

# TAOS HEALTH SYSTEMS, INC.

**SCOPE:** Organization Wide  
**Revised Date:** 3/12/2025

**DEPARTMENT:** Quality, Risk & Compliance  
**APPROVED BY:** Misty Carruth, DQRC

## EMTALA (Screening Stabilization and Management of Emergency Transfers)

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- I. POLICY PURPOSE:** It is the policy of Taos Health Systems, Inc. (THS) to provide an appropriate Medical Screening Examination to individuals presenting at its Dedicated Emergency Department (DED) requesting examination or treatment of a medical condition, and to individuals presenting on THS Property requesting examination or treatment of an Emergency Medical Condition, and if one exists, either to stabilize the emergency condition or to Transfer the individual appropriately and in conformity with legal and regulatory requirements. It is also the policy of THS to accept emergency patient transfers from other facilities if: (1) the individual being transferred requires Specialized Capabilities or Facilities that are not offered or not immediately available at the transferring hospital (e.g., higher level of care); and (2) THS has the Capacity to treat the individual. THS Departments shall adopt and maintain policies and procedures as needed to implement this policy.
  
- II. POLICY STATEMENT:** THS establishes policies and procedures for compliance with EMTALA obligations.
  
- III. PROCEDURE:**
  - A. Definitions:
    1. Appropriate Transfer: A transfer of an individual with an Emergency Medical condition that is implemented in accordance with EMTALA standards.
      - 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 a woman in 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. The Transferring hospital sends to the receiving facility all medical records (or copies thereof), related to the emergency condition for which the individual has presented, available at the time of the Transfer, including 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;

- d. The Transfer is effected through qualified personnel and transportation equipment, as required including the use of necessary and medically appropriate life support measures during the Transfer.
2. On-site: The buildings, structures and public areas of THS that are located on THS Property.
  3. Capability: The physical space, equipment, supplies, and services (e.g., surgery, psychiatry, obstetrics, intensive care, pediatrics, and trauma care), including ancillary services available at THS.
  4. Capacity: The ability of THS to accommodate an individual requesting or needing examination or the treatment of a transferred individual. Capacity encompasses the number and availability of qualified staff, beds, equipment and THS's past practices of accommodating additional individuals in excess of its occupancy limits.
  5. Central Log: Log maintained by THS on each individual who comes to its DED(s) or any location on THS Property seeking emergency assistance, and the disposition of each individual.
  6. Comes to the Emergency Department: means an individual who
    - a. Presents at THS's DED and requests or has a request made on his or her behalf for examination or treatment for a medical condition, or a prudent layperson would believe, based on the individual's appearance or behavior, that the individual needs examination or treatment for a medical condition;
    - b. Presents on THS Property other than a DED, and requests or has a request made on his or her behalf for examination or treatment for what may be an Emergency Medical Condition, or a prudent layperson observer would believe, based on the individual's appearance or behavior, that the individual needs emergency examination or treatment;
    - c. Is in a ground or air ambulance owned and operated by THS for the purposes of examination or treatment for a medical condition at the THS's DED, unless the ambulance is operated

- 1) under communitywide EMS protocols that direct the ambulance to transport the individual to another facility (e.g., the closest available facility); or
  - 2) at the direction of a Physician who is not employed or affiliated with the THS; or
  - 3) Is in a non-THS owned ground or air ambulance that is on THS Property for presentation for examination or treatment for a medical condition at the THS's DED.
7. Dedicated Emergency Department or "DED: Any Department or facility of THS, regardless of whether it is located on or off the main THS Campus that meets at least one of the following requirements:
- a. It is licensed by the State as an emergency room or emergency department; or
  - b. 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
  - c. During the immediately preceding calendar year, it provided (based on a representative sample) 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.
8. Department: THS facility or department that provides services under the name, ownership, provider number and financial and administrative control of THS. For purposes of EMTALA, THS does not include any other provider or entity that participates in the Medicare program under a separate provider number.
9. EMTALA: Emergency Medical Treatment and Active Labor Act codified in sections 1866 and 1867 of the Social Security Act (42 U.S.C. section 1395dd) and the regulations and interpretive guidelines adopted by CMS.
10. Emergency Medical Condition: refers to both labor and non-labor related emergency medical conditions.
11. 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, Certified Nurse-Midwife, or other Qualified Medical Person acting within his or her scope of practice as defined in THS's Medical Staff Bylaws, and State

law, certifies that, after a reasonable time of observation, the woman is in false labor. A labor related Emergency Medical Condition exists:

- a. when there is inadequate time to effect a safe transfer to another hospital before delivery, or
- b. when transfer may pose a threat to the health or safety of the woman or the unborn child.

