WellSpan Health adopts the following policy and procedure for the following specifically-named entities

☐ Apple Hill Surgical Center	☒ Philhaven	☐ VNA Home Health and Services
☐ WellSpan Medical Equipment	☐ WellSpan Medical Group	☐ WellSpan Pharmacy
☒ WellSpan Chambersburg Hospital	☒ WellSpan Surgery and Rehabilitation Hospital	☒ WellSpan Ephrata Community Hospital
☒ WellSpan Gettysburg Hospital	☒ WellSpan Good Samaritan Hospital	☒ WellSpan Waynesboro Hospital
☐ Summit Physician Services	☐ WellSpan Health System Corporate Locations	☒ WellSpan York Hospital

PURPOSE:
To ensure that each WellSpan Hospital that participates in the Medicare program complies with the relevant requirements (to the extent they are applicable to that specific Hospital) of the Emergency Medical Treatment and Active Labor Act ("EMTALA"), 42 U.S.C. 1395dd, and all regulations promulgated thereunder.

To ensure that all Hospital services provided under this Policy are provided in an non-discriminatory manner (i.e., the level or manner of care will not differ or be conditioned upon an individual's age, gender, disability, race, color, ethnicity, national origin, citizenship, religion, pregnancy, sexual orientation, gender identity or expression, preexisting medical condition, marital status, veteran status, payment source or ability, or any other basis prohibited by federal, state or local law, except to the extent that an individual's circumstances or characteristics are medically significant to the provision of appropriate care to the individual).

DEFINITIONS:

a) *Capability* of a hospital means the physical space, equipment, supplies, and specialized services that the Hospital provides (for example, surgery, psychiatry, obstetrics, intensive care, pediatrics, trauma care). *Capability* of the staff of a hospital means the level of care that the personnel of the Hospital can provide within the training and scope of their professional licenses. This includes services available through a Hospital's on-call list of physicians.

b) *Capacity* means the ability of a Hospital to accommodate an individual requesting examination or treatment, including the number and availability of qualified staff, beds, and equipment. What a Hospital customarily does to accommodate patients in excess of its occupancy limits is relevant to the determination of a Hospital's capacity. For example, if a Hospital has customarily accommodated patients in excess of its occupancy limits by means such as moving patients to other units, calling in additional staff, borrowing equipment from other facilities, etc., these factors must be considered when determining whether a Hospital has the ability to accommodate an individual requesting examination or treatment.

c) *Comes to the emergency department* means, with respect to an individual (or a representative acting on the individual's behalf) requesting examination or treatment for a medical condition or, if the individual is unable to communicate, whose appearance or behavior would cause a prudent layperson observer to reasonably conclude that the individual needs examination or treatment for a medical condition, that the individual is on the Hospital property. For purposes of this section, "property" means the Hospital's entire main campus, including the parking lots and garages, sidewalks, and driveways. Property also includes ambulances owned and operated by the Hospital even if the ambulance is not on Hospital grounds. An individual in a non-Hospital-owned ambulance on Hospital property is considered to have come to the Hospital's emergency department. An individual in a non-Hospital owned ambulance off Hospital property is not considered to have come to the Hospital's emergency department even if a member of the ambulance staff contacts the Hospital by telephone or telemetry communications and informs the Hospital that they want to transport the individual to the Hospital for examination and treatment. In these situations, the Hospital may deny access if it is in "diversionary status," that is, it does not have the staff or facilities to accept any additional emergency patients. If, however, the ambulance staff disregards the Hospital's instructions and transports the individual on to Hospital property, the individual is considered to have come to the emergency department.

d) *Emergency Medical Condition* means:

(i) A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, active labor, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in:

(1) Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
(2) Serious impairment to bodily functions; or
(3) Serious dysfunction of any bodily organ or part; or

(ii) With respect to a pregnant woman who is having contractions:

