HEALTHQUEST

Title: Emergency Medical Treatment and Active Labor Act (EMTALA) Requirements	**Reference Number:** HQ 5.1.15
Signature: Chief Compliance Officer	**Effective Date:** December 19, 2023
Approved by: Chief Compliance Officer	**Page #:** Page 1 of 16

☒Health Quest Systems, Inc.	☒Northern Dutchess Hospital	☒Putnam Hospital Center
☒Sharon Hospital	☒Vassar Brothers Medical Center	☒Heart Center
☒HQ Home Care	☒HQ Medical Practice	☒Sharon Hospital Medical Practice
☒Thompson House		
☒Other HQ Entities Not Listed Above		

PURPOSE:
For Health Quest Systems, Inc. and its affiliates ("HQ") to meet obligations under the Emergency Medical Treatment and Active Labor Act (EMTALA) as part of the Consolidated Omnibus Budget Reconciliation Action of 1985 (COBRA).

POLICY:
When an individual presents to the Hospital requesting emergency medical services, the hospital will:

1. Provide a Medical Screening Examination by Qualified Medical Personnel to perform that examination to determine if the person has an Emergency Medical Condition, or is in active labor.
2. If an Emergency Medical Condition is present:
    a. Provide necessary stabilizing treatment to the extent of the hospital's capabilities and capacity at the time unless the individual or a person acting on his/her behalf refuses;
    b. Provide for appropriate transfer of the individual or woman in labor to another medical facility after a physician has certified that such transfer is in the individual's best medical interest or after request by the individual or person acting on his/her behalf; or
    c. Admit the individual as an inpatient.

This policy applies to any Emergency Department transfer, as set forth in Section 5 of this policy, between HQ hospitals or to any non-HQ facility.

This policy does not apply to:

1. Transfers to a lower level of care, i.e., skilled nursing facility or sub-acute care facility.
2. Patients who leave the Hospital without the permission of appropriate personnel, and then arrange for their own transfer.

DEFINITIONS:

Capabilities of Hospital: Capabilities of the Hospital include the physical space, equipment, supplies and services, including ancillary services available at the Hospital.

Capabilities of Hospital Staff: Capabilities of the Hospital staff means the level of care that the Hospital personnel can provide within the training and scope of their professional licenses.

Capacity: Ability of the Hospital to accommodate the individual requesting examination or treatment of the transferred individual. Capacity encompasses such things as numbers and availability of qualified staff, beds, and equipment and the Hospital's past practices of accommodating additional patients in excess of its occupancy limits, including the internal movement of patients and the use of on-call staff.

Central Log: Document used to track the care provided to each individual who comes to the Emergency Department seeking medical care. The Central Log includes, directly or by reference, patient logs from other areas of the hospital that may be considered dedicated Emergency Departments, such as labor and delivery, where a patient might present for emergency care or receive a Medical Screening Exam.

Comes to the Emergency Department: With respect to an individual who is not a patient:

1) Has presented at a hospital's Dedicated Emergency Department, as defined in this policy, and requests examination or treatment for a medical condition, or has such a request made on his or her behalf. In the absence of such a request by or on behalf of the individual, a request on behalf of the individual will be considered to exist if a prudent layperson observer would believe, based on the individual's appearance or behavior, that the individual needs examination or treatment for a medical condition;
2) Has presented on Hospital Property, as defined in this policy, other than the Dedicated Emergency Department, including labor **and** delivery, **and** requests examination or treatment for what may be an Emergency Medical Condition, or has such a request made on his or her behalf. In the absence of such a request by or on behalf of the individual, a request on behalf of the individual will be considered to exist if a prudent layperson observer would believe, based on the individual's appearance or behavior, that the individual needs emergency examination or treatment;
3) Is in a ground or air non-hospital owned ambulance on Hospital Property for presentation for examination **and** treatment for a medical condition at a hospital's Dedicated Emergency Department. However, an individual in a non-hospital owned ambulance off Hospital Property is not considered to have come to the hospital's emergency department, even if a member of the ambulance staff contacts the hospital by telephone or telemetry communications and informs the hospital that they want to transport the individual to the hospital for examination and treatment. The hospital may direct the ambulance to another facility if it is in "diversionary status," that is, it does not have the staff or facilities to accept any additional emergency patients. If, however, the ambulance staff disregards the hospital's diversion instructions and transports the individual onto hospital property, the individual is considered to have Come to the Emergency Department.

