Children's Hospital
New Orleans
LCMC Health

POLICIES & PROCEDURES

Department:	Administration
Policy Number:	ADM-54
Effective Date:	August 9, 1991
Revised Date:	February 1, 2018
Reviewed Date:	October 22, 2013

Policy Title: Compliance with Medicare Obligations in Emergency Cases

Purposes:

a. To provide the necessary emergency medical treatment to persons presenting to Children's Hospital without regard to the ability to pay.

b. To accept all transfers of appropriate patients to this facility provided there are appropriate staff and beds available.

c. To provide emergency transfers of unstabilized patients to other facilities in an appropriate manner and only when the medical risks of transfer are outweighed by the medical benefits of treatment at the receiving facility or the patient requests the transfer.

d. To maintain an Emergency Room Patient Log identifying every person coming to the Emergency Room requesting assistance and whether he or she refused treatment, was refused treatment, or whether he or she was transferred, admitted and treated, stabilized and transferred or discharged.

e. To retain the Emergency Room Patient Log and all records of transfers (both to and from this facility) for a minimum of five (5) years from date of transfer.

Policy: Every person presenting to Children's Hospital seeking emergency medical assistance and every patient transferred to or from this facility shall, to the extent applicable, be treated and/or transferred in accordance with Section 1867 of the Social Security Act (EMTALA Anti-Dumping Law). EMTALA obligates Children's Hospital to accept all transfers if it has the capacity and capability to treat the patient.

Definitions:

"Emergency condition" means:

a. a medical condition manifested by acute symptoms, of such severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) that, in the opinion of a prudent lay person acting reasonably, the absence of immediate medical treatment could reasonably be expected

i) to seriously jeopardize the health of the patient or in the case of a pregnant woman the health of the woman or her unborn child

ii) to seriously impair bodily functions

iii) to result in serious dysfunction of any bodily organ or part; or

b. with respect to a pregnant woman who is having contractions

i) that there is insufficient time to safely transfer the woman before delivery; or

ii) that such transfer may pose a threat to the health or safety of the woman or the unborn child.

"To stabilize" means to provide the medical treatment to the emergency medical condition necessary to assure, within reasonable medical probability, that no material deterioration is likely to result from, or occur during, the patient's transfer. In the case of a woman having contractions, to stabilize means to deliver the baby and the placenta.

"Stabilized" A patient will be deemed stabilized if the treating physician attending the patient in the Emergency Department/hospital has determined, with reasonable clinical confidence, that the emergency medical condition has been resolved.

For patients whose emergency medical condition has not been resolved, the determination of whether they are stable "medically" may occur in two situations:

a. For transfer between facilities: A patient is stable for transfer if the patient is transferred from one facility to a second facility and the treating physician has determined with reasonable clinical confidence that the patient is expected to leave the hospital and be received at the second facility, with no material deterioration in his or her medical condition, and the treating physician reasonably believes the receiving facility is capable of managing the patient's medical condition and reasonably foreseeable complications.

b. For discharge: A patient is considered stable for discharge when, within reasonable clinical confidence, it is determined that the patient has reached the point where his or her continued care, including diagnostic work-up and/or treatment, could be reasonably performed as an outpatient or later as an inpatient, provided the patient is given a plan for appropriate follow-up care with the discharge instructions.

c. Transfers of psychiatric patients: For purposes of transfers of patients with psychiatric conditions from one facility to another facility, the patient is considered to be stable when he or she is protected and prevented from injuring himself/herself or others.

"Stable for Transfer" or "Stable for Discharge" does not require final resolution of the emergency medical condition.

"Transfer" means the movement (including discharge) of an individual or patient outside the Hospital's facilities at the direction of any person employed by or affiliated or associated with Children's Hospital other than the departure of an individual who has been declared dead or leaves Children's Hospital without the permission of a person employed by or affiliated or associated with Children's Hospital.

Procedures:

I. EMERGENCY ROOM PROCEDURES

A. Every person (regardless of age) coming to any part of Children's Hospital's main or Calhoun campus seeking emergency medical services shall be directed to the Emergency Department. The main campus includes the ACC, The Research Institute and adjacent parking areas, but does not include the Metairie Center, facilities located on the NOAH campus, the Calhoun Campus, or CHMPC off-site offices.

1. Every person seeking care from the Emergency Room should be screened by an Emergency Room R.N. who has been trained and determined competent in Emergency Room screening

procedures (see Emergency Department Operating Policy C.1: *Classification of Emergency Department Patients* and Policy P.1: *Prioritization and Processing of Patients).*

2. If the screening nurse determines the patient has only a primary care condition (green patient) and it is during normal medical office business hours (9:00a.m. - 5:00p.m. Monday through Friday exclusive of holidays) the primary care patient will be processed in accordance with paragraph 5 of Emergency Department Policy P.1: *Prioritization and Processing of Patients.* Otherwise, the following procedures shall be followed.

B. The nurse shall advise the emergency room physician or other licensed independent practitioner of the findings of the nursing screening.

