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EMTALA Overview

- The Emergency Medical Treatment and Labor Act (EMTALA) was designed to prevent uninsured or Medicaid patients from being transferred before their emergency medical condition (EMC) is appropriately stabilized.
- EMTALA requires hospitals with Emergency Departments (ED) to provide a medical screening exam regardless of the patient's ability to pay or insurance status and prohibits hospitals' refusal to examine and treat individuals with an EMC.
- A hospital's EMTALA obligation is triggered when
 - an individual comes to an ED or elsewhere on "hospital property", and
 - a request is made by the individual or on the individual's behalf for examination or treatment of a medical condition, or
 - a prudent layperson observer would conclude, from the individual's appearance or behavior, that there is a need for examination or treatment of a medical condition.
- The term "hospital property" means the entire main hospital campus, including the parking lot, sidewalk and driveway or hospital departments, including any building owned by the hospital that are within 250 yards of the main hospital.
- EMTALA prohibits staff from turning away patients and ambulances
- Staff should notify appropriate individuals (security, nursing, management) of any individual on hospital property who may be in need of medical care.

EMTALA – Penalties for Non-Compliance

❖ Penalties for EMTALA violations:

- Civil penalties
 - Physicians
 - \$50,000 per violation
 - Hospitals
 - \$25,000 per violation - Less than 100 beds
 - \$50,000 per violation - 100+ beds
- Hospitals can be sued for damages
 - Individuals who suffer personal harm
 - Receiving hospital that suffer financial loss
- Hospitals' Medicare provider agreement can be terminated
- Exclusion from participation in the Medicare and Medicaid programs.

Service Area: Office of Privacy and Corporate Compliance	YALE NEW HAVEN HEALTH SYSTEM POLICIES & PROCEDURES		
Title: YNHHS EMTALA Policy: Medical Screening/Stabilization, On-Call and Transfer			
Date Approved: 06/21/2010, 12/06/2016, 11/19/2019	Approved by: System Compliance Committee		
Date Effective: 06/21/2010, 12/06/2016, 11/19/2019	Date Reviewed/Revised: 06/21/10, 08/04/16, 05/04/18, 10/30/19		
Distribution: MCN Policy Manager	System Policy Type (I or II): Type I		
Supersedes: CC:R-16, CC:R-14, CC:R-15, CC:R-13, CC:R-12, GH A-A:21, GH A-A:00, Provision of Emergency On-Call Coverage, PC V-35, ED Inpatient Admission & Disposition Transfer of a Patient to another Facility-EMTALA, YNHHS - Patient Log (L-5), and YNHHS Patient Coverage Arrangements.			

POLICY

Yale New Haven Health System (YNHHS) requires its member hospitals and other relevant sites to comply with all provisions of the Emergency Medical Treatment and Active Labor Act (EMTALA) statute and pertinent regulations. Note: See Appendix A for detailed procedure.

PURPOSE

To assure compliance with all elements of EMTALA for all Yale-New Haven Health System facilities. These requirements include:

1. appropriate Medical Screening Examination (“MSE”) be provided to all individuals who present to one of the YNHHS Hospital’s Emergency Departments (ED) or labor and delivery areas seeking or requiring medical evaluation or treatment, or elsewhere on Hospital property requesting or requiring emergency care;
2. that stabilizing treatment be provided for an Emergency Medical Condition;
3. that appropriate emergency on-call coverage be provided at all YNHHS EDs;
4. that patients who require care, when appropriate be transferred expeditiously and effectively to an appropriate emergency department.

RESPONSIBILITY

The Director of the EDs at each YNHHS hospital, including satellite emergency departments (e.g. Shoreline Medical Center), as well as the Directors of each including labor and delivery area, are responsible to ensure compliance with and implementation of this policy.

APPLICABILITY

This policy applies across Yale New Haven Health System (YNHHS) licensed hospital entities and hospital-based entities, including Bridgeport Hospital, Greenwich Hospital, Yale New Haven Hospital, Lawrence + Memorial Hospital, Westerly Hospital, and any other hospital that affiliates with YNHHS, and each of their subsidiary entities.

I. MEDICAL SCREENING AND STABILIZATION REQUIREMENTS:

- A. When an individual comes to an YNHHS Hospital's ED or labor and delivery suite requesting medical examination or treatment, a Qualified Medical Person (see definition in section V. B. 3) shall provide an MSE to determine whether an Emergency Medical Condition exists, or with respect to a pregnant woman having contractions, whether the woman is in labor.
- B. The MSE shall not be delayed to inquire about the individual's method of payment, insurance, prior authorization.
- C. Individuals suffering from an Emergency Medical Condition presenting on Hospital Property for a scheduled course of outpatient care that has begun does not trigger EMTALA obligations for the Hospital. An MSE is not required for an individual presenting to a DED and not requesting examination or treatment for a medical condition (for example, individuals asking for allergy shots or preventive care services such as a mammogram, those in the DED for purposes of gathering evidence for criminal law cases, or those being admitted as an inpatient to the Hospital after hours through the ED). If an individual presenting in the DED requesting medication needs that medication to stabilize an Emergency Medical Condition, the Hospital is obligated to provide an MSE and stabilizing treatment.
- D. If a patient refuses the MSE or leaves prior to an MSE the Hospital shall assure that the patient understood the benefits of an MSE and stabilization and the risks of leaving, and shall document that.
- E. When the Hospital's ED is at capacity and the Hospital converts to diversionary status (ambulance bypass), the Hospital is not required to accept further transfers. However, if a