(1) That there is inadequate time to effect a safe transfer to another Hospital before delivery; or
(2) That transfer may pose a threat to the health or safety of the woman or the unborn child.

e) *Labor* means the process of childbirth beginning with the latent or early phase of labor and continuing through the delivery of the placenta. A woman experiencing contractions is presumed to be in true labor unless a physician or Qualified Medical Personnel certifies that, after a reasonable time of observation, the woman is in false labor.

f) *Qualified Medical Personnel (QMP)* means those categories of licensed personnel, other than licensed physicians, that are approved by the Hospital's governing body as qualified to perform a Medical Screening Examination within their specific scope of practice (each a "Qualified Medical Person"). Qualified Medical Personnel are specified in each individual Hospital's Medical Staff Bylaws or Medical Staff Rules and Regulations.

g) *Specialized Capabilities or Facilities* may include, but are not limited to, burn units, shock trauma units, neonatal intensive care units, dedicated behavioral health units, or regional referral centers that serve rural areas.

h) *Stabilized* means that a physician or QMP has documented the performance of an appropriate MSE and the determination that, with reasonable clinical confidence: with respect to an "Emergency Medical Condition" as defined in this section under paragraph (i) of that definition, that the individual's Emergency Medical Condition has been resolved or that no material deterioration of the condition is likely to occur, although the underlying medical condition may persist; or, with respect to an "Emergency Medical Condition" as defined in this section under paragraph (ii) of that definition, that the woman has delivered the child and the placenta, or has been determined by a physician or QMP to be in false labor after a reasonable period of observation; or, with respect to an individual with a psychiatric disturbance, that the individual is not in danger of harming themselves or others, or they are protected from harming themselves or others.

i) *Stable for transfer* means that a physician or QMP has documented the performance of an appropriate MSE and the determination that, with reasonable clinical confidence, no material deterioration of the individual's condition is likely to result from or occur during the transfer of the individual.

j) *Transfer* means the relocation of an individual out of the Hospital at the direction of a physician or Qualified Medical Personnel but does not include such a movement of an individual who (i) has been declared dead, or (ii) leaves the Hospital against medical advice.

RESPONSIBILITIES OF HOSPITAL, HOSPITAL PERSONNEL, PHYSICIANS AND PROVIDERS:

The following provisions (Sections I through VI) apply only to Hospitals with dedicated emergency departments.

I. MEDICAL SCREENING EXAM (MSE):

a. When an individual comes to the Hospital concerned that they may have an emergency medical condition and requests medical care, the Hospital must provide for an appropriate and timely MSE performed by a physician or QMP within the capability of the Emergency Department, including ancillary services routinely available to the Emergency Department, to determine with reasonable clinical confidence whether an Emergency Medical Condition exists, or with respect to a pregnant woman having contractions, whether the woman is in active labor.

b. The MSE should be tailored to the individual's presenting symptoms and complaints.

c. The MSE may be deferred to another area of the Hospital, other than the Emergency Department, (e.g. Labor and Delivery), as long as the MSE will be performed by Qualified Medical Personnel. In the event a pregnant woman over 20 weeks' gestation presents to the Emergency Department seeking emergency medical treatment, and **if no other obvious medical conditions are evident,** she will be escorted to the Labor and Delivery area for the MSE. In the event a pregnant woman over 20 weeks' gestation presents to the Emergency Department seeking emergency medical treatment, and **does have other obvious medical conditions,** she will be processed through the Emergency Department for the MSE.

d. Individuals coming to the Emergency Department must be provided an MSE beyond initial triage. Triage entails the clinical assessment of an individual's presenting signs and symptoms upon arrival at the Hospital, in order to prioritize the order in which the individual will be seen by a physician or QMP. Triage does not constitute an MSE.