Dedicated Emergency Department: Any area of the Hospital, regardless of whether it is located on the Hospital's Main Campus that meets at least one of the following requirements:

1. It is licensed by NYS as an emergency room or emergency department;

2. It is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for Emergency Medical Conditions; or
3. During the calendar year immediately preceding the calendar year in which a determination under this section is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least 1/3 of all its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment.

Emergency Medical Condition (EMC): A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances, substance abuse, including alcohol, and pregnancy with contractions present) such that the absence of immediate medical attention could reasonably be expected to result in:

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of a woman or her unborn child) in serious jeopardy;
2. Serious impairment to any bodily organs or functions or serious dysfunction of any bodily organ or part;
3. With respect to a pregnant woman who is having contractions,
    a. there is inadequate time to effect a safe transfer to another hospital before delivery; or
    b. the transfer may pose a threat to the health or safety of the woman or the unborn child.

Hospital: Includes Hospital Main Campus, Hospital Property or both.

Hospital Main Campus: Includes all clinical and non-clinical departments within the main hospital but does not include other structures of the main hospital building that are not part of the hospital, such as physician office space, or other entities that participate separately from Medicare.

Hospital Property: The entire main Hospital campus, including parking lot, sidewalk and driveway or Hospital departments including any buildings owned by the Hospital that are within 250 yards of the Hospital.

Labor: The process of childbirth beginning with the latent or early phase of labor and continuing through the delivery of the placenta. A woman experiencing contractions is in true labor unless a physician certifies that, after a reasonable time of observation, the woman is in false labor.

Legally Responsible Person: Under New York State law, a legally responsible person includes:

1. A parent or guardian of a minor (i.e., someone under the age of 18);
2. An agent appointed pursuant to a valid health care proxy if the patient lacks decision-making capacity;

4. A guardian (e.g., under Article 81 of the Mental Hygiene Law of Article 17-A of the Surrogate's Court Procedure Act) or another person appointed by court order with medical decision-making authority; or
5. If not of the foregoing is available, a "surrogate" decision maker under the Family Health Care Decision Act.

Medical Screening Examination (MSE): The process required to reach with reasonable clinical confidence the point at which it can be determined whether an Emergency Medical Condition does or does not exist or a woman is in labor.

Qualified Medical Personnel (QMP): A healthcare professional designated to perform a Medical Screening Exam as identified in Hospital's medical staff by-laws or rules and regulations. Qualified Medical professionals may include:

1. Emergency Department: Physician, Physician Assistant or Nurse Practitioner credentialed to provide Emergency Services.
2. Labor and Delivery Triage: Physician, Nurse Midwife, Physician Assistant, Nurse Practitioner credentialed to provide OB services, or a Labor and Delivery Nurse trained to recognize active labor.

Stabilized: With respect to an Emergency Medical Condition, 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 a pregnant female experiencing contractions, that the woman has delivered the child and the placenta. A patient will be deemed stabilized if the treating physician of the individual with an Emergency Medical Condition has determined, within reasonable clinical confidence, that the Emergency Medical Condition has been resolved.

Supplemental Log: A department specific log maintained by the ED and Labor and Delivery (L&D) to track individuals who comes to that department seeking care for an Emergency Medical Condition.