12. Non-labor related Emergency Medical Condition: 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:

- 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 of bodily functions, or
- c. serious dysfunction of any bodily organ or part.
- d. Psychiatric or substance abuse emergencies (*See APPENDIX 2 - List of Psychiatric Conditions Considered an Emergency, not all inclusive*)

13. THS Property: The entire Tao Health System's property (includes facilities that are within 250 yards of the main THS building which are operated under the THS's Medicare provider number) including sidewalks, parking lots and driveways. (*See APPENDIX 1 - Areas Subject to this Policy*) Holy Cross Hospital Property does not include:

- a. Non- THS sites: Facilities not operated under THS's Medicare provider number.
- b. Private physician offices or other sites leased to non-THS entities, and other entities that participate separately under Medicare, or restaurants, shops or other non-medical facilities.

14. Inpatient: An individual who is admitted to THS for bed occupancy for purposes of receiving inpatient services with the expectation that he/she will remain at least overnight and occupy a bed, even though the individual may be later discharged or Transferred to another facility and does not actually use a THS bed overnight.

15. Medical Screening Examination: The process (examination and evaluation of the patient) required to determine, within reasonable clinical

confidence, and within THS's capabilities (services and staff) whether an individual who comes to the Emergency Department has an Emergency Medical Condition or is in labor. The Medical Screening Examination is an ongoing process, including monitoring of the individual, until the individual is either Stabilized or Transferred. Patients presenting with a labor-related Emergency Medical Condition shall receive a Medical Screening Examination in the Labor and Delivery area. Patients presenting for emergency examination and treatment elsewhere on THS Property will be directed to the Emergency Department or other DED, as appropriate. All patients presenting for medical care at a DED or emergency care elsewhere on THS Property will receive a Medical Screening Examination even when THS is in "diversionary" status.

a. Patients presenting at THS's Off-site locations that are not DEDs are not subject to this policy. Such locations shall establish policies and procedures for responding to requests for emergency medical services. Depending on the patient's presenting symptoms, screenings may include vital signs; oral history; physical examination of affected or potentially affected systems; consideration of known chronic conditions; any testing needed to determine presence of an Emergency Medical Condition including use of THS personnel and on-call Physicians; documentation on DED Central Log, Triage and DED record of the above as well as final patient disposition. If screenings for active labor are performed in the Labor & Delivery Department, the evaluation process shall be consistent with that utilized in the main DED. A Medical Screening Examination is an ongoing process, not an isolated event. As screening and treatment progress the record must reflect continued monitoring according to the patient's needs and must continue until it is determined that the patient does not have an Emergency Medical Condition.

16. Off-Site: The buildings, structure and public areas of THS that are located off-site of THS Property.
17. On-Call List: The list of Physicians who are "on-call" after the initial Medical Screening Examination to provide further evaluation and/or treatment necessary to stabilize an individual with an Emergency Medical Condition. The On-Call List is maintained by the Emergency Department.
18. Outpatient: An individual who has begun to receive outpatient services as part of an encounter, other than an encounter that triggers the EMTALA obligations. An "encounter" is a direct personal contact between an outpatient and a Physician or Qualified Medical Person who is authorized by State law to order or furnish THS services for the diagnosis or treatment of the outpatient.

