



New Hanover
Regional Medical Center

EMTALA

What You Need to Know
as an NHRMC Volunteer

Content originally presented by Carolina Healthcare Systems

Objectives

1. Learner will be able to describe the EMTALA law.
2. Learner will be able to describe the medical screening exam & EMTALA implications of an emergency medical condition.
3. Learner will be able to describe EMTALA implications for patient transfers.
4. Learner will be able to correctly apply EMTALA regulations two clinical scenarios.



What is EMTALA?

Emergency Medical Treatment and Labor Act

- Original purpose was to prevent uninsured patients from being dumped on public hospitals
- Now includes transfer and on-call requirements





Basic Law

Any person who comes to the emergency department must undergo a medical screening examination by a qualified medical professional to determine if they have an emergency medical condition, in which case, they must be stabilized or appropriately transferred to another facility.



Who Has to Comply with EMTALA?

- Medicare hospitals with “dedicated emergency rooms”
 - Emergency Department
 - Hospitals with urgent cares on their campus
 - Facilities advertised as treating emergency conditions without an appointment
 - Facilities where 1/3 of the prior year’s patient base was emergency



When Does EMTALA Stop Applying?

- Person is stabilized
- Person is admitted as an inpatient
 - Except when a woman is in active labor, in that case, EMTALA continues to apply regardless of inpatient status.
- Person is properly transferred



Any Person Means **ANY** Person

EMTALA applies regardless of a person's insurance status, race, nationality, etc.

Physicians cannot select out their own patients: any person who comes to the ED and triggers EMTALA must be treated the same



Look Beyond the ED Walls for Emergency Medical Conditions

EMTALA applies when a person “requests” examination or treatment for an **emergency** medical condition **anywhere** on hospital property.

Example: If a person wanders into the radiology department with chest pain, EMTALA is triggered even though the person is not at the ED because he has an “emergency medical condition”.

EMTALA extends to 250 yards around the main hospital campus buildings

Example: If a person collapses on the sidewalk outside of the ED, EMTALA is triggered

“Request”: A prudent layperson would believe that they need emergency medical treatment based on their appearance or behavior

Example: If a person comes to the ED asking for directions to the hardware store but is bleeding from a head wound, they are making a “request” under EMTALA.



What is a Medical Screening Examination? ("MSE")

- "MSE": A medical evaluation to determine whether the person has an "emergency medical condition" ("EMC")
- Scope of the MSE should be reasonably calculated to determine (with reasonable clinical confidence) if the person's condition constitutes an EMC



Who Can Do The MSE?

Medical professionals who are deemed qualified to conduct MSEs by the hospital bylaws. At NHRMC, the MSE must be conducted by the physician, PA or FNP.

It is not an EMTALA violation if a person refuses the MSE if:

- Provider documents that he explained the examination and treatment, the risks and benefits they present, and that the person refused the MSE
- Reasonable attempts have been made to have the person sign a refusal of MSE (document attempt)





Does The MSE Reveal An “Emergency Medical Condition”?

Emergency Medical Conditions (“EMC”) are medical conditions with such acute symptoms (including severe pain) that, if not given immediate medical attention, would likely:

- Place the person’s health in serious jeopardy;
- seriously impairs the person’s bodily functions; or
- cause serious dysfunction in the person’s bodily organs or parts.



When Pregnancy Is An EMC

- The woman is having contractions and
 - There is not enough time to safely transfer her before delivery
- OR**
- Transferring the woman could pose a threat to the safety and health of the patient or her unborn child.



When Mental Illness Is An EMC



If the person is grossly psychotic or expresses suicidal or homicidal thoughts or gestures that would be dangerous to themselves or others, then they have an EMC.



If The MSE Reveals An EMC, Stabilize The Condition

Hospital must provide stabilizing treatment for an EMC within its capabilities and capacity.

- **Capability of the facility** means the physical space, equipment, supplies, and specialized services of the hospital.
- **Capability of the staff** means level of care personnel can provide based on their training and scope of professional license.
- **Capacity** means beds, staff and equipment, but also takes into account whether hospital customarily accommodates patients in excess of occupancy limits.

When Is A Person Stable?

The person is “stable” when:

The treating physician/other attending ED medical professional has determined (with reasonable clinical confidence) that the EMC has been resolved

No material deterioration of the condition is likely to result from or occur during a transfer within a reasonable medical probability



