

SUBJECT Obstetrical/Reproductive Services	REFERENCE# 6.01
DEPARTMENT: Facility Wide	Page 1 of 1
APPROVED BY: Chief of Medical Staff/CEO	EFFECTIVE: 3/25/14
	REVISED:

STATEMENT:

Ferry County Public Hospital District does not offer surgical or anesthesia services. Obstetrical services will be limited to emergency services only.

Emergency Medical Treatment and Labor Act (EMTALA) policy will be used for obstetrical patients.

Prenatal patients shall be referred to the nearest appropriate provider of their choice.

SUBJECT: EMTALA	REFERENCE: 14.040.2013
	PAGE: 1
DEPARTMENT: EMERGENCY and NURSING	OF: 20
	EFFECTIVE: 06/2009
APPROVED BY: Compliance Officer	REVISED: 03/2014

PURPOSE:

Establish guidelines based on federal Emergency Medical Treatment and Labor Act (EMTALA) standards to assure that all patients receive appropriate emergency medical treatment and transfer and that such care is provided regardless of ability to pay. Each hospital should determine whether state laws and regulations have any additional or different requirements than those set forth herein and should ensure that the hospital's emergency medical treatment and patient transfer policies and procedures comply with those state law requirements.

POLICY:

- A. It is the policy of Ferry County Public Hospital District (FCPHD)
 - 1. To provide a medical screening examination by a qualified medical provider to any individual who comes to the hospital seeking an examination or medical treatment, regardless of ability to pay; to determine if the individual has an emergency medical condition.
 - 2. If it is determined that the individual has an emergency medical condition, to provide the individual with such further medical examination and treatment as required to stabilize the emergency medical condition, within the capability of the hospital, or to arrange for transfer of the individual to another medical facility in accordance with the procedures set forth below;
 - 3. To not delay the provision of a medical screening examination, further treatment or appropriate transfer in order to inquire about the individual's method of payment or insurance status. The hospital shall not request or allow Business Office personnel to request prior authorization for services before the individual has received a medical screening exam.
- B. It is the policy of FCPHD to accept appropriate transfers from referring facilities for patients who the hospital has the capability and capacity to treat, as outlined herein.
- C. It is the policy of FCPHD to make a report to the appropriate regulatory agency if the hospital finds a reasonable basis to conclude that the hospital received a transfer of a patient from another hospital in violation of the requirements of federal law regarding the transfer of patients with emergency medical conditions.

SUBJECT: EMTALA	REFERENCE: 14.040.2013
DEPARTMENT: EMERGENCY and NURSING	PAGE: 2 OF: 20
APPROVED BY: Compliance Officer	EFFECTIVE: 06/2009 REVISED: 03/2014

DEFINITIONS:

A. An individual “comes to the emergency room” or “comes to the hospital: when he or she:

1. Presents anywhere on the hospital property, including the emergency room, parking lot, sidewalk, or driveway, of the hospital or outpatient departments of the hospital, requesting examination or treatment;
2. Arrives on hospital grounds in an ambulance. If the hospital is in “diversionary status”, and an ambulance transports an individual on to hospital grounds in disregard of the diversionary status, that individual is considered to have come to the hospital for purposes of compliance with EMTALA.
3. Is in a hospital owned ambulance, no matter where that ambulance is located.

B. “Emergency medical condition” means:

1. A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in either
 - a. Placing the health of the individual (or with respect to a pregnant woman, the health of her unborn child) in serious jeopardy, or
 - b. Serious impairment to bodily functions, or
 - c. Serious dysfunction of any bodily organ or part.
2. With respect to a pregnant woman who is having contractions
 - a. That there is inadequate time to effect a safe transfer to another hospital before delivery, or
 - b. That the transfer may pose a threat to the health or safety of the woman or her unborn child

C. “Labor” means the process of childbirth beginning with the latent or early phase and continuing through the delivery of the placenta. A woman experiencing contractions is in true labor unless a physician or qualified medical provider certifies, after a reasonable period of observation that she is in false labor. A woman who is not in true labor may still have an emergency medical condition if the individual has a medical condition such that the absence of immediate medical attention will place her or her unborn child in serious jeopardy.

