ATTACHMENT A

WAYNE COUNTY HOSPITAL EMERGENCY ROOM

POLICIES AND PROCEDURES

MEDICAL SCREENING, TREATMENT AND TRANSFERS

Attachment A

WAYNE COUNTY HOSPITAL EMERGENCY ROOM

POLICIES AND PROCEDURES

MEDICAL SCREENING, TREATMENT AND TRANSFERS

I. PURPOSE:

To establish policies and procedures for the examination, treatment, and transfer of patients presenting to the Hospital for emergency services, including women in active labor.

II. DEFINITIONS:

Emergency Services: If an individual comes or seeks to come to the emergency room for examination or treatment of a medical condition, the individual is entitled to a medical screening examination and treatment of an emergency medical condition or appropriate stabilization and transfer. The hospital may use areas other than the emergency room to deliver these services; for example, pregnant women may be direct to the OB area.

Comes to the Emergency Room: "Comes to the emergency room" means, with respect to an individual requesting examination and treatment of an emergency medical condition, that the individual is on the hospital property, generally defined as the physical area immediately adjacent to the hospital's main building and other areas and structures that are located within 250 yards of the main building, including the parking lot, sidewalk, and driveway, that are on hospital property.

Emergency Medical Condition: A medical condition manifested by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in (a) placing the health or safety of the patient, or the fetus of a woman in active labor, in serious jeopardy; (b) serious impairment to bodily functions; (c) serious dysfunction of any bodily organ or part; or (d) with respect to a pregnant woman having contractions, there is inadequate time to effect a safe transfer to another hospital before delivery.

EMTALA: Emergency Medical Treatment and Labor Act, as defined in Section 1867 of the Social Security Act.

Labor: The process of childbirth beginning with the latent or early phase of labor continuing through the delivery of the placenta. A woman experiencing contractions is in true labor unless a provider certifies that after a reasonable time of observation, a woman is in false labor.

Active Labor: Means labor at a time when delivery is imminent and there is inadequate time to effect safe transfer to another hospital before delivery, or a transfer may pose a threat to the health and safety of the patient or the fetus.

Qualified Medical Personnel (QMP): An MD, DO, Advanced Practice Nurse, or Physician Assistant, who possesses current privileges at the hospital in accordance with Medical Staff Bylaws.

To Stabilize: Means, with respect to an emergency medical condition, to provide medical treatment of the condition necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from the transfer of the individual from a facility.

Stabilized: Means, with respect to an emergency medical condition, that no material deterioration of the condition is likely, within reasonable medical probability, to result from the transfer of an individual from a facility, or that the woman has delivered the child and placenta.

Transfer: Means the movement (including discharge) of a patient to outside a hospital's facilities at the direction of any person employed by (or affiliated or associated with, directly or indirectly) the hospital. It does not include moving a patient who has been declared dead or who leaves the hospital without permission of any person responsible for directing transfers.

Appropriate Transfer: (Applicable only if the transfer is to another medical facility)

1. The transferring hospital provides medical treatment within its capacity that minimized the risks to the individual's health and, in case of a woman in labor, the health of the fetus. If the provider determines after a medical screening examination that a woman is in "false labor", the provider must certify that the woman is in false labor. ONLY a physician or certified nurse midwife may certify false labor.

2. The receiving facility:
   a. has available space and qualified personnel for the treatment of the individual; and
   b. has agreed to accept transfer of the individual and to provide appropriate medical treatment.

3. The transferring hospital sends to the receiving facility all medical records related to the emergency condition which the individual has presented that are available at the time of transfer, including available history, records related to the individual's emergency medical condition, observations of signs and symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests, and a copy of the informed, written consent/certification to transfer. Other applicable records (i.e., test results not yet available or historical records not readily available) must be sent as soon as practical after transfer or is some cases blood samples may be sent along with the patient for baseline studies.

4. The transfer is effected through qualified personnel and transportation equipment as required, including the use of necessary and medically appropriate life support measures during the transfer.

Refusal to Consent to Transfer: If the Hospital offers to transfer the individual to another medical facility in accordance with established guidelines, and informs the individual (or a person acting on his/her behalf) of the risks and benefits to the individual of the transfer, but the individual (or person acting on the individual's behalf) refuses to consent to transfer, the Hospital will take all reasonable steps to secure the individual's written informed refusal (or that of person acting on his/her behalf). The written document must indicate the person has been informed of the risks and benefits of the transfer and the reasons for the individual's refusal. The medical record must contain a description of the proposed transfer that was refused by or on behalf of the individual.

III. MEDICAL SCREENING AND TREATMENT

Medical screening examination: Any individual requesting an examination or treatment for an emergency medical condition will be provided these services, within the capability of the Hospital. A medical screening examination will be performed on every individual who comes or seeks to come to the emergency room for examination or treatment of a medical condition, unless the individual refuses the screening after being informed the benefits and risks or receiving or not receiving the screening examination. The medical screening examination will be performed by Qualified Medical Personnel (QMP).

