UNC HEALTH CARE

NEREMTALA

Online Course

EMTALA

Tutorial

Revised 5-21-08

EMTALA Training Module

This module is designed to educate health care providers regarding EMTALA and the purpose and use of the UNC Hospitals EMTALA patient transfer order form.

The EMTALA patient transfer order form must be used for patient transfers to any external ACUTE CARE FACILITIES.

This learning module will address the importance of EMTALA and appropriate and consistent use of the EMTALA patient transfer order form throughout UNC Hospitals.

Materials prepared by Elissa Collins-Yoder, RN
Nursing Practice, Education and Research

Penalties for Violations of EMTALA

- Hospital can be fined up to $50,000 for each violation.
- Centers for Medicare & Medicaid Services (CMS) can terminate the Medicare provider agreement with the hospital.

WHAT IS EMTALA?

EMTALA stands for the Emergency Medical Treatment and Active Labor Act. It is a federal law that governs treatment of all individuals and/or transfer of an individual when he/she comes to a dedicated emergency department in a hospital that accepts Medicare/Medicaid funding from the federal government. It was enacted to protect indigent and uninsured patients.

EMTALA requires that all patients who come to the Emergency Department receive a medical screening examination to determine whether or not an Emergency Medical Condition (EMC) exists, and requires that a patient who has an EMC be stabilized before being transferred to another acute care facility or being discharged.

EMTALA does NOT apply to inpatients.

Dedicated Emergency Department

A department or facility located on or off the main hospital's campus that: (1) is licensed as an ER or ED; or (2) is held out to the public as providing emergency care on an urgent basis without the need for an appointment; or (3) based on previous calendar year, treated 1/3 of its patients for emergency medical conditions on an urgent basis without a previously scheduled appointment.

WHAT DOES **EMTALA** REQUIRE UNC HOSPITALS TO DO?

EMTALA requires that we:

- **Screen all patients who present to our Emergency Department to determine whether the patient has an emergency medical condition**
- **Stabilize patients who have an emergency medical condition or present in active labor**

OR

- **Transfer the patient to another external ACUTE CARE FACILITY if the patient requests the transfer or we are not able to provide the specific care needed for the patient.**

COMES TO THE ED

- An individual "comes to the ED" if the individual is on hospital property and: (1) requests examination or treatment for a medical condition; (2) has such a request made on his/her behalf; or (3) if no request is made, a prudent layperson observer would believe, based on the individual's appearance and behavior, that the individual needs an exam or treatment for an emergency medical condition.
- Inpatients and outpatients who did not first present at the ED are not covered by EMTALA.
- Telephone contact by a patient or his/her physician does not constitute "comes to the ED".
- Arrival via ambulance constitutes "comes to the ED".
- EMTALA does NOT apply to inpatients.

MEDICAL SCREENING EXAMINATION (MSE)

- MUST be performed to determine, with reasonable clinical confidence, whether an emergency medical condition exists
- Must be uniform for all patients with similar complaints
- Triage is NOT a MSE
- Is performed by “qualified medical personnel”
- Is given to all individuals who come to the ED, including minors without a parent
- Includes ancillary services, such as laboratory tests, radiology studies, or consultations, as appropriate
- **Cannot be delayed to inquire about method of payment**
- MUST be documented; detailed documentation required when patient refuses a MSE or leaves without being examined or AMA because CMS will presume the patient left because the hospital denied or unreasonably delayed the exam
- If MSE reveals an emergency medical condition, individual cannot be discharged or transferred until stabilized.

What is an "Emergency Medical Condition"?

- An "emergency medical condition" is a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the individual (or the health of a pregnant woman or her unborn child) in serious jeopardy; or serious impairment to any bodily functions; or serious dysfunction of any bodily organ or part. For a pregnant woman, it means 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 the unborn child.
- If qualified medical personnel determine after an appropriate medical screening examination that no emergency medical condition exits, EMTALA obligations cease.

What is meant by “stabilized”?

- Within reasonable medical probability, no material deterioration of the patient’s condition is likely to result from or after the discharge or transfer, or is not likely to occur during the transfer
- For pregnant patients, the patient is not stable until the infant(s) and placenta have been delivered.
- A psychiatric patient is stabilized when he/’she is no longer considered to be a threat to himself/herself or others.