patient comes to the ED during that time, he/she must receive an MSE before transfer. For hospitals with Trauma Units, refer to Trauma Diversion Plan.

- F. A central log shall be maintained of all individuals who come to a DED seeking care or exhibiting, an Emergency Medical Condition. The central log shall specify whether the patient refused treatment, or whether the patient was: transferred; admitted and treated; stabilized and transferred; or discharged.
- G. Each hospital and emergency department shall post signs conspicuously (that is, at the entrance, admitting area, waiting room and treatment area), in both English and Spanish, identifying the hospital as a participant in the Medicaid program; stating the right of patients with Emergency Medical Conditions (including women in labor) to an MSE and stabilizing treatment or, if necessary, an appropriate transfer.
- H. The regulation imposes a penalty on a physician who fails to respond to an emergency situation when he/she is assigned as the on-call physician.

II. ON-CALL LISTS AND COMMUNITY CALL PLAN

- A. Providers of YNHHS hospitals and relevant sites are referred to their respective on-call policies and procedures to comply with EMTALA regulations regarding the responsibilities of on-call physicians.
 - 1. Bridgeport Hospital - Providers at BH and relevant sites are referred to Medical Staff Bylaws, Rules and Regulations at <https://ynhh.ellucid.com/documents/view/17815> and their specific departmental call coverage process.
 - 2. Greenwich Hospital - Providers at GH and relevant sites are referred to Administrative Policy and Procedure Manual.
 - 3. Yale New Haven Hospital – Providers at YNHH and relevant sites are referred to the Medical Staff Policy and Procedure, Patient Coverage Arrangements at <https://ynhh.ellucid.com/documents/view/12600>
 - 4. Lawrence and Memorial Hospital – Providers at LMH and relevant sites are referred to the Medical Staff On-Call Policy.
 - 5. Westerly Hospital – Providers at WH and relevant sites are referred to on call requirements set by the Emergency Department established by management.
- B. EMTALA regulations permit hospitals to participate in a community call plan (CCP) among nearby hospitals.

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C. Each YNHHS hospital and relevant site must:

1. Create a list of on-call physicians who will respond, examine and provide the treatment necessary to stabilize an individual with an emergency medical condition.
2. Indicate that no adverse action will be taken against a physician who refuses to transfer a patient in an unstable condition.
3. Work with individual departments to maintain up-to-date Emergency Service Consultation call lists and schedules.
4. Define the call list criteria relative to name, pager/mobile number, phone number, back-up number, and the on-call schedule and physician substitution guidelines.
5. Define the Standards of Emergency Service Consultation relative to call options, call response time, in-person consultations, and whether hospital permits on-call physician to schedule elective surgery during the time that they are on call or to permit on-call physicians to have call status simultaneously at other facilities.
6. Have written procedures in place to respond to situations in which a particular specialty is not available or the on-call physician cannot respond because of circumstances beyond the physician's control.
7. Create, as necessary, a CCP, which may allow for easier or more efficient compliance with on-call requirements.

III. TRANSFERS

A. Transfers to another hospital

1. Transfers of patient's deemed to be in an emergency medical condition (unless specifically requested by a patient) should be made only when the current hospital lacks capacity or capability to provide appropriate care for the patient's condition (or medical needs). A transfer would be made if the medical benefits of the transfer outweigh the increased risks to the individual (and in the case of a woman in labor, the unborn child) of the transfer. Such as:
 - a) A higher level of emergency specialized care is required which is not provided by the hospital.
 - b) Appropriate and necessary resources are not available to properly care for the patient.
2. The overriding concern is the health and well-being of the patient when any transfer is being considered.

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3. A Transfer Authorization Form will be completed prior to the transfer of ALL patients to another specialized acute care medical, obstetric, psychiatric or substance abuse facility. This form is not required for transfer of stable patients to sub-acute facilities, nursing homes, and rehabilitation or chronic care facilities.
4. No patients in active labor are transferred from this hospital. Exceptions:
 - a) Adequate time is available to affect a safe transfer before delivery.
 - b) The treating physician certifies that the benefits to the condition of the woman and for the unborn child outweigh the risks associated with the transfer.
 - c) Patients in labor who may be transported from the ED to the labor floor are not considered to be transferred.

