

EMTALA Overview

EMTALA (the federal Emergency Medical Treatment and Active Labor Act) was adopted in 1986. EMTALA has been amended and expanded over subsequent years. The regulations address the obligations of hospitals and physicians to provide emergency care to **member and non-members** alike. California law (Health and Safety Code 1317) established similar requirements.

Potential consequences for violating EMTALA include:

- Loss of revenue by loss of the hospital's ability to bill Medicare and MediCal
- Loss of hospital license
- Fines to the hospital and the physician of up to \$50,000 for each violation
- Claims by private citizens in Federal Court for monetary damages
- Negative publicity

EMTALA REQUIREMENTS

MEDICAL SCREENING and DOCUMENTATION

All patients presenting for care in Triage/Labor and Delivery shall receive prompt medical examination (within 30 minutes) by an appropriately privileged physician, a member of an approved post-graduate medical education program, or a Certified Nurse-Midwife (in accordance with approved protocols) **without regard to membership status or ability to pay**. A registered nurse with current competence in labor and delivery care may assist in such medical screening examination. If the practitioner determines that the patient is in labor or that she has an Emergency Medical Condition, the hospital shall provide necessary medical care and service within its capability to delivery the baby (including the placenta) and/or stabilize any Emergency Medical Condition. If the practitioner determines that the patient does not have an Emergency Medical Condition and is not in active labor, is stable for discharge home, the patient may be discharged. Any patient deemed Not In Active Labor (NIAL) shall have an MD evaluation/consultation per CMS requirements prior to discharge.*

*NOTE: *As of October 2006, the wording of the federal legislation includes CNM's as practitioners who can certify false labor without MD evaluation and consultation.*

Excessive delays in medical assessments and care can be viewed as a failure to provide medical screening.

Medical screening is an ONGOING process that begins at triage/bed placement and ends at disposition (discharge versus admission). Therefore, physician, practitioner, and nursing documentation throughout the patient's stay are very important. Additionally, Professional Staff Rules and Regulations and Department documentation requirements such as date, time, signature, and legibility, apply.

- Documentation of medical screening includes, but is not limited to provider notes, nursing assessments and notes, results of diagnostic testing, and consultation reports.
- The initial practitioner examination should LEGIBLY document Chief Complaint, History of Present Illness, Review of Pertinent systems, Focused Physical Examination, Clinical Impression, and Plan.
- Subsequent physician impressions and plan (after diagnostic testing or treatment) should be documented, dated, and timed.
- The patient's condition upon discharge or transport to a bed for admission should be documented by clinical personnel.
- Discharge instructions, including an appropriate plan for follow-up care, should be documented for patients discharged (sent home).

Discussions about ability to pay will not occur prior to or during assessment, care, and stabilization.

CONSULTATIONS

If the practitioner asks a consultant to examine a patient, the consultant must respond in person to the best of his/her capability. Discussions about the necessity of the in-person examination should be handed *AFTER* the consultation is performed.

Consultations must be timely (the regional performance target for all consultations is within 1 hour of the request) and provided to non-members in the same way they are provided to KFHP members.

ACCEPTING PATIENTS FROM OTHER FACILITIES: "If in doubt, just say yes!"

CONCERNS OR CONFLICTS SHOULD BE ESCALATED TO MEDICAL CENTER LEADERSHIP IMMEDIATELY

SUMMARY OF EXPECTATIONS

All women presenting to Triage/Labor and Delivery requesting a medical evaluation will be registered and assessed. Assessment will be completed by a physician, resident, or CNM. A medical screening exam will be completed and documented on the perinatal observation form and other forms as applicable. If an emergency medical condition exists or active labor is diagnosed, the patient will be admitted to Labor and Delivery. If the patient does not have an emergency medical condition, is not in active labor, and is stable for discharge, the patient may be discharged with appropriate discharge instructions and plan for follow-up care. Any patient deemed Not In Active Labor (NIAL) shall have an MD evaluation/consultation per CMS requirements prior to discharge.* If the patient declines medical care for any reason, appropriate protocols and documentation requirements will be followed.

EMTALA ATTESTATION

I read and understand the EMTALA requirements. I know my role in ensuring adherence to the requirements including escalation of concerns to my department's leadership as needed.

NAME

TITLE

DATE