So when can we transfer a patient?

- If the patient requests a transfer
- After the patient has been stabilized
- When the hospital lacks the medical capability to stabilize the patient
- When the hospital lacks the bed capacity to provide services to the patient. There must be no appropriate beds available after moving all patients who can be appropriately moved to other beds.
- While an “emergency” exists, patients can be transferred only under the circumstances described below.

What is an appropriate transfer?
When all of the following occur:

- MD has performed a medical screening examination
- Patient has been stabilized as far as possible within the limitations of the hospital
- Receiving facility has the capability to manage the patient's condition and any reasonably foreseeable complications, and has the available bed capacity
- MD at receiving hospital has been contacted, agrees to the transfer, and has the necessary facilities to treat the patient
- Patient or his/her authorized representative agree to the transfer
- Transferring MD has ***documented*** on our transfer form (MIM #580) that the benefits of transfer will outweigh the risks and filled out all other relevant sections and signed the form
- Copies of all medical records from the ED ***MUST*** accompany the patient
- Patient transferred with qualified personnel and equipment
- **Must use UNCH's transfer form, which includes the physician's certification. It also serves as the physician's order for the transfer.**

Paperwork

Patient Transfer Form [MIM #580]

- This is a concise form to document: (1) the need for and appropriateness of the transfer; (2) the hospital and physician that are accepting the patient; (3) mode of transportation of the patient; and (4) who has taken report on the patient.
- Needs to be done for **all** patients being transferred out
- Patient/authorized representative must be informed of risks and benefits of the transfer and consent to the transfer
- Needs to be **signed by an MD, usually the ED physician.**
- Consent does not need to be obtained for an involuntary commitment.

Paperwork

Patient's chart

- **Copy all available medical records** pertinent to the patient's present condition, including the signed "Patient Transfer Form", to send with the patient at the time of transfer. **The original Transfer Form, as well as a copy of any involuntary commitment Order, are to be kept in the UNC HCS Medical Record for any type of transfer.**
- **Discharge summary:** A copy of the discharge summary goes with the patient at the time of transfer.

Paperwork

Patient Transfer Form [MIM #580]

- Patient/authorized representative must be informed of risks and benefits of the transfer and consent to the transfer
- Consent does not need to be obtained for an involuntary commitment.

WHAT AREAS AT UNC HOSPITALS USE THE PATIENT TRANSFER ORDER FORM?

ALL AREAS caring for patients use this form when transferring a patient from UNC Hospitals to another external ACUTE CARE FACILITY.

At this time, transfers to nursing homes or transfers within the UNC Health Care System do not require use of this form.

The areas using the form the most will be the Emergency Department, Carolina Air Care, and the Psychiatry Department because these areas transfer patients most frequently from UNC Hospitals to other external ACUTE CARE FACILITIES.

WHAT SECTION OF THE FORM IS THE **RN** RESPONSIBLE FOR COMPLETING?

The only section the RN is responsible for completing is Section VII at the bottom.

HOWEVER

If an RN takes a Verbal Order from the physician for the transfer of the patient, then the RN taking the Verbal Order is responsible for making sure the ENTIRE FORM is complete.

This may include the RN filling out the entire form if the physician isn't present to complete Sections I – VI. If at all possible, the RN should NOT take a Verbal Order for the transfer of a patient.

Per UNC Hospitals Policy, RNs can take Verbal Orders in urgent or emergent situations. The RN should make sure the physician signs the form, before the patient is transferred.

WHAT SPECIFICS SHOULD I KNOW ABOUT THE PATIENT TRANSFER ORDER FORM?