B. Procedure of Transferring Patients to Another Facility

1. A Qualified Medical Person shall stabilize a patient prior to transfer, contacting the receiving institution to present all relevant information about the care of the patient, completing a Transfer Authorization Form, sending copies of all medical records with the patient and assuming responsibility for the patient during transport and explain the reasons for Transfer to the patient/legally responsible party and the risks and likely benefits of the transfer and document this on the Transfer Authorization Form.
 - a) If a physician is not physically present in the ED, the written certification in support of transfer may be signed by a Qualified Medical Person in consultation with a physician, provided that the physician agrees with the certification and subsequently countersigns it.
 2. If the patient and/or legally responsible person has requested a transfer the written Transfer Authorization Form must include the hospital's EMTALA obligations, the risk of transfer, benefits of transfer, and the reasons for the requested transfer.
 3. Each YNHHS hospital shall monitor compliance with these policies and relevant procedures. Failure to comply with proper transfer policies and procedures may lead to sanctions for both individual medical personnel and the hospital.
- C. A hospital is required to report to CMS or the State survey agency promptly when it suspects it may have received an improperly transferred individual. Notification should occur within 72 hours of the occurrence.

IV. RELATED POLICIES:

PC V-35 - Transfer of Individuals with Emergency Medical Conditions

Bridgeport Hospital Medical Staff By Laws Rules and Regulations

YNHHS On-Call Policy

Greenwich Hospital Administrative Policy and Procedure Manual EMTALA – Provision of
Emergency On-Call Coverage

Yale –New Haven Hospital Medical Staff Policy and Procedure Patient Coverage Arrangements

APPENDIX A

I. DEFINITIONS:

- A. *Where asterisk is noted, refer to DEFINITIONS in Appendix B for an explanation.

II. MEDICAL SCREENING AND STABILIZATION REQUIREMENTS:

- A. When an individual comes to a YNHHS Hospital's ED or labor and delivery suite (each a "Dedicated Emergency Department" or "DED"*) requesting medical examination or treatment, the Hospital shall provide an MSE within the capability* of the Hospital's DED, including providing ancillary services routinely available to the DED, to determine whether an Emergency Medical Condition* exists, or with respect to a pregnant woman having contractions, whether the woman is in labor*.
- B. QUALIFIED MEDICAL PERSON: The MSE shall be provided by a Qualified Medical Person.* All individuals presenting in the DED and requesting or requiring examination or treatment for a medical condition shall be provided with an MSE. Triage determines the order in which patients are to be seen; triage is not an MSE.
- C. LOCATION OTHER THAN DED: If an individual arrives on Hospital Property* other than in a DED requesting or appearing to require emergency care, he/she shall be given an MSE. If a person on the Hospital Property for other than treatment reasons (visitor or hospital employee, for example) experiences what may be an Emergency Medical Condition while on the Hospital Property, that person has "come to the emergency department" for purposes of EMTALA.
- D. PRESENTING FOR SCHEDULED OUTPATIENT CARE: However, individuals suffering from an Emergency Medical Condition presenting on Hospital Property for a scheduled course of outpatient care that has begun does not trigger EMTALA obligations for the Hospital. An MSE is not required for an individual presenting to a DED and not requesting examination or treatment for a medical condition (for example, individuals asking for allergy shots or preventive care services such as a mammogram, those in the DED for purposes of gathering evidence for criminal law cases, or those being admitted as an inpatient to the Hospital after hours through the ED). If an individual presenting in the DED requesting medication needs that medication to stabilize an Emergency Medical Condition, the Hospital is obligated to provide an MSE and stabilizing treatment.
- E. MSE SHALL NOT BE DELAYED: The MSE shall be the same MSE that the hospital would perform on any individual coming to the hospital with those signs and symptoms, regardless of diagnosis, financial or socio-economic status (e.g., uninsured, Medicaid), Veteran status, race, color, national origin, disability, religion,

