

<b>Sanford Policy ENTERPRISE Compliance:</b>	<b>EMTALA Compliance- Enterprise</b>
	<b>APPROVED BY:</b> SENIOR VICE PRESIDENT, REGULATION & CHIEF COMPLIANCE OFFICER
<b>DATE REVIEWED/REVISED:</b> 10/21/2021	<b>FORMULATED BY:</b> VICE PRESIDENT, COMPLIANCE AND AUDIT SERVICES

**SCOPE**

All Sanford Employees; All Sanford Entities

**PURPOSE**

Sanford Health facilities with Dedicated Emergency Departments shall comply with all applicable laws and regulations pertaining to provisions of Emergency Medical Treatment and Active Labor Act (EMTALA). This applies to all individuals who have presented on hospital property seeking emergency care.

**Definitions**

**Dedicated Emergency Department (DED)** refers to any department within Sanford that meets one of the following criteria:

- Is licensed by the State in which it is located under applicable state law as an emergency room or emergency department;
- Is held out to the public (by name, posted sign, advertising or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment;
- Based on a representative sample of patient visits that occurred during that calendar year, at least one-third of its entire outpatient visits were for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment.

**Off Campus Department** refers to any department of a hospital within Sanford which is located more than 250 yards from the main building. The Off Campus Department is either created by, or acquired by, the hospital for the purpose of furnishing health care services of the same type as those furnished by the hospital under the name, ownership, financial, and administrative control of the hospital. These departments do not include those termed by the Centers for Medicare & Medicaid Services (CMS) to be Rural Health Clinics.

**Qualified Medical Professional (QMP)** refers to those individuals who have been determined qualified by each hospital’s governing body, Medical Staff bylaws, or Medical Staff rules and regulations to perform a medical screening examination. The medical screening examination shall include ancillary services routinely available to the DED.

**POLICY**

All individuals, including unaccompanied minors, presenting to the DED seeking emergency care, regardless of their diagnosis, race, color, religion, national origin, gender, age, disability, insurance status or ability to pay, shall receive a medical screening examination by a qualified medical person (QMP) to determine if an

Copyright© Sanford

This policy is copyrighted by Sanford. It is protected by international copyright and trademark laws. It is for internal use only. You may not reproduce, republish or redistribute material from this policy without express written consent of Sanford.

emergency medical condition exists, prior to any inquiry regarding insurance or financial status. There shall be no debt collection activity that interferes with the provision of emergency medical care. For individuals enrolled in a managed care plan, prior authorization from the plan shall not be required or requested before providing an appropriate medical screening examination and/or necessary stabilizing treatment.

These standards are intended to outline the basic compliance requirements relative to individuals seeking emergency treatment. More detailed rules and procedures can be found in each hospital's specific policies.

### **PROCEDURE**

An individual seeking emergency care is considered to have presented to the hospital if the individual presents to the hospital's campus or to a DED located within an off campus department. The hospital's campus is defined as the physical area immediately adjacent to the hospital's main buildings, other areas and structures that are not strictly contiguous to the main buildings but are located within 250 yards of the main buildings, and any other areas determined on an individual case basis by the CMS regional office.

For off campus DEDs routinely staffed by physicians, registered nurses, or licensed practical nurses, a QMP will perform the medical screening examination. The QMP may complete the screening and provide any necessary stabilizing treatment, or arrange an appropriate movement or transfer in accordance with each hospital's written protocols. The off campus facility may activate EMS prior to contacting emergency personnel at the respective hospital main campus if delay in such contact would endanger the individual. Medical screening and stabilization in off campus DEDs will not be delayed because of non-emergency caseload.

An emergency medical condition is one manifesting symptoms, including severe pain, psychiatric disturbances and/or symptoms of substance abuse, that the absence of immediate medical attention is likely to cause serious dysfunction or impairment to a bodily organ or function, or serious jeopardy to the health of the individual or unborn child. With respect to a pregnant woman having contractions, an emergency medical condition also includes situations where there is not enough time to safely transfer the woman prior to the delivery, or a transfer would pose a threat to the individual or her unborn child.

### **Stabilization or Transfer**

If an emergency medical condition does exist, the DED will provide further medical examination and treatment, within the capabilities of its staff and facilities, to stabilize the medical condition of the individual. The DED shall then move the individual, transfer the individual, or make arrangements for further treatment in accordance with its regular policies and procedures.