SUBJECT: EMTALA	REFERENCE: 14.040.2013
	PAGE: 3 OF: 20
DEPARTMENT: EMERGENCY and NURSING	EFFECTIVE: 06/2009
	REVISED: 03/2014
APPROVED BY: Compliance Officer	

- D. "Legally responsible person" means a person acting on the patient's behalf in accordance with state law.
- E. "Medical screening examination" means the screening process required to determine with reasonable clinical confidence whether an emergency medical condition does or does not exist. **TRIAGE IS NOT CONSIDERED A MEDICAL SCREENING EXAMINATION.**
- F. "Qualified Medical Person" means an individual who is licensed or certified in one of the following professional categories and who has demonstrated current competence in the performance of a medical screening examination: Emergency Department Physician, Staff Physician, Physician Assistant, and Nurse Practitioner. The above-referenced categories of professionals have been approved by the hospital's governing body as qualified to administer one or more types of medical screening examinations and complete/sign a certification for transfer in consultation with a physician, and this approval has been documented in the Medical Staff Bylaws and Rules and Regulations.

PLEASE NOTE: whether to allow any practitioner other than a physician to provide a medical screening examination is a decision that must be made independently by the hospital. Any practitioner who conducts this screening must be authorized in the medical staff or allied health professional staff bylaws, and must be appropriately supervised according to those bylaws.

Women who present with pregnancy related complaints may receive a medical screening examination by a qualified medical provider who has been designated by the governing board on the basis of demonstrated competence in the medical screening of patients with pregnancy related complaints.

- G. "To stabilize" means:
1. With respect to an emergency medical condition, to provide such medical treatment of the condition as is necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility;
 2. With respect to a pregnant woman who is having contractions and who cannot be transferred before delivery without a threat to the health or safety of the woman or the unborn child, that the woman has delivered the child and the placenta;
 3. With respect to a patient with a psychiatric condition, the patient is protected and prevented from injuring himself/herself or others.

SUBJECT: EMTALA	REFERENCE: 14.040.2013
DEPARTMENT: EMERGENCY and NURSING	PAGE: 4 OF: 20
APPROVED BY: Compliance Officer	EFFECTIVE: 06/2009 REVISED: 03/2014

H. "Stable for discharge" means:

1. The treating provider has determined, within reasonable clinical confidence, that the patient has reached the point where his continued medical care (including diagnostic work-up and/or treatment) could reasonably be performed as an outpatient or later as an inpatient, as long as the patient is given a plan for appropriate follow-up care with discharge instructions; or
2. With respect to an individual with a psychiatric condition, the provider has determined that the patient is no longer considered to be a threat to himself/herself or others.
3. Stable for discharge does not require the final resolution of the emergency medical condition. However, the patient is never considered "stable for discharge" if within a reasonable medical probability the patient's condition would materially deteriorate after discharge.

I. "Stable for transfer" means:

1. The physician, or a qualified medical provider in consultation with the physician, determines within a reasonable medical probability that the patient will sustain no material deterioration in his or her medical condition as a result of the transfer, or with respect to a woman in labor, that she has delivered the child and the placenta;
2. With respect to an individual with a psychiatric condition, a physician or qualified medical provider in consultation with a physician determines that the patient is protected and prevented from injuring himself/herself or others.
3. Stable for transfer does not require the final resolution of the emergency medical condition.

J. "Transfer" means the movement (including the discharge) of an individual outside the hospital's facilities at the direction of any person employed by or associated, directly or indirectly, with the hospital, but does not include such a movement of an individual who; (1) has been declared dead; or (2) leaves the hospital without permission or against medical advice.

K. "Within the capability of the hospital" means those services which the hospital is required to have as a condition of its license, as well as on-call physician specialists and hospital ancillary services routinely available.

SUBJECT: EMTALA	REFERENCE: 14.040.2013
DEPARTMENT: EMERGENCY and NURSING	PAGE: 5 OF: 20
	EFFECTIVE: 06/2009
APPROVED BY: Compliance Officer	REVISED: 03/2014

PROCEDURES:

A. Medical Screening Examination

1. The hospital shall provide a medical screening examination for every individual who comes to the emergency department or comes to the hospital seeking or appearing to need medical treatment. **NOTE:** All obstetric patients with pregnancy related complaints who come to any area of the hospital campus seeking unscheduled medical treatment shall have a medical screening examination, stabilizing treatment and appropriate transfer in the Emergency Department or other area of the hospital as documented in hospital policy.
2. Except as provided above, an individual who comes to another non-emergency department area of the hospital seeking treatment for an apparent emergency condition shall be immediately transported to the emergency department for screening examination and necessary stabilizing treatment. Such transport shall be by the method and with the personnel and equipment deemed appropriate under the circumstances by those who are with the patient, in accordance with applicable hospital policies and procedures for intra-facility transport.
3. A medical screening examination shall also be conducted when a request is made on behalf of the individual by someone other than the individual, even if the person requesting the examination is not the individual's legally responsible person.
4. Within the capability of the Emergency Department, using the resources routinely available in the hospital for all individuals with similar symptoms, the medical screening examination shall determine with reasonable clinical confidence whether an emergency medical condition does or does not exist. The medical screening examination shall be performed by a physician or a qualified medical provider.
5. The medical screening examination is an ongoing process. The medical record must reflect continued monitoring, according to the patient's condition. Monitoring must continue until the individual is stabilized or appropriately admitted or transferred. The screening examination must be documented in the medical record.
6. If after an initial medical screening examination, a physician or qualified medical provider determines that the individual requires the services of an on-call physician, the on-call physician shall be contacted. The on-call physician shall not refuse to respond to a call. The on-call physician must present at the hospital to examine the patient in person if requested to do so by the emergency department physician or qualified medical provider.

SUBJECT: EMTALA	REFERENCE: 14.040.2013
DEPARTMENT: EMERGENCY and NURSING	PAGE: 6 OF: 20
APPROVED BY: Compliance Officer	EFFECTIVE: 06/2009 REVISED: 03/2014

7. If the medical screening examination requires utilization of ancillary services available only in an area located outside the Emergency Department then the individual may be moved to the other on-campus location as long as:
 - a. Other persons with the same medical condition are moved to this location regardless of their ability to pay for the treatment;
 - b. There is a medical reason to move the patient; and
 - c. An appropriately trained healthcare professional accompanies the patient. However, patients shall not be moved to an off-campus facility for the medical screening exam.

B. Individuals Presenting to Off Campus Departments

1. An off-campus department includes the area immediately adjacent to the hospital's main building and other areas or buildings that are located within 250 yards of the hospital's main building that provide patient care and that are under the ownership and control of the hospital. If a patient presents to an off-campus department, then staff shall confer with emergency department staff to determine whether the patient should be screened and treated in the off-campus department, should be moved to another location in the hospital for screening and treatment, should be discharged, or should be transferred. Any movement or transfer of the patient shall be done in accordance with this policy.

C. Individuals Who Do Not Have An Emergency Medical Condition

1. When a physician or qualified medical provider determines as a result of a medical screening examination that an individual does not have an emergency medical condition, then EMTALA no longer applies to that individual. The individual may be treated for the non-emergent condition, transferred to another health care facility or discharged in a manner consistent with hospital policy. All discharged individuals without an emergency medical condition must receive a follow-up care plan with written discharge instructions.
2. The appropriate portions of the "CAH Emergency Department Transfer Tool" (Attachment A) shall be completed if the individual is transferred to another facility.

D. Individuals Who Have An Emergency Medical Condition

1. When it is determined that the individual has an emergency medical condition, the hospital shall:

SUBJECT: EMTALA	REFERENCE: 14.040.2013
	PAGE: 7
DEPARTMENT: EMERGENCY and NURSING	OF: 20
	EFFECTIVE: 06/2009
APPROVED BY: Compliance Officer	REVISED: 03/2014