- sex, sexual orientation, gender identity or expression. The MSE shall not be delayed to inquire about the individual's method of payment or insurance status. The Hospital shall not request prior authorization from a managed care plan or other insurer before the patient has received an MSE to determine the presence or absence of an Emergency Medical Condition. Authorization may, however, be sought concurrently with providing any stabilizing treatment, so long as doing so does not delay stabilization* of the identified Emergency Medical Condition.
- F. **MINOR CHILD:** A minor child may request an examination or treatment for an Emergency Medical Condition. The staff may wait for parental consent before proceeding with further examination or treatment if, after an MSE, the minor child is determined to have no emergency condition with the exception of those conditions for which a minor may give his or her own consent, in accordance with the System Consent policy.
- G. **REFUSAL OF MSE BY PATIENT:** If a patient refuses the MSE or voluntarily chooses to leave prior to an MSE being performed, the Hospital shall assure to the best of its ability that the patient understood the benefits of an MSE and stabilization and the risks of leaving, and shall document that fact along with a description of the examination that was offered and refused (in the manner noted below in the discussion of MSE procedures). No member of the Hospital staff shall take any action that encourages any patient to leave the Hospital prior to an MSE.
- H. **HOSPITAL AT CAPACITY:** When the Hospital's ED resources or Hospital resources are at capacity and the Hospital converts to diversionary status (ambulance bypass), the Hospital is not required to accept further transfers even if the patient requires the specialized capabilities of the hospital. However, if a patient comes to the Emergency Department during that time, he/she must receive an MSE before transfer. For hospitals with Trauma Units, refer to Trauma Diversion Plan.
- I. **CENTRAL LOG:** A registry or central log shall be maintained of all individuals who come to a DED at each hospital seeking assistance or exhibiting a need for examination or treatment for a medical condition or who present elsewhere on Hospital Property seeking care for, or exhibiting, an Emergency Medical Condition. The central log will include, directly or by reference, patient logs from labor and delivery and any other department on the hospital campus where a patient may have presented for emergency medical services (e.g. labor and delivery) and been screened and/or transferred. The central log shall specify whether the patient refused treatment, or whether the patient was: transferred; admitted and treated; stabilized and transferred; or discharged.
- J. **SIGNAGE:** Each hospital and emergency department shall post one or more signs conspicuously in a place or places likely to be noticed by all individuals entering and obtaining treatment in a DED, as well as by those individuals waiting for examination and treatment in areas other than traditional emergency departments (that is, entrance, admitting area, waiting room, treatment area). The signs shall be

visible from anywhere in the area or a distance of twenty feet, whichever is less. Further, the sign shall, at a minimum, identify the hospital as a participant in the Medicaid program; state the right of patients with Emergency Medical Conditions, including women in labor, to an MSE and stabilizing treatment (including treatment for the unborn child) or, if necessary, an appropriate transfer*. It is to be written in clear and simple terms that are understandable by the population served by the Hospital and printed in both English and Spanish.

- K. **MONITORING/REPORTING:** Each YNHHS hospital shall monitor compliance with this policy and relevant procedures. Failure to comply with proper on-call policies and procedures may lead to sanctions for both individual medical personnel and the hospital. The regulation imposes a penalty on a physician who fails to respond to an emergency situation when he/she is assigned as the on-call physician. Any apparent violations shall be reported to Legal and Risk Services and/or Corporate Compliance for reporting to CMS or State agency.

III. MEDICAL SCREENING EXAMINATION PROCEDURE

1. EMERGENCY DEPARTMENT

- 1) **PRESENTING IN ED.** Patients presenting in the ED shall have their name, chief complaint and time of arrival recorded upon arrival. They will proceed immediately to triage unless the Triage Nurse is already engaged with a patient. If the Triage Nurse is engaged but the chief complaint presented at the reception desk is any of the following, the receptionist will immediately interrupt the Triage Nurse or contact the charge nurse for assistance: a woman in labor; a patient not conscious; a patient complaining of chest pain, pressure or palpitations, shortness of breath, bleeding, abdominal pain, severe pain, allergic reaction. Between patients, the Triage Nurse shall check the arrival sheet to determine if any persons waiting for triage should be immediately seen; otherwise, patients shall be triaged in the order in which they arrived in the Hospital ED.
- 2) **TRIAGE.** The Triage Nurse shall assess the presenting complaint and symptoms of all patients presenting in the ED for treatment. The Triage Nurse will take a brief history, vital signs and perform a focused physical examination before assigning the patient an acuity level that will determine the order in which the patient will receive an MSE. If the Triage Nurse's assessment reveals a likely emergent condition, the Triage Nurse shall immediately bring the patient into the ED treatment area for an MSE and necessary care. Patients arriving by ambulance are brought immediately into the ED treatment area where a staff nurse shall discuss the patient's condition with Emergency Medical Service (EMS) personnel and perform triage.

- 3) REGISTRATION. Patients not requiring immediate attention may be requested to register so that demographic and financial information necessary for the ordering of tests is entered into the Hospital's system. The MSE shall not be delayed to inquire about the individual's method of payment or insurance status. Hospital staff shall not request prior authorization from a managed care plan or other third party payor before the patient has received an MSE to determine the presence or absence of an Emergency Medical Condition. A reasonable registration process is permitted if it will not delay screening and treatment, and if it would not unduly discourage individuals from remaining for further evaluation. Authorization may be sought, however, concurrently with providing any stabilizing treatment, so long as doing so does not delay stabilization of the identified Emergency Medical Condition. No patient shall be asked to sign an Advanced Beneficiary Notice ("ABN") prior to being provided with an MSE or stabilizing treatment for an Emergency Medical Condition.
 - a) If the patient has no insurance or the Hospital is not a participating provider on the patient's insurance plan, Hospital staff shall not discuss the cost of the service before the patient has received an MSE or make any attempt to collect payment. If the patient volunteers that he/she is uninsured or otherwise unable to pay for care, Hospital staff shall assure the patient that he/she is entitled to receive an MSE and stabilizing treatment in the event an Emergency Medical Condition exists, whether or not he/she can pay.
 - b) If, after an MSE, it is determined that an emergency condition does not exist, the registrar may obtain necessary financial information not already in hand, conduct insurance verification, seek needed authorizations and inform the patient of his/her potential financial liability, as well as provide information about YNHHS financial assistance program.
- 4) THE MSE. A Qualified Medical Person approved by position by the designated board of each hospital shall perform an MSE as set forth in the Medical Staff By-laws. The nature of the MSE depends upon the patient's presenting symptoms, and an MSE, which may be a brief history and physical or a complex assessment that involves ancillary studies and procedures. The MSE process shall continue until, with reasonable clinical competence, it can be determined whether an Emergency Medical Condition does or does not exist. The MSE shall be fully documented. For individuals with psychiatric symptoms, the medical records shall indicate an assessment of suicide or homicide attempts or risk, orientation, or assaultive behavior that indicates danger to self or others. If an Emergency Medical Condition is determined to exist, actions necessary to stabilize the patient shall be taken.

