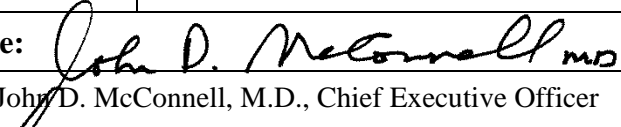
	EMTALA (The Emergency Medical Treatment and Active Labor Act: Screening, Stabilization, and Transfer of Individuals with Emergency Medical Conditions) Formerly: PPB-WFBMC-192	Type:	TIER # 1
		Original Effective Date:	11/2001
		Current (Revised) Date:	6/2014
		Contact:	Legal Affairs
Approval Signature: 		Date Approved:	8/28/14
Name and Title: John D. McConnell, M.D., Chief Executive Officer			

I. General Policy Statement (Entities Affected / Responsible Party for Implementation)

- A. It is the policy of Wake Forest Baptist Medical Center to provide appropriate Medical Screening Examinations to individuals to determine whether emergency medical conditions exist and receives and refers appropriate patient transfers.
1. To determine whether an emergency medical condition exists by providing a Medical Screening Examination by a physician or other Qualified Medical Person to any individual described in Section I.B. to determine if the individual has an Emergency Medical Condition, whether or not he or she is eligible for insurance benefits and regardless of his or her ability to pay; and
 2. It is determined that the individual has an Emergency Medical Condition, to provide the individual with such further medical examination and treatment as required to stabilize the Emergency Medical Condition, within the capability of WFBMC, or to arrange for transfer of the individual to another medical facility in accordance with the procedures set forth below.
 3. to not delay the provision of a Medical Screening Examination, stabilizing treatment, or appropriate transfer in order to inquire about the individual's method of payment or insurance status; or
 4. to not request, or allow a health plan to require, prior authorization for services before WFBMC has provided the individual with a Medical Screening Examination and initiated stabilizing treatment; or
 5. to not condition the provision of emergency services and care upon an individual's race, ethnicity, religion, national origin, citizenship, age, sex, preexisting medical condition, physical or mental disability, insurance status, economic status, or ability to pay for medical services, except to the extent that a circumstance such as age, sex, preexisting medical condition, or physical or mental disability is medically significant to the provision of appropriate medical care to the individual.

6. to accept appropriate transfers of individuals with emergency medical conditions if the Medical Center has the specialized capabilities not available at the transferring hospital and has the capacity to treat those individuals. Reference: §489.24 Special Responsibilities of Medicare Hospitals in Emergency Cases.

B. These Policies and Procedures apply to:

1. all individuals (regardless of age and including born-alive infants) who present at any Dedicated Emergency Department of WFBMC, as defined in Section II - Definitions, and request 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. all individuals who present on Medical Center Property, as defined in Section II - Definitions, other than a Dedicated Emergency Department, and request 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. all individuals in a ground or air ambulance owned and operated by WFBMC for purposes of examination and treatment for a medical condition at a Dedicated Emergency Department of WFBMC, even if the ambulance is not on WFBMC grounds. However, these Policies and Procedures do not apply to individuals in an ambulance owned and operated by WFBMC if:
 - a. the ambulance is operated under communitywide emergency medical service (EMS) protocols that direct it to transport the individual to another hospital; or
 - b. the ambulance is operated at the direction of a physician who is not employed or otherwise affiliated with WFBMC.
4. all individuals in a ground or air non-Medical Center owned ambulance on Medical Center Property who present for examination and treatment for a medical condition at a Dedicated Emergency Department of WFBMC. However, these Policies and Procedures do not apply to an individual in a non-Medical Center owned ambulance off Medical Center Property, even if a member of the ambulance staff contacts WFBMC by telephone or telemetry communications and informs WFBMC that they want to transport the individual to WFBMC for examination and treatment. WFBMC may direct the ambulance to another facility if WFBMC is on "Diversionary Status," as defined in Section II - Definitions. If, however, the ambulance staff disregards WFBMC's diversion instructions and transports the individual onto Medical Center Property, these Policies and Procedures apply to that individual at that point.
5. all individuals who present at any Dedicated Emergency Department that is on diversion and request examination and treatment for a medical condition. The Medical Center is required to provide such services despite its diversionary status. Reference: Federal Register/Vol. 70, No. 19/Monday, January 31, 2005.