- a. Within the capability of the staff and facilities available at the hospital, stabilize the individual to the point where the individual is either stable for discharge or stable for transfer, as defined; OR
 - b. Provide for and appropriate transfer of a non-stable individual to another medical facility in accordance with Sections D.2. and D.3. below.
2. If an individual has an emergency medical condition, which has not been stabilized, the individual may be transferred only if the transfer is carried out in accordance with the procedures set forth below. The individual may be transferred:
- a. On patient request. The individual may be transferred if the individual or the legally responsible person acting on the individual's behalf is first fully informed of the risks of the transfer, the alternatives (if any) to the transfer, and of the hospital's obligations to provide further examination and treatment sufficient to stabilize the individual's emergency medical condition. The transfer may then occur if the individual or legally responsible person:
 - 1) Makes a request for transfer to another medical facility, stating the reasons for the request (document reasons in medical record); and
 - 2) Acknowledges his or her request and understanding of the risks and benefits of the transfer, by signing the Patient's Consent to transfer section of "CAH Emergency Department Transfer Tool" (Attachment A)
 - b. With certification. The individual may be transferred if a provider has documented on the "CAH Emergency Department Transfer Tool" (Attachment A) that the medical benefits expected from transfer outweigh the increased risks to the individual or, in the case of a woman in labor to the woman or the unborn child, from being transferred. If a provider is not physically present in the emergency department at the time of transfer, then a qualified medical provider may sign the certification provided that a consulting physician agrees and subsequently countersigns the certification. The date and time of the certification should be close in time to the actual transfer. A certification that is signed by a qualified medical person shall be countersigned by the responsible physician within twenty-four (24) hours.
3. When this hospital transfers any individual, whether a person stable for transfer or a person with a non-stable emergency medical condition, to another facility the transfer shall be carried out in accordance with the following procedures.

SUBJECT: EMTALA	REFERENCE: 14.040.2013
DEPARTMENT: EMERGENCY and NURSING	PAGE: 8 OF: 20
APPROVED BY: Compliance Officer	EFFECTIVE: 06/2009 REVISED: 03/2014

- a. The hospital shall, within its capability provide medical treatment which minimizes the risks to the individual's health and, in the case of a woman who is having contractions, the health of the unborn child;
- b. A representative of the receiving facility must have confirmed that:
 - 1) The receiving facility has available space and qualified personnel to treat the individual; and
 - 2) The receiving facility has agreed to accept transfer of the individual and to provide appropriate medical treatment.
- c. The hospital shall send the receiving facility copies of all pertinent medical records available at the time of transfer, including: (1) history; (2) records related to the individual's emergency medical condition; (3) observations of signs and symptoms; (4) preliminary diagnoses; (5) results of diagnostic studies or telephone reports of the studies; (6) treatment provided; (7) results of any tests; and (8) a copy of the physician's orders.
- d. If an on-call physician has refused or failed to appear within the required time of 20 minutes for trauma or 30 minutes for non-trauma after being requested to provide necessary stabilizing treatment, the emergency department charge nurse shall contact the CEO, CNO and Chief of Medical Staff.
- e. The transfer shall be coordinated by appropriately trained professionals with appropriate transportation equipment, including the use of necessary and medically appropriate life support measures during the transfer. The medical provider is responsible for determining the appropriate mode of transport, equipment and transporting professionals to be used for the transfer.
- f. The hospital shall make all reasonable efforts to notify the person, both orally and in writing, of the decision and reasons for the transfer. The individual or the legally responsible person should then be asked to sign the Patient's Consent to Transfer section of the "CAH Emergency Department Transfer Tool" (Attachment A).
- g. If the individual's physical or mental condition is such that it is not possible to give them notice of the transfer decision, and the individual is unaccompanied, the hospital shall make a reasonable effort to locate a legally responsible person in order to notify that person of the intended transfer. If there is no legally responsible person available to give consent to the transfer of an incompetent individual and the welfare of the individual will

SUBJECT: EMTALA	REFERENCE: 14.040.2013
	PAGE: 9
DEPARTMENT: EMERGENCY and NURSING	OF: 20
	EFFECTIVE: 06/2009
APPROVED BY: Compliance Officer	REVISED: 03/2014

be jeopardized if the transfer is delayed, the individual may be transferred without consent, based upon the benefits/risks certification of the qualified medical provider in consultation with the physician. **NOTE:** This will be in accordance with Washington state laws specific to patient competency/decisional capacity, informed consent and legal guardianship.