A. The QMP shall respond on site to the ER within a reasonable period of time, not to exceed thirty (30) minutes. When the QMP is unable or unwilling to respond to the ER, the RN or Paramedic should first call the Admitting Physician and Administrator on Call.

B. Medical Screening Exam and/or treatment will not be delayed to inquire about the individual's method of payment or insurance status.

If an individual has an emergency medical condition, further medical evaluation and treatment within the capabilities of the staff and facilities will be provided as required to stabilize the emergency medical situation.

IV. TRANSFERS FROM HOSPITAL

A. Policy:

1. Transfer of a patient to another medical facility is permissible and appropriate under the following circumstances:

   a. The patient has received a medical screening examination at the hospital; and

i. The emergency medical condition has been stabilized; or

ii. The individual's emergency medical condition has not been stabilized, but the individual (or legally responsible person acting on the individual's behalf), after being informed of the hospital's obligation to provide further examination and treatment and the risk of transfer, requests transfer to another medical facility; or

iii. The individual's emergency medical condition has not been stabilized, but a QMP has signed the transfer consent/certification that based on available information, the medical benefits reasonably expected from the provision of appropriate medical treatment in another facility outweigh the increased risks of transfer to the individual and, in the case of labor, to the fetus.

b. No patient shall be transferred to another facility without a medical screening evaluation.

2. Refusal of Transfer: If the individual refuses a recommended transfer after having been informed of the risks and benefits to the individual of the transfer, all reasonable steps must be taken to secure the individual's written informed refusal (or that of the legally responsible person acting on his/her behalf) on the transfer consent/certification. Documentation must exist to indicate that the individual was informed of the risks and benefits of transfer and state the reasons for the individual's refusal. The refusal shall be documented with a description of the transfer refused by or on behalf of the individual, and placed in the medical record.

3. Effecting Transfer: Transfer of a patient in an unstabilized emergency medical condition to another medical facility will include the following:

a. Medical treatment will be provided to minimize the risks to the individual's health and, in case of a woman in labor, the health of the fetus.

b. The receiving facility will be contacted to verify that there is available space and qualified personnel for treatment of the individual, and to obtain the receiving facility's agreement to accept transfer.

c. All medical records relating to the individual's emergency medical condition will be sent along with the transferred individual, including records relating to the emergency medical condition, observations of signs or symptoms, preliminary diagnosis, treatment provided, results of any tests, and the individual's written informed consent to transfer.

d. Qualified personnel and transportation equipment will be used for the transfer, including necessary and medical appropriate life support measures.

B. Procedure:

1. In the event a patient must be transferred to another hospital, the procedure should be carried out in a safe and expeditious manner. No patients will be transferred without prior consent of the receiving provider or institution. Patients will be transferred according to the patient's assessed need.

2. Patients may be transferred to another hospital facility when:

   a. Evaluation and stabilization has been done in the Emergency Room;

   b. Expected benefits of treatment at another facility outweigh the risks of transfer;

   c. Appropriate facilities for continued care not available at the hospital;

   d. Specialized physician/diagnostic services are required: e.g., neurologist, orthopedist, urologist, pediatrician, multiple trauma services;

   e. Patient is not in active labor with delivery imminent.

3. The Patient Transfer Form must be completed on all patients transferred from the hospital. Retain original for permanent record, copy to accompany the patient. The Emergency Record may be copied and sent with the patient being transferred.

4. It is the responsibility of the attending practitioner at the hospital to contact the physician who will have charge of the patient's care following transfer.

5. The practitioner, RN or Paramedic in charge of the patient is responsible for:

   a. Documentation and copies of same for transfer;

   b. Notification of receiving facility for acceptance of transfer of patient and patient report;

   c. Informing patient and/or family of need for transfer, obtaining transfer consent, and release of information

   d. Ensuring that personal effects accompany the patient or family.

V. TRANSFERS FROM ANOTHER FACILITY TO HOSPITAL

A. Policy:

The ER provider on duty or on-call will have the responsibility for accepting patients in transfer when contacted directly by telephone by the transferring provider, if the nature of the medical problem is emergent as defined by the Consolidated Omnibus Budget Recognition Act of 1985 as amended (the federal "anti-dumping" statute) and if it is within the scope of care routinely provided at the hospital. Federal law currently defines an "emergency medical condition" as a condition so severe that lack of immediate medical attention will put the health of the patient or the fetus of a woman in active labor, in serious jeopardy or will seriously impair bodily functions or organs. Upon accepting a patient in transfer, the ER physician will promptly notify the on-call consulting physician. Consultant notification should include the referring physician's name and telephone number.

Federal law requires the hospital to accept appropriate transfers of patients with emergency conditions, if the hospital has specialized capabilities not available at the transferring hospital and has the capacity to treat those individuals.

B. Procedure:

If the nature of the patient's problem suggests the need for care which may exceed the capabilities of the hospital, the ER provider on duty or call shall discuss the case with the appropriate on-call consultant before accepting the patient in transfer.

If the ER provider on duty or on-call determines, after consultation with the on-call consultant, that the patient's medical problems exceed the capabilities of the hospital, he or she will suggest alternative referral sites to the transferring provider. It will be the responsibilities of all providers covering the ER to be aware of the scope of services within the hospital's capabilities.