e. If an individual is transported to the Hospital by ambulance, the Hospital will (except in extraordinary circumstances) promptly assume responsibility for the individual from the EMS staff and will move the individual from the EMS stretcher to an emergency department stretcher/bed. The Hospital will document the time when it assumes responsibility for the individual from the EMS staff. Upon assuming responsibility for the individual from the EMS staff, the Hospital will promptly triage the individual, begin providing care in accordance with the individual's level of acuity, and perform a MSE to determine whether the individual has an emergency medical condition. Except in extraordinary circumstances, the Hospital will not require or request the EMS staff or equipment to remain with the individual or delay the time when the Hospital assumes responsibility for the individual from the EMS staff (practice sometimes referred to as "parking" patients arriving via EMS).

f. If an individual arrives at the facility and is not technically in the Emergency Department, but is on the premises of the Hospital, and requests emergency care, the individual is entitled to an MSE.

g. The MSE must be the same MSE that the Hospital would perform on any individual coming to the Hospital with those signs and symptoms.

h. The MSE must not be delayed to inquire about the individual's method of payment or insurance status. Reasonable registration processes may be followed (including asking for insurance information) but only if they do not delay or discourage the individual from receiving the MSE or any necessary stabilizing treatment.

i. The Hospital may not refuse to screen an enrollee of a managed care plan because the plan refuses to authorize treatment or to pay for such screening and treatment. It is not appropriate for the Hospital to request prior authorization before the patient has received an MSE to determine the presence or absence of an Emergency Medical Condition or before an existing Emergency Medical Condition has been stabilized.

j. No action by the Hospital or any of its staff should suggest that the patient leave the Hospital prior to an MSE.

k. If the individual or his or her representative refuses examination and/or treatment, the medical record should reflect that screening, further examination, and/or treatment was offered by the Hospital prior to the individual's refusal. The medical record must contain a description of the examination, treatment, or both, that was refused. The Hospital shall take all reasonable steps to obtain the individual's written informed refusal. An Against Medical Advice (AMA) Form should be used and should state that the individual has been informed of the risks of refusing treatment and benefits of the examination or treatment or both.

II. STABILIZATION AND TRANSFER:

a. If it is determined that an Emergency Medical Condition exists, the Hospital must provide stabilizing treatment within its capability and capacity.

If the individual is provided with treatment and is stabilized, the individual may be admitted to the Hospital, transferred or discharged, as may be clinically appropriate.

b. If the individual is provided with treatment but remains unstable, the individual may be admitted to the Hospital or transferred but may not be discharged.

c. A patient whose condition has not been stabilized may not be transferred to another facility unless:

i. The individual (or legally responsible person acting on the individual's behalf) requests the transfer, after being informed of the Hospital's obligations to provide stabilization and of the risk of transfer. The request must be in writing and indicate the reasons for the request and must also indicate that the individual is aware of the risks and benefits of the transfer; or

ii. A physician has signed a certification that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual or, in the case of a woman in labor, to the woman or unborn child, from being transferred. The certification must contain a summary of the risks and benefits upon which it is based. If a physician is not physically present in the Emergency Department at the time an individual is transferred, a qualified medical person may sign the certification after consultation with a physician, provided that the physician agrees with the certification and subsequently countersigns the certification.

d. A transfer to another medical facility must comply with the following conditions:

i. The Hospital must provide medical treatment within its capacity that minimizes the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child.

ii. The receiving facility has available space and qualified personnel for the treatment of the individual.

iii. The receiving facility has agreed to accept transfer of the individual and to provide appropriate medical treatment.

iv. The Hospital must send all medical records (or copies thereof) related to the Emergency Medical Condition which the individual has presented that are available at the time of the transfer, including available history, records related to the individual's Emergency Medical Condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests and the informed written

consent or required certification, to the receiving facility. Other records (e.g., test results not yet available or historical records not readily available from the Hospital's files) must be sent as soon as practicable after transfer.

v. The Hospital shall send the name and address of any on-call physician who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment to the receiving facility.

vi. The Hospital must use qualified personnel and transportation equipment as required, including the use of necessary and medically appropriate life support measures during the transfer.