- C. These Policies and Procedures do not apply to:
1. individuals who present to departments of WFBMC off the Medical Center's Campus that are not Dedicated Emergency Departments, as defined in Section II - Definitions.
 2. individuals who present to areas or structures that are not Medical Center Property, as defined in Section II - Definitions; or
 3. individuals who are Inpatients, as defined in Section II - Definitions.
- a) Scope: All WFBMC employees, faculty and staff are responsible for complying with this policy
- b) Responsible Department/Party/Parties:
- i. Policy Owner: Legal Department
 - ii. Procedure: WFBMC Administration
 - iii. Supervision: WFBMC Administration
 - iv. Implementation: WFBMC Administration

II. Definitions: For purposes of this Policy, the following terms and definitions apply:

- a) WFBMC: Wake Forest Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), all on-site subsidiaries as well as those off-site governed by WFBMC policies and procedures.
- b) Policy: As defined in the Policy on Creating and Amending Policy, a statement of principle that is developed for the purpose of guiding decisions and activities related to governance, administration, or management of care, treatment, services or other activities of WFBMC. A policy may help to ensure compliance with applicable laws and regulations, promote one or more of the missions of WFBMC, contain guidelines for governance, and set parameters within which faculty, staff, students, visitors and others are expected to operate.
- c) **“Medical Center Campus”** means the physical area immediately adjacent to WFBMC’s main buildings, and other areas and structures that are located within 250 yards of the main building that provide patient care for WFBMC patients and that are under the ownership and control of WFBMC (See [Campus Map](#)).
- d) **“Comes to the Emergency Department”** means, with respect to an individual who is not a patient, the individual either:
1. has presented at a Medical Center’s Dedicated Emergency Department 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 Medical Center property, other than the Dedicated Emergency Department, 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 ambulance owned and operated by the Medical Center for purposes of examination and treatment for a medical condition at a Medical Center's Dedicated Emergency Department, even if the ambulance is not on Medical Center grounds. However, an individual in an ambulance owned and operated by the Medical Center is not considered to have "come to the Medical Center's emergency department" if:
 - a. the ambulance is operated under communitywide emergency medical service (EMS) protocols that direct it to transport the individual to a Medical Center other than the Medical Center that owns the ambulance. In this case, the individual is considered to have come to the emergency department of the Medical Center to which the individual is transported, at the time the individual is brought onto Medical Center property;
 - b. the ambulance is operated at the direction of a physician who is not employed or otherwise affiliated with the Medical Center that owns the ambulance; or
 4. is in a ground or air non-Medical Center-owned ambulance on Medical Center property for presentation for examination and treatment for a medical condition at a Medical Center's Dedicated Emergency Department. However, an individual in a non-Medical Center-owned ambulance off Medical Center property is not considered to have come to the Medical Center's emergency department, even if a member of the ambulance staff contacts the Medical Center by telephone or telemetry communications and informs the Medical Center that they want to transport the individual to the Medical Center for examination and treatment. The Medical Center 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 Medical Center's diversion instructions and transports the individual onto Medical Center property, the individual is considered to have come to the emergency department.
- e) **"Dedicated Emergency Department"** means any department or facility of the Medical Center, regardless of whether it is located on or off the main Medical Center campus, that meets at least one of the following requirements:
1. it is licensed by the State in which it is located under applicable State law 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 on an urgent basis without requiring a previously scheduled appointment; or
 3. during the calendar year immediately preceding the calendar year in which a determination is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment.
 4. WFBMC's dedicated adult and pediatric emergency departments are the only Dedicated Emergency Departments.

- f) **“Diversionary Status”** means that WFBMC does not have the staff or facilities to accept any additional emergency patients.
- g) **“Emergency Medical Condition”** means:
1. a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in either:
 - a. 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;
 - b. serious impairment to bodily functions; or
 - c. serious dysfunction of any bodily organ or part; or
 2. with respect to a pregnant woman who is having contractions:
 - a. that there is inadequate time to effect a safe transfer to another hospital before delivery; or
 - b. that transfer may pose a threat to the health or safety of the woman or the unborn child.
- h) **“Medical Center Property”** means the entire main Medical Center campus, including the parking lot, sidewalk, and driveway, but excluding other areas or structures of the Medical Center’s main building that are not part of the Medical Center, such as physician offices, rural health centers, skilled nursing facilities, or other entities that participate separately under Medicare, or restaurants, shops, or other nonmedical facilities.
- i) **“Inpatient”** means an individual who is admitted to a Medical Center for bed occupancy for purposes of receiving inpatient Medical Center services with the expectation that he or she will remain at least overnight and occupy a bed even though the situation later develops that the individual can be discharged or transferred to another Medical Center and does not actually use a Medical Center bed overnight.
- j) **“Labor”** means 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, certified nurse midwife, or other Qualified Medical Person acting within his or her scope of practice as defined in Medical Center medical staff bylaws and State law, certifies that, after a reasonable time of observation, the woman is in false labor.
- k) **“Medical Screening Examination”** means the screening process required to determine with reasonable clinical confidence whether an Emergency Medical Condition does or does not exist. Depending on the patient’s presenting symptoms, an appropriate Medical Screening Examination can involve a wide spectrum of actions ranging from a simple process involving only a brief history and physical examination to a complex process that also involves performing ancillary studies and procedures, such as laboratory tests, x- rays, and/or other diagnostic tests and procedures.