- **The physician is responsible for completing Sections I – VI and discussing the medical "Risks and Benefits" of the transfer with the patient and documenting on the Transfer Order Form the risks and benefits of transfer (section III). The physician must sign the form prior to transfer.**
- **The RN is responsible for completing Section VII, unless a Verbal Order is taken for the transfer.** *Remember the previous slide?* **There's a specific area on the form for the RN taking the Verbal Order to write in the physician's name See just above Section VII.**
- **Even if there's NO Emergency Medical Condition (EMC), the form must be completed for the transfer. Any patient who is homicidal, suicidal, a threat to himself or others, or involuntarily committed, has an EMC and that block should be checked on the Transfer Order Form (section I).**
- **A copy of the form must accompany the patient on the transfer. That's why the form is in duplicate. A copy of the form must also be maintained in the patient's UNCH medical record.**
- **In Section VI there's a choice of whether the patient "Consents to" the transfer requested by the physician or the patient "Requests" the transfer. The appropriate box *must* be checked, and reason for transfer *must* be filled in.**

The patient/authorized representative MUST sign the transfer form in Section VI.

WHAT ARE THE CONSEQUENCES FOR THE STAFF AND UNC HOSPITALS IF WE FAIL TO COMPLY WITH EMTALA?

EMTALA is a federal law. If UNC Hospitals fails to comply, we could face substantial fines.

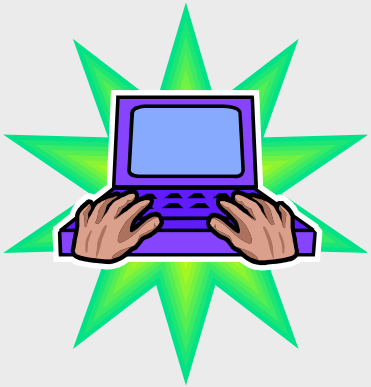
The Patient Transfer Order Form is designed to document our compliance with EMTALA.

With repeated, unresolved violations, UNC Hospitals could lose its certification as a Medicare provider, with the potential loss of 60% of its reimbursement.

WHERE CAN I GET PATIENT TRANSFER ORDER FORMS?

They can be ordered from Central Distribution.

The Lawson number for ordering from CD is #MID050092.



Bed Availability For Transfers Out

- The receiving physician or facility should contact you when a bed is available. Ask for the phone number of the receiving unit. Clarify who is arranging for transport of the patient.
- Outside facilities requesting ED to ED transfer to UNCH should call 1-800-806-1968. This line goes directly to the Transfer Center, which will arrange the transfer and connect the transferring facility to UNCH's ED physician.

Report for Transfers Out

- Contact the receiving facility unit/floor to give verbal report to a nurse.
- Document the name of the nurse on the transfer paper. This ensures continuity of care.
- Be sure that you report anything that may be a part of ongoing care (medications, need for further or follow up tests).

Completeness of Paperwork

- Prior to transporting the patient to the receiving hospital, all paperwork should be reviewed for completeness. The patient should not be transported unless the paperwork, especially the Patient Transfer Order Form (MIM # 580), is complete.

Documentation

- Documentation in nursing notes MUST include:

  - condition of patient at transfer

  - type of transport, including personnel and equipment; and

  - vital signs prior to leaving.

RECEIVING EMTALA TRANSFERS

- UNCH has the absolute duty to accept EMTALA transfers for higher level of care not available at the requesting hospital if we have the space and appropriate personnel for treating the patient.
- An example would be a burn patient from a hospital that does not have a burn unit.
- No “dumping” of patients is allowed.
- Our contact number for such transfers is 1-800-806-1968.

REPORTING VIOLATIONS OF EMTALA

- Must report violations to CMS & failure to report may subject hospital to termination of its provider agreement
- Examples of violations would include: (1) transferring a patient with an unstable emergency medical condition without obtaining acceptance from the receiving hospital; (2) transferring a patient with an unstable condition without using available equipment or transportation to limit deterioration during transfer; (3) refusal to provide stabilizing treatment after an emergency medical condition has been identified; (4) refusal of an on-call physician to provide stabilizing treatment when that refusal causes the hospital to transfer the patient to another hospital to receive such treatment; (5) delay in treatment based on lack of insurance or indigency.