To Stabilize: With respect to an Emergency Medical Condition, to provide that treatment of the condition necessary to assure, within reasonable medical probability, that no material deterioration is likely to result from or occur during the transfer of the individual, and with respect to a pregnant female experiencing contractions, that the baby and placenta have been delivered, or the benefits of transfer outweigh the risks of maintaining the patient in this facility.

Transfer: Transfer means any movement of an individual (including discharge), whether or not assisted, from the hospital to any location outside of the hospital at the direction of the treating healthcare provider. Transfer does not include such a movement of an individual who (i) has been declared dead, or (ii) leaves the hospital without permission.

PROCEDURES:

1. Medical Screening Exam (MSE)

A. Presentation to the Hospital for Emergency Care

1. All patients that present **to the** hospital for emergency care will be offered a Medical Screening Examination (MSE) to the extent of the capability and capacity of the Emergency Department (ED), including ancillary services routinely available to the ED, **to** determine whether or not an Emergency Medical Condition (EMC) exists, or with respect to a pregnant woman having contractions, whether the woman is in labor.

2. For the purposes of this policy, present to the hospital for emergency care means the individual has presented to the ED or any other location Hospital Property and
   a. Has made a request for examination or treatment of a medical condition on his/her behalf; or
   b. Has a request for examination or treatment of a medical condition made on his/her behalf;
   c. A prudent layperson observer would believe, based on the person's appearance or behavior, that the individual needs a medical exam or treatment of a medical condition; or
   d. Is in an ambulance on the Hospital's Main Campus for examination **and** treatment for a medical condition in the ED

B. Medical Screening Examination (MSE) — General

1. A MSE will be performed by Qualified Medical Personnel **(QMP)** acting within the scope of his/her practice, as determined by the Hospital in its medical staff bylaws or rules **and regulations.**

2. The MSE will be the same MSE that the hospital would perform on any individual coming to the hospital with the same signs and symptoms, regardless of diagnosis, financial status (i.e., insured, Medicaid), race, color, national origin or disability.

3. The MSE will not be delayed in order to inquire **about** an individual's ability to pay or **to** perform insurance verification.

4. Depending on the patient's presenting symptoms, the MSE may include a variety of actions ranging from a brief history and physical examination to a complex process that could involve performing ancillary studies and procedures.

5. If prior to the completion of the MSE the patient expresses the intent to leave the hospital, the QMP or other ED or L&D staff will encourage the patient to remain and explain the risks and benefits of the MSE and document the same in the medical record.

6. Hospital staff will take no action to suggest that the patient leave the hospital prior to the MSE.

7. If the MSE indicates that the person does not have an EMC, appropriate staff will manage the care as indicated by the patient's condition or refer the patient to his/her primary care physician for further care, if appropriate.

8. If the MSE indicates that the person has an EMC, the appropriate staff, without regard to the individual's ability to pay, will
    a. Provide further medical examination and treatment as required to stabilize the person's condition;
    b. Transfer the individual to another medical facility; or
    c. Admit the individual as an inpatient.

C. Medical Screening Exam (MSE) — ED

1. When an individual presents to the ED for care, the following sequence of actions will occur:
    a. "Quick registration" will occur whereby the following data elements will be captured:
        i. Patient name
        ii. Patient date of birth
        iii. Patient chief complaint
        iv. Mode of arrival
        v. Patient gender
    b. The triage nurse will complete a triage assessment and assignment of care will be based on the identified acuity.
    c. The MSE will be performed by the **QMP** as soon as possible after triage.
    d. The **QMP** will enter a MSE completed order in the medical record when
        i. The QMP has determined that no EMC exists or
        ii. If an EMC does exist, stabilizing treatment is underway.

2. The placement of the MSE completed order in the medical record will alert registration personnel that full registration can occur, providing registration does not delay or interfere with stabilizing treatment.

D. Medical Screening Exam (MSE) — L&D

1. As part of the prenatal planning, patients may be pre-registered early in their pregnancies so when they present to the L&D for evaluation of their pregnancy, financial information is already on file.