- a) If the Qualified Medical Person performing the MSE is other than a physician and an Emergency Medical Condition is identified, the Qualified Medical Person shall notify the DED Physician in order that additional evaluation, if indicated, can be undertaken and either inpatient admission and/or stabilizing treatment, or an EMTALA compliant transfer, can be initiated, as appropriate.
- 5) **STATED INTENT TO LEAVE WITHOUT MSE OR REFUSAL OF TREATMENT.** If the patient expresses the intent to leave a DED before an MSE has been provided, the person to whom the patient is speaking should encourage the patient to remain and refer the patient to the Triage Nurse or staff nurse, as appropriate. The Triage Nurse/staff nurse shall:
- a) Inform patient of benefits of obtaining an MSE and stabilizing treatment, the risks of withdrawal prior to receiving such examination and treatment, and the patient's right to a medical screening examination regardless of payer status;
 - b) Include in the medical record a description of the examination or treatment that was refused;
 - c) Document that the patient was informed of specific benefits of obtaining an MSE and the specific risks attendant on leaving;
 - d) Document that the patient has refused the MSE, the reason for the refusal, and the time of the refusal; and (5) request that the patient sign the form noting the declination of the MSE. If the patient refuses to sign, the Triage Nurse/staff nurse should note that fact on the form.
- 6) **WALK OUT WITHOUT INFORMING ED STAFF.** If a patient leaves a DED without notice to the DED staff and prior to an MSE and any needed stabilization, the triage nurse documents a disposition of "Left Without Being Seen" in the patient's medical record such that it will also be record in the central (electronic) log.
- 7) **OUTSIDE OF A DED, WHETHER IN A HOSPITAL BUILDING ON CAMPUS OR OUTSIDE ON THE HOSPITAL PROPERTY, INCLUDING SIDEWALKS, DRIVEWAYS AND PARKING LOTS.** When an individual presents at any location on the Hospital Campus other than a DED, whether inside the Hospital or outside on Hospital Property, requesting emergency care or exhibiting signs or symptoms of an emergent nature, the following procedure shall be followed:

- a) Immediately call 155 to notify Security/Protective Services to help insure the individual is transported as quickly as possible to the Hospital ED.
- b) If the ED is alerted to a person outside of a DED requesting or appearing to require medical assistance:
 - i. The Triage Nurse in the ED shall:
 - a. Secure as much information as possible on the patient and his / her chief complaint,
 - b. Where possible, based on location (e.g. see Code Blue/White policies) identify an available Qualified Medical Person(s) or nurse(s) to go to the outside site and assess the condition of the patient.
 - ii. Emergency department staff responding shall determine if the assistance of EMS rather than Security/Protective Services is needed to transport the patient into the Hospital ED.
 - iii. The patient shall be brought into the ED treatment area for additional triage, an MSE, or stabilizing treatment, depending on the condition of the patient and what ED staff on site was able provide.
 - iv. If all Qualified Medical Persons and ED nurses (other than the Triage Nurse) are actively engaged in the treatment of patients with Emergency Medical Conditions and therefore unable to leave the ED, and/or the possible outside emergency is too remote from the ED such that it is believed to be safer to transport the person via ambulance, the Triage Nurse and/or Security/Protective Services shall call EMS to assist the Hospital and bring the patient into the ED.
- c. If some department other than the ED is alerted to an individual in the Hospital but not in a DED or outside on the Hospital Property who is requesting emergency care or exhibiting signs and symptoms of an emergent nature, the staff alerted to the fact shall immediately call 155, who, based on the location of the individual shall notify 911, the Code team and the Hospital ED. Security shall alert EMS if EMS assistance is needed to transport the patient to the Hospital ED. If the facts conveyed suggest that the person seeking medical assistance may require resuscitation, and is within the areas identified by the Code Blue policy, the staff alerted shall also activate a Code Blue. The Code Blue team shall provide an initial assessment and resuscitation, if needed, until transport to the Hospital ED arrives.