C. Based upon the nursing screening, the emergency room physician or other licensed independent practitioner shall, as promptly as emergency room operating conditions and the person's suspected medical condition warrant, conduct such further medical screening and examination as is necessary, within the emergency room's capabilities and such person's professional judgment, to determine if the person has an emergency medical condition. This medical screening by the physician or other licensed independent practitioner shall include whatever available tests (laboratory, radiology) the provider believes necessary to determine whether the patient has an emergency condition. The medical screening is not merely a triage, but rather a thorough examination as dictated by the patient's condition.

D. The provision of medical care by the emergency room physician or other licensed independent practitioner necessary to stabilize the patient shall be provided as promptly as the patient's medical condition and emergency room operating conditions warrant and shall not be delayed in order to obtain financial status data.

E. All ancillary services routinely available in the Emergency Room shall be provided to the patient as warranted by his/her condition and ordered by the emergency room physician or licensed independent practitioner.

F. If the patient is found to have an emergency condition or be experiencing labor contractions, the risks and benefits of further examination and treatment necessary to stabilize the patient shall be explained to the patient.

G. If the patient refuses such further examination and treatment the patient shall be advised that such refusal is against medical advice and shall be asked to sign a *Refusal to Consent to Emergency Examination and/or Treatment* form. The emergency room physician or licensed independent practitioner shall make an entry into the patient's medical record describing the examination, treatment or both that was refused by or on behalf of the patient.

H. If the patient is found to have an emergency medical condition or be experiencing labor contractions and such emergency medical condition or labor cannot be appropriately treated at this facility the patient shall be so advised and offered a transfer to an appropriate medical facility. The Administrator on call or their designee shall be notified and consulted on all proposed transfers from Children's Hospital.

I. If the patient cannot be appropriately treated at this facility or requests a transfer to another facility, the patient shall be advised of the risks and benefits associated with the transfer and the patient's informed consent to transfer shall be obtained.

J. If the patient requests transfer to a facility which is not medically appropriate, the patient shall be counseled. If the patient still insists on being transferred to an inappropriate facility, the patient shall be considered a discharge against medical advice.

K. If the patient refuses transfer to an appropriate medical facility, the patient shall be advised that such refusal is against medical advice and shall be asked to sign a *Refusal to Consent to Transfer* form. An entry shall be made into the medical record describing the proposed transfer refused by or on behalf of the patient.

L. If the emergency room physician or licensed independent practitioner determines that additional medical expertise is necessary to properly diagnose and treat the patient's emergency medical condition or labor contractions, the emergency room physician or licensed independent practitioner shall consult the specialist he deems most appropriate. If such specialist(s) is unavailable, the provider shall have the physician on call for that specialty contacted to provide care of the patient. If the hospital does not have an appropriate medical specialist on staff or there is no specialty physician available, the emergency physician or licensed independent practitioner shall provide care to the extent of his or her capability and make arrangements to transfer the patient to an appropriate medical facility. The Administrator on call or their designee shall be notified and consulted if no specialty physician is available.

M. Should the on-call specialist physician not be available the next physician on the on-call list for that specialty shall be contacted. If there is only one physician taking call for that specialty and that physician is unavailable, the emergency room provider shall provide care to the extent of his or her capability and make arrangements to transfer the patient to an appropriate medical facility. The patient shall be advised of the risks and benefits associated with the transfer and the patient's informed consent to transfer shall be obtained.

N. Should an on-call specialist physician be available but refuse or fail to come to the Hospital in a reasonable amount of time to examine the patient, and assume such patient's care and the patient is transferred, such specialist physician's name and address shall be included in the patient's medical record and inter-hospital transfer form, if any.

O. The Emergency Room personnel shall maintain an Emergency Room Patient Log: 1) identifying each and every person presenting to the emergency room requesting assistance, no matter what age they are; 2) whether such person refused treatment; 3) whether such person was refused treatment; 4) whether such person was transferred in an unstable condition; 5) whether such person was stabilized and then transferred; 6) whether such person was treated and admitted; 7) whether such person was treated and discharged; or, 8) whether such person left against medical advice or before being treated.

II. PROCEDURES FOR EMERGENCY TRANSFERS FROM CHILDREN'S HOSPITAL

A No patient having an un-stabilized emergency medical condition and no pregnant woman having labor contractions shall be transferred from Children's Hospital unless the following conditions have been satisfied.

1. The patient or his legal representative has been informed that Children's Hospital's Emergency Room is legally required to provide, to the extent of the Emergency Room's capabilities, such medical care as is necessary to stabilize the patient's condition.