2. For patients not pre-registered, the L&D unit secretary will obtain prenatal records, if available, and escort the patient to the L&D triage area.
3. The L&D QMP will begin the MSE process as soon as possible after arrival. Where trauma or an EMC on presentation require, obstetric patients may be detained in the ED for emergency care and stabilization, and then transferred to the L&D area, if indicated.

4. Once the MSE process has started, registration personnel may begin the registration process providing this does not delay care, treatment or screening. a. Payment source is not discussed with the patient or family during this encounter.

5. Once the MSE has been completed and it has been determined that an EMC does not exist or an EMC does exist and stabilizing treatment has begun, the QMP will communicate with the obstetrical provider to receive additional orders if necessary.

6. The obstetrical provider will determine the patient's disposition, i.e., discharge, transfer or admission.

7. Once the disposition is determine, registration is notified and payment source may be obtained.

E. Medical Screening Exam (MSE) — pregnant woman presenting in the Emergency Department

1. If the complaint is not related to pregnancy, the patient will have MSE in the ED. Following stabilization, the patient may be transferred to L&D for obstetrical care.

2. Patients presenting with signs of imminent delivery (presenting body part, patient pushing) remain in the Emergency Department until delivery of placenta or until admitted as an inpatient.

F. Medical Screening Exam (MSE) — Non-ED Area of Main Hospital

1. For purposes of this policy, a non-ED area of the Main Hospital means any area other than the ED, **L&D,** i.e., lobby, hallways, elevators, etc.

2. When an individual presents at any other area of the Main Hospital campus, and requests medical care to a member of the hospital staff and/or is exhibiting symptoms of an emergency nature (including an outpatient undergoing a diagnostic procedure), hospital staff member will call a Rapid Response.

3. The MSE will be performed by the physician responding to the Rapid Response.

4. If additional care is required, a member of the rapid response team will notify the ED that additional care is needed and the individual will be transported to the ED in a safe and efficient manner.

G. Medical Screening Exam (MSE) — Hospital Property

1. When an individual presents to any location outside of the Hospital Main Campus and requests emergency medical care to a member of the hospital staff and/or is exhibiting symptoms of an emergency nature the provisions of EMTALA will apply.

2. The staff member will contact 911 for transport to the ED and notify security of same.

1. Locations outside of the Hospital Main Campus include: *See Appendix A — Hospital Specific Information*

2. Security will facilitate the transfer process by guiding the 911 responders to the location of the emergency.

3. An incident report will be completed by security and processed accordingly.

2. **Stabilizing Treatment**

1. If the MSE indicates that the individual has an EMC, then appropriate hospital staff should provide stabilizing treatment to the individual, unless the individual is admitted as an inpatient, or a transfer is warranted.
2. An individual with capacity or person acting on the individual's behalf has the right to refuse to consent to examination and treatment, including stabilizing treatment.
    a. In this case, the Hospital must take reasonable steps to secure the individual's written informed consent to refuse examination and treatment.

3. **Prohibition on Delaying Screening or Stabilizing Treatment**

1) The hospital will not:
   a. Delay providing a MSE or stabilizing treatment in order to inquire about the individual's method of payment or insurance status.
   b. Seek or direct an individual to seek authorization from the individual's insurance company for screening or stabilization services to be furnished by a hospital, physician, or non- physician practitioner to an individual until the hospital has provided the appropriate MSE.

2) The hospital's registration process prohibits registration staff from discussing the cost of medical services, how the patient will pay for service or making an attempt to collect payment until the healthcare provider has determined that the patient is ready for discharge, transfer or admission, and has made an entry in the EMR that identifies the patient as ready for discharge.