2. OFF-CAMPUS DEPARTMENTS

- 1) When an individual presents at any off-campus area of one of the System hospitals not providing emergency services and other off-campus clinical and non-clinical hospital-owned sites) requesting emergency care or exhibiting signs and symptoms of an emergent nature, the following procedure shall be followed:
 - a) Staff shall promptly call 911 (EMS). EMS shall transport the patient to the most appropriate emergency facility under EMS protocols in light of the patient's condition and the capabilities of the facilities. The emergency department that EMS selects may or may not be an YNHHS emergency department.

IV. ON-CALL LISTS AND COMMUNITY CALL PLAN

1. Providers of YNHHS hospitals and relevant sites are referred to their respective on-call policies and procedures to include EMTALA regulations regarding the responsibilities of on-call physicians.
 - 1) Providers at Bridgeport Hospital and relevant sites are referred to Medical Staff By Laws, Rules and Regulations at <https://ynhh.ellucid.com/documents/view/17815/37349/5> and their specific departmental call coverage process such as Surgical Services Division Policy 18-3-1 Call Time at <https://ynhh.ellucid.com/documents/view/16706>.
 - 2) Providers at Greenwich Hospital and relevant sites are referred to Administrative Policy and Procedure Manual.
 - 3) Providers at Yale New Haven Hospital and relevant sites are referred to the Medical Staff Policy and Procedure, Patient Coverage Arrangements at <https://ynhh.ellucid.com/documents/view/12600/21844/2>
 - 4) Providers at Lawrence and Memorial Hospital and relevant sites are referred to the Medical Staff On-Call Policy.
 - 5) Providers at Westerly Hospital and relevant sites are referred to On-Call requirements set by the Emergency Department established by management.
2. EMTALA regulations permit hospitals to participate in a community call plan (CCP) among nearby hospitals.
3. Each YNHHS hospital and relevant site must:
 - 1) Create a list of on-call physicians who will respond, examine and provide the

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treatment necessary to stabilize an individual with an emergency medical
condition.

- 2) Indicate that no adverse action will be taken against a physician who refuses to transfer a patient in an unstable condition.
- 3) Work with individual departments to maintain up-to-date Emergency Service Consultation call lists and schedules.
- 4) Define the call list criteria relative to name, pager/mobile number, phone number, back-up number, and the on-call schedule and physician substitution guidelines.
- 5) Define the Standards of Emergency Service Consultation relative to call options, call response time, in-person consultations, and whether hospital permits on-call physician to schedule elective surgery during the time that they are on call or to permit on-call physicians to have call status simultaneously at other facilities.
- 6) Have written procedures in place to respond to situations in which a particular specialty is not available or the on-call physician cannot respond because of circumstances beyond the physician's control.
- 7) Create, as necessary, a CCP, which may allow for easier or more efficient compliance with on-call requirements.

V. TRANSFERS

1. REASONS TO TRANSFER PATIENTS TO ANOTHER FACILITY

- 1) **LACK OF CAPACITY OR CAPABILITY.** Transfer to another hospital only when the current hospital lacks capacity or capability to provide appropriate care for the patient's condition (or medical needs).
- 2) **PATIENT AND/OR LEGALLY RESPONSIBLE PERSON REQUESTS TRANSFER.** Transfer a patient at the patients or patient's legally responsible person request only when the patient or legally responsible person has been informed of the risks and the hospital's obligations under the law.
- 3) **MEDICAL TREATMENT AT ANOTHER FACILITY OUTWEIGHS INCREASED RISK.** If a physician has signed a certification that based upon the information available at the time of transfer; the medical benefits reasonably expected from the provisions of appropriate medical treatment at another facility

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outweigh the increased risks to the individual and in the case of a woman in
labor, the unborn child from affecting the transfer in that:

- a) A higher level of emergency specialized care is required which is not provided by the hospital.
 - b) Appropriate and necessary resources are not available to properly care for the patient.
- 4) HEALTH AND WELL-BEING OF THE PATIENT. The health and well-being of the patient will be the overriding concern when any transfer is being considered.
- 5) TRANSFER AUTHORIZATION FORM. A Transfer Authorization Form will be completed prior to the transfer of ALL patients to another specialized acute care medical, obstetric, psychiatric or substance abuse facility. This form is not required for transfer of stable patients to sub-acute facilities, nursing homes, and rehabilitation or chronic care facilities.
- 6) PATIENTS IN ACTIVE LABOR. No patients in active labor are transferred from this hospital. Exceptions:
- a) Adequate time is available to affect a safe transfer before delivery.
 - b) The treating physician certifies that the benefits to the condition of the woman and for the unborn child outweigh the risks associated with the transfer.
 - c) Patients in labor who may be transported from the ED to the labor floor are not considered to be transferred.