2. The risks and benefits, including any risks to the pregnant woman's unborn child, reasonably expected to result from the transfer have been explained to the patient.
3. A *Request For and Consent to Transfer* form has been signed by the patient or the patient's legal representative.
4. The emergency room physician or licensed independent practitioner or the patient's attending physician (including an on-call physician specialist who has responded to the Hospital's call) has signed a certification summarizing the risks and benefits of transfer and stating that based upon the information available at the time of transfer the medical benefits reasonably expected from the provision of appropriate medical treatment at the receiving facility outweigh the risks of transfer.
5. The Administrator on call or their designee has been notified and consulted regarding the proposed transfer of the patient.
6. An appropriate receiving facility has been contacted and has agreed to accept the transfer. The name of the individual at the receiving facility who has accepted the transfer shall be noted in the medical record. The date, time, and names of the parties to such telephone conversation shall be recorded in the medical record.
7. The patient shall be prepared for transport. The ambulance shall be staffed with at least one certified paramedic who shall ride in the patient compartment. The ambulance shall be equipped to provide advanced life support services.
8. If the emergency room physician or licensed independent practitioner or attending specialist determines the patient's condition requires additional medical personnel and if available, a Children's Hospital nurse or physician, as determined by the emergency room physician or licensed independent practitioner or attending specialist, shall accompany the patient during transfer.
9. Copies of the patient's available medical records related to the emergency condition, including observations of signs or symptoms, preliminary diagnosis, test results, treatments provided, written informed consents, medical certification, the name and address of any on-call physician refusing or failing to timely respond, and inter-hospital transfer form shall accompany the transferred patient. Other records, i.e. test results not available at the time of transfer and/or records of previous admissions, shall be sent to the receiving hospital as soon as practicable.
10. All necessary medical care within the capability and capacity of the Emergency Room shall be provided to the patient pending transfer to the receiving facility.
11. An Emergency Room Patient Log shall be maintained identifying every person coming to the Emergency Room requesting assistance and whether he or she refused treatment, was refused treatment, or whether he or she was transferred, admitted and treated, stabilized and transferred or discharged.
12. The Emergency Room Patient Log and all records related to the emergency care rendered and the transfer of the patient shall be retained for a minimum of five (5) years from the date of transfer.

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III. PROCEDURES FOR RECEIVING TRANSFERS OF PATIENTS WITH EMERGENCY CONDITIONS FROM OTHER HOSPITALS.

A. Children's Hospital shall not refuse to accept an appropriate transfer of an individual requiring Children's Hospital's specialized capabilities and facilities if Children's Hospital has the resources and the capacity to treat the individual.

B. All calls to the Emergency Room concerning transfer of a patient for admission from another emergency room, hospital or doctor will be routed to the Hospital's Transfer Center.

C. The Transfer Center, in consultation with the appropriate Administrator or other physician designee will evaluate the child's medical condition and the reason for admission and which admitting physician will be needed.

D. After evaluation, the Transfer Center will contact the appropriate admitting physician to determine whether Children's Hospital has the resources and capacity to treat the patient. The admitting physician, with the assistance of the emergency room staff, will then be responsible for notifying the transferring hospital and making all arrangements for the admission. The Administrator on-call or their designee shall be immediately notified and consulted prior to the denial of any patient transfer. The only reasons a requested transfer may be denied are because Children's lacks the necessary resources or lacks the capacity to appropriately treat the patient.

E. The communications between the transferring hospital and the Emergency Department; between the Emergency Physician and the attending physician; between the attending physician and the transferring hospital; and, if applicable, the Administrator on-call; shall be documented in the patient's chart. If the patient transfer is not accepted, the communications should be documented in a file entitled "Declined Transfers" and maintained in the Emergency Department for five (5) years.

F. Direct calls to the PICU, NICU, and Adolescent Behavioral Health Unit requesting admissions to the PICU, NICU or Adolescent Behavioral Health Unit need not be screened by the emergency room physician but shall be handled by the physician staffing the respective unit or the Transfer Center in accordance with established policy.

G. Any suspected inappropriate transfer to Children's Hospital shall be reported to Administration or, if after hours, to the hospital Administrator on-call.

H. The suspected inappropriate transfer shall be investigated by hospital administration and, if confirmed, shall be reported to the Department of Health and Hospitals or the Regional Office of the CMS in Dallas within seventy-two (72) hours of the time of admission.

I. The "capacity" of the Emergency Department, PICU, NICU, Spinal Unit and/or Acute Care floors is not reflected simply by the occupancy rate of such units or floors or the number of staff on the unit. "Capacity" includes whatever the hospital customarily does to accommodate patients in excess of its occupancy limits. This means moving patients to other units to free up beds, calling in additional staff, and having staff work beyond their normal shifts.

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Responsible Person:

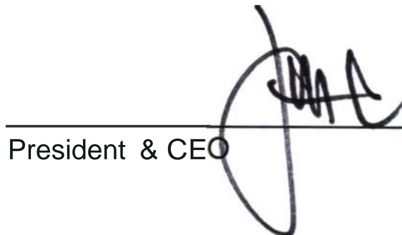
- Director of Compliance

Coordinating Departments:

- LCMC Legal Department
- Emergency Department

Approved:

Director, Compliance — Date: 02/01/2018



President & CEO — Date: 2/5/2018