III. PROVISION OF ON-CALL COVERAGE

a. The Hospital shall maintain a list of on-call physicians, including specialists and sub- specialists, that are available, upon request of a physician or QMP after an initial MSE, to provide necessary services, including assistance in completing the MSE and/or providing stabilizing treatment for individuals with Emergency Medical Conditions. The list must include the names of individual physicians, and not just the names of physician groups or practices. The Hospital must retain the list for a minimum period of five years.

b. Expectations regarding on-call response times and responsibilities shall be outlined in the Hospital's Medical Staff or Medical Staff Rules and Regulations.

c. If an on-call specialist or sub-specialist is not available, the Emergency Department physician or his/her designee shall attempt to obtain the services of another appropriate specialist or sub-specialist from the Hospital's medical staff, as deemed appropriate and in accordance with pertinent medical staff policy.

d. If the on-call services remain unavailable such that the patient requires transfer in order to obtain the necessary services at another medical facility, the Emergency Department physician or his or her designee shall note the name and address of the on-call physician who refused or failed to appear within a reasonable time, in the transfer information form.

IV. CENTRAL LOG

a. A central log for each individual who comes to the Hospital seeking care for an emergency medical condition shall be maintained. The log must indicate whether the individual refused treatment or transfer, was refused treatment, or was transferred prior to stabilization, admitted and treated, stabilized and transferred or discharged.

b. The central log may be maintained via the electronic medical record system.

V. RECORDKEEPING

a. The Hospital must maintain the following, whether transferring or receiving patients:

i. Patient medical records shall be retained in any media (i.e.: original paper, scanned, microfilm, electronic) for 10 years past the patient's discharge or visit date. If the patient is a minor, records shall be kept until age of majority and then for 7 additional years. Age of majority is defined as 18 years of age.

ii. A list of physicians who are on-call for duty after the initial examination to provide treatment necessary to stabilize an individual with an Emergency Medical Condition, for a period of five (5) years.

VI. SIGNAGE

a. The Hospital shall post signs conspicuously in the Emergency Department and at all entrances that may be used by individuals seeking medical care.

b. The signage must provide, at a minimum, the following:

i. Notification whether the Hospital participates in Medicaid;

ii. Specific rights of patients with Emergency Medical Conditions and Women in Labor;

iii. Clear wording in simple terms and language(s) that are understandable by the population served by the Hospital.

c. The content of the signage must contain the following language:

IT'S THE LAW!

IF YOU HAVE A MEDICAL EMERGENCY OR ARE IN LABOR, YOU HAVE THE RIGHT TO RECEIVE, within the capabilities of the Hospital's staff and facilities:

- **An appropriate medical screening examination,**
- **Necessary stabilizing treatment (including treatment for an unborn child) and if necessary,**
- **An appropriate transfer to another facility, even if you cannot pay or do not have medical insurance or you are not entitled to Medicare or Medicaid.**
- **(Name) Hospital does participate in the Medicaid Programs.**

The following provisions (Sections VII through IX) apply to all Hospitals.

VII. OBLIGATION TO ACCEPT TRANSFERS

a. If the Hospital has Specialized Capabilities or Facilities (regardless of whether it has a dedicated emergency department), it may not refuse to accept an appropriate transfer from a transferring hospital within the boundaries of the United States of an individual with an Emergency Medical Condition who requires such Specialized Capabilities or Facilities that the transferring hospital states it cannot provide, if the receiving Hospital has the capacity to treat the individual.

b. The EMTALA obligation to accept a transfer does not apply to individuals who are inpatients at another hospital.

c. A Hospital that suspects it may have received an improperly transferred individual from a transferring hospital is required to promptly report the incident to CMS and or the relevant state agency within 72 hours of the occurrence. Hospital personnel must report such transfers in accordance with Section IX of this Policy.