- l) **“Patient”** means:
1. an individual who has begun to receive outpatient services as part of an encounter other than an encounter that the Medical Center is obligated by EMTALA to provide;
 2. an individual who has been admitted as an inpatient.
- m) **“Qualified Medical Person”** means those persons defined in Wake Forest Baptist Medical Center Medical Staff Rules and Regulations.
- n) **“Stabilized”** means, with respect to an Emergency Medical Condition:
1. 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
 2. that the woman has delivered the child and the placenta.
- o) **“To Stabilize”** means, with respect to an Emergency Medical Condition:
1. to provide such medical treatment of the condition 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
 2. that the woman has delivered the child and the placenta.
- p) **“Stable for Discharge”** means:
1. the physician has determined, within reasonable clinical confidence, that the patient has reached the point where his/her continued medical treatment, including diagnostic work-up or treatment, could reasonably be performed as an outpatient or later as an inpatient, as long as the patient is given a plan for appropriate follow-up care with discharge instructions; or
 2. with respect to an individual with a psychiatric condition, the physician has determined that the patient is no longer considered to be a threat to himself/herself or others.
 3. “Stable for Discharge” does not require the final resolution of the Emergency Medical Condition. However, the individual is never considered “Stable for Discharge” if within a reasonable medical probability the patient’s condition would materially deteriorate after discharge.
- q) **“Stable for Transfer”** between medical facilities means:
1. the physician, or other Qualified Medical Person in consultation with the physician, determines, within reasonable clinical confidence, that the patient will sustain no material deterioration in his/her medical condition as a result of the transfer, and that the receiving facility has the capability to manage the Emergency Medical Condition and any reasonably foreseeable complication; or
 2. with respect to an individual with a psychiatric condition, the physician or Qualified Medical Person in consultation with the physician determines that the patient is protected

and prevented from injuring himself/herself or others.

3. “Stable for Transfer” does not require the final resolution of the Emergency Medical Condition.
- r) **“Transfer”** means the movement (including the discharge) of an individual outside a Medical Center’s facilities at the direction of any person employed by (or affiliated or associated, directly or indirectly, with) the Medical Center, but does not include such a movement of an individual who
 1. has been declared dead; or
 2. leaves the facility without the permission of any such person.
- s) **“Within the Capability of the Medical Center”** means those services which WFBMC is required to have as a condition of its license, as well as WFBMC ancillary services routinely available to the emergency department.

III. Policy Guidelines:

A. Medical Screening Examination.

1. WFBMC provides a Medical Screening Examination for every individual described in Section I.B.
2. An individual who presents anywhere on Medical Center Property that is not a Dedicated Emergency Department and seeks treatment for a potential Emergency Medical Condition is immediately transported to the appropriate Dedicated Emergency Department for a Medical Screening Examination and necessary stabilizing treatment. Such transport is by the method and with the personnel and equipment deemed appropriate under the circumstances by those who are with the individual. Such transport is appropriate when:
 - a. all persons with the same medical condition are moved in such circumstances, regardless of their ability to pay for treatment;
 - b. there is bona fide medical reason to move the individual; and
 - c. appropriate medical personnel accompany the individual.
3. Within the capability of the Dedicated Emergency Department, the Medical Screening Examination determines within reasonable medical probability whether or not an Emergency Medical Condition exists. The Medical Screening Examination is performed by a physician or by a Qualified Medical Person and must be documented in the medical record.
4. The Medical Screening Examination is an ongoing process. The patient’s medical record reflects continued monitoring according to the patient’s needs and continues until it is determined whether or not the individual has an Emergency Medical Condition and, if he or she does, until he or she is stabilized or appropriately transferred.
5. The provision of a Medical Screening Examination and, if there is an Emergency Medical

Condition, of other stabilizing treatment, will not be delayed in order to inquire about the individual's method of payment or insurance status or to obtain prior authorization. Normal registration procedures may be followed so long as doing so does not delay the implementation of the Medical Screening Examination.

6. An Emergency Department physician or non-physician practitioner may contact the individual's physician to seek advice regarding the individual's medical history and needs that may be relevant to the medical treatment and screening of the individual, so long as this consultation does not inappropriately delay the provision of the Medical Screening Examination, stabilizing treatment, or appropriate transfer.
7. If, after an initial Medical Screening Examination, a physician or Qualified Medical Person determines that the individual requires the services of an on-call physician, the on-call physician is contacted.

B. Individuals Who Do Not Have an Emergency Medical Condition

1. When a physician or Qualified Medical Person determines as a result of a Medical Screening Examination that the individual does not have an Emergency Medical Condition, the individual may be transferred to another medical facility (if in need of further care) or discharged. However, the transfer or discharge of an individual who does not have an Emergency Medical Condition is in accordance with WFBMC's transfer and discharge policies.
2. The appropriate portions of the "Transfer Certificate for Stable Patients" (Exhibit A) is completed if the individual is transferred to another medical facility. The portions of the Medical Center Transfer Information Form that would generally be applicable to the transfer of patients who do not have an Emergency Medical Condition are Section I.A and Section III (Transfer Acknowledgement).

