Jackson Park Hospital & Medical Center ADMINISTRATIVE				
Policy: EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT	Effective Date Issued	Policy Number		
	April 1995	ADM0241		
	Revision Date	Page Number		
	October 2000	1 of 6		

I. PURPOSE:

A. To provide nondiscriminatory care and to comply with the federal Emergency Medical Treatment and Active Labor Act (EMTALA).

II. POLICY:

- A. Jackson Park Hospital will provide an appropriate medical screening examination and any necessary stabilizing treatments to those individuals who present to the Emergency Department to request examination or treatment of a medical condition. This will be done without regard to that individual's ability to pay for said services, the individual's insurance coverage and without discrimination on the basis of the individual's race, creed, color or religion.
 - a. All individuals who come to the Emergency Department by virtue of being on Hospital property and presenting with a request to be examined or treated, shall if appropriate, be seen by appropriate triage personnel in order to determine the priority and seriousness of the individuals presenting complaints in accordance with the triage policies and procedures.
 - b. All individuals who come to the Emergency Department by virtue of being on Hospital property and presenting with a request to be examined or treated, after triage, shall next receive an appropriate medical screening examination and any necessary stabilizing treatment, within the hospitals capabilities.

- c. General registration information prior to performing a medical screening may be obtained. Any financial information requested must be limited to whether the individual is insured and, if so, the identity of the insurer. This inquiry must not delay screening or treatment. Additionally, medical screening will not be delayed pending confirmation of insurance status, coverage approval or method of payment.
- d. If a patient inquires about payment obligations for emergency services, hospital staff well trained in providing information on potential financial liability must inform the patient that, notwithstanding the patient's ability to pay, the hospital stands ready and willing to provide a medical screening examination and stabilizing treatment, if necessary. Hospital staff is to "encourage" any patient who believes he/she has an emergency medical condition to remain for medical screening and stabilization.
- e. The medical screening process shall be consistent in all areas where medical screens are performed which includes Emergency Department, Urgent Care and Obstetrics.

f. <u>Transfers:</u>

- 1. A patient who has been declared clinically stable may be transferred to another facility for continued care. Such facility may be a higher, comparable or a less intensive environment.
- 2. Jackson Park Hospital shall not transfer a patient with an emergency medical condition who has not been stabilized unless:
 - The individual (or a legally responsible person acting on the individual's behalf) requests in writing a transfer to another medical facility after being informed of the risk of transfer and Hospital's obligations to screen and stabilize all individuals without regard to the individual's ability to pay. The discussion regarding risks and benefits must be clearly documented; or

- A physician (or other qualified medical person in consultation with physician if physician is not present in E.D.) signs a certification that, based upon the information available at the time of transfer (1) the medical benefits which are reasonably expected from appropriate medical treatment at another medical facility outweigh the increased risks to the individual associated with the transfer or (2) in the case of labor, to the unborn child, and (3) summarizes the risks and benefits upon which the certification is based.
- The transfer shall be for higher level or specialty care not available in the transferring hospital. If the transferring hospital does not have capacity to treat the patient, due to a lack of space or qualified personnel, a lateral transfer (to a facility with comparable resources) is appropriate in the best interest of the patient.
- In all cases the Inter-Hospital Patient Transfer Form shall be completed.
- g. If a patient chooses to withdraw his/her request for examination or treatment, a physician or registered nurse must discuss the medical issues related to a voluntary withdrawal from examination or treatment. The Hospital staff must: (1) offer medical examination and treatment; (2) inform the patient of the benefits of such examination and treatment and the risks of withdrawing prior to receipt; and (3) take all reasonable steps to get the individual's written informed consent to refuse the examination and treatment.

If a patient leaves without notifying the Hospital personnel, at a minimum, the Hospital must document: (1) the fact that the person was in the E.R. and (2) the time when the Hospital discovered the person left the E.R. The Hospital is also to retain all triage notes and additional records, if any.

HI. DEFINITIONS:

A. "Emergency Medical Condition" refers to both a labor and non-labor related emergency medical condition.

1. "Labor related emergency medical condition" means a pregnant woman who is having contractions:

- a. when there is inadequate time to effect a safe transfer to another hospital before delivery, or
- b. when transfer may pose a threat to the health or safety of the woman or the unborn child.
- 2. "Non-labor related emergency medical condition" means:
 - a. A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:
 - i. placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.
 - ii. serious impairment to bodily functions, or
 - iii. serious dysfunction of any bodily organ or part.
 - b. Psychiatric or substance abuse emergencies.
- B. "Medical Screening" means the appropriate process (examination and evaluation of the patient) consistently used by a qualified medical person including ancillary services routinely available to the Emergency Department within the Hospital's capabilities (services and staff) to determine or diagnose whether or not the patient has an emergency medical condition.

A Medical Screening includes vital signs; oral history; physical examination of affected or potentially affected systems; consideration of known chronic conditions; any testing needed to determine presence of an emergency medical condition including use of Hospital personnel and on-call physicians.