VIII. OFF-CAMPUS DEPARTMENTS OR HOSPITALS WITHOUT DEDICATED EMERGENCY DEPARTMENTS

a. An off-campus Hospital-based location or a Hospital that does not have a dedicated emergency department must have written policies and procedures for the appraisal of emergencies, initial treatment within its capability and capacity, and appropriate referral of individuals to a hospital that is capable of providing the necessary emergency services.

b. If an individual with a potential Emergency Medical Condition presents to any off-campus Hospital-based location or a Hospital that does not have a dedicated emergency department, the Hospital personnel shall provide whatever medical assistance they are able to provide within their own capabilities and shall offer to immediately contact '911' to request transport to an appropriate hospital emergency department. Any refusal of transport by the individual must be documented.

IX. REPORTING, EDUCATION, AND EMTALA COMPLIANCE CHECKLIST

a. Each Hospital medical staff member, house staff member, nursing supervisor or employee who has reason to believe that a potential EMTALA violation has occurred should report the potential violation in a timely manner using the Safety Reporting System (SRS).

   i. An SRS file must be generated if there is an inappropriate transfer, or potentially inappropriate transfer, to the Hospital.

   ii. Upon the filing of an SRS file concerning an actual or potential EMTALA violation, the Patient Safety Officer or his/her designee will make arrangements for a timely and appropriate investigation, including the reporting of any actual EMTALA violation to the appropriate regulatory or accrediting body/bodies as well as reporting to the appropriate Hospital and WellSpan Health leadership.

b. The Hospital may not penalize or take adverse action against a physician or a Qualified Medical Personnel because the physician or Qualified Medical Personnel refuses to authorize the transfer of an individual with an Emergency Medical Condition that has not been stabilized, and may not penalize or take adverse action against any Hospital employee or medical staff member because the employee or medical staff member reports a potential EMTALA violation.

c. All actual or potential EMTALA violations as well as the investigations and remedial actions taken in response to actual or potential EMTALA violations should be incorporated into the Hospital's Quality Assessment and Performance Improvement (QAPI) program (Quality Management System).

d. It is recommended that staff members who regularly work in Hospital Emergency Departments and Labor and Delivery Units (or equivalent departments) receive specialized education relating to EMTALA requirements at the time the staff member initially begins to regularly work in one of these areas and at least every two years. All Hospital employees will receive regular, general EMTALA education.

e. It is recommended that the EMTALA Compliance Checklist that is attached to this policy be completed annually by an appropriate individual for the Hospital and the results of the checklist as well as any remedial actions taken relative to the checklist contents reported at least annually to the Hospital's QAPI (Quality Management System) oversight committee.

SCOPE: This policy applies to all entities as identified at the beginning of this policy.

ATTACHMENTS: Attachment A: EMTALA Compliance Checklist
APPROVED BY: The Health Council
CREATED DATE: 3/2020
REVIEW/REVISE DATES:
SEARCH KEYWORDS: Transfer, EMTALA, COBRA, Emergency medical and active labor act, MSE, medical screening exam