E. Individuals Who Have an Emergency Medical Condition but Refuse to Consent to Treatment or To Transfer:

1. If the Hospital offers examination and treatment and informs the individual or legally responsible person of the risks and benefits of refusing the examination and treatment, but the individual or legally responsible person refuses to consent to the examination and treatment, the Hospital shall take all reasonable steps to have the individual or legally responsible person sign a "Leaving the Emergency Department Without Being Seen or Against Medical Advice" (Attachment B) form;
2. The medical record shall contain a description of the examination, treatment, or both if applicable, of the examination that was proposed but refused by or on behalf of the individual; the risk/benefits of the examination and/or treatment and the risks of refusing treatment; the reasons for refusal; and a notation if the individual refused to sign the "Leaving The Emergency Department Without Being Seen or Against Medical Advice: form or left before staff could attempt to obtain a signature on this form (Attachment B);
3. If the hospital offers an appropriate transfer but the individual refuses to be transferred, the hospital shall take all reasonable steps to have the individual or legally responsible person sign the "Informed Consent to Refuse Transfer" form (Attachment C). In addition, the medical record shall contain a description of the reasons for the proposed transfer. The following steps are to be taken:
4. The Charge Nurse and the on-call provider shall be advised immediately when an individual who has an emergency medical condition refuses further examination and treatment or an appropriate transfer, and shall be the person responsible for ensuring that the patient or the patient's legal representative understands the risks of refusing examination, treatment or transfer.

F. Leaving the Emergency Department Without Being Seen

SUBJECT: EMTALA	REFERENCE: 14.040.2013
DEPARTMENT: EMERGENCY and NURSING	PAGE: 10 OF: 20
APPROVED BY: Compliance Officer	EFFECTIVE: 06/2009 REVISED: 03/2014

1. Leaving without staff knowledge is the term that is used to describe patients who leave without informing a staff member of their decision to leave the facility, including patients who present at the emergency department but leave the waiting area prior to triage.
2. When attempts to explain the risks of leaving and the benefits of staying for a medical screening exam and/or treatment are unsuccessful due to the inability to locate the patient the corresponding section on the "Leaving The Emergency Department Without Being Seen or Against Medical Advice" form (Attachment B) must be completed.

G. Leaving the Emergency Department Against Medical Advice

1. Leaving against medical advice is the term used to describe patients who choose to leave after they have received a medical screening exam and/or treatment but prior to an approved discharge.
2. If the patient makes the decision to leave against medical advice, the risks, benefits and alternatives of making this decision will be explained, including the possible worsening of the condition and the potential to pose a threat to his or her life, health and medical safety. The patient also shall be told that he or she may return to the Emergency Department at any time. Staff shall make reasonable efforts to obtain the patient's signature on the "Leaving The Emergency Department Without Being Seen or Against Medical Advice" form (Attachment B), and if no such signature is obtained, staff shall notate this on the form.

H. On-Call Physicians/Providers

1. The hospital shall maintain an on-call schedule for physicians/providers, including other qualified medical providers who are available to examine and treat patients with emergency medical conditions.
2. On-call physicians/providers shall respond to hospital calls for emergency coverage within 20 minutes for trauma or 30 minutes for non-trauma after receiving communication indicating that their attendance is required. The nursing staff shall notify the physician/provider within 10 minutes of the patient's arrival. An on-call physician/provider must respond in person if requested to do so by an emergency department physician or qualified medical person. An on-call physician/provider may not be simultaneously scheduled for call at another hospital nor for pre-scheduled surgery or any other professional conflict which would inhibit the ability to respond to the call unless the hospital has agreed in advance and has adopted a specific procedure to ensure that services are available from another physician if the on-call physician is unable to respond.

SUBJECT: EMTALA	REFERENCE: 14.040.2013
	PAGE: 11
DEPARTMENT: EMERGENCY and NURSING	OF: 20
	EFFECTIVE: 06/2009
APPROVED BY: Compliance Officer	REVISED: 03/2014

3. If a scheduled on-call provider fails to respond, the Charge Nurse shall attempt to obtain the services by calling the back-up physician, Chief of Medical Staff, or CEO as deemed appropriate. The emergency department provider or designee shall document the name and address of the on-call physician who failed to appear. The treating physician or qualified medical provider will consider whether transfer is appropriate in accordance with this policy.

I. Record Keeping

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

1. Medical and other records related to individuals transferred to or from the Hospital for a minimum of ten (10) years or in the case of a minor, until the age of majority plus ten (10) years, or such other time period as required by Washington state law;
2. On-call schedules which list the individual on-call physicians who are on duty to provide treatment necessary to stabilize an individual with an emergency medical condition; and
3. An "ER Log" must show date and time of arrival, patient name, provider, nurse, chief complaint, emergent status, care received, discharge time, and disposition.

J. Obligation to Accept Certain Transfers

1. The hospital shall only accept appropriate transfers of patients if the hospital has the capacity to treat the patient.

