 of 15
REVISION DATE:	n/a	EFFECTIVE DATE: 6/24/2024
AUDIENCE:	Emergency Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

related to the patient and the transfer), use of appropriate transport, personnel and equipment for the transfer, and the identification by the patient of a “preferred contact person” to be notified of the transfer; the hospital must attempt to contact the preferred contact person, or if not identified, then the next of kin to alert the person of the transfer.

If the patient with a stabilized EMC is a homeless person, the hospital may not cause the transfer or transport of the homeless person to a social services agency, homeless shelter or health care provider that is located outside the county of the hospital unless the hospital has notified and received authorization from the agency, shelter, or provider to accept the person.

- b. **Document Stable Condition.** The stability of the individual is determined by the ED physician or QMP in consultation with the physician. After it is determined that the individual is medically stable, the physician or QMP must accurately and thoroughly document the parameters of such stability.
- i. A woman who is in labor is considered to be stabilized only after she has been delivered of the child and the placenta.
  - ii. An individual presenting with psychiatric symptoms is considered to be stabilized when he/she is protected and prevented from harming self or others.
  - iii. If there is a disagreement between the treating physician and an off-site physician (e.g., a physician at the receiving facility or the individual’s primary care physician if not physically present at the first facility) about whether the individual is stable for transfer, the medical judgment of the physician who is treating the individual at the transferring facility DED takes precedence over that of the off-site physician.

## 5. Recipient Hospital Responsibilities

- a. A participating hospital that has specialized capabilities or facilities (including, but not limited to burn units, shock-trauma units, neonatal intensive care units, dedicated behavioral health units, or regional referral centers in rural areas) may not refuse to accept an appropriate transfer from a transferring hospital within the boundaries of the United States, of an individual who requires such specialized capabilities or facilities if the receiving hospital has the capacity to treat the individual.
- b. The requirement to accept an appropriate EMTALA transfer applies to any Medicare-participating hospital with specialized capabilities, regardless of whether the hospital has a DED.

SUBJECT/TITLE:	EMTALA Transfer Policy 02.01.00	POLICY #COM023
DEPARTMENT/SCOPE:	Compliance	Page 11 of 15
REVISION DATE:	n/a	EFFECTIVE DATE: 6/24/2024
AUDIENCE:	Emergency Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

- c. The recipient hospital's EMTALA obligations do not extend to individuals who are inpatients at another hospital.
- d. If an individual arrives through the DED as a transfer from another hospital or health care facility, the hospital has a duty to have a physician or QMP, not a triage nurse, perform an appropriate MSE to determine whether the patient's condition deteriorated during the transport. The MSE must be documented in the medical record.
- e. A recipient hospital with specialized capabilities that delays the treatment of an individual with an EMC who arrives as a transfer from another facility could be in violation of EMTALA, depending on the circumstances of the delay.
- f. An individual on an EMS stretcher in the DED must be provided with an MSE without delay. EMTALA regulations apply as soon as the individual arrives on the facility's campus even if the EMS service has not formally turned the individual over to the DED care providers.
- g. The receiving hospital may handle the receipt and subsequent assessment of the transferred emergency patient in a number of ways, including:
  - i. For example, the transferring facility may contact the individual or department designated by the CEO as the coordinator for transfers such as the House Supervisor or the Transfer Center. After the receiving hospital's designated transfer coordinator is contacted, this individual or Transfer Center will then coordinate any transfer requests with the Administrator On-Call and the ED Physician as necessary. Once it has been determined that the receiving facility has agreed to accept the patient, the patient may be transferred directly to a designated specialty unit such as a SICU, PICU, Cardiac Catheterization Lab, Burn Center, or other Specialty Unit if there is capacity and a physician with the appropriate specialty credentials is available to assess the patient within a reasonable timeframe (generally, within 30 minutes). Upon acceptance into the specialty unit as an inpatient, the Conditions of Participation govern the patient's care, including the history and physical and establishment of a plan of care.
  - ii. If the receiving facility participates in a community wide cardiac or stroke alert system inclusive of pre-hospital patient management by EMS Services under the direction of a qualified physician that allows for diagnosis of an emergent medical condition prior to arrival at the receiving facility, the EMS service may take the patient directly to the Interventional Radiology Suite or the Cardiac Catheterization Lab if the stroke or cardiac alert team, including the appropriately credentialed physician, is present upon arrival of the patient. The awaiting physician in the Unit would perform the additional evaluation and treatment and document such findings in



SUBJECT/TITLE:	EMTALA Transfer Policy 02.01.00	POLICY #COM023
DEPARTMENT/SCOPE:	Compliance	Page 12 of 15
REVISION DATE:	n/a	EFFECTIVE DATE: 6/24/2024
AUDIENCE:	Emergency Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

the medical record. The Interventional Radiology Suite or Cardiac Cath Lab would be responsible for ensuring the registration as an emergency patient thus ensuring the patient appears on the Central/EMTALA log.

