

## POLICY AND REGULATIONS MANUAL

**TITLE: EMTALA SCREENING, STABILIZATION, AND TRANSFER**

**PURPOSE:** To describe the screening, stabilization and transfer requirements set forth in the Emergency Medical Treatment and Active Labor Act and identify how Harris Health System complies with each requirement.

### **POLICY STATEMENT:**

Pursuant to the Emergency Medical Treatment and Active Labor Act of 1986 (EMTALA), Harris Health System (Harris Health) provides an appropriate Medical Screening Examination (MSE) to individuals presenting to its Dedicated Emergency Departments (DEDs) requesting examination or treatment of a medical condition, and to individuals presenting elsewhere on Harris Health property requesting examination and treatment of an Emergency Medical Condition (EMC). In the absence of a request for examination or treatment, a request for treatment of an EMC is considered to exist if a prudent layperson observer would believe, based on the patient's appearance or behavior, that the individual needs treatment for an EMC. If Harris Health determines an EMC exists, Harris Health stabilizes the EMC or transfers the individual appropriately and in conformity with legal and regulatory requirements.

Patients who present at Harris Health's Community Health Centers or other Harris Health facilities without a DED are not subject to this policy. Such locations will call nine-one-one (9-1-1) in response to requests for emergency medical services.

### **POLICY ELABORATIONS:**

#### **I. DEFINITIONS:**

- A. **ADVANCED PRACTICE PROFESSIONAL (APP):** An individual who holds a state license in his/her profession as well as other educational credentials attesting to training and qualifications to provide services in one or more of the following categories: Physician Assistant (PA), Certified Registered Nurse Anesthetist (CRNA), Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS), Optometrist (OD), Certified Nurse Midwife (CNM) and Clinical Psychologist. Within this group, PAs, CRNAs, NPs, CNSs and CNMs operate under protocols as defined by the Texas Board of Nursing (BNE) or the Texas Board of Medical Examiners (TSBME), as applicable, and delegated written authorization to carry out or sign prescription drug orders.

## POLICY AND REGULATIONS MANUAL

- B. **DENTIST:** A Practitioner with a Doctorate of Dental Science (D.D.S.) or equivalent degree licensed or authorized to practice dentistry by the State of Texas.
- C. **EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT (EMTALA):** A federal regulation enacted in 1986 and codified at 42 U.S.C. 1395dd. EMTALA requires any hospital that accepts payments from Medicare to provide a Medical Screening Examination (MSE) and any necessary stabilizing treatment to an individual who comes to the hospital and requests examination and treatment for a medical condition, regardless of the patient's citizenship, legal status in the United States, or ability to pay for the services. EMTALA applies to an individual who presents to the emergency department or elsewhere on hospital grounds, including in an ambulance. EMTALA guarantees that all patients will receive an appropriate MSE and, if an Emergency Medical Condition (EMC) is found, stabilizing treatment or an appropriate transfer to another hospital.
- D. **EMERGENCY MEDICAL CONDITION (EMC):** A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances, and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in 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; serious impairment to bodily functions; or serious dysfunction of any bodily part or organ; or with respect to a woman who is having contractions, that there is inadequate time to effect a safe transfer to another hospital before delivery or that transfer may pose a threat to the health or safety of the woman or unborn child.
- E. **EMERGENCY SEVERITY INDEX (ESI) 5 LEVEL TRIAGE SYSTEM:** A five (5) level triage system algorithm that stratifies patients according to presenting symptoms, medical history, resources required and vital signs. The ESI acuity level is a number from one to five (1-5) indicating a patient's acuity with one (1) being the most emergent or requiring the most available appropriate resources and five being non-emergent or requiring the least available appropriate resources.
- F. **MEDICAL SCREENING EXAMINATION (MSE):** The process performed by Qualified Medical Personnel (QMP) required to reach, with reasonable clinical

## POLICY AND REGULATIONS MANUAL

confidence, and within Harris Health's capabilities (services and staff), a decision as to whether the patient has an EMC or is in labor. A Medical Screening Examination is not an isolated event. It is an ongoing process that begins with triage and includes monitoring of the patient until Qualified Medical Personnel determine whether or not an EMC exists.

