

EMTALA Essentials for the OB Department

EMTALA (the federal Emergency Medical Treatment and Active Labor Act) was adopted in 1986. EMTALA has been amended and expanded over subsequent years. The regulations address the obligations of hospitals and to provide non-discriminatory emergency care to all persons, regardless of the person's ability to pay.

Potential consequences for violating EMTALA include:

- Loss of revenue by loss of the hospital's ability to bill Medicare
- Loss of hospital license
- Fines to the hospital and individual physicians
- Claims by private citizens in Federal Court for monetary damages
- Negative publicity

EMTALA REQUIREMENTS

All patients presenting for care in Triage/Labor and Delivery shall receive a medical screening examination by a qualified provider, delineated in the Medical Staff Rules and Regulations. If the practitioner determines that the patient is in labor or that she has an Emergency Medical Condition, the hospital shall provide necessary medical care and service within its capability to deliver the baby (including the placenta) and/or stabilize any Emergency Medical Condition. If the practitioner determines that the patient does not have an Emergency Medical Condition and is *Not in Active Labor*, is stable for discharge home, the patient may be discharged. Any patient deemed *Not in Active Labor* must have a certification by a qualified provider concluding that the patient is *Not in Active Labor* and stable for discharge.

Excessive delays in medical assessments and care can be viewed as a failure to provide medical screening.

Medical screening is an ONGOING process. The exam consists of ongoing evaluation of fetal heart tones, regularity and during of contractions, fetal position and station, cervical dilation, and the status of amniotic membranes. Documentation throughout the patient's stay is very important. Documentation of medical screening includes, but is not limited to provider notes, nursing assessments and notes, results of diagnostic testing, and consultation reports.

- The initial examination should document the time of exam, cervical dilation and effacement, status of amniotic membranes, uterine contraction frequency/duration/intensity/pattern, urge to push, maternal vital signs, any noted edema, acute or uncontrolled medical conditions, frank vaginal bleeding, fetal heart as indicated by gestational age, fetal position, and fetal station.
- Subsequent impressions and plan (after diagnostic testing or treatment) should be documented, dated, and timed.
- The patient's condition on discharge or transport to a bed for admission should be documented by the care team.
- If going home, discharge instructions, including an appropriate plan for follow-up care, should be documented.
- For patients who are to be transferred, the EMTALA transfer record should be completely filled out including: medical condition, mode/support/treatment during transfer as determined by the physician, risk and benefit of transfer, reason for transfer, receiving individual and facility, accompanying documentation, and patient consent or reason for transfer.

ACCEPTING PATIENTS FROM OTHER FACILITIES: If we have the capability and capacity to care for the patient, we are required to accept the transfer.

CONCERNS OR CONFLICTS SHOULD BE IMMEDIATELY ESCALATED TO OB LEADERSHIP

SUMMARY OF EXPECTATIONS

All women presenting to Triage/Labor and Delivery requesting a medical evaluation will be registered and assessed. Assessment will be completed by a qualified provider. A medical screening exam will be completed and documented in the electronic health record. If an emergency medical condition exists or active labor is diagnosed, the patient will be admitted to Labor and Delivery. If the patient does not have an emergency medical condition, is *Not in Active Labor*, and is stable for discharge, the patient may be discharged with appropriate discharge instructions and plan for follow-up care. Any patient deemed *Not in Active Labor* shall have a certification of false labor documented. If the patient declines medical care for any reason, appropriate protocols and documentation requirements will be followed.



EMTALA Attestation:

I read and understand the EMTALA requirements. I know my role in ensuring adherence to the requirements including escalation of concerns to OB leadership as needed.

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____ **Time:** _____