

PROTOCOL FOR: EMTALA: Acceptance of Appropriate Transfers

PURPOSE: To accept appropriate transfers of individuals with emergent medical conditions.

EMTALA OBLIGATION: Recipient hospital can not refuse to accept an appropriately transferred patient that requires the specialized capabilities (i.e. burn unit, neonatal ICU, etc.) of that facility if the recipient hospital has the capacity to treat the individual.

PROCEDURE:

1. If a patient is at a facility that does not have the capability or capacity required for their specialized treatment and a recipient facility has the available space and qualified personnel for the appropriate treatment the recipient facility must agree to accept the transfer.
2. If a patient requires the specialized capabilities the intended recipient facility offers and the recipient facility also has the capacity to accept the transfer but refuses, this is a violation of the EMTALA obligation.
3. If the patient is transferred from a facility that lacks the capacity (beds, staff, etc.) and does not require any specialized capabilities offered at the recipient facility, the receiving hospital is not obligated to accept the individual under EMTALA.
4. A lateral transfer between facilities of comparable resources would not be obligated to EMTALA since there would be no benefits of enhanced care for the patient EXCEPT if there were no ICU beds available or there was equipment failure or similar situations. If the transferring hospital has the capability but lacks the capacity, then the patient would be likely to benefit from the transfer.
5. Necessary ED records must accompany the transferred patient to the recipient facility and must be retained for a minimum of five (5) years from the date of transfer.
6. If a hospital accepts a patient that it suspects it may have received as an improper transfer (i.e. unstable individual with an emergent medical condition) the hospital is required to report the incident to the JDH Compliance Office.

DEFINITIONS:

Facility capability means there is physical space, equipment, supplies and specialized services i.e. obstetrics, psychiatry, intensive care, etc.

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Capability of the staff refers to the level of care that the hospital personnel including the on-call roster, can provide.

Capacity to render care includes whatever the facility customarily does to accommodate patients even in excess of its occupancy limits (moving patients to other units, calling in additional staff, etc.).

REFERENCES:

CMS Pub. 100-7, State Operations Manual, Appendix V, "Responsibilities of Medicare Participating Hospitals in Emergency Cases".

Social Security Act Sect. 1867, Emergency Medical Treatment and Labor Act (EMTALA)

Code of Federal Regulations, Title 42, Sect. 489.24 (e) Special responsibilities of Medicare hospitals in emergency cases.

Code of Federal Regulations, Title 42, Sect. 489.20 (r)(1) Basic commitments.

APPROVAL: Emergency Department Standards Committee
Emergency Department Manager and Medical Director

EFFECTIVE DATE: 3/06

REVIEWED DATES: 9/08