2. PROCEDURE OF TRANSFERRING PATIENTS TO ANOTHER FACILITY

- 1) AGREEMENT OF RECEIVING FACILITY. The receiving facility must agree to accept the patient, have space and qualified personnel available for treatment.
- 2) PATIENT AND/OR LEGALLY RESPONSIBLE PERSON REQUESTED TRANSFER. If the patient and/or legally responsible person has requested a transfer the written Transfer Authorization Form must include the hospital's EMTALA obligations, the risk of transfer, benefits of transfer, and the reasons for the requested transfer.
- 3) QUALIFIED MEDICAL PERSON. A Qualified Medical Person shall stabilize a patient prior to transfer, contacting the receiving institution to present all relevant information about the care of the patient, completing a Transfer.

Authorization Form, sending copies of all medical records with the patient and assuming responsibility for the patient during transport and explain the reasons for

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Transfer to the patient/legally responsible party and the risks and likely benefits of the transfer and document this on the Transfer Authorization Form.

- a. If a physician is not physically present in the ED, the written certification in support of transfer may be signed by a Qualified Medical Person in consultation with a physician, provided that the physician agrees with the certification and subsequently countersigns it.
- b. A Qualified Medical Person shall:
 - i. Prepare all appropriate patient records, lab or diagnostic imaging reports, notifying the receiving hospital of the transfer, assuring that the appropriate equipment, supplies and orders for care are sent with the patient.
 - ii. Continue to assess and monitor the patient if the transfer is delayed and assure that the patient's condition is documented in the medical record.
 - iii. Once the patient has been transferred distribute the copies of the Authorization for Transfer Form to appropriate departments.

4) **MEDICAL RECORDS.** Each YNHHS hospital shall maintain the medical records of the transferred patient as defined by State law and as set forth in the YNHHS Document Retention and Destruction Policy (Legal and Risk Services Department [LRSD]: D-2).

5) **FAILURE TO COMPLY.** Each YNHHS hospital shall monitor compliance with these policies and relevant procedures. Failure to comply with proper transfer policies and procedures may lead to sanctions for both individual medical personnel and the hospital.

3. **PROCEDURE FOR RECEIVING QUALIFIED PATIENTS FROM ANOTHER FACILITY**

1) **ACCEPTING QUALIFIED PATIENT TRANSFERS.** YNHHS hospitals must comply with EMTALA regulations regarding the acceptance of Qualified Patient Transfers (QPTs).

2) **INPATIENTS AT ANOTHER FACILITY.** Hospitals normally required to accept QPTs are not required by EMTALA to accept individuals from a hospital that has already, in good faith, admitted that individual. Admitted individuals are generally deemed "inpatients" under EMTALA. The admitting hospital is generally deemed to have satisfied its EMTALA obligation with respect to an inpatient, even if the inpatient remains unstabilized and a hospital with specialized capabilities does not have an EMTALA obligation to accept an appropriate transfer of an inpatient.

3) **OBSERVATION STATUS.** The inpatient rule stated above does not apply to individuals placed in "observation status" rather than admitted as patients. These

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individuals are outpatients and still may qualify for a QPT under EMTALA.

- 4) REQUIREMENTS. This policy requires that YNHHS hospitals:
 - a) Do not divert any patient arriving via a QPT to its ED.
 - b) Do not divert any patient presenting via a QPT for emergency maternity services, including active labor.
 - c) Do not refuse to accept a QPT from a referring hospital, based on physician acceptance and bed availability, if it has the capacity and capability to treat the individual.
 - d) Comply with EMTALA regulations regarding the acceptance of a QPT for a patient under observation status at the hospital.

4. EMTALA WAIVER DURING DECLARED EMERGENCY

- 1) YNHHS hospitals must comply with EMTALA regulations if requesting a waiver of EMTALA screening and transfer requirements due to a national emergency.
- 2) Should an emergency be declared by the President of the United States pursuant to the National Emergencies Act or the Robert T. Stafford Disaster Relief, and the Secretary of Health and Human Services declares a public health emergency, EMTALA sanctions may be waived with respect to:
 - a) The inappropriate transfer of an individual who has not been stabilized, if the inappropriate transfer arises from the emergency; or
 - b) The direction or relocation of a patient for a medical screening examination (MSE) pursuant to an appropriate Connecticut emergency preparedness plan or Connecticut emergency pandemic preparedness plan.
- 3) In order to qualify for an EMTALA waiver, the hospital seeking a waiver must be located in an emergency area during an emergency period and have a dedicated emergency department. Procedures must comply with the Connecticut emergency preparedness plan or Connecticut Emergency pandemic preparedness plan.
- 4) Elements necessary to those obligations may be found at 42 CFR 489.24(a)(2). This policy requires that an YNHHS hospital must:
 - a) Activate its own disaster protocol.
 - b) Comply with all aspects of an activated Connecticut emergency plan.