- iii. If a facility's transfer coordinator receives a request from a transferring hospital and no specialty bed is available but the DED has capacity and capability to further treat and stabilize the individual and an on-call physician is available, the receiving facility should accept the transfer as an ED-to-ED transfer. If the Emergency Department of the receiving hospital has exceeded its capacity and capability with individuals waiting to be seen and patients being held on stretchers in the hallways because no beds are available, then the receiving ED can refuse the transfer based upon no capacity and capability if that has been their practice in the past based on the same capacity.
- iv. Each specialty unit shall be responsible for entering the transferred patient's name and pertinent data into the appropriate log as per hospital policy.

## 6. Review Process for Any Refused Transfers

For those situations in which the hospital refuses to accept a transfer from another facility, the hospital and Transfer Center must have in place a procedure to review potential refusals and/or to monitor any refusals of transfer from other facilities.

## 7. Reporting Potential EMTALA Violations

See Policy 02.01.00 EMTALA Reporting Policy.

## 8. Declared Emergencies

Sanctions under EMTALA for an inappropriate transfer during a national emergency do not apply to a hospital with a DED located in an area that has been declared a national emergency area. Please review the requirements for transfers during a National Emergency contained in the EMTALA – Definitions and General Requirements Policy, LL.EM.001, and consult with the hospital's Disaster and Emergency Preparedness Plan as well as Operations Counsel for additional guidance.

- a. **Waiver of Sanctions.** Sanctions under EMTALA for an inappropriate transfer or for directing or relocating an individual who comes to the DED to an alternative off-campus site for the MSE during a national emergency do not apply to a hospital with a DED located in an emergency area if the following conditions are met:

SUBJECT/TITLE: EMTALA Transfer Policy 02.01.00	POLICY #COM023
DEPARTMENT/SCOPE: Compliance	Page 13 of 15
REVISION DATE: n/a	EFFECTIVE DATE: 6/24/2024
AUDIENCE: Emergency Staff	APPROVAL DATE:
OWNER: J. Hathaway	APPROVER: R. Harris

- i. the transfer is necessitated by the circumstances of the declared emergency in the emergency area during the emergency period.
  - ii. the direction or relocation of an individual to receive medical screening at an alternate location is pursuant to an appropriate State emergency preparedness plan or, in the case of a public health emergency (“PHE”) that involves a pandemic infectious disease, pursuant to a State pandemic preparedness plan.
  - iii. the hospital does not discriminate on the basis of an individual's source of payment or ability to pay.
  - iv. the hospital is located in an emergency area during an emergency period; and
  - v. there has been a determination that a waiver of sanctions is necessary.
- b. **Waiver Limitations.**
- i. An EMTALA waiver can be issued for a hospital only if:
    - the President has declared an emergency or disaster under the Stafford Act or the National Emergencies Act.
    - the Secretary of HHS has declared a PHE; and
    - the Secretary of HHS invokes his or her waiver authority including notifying Congress at least 48 hours in advance.
  - ii. In the absence of CMS notification of area-wide applications of the waiver, the hospital must contact CMS and request that the waiver provisions be applicable to the hospital.
  - iii. In addition, in order for an EMTALA waiver to apply to the hospital and for sanctions not to apply: (i) the hospital must activate its disaster protocol; and (ii) the State must have activated an emergency preparedness plan or pandemic preparedness plan in the emergency area, and any redirection of individuals for an MSE must be consistent with such plan.
  - iv. Even when a waiver is in effect, there is still the expectation that everyone who comes to the DED will receive an appropriate MSE, if not in the DED, then at the alternate care site to which they are redirected or relocated.
  - v. A waiver of these sanctions is limited to a 72-hour period beginning upon the implementation of a hospital disaster protocol, except that if a PHE involves a pandemic infectious disease, the waiver will continue in effect until the termination of the application decision of a PHE or a limitation by CMS. However, the waiver may be limited to a date prior to the termination of the PHE declaration, as determined by CMS. If a State emergency/pandemic preparedness plan is deactivated in the area where the hospital is located prior to the termination of the PHE, the hospital no longer meets the conditions for an EMTALA waiver, and the hospital waiver would cease to be in effect as of the deactivation date. Likewise, if the hospital deactivates its disaster protocol prior to the termination of the PHE, the hospital no longer meets the conditions for an EMTALA waiver, and the hospital waiver would cease to be in effect as of the deactivation date.

SUBJECT/TITLE:	EMTALA Transfer Policy 02.01.00	POLICY #COM023
DEPARTMENT/SCOPE:	Compliance	Page 14 of 15
REVISION DATE:	n/a	EFFECTIVE DATE: 6/24/2024
AUDIENCE:	Emergency Staff	APPROVAL DATE:
OWNER:	J. Hathaway	APPROVER: R. Harris

- vi. All other EMTALA-related requirements continue to apply, as do similar State law requirements, even when a hospital is operating under an EMTALA waiver. For example, a hospital's obligation to accept an appropriate transfer of an individual under EMTALA cannot be waived if the hospital has the capabilities and capacity to accept such transfer (as discussed in this Policy)

**REERENCES:**

42 U.S.C. § 1395dd

**COMMITTEE APPROVALS:**

Quality

PHYSICIAN

**I. MEDICAL CONDITION: Diagnosis:** \_\_\_\_\_

a.  **No Emergency Medical Condition Identified:** This patient has been examined and an EMC has not been identified.  
**Screening Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Time:** \_\_\_\_ AM/PM

b.  **Unstable Patient, Request for Transfer:** The patient has been examined and an EMC has been identified and the patient is not stable. The hospital has the capability and capacity to provide the care needed but the patient has specifically requested to be transferred to another facility after being notified that the hospital can and is willing to provide the care needed to stabilize and treat the EMC.

c.  **Patient Stable For Transfer:** The patient has been examined and any medical condition stabilized such that, within reasonable clinical confidence, no material deterioration of this patient's condition is likely to result from or occur during transfer.

d.  **Patient Unstable:** The patient has been examined, an EMC has been identified and patient is not stable, but the transfer is medically indicated and in the best interest of the patient.

