

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES
EMTALA (EMERGENCY MEDICAL TREATMENT & LABOR ACT)**

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Effective Date: January 1997

Cross Referenced: MS018

Reviewed Date: 05/05, 03/09

Policy No: AD111

Origin: Nursing

**Authority: Chief Nursing Officer &
Chief Medical Officer**

Revised Date: 05/05, 03/09, 9/13

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SCOPE: All Hackettstown Regional Medical Center Staff

PURPOSE: To provide guidelines concerning the appropriate stabilization and transfer of individuals presenting to Hackettstown Regional Medical Center (HRMC) with an emergency medical condition.

DEFINITIONS

“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 of bodily functions; or
 - C. Serious dysfunction of any bodily organ or part; or
 - D. An individual expressing suicidal or homicidal thoughts or gestures, if determined dangerous to self or others, is considered to have an emergency medical condition
- II. With respect to a pregnant woman who is having contractions an emergency exists when there is:
 - A. 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 her unborn child.
 - C. False labor certified by the physician or qualified medical personnel deem an emergency medical condition no longer exists and there is no further EMTALA obligation

“Transfer” means:

- I. The movement, including the discharge, of an individual outside the Hospital’s facilities at the direction of any person employed by (or affiliated or associated, directly or indirectly, with) the Hospital.
- II. Does not include movement of an individual who:
 - A. Has been declared dead; or
 - B. Leaves the hospital without the permission of any such person.

“To Stabilize” with respect to an emergency medical condition means:

- I. A patient is deemed stabilized if the treating physician attending to the patient in the emergency department / hospital has determined that, within reasonable medical probability, that no deterioration of the condition is likely to result from or occur during the transfer of the individual or (in the case of a woman in labor) the woman has delivered the child and placenta

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- II. For patients whose emergency medical condition has not been resolved, the determination of whether they are stable “medically” may occur:
- A. For purposes of transferring a patient from one facility to a second facility (“stable for transfer”) and
 - B. For the purpose of discharging a patient other than for the purpose of transfer from one facility to another facility (“stable for discharge”).
- III. A patient is “stable for transfer” if he/she is:
- A. Transferred from one facility to a second facility and the treating physician attending to the patient has determined, within reasonable clinical confidence, that the patient is expected to leave the hospital and be received at a second facility, with no material deterioration in his/her medical condition; and the treating physician reasonably believes the receiving facility has the capacity to manage the patient’s medical condition and any reasonably foreseeable complication of that condition;
 - B. With respect to a pregnant woman who is having contractions, the woman has delivered the child and the placenta;
 - C. Psychiatric patients are considered stable for transfer when they are protected and prevented from injuring themselves or others;
- IV. A patient is considered “stable for discharge” when:
- A. Within reasonable clinical confidence, it is determined that the patient has reached the point where his/her continued care, including diagnostic work-up and/or treatment, could be reasonably performed as an outpatient or later as an inpatient, provided the patient is given a plan for appropriate follow-up care with discharge instructions;
 - B. For psychiatric conditions, patients are considered “stable for discharge” when they are no longer considered to be a threat to themselves or others.

POLICY

- I. It is the policy of HRMC that, in accordance with the Emergency Medical Treatment and Labor Act (EMTALA), no individual will be denied care, transferred or diverted to another institution on the basis of sex, race, creed, color or ability to pay. Examination and treatment shall not be delayed to inquire about or to verify the individual’s method of payment or insurance status.
- II. All individuals coming to the Emergency Department will be provided a medical screening examination beyond initial triage to determine if an emergency medical condition exists.
- III. Transfer will be considered after the medical screening examination and care toward stabilization in the following cases:

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- A. Individuals with conditions or diagnoses unable to be treated because the conditions or diagnoses are not within the capabilities of the staff and facilities available at the Hospital, or
 - B. When individuals or the legally responsible persons on their behalf request transfer.
 - C. It is the policy of the Outpatient Areas to care for patients according to their scheduled appointments. Should a patient present in acute distress, the nurse or physician will make an immediate assessment of the patient. Emergency care will be provided. 911 will be called to transport patients to HRMC's Emergency Department if indicated.
- IV. Stabilization. The Hospital will provide treatment to stabilize an emergency medical condition within the capabilities of the staff and the facilities available at the Hospital, or provide for transfer of the individual to another medical facility in accordance with items 5 and 6 below. If the individual refuses to consent to examination and stabilizing treatment, the procedure outlined in the Hospital's policy "Patients Leaving Against Medical Advice (AMA)" must be followed.
- V. Transfers of Individuals with Emergency Medical Conditions who are not Stabilized. If the individual has not been stabilized, the individual will not be transferred unless one of the following is obtained:
- A. Written Request by Individual or Responsible Party. The individual (or 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 of transfer. The request must be in writing and indicate the reasons for the request and that the individual is aware of the risks and the benefits of the transfer. The request must be made a part of the individual's medical record, and a copy of the request must be sent to the receiving facility, at the time of the transfer. (See attached "Consent/Refusal to Transfer" form); or
 - B. Physician Certification. A physician signs a certification based upon the information available at the time of the transfer. The medical benefits reasonably expected from the provision of the appropriate medical care at another medical facility outweigh the increased risks to the individual (or in the case of a woman in labor, to the woman or the unborn child) from being transferred. The certification must contain a summary of the risks and benefits upon which it is based. (See attached "Consent/Refusal to Transfer" form).
 - C. Individuals other than physicians may sign the certification of benefits versus risks of a transfer under the following conditions:
 - 1. These individuals are identified in the Medical Staff Rules and Regulations;
 - 2. The physician's counter-signature is obtained with the maximum amount of time allowed to obtain the counter-signature on Hospital documents, as outlined by Medical Staff Rules & Regulations or Policies and Procedures;