ATTACHMENT A

EMTALA Compliance Checklist

Hospital Name:_____

EMTALA Self-Assessment Questions	YES	NO	N/A	Date/ Initials	Comments/ Remedial Actions Taken (or to be taken) with Due Dates and Responsible Parties Noted
Medicare participating Hospitals with dedicated emergency departments must meet the Emergency Medical Treatment and Labor Act (EMTALA) statute codified at §1867 of the Social Security Act, the accompanying regulations in 42 CFR §489.24 and the related requirements at 42 CFR 489.20(l), (m), (q), and (r). Appendix V of the Medicare State Operations Manual provides Hospitals with extensive guidance on the investigative procedures and the interpretive guidelines used by surveyors to determine compliance with the EMTALA regulations. The EMTALA checklist only provides a general overview of the requirements. Because the EMTALA survey process is complaint driven and subject to wide variation in interpretation depending on the unique circumstances of each complaint, Hospitals are strongly encouraged to closely review Appendix V .					
Does your Hospital have a dedicated emergency department (ED)? **If no, answer only the next two questions. If yes, skip the next question and continue with the following questions.**	☐	☐	☐		
If your Hospital does not have an emergency department, does your Hospital have written policies and procedures for the appraisal of emergencies, initial treatment within its capability and capacity, and making appropriate referrals to a Hospital that is capable of providing the necessary emergency services?	☐	☐	☐		
If your Hospital does not have an emergency department, but DOES have Specialized Capabilities or Facilities, are staff aware that the Hospital may not refuse to accept an appropriate transfer from another hospital of an individual with an unstabilized emergency medical condition who is protected under EMTALA and requires such Specialized Capabilities or Facilities.	☐	☐	☐		
Do your medical staff bylaws, rules and regulations and your Hospital policies and procedures reflect that your Hospital has adopted and enforces EMTALA requirements?	☐	☐	☐		

EMTALA Self-Assessment Questions	YES	NO	N/A	Date/ Initials	Comments/ Remedial Actions Taken (or to be taken) with Due Dates and Responsible Parties Noted
Do the signs posted in the ED specify the rights of individuals with emergency medical conditions and women in labor who come to the ED for health care services and indicate whether the Hospital participates in the Medicaid program?	☐	☐	☐		
Are these signs worded in clear and simple terms and in a language(s) that are understandable by the populations served by the Hospital?	☐	☐	☐		
Are these signs conspicuously posted in places likely to be noticed by all individuals entering the emergency department as well as those individuals waiting for examination and treatment in other areas besides the ED such as entrances, admitting, waiting and treatment areas?	☐	☐	☐		
Does your Hospital maintain a list of physicians (by name not group) who are on call to provide further evaluation and/or treatment necessary to stabilize an individual with an emergency medical condition?	☐	☐	☐		
Does your Hospital maintain a central log, for at least five years, of individuals who come to the ED seeking treatment and indicate whether these individuals: a. refused treatment? b. were denied treatment? c. were treated, stabilized, admitted and/or transferred or discharged?	 ☐ ☐ ☐	 ☐ ☐ ☐	 ☐ ☐ ☐		
Does your Hospital on-call physician appear at the Hospital within a reasonable period of time if requested by the treating physician?	☐	☐	☐		
If the physician on call is seeing regularly scheduled patients in his/her office, does the physician come to the ED in a reasonable amount of time when called to examine the ED patient?	☐	☐	☐		
If a physician simultaneously takes calls at more than one Hospital, does your Hospital have policies and procedures to follow when the on- call physician is not available to respond because he has been called to another Hospital?	☐	☐	☐		

EMTALA Self-Assessment Questions	YES	NO	N/A	Date/ Initials	Comments/ Remedial Actions Taken (or to be taken) with Due Dates and Responsible Parties Noted
If your Hospital uses telemedicine, do the on-call physicians make an in-person appearance in the ED when requested to do so by the treating physician?	☐	☐	☐		
Does your Hospital have written policies and procedures in place to handle situations in which a particular specialty is not available or the on- call physician cannot respond because of circumstances beyond the physician's control?	☐	☐	☐		
In your medical staff bylaws and/or medical staff rules and regulations, do you define the reasonable period of time (in minutes) in which the on-call physician must respond?	☐	☐	☐		
If your Hospital allows on-call physicians to schedule elective surgery during the time that they are on call, does the Hospital assure that emergency services are available to meet the needs of patients?	☐	☐	☐		
Does your Hospital provide necessary stabilizing treatment for emergency medical conditions and women in labor within the Hospital's capability and capacity?	☐	☐	☐		
Do your Hospital policies define 'capability' as the level of care that the personnel of the Hospital can provide within the training and scope of their professional licenses?	☐	☐	☐		
Do your Hospital policies define facility capacity as the physical space, equipment, supplies and specialized the Hospital can provide?	☐	☐	☐		
Do your Hospital policies define staff 'capacity' as whatever the Hospital customarily does to accommodate patients in excess of its occupancy limits?	☐	☐	☐		
Does the necessary stabilizing treatment include ancillary services routinely available to the Hospital?	☐	☐	☐		