C. Individuals Who Have an Emergency Medical Condition

1. When the emergency department physician or Qualified Medical Person determines that the individual has an Emergency Medical Condition, WFBMC:
 - a. within the capability of the staff and facilities available at WFBMC, stabilizes the individual to the point where the individual is either "stable for discharge" or "stable for transfer," as defined in Section II.P and Section II.Q (sign the completed "Transfer Certificate for Stable Patients) (Exhibit A); or
 - b. provides for an appropriate transfer of the unstabilized individual to another medical facility in accordance with these procedures. Transfers of unstabilized individuals are allowed only pursuant to patient request (see Section III.C.2.a below), or when a physician, or other Qualified Medical Person in consultation with a physician, certifies that the expected benefits to the patient from the transfer outweigh the risks of transfer (see Section III.C.2.b below); or
 - c. after stabilizing the individual, admits him or her to WFBMC for further treatment.
2. If an individual has an Emergency Medical Condition which has not been stabilized, the

individual may be transferred only if the transfer is carried out in accordance with the procedures set forth below. The individual may be transferred:

- a. On patient request. The individual may be transferred if the individual or the legally responsible person acting on the individual's behalf is first fully informed of the risks of the transfer, the alternatives (if any) to the transfer, and of WFBMC's obligations to provide further examination and treatment sufficient to stabilize the individual's Emergency Medical Condition, and to provide for an appropriate transfer. The transfer may then occur if the individual or legally responsible person:
 1. makes a written request for transfer to another medical facility, stating the reasons for the request; and
 2. acknowledges his request and understanding of the risks and benefits of the transfer, by signing Section III of the completed "Medical Center Transfer Certificate for the Unstable Patient" (Exhibit B); or
 - b. With certification. The individual may be transferred if a physician or, if a physician is not physically present at the time of the transfer, a Qualified Medical Person, in consultation with a physician, has documented in Section I of the completed "Medical Center Transfer Certificate for the Unstable Patient" (Exhibit B) that the medical benefits expected from transfer outweigh the risks. The date and time of a Physician or Qualified Medical Person certification should closely match the date and time of the transfer. If a certification is signed by a Qualified Medical Person, it must be countersigned by a physician within 24 hours. Reference: §489.24(e)(1)(ii)(A)-(C).
3. The transfer from WFBMC to a receiving medical facility of an individual with an unstabilized Emergency Medical Condition is carried out as follows:
 - a. WFBMC, within its capacity, provides medical treatment which minimizes the risks to the individual's health and, in the case of a woman who is having contractions, the health of the woman and the unborn child; and
 - b. A representative of the receiving medical facility confirms that the receiving medical facility has available space and qualified personnel to treat the individual and has agreed to accept the transfer and to provide appropriate medical treatment, and a physician at the receiving facility has agreed to accept the transfer; and
 - c. WFBMC documents its communication with the receiving Medical Center, including the date and time of the transfer request and the name and title of the person accepting the transfer; and
 - d. WFBMC sends the receiving medical facility copies of all pertinent medical records available at the time of transfer, including:
 1. available history;
 2. records related to the individual's Emergency Medical

- Condition;
3. observations of signs or symptoms;
 4. preliminary diagnoses;
 5. results of diagnostic studies or telephone reports of the studies;
 6. treatment provided;
 7. results of any tests;
 8. a copy of the appropriate “Medical Center Transfer Certificate,” including if applicable, the certification of risks and benefits by a physician or Qualified Medical Person or the signed patient request; and
- e. If an on-call physician has unreasonably refused or failed to appear within 30 minutes after being requested to provide necessary stabilizing treatment thus necessitating a transfer, the emergency department physician or his or her designee includes the name and address of that physician in Section III of the “Medical Center Transfer Certificate for the Unstable Patient” (Exhibit B) sent with the patient; and
- f. The transfer is affected through qualified professionals and transportation equipment, including the use of necessary and medically appropriate life support measures during the transfer. The physician or Qualified Medical Person, in consultation with the physician, is responsible for determining the appropriate mode of transport, equipment, and transporting professionals to be used for the transfer.

D. Individuals Who Have an Emergency Medical Condition but Refuse to Consent to Treatment or to Transfer

1. If the individual refuses examination or treatment. If WFBMC offers examination and treatment and informs the individual or legally responsible person of the risks and benefits to the individual of refusing the examination and treatment, but the individual or legally responsible person refuses to consent to the examination and treatment, WFBMC takes all reasonable steps to have the individual or legally responsible person sign a “Refusal to Permit Further Medical Screening Examination and Treatment for Emergency Medical Condition” form (Exhibit C). The medical record contains a description of the examination, treatment, or both, if applicable, that was proposed but refused by or on behalf of the individual; the risks and benefits of the examination and/or treatment; the reasons for refusal; and if the individual refused to sign Exhibit C, the steps taken in an effort to secure the written informed refusal. An individual who has refused medical examination and/or treatment may be transferred in accordance with the procedures set forth above in Section III.C.2 for transfers of unstabilized patients.
2. If the individual refuses transfer. If WFBMC offers an appropriate transfer but the individual or the legally responsible person refuses the transfer, after being informed of the risks and benefits of the transfer, such refusal is considered a refusal to permit further treatment and WFBMC takes all reasonable steps to have the individual or legally responsible person sign a “Refusal of Permit Further Medical Screening Examination and Treatment for Emergency Medical Condition” form (Exhibit C). In addition, the medical record contains a description of the reasons for the proposed transfer.

