

PROTOCOL FOR: EMTALA: Medical Screening Examination (MSE)

PURPOSE: To provide an appropriate medical screening examination including ancillary services to any person coming to the Emergency Department seeking treatment.

EMTALA OBLIGATION: To provide a screening process in a nondiscriminating manner that can reasonably determine whether an emergent medical condition exists.

PROCEDURE:

1. Every patient (regardless of ability to pay) arriving in the Emergency Department seeking treatment will initially undergo an examination based on the presenting signs and symptoms to determine whether or not an emergency medical condition exist. This screening may range from a simple process involving a brief history and assessment to a complex evaluation including ancillary services (i.e. clinical lab tests, radiological imaging, scans, lumbar puncture, etc) routinely available to the Emergency Department.
2. If the patient is a pregnant woman, the examination should include an ongoing evaluation of fetal heart tone, regularity and duration of uterine contractions, fetal position and station, cervical dilation, and status of membranes (i.e. ruptured, intact, leaking).
3. If the patient is seeking psychiatric treatment the screening should include an assessment, suicidal or homicidal attempt or risk, orientation or assaultive behavior that would indicate a danger to self and/or others.
4. If the patient requesting treatment is a minor (< 18 years of age or \geq 16 years in cases of emancipated youth) or treatment is requested on behalf of a minor, the medical screening examination should be performed and not delayed for parental consent. If it is determined that no emergent medical condition exists, treatment can be delayed until parental consent is obtained.
5. If, based on the MSE, it has been determined that an emergent medical condition exists, JDH is obligated to provide stabilizing treatment within its capability and capacity. Capability includes specialized services such as psychiatry, surgery, etc. physical space, equipment, supplies and level of care the staff can provide including coverage available through the on call roster. Capacity is defined as whatever a hospital customarily does to accommodate patients in excess of its occupancy limits. JDH has the responsibility to provide care until the condition ceases to be an emergency or until the patient can be safely transferred to another facility.

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MEDICAL SCREENING EXAMINER: The MSE must be performed by a qualified medical person (Physician, LIP, or RN). If a non-physician practitioner completes the MSE, that individual must function within the scope of their license and in compliance with state law and nurse practice act.

NOTE:

1. Under EMTALA, a hospital is allowed to follow normal registration procedures for individuals who come to the Emergency Department. The patient can be asked for an insurance card or other information about the health plan (not payment) as long as the medical screening exam is not delayed. If there is an emergency medical condition determined by the MSE and stabilizing treatment has been initiated, the hospital may then seek authorization for services from the patient's plan.
2. A patient seeking treatment in the Emergency Department cannot be refused from the screening and treatment (or appropriate transfer) procedure if their managed care plan does not include JDH as a designated provider.
3. JDH will provide medical screening exams to any individual coming to the Emergency Department seeking treatment regardless of diagnosis (i.e. AIDS, labor), financial status (i.e. uninsured, Medicaid), race, color, national origin and/or disability.
4. In the context of EMTALA, an "appropriate" screening examination means that the medical screening examination was suitable for the symptoms presented and conducted in a non-disparate fashion and in no way denotes a diagnosis. The treating emergency physician is still required to diagnosis the individual's medical condition.
5. Compliance with EMTALA requires that the MSE and stabilization treatment of all individuals with similar medical conditions are consistent.
6. The MSE is considered an ongoing process. The ED record must document continued monitoring according to the patient's needs until he/she is stabilized or appropriately transferred.
7. Once a patient is screened and it is determined that the presenting condition is non-emergent, JDH's EMTALA obligation ends for that patient. Similarly, JDH's EMTALA obligation ends when an emergency medical condition exists and the patient is appropriately transferred to another facility or admitted to the hospital for further stabilizing treatment.

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8. If a patient comes to the Emergency Department requesting an examination or treatment for a medical condition, but the nature of the request makes it clear that the medical condition is not of an emergent nature, JDH is required only to perform a screening examination that would be reflective of the presenting complaints or symptoms and would be appropriate for anyone presenting in this manner.
9. When law enforcement officials request ED personnel to provide clearance for incarceration, JDH has an EMTALA obligation to provide a MSE to determine if an emergent medical condition exists. If it is determined that no emergent medical condition is present, JDH has met its EMTALA obligation.
10. An Advanced Beneficiary Notice (ABN) should not be obtained while the MSE or stabilizing treatment is being delivered but would be applicable once the individual is stabilized or determined not to have an emergent condition and JDH's EMTALA obligation has ended.

ASSOCIATED

PROTOCOLS : ED Admin. Protocol: EMTALA: Signage
ED Admin. Protocol: EMTALA: Stabilization Treatment
ED Admin. Protocol: EMTALA: Transfer to Another Facility

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. 482.55, Condition of Participation: Emergency services.

Code of Federal Regulations, Title 42, Sect. 489.20, Basic Commitments

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

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

EFFECTIVE DATE: 3/06

REVIEWED DATES: 9/08