Capacity means the ability of the hospital to accommodate an individual who has been referred for transfer from another facility, and encompasses such things as numbers and availability of qualified staff, beds and equipment, as well as the hospital's past practices of accommodating additional patients in excess of its occupancy limits to meet its anticipated emergency needs. For example, if the hospital calls in additional staff, moves patients to other units or uses on-call physicians in order to meet anticipated emergency needs then these actions define the capacity.

2. Only the following individuals or categories of individuals are authorized to accept or reject transfers from other hospitals: Charge Nurse, CNO and Emergency Department physician/providers. The person who accepts or rejects another hospital's request that the hospital accept a transfer must record the request, his or her response to the request, and the basis for any denial of such a request.

SUBJECT: EMTALA	REFERENCE: 14.040.2013
DEPARTMENT: EMERGENCY and NURSING	PAGE: 12 OF: 20
APPROVED BY: Compliance Officer	EFFECTIVE: 06/2009 REVISED: 03/2014

K. Self-Reporting

1. All hospital medical staff and employees, in particular those that work in the Emergency or Admitting departments and who have "reason to believe" that the hospital may have inappropriately refused to accept the transfer of a patient from another facility shall report the incident to the hospital's Compliance Officer, or individual on administrative call, as soon as possible for investigation.
2. **THE HOSPITAL SHOULD NEVER SELF-REPORT TO CMS WITHOUT FIRST CONSULTING WITH THE HOSPITAL'S LEGAL COUNSEL.**

L. Reporting the Receipt of Inappropriate Transfers from Other Facilities

1. All hospital medical staff and employees, in particular those that work in the Emergency or Admitting departments and who have "reason to believe", as defined below, that the hospital received an inappropriate transfer in violation of the law, shall report the incident to the Compliance Officer, administrative officer or individual on administrative call, as soon as possible for investigation (Attachment D).

Factors that might give rise to "reason to believe" that an apparent receipt of inappropriate transfer may have occurred include, but are not limited to, the following:

- a. A transfer was made even though:
 - 1) The risk of the transfer outweighed the expected medical benefits of the medical treatment;
 - 2) The individual transferred did not request the transfer; or
 - 3) Neither a physician nor a qualified medical provider of the transferring hospital certified that the benefit of medical treatment at the receiving hospital outweighed the increased risks of the transfer.
- b. The transferring hospital did not provide sufficient stabilizing medical treatment, within its capability, prior to the transfer;
- c. The transfer was made even though the transferring hospital was notified that the hospital did not have available capacity for the treatment of the individual;

SUBJECT: EMTALA	REFERENCE: 14.040.2013
DEPARTMENT: EMERGENCY and NURSING	PAGE: 13 OF: 20
APPROVED BY: Compliance Officer	EFFECTIVE: 06/2009 REVISED: 03/2014

- d. The transfer was made without the provision of appropriate level of qualified personnel and/or transportation equipment;
 - e. Representatives of the transferring hospital stated that the transfer was made for financial reasons, or for any non-medical reason; or
 - f. The hospital received no advance notification of the transfer of a patient with an emergency medical condition.
2. The hospital's Compliance Officer shall promptly initiate investigation of all reports of apparent inappropriate transfers. The investigation may include, but not be limited to the following, at the discretion of the hospital's Compliance Officer:
- a. Interviewing the reporting individual to elicit additional information;
 - b. Contacting the transferring hospital's administration to request additional information, including a copy of the sending facility's medical record;
 - c. Requesting that the Medical Director of the Emergency Department, in consultation with the appropriate Medical Staff Department Chairperson and/or members of hospital administration review the case for medical appropriateness;
 - d. Discussing the transfer circumstances with the transferred individual and/or his or her family; and
 - e. Consulting with the hospital's legal counsel.
3. At the conclusion of the investigation regarding the alleged inappropriate transfer, the Compliance Officer shall determine whether there is "reason to believe" that an apparent inappropriate transfer occurred. If, after concluding the investigation and consulting with the hospital's legal counsel, the Compliance Officer determines that an apparent inappropriate transfer occurred, then the Compliance Officer shall report the violation within 72 hours after the occurrence. In addition, the Compliance Officer or other administrative officer shall make a courtesy call to the transferring facility to inform them of the mandatory legal obligation to report to CMS the transfer and the supporting facts. The inappropriate transfer shall be reported to the Centers for Medicare and Medicaid Services (CMS):