- G. **PATIENT CARE TECHNICIAN (PCT):** A health technician working under the supervision of a registered nurse, Practitioner, or APP to provide basic patient care.
- H. **PHYSICIAN:** A Practitioner with a Medical Doctor (MD), Doctor of Osteopathic Medicine (D.O.) or equivalent degree currently licensed to practice medicine in the State of Texas.
- I. **PODIATRIST:** A Practitioner with a Doctor of Podiatric Medicine (D.P.M.) or equivalent degree licensed to practice podiatry by the State of Texas.
- J. **PRACTITIONER:** Any Physician, Podiatrist or Dentist holding a current license to practice in the State of Texas. This definition includes residents and fellows holding a current license to practice in the State of Texas.
- K. **QUALIFIED MEDICAL PERSONNEL (QMP):** Individuals who are determined to be qualified by the Medical Staff to provide appropriate MSEs and who may be able to provide necessary stabilizing treatment in the event of an emergency. In addition to Practitioners and Advanced Practice Professionals, individuals in the following professional categories who have demonstrated current competence in the performance of Medical Screening Examination, and who are functioning within the scope of his or her license and policies of Harris Health, are also QMPs: Registered Nurse in Perinatal Services, Psychiatric Social Worker, Registered Nurse in Psychiatric Services, Emergency Medical Technician or Psychologist.
- L. **STABILIZE:** To provide such medical treatment relative to the EMC as may be necessary to assure, within reasonable probability that no material deterioration of the condition is likely to result from or occur during the transfer of the patient from Harris Health, or with regard to a pregnant patient, to deliver the child and the placenta.

## POLICY AND REGULATIONS MANUAL

- M. **THROUGHPUT MANAGER (CHARGE NURSE):** The designated Registered Nurse (RN) that is responsible for the overall management of patient flow in collaboration with the Medical Staff, House Supervisor and other departments.
- N. **TRIAGE:** The assessment and determination of the ESI acuity level for patients who present to a DED. Triage establishes the priority in which patients will be evaluated and is not considered an MSE.
- O. **TRIAGE NURSE:** An experienced RN who has successfully completed unit-based orientation to triage; who evaluates patients, determines acuity levels, and assigns patients to appropriate treatment areas in collaboration with the Throughput Manager and Attending Physician.

## II. SCREENING AND STABILIZATION:

### A. Triage:

1. Triage is the assessment and determination of the ESI acuity level for patients who present to a DED. Triage establishes the priority in which patients will be evaluated and is not considered an MSE.
2. The Triage Nurse is responsible for:
  - a. Receiving a patient, placing the patient on the DED log, and verifying the patient's identity using the appropriate identification process;
  - b. Assessing the patient by:
    - i. Taking vital signs;
    - ii. Obtaining the patient's presenting complaint;
    - iii. Performing a complaint-based physical assessment;
    - iv. Obtaining the patient's significant family, medical and social history; and
    - v. Obtaining the patient's current level of pain.
3. Assigning an ESI level to the patient and directing or if necessary, transporting, the patient to the appropriate treatment or waiting area.

## POLICY AND REGULATIONS MANUAL

### B. MSE:

All individuals who come to a Harris Health DED for examination or treatment, and all individuals who present on Harris Health property requesting examination or treatment of an Emergency Medical Condition receive an appropriate MSE. In the absence of a request for examination or treatment, a request is considered to exist if a prudent layperson observer would believe, based on the patient's appearance or behavior, that the individual needs examination or treatment.

#### 1. Location:

- a. Patients who present with a labor-related EMC may receive an MSE in the Labor and Delivery department, and if so, are transported to that department by appropriate personnel.
- b. Patients who present with a psychiatric-related EMC may receive an MSE in the Psychiatry department, if it exists in the hospital, and if so, are transported to that department by appropriate personnel.
- c. Patients who present for emergency examination and treatment elsewhere on Harris Health hospital property will be transported to that hospital's DED, where the patient will receive an MSE.