EMTALA Self-Assessment Questions	YES	NO	N/A	Date/ Initials	Comments/ Remedial Actions Taken (or to be taken) with Due Dates and Responsible Parties Noted
Does your Hospital provide a medical emergency screening for any individual who comes on Hospital property with an emergency medical condition?	☐	☐	☐		
Does your Hospital provide evidence of an ongoing medical record to reflect continued monitoring of an individual's health needs until discharged or transferred?	☐	☐	☐		
If an individual comes to the ED with a medical request, but it is not of an emergency nature, does the Hospital ED perform an adequate medical screening to determine that the individual does not have an emergency medical condition?	☐	☐	☐		
Is the Hospital's definition of "labor", "person" and "individual" consistent with EMTALA definitions in rule: section §489.24(a)?	☐	☐	☐		
Does your Hospital accept appropriate transfers, if your Hospital has specialized capabilities?	☐	☐	☐		
Does your Hospital provide an appropriate transfer of any medically unstable individual to another medical facility only under the following conditions: a. the individual or person acting on his or her behalf, after being informed of the risks and the Hospital's obligations, requests a transfer? b. a physician has signed the certification that the benefits of the transfer of the patient to another facility outweigh the risks? OR c. in the absence of a physician, a qualified medical person, as defined by Hospital bylaws or rules, signs the certification after consulting with the physician and the physician countersigns the certification in a timely manner? AND d. treatment to minimize the risks of transfer has been provided?	☐	☐	☐		

EMTALA Self-Assessment Questions	YES	NO	N/A	Date/ Initials	Comments/ Remedial Actions Taken (or to be taken) with Due Dates and Responsible Parties Noted
Is the transfer of the unstable patient only done after the receiving Hospital accepts the transfer?	☐	☐	☐		
Do your Hospital policies define 'stabilized' to mean: a. that no material deterioration of the condition is likely, within reasonable medical probability, to result from, or occur during, the transfer of the individual from a facility? b. with respect to an "emergency medical condition" that a woman has delivered the child and the placenta?	☐ ☐	☐ ☐	☐ ☐		
Does your Hospital assure that medical screening examination and/or stabilizing treatment is not delayed in order to inquire about payment status?	☐	☐	☐		
Does the Hospital assess and treat the patient in a timely manner so as not to engage in the practice of "parking" the patient and thereby tying up EMS personnel and EMS equipment?	☐	☐	☐		
Does your Hospital know when EMTALA waivers are allowed during a public health emergency?	☐	☐	☐		
Do you notify the State Department of Health when activating the Hospital disaster plan?	☐	☐	☐		
During a declared emergency or disaster, are you knowledgeable with EMTALA requirements when setting up screening sites: a. on-campus? b. off-campus screening sites for influenza-like illness? c. non-Hospital screening sites?	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐		

EMTALA Self-Assessment Questions	YES	NO	N/A	Date/ Initials	Comments/ Remedial Actions Taken (or to be taken) with Due Dates and Responsible Parties Noted
Does your Hospital have and enforce written policies and procedures to assure that the Hospital does not seek or direct an individual to seek authorization from the individual's insurance company prior to providing screening or stabilization services?	☐	☐	☐		
Do your Hospital policies and procedures allow the emergency physician or practitioner to contact the individual's physician at any time to seek advice regarding the individual's medical needs and history relevant to the medical treatment and screening of the patient, as long as this consultation does not inappropriately delay services to assess and/or treat the emergency medical condition?	☐	☐	☐		
Does your Hospital assure that registration procedures do not delay screening, treatment or unduly discourage individuals from remaining for further evaluation?	☐	☐	☐		
If an individual comes to your ED but he/she or the person acting on their behalf, does not consent to examination and/or treatment, does the medical record contain: a. a description of the examination or treatment that was refused? b. the risks/benefits of the examination and/or treatment? c. the reasons for refusal? AND d. a written informed refusal signed if possible by the individual or the person acting on their behalf or the steps taken to obtain the signature?	☐	☐	☐		

