BRONSON

EMTALA Essentials for the Emergency 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 physicians 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

EMTALA requires that a hospital must provide an appropriate medical screening exam within the capabilities of its Emergency Department to any individual requesting emergent medical treatment; or, based upon a person's appearance or behavior that a prudent layperson would believe that individual needs emergency treatment. A medical screening exam must be performed by an approved provider and the examination must correspond with the individual's presenting signs and symptoms.

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

Medical screening is an ONGOING process. Provider and nursing documentation throughout the patient's stay is very important. Essential documentation points:

- 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 practitioner examination should reflect on the Chief Complaint, History of Present Illness, Review of Pertinent systems, Focused Physical Examination, Clinical Impression, and Plan.
- Subsequent Physician Impressions and Plan (after diagnostic testing or treatment) should be documented, dated, and timed.
- The patient's condition upon discharge or transport to a bed for admission should be documented by clinical personnel.
- Discharge instructions, including an appropriate plan for follow-up care should be documented for patients discharged home or to another care facility.
- The EMTALA transfer record should be completely filled 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 ESCALATED TO EMERGENCY DEPARTMENT LEADERSHIP.

SUMMARY OF EXPECTATIONS

All persons presenting to the Emergency Department at Bronson Battle Creek, Bronson Lakeview, Bronson Methodist or Bronson South Haven requesting a medical evaluation will be registered and assessed. A medical screening exam will be completed by a qualified provider and documented in the patient's electronic health record. If an emergency medical condition exists or active labor is diagnosed, the patient will be provided with stabilizing care up to and including admission or transfer when appropriate. 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. If the patient declines medical care for any reason, appropriate protocols and documentation requirements will be followed.

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EMTALA Attestation:

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

Print Name: _____ **Title:** _____

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