Centers for Medicare and Medicaid Services
Medicare Fraud Investigation

SUBJECT: EMTALA	REFERENCE: 14.040.2013
	PAGE: 14 OF: 20
DEPARTMENT: EMERGENCY and NURSING	EFFECTIVE: 06/2009
	REVISIED: 03/2014
APPROVED BY: Compliance Officer	

Office of Inspector General – Division of Licensing and Regulation

Regional Administrator
Division of Medicaid and State Operations
Department of Health and Human Services

4. The report shall be completed using the form “Report to the Centers for Medicare and Medicaid Services from Ferry County Public Hospital District #1 Regarding Receipt of Patient Transfer” (Attachment D). A copy of the report shall be provided to the President or Chief Executive Officer of the hospital. The hospital’s Compliance Officer shall maintain a record of the report.

M. Posting Signs

1. The hospital shall conspicuously post signs explaining the rights of individuals and of women in labor to receive examination and treatment for emergency medical conditions. These signs shall be posted in the Emergency Department, in off-campus departments of the hospital designated with CMS provider-based status and all areas in which patients routinely present for treatment of emergency medical conditions (or wait prior to examination and treatment).
2. The hospital shall conspicuously post signs stating the hospital participates (or does not participate) in the Medicaid program. In the last sentence of Attachment E there is a statement that the hospital participates in the Medicaid program.
3. All signs must be posted in all the major languages that are common to the population of the hospital’s service area.
4. Attachments F is an example of such signs in English.

SUBJECT: EMTALA	REFERENCE: 14.040.2013
DEPARTMENT: EMERGENCY and NURSING	PAGE: 16
	OF: 20
APPROVED BY: Compliance Officer	EFFECTIVE: 06/2009
	REVISED: 03/2014



"COUNT ON US
TO CARE"

Patient Label

CAH Emergency Department Transfer Tool

Hospital Name _____	Contact Phone # _____
Patient Name _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
SS# _____ <input type="checkbox"/> Face Sheet	Patient DOB _____ <input type="checkbox"/> Face Sheet
ED Admit Date _____	Admit Time _____
ED Transfer Date _____	Discharge Time _____
Insurance _____ <input type="checkbox"/> Face Sheet	
Personal contact info _____	<input type="checkbox"/> Face Sheet
Diagnoses _____	
ALLERGIES _____	

- Name of receiving hospital _____ Clinical Unit _____
- Physician/PA _____ at CAH contacted accepting physician:
_____ at receiving hospital Time _____
- Nurse _____ at CAH reported to:
_____ RN at receiving hospital. Time _____
- Transfer criteria: Services/specialty care not available at CAH Other: _____
- ED clinical records sent with patient Provider Summary Nurses Notes Flow Sheets
 Treatments provided Medications/Fluids Administered
- Diagnostic Tests Forwarded: Lab/data Xrays ECG Other
- Transfer by: PV _____ Driver BLS ALS Airlift
- CMS ambulance medical necessity form Yes No
- Status at discharge: Stable Unstable Improved NPO Ventilator

PHYSICIAN CERTIFICATION: I certify that I have explained the risks and benefits associated with transfer of this patient to another medical facility. Medical risks include, but are not limited to, deterioration of clinical status, including patient demise. All transfers have the inherent risks of traffic delay, vehicular accidents, inclement weather and the limitations of transfer equipment and personnel. Benefits expected from this transfer outweigh current and attendant transfer risks.

Provider Signature _____ Date _____ Time _____

- CONSENT TO TRANSFER I acknowledge that I understand the risks and benefits of this transfer

Signature of Patient _____ Date _____ Time _____

Other _____ Relationship to patient _____

- Vital signs at discharge Time _____
BP _____ Pulse _____ Respirations _____ Temp _____
Pulse Oximetry _____% on _____ Liters Oxygen GCS _____ APGAR _____
Impairments _____ Immobilizations _____ Pain Scale _____

- Advance Directives _____

- All transfer information provided in closed envelope Yes No
- Fax this form to receiving hospital Yes No

TAM-EDTT-011007

SUBJECT: EMTALA	REFERENCE: 14.040.2013
DEPARTMENT: EMERGENCY and NURSING	PAGE: 15 OF: 20
APPROVED BY: Compliance Officer	EFFECTIVE: 06/2009 REVISED: 03/2014

This page intentionally left blank