E. On-Call Physicians

WFBMC maintains a list of on-call physicians, including specialists and sub-specialists that are available for duty to screen, examine, and treat patients with potential Emergency Medical Conditions. On-call physicians respond to WFBMC calls for emergency coverage within 30 minutes after receiving communications indicating that their attendance is required. If an on-call specialist or sub-specialist is not available, WFBMC's Campus physician or his or her designee attempts to obtain the services of another appropriate specialist or sub-specialist from WFBMC's medical staff through CMO and WFBMC's Chief Executive Officer ("CEO") or administrator on duty, as deemed appropriate and in accordance with pertinent Medical Staff or WFBMC policy. If the necessary on-call services remain unavailable despite these efforts, such that the patient requires transfer in order to obtain the necessary services at another medical facility, the emergency department physician or his or her designee notes the name and address of the on-call physician who refused or failed to appear on the appropriate "Medical Center Transfer Certificate" and transfers the patient under the terms of this policy. (See [EMTALA: Provision of On-Call Coverage](#)).

F. Recordkeeping

WFBMC, whether transferring or receiving patients, must maintain the following:

- a. medical and other records related to individuals transferred to or from WFBMC, for a minimum period of five (5) years from the date of the transfer;
- b. a list of physicians who are on-call for duty after the initial examination to provide treatment necessary to stabilize an individual with an Emergency Medical Condition, for a period of five (5) years; and
- c. a central log on each individual who comes to the emergency department seeking screening or treatment, for a period of five (5) years. The log must indicate whether the individual refused treatment or transfer, was refused treatment, or was transferred prior to stabilization, admitted and treated, stabilized and transferred, or discharged. Such logs are maintained with, and considered a part of, the central log. If the logs are maintained electronically, they are consolidated electronically.

G. Obligation to Accept Certain Transfers

To the extent that WFBMC has specialized capabilities or facilities, including, but not limited to, a burn unit, a shock-trauma unit, or a neonatal intensive care unit, that are not available at a United States facility that has asked WFBMC to accept the transfer of an individual needing those capabilities or facilities, WFBMC accepts appropriate transfers of such individuals if WFBMC has the capacity and specialized capability to treat the individual. "Capacity" means the ability of WFBMC to accommodate an individual who has been referred for transfer from another medical facility, and encompasses such things as numbers and availability of qualified staff, beds and equipment, as well as WFBMC's past practices of accommodating additional patients in excess of its occupancy limits. For example, if WFBMC in the past has called in additional staff or moved patients to other units, then these factors will be considered in the definition of WFBMC's capacity. "Capability" means those specialized medical services not usually available or expected to be available at the transferring facility.

H. Report the Receipt of Inappropriate Transfers

1. Each WFBMC medical staff member, house staff member, nursing supervisor, or employee who works in the emergency or admitting Off-Campus facility and who has reason to believe that a potential violation of the law has resulted in an inappropriate transfer to WFBMC as a receiving Medical Center reports the incident to Clinical Compliance and Regulatory Services. No final reports will be made without notification

to the Emergency Department Director and the COO or his or her designee.

2. Clinical Compliance and Regulatory Services shall be consulted before any investigation is commenced. Clinical Compliance and Regulatory Services will report the incident to CMS or DFS within 72 hours of the occurrence (See CMS Revised Emergency Medical Treatment and Labor Act (EMTALA) Interpretive Guidelines, May 29, 2009).

I. Signage

1. WFBMC shall post signs conspicuously and in other pertinent languages that specify the rights of individuals under the law with respect to examination and treatment for Emergency Medical Conditions and of women who are pregnant and are having contractions. These signs shall be posted in the emergency department, as well as all areas where patients wait prior to examination and treatment.
2. WFBMC shall conspicuously post signs stating whether or not WFBMC participates in the Medicaid program.

J. Communication with WFBMC Facilities Located Off the Medical Center Campus

1. When the Medical Center Campus receives a call from an WFBMC Off-Campus Facility located off the Medical Center Campus regarding an individual who has presented at the Off-Campus Facility with a potential Emergency Medical Condition, staff shall:
 - a. as appropriate, confer with Off-Campus Facility staff to determine whether an individual should receive further screening and treatment in the Off-Campus Facility, be moved to another location in WFBMC for screening and treatment, be discharged, or be transferred to another medical facility; and
 - b. if a decision is made to move or transfer an individual from the Off- Campus Facility, assist in arranging such movement or transfer in accordance with appropriate WFBMC procedures.
 - i. The Off-Campus Facility may contact emergency medical services/911 (EMS) to take an individual to the closest emergency department, which may not necessarily be WFBMC's emergency department
2. If an individual at an Off-Campus Facility located off the Medical Center Campus is transferred rather than moved to another location in WFBMC because an on- call physician has refused or failed to appear within 30 minutes, the Medical Center Campus shall provide the Off-Campus Facility with the name and address of the on-call physician for the purpose of completing the appropriate "Medical Center Transfer Certificate."