3) The MSE and registration processes will include the following components:
   a. Quick registration will occur when a person initially presents to the ED for medical care and include basic information, including: person name; date of birth; chief complaint; mode of arrival; gender.
   b. After the quick registration the patient will be triaged by a RN to determine assignment of care based on identified acuity.
   c. The MSE will be performed by a QMP as soon as possible after triage.
   d. Once the MSE exam has been completed and it has been determined that an EMC does not exist or an EMC does exist and stabilizing treatment has begun, the **QMP** will enter an order into the EMR indicating that the MSE has been concluded.
   e. Once this order has been entered, this will alert registration staff that further registration can occur providing registration does not delay or interfere with care or stabilizing treatment. The registration processes include:
      i. Obtaining all required data elements of the patient registration, including ascertaining insurance status.
      ii. Obtaining signature on consent that will address, among other issues, the patient's financial obligation for care provided excluding of any discussion of the estimated charges for medical services that will be **due** upon discharge.
      iii. Issuance of the self-pay letter, if applicable, that excludes any discussion of the estimated charges for medical services that will be due upon discharge.
      iv. Request for the patient to stop at the registration area upon discharge.

f. When the healthcare provider has determined that the patient is ready for discharge, transfer or admission, an icon will appear on the ED EMR tracking board. This icon will alert the registration personnel to fmalize the registration process by performing the following, providing this doesn't interfere with care and treatment:
    a. Issue the patient the self-pay statement which may reflect the estimated value due for the visit, if applicable.
    b. Collect the patient responsibility, e.g. self-pay value, co-pay amount, etc, or make arrangements for payment.

4) The hospital may not seek, or direct an individual to seek, authorization from the individual's insurance company, for screening or stabilization services until after the hospital has provided the MSE and initiated any further stabilizing treatment that may be required nor will the hospital provide an advance beneficiary notice to the individual relating to screening or stabilization services.

4. On Call Coverage for Specialty Care and Care of Unassigned Patients

1. The Hospital must maintain a list of specialty on-call physicians who will respond, examine and provide treatment necessary to stabilize an individual in the ED.

2. A member of the Active Medical Staff who is on—call for the ED has the duty and responsibility to assure prompt availability by telephone and in-person to the ED physician when requested.
    a. In-person patient consultation by the on-call physician will occur within a reasonable time period, as set forth in the Medical Staff by-laws, Rules and Regulations or policies.

3. The ED physician will document the specialty on-call consult request and response time and maintain such documentation in the patient's medical record.

4. When a specialty on-call physician is not available to the ED, the ED physician will:
    a. Contact the on-call group office manager/answering service and ask the responder to contact the group's back up on-call physician; if unsuccessful,
    b. Contact any member of the medical staff in the appropriate department or division or another subspecialty to determine availability to respond; if unsuccessful,
    c. Consider whether the patient can be safely held in the ED for a period of time pending arrival and examination by the appropriate specialist; if not

clinically appropriate and the benefits of the transfer outweighs the risk of transfer,

d. Make arrangements to transfer the patient within the requirements of EMTALA to a facility that provides the necessary service.

5. If there is a disagreement between the ED physician and an on-call physician or the patient's primary care physician as to whether an EMC exists or whether a patient has been stabilized, the medical judgment of the ED physician takes precedence over the judgment of the off-site physician.

5. Transfers

1. A transfer is considered appropriate when:
   a. The transferring Hospital provides the medical treatment within its capacity which minimizes the risks to the individual's health and, in the case of labor, the health of the unborn child;
   b. The receiving facility has available space and qualified personnel for the treatment of the individual and has agreed to accept transfer of the individual and to provide appropriate medical treatment;
   c. Transferring hospital sends to the receiving facility all medical records related to the EMC and available at the time of transfer including:
      i. available history
      ii. records related to the individual's EMC
      iii. observations of signs or symptoms
      iv. preliminary diagnosis
      v. results of diagnostic studies or telephone reports of the studies
      vi. treatment provided
      vii. results of any tests
      viii. informed written consent or certification (or copy thereof)
      ix. the name and address of any on-call physician who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment
      x. name of treating physician and accepting physician
   d. Transfer is effected through qualified personnel and transportation equipment, including the use of necessary and medically appropriate life support measures during transfer, if required.