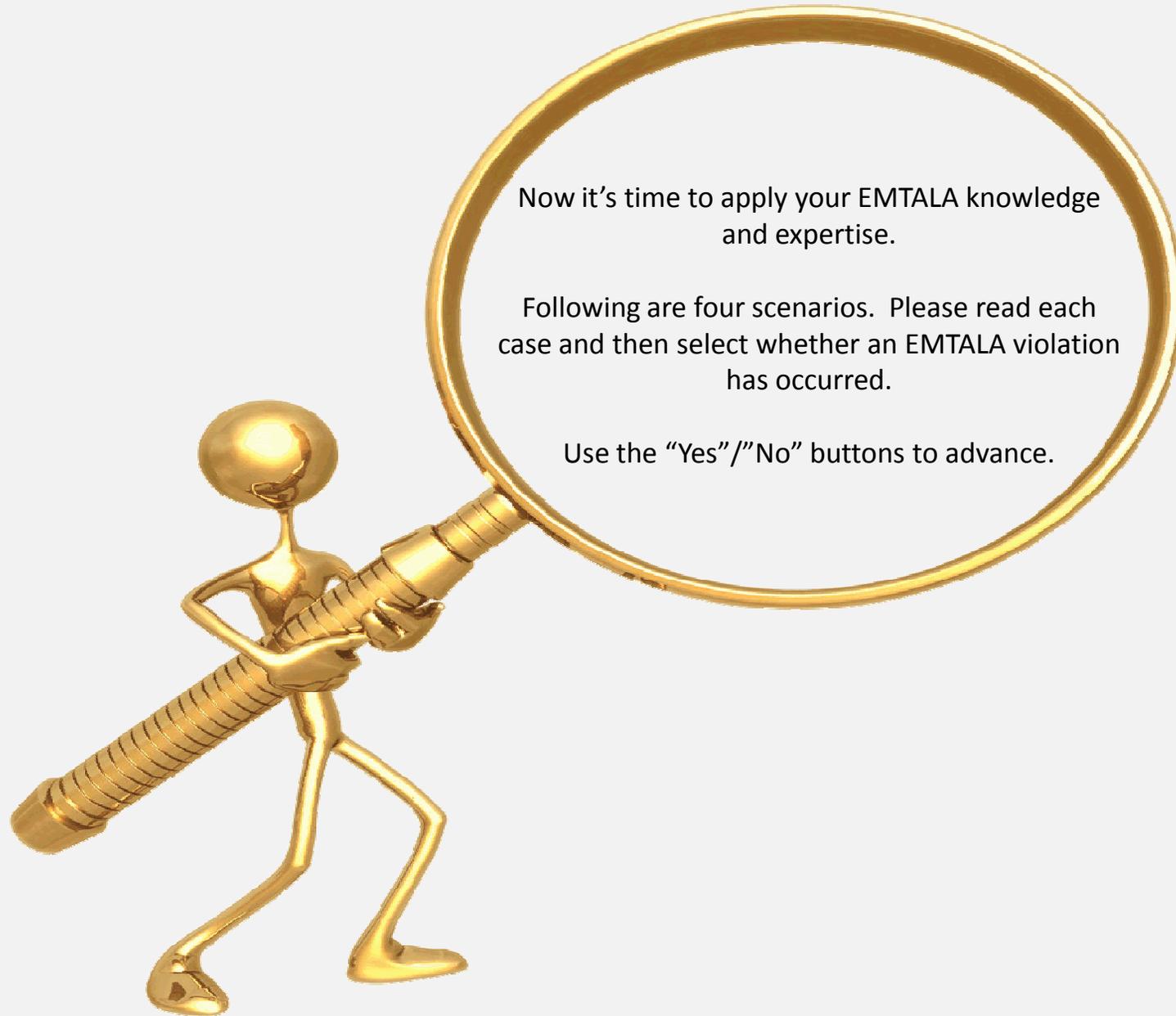
If EMC Cannot Be Stabilized, Person Can Be Appropriately Transferred

- If a person's EMC cannot be stabilized at this facility and all applicable resources have been exhausted to treat the EMC, the person must be transferred to a facility that has the capacity and capability to do so.



Penalties For Substantiated EMTALA Violations

- \$50,000 fine for hospitals with 100+ beds per violation
- \$50,000 fine for physician who examines, treats or transfers a patient in violation of EMTALA
 - This is NOT covered by malpractice insurance
- Possible termination from participation in Medicare
 - Worth millions of dollars of revenue
 - Bad publicity



Now it's time to apply your EMTALA knowledge and expertise.

Following are four scenarios. Please read each case and then select whether an EMTALA violation has occurred.

Use the "Yes"/"No" buttons to advance.



ED Intake Scenario

A patient arrives at the ED intake area and asks a volunteer what the wait times are at the OH ED. The volunteer states that there is no waiting and provides the patient with a map to the OH.

EMTALA violation?



YES – an EMTALA violation has occurred

The patient was not provided a medical screening exam at NH ED.



Urgent Care Scenario

A woman arrives at ED N and states that she has sprained her ankle. She goes on to explain that she likely does not require the services of an emergency department. The volunteer inquires about her insurance status. After finding out that the patient has premium private insurance, the volunteer refers her to Medac.

EMTALA violation?



YES – an EMTALA violation has occurred

The volunteer inappropriately discussed the patient's insurance/financial status before the medical screening exam was completed. Then, no medical screening was offered.



Thank you for reading *EMTALA: What You Need to Know*.

To complete this learning activity:

- * Add your printed name and signature to the sign-in sheet**
- * Take the 5-item post test and submit to Volunteer Services leadership**

*A HUGE thank you from the ED leadership team & staff for
your commitment to our department and the
invaluable contributions you make every day!*



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About this module

This module was originally developed & published by the Carolina Healthcare Systems. Reviewed & approved for use at NHRMC by Christy Spivey, RN & Joni Mitchem, RN.

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