C. Reporting Inappropriate Transfers:

1. If a patient is transferred to the hospital and the receiving ER staff reasonably believe that the general transfer requirements of EMTALA were not met by the transferring hospital, federal regulations require that the improper transfer must be reported to the Iowa Department of Inspections and Appeals within seventy-two (72) hours of the occurrence. When a patient presents to the emergency room in an unstable emergency medical condition, and during the course of care the patient or person acting on his/her behalf states that they have been to a prior facility and were (a) refused care, or (b) told to report to another emergency room/clinic, this may be an inappropriate transfer.

2. The QMP, RN or Paramedic will document any information the patient or person acting on his/her behalf reports to the QMP, nurse, ambulance personnel or any other hospital employee who has contact with them at the time they are in the emergency room. The emergency room QMP, RN or Paramedic should notify the Administrator on Call and/or Chief Nursing Officer or designee that a patient was received who may be an inappropriate transfer. The Chief Nursing Officer or designee will review the record of the emergency room visit on the next business day. The Administrator on Call and/or Chief Nursing Officer should also visit with those present in the emergency room at the time the patient was present. If it reasonably appears that an inappropriate transfer was made, the Chief Nursing Officer or designee will notify the Chief Executive Officer or designee, who will notify the Iowa Department of Inspections and Appeals, Health Facilities Division, at 515-281-4124.

VI. RESPONSIBILITIES

A. QMP

1. Provide medical screening and examination as required, and any further medical evaluation and treatment deemed necessary to stabilize the patient in the event that the patient is determined to be in an emergency medical condition.

2. When transfer of an individual with an unstabilized emergency medical condition is considered, weigh the medical benefits reasonable expected from the provision of appropriate medical treatment at the receiving facility against the increased risks to the individual, and in the case of labor, to the fetus, from effecting transfer. Physician or other non-physician QMP, in consultation with physician, may certify risk and benefits of unstabilized transfer. Physician will subsequently counter-sign the certification of transfer.

3. If transfer is indicated, document those risks and benefits in the patient record, and discuss them with the individual or a legally responsible person acting on the individual's behalf. Sign the physician certification.

4. If an individual (or a person on his/her behalf) refuses a recommended transfer, discuss the individual's right to receive examination, treatment, and/or appropriate transfer, and document the risks and benefits discussed in the patient's record.

5. If an individual (or a person on his/her behalf) refuses medical examination or treatment, discuss the individual's right to receive examination, treatment and/or an appropriate transfer. Documentation in the patient record should include risks and benefits that were discussed and the reason for refusal given by the individual (or person acting on his/her behalf).

B. Registered Nurse:

1. If an individual with an unstabilized emergency medical condition is transferred:

   a. Contact the receiving facility to confirm that space and qualified personnel are available to treat the individual and to confirm that transfer will be accepted.

   b. Prepare copies to send with the transferee of all records related to the emergency medical condition, observations of signs or symptoms, preliminary diagnoses, treatment provided, results of tests, the ER Record and transfer forms. The benefits and risks of an unstabilized transfer must be certified by a provider.

   c. Confirm that qualified personnel and transportation equipment are used to transfer the patient, including the necessary life support equipment.

VII. ON-CALL LIST

A list will be maintained of QMP who are on-call to provide medical assessment, evaluation and necessary treatment to stabilize an individual presenting with an emergency medical condition.

VIII. EMERGENCY LOG

An emergency log shall be maintained, recording each individual who comes or seeks to come to the Emergency Room, and whether he/she was refused transfer, refused treatment, was refused treatment, or whether the individual was screened and treated, screened and admitted to the hospital, stabilized and transferred, or screened and discharged. The following information must be recorded:

- Date
- Time (with AM or PM)
- Patient's name
- Patient's address
- Patient's phone number
- Patient's age and gender
- Admitting RN and Paramedic (or the assisting EMT-I or EMT-B)
- QMP
- Time of QMP notification and time of the QMP's arrival at hospital
- Nature of injury or illness
- Disposition

IX. PATIENTS LEAVING AGAINST MEDICAL ADVICE

Any patient who comes to the Emergency Room seeking examination or treatment of a medical condition, but who desires to leave before a screening examination or emergency treatment can be rendered, must receive an explanation of the purpose and benefits of the proposed screening and treatment and of the dangers and risks of not receiving the screening or treatment. The benefits and risks must be documented on the form entitled Leaving Against Medical Advice, and the patient's signature must be requested. The patient's visit must be entered into the ER logbook. See also the hospital's policy entitled Leaving Against Medical Advice **(PCS .500).**

X. MAINTENANCE OF RECORDS

Medical records and other records relating to individuals transferred to or from the hospital will be maintained for a period of no less than eight (8) years from date of transfer.

XI. SIGNAGE

A sign will be posted conspicuously in the Emergency Room specifying the rights of individuals under federal law with respect to examination and treatment for emergency medical conditions.

Approved by Medical Staff April 12, 2016

Joel Baker, DO
Chief of Staff/Chief Medical Officer