K. No Adverse Action

WFBMC will not take adverse action against a physician or Qualified Medical Person who refuses to transfer an individual with an Emergency Medical Condition that has not been stabilized. WFBMC will not take adverse action against an employee who reports a violation of this policy.

EXHIBIT D

L. Training

All persons working in WFBMC Dedicated Emergency Departments will be periodically trained of WFBMC's EMTALA obligations and this policy to ensure that WFBMC's EMTALA obligations are met.

IV. Review/Revision/Implementation

- a) Review Cycle: This policy shall be reviewed by Legal Affairs at least every 3 years from the effective date.
- b) Office of Record: After authorization, the Legal Department shall house this policy in a policy database and shall be the office of record for this policy.

V. Related Policies

[EMTALA: Provision of On-Call Coverage EMTALA Off-Campus](#)

VI. Governing Law or Regulations

The Emergency Medical Treatment and Labor Act, 42 U.S.C. § 1395dd and regulations.

CMS Revised Emergency Medical Treatment and Labor Act (EMTALA)
Interpretive Guidelines, July 16, 2010.

OIG Draft Supplemental Compliance Program Guidance for Medical Centers, 70 FR
4858 (January 31, 2005).

VII. Attachments

Exhibit A: Transfer Certification for Stable Patients

Exhibit B: Transfer Certification for the Unstable
Patient

Exhibit C: Refusal to Permit Further Medical Screening Examination and Treatment
for Emergency Medical Condition

Exhibit D: Refusal of Transfer to Another Medical Facility

VIII. Revision Date: 11/2001, 11/04, 2/08, 9/11, 6/14



EMTALA
TRANSFER CERTIFICATE FOR STABLE PATIENTS

(SEND COPY WITH PATIENT)
FOR UNSTABLE PATIENTS, COMPLETE

"TRANSFER CERTIFICATE FOR UNSTABLE PATIENTS"

Transfer Date _____ Time _____

SECTION I Physician Certification

STABLE FOR TRANSFER – Based on the examination of the medical information available to me at this time, I have concluded that, as of the time of the transfer and/or discharge, the patient's emergency medical condition, if any, has been stabilized such that no material deterioration of the patient's condition is likely, within reasonable medical probability, to the result from or occur during the transfer of the patient and/or after discharge.

Reason for Transfer On call Physician failure to respond: Name: _____
Address: North Carolina Baptist Hospital, Winston Salem, NC 27157

Patient requests transfer Other: _____

Medical Benefits of Transfer: (Check all that apply)

- Necessary, staff resources, or capabilities are not available at this facility: OR
- Specialized care is not available at this facility: OR
- Other _____

Medical Risks of Transfer: (Check all that apply)

- Becoming unstable: OR
- If pregnant, worsening of the unborn child's condition or death: OR
- Other _____

All transfers have inherent risks of traffic delays, accidents during transport, inclement weather, rough terrain, turbulence, and the limitations of equipment and personnel present in the vehicles, all of which endanger the health, medical safety, and survival of the patient(s).

I certify that, based on the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another facility outweigh the increased risk to the individual and, in the case of labor, to the unborn child, from affecting the transfer.

Physician/Qualified Medical Person Signature: _____ Date _____ Time _____

Physician Countersignature, if applicable: _____ Date _____ Time _____

SECTION II

- Receiving physician has agreed to accept patient transfer.
Name: _____ Contact Time _____
- Receiving facility has agreed to accept patient transfer, provide appropriate personnel and treatment, and has available space.
Facility _____ Contact Time _____
Person accepting transfer _____ Title _____
- Receiving facility will be provided with appropriate medical records/treatment information.
 EKG LAB X-RAY/REPORT ED RECORD H&P OTHER (specify) _____

SECTION III Transportation

Patient will be transferred by qualified personnel and transportation equipment, as required, including the use IF necessary and medically appropriate life support measures during the transfer.

- | | |
|--|--|
| Mode of transportation/provider (check one) | Personnel to accompany patient in transfer (check all applicable) |
| <input type="checkbox"/> Ambulance Service _____ | EMS: <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Paramedic |
| <input type="checkbox"/> Air transport service _____ | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Private vehicle _____ | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Law Enforcement _____ | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Primary Nurse Signature _____

SECTION IV Patient Acknowledgement/Request – Check ONE of the following if transferred:

- TRANSFER ACKNOWLEDGEMENT** – I understand that I have/the patient has the right to receive medical screening, examination and evaluation by a physician, or other appropriate personnel, without regard to my/the patient's ability to pay, prior to any transfer from this hospital. I have/the patient has the right to be informed of the reason(s) for any transfer. I have/the patient has, been informed of the risks and consequences potentially involved in the transfer, the possible benefits of continuing treatment at this hospital, and the alternatives (if any) to the transfer I am requesting. I acknowledge that I have/the patient has received medical screening, examination, and evaluation by a physician, or other appropriate personnel, and that I have been informed of the reason(s) for my/the patient's transfer. I have/the patient has released the hospital and its agents and employees from all responsibility for any ill effect(s) which may result from the transfer or the delay involved in the transfer.
- PATIENT REQUEST FOR TRANSFER** – I have/the patient has, requested a transfer and acknowledge that I have been informed of the risks and consequences potentially involved in the transfer, the possible benefits of continuing treatment at this hospital, and the alternatives (if any) to the transfer I am requesting. I also acknowledge the obligation of this hospital to provide such further examination and treatment, within its available staff and facilities, as may be required to stabilize my/the patient's care. I have/the patient has released the hospital and its agents and employees from all responsibility for any ill effect(s) which may result from the transfer or the delay involved in the transfer.