2. The Hospital may transfer the patient if:
   a. An appropriate MSE has been offered and performed to determine if the patient has an emergency medical condition;
   b. Further medical treatment was offered and performed within Hospital's capabilities and capacity at the time to stabilize the emergency medical condition;

. A physician has determined that based on the information available at the time of transfer, the medical benefits expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks of transfer to the individual, and in the case of labor to the unborn child; and

a. This discussion of risks and benefits by the physician specific to the patient's condition is documented.

3. If an individual at the Hospital has an EMC which has not been stabilized, the hospital may not transfer the individual unless:
    a. The individual or Legally Responsible Person acting on the individual's behalf after being informed of the hospital's obligations under EMTALA and the risk of transfer, requests the transfer.
        i. The request should be in writing and indicate the reasons for the request as well as indicate that he or she is aware of the risks and benefits of the transfer.
    b. A physician has signed a certification that based upon the information available at the time of transfer the medical benefits of transfer outweigh the increased risks to the individual and, in the case of labor, to the unborn child.
        i. The certification must contain a summary of the risks and benefits upon which it is based, and must be specific to the condition of the patient upon transfer.
    c. The transfer is an appropriate transfer.

4. The hospital may not penalize or take adverse action against a physician who refuses to authorize the transfer of an individual with an EMC that has not been stabilized, or against any hospital employee because the employee reports a violation of a requirement of this section.

5. The transfer requirements set forth in V — 1 - 3 do not apply to patients who are determined to be stable for discharge. All patients who are discharged will receive a written discharge plan that describes the arrangements for any future healthcare the patient may need after discharge. Patients will not be discharged until the services required in the written discharge plan are secured or determined by the hospital to be reasonably available.

6. A patient or legally responsible person acting on behalf of the patient has the right to refuse transfer at any point.

7. In the event the individual or a person acting on the individual's behalf refuses transfer after being informed of the risk and benefits to the individual of such transfer, the Hospital must:
    a. Take all reasonable steps to secure the individual's written informed refusal (or that of a person acting on his or her behalf).
    b. Document in the medical record
        i. That the individual has been informed of the risks and benefits of the transfer and state the reasons for the individual's refusal;
        ii. A description of the proposed transfer that was refused by or on behalf of the individual; and
        iii. The reason for the transfer refusal.

8. A stable prisoner/patient who has been triaged, undergone a reasonable and appropriate MSE, and has been stabilized cannot refuse transfer to a Department of Corrections' facility. A prisoner has the right to refuse or consent to treatment but not to refuse transfer to a secure prison unit.

6. **Transfer Procedure**
    1. When a physician has determined the patient requires treatment at another medical facility and that the medical benefits of this treatment outweigh the medical risks of the transfer, transfer protocols are to be initiated.

    2. The patient or Legally Responsible Person acting on the patient's behalf is informed of the hospital's obligations to examine and treat the patient and the risks and benefits of the transfer and has signed the patient Consent for Transfer/Refusal of Transfer Form (Appendix **B.)**
        a. A committed psychiatric patient does not have to sign the Patient Consent for Transfer/Refusal of Transfer Form but the process and use of this form for documentation by the physician and staff is required.

    3. There must be a joint decision between the transferring physician and receiving physician to accept the transfer and agreement of the conditions of transfer, including the provision of appropriate transport, equipment, personnel and therapeutic interventions required to transfer.
        a. The transferring physician must document the communication with the receiving physician including the date, time and name of the receiving physician on the Inter-Facility Transfer Form (Appendix C.)

    4. The transferring hospital must confer with the receiving hospital and obtain the receiving hospital's permission to transfer an individual.

a. The transferring hospital must document its communication with the receiving hospital including the date and time of the transfer request and the name of the person accepting the transfer.

