



Clark Memorial Hospital

Effective: 07/1997
 Last Approved: 02/2016
 Last Revised: 02/2016
 Next Review: 02/2019

Owner: AMANDA OELZE:
 ADMINISTRATION, EAA

Policy Area: Administration

A Norton and LifePoint Partnership

References:
 Applicability: Clark Memorial Hospital

Physician Coverage of Emergency Care

WHO:	DOES WHAT:
	<i>For Inpatient Emergencies...</i>
Nursing Staff	Will recognize that the term "inpatient emergency" indicates a medical condition of a hospital patient manifesting itself by acute symptoms of sufficient severity (including severe pain), such that the absence of immediate medical attention could reasonably be expected to result in 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, serious impairment to any bodily function or serious dysfunction of any bodily organ or part.
Nursing Staff	In the event of an "inpatient emergency" the patient's attending physician will be contacted by the responsible nurse.
ED Physician	Will respond to a Code 4 situation, (respiratory and/or cardiac arrest). The ED Physician will not endanger any ED patients.
	<i>For Emergency Department Emergencies:</i>
Qualified Medical Person (QMP)	Provides an <i>appropriate medical screening</i> to determine if "emergency medical condition" exists without delay. (EMC)
Definition: Qualified Medical Person (QMP)	A qualified medical person means a licensed registered nurse, a licensed physician's assistant, a licensed nurse practitioner, or a licensed physician.
Definition: Emergency Medical Condition	An emergency medical condition is defined: A. a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in—

	<ul style="list-style-type: none"> i. 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, ii. serious impairment to bodily functions, or iii. serious dysfunction of any bodily organ or part; or <p>B. with respect to a pregnant woman who is having contractions—</p> <ul style="list-style-type: none"> i. that there is inadequate time to effect a safe transfer to another hospital before delivery, or ii. that transfer may pose a threat to the health or safety of the woman or the unborn child. 	
<p>Qualified Medical Person</p>	<p>If determined an EMC exists, must provide:</p> <ul style="list-style-type: none"> A. within the staff and facilities available at the hospital, for such further medical examination and such treatment as may be required to stabilize the medical condition, OR B. for transfer of the individual to another medical facility in accordance with EMTALA law. <i>See below.</i> 	
<p>Qualified Medical Person</p>	<p>Transfer Rule – Stabilization</p> <p>If the patient has an EMC which has not been stabilized (see below) the hospital may not transfer the individual unless</p> <ul style="list-style-type: none"> A. <ul style="list-style-type: none"> i. the individual (or a legally responsible person acting on the individual's behalf) after being informed of the hospital's obligations under this section and of the risk of transfer, in writing requests transfer to another medical facility, 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 and, in the case of labor, to the unborn child from effecting the transfer, or iii. if a physician is not physically present in the emergency department at the time an individual is transferred, another QMP (see below definition) has signed a certification described in clause (ii) after a physician, in consultation with the person, has made the determination described in such clause, and subsequently countersigns the certification; and B. the transfer is an appropriate transfer (see definition below) to that facility. A certification described in clause (ii) or (iii) of subparagraph (A) shall include a summary of the risks and benefits upon which the certification is based. 	

COPY

<p>Patient</p>	<p>If patient refuses treatment: If a patient decides to leave the ED without receiving an exam or treatment, hospital staff should do the following:</p> <ol style="list-style-type: none"> 1. Reiterate to the patient the need for further medical examination and treatment; (2) Inform him or her of the benefits of examination and treatment, and of the risks of leaving without obtaining them (3) Document the patient's refusal in his or her medical record. This documentation should include a description of any examination or treatment that took place, an assertion that the patient was informed of the risks and benefits of receiving v. refusing treatment, a written, informed refusal from the patient (or someone acting on the patient's behalf whenever possible. If the patient leaves without notifying hospital personnel, the hospital should document when he or she presented to the ED, and when staff discovered that he or she left without receiving treatment. <p>If a patient refuses transfer:</p> <p>A hospital is deemed to meet the requirement as stated above with respect to an individual if the hospital offers to transfer the individual to another medical facility in accordance with the law (see below) and informs the individual (or a person acting on the individual's behalf) of the risks and benefits to the individual of such transfer, but the individual (or a person acting on the individual's behalf) refuses to consent to the transfer. The hospital shall take all reasonable steps to secure the individuals (or person's) written informed consent to refuse such transfer.</p>
<p>Definition: Stabilized</p>	<p>The term "to stabilize" means, with respect to an emergency medical condition described in paragraph (1)(A), to provide such medical treatment of the condition as may be 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, or, with respect to an emergency medical condition described in paragraph (1)(B), to deliver (including the placenta).</p> <p>(B) The term "stabilized" means, with respect to an emergency medical condition described in paragraph (1)(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, or, with respect to an emergency medical condition described in paragraph (1)(B), that the woman has delivered (including the placenta).</p>
<p>Definition: Transfer</p>	<p>The term "transfer" means the movement (including the discharge) of an individual outside a hospital's facilities at the direction of any person employed by (or affiliated or associated, directly or indirectly, with) the hospital, but does not include such a movement of an individual who</p> <ol style="list-style-type: none"> A. has been declared dead, or B. leaves the facility without the permission of any such person.

<p>Definition: Appropriate Transfer</p>	<p>An appropriate transfer to a medical facility is a transfer—</p> <ul style="list-style-type: none"> A. in which the transferring hospital provides the medical treatment within its capacity which minimizes the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child; B. in which the receiving facility— <ul style="list-style-type: none"> i. has available space and qualified personnel for the treatment of the individual, and ii. has agreed to accept transfer of the individual and to provide appropriate medical treatment; C. in which the transferring hospital sends to the receiving facility all medical records (or copies thereof), related to the emergency condition for which the individual has presented, available at the time of the transfer, including records related to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, treatment provided, results of any tests and the informed written consent or certification (or copy thereof) provided under paragraph (1)(A), and the name and address of any on-call physician (described in subsection (d)(1)(C) of this section) who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment; D. in which the transfer is effected through qualified personnel and transportation equipment, as required including the use of necessary and medically appropriate life support measures during the transfer; and E. which meets such other requirements as the Secretary may find necessary in the interest of the health and safety of individuals transferred.
--	---

<p>QMP Nondiscrimination</p>	<p>CMH may not discriminate based upon race, religion, national origin, age, sex, physical condition or economic status.</p> <p>A participating hospital that has specialized capabilities or facilities (such as burn units, shock-trauma units, neonatal intensive care units, or (with respect to rural areas) regional referral centers as identified by the Secretary in regulation) shall not refuse to accept an appropriate transfer of an individual who requires such specialized capabilities or facilities if the hospital has the capacity to treat the individual. <i>See transfer policies.</i></p>
---	--

Attachments: No Attachments