Patient/Legally Responsible Person _____

Relationship if other than patient _____ Date _____ Time _____

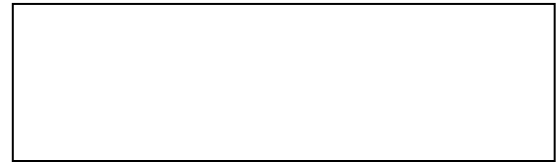
Witness _____ Date _____ Time _____

Physician Signature _____ Date _____ Time _____

Print Physician Name _____

Interpreter Signature / ID# _____ Date _____ Time _____





EMTALA
TRANSFER CERTIFICATE FOR UNSTABLE PATIENTS
(SEND COPY WITH PATIENT)
FOR STABLE PATIENTS COMPLETE

“TRANSFER CERTIFICATE FOR STABLE PATIENTS”

Transfer Date _____ Time _____

Section I Physician Certification

TRANSFER OF UNSTABLE PATIENT: (If checked, entire form must be completed.)

Based on the examination, the information available to me at this time, and the responsible risks and benefits to the patient, I have concluded for the reasons which follow that, as of the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment/care at another facility outweigh the increased risks (if any) to the patient and, if in labor, to the unborn child, from effecting the transfer.

Reason for Transfer: _____

On call Physician failure to respond: Name _____
Address: North Carolina Baptist Hospital, Winston Salem, NC 27157

Medical Benefits of Transfer: (Check all that apply)

- Necessary staff resources or capabilities are not available at this facility: OR
 Specialized care is not available at this facility: OR
 Other _____

Medical Risks of Transfer: (Check all that apply)

- Worsening of your condition or possible death: OR
 If pregnant, worsening of the unborn child's condition or death: OR
 Other _____

All transfers have inherent risks of traffic delays, accidents during transport, inclement weather, rough terrain, turbulence, and the limitations of equipment and personnel present in the vehicles, all of which endanger the health, medical safety, and survival of the patient(s).

I certify that, based on the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another facility outweigh the increased risk to the individual and, in the case of labor, to the unborn child, from affecting the transfer.

Physician/Qualified Medical Person Signature: _____ Date _____ Time _____

Physician Countersignature, if applicable: _____ Date _____ Time _____

Section II Additional Requirements for Transfer (Unstable patients may not be transferred unless ALL requirements are met, this section must be completed if Section I is checked.)

- Receiving Physician has agreed to accept patient transfer.
Name _____ Contact Time _____
- Receiving facility has agreed to accept patient transfer, provide appropriate personnel and treatment, and has available space.
Facility _____ Contact Time _____
Person accepting transfer _____ Title _____
- Receiving facility will be provided with appropriate medical records/treatment information
 EKG LAB X-RAY/REPORT ED RECORD H&P OTHER (specify) _____

SECTION III Transportation

Patient will be transferred by qualified personnel and transportation equipment, as required, including the use IF necessary and medically appropriate life support measures during the transfer.

Mode of transportation/provider (check one)

Personnel to accompany patient in transfer (check all applicable)

- | | |
|--|--|
| <input type="checkbox"/> Ambulance Service _____ | EMS: <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Paramedic |
| <input type="checkbox"/> Air transport service _____ | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Private vehicle _____ | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Law Enforcement _____ | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Primary Nurse Signature _____

SECTION IV Patient Acknowledgement/Request – Check ONE of the following if transferred:

TRANSFER ACKNOWLEDGEMENT – I understand that I have/the patient has the right to receive medical screening, examination and evaluation by a physician, or other appropriate personnel, without regard to my/the patient's ability to pay prior to any transfer from this hospital. I have/the patient has the right to be informed of the reason(s) for any transfer. I have/the patient has, been informed of the risks and consequences potentially involved in the transfer, the possible benefits of continuing treatment at this hospital, and the alternatives (if any) to the transfer I am requesting. I acknowledge that I have/the patient has received medical screening, examination, and evaluation by a physician, or other appropriate personnel, and that I have been informed of the reason(s) for my/the patient's transfer. I have/the patient has released the hospital and its agents and employees from all responsibility for any ill effect(s) which may result from the transfer or the delay involved in the transfer.