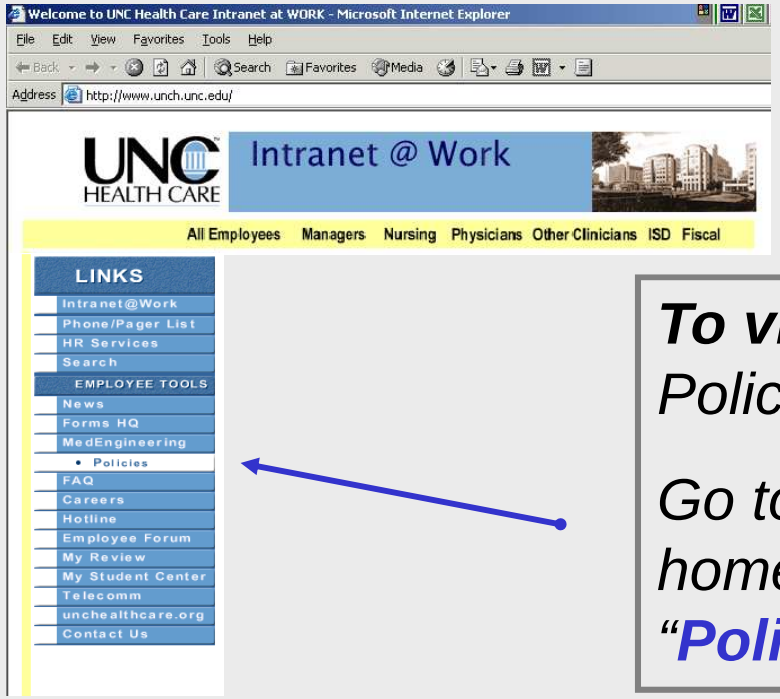
MISCELLANEOUS

- Must post signs in dedicated ED, which includes labor and delivery for UNCH, explaining patient rights under EMTALA
- A central log must be kept of all individuals who “come to the ED”
- Central log must indicate disposition of patient, including whether patient refused treatment, facility refused to treat, and whether patient was treated, stabilized, transferred or discharged
- Central log must be kept for 5 years
- List of physicians on call must be kept for 5 years

Where can I get more information on EMTALA??

The UNC Health Care System EMTALA Policy is a Health Care System Administrative policy, not a Nursing Policy. You must go to the *UNC Health Care System Policies & Procedures Manual* to access it.

NOTE: The policy is titled "Treatment of Patients with Emergency Medical Conditions" NOT "EMTALA" (but still listed under "E" for Emergency).