7. The transferring physician executes a written order for transfer on the Inter-Facility Transfer Form.

8. The transfer is arranged with appropriate personnel and ongoing monitoring and life support equipment as appropriate, as determined by the transferring physician, and documented on the Inter-Facility Transfer Form.

9. The transferring physician completes and signs the physician certification section of the Patient Consent for Transfer/Refusal of Transfer Form. The physician must list the risks and benefits on which this transfer is based.

10. The transferring hospital sends to the receiving facility the Inter-Facility Transfer Form and all medical records (or copies thereof), related to the emergency condition for which the individual has presented, available at the time of the transfer as set forth above in V — 1(c).
    a. The transfer should not be delayed until records are retrieved or test results finalized. Other records must be sent as soon as practicable after transfer.

11. If there is a change in the patient's status prior to the transfer, the transferring physician is to be notified and a reassessment performed.

7. **Transfer Procedure — From Another Facility**
    1. In the event of the arrival of a transfer patient without advanced acceptance by this Hospital, the Emergency Physician on duty (or the obstetrics unit personnel, as provided in the case of OB patients) shall perform a MSE and provide services as if the patient were not a transfer patient.
        a. Upon completion of the necessary care, a report of violation shall be made as outlined in Section **IX** of this policy

    2. Hospital shall not refuse to accept an appropriate transfer of an individual who requires specialized capabilities or facilities if the hospital has the capacity to treat the individual.

A. EMTALA Central Log

1. An EMTALA Central Log of individuals who come to the Emergency Department will be maintained and will reflect all encounters of individuals who come to the Emergency Department that occurred in any given 24 hour period.

2. The EMTALA Central Log will include person's name, admission date and time, encounter number medical record number and whether the patient:
   a. Refused Treatment
   b. Was refused treatment
   c. Was Transferred
   d. Was admitted and treated
   e. Was Stabilized and transferred
   f. Was discharged

8. **Signage**
   1. Signs which explain the rights of individuals seeking emergency services must be conspicuously displayed in the ED, L&D and in other areas of the hospital where individuals seeking care for an emergency medical condition may be waiting for examination and treatment at the facility in accordance with applicable laws and regulations.

   2. Information indicating this facility's Medicaid participation must be conspicuously posted.

   3. Signs must be visible from a distance of 20 feet and should be approximately 18x20 inches.

   4. The wording on the sign(s) must be clear and simple terms and in a language that is understandable by the populations served by the Hospital.

   5. Sign(s) must be posted in a place or places likely to be noticed by all individuals entering the ED, as well as those waiting for examination and treatment.

9. **Reporting Violations**
   1. If a hospital receives a patient who was inappropriately transferred by another hospital, the receiving hospital is obligated to report the inappropriate transfer.

   2. Any **HQ** employee who suspects the hospital has received an improperly transferred individual in an unstable emergency medical condition from another hospital shall immediately notify their supervisor and the Quality Department.

   3. The Quality Department shall promptly investigate the concern, **and** if deemed necessary, shall report to CMS or NYSDOH any suspected individuals improperly transferred within 72 hours of the occurrence.

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1. The Quality Department shall notify the Compliance Office of the outcome of the investigation and any reporting to CMS or NYSDOH.

2. Any hospital employee may report a violation of this policy by the Hospital, or a violation of EMTALA by another hospital as described above, directly to the NYS Department of Health at 518-408-5329, or to the Center for Medicare/Medicaid Services (CMS) at (212) 616-2483.

3. The hospital will not retaliate in any manner against any person, including but not limited to employees, staff members, patients and family members, for complaining to the hospital or any governmental agency, about a possible violation of this policy or EMTALA.

REFERENCES:

42 U.S.C.A. § 1395dd. (EMTALA)
42 CFR 489.24(e)
42 CFR 489.24(f)

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APPROVAL:

DocuSigned by:
Jared B Gaynor
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Policy Owner

12/20/2023

Date