#### 2. No Delay for Financial Screening or Payment:

- a. Harris Health does not delay in providing an MSE or necessary stabilizing treatment in order to inquire about a patient's method of payment or insurance status.
- b. Harris Health does not perform a financial screening or inquire about a patient's method of payment or insurance status until the MSE is complete and the patient is Stabilized.

#### 3. Scope of Examination:

The MSE must be tailored to the presenting complaint and the medical history of the patient. The process may range from a simple examination, such as a brief history and physical, to a complex examination that may include laboratory tests, Magnetic Resonance Imaging (MRI) or diagnostic

imaging, lumbar punctures, other diagnostic tests and procedures and, if necessary, the use of on-call Physician consultants.

The MSE includes all services within the capabilities of Harris Health, which, in the judgment of the emergency Physician or other treating or consulting Physician are reasonably necessary to screen and/or stabilize an individual with an EMC. (See Harris Health Policy 4619 regarding on-call Physician consultants).

4. Timing:

Harris Health is committed to appropriately providing MSEs to patients based on the ESI level assigned to the patient during triage. Harris Health will provide an MSE as soon after the patient is triaged as possible, within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency department.

5. Reassessment of Patients Awaiting Treatment:

- a. All patients who have been triaged and/or received an MSE and are awaiting further treatment will be monitored and reassessed in a timely manner or urgently if it is observed that the patient may be deteriorating or the patient complains of increased pain or reports a more severe or additional clinical complaint.
- b. The PCT will collect the patient's current vital signs and statement of status and immediately report all remarkable changes to a RN or QMP.
- c. If the PCT reports remarkable changes, the RN or QMP will reassess the patient. The RN may consult with a QMP regarding the results of the reassessment.

6. Documentation:

- a. The Triage Nurse documents his or her initial assessment of the patient and any consultations with a QMP in the patient's electronic medical record (EMR).
- b. The PCT and RN document his or her reassessment of the patient and any consultations with a RN or QMP in the patient's EMR.

## POLICY AND REGULATIONS MANUAL

- c. The QMP documents his or her assessment of the patient in the patient's EMR.

7. Who May Perform Examination:

The MSE must be completed by Qualified Medical Personnel (QMP).

8. Patients Who Leave Against Medical Advice (AMA):

A patient refuses to continue with the MSE and/or stabilizing treatment, the Practitioner or APP will:

- a. Inform the patient of both the risks and benefits of the MSE and stabilizing treatment and of the risks and benefits of leaving prior to receiving same.
- b. Take all reasonable steps to secure the patient's written informed refusal of the MSE and/or stabilizing treatment (Reference Harris Health AMA Form #282632).
- c. Document a description of any MSE and/or treatment that was performed and of any potential MSE and/or treatment that was refused.

### III. TREATMENT, DISCHARGE OR TRANSFER OF STABILIZED PATIENTS:

- A. Once the MSE is completed and there is a determination that the patient does not have an EMC or the EMC has been stabilized, the patient may be:

1. Treated (either in the DED, in observation or as an inpatient);
2. Discharged; or
3. Transferred for continued care.

- B. Patients may be discharged from the DED if:

1. The patient's EMC has been resolved and no further care for the immediate problem is needed; or
2. The further care needed can be performed on an outpatient basis or on an in-patient basis at a later scheduled date.

## POLICY AND REGULATIONS MANUAL

- C. Discharged patients are given a plan for appropriate follow up care and discharge instructions.
- D. Transfer of patients for continued care is performed pursuant to Harris Health Policy 4600 Transfer of Patients.

### IV. DED SATURATION:

- A. The Chief of Staff, Emergency Department Chief of Service, Hospital Administrator and Chief Nursing Officer, or their designee(s) will be notified when DED saturation is anticipated. (See Harris Health Policy 4618 – Code Purple for the definition of DED saturation).
- B. If there is one or more admitted or observation patients in the DED awaiting bed assignment and the patient's placement potentially infringes on the safe, timely and effective evaluation and treatment of other patients in the DED, Code Purple may be alerted and/or activated. (See Harris Health Policy 4618 – Code Purple).
- C. In the event Code Purple activation does not resolve DED saturation, DED Diversion may be activated. (See Harris Health Emergency Center Departmental Guideline/Procedures - D2 Diversion).