**I.c and I.d Physician Certification:** *I have examined this patient and based upon the reasonable risks and benefits described below and upon the information available to me, I certify that the medical benefits reasonably expected from the provision of appropriate medical treatment at another facility outweigh the increased risk to this patient's medical condition that may result from effecting this transfer.*  
**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Time:** \_\_\_\_ AM/PM  
**Signature applies to any checked boxes.**

**II. REASON FOR TRANSFER:**

Medically Indicated     Patient Requested (see patient request documentation: Section VII)

On-call physician refused or failed to respond within a reasonable period of time

On-Call Physician Name: \_\_\_\_\_ Address \_\_\_\_\_

**III. RISKS AND BENEFITS FOR TRANSFER:**

<p><b>Medical Benefits:</b></p> <p><input type="checkbox"/> Obtain level of care/ service unavailable at this facility.                  Service: _____</p> <p><input type="checkbox"/> Medical Benefits outweigh the risks.</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Medical Risks :</b></p> <p><input type="checkbox"/> Deterioration of condition in route</p> <p><input type="checkbox"/> Worsening of condition or death if you stay here.</p> <p><input type="checkbox"/> Risk of traffic delay/accident resulting in condition deterioration or death.</p> <p><input type="checkbox"/> Other _____</p>
--	---

**IV. MODE/SUPPORT DURING TRANSFER AS DETERMINED BY PHYSICIAN:**

**Mode of transportation for transfer:**  BLS  ALS  Helicopter  Neonatal Unit  Other \_\_\_\_\_

Agency: \_\_\_\_\_ Name/Title of accompanying hospital employee if required: \_\_\_\_\_

**Support/Treatment during transfer:**  Cardiac Monitor  Oxygen: \_\_\_\_\_  IV Pump

IV Fluid: \_\_\_\_\_ Rate: \_\_\_\_\_  Restraints – Type: \_\_\_\_\_  Other: \_\_\_\_\_  None

Transferring Physician Signature if different from Certifying Physician: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ AM/PM

If no physician immediately available, transfer authorized by Qualified Medical Provider per Dr. \_\_\_\_\_

QMP Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ AM/PM

Authorizing Physician Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ AM/PM

**V. RECEIVING FACILITY AND INDIVIDUAL:** The receiving facility has the capability for the treatment of this patient (including adequate equipment and medical personnel) and has agreed to accept the transfer and provide appropriate medical treatment.

Receiving Facility: \_\_\_\_\_ Person accepting TXFR: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ AM/PM

Receiving MD \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ AM/PM

Questions regarding Medication Reconciliation Information may be directed to \_\_\_\_\_ or Transferring Physician.

**VI. ACCOMPANYING DOCUMENTATION** sent via:  Patient/Responsible Party  Fax  Transporter

Documentation includes:  Copy of Medical Record  Lab/ EKG/ X-Ray  Copy of Transfer Form

Medication Reconciliation Information  Advanced Directive  Other \_\_\_\_\_

Report given to: (Person/title): \_\_\_\_\_

Time of Transfer: \_\_\_\_\_ Date: \_\_\_\_\_ Nurse Signature: \_\_\_\_\_ Transferring Unit: \_\_\_\_\_

Vital Signs Just Prior to Transfer: Temp: \_\_\_\_\_ Pulse \_\_\_\_\_ R \_\_\_\_\_ BP \_\_\_\_\_ SpO2% \_\_\_\_\_ FHT \_\_\_\_\_ Time: \_\_\_\_ AM/PM

**VII. PATIENT CONSENT TO MEDICALLY INDICATED TRANSFER or PATIENT REQUEST FOR TRANSFER (Mark appropriate box a. or b.):**

a.  I hereby **CONSENT TO TRANSFER** to another facility. I understand that it is the opinion of the physician responsible for my care that the benefits of transfer outweigh the risks of transfer. I have been informed of the risks and benefits of this transfer.

b.  I hereby **REQUEST TRANSFER** to \_\_\_\_\_. I understand and have considered the hospital's EMTALA responsibilities that have been explained to me, the medical risks and benefits of transfer and the physician's recommendation. I make this request upon my own suggestion and not that of the hospital, physician or anyone associated with the hospital. I agree to accept the risks associated with my decision.

The reason I request transfer is: \_\_\_\_\_

Signature of:  Patient  Responsible Person \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Witness \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ AM/PM

NURSING

PATIENT