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3. In the above cases, the Hospital will obtain the written informed consent to transfer by the individual or person acting on his or her behalf.
- D. Involuntary transfer of a patient for psychiatric screening:
 1. A State Certified Crisis Clinician from the Family Guidance Center of Warren County may be consulted if, during the Medical Screening Exam, a patient is identified as having a possible psychiatric emergency.
 2. The patient must be medically cleared before the Family Guidance Center of Warren County is contacted in an attempt to ensure that the presenting problems are psychiatric in nature and not medically related.
 3. If the situation warrants, a Crisis Clinician will interview the patient at the hospital and assess need for a possible involuntary psychiatric admission under the provisions of Public Law 1987, Chapter 16, known as the Screening Law.
 4. In the event that the patient presents a serious threat to themselves or others, refuses voluntary treatment or presents a threat of elopement, the Social Worker or Crisis Clinician will initiate the use of a tele-psych services. The psychiatrist will determine the need for involuntary commitment. If involuntary commitment is indicated, social worker or Crisis Clinician will call family Guidance Center of Warren County and they will arrange placement.
 5. HRMC will assume the responsibilities of providing a means of confining and/or restraining the patient who is at high risk of injuring self or others or is a likely risk for elopement. HRMC will arrange for transportation of the patient via ambulance with appropriate personnel, and ensuring that arrangements for any necessary restraints for transfer are made.
 6. An attempt should be made to have the patient sign the Consent/Refusal to Transfer Form (HRMC Transfer form), but the patient may refuse to do so. In either situation, one copy of the Transfer Document (Crisis Screener's form) is to remain with HRMC records, and the other to be included with the medical records forwarded to the accepting facility.

- VI. Other Requirements Applicable to Transfers of Unstabilized Individuals with Emergency Medical Conditions. In addition to the required documentation described in Item 5 above, if any individual has not been stabilized, the individual shall not be transferred to another medical facility unless the following additional conditions are satisfied:
- A. The Hospital will provide medical treatment within its capability that minimizes the risks to the individual's health and, in the case of a woman in labor, to the health of the woman and her unborn child.
 - B. The receiving facility has available space and qualified personnel for the treatment of the individual and has agreed to accept the Hospital transfer of the individual and to provide appropriate treatment. The information must be documented on the individual's medical record at the Hospital.

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- C. During the transfer, the patient will be accompanied by appropriately qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life-support measures during the transfer, as determined by the transferring physician and documented on the "Consent/Refusal to Transfer" form.
- VII. Refusal to Consent to Transfer. If an individual (or legally responsible person acting on the individual's behalf) refuses to consent to transfer, the physician will:
- A. Offer to transfer the individual to a medical facility in accordance with the requirements listed above.
 - B. Inform the individual or person acting on his/her behalf of the risks and the benefits to the individual of the transfer.
 - C. Take all reasonable steps to obtain the written informed refusal of the individual or person acting on his/her behalf that indicates:
 - 1. The individual (or legally responsible person acting on the individual's behalf) has been informed of the risks and benefits of the transfer; and
 - 2. The reasons for the individual's refusal (See attached "Consent/Refusal of Transfer" form).
 - 3. Provide a medical record containing a description of the proposed transfer refused by or on behalf of the individual.
- VIII. Reporting Violations - Refer to "Whistle Blower Protection" policy.

PROCEDURE

- I. Provide a medical screening exam to determine the patient's condition and stabilization.
- II. Obtain an order for the transfer from the ED physician or an appropriate consultant, including receiving hospital and physician.
- III. Check off the patient condition on the Consent/Refusal to Transfer form.
- IV. Discussion of risk/benefit of the transfer to the patient and/or family as it relates to the patient's condition is done by the physician. If the physician is not available to complete the form, the ED physician may complete on his/her behalf.
- V. Complete transfer requirements on the Consent/Refusal to Transfer form.
- VI. Obtain signature of transferring physician. If the physician is not present, the ED physician may sign on his/her behalf.
- VII. Obtain consent for transfer from the patient and/or family.

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1. The physician must call the receiving facility, relay patient information to the physician and receive acceptance to transfer. Signature must be witnessed.

VIII. Notify receiving hospital to confirm bed status and give report.

IX. Copy all Consent/Refusal to Transfer forms and the medical necessity and screening transfer document if applicable.

- X. At the time of transfer, the Hospital sends to the receiving hospital copies of all medical records related to the individual's condition that are available at the time of transfer, include:
- A. Copies of the medical screening examination performed along with the Triage assessment and all nurses' notes. Collectively these will include documentation with regards to age and sex of patient, mode, date, time of arrival, allergies, medication, immunizations when relevant, timed vital signs, chief complaint, physician assessment and nursing assessment.
 - B. Available history
 - C. Records related to the individual's emergency medical condition (including pre-hospital records if available).
 - D. Observations of signs or symptoms
 - E. Preliminary diagnosis
 - F. Results of diagnostic studies or telephone reports of the studies.
 - G. Treatment provided – including medications administered.
 - H. Results of any tests
 - I. Informed written consent and medical certification (or copy thereof) described in item 2 of this policy.
 - J. Other records (e.g. test results or other records not yet available), as soon as practicable after transfer.
 - K. The name and address of any on-call physician who has refused or failed to appear within the New Jersey State Department of Health & Senior Services stated guidelines, a reasonable period of time to provide necessary stabilizing treatment.

XI. Send the original EMTALA form with the patient and place a copy on the chart.

XII. Assemble patient's belongings and document in the chart what went with the patient and what went with the family.

Reference: Emergency Department Compliance Manual. 2013 Edition. Frederick, MD: Wolters Kluwer Law and Business.