Stabilization is achieved when no deterioration is likely to result from the transfer or discharge of the individual, or, in the case of a pregnant woman having contractions and determined to be in labor, when the woman has delivered, including the placenta. A woman experiencing contractions is considered to be in true labor, unless a physician, certified nurse mid-wife, or other QMP acting within his or her

Copyright© Sanford

This policy is copyrighted by Sanford. It is protected by international copyright and trademark laws. It is for internal use only. You may not reproduce, republish or redistribute material from this policy without express written consent of Sanford.

scope of practice as defined in hospital Medical Staff bylaws and state law, certifies that, after a reasonable time of observation, the woman is in false labor.

An unstabilized individual will be transferred to another medical facility if:

- The individual (or a person acting on his or her behalf), after being informed of the risks and the facility's obligations, requests a transfer;
- A physician has signed a certification that the benefits of transferring the individual to another medical facility outweigh the risks; or
- A QMP has signed the certification after a physician, in consultation with the QMP, has made the determination that the benefits of the transfer outweigh the risks and the physician subsequently, in a timely manner, countersigns the certification. (This applies if the responsible physician is not physically present in the DED at the time the individual is transferred.)

The DED will provide treatment to minimize risks of transfer. All pertinent records will be sent to the receiving hospital. The consent by the receiving hospital to accept the transfer will be obtained by the physician or QMP. The transfer will be carried out by qualified personnel and appropriate transportation equipment, including the use of medically appropriate life support measures.

- If an individual is moved to a diagnostic facility located at another hospital for diagnostic procedures not available at the transferring hospital, and the hospitals arrange to return the individual to the transferring hospital, the transfer requirements must still be met by the sending hospital.
- If an individual voluntarily withdraws his/her request for examination or treatment, an appropriately trained individual from the DED staff will discuss the benefits of the examination and treatment and the risks of withdrawal prior to receiving the examination and treatment.
- If an individual leaves the DED (for emergency care) without notifying the DED personnel, this should be documented when discovered. The documentation must reflect that the individual had been at the DED and the time the individual was discovered to have left the premises.

The DED will accept appropriate transfers of individuals with medical emergencies to the extent that the receiving hospital has specialized capabilities or facilities and has the capacity to treat those individuals.

No penalties or adverse action will be imposed against a physician or a QMP because the physician or QMP refuses to authorize the transfer of an individual with an emergency medical condition that has not been stabilized or against any Sanford employee who reports a violation of these requirements.

Reports will be made to the Sanford Corporate Compliance Department by the end of the next business day when the DED suspects it may have received an improperly transferred individual.

### **On-Call Physicians**

A list of physicians who are on call to provide treatment to stabilize an individual with an emergency medical condition will be maintained in the DED. A physician who has been called from the on-call rotation list cannot refuse to respond to care for an

Copyright© Sanford

This policy is copyrighted by Sanford. It is protected by international copyright and trademark laws. It is for internal use only. You may not reproduce, republish or redistribute material from this policy without express written consent of Sanford.

individual suffering from an emergency medical condition. The refusal or failure of the on-call physician to timely respond shall be reported to the hospital's Chief of Staff and the President/Chief Executive Officer. Actions to be taken will be specified within each hospital's policy.

- Once the on-call physician directs the treatment of the individual, including giving any orders over the telephone, the individual becomes the responsibility of that physician.
- The individual shall remain the responsibility of the on-call physician until the episode of illness or injury that prompted the individual's assignment to that physician is satisfactorily resolved and the individual has been discharged or transferred.
- The general obligation to share on-call duties will be within each hospital's Medical Staff bylaws and/or Medical Staff rules and regulations.
- Each hospital's policy will designate the expected response time of the on-call physician in terms of minutes.

### **Documentation**

A central log on each individual who comes to the DED seeking treatment will be maintained. The central log will indicate whether the individual:

- refused treatment;
- was refused treatment and the reason for refusal;
- was transferred;
- was admitted and treated or stabilized and transferred;
- or was discharged.

The central log, physician call list, medical records and all records related to individuals transferred to and from a facility within Sanford DEDs will be maintained for a minimum of five years or according to state law.

### **Signage**

Signs will be posted in the entrance, admitting area, waiting room and/or treatment area of the DED (in English and other languages as outlined in Sanford's ADA Meaningful Communication policy) specifying the rights of individuals with emergency medical conditions and women in labor who present for health care services. In addition, the signs will indicate that Sanford participates in the Medicaid program.