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c) Inform the appropriate Connecticut state agency that it has activated its

disaster protocol and EMTALA waiver.

d) Cease operation under the EMTALA waiver after 72 hours from the time the waiver was activated by the Secretary. Waivers may continue to operate, however, when appropriate due to the circumstances or the emergency. Each hospital should contact the Connecticut Department of Public Health when activating its disaster plan and EMTALA waiver.

VI. RESPONSIBILITY:

It is the responsibility of all hospital staff to follow this policy and procedure.

VII. REFERENCES:

42 CFR §§482.12 489.24; CMS State Operations Manual

Appendix A 42 U.S.C.A. § 1395dd. (EMTALA)

42 CFR 489.24(e)

42 CFR 489.24(f)

FY 2009 IPPS Final Rule (CMS-1390-F), published August 19, 2008 (73 FR

48434) United States Code –Search

42 CFR 489.24 Special Responsibilities of Medicare hospitals in emergency cases.

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VIII. RELATED POLICIES:

A-A : 21 – EMTALA - Provision of Emergency On-Call Coverage

PC V-35 - Transfer of Individuals with Emergency Medical Conditions

Bridgeport Hospital Medical Staff By Laws Rules and Regulations

Bridgeport Hospital Human Resources Policy and Procedure Manual, Section D: 10 On Call Policy

Greenwich Hospital Administrative Policy and Procedure Manual EMTALA – Provision of Emergency On-Call Coverage

Yale –New Haven Hospital Medical Staff Policy and Procedure Patient Coverage Arrangements

APPENDIX B

DEFINITIONS:

Appropriate transfer occurs when: (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 the appropriate space and qualified personnel for the treatment of the individual and has agreed to accept transfer of the individual and to provide appropriate medical treatment; (iii) the transferring hospital sends to the receiving hospital all medical records (or copies thereof) related to the emergency medical condition including available history that are available at the time of transfer pertaining to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided and the informed written consent or certification required (for transfer), name and address of any on-call physician who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment (at sending facility) and that any other records that are not readily available at the time of transfer are sent as soon as practicable after the transfer; and (iv) the transferring hospital effects a transfer through Qualified Medical Persons and transportation and equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer.

Capabilities refer to: (1) The hospital's physical space, equipment, supplies and services (e.g. trauma care, surgery, intensive care, pediatrics, obstetrics, burn unit, neonatal unit or psychiatry), including ancillary services, that the facility provides. (2) The capabilities of the facility's staff mean the level of care that the hospital's personnel can provide within the training and scope of their professional licenses.

Comes to the Emergency Department means, with respect to an individual requesting examination or treatment by him or herself or with another person that the individual is on the Hospital Property (including ambulances owned and operated by the hospital even if the ambulance is not on hospital grounds). An individual in a non-hospital-owned ambulance on hospital property is considered to have come to the emergency department.

Dedicated Emergency Department is any department or facility of the hospital, whether on or off the hospital campus, that meets at least one of the following requirements: (1) it is licensed as an emergency room or emergency department under applicable state law; (2) it is held out to the public (by name, posted sign, advertising or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring previously scheduled appointment; or (2) during the calendar year immediately preceding, based on a representative sample of patient visits in that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment. Dedicated emergency departments include departments providing emergency psychiatric services, urgent care centers, as well as the labor and delivery

departments if individuals may present there as unscheduled ambulatory patients and be routinely evaluated and treated.

Hospital Property means the entire main hospital campus, including the parking lot, sidewalk and driveway, in addition to any parts of the hospital that are within 250 yards of the main building, but excluding other areas or structures of Greenwich Hospital's main building that are not part of the Hospital (such as physician's offices or other entities that participate separately in Medicare), restaurants, shops, or other nonmedical facilities.

Emergency Medical Condition means:

- (i) 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:
 - (a) 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;
 - (b) Serious impairment to bodily functions; or
 - (c) Serious dysfunction of any bodily organ or part; or
- (ii) With respect to a pregnant woman who is having contractions —
 - (a) That there is inadequate time to effect a safe transfer to another hospital before delivery; or
 - (b) That transfer may pose a threat to the health or safety of the woman or the unborn child.

Labor means the process of childbirth beginning with the latent or early phase of labor and continuing through the delivery of the placenta. A woman will be presumed to be in true labor unless and until a physician or Qualified Medical Person certifies that, after a reasonable time of observation, the woman is in false labor.

Qualified Medical Person means those physicians and non-physician individuals, identified in a document that is approved by the Board of Trustees, that have been designated as qualified to perform the initial medical screening examination for those individuals who come to the emergency department and request examination or treatment.

Stabilize means 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 a pregnant woman, that the woman has delivered the child and the placenta. A patient will be deemed stabilized if the treating physician attending to the patient in the emergency department/hospital has determined within reasonable clinical

confidence that the emergency medical condition has been resolved. Psychiatric patients are considered stable when the immediate emergency medical condition is removed and they are protected and prevented from injuring or harming themselves or others.