



**Emergency Medical
Treatment and Labor Act
(EMTALA)
*Essentials***

January 2012

When Does EMTALA Apply?

- Patient requests treatment to one of our 4 dedicated emergency areas:
 1. Jefferson (including Police Holding)
 2. Trauma
 3. L&D Evaluation
 4. Burn
- Patient presents with an emergency to the MED Outpatient Center
- Patient is in ambulance on THE MED's property
- Patient is on MED property and requests, or *appears to need*, treatment.

Patient Assessment Comes First!!

- An appropriate medical screening exam (MSE) must be conducted *anytime* a patient, including children, requests treatment, no matter the mode of the patient's arrival (i.e. ambulatory, ambulance, etc.) **or** if THE MED is on diversion.
- **IF THE PATIENT IS ON MED PROPERTY AND REQUESTS (OR APPEARS TO NEED) TREATMENT, A MSE MUST BE PERFORMED BEFORE HE/SHE LEAVES!**

Medical Screening Examination (MSE)

A MSE is a *complaint-focused* assessment of sufficient scope to determine whether emergency treatment is required or if the patient is stable for transfer.

Request for MSE or treatment can be made by anyone, family member, squad, police, or bystander.

A MSE:

- Must be conducted and documented by a Qualified Medical Professional (QMP as defined in MED Bylaws) and consistent with state licensure laws (usually Physician, PA, or NP).
- MSE must be adequate and appropriate (will vary based on the patient's condition, complaints, and history).
- Includes the testing and services needed) to decide if the patient's complaint is an Emergency Medical Condition (EMC).
- The same screening exam as all others presenting to the ED (same standard of care).
- EMC must be excluded as part of the MSE.

Emergency Medical Condition (EMC)

1. A medical condition manifesting itself by acute symptoms of sufficient severity including:
 - severe pain
 - psychiatric disturbances and/or
 - symptoms of substance abuse
 - emergent condition threatens life and limb
 - emergent medical condition is defined by rules and regulations **not** medical practice
2. The absence of immediate medical attention could reasonably be expected to result in placing the health of the individual (or unborn child) in:
 - serious jeopardy,
 - serious impairment to bodily functions, or
 - serious dysfunction of any bodily organ or part, even the smallest part.

Emergency Medical Condition: OB

- With respect to a pregnant woman having contractions, EMC means:
 - There is not adequate time for a safe transfer to another hospital before delivery; or
 - Transfer may pose a threat to the health or safety of the woman or unborn child.
- The presence of active labor does not determine the EMC.
- An EMC may be independent of active labor.

Leaving AMA

If any MED staff member is aware of a patient leaving a MED emergency area prior to being discharged, it is that staff member's responsibility to ask the person to wait until he or she has been seen by a physician (or QMP).

All staff should attempt to:

- have a physician (or QMP) explain the risks of leaving The MED prior to a MSE or treatment; and
- ask the patient to sign a *Leaving AMA Form*.

If the patient refuses to sign to sign, document the refusal on the form.

Left Without Being Seen (LWBS)

If a patient leaves the ED without notifying a MED staff member, the patient should be called three times 15 minutes apart and document all three attempts in the medical record.

Congratulations!

- You have completed the EMTALA training.
- If you have any questions, please contact Bob Frank (901) 545-6554, Regional Medical Center Corporate Compliance Officer.