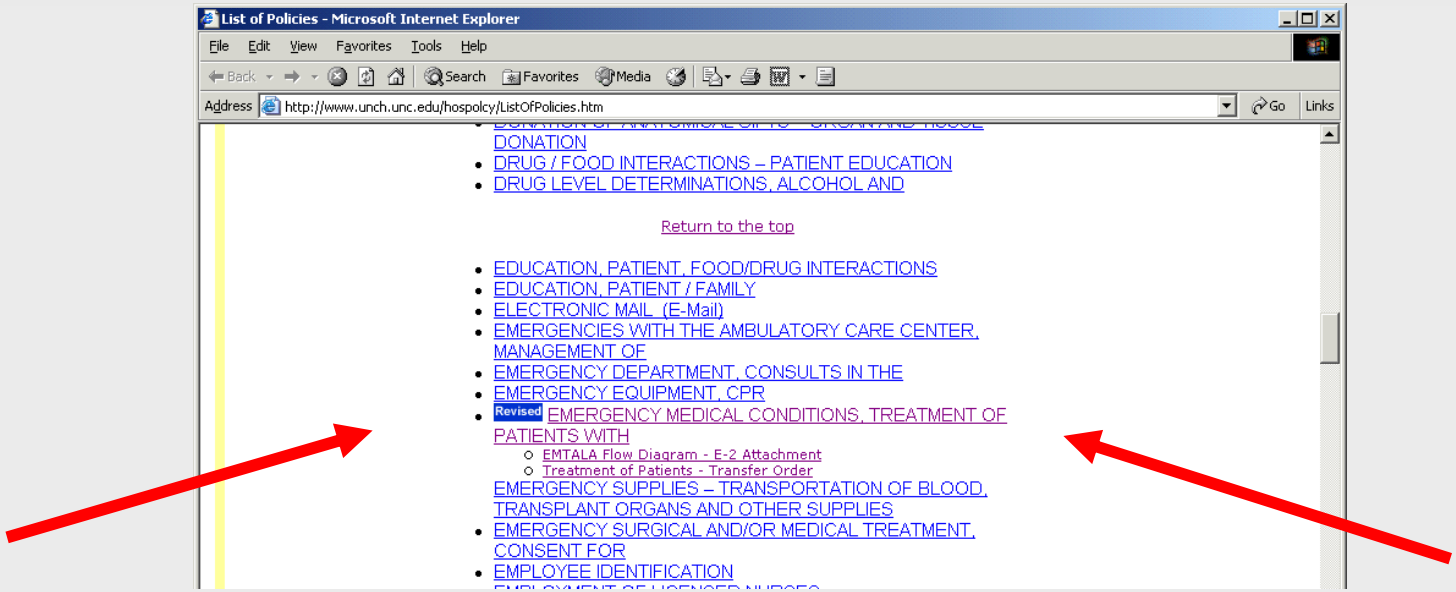
***To view** the **EMTALA** Policy:*

*Go to the **Intranet at Work** homepage and select "**Policies**"*

1. *Select "**UNC Health Care System Policies & Procedures**" from the links at the bottom of the page.*

2. *Select "**Policies**" from the next screen.*

3. *Under "**E**" or by scrolling down the page you will find the policy and downloadable attachments under "**Emergency Medical Conditions-Treatment of Patients with**".*



EMTALA Policy, Procedures and Forms

Links are available below for viewing:

1. "Treatment of Patients with Emergency Medical Conditions" **(EMTALA policy)**

   (Click here to view policy)

2. EMTALA Patient Transfer Order Form ***(Click here to view)***

EMTALA Transfer Procedures *(attachment 1 in policy)*

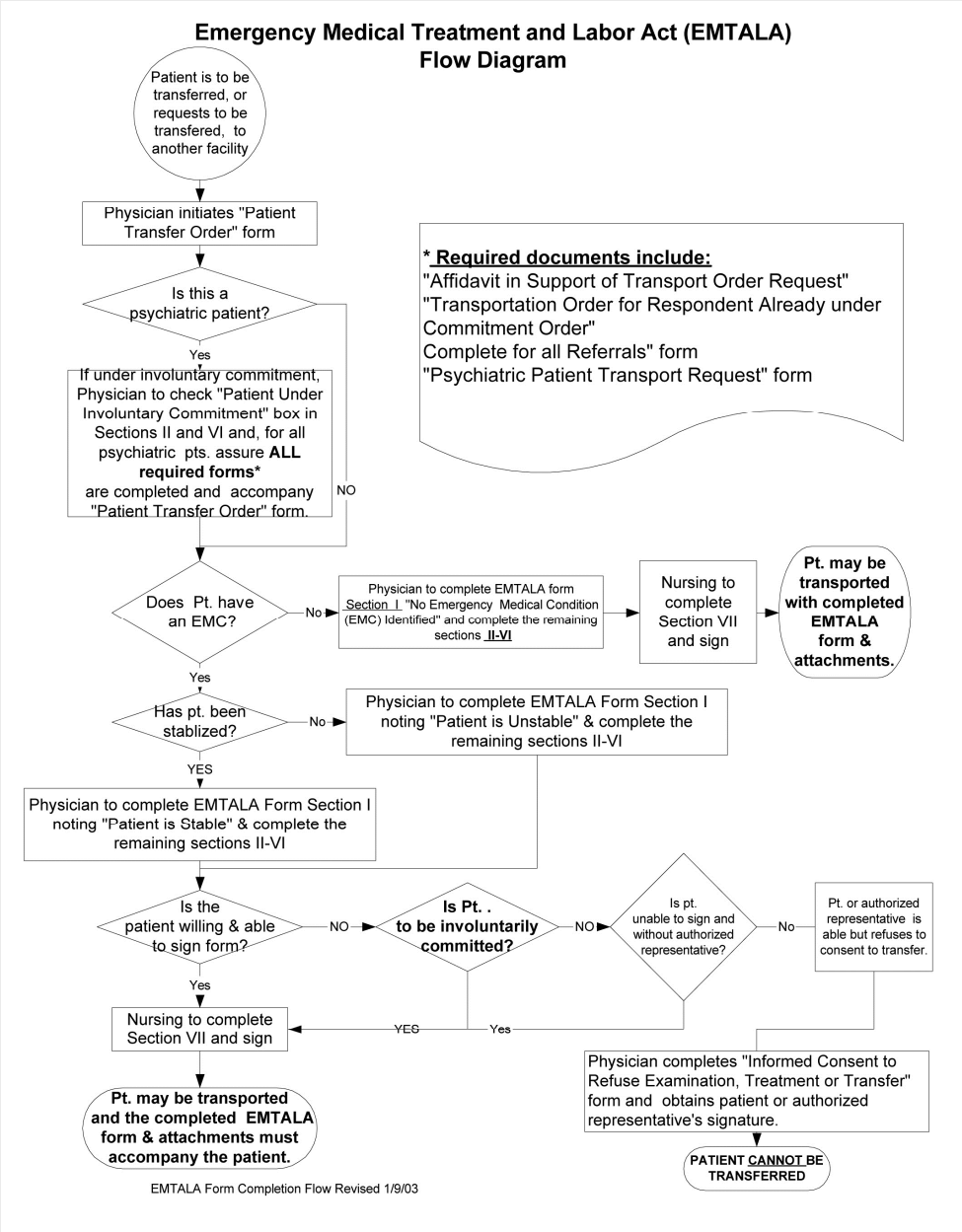
1. All patients are screened per existing procedures.