PATIENT REQUEST FOR TRANSFER – I have/the patient has requested a transfer and acknowledge that I have been informed of the risks and consequences potentially involved in the transfer, the possible benefits of continuing treatment at this hospital, and the alternatives (if any) to the transfer I am requesting. I also acknowledge the obligation of this hospital to provide such further examination and treatment, within its available staff and facilities, as may be required to stabilize my/the patient's care. I have/the patient has released the hospital and its agents and employees, from all responsibility for any ill effect(s) which may result from the transfer or the delay involved in the transfer.

Patient/Legally Responsible Person _____ Date _____ Time _____

Relationship if other than patient _____ Date _____ Time _____

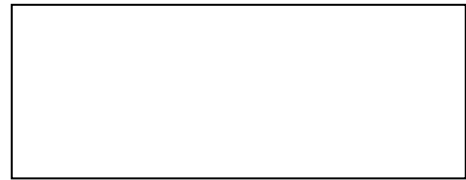
Witness _____ Date _____ Time _____

Physician Signature _____ Date _____ Time _____

Print Physician Name _____

Interpreter Signature / ID# _____ Date _____ Time _____





EMTALA
REFUSAL TO PERMIT FURTHER MEDICAL SCREENING
EXAMINATION AND TREATMENT FOR EMERGENCY
MEDICAL CONDITION
(SEND COPY WITH PATIENT)

I hereby acknowledge that a physician or qualified medical person has informed me of the nature of my medical condition and about the risks and complications that might arise if I do not receive further examination or treatment. He or she has also explained to me the risks and expected benefits of alternatives to further examination and treatment, as well as probable consequences of my not receiving further medical treatment for my emergency medical condition.

The further examination and treatment recommended:

The expected benefits of the recommended examination and treatment:

The risks of not receiving the recommended examination or treatment:

I understand that if I do not receive this further medical examination and treatment, my health and life and, if I am pregnant and having contractions, the health and life of my unborn child, may be at risk. I also understand that Wake Forest Baptist Medical Center is obligated by federal law to provide me with further examination to the extent necessary to determine whether I have an emergency medical condition and with treatment necessary to stabilize any emergency medical condition regardless of whether I am able to pay for that examination or treatment or if I do not have insurance.

Notwithstanding the recommendation of the physician or qualified medical person. I hereby request the above treatment may not be administered to me at the hospital, and hereby release the hospital, its personnel, the physician, and any other persons participating in my care from any responsibility whatsoever for unfavorable or untoward results which I understand may occur as a consequence of my refusal to permit this medical treatment.

Patient/Legally Responsible Person

Date

Relationship if other than the patient

Witness Signature

Date

Print Witness Name

I have explained to the patient (or legally responsible person) the probable consequences of not receiving further medical examination and treatment for the Emergency Medical Condition.

Physician/Qualified Medical Person Signature

Date

Time

Physician Counter Signature, IF applicable

Date

Time

Primary Nurse Signature

Date

Time

Interpreter Signature / ID#

Date

Time

NOTE: If the patient refuses to sign such a statement, he/she cannot be forced to do so nor may his/her release be withheld until he/she signs. If this occurs, the form should be filled out, witnessed by the hospital personnel present, and the statement written on the form **"Risks explained but signature refused."**





EMTALA
REFUSAL OF TRANSFER TO ANOTHER MEDICAL
FACILITY

(SEND COPY WITH PATIENT)

_____ Refusal of Transfer form Dedicated Emergency Department

_____ Refusal of Transfer from an Off-Campus Non-Dedicated Emergency Department

I hereby acknowledge that a physician or qualified medical person has informed me of the nature of my medical condition and about the risks and complications that might arise if am not transferred to another facility for further medical examination and treatment. He or she has also explained to me the risks and expected benefits of alternatives being transferred to another facility as well as probable consequences of refusing the transfer.

The expected benefits of the recommended examination and treatment:

The risks of not receiving the recommended examination or treatment:

I understand that if I am not transferred to another facility, my health and life, and if pregnant and having contractions, the health and life of my unborn child, may be at risk. I also understand that Wake Forest Baptist Medical Center is obligated by federal law to provide me with further examination to the extent necessary to determine whether I have an emergency medical condition and with treatment necessary to stabilize any emergency medical condition regardless of whether I am able to pay for that examination or treatment or if I do not have insurance.

Notwithstanding the recommendation of the physician or qualified medical person, I hereby request that I not be transferred to another facility because:

I hereby release Wake Forest Baptist Medical Center its personnel, my attending physician, and any other persons participating in my care from any responsibility whatsoever from unfavorable or untoward results which I understand may occur as a result of my refusal or permit of this transfer.

Patient/Legally Responsible Person

Date

Time

Relationship if other than the patient

Witness Signature

Date

Time

Print Witness Name

I have explained to the patient (or legally responsible person) the expected medical benefits to be gained by the transfer, the medical risks posed with this transfer, and why I believe the expected medical benefits of transferring the patient outweigh the medical risks, but the patient (or legally responsible person) nevertheless refuses to be transferred.

Physician/Qualified Medical Person Signature

Date

Time

Physician Counter Signature, IF applicable

Date

Time

Primary Nurse Signature

Date

Time

Interpreter Signature / ID#

Date

Time