EMTALA Self-Assessment Questions	YES	NO	N/A	Date/ Initials	Comments/ Remedial Actions Taken (or to be taken) with Due Dates and Responsible Parties Noted
If an individual in the ED or their representative refuses your offer of transfer, does the medical record contain: a. the risks and benefits of the transfer? b. the reasons why the offer was refused? AND c. a signed document that indicates that the individual (or their representative) has been informed of the risks and benefits of the transfer and a statement of the reasons for the refusal? OR d. documentation of the attempt to obtain the signature if the individual or their representative refuses to sign the refusal document?	☐	☐	☐		
If an individual comes to your ED but he/she or their representative requests a transfer, does your Hospital: a. obtain the request in writing? b. indicate the reasons for the request as well as that he/she is aware of the risks and benefits of the transfer? AND c. include the risks and benefits on the transfer request form?	☐	☐	☐		
If a medically unstable individual is transferred to another facility, has a physician or, if the physician is not physically present in the ED a qualified medical person, signed a certification that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual (or in the case of a pregnant woman, to the woman or the unborn child) from being transferred?	☐	☐	☐		
If a medically qualified individual has certified the transfer, was a physician consulted prior to the transfer, and subsequently the physician countersigns the certification?	☐	☐	☐		
Does the certification contain a summary of the risks and benefits upon which it is based?	☐	☐	☐		

EMTALA Self-Assessment Questions	YES	NO	N/A	Date/ Initials	Comments/ Remedial Actions Taken (or to be taken) with Due Dates and Responsible Parties Noted
Are transfers from your Hospital to another Hospital only done when: a. your Hospital has provided medical treatment within its capacity that minimizes the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child? b. the receiving facility has available space and qualified personnel for the treatment of the individual?	☐	☐	☐		
Does your Hospital assure that it does not refuse to receive a transfer if: a. your Hospital has specialized capabilities or facilities that are required by an individual? b. your Hospital has the capability to treat the individual?	☐	☐	☐		
Does your Hospital provide all of the following information to the receiving Hospital: a. available history? b. records related to the individual's emergency medical condition? c. observations of signs or symptoms? d. preliminary diagnosis, result of diagnostic studies or telephone reports of studies? e. treatment provided? f. results of any tests? g. the name and address of any on-call physician who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment? h. informed written consent or certification required for the transfer?	☐	☐	☐		
Are other records, not yet available at the time of the transfer, sent as soon as practical after the transfer?	☐	☐	☐		
Does your Hospital assure that physicians or qualified medical personnel are protected from adverse action if they refuse to authorize the transfer of an individual with an emergency medical condition that has not been stabilized or against any Hospital employee who reports a violation of these requirements?	☐	☐	☐		

EMTALA Self-Assessment Questions	YES	NO	N/A	Date/ Initials	Comments/ Remedial Actions Taken (or to be taken) with Due Dates and Responsible Parties Noted
If your Hospital has reason to believe that it may have received an individual who has been transferred in an unstable emergency medical condition from another Hospital, does the Hospital report this information to CMS or the state within 72 hours of the occurrence?	☐	☐	☐		

Completed by:

_____	_____	_____	_____
Printed Name	Signature	Title	Date

Submitted to Hospital QAPI (Quality Management Oversight) Committee Name:

_____ Date Committee Reviewed:_____