2. For all patients to be transferred to any external acute care facility, the Patient Transfer Order Form (MIM# 580) must be filled out completely.
   - **a.** If no emergency medical condition (EMC) is present, appropriate box on form is checked, remaining applicable portions are completed, physician signs form, nursing completes Section VII, and transfer is effected.
   - **b.** If EMC is present:
     - I. If patient is stable, appropriate box on form is checked, rest of form is filled out, patient/authorized representative must sign consent portion of form, and transfer is effected.
     - I. If patient is not stable, appropriate box on form is checked, rest of form is filled out, patient/authorized representative must sign consent portion of form, and transfer is effected.
   - **c.** If patient refuses to consent to treatment or to transfer, “Informed Consent to Refuse Examination, Treatment or Transfer” form must be completed with patient/authorized representative signature.
   - **d.** Document whether family has been notified of the transfer.

3. For patients in the Psychiatry Department or Psychiatric patients in the ED, the Patient Transfer Order Form must be filled out as above in addition to the following forms: “Affidavit in Support of Transport Order Request”, “Transportation Order for Respondent Already under Commitment Order”, “Complete for all Referrals” form, and “Psychiatric Patient Transport Request”. If patient is subject to involuntary commitment, the box in “reason for transfer” is checked, and in “Patient Consent” portion of Patient Transfer Order, the “Patient Under Involuntary Commitment” box is checked in lieu of patient consent, or responsible person signs, if available.

4. With respect to requests for incoming transfers to ED, “Emergency Medical Treatment and Labor Act Transfer Acceptance or Denial” form is completed.

EMTALA Flow Diagram



Patient Transfer Order

UNC HOSPITALS
CHAPEL HILL, NORTH CAROLINA 27514

PATIENT TRANSFER ORDER
MIM #580

SECTIONS I THROUGH VI TO BE COMPLETED BY PHYSICIAN
I. MEDICAL CONDITION: Diagnosis

A. ? **No Emergency Medical Condition (EMC) Identified:** This patient has been examined and an EMC has not been identified.
OR
B. An EMC has been Identified and:

? **Patient Stable:** This patient has been examined, an EMC has been identified and stabilized such that, within reasonable clinical confidence, no material deterioration of the patient's condition is likely to result from or occur during transfer.

? **Patient Unstable:** The patient has been examined, an EMC has been identified and patient is not stable, but the transfer is medically indicated and in the best interest of the patient.

I have examined this patient and based upon the reasonable risks and benefits described below and upon the information available to me, I certify that the medical benefits reasonably expected from the provision of appropriate medical treatment at another facility outweigh the increased risk to this patient's, and in the case of labor to the unborn child's, medical condition that may result from effecting this transfer, or I certify that the patient has requested a transfer after discussion of the risks and benefits of the transfer.