- C. "Location of Care" means medical screening and/or stabilizing treatment <u>may</u> take place within the Hospital (in an area other than the ED/or OB Department) or elsewhere on the hospital campus so long as:
 - a. the location is selected based on bonafide medical criteria consistently applied to all patients;
 - b. patients are accompanied to such location by qualified Hospital personnel;
 - c. the location is operated under the Hospital's Medicare provider number.
 - d. location to extend to the street/sidewalks that proximally surround the Jackson Park Hospital campus.
- D. "Qualified Medical Person" means an emergency physician, on-call physician, obstetrician, resident physician, or another person qualified by experience and training to perform a medical screening such as a R.N., Advanced Practice Nurse or Physician Assistant (P.A.) acting pursuant to protocols to identify an emergency medical condition as set forth in the Medical Staff Bylaws.
- E. "Triage" means the assessment(s) to determine the order in which patients will be seen based on the relative severity of their condition. Triage is not a medical screening.
- F. "Registration", a collection of demographic information including payor information may be obtained from the patient in order to initiate a medical record after triage or medical screening, so long as the evaluation and/or stabilizing treatment process is neither delayed or varied based on the patient's ability to pay. Requests for any payment or payor authorization are not to be made prior to the medical screening.

G. "Stabilized" means, with respect to a non-labor related emergency medical condition, to provide such medical treatment of the condition as may be necessary to: (a) resolve the emergency condition or (b) to assure, with reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during a transfer (including discharge) of the individual from a facility.

With respect to a labor related emergency medical condition, the term "to stabilize" means for a woman to deliver (including the placenta).

With respect to psychiatric conditions, the patient is considered "stable" for purposes of transfer when the patient is protected and prevented from injuring self or others (by adequate chemical or physical restraint). Stability for discharge means the patient is no longer a threat to self or others.

Stabilization does not require final resolution of the emergency medical condition.

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

SEE DEPARTMENT POLICIES FOR IMPLEMENTATION.

JP Jack	Jackson Park Hospital & Medical Center ADMINISTRATION		
Policy: EMTALA 250 YARD RULE	Effective Date Issued	Policy Number	
	AUGUST 2000	ADM0242	
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I. Purpose

To comply with federal regulation under the Emergency Treatment and Active Labor Act [EMTALA] which requires hospitals to provide emergency care to anyone requesting care within 250 yards of the hospital's campus.

To provide a mechanism to respond to medical care emergencies occurring in areas adjacent to the Hospital's campus without jeopardizing the safety of the response team.

II. Definitions

- A. EMTALA - federal Emergency Treatment and Active Labor Act
- 250 yard rule EMTALA requirement that a hospital must provide care Β. whenever someone presents for emergency medical treatment anywhere within 250 yards of the hospital's campus.
- Campus is defined in regulations as the physical area immediately adjacent to C. the hospital's main buildings, other areas and structures that are not strictly contiguous to the main building(s), and any other areas determined on an individual case basis by the Centers for Medicaid and Medicare Services regional office to be part of the hospital campus.
- Jackson Park Hospital defines the area covered as all Hospital buildings, D. satellites on the main campus, parking lots, sidewalks, driveways and the streets immediately surrounding those areas.
- Policy III.
 - A. It is the policy of Jackson Park Hospital to comply with all applicable federal, state and local law and regulations governing healthcare.
 - B. It is the policy of Jackson Park Hospital to respond to anyone presenting for emergency care with expedience.

IV. Procedures

- A. Whenever a staff member becomes aware of a medical emergency on or adjacent to the Hospital's campus, they must dial 7777 and inform the operator of the medical emergency and the location.
- B. The operator will page CODE E and the location to alert the EMTALA response team.
- C. The EMTALA Response Team shall consist of:
 - 1. The Senior Resident physician on duty
 - 2. An Emergency Department RN
 - 3. A Respiratory Therapist
 - 4. A Public Safety Officer
 - 5. An Emergency Department Transporter or Medical Assistant

V. Team Functions

Under the direction of the physician, the EMTALA Response Team shall provide assessment and stabilizing treatment to the extent feasible at the location of the emergency.

- 1. Respond with a gurney and an emergency medical kit consisting of ; Blood pressure cuff
 - Stethoscope

Airway and ambu bag

- Cervical collar
- Gauze/tape
- Off site screening form
- 2. Assess the nature of the emergency
- 3. Institute care appropriate to the situation
- 4. Notify 911 for EMS assistance, if needed
- 5. Transport to JPH Emergency Department if patient's condition warrants and if transport can be safely accomplished
- 6. Complete the Off-Site Location Screening Form
- 7. Present the completed Off-Site Location Screening Form to Admitting who will log the encounter into the ER log book
- 8. Admitting shall forward the original of the Form to the patient chart if the patient is brought to the JPH ER, or to Medical Records if the patient is not brought to the JPH ER
- 9. In all cases, Admitting shall submit a copy of the Off-Site Location Screening Form to Risk Management

JACKSON PARK HOSPITAL AND MEDICAL CENTER OFF-SITE LOCATION SCREENING FORM

Off-site Location:		
Patient Name:	Approx Age:	Date: Time:
Chief Complaint [in patient's words]:		
Observations: Vital Signs [if able]: BP	Pulse Respirations	Temperature
<u>Circutation</u>	<u>Airway/Breathing</u>	Neuro Status
Good pulse	No respiratory distress	Awake/alert/oriented
No obvious bleeding	□ Respiratory rate rapid/labore	d Confused/abnormal
$\Box Capillary refill < 2 seconds$	Respirations shallow	Unresponsive
□ Weak or absent pulse	Obvious respiratory distress	
Care Instructions:		
	Received from :	
Care Provided:		
□ Requested 911 call - JPH Emerg	gency Department contacted.	
□ Patient chooses to go to another		
Patient chooses to go to	er	nergency department by private vehicle.
Patient chooses to leave and see	k care on his/her own.	
Patient Signature:		
JPH Team Signature:		
Team members responding [please pr	int]: Senior Resident:	
Emergency Dept RN:	Resp Therapis	st:
Transporter/M.A.:	Public Safety	Officer:

[offsite screening form 8/00]