II. REASON FOR TRANSFER: ? Medically Indicated ? Patient Requested ? Involuntary Commitment (to more appropriate facility)
? UNC On-call physician refused or failed to respond within a reasonable period of time. ? Other _____
On-call physician Name: _____ Address_____

III. RISK AND BENEFIT FOR TRANSFER:

Medical Benefits:	**Medical Risks:**
? Obtain level of care/service not available at this facility. Service: _____ ? Benefits outweigh Medical Risks of Transfer	? Worsening of condition or death if not transferred. There is always risk of traffic delay/accident, pain and discomfort on movement and the limitations of equipment and personnel in the vehicle, all of which may result in condition deterioration.

IV. MODE/SUPPORT/TREATMENT DURING TRANSFER AS DETERMINED BY PHYSICIAN – (Complete Applicable Items):
Mode of transportation for transfer: ? BLS ? ALS ? Helicopter ? Neonatal Unit ? Private Car ? Police ? Other _____
Agency: _____ Name/Title of accompanying hospital employee: _____
Support/Treatment during transfer: ? Cardiac Monitor ? Oxygen – (Liters): _____ ? Pulse Oximeter ? IV Pump
? IV Fluid: _____Rate: _____ ? Restraints – Type: _____ ? Other_____ ? None
Radio on-line medical direction control (if necessary): ? Transfer Hospital ? Destination Hospital ? Other

V. RECEIVING FACILITY AND INDIVIDUAL: The receiving facility has the capability for the treatment of this patient (including adequate equipment and medical personnel) and has agreed to accept the transfer and provide appropriate medical treatment.

Receiving Facility / Person accepting transfer: _____ Time: _____

Receiving MD _____

VI. COMPLETED BY PATIENT *OR* CHECK HERE ? IF PATIENT UNDER INVOLUNTARY COMMITMENT
PATIENT CONSENT TO "MEDICALLY INDICATED" OR "PATIENT REQUEST" TRANSFER (SPANISH TRANSLATION ON REVERSE):
? I hereby **CONSENT TO TRANSFER** to another facility. I understand that it is the opinion of the physician responsible for my care that the benefits of transfer outweigh the risks of transfer. I have been informed of the risks and benefits upon which this transfer is being made.
? I hereby **REQUEST TRANSFER** to _____. I understand and have considered the hospital's responsibilities, the risks and benefits of transfer, and the physician's recommendation. I make this request upon my own suggestion and not that of the hospital, physician, or anyone associated with the hospital.
The reason I request transfer is: _____
Signature: _____ ? Patient ? Responsible Person Relationship to patient _____
Witness: _____
FAMILY NOTIFIED OF TRANSFER: ? Yes ? No Explanation: _____

Based on the above and my professional medical judgment, I hereby certify that, based on the information available to me at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical care at another medical facility outweigh the increased risks of transfer to the individual, or the unborn child in the case of a woman in labor, or I certify that the patient has requested a transfer after discussion of the risks and benefits. I direct that the patient be transferred pursuant to these instructions.

TRANSFERRING PHYSICIAN SIGNATURE _____ Date/Time:_____
OR Verbal Order Per Dr. _____ by _____ RN/Qualified Medical Personnel _____Date/Time _____

SECTION VII TO BE COMPLETED BY NURSING STAFF

VII. ACCOMPANYING DOCUMENTATION: sent via: ? Patient/Responsible Party ? Fax ? Transporter
? Copy of Pertinent Medical Record ? Lab/EKG/X-Ray ? Copy of Transfer Form ? Court Order ? Advance Directive
? Other_____
Report given (Person/Title): _____
Time of Transfer: _____ Date: _____ Nurse Signature: _____Unit: _____
Vital signs Just Prior to Transfer: T _____ Pulse _____ R _____ BP _____ Time: _____

CONGRATULATIONS

You have now successfully completed the online EMTALA tutorial. In order to get credit you must now follow the directions below to verify that you have reviewed this material.

Certification

Please exit this presentation, print and complete the certification page and return it to your Departmental Credentialing Coordinator with your new or reappointment application packet.