19. Physician: (i) a doctor of medicine or osteopathy; (ii) a doctor of dental surgery or dental medicine; (iii) a doctor of podiatric medicine; or (iv) a doctor of optometry, each acting within the scope of his or her respective licensure and clinical privileges.
20. Physician Certification: The written certification by the treating Physician ordering a Transfer and setting forth, based on the information available at the time of Transfer, that the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual and, in the case of a woman in labor, to the unborn child, from effecting the Transfer.
21. Qualified Medical Person: Physician, dentist, emergency Physician, on-call Physician, obstetrician, house physicians including residents with appropriate clinical privileges, or others as may be set forth in the Medical Staff Rules and Regulations. In THS DEDs “Qualified Medical Person” means Physician, dentist, emergency Physician, on-call Physician, obstetrician, house physicians including residents with appropriate clinical privileges. A “qualified medical person” may also include a healthcare professional other than a Physician who:
  - a. is licensed or certified by the state in which THS is located;
  - b. practices in a category of health professionals that has been designated by THS and the medical staff bylaws, rules and regulations, to perform Medical Screening Examinations;
  - c. has demonstrated current competence in the performance of medical screening examinations within his or her profession; and
  - d. as applicable, performs the Medical Screening Examination in accordance with protocols, standardized procedures or other policies as may be required by law or THS policy. A Qualified Medical Person may include registered nurses, nurse practitioners, nurse midwives, psychiatric social workers, psychologists and physician assistants
22. Signage: The signs posted by THS in its DED(s) and in a place or places likely to be noticed by all individuals entering the DED(s) (including waiting room, admitting area, entrance and treatment areas), that inform individuals of their rights under EMTALA.
23. Specialized Capabilities or Facilities: Includes specialized services (such as intensive care newborn nursery and cardiac surgery services) as well as a higher level of care than then available at the transferring facility (which may be due to the lack of beds or staff, equipment downtime or the lack of an on-call physician).

24. **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 THS or in the case of a woman in labor, that the woman delivered the child and the placenta. An individual will be deemed Stabilized if the treating Physician has determined, with reasonable clinical confidence, that the Emergency Medical Condition has been resolved. As applied to labor, medical and psychiatric patients, stabilized means the following:
- a. **Women in Labor.** Stabilization means the delivery of the child and the placenta.
  - b. **Individuals with Emergency Medical Conditions.**
  - c. **Transfer.** Stabilization means that no material deterioration of patient's condition is likely, within reasonable medical probability, to result from or occur during the Transfer or discharge. An Emergency Medical Condition is considered Stabilized when the Emergency Medical Condition is resolved.
  - d. **Discharge.** Stabilization means the treating Physician has determined, within reasonable clinical confidence, that the individual has reached the point where his or her continued care, including diagnostic work-up, and/or treatment, may be reasonably performed on an Outpatient basis or a later inpatient basis so long as the individual is given a plan for appropriate follow-up care with the discharge instructions.
  - e. **Psychiatric Conditions.** Stabilization means that the individual is protected and prevented from injuring himself/herself or others (by adequate chemical or physical restraint). The medical judgment of the treating Physician regarding whether a patient is Stable for Transfer usually takes precedence over that of an off-site Physician.
25. **To Stabilize:** With respect to an Emergency Medical Condition, to either provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the Transfer of the individual from THS or, in the case of a woman in labor, that the woman has delivered the child and the placenta.
26. **Transfer:** The movement (including the discharge) of an individual outside THS at the direction of any person employed by (of affiliated or associated, directly or indirectly, with) THS, but does not include the

movement of an individual who has been declared dead or who leaves THS against medical advice without having been seen.

27. Triage: A process to determine the order in which individuals will be provided a Medical Screening Examination. For purposes of EMTALA, Triage is not a Medical Screening Examination and does not determine the presence or absence of an Emergency Medical Condition.

B. **APPLICABILITY:** This policy applies to anyone who requests or requires care who presents on THS Property specifically including not only the main Emergency Department but Obstetrical units, all on-site clinics which operate under THS's Medicare Provider Number, and even to sidewalks, parking lots and driveways.

C. **SCREENING AND STABILIZATION REQUIREMENTS:**

1. **Medical Screening Examination:** All individuals who come to a Dedicated Emergency Department (DED) of THS for examination or treatment, and all individuals who present on THS Property requesting examination or treatment of an Emergency Medical Condition shall receive an appropriate Medical Screening Examination. THS shall not delay in providing a Medical Screening Examination or necessary stabilizing treatment to inquire about an individual's method of payment or insurance status.
2. **Scope of Examination:** A Medical Screening Examination is the process required to reach, within reasonable clinical confidence, the point at which it can be determined whether an Emergency Medical Condition exists. The scope of the examination must be tailored to the presenting complaint and the medical history of the patient. The process may range from a simple examination (such as a brief history and physical) to a complex examination that may include laboratory tests, MRI or diagnostic imaging, lumbar punctures, other diagnostic tests and procedures and the use of on-call Physician specialists. A medical record documenting the history and physical examination, and any special reports such as consultations, clinical laboratory, x-ray, etc. will be created to document the screening exam.
3. Exam is to be provided within capabilities of THS. The examination must include all services within the capabilities of THS, which, in the judgment of the emergency Physician or other treating Physician are necessary to screen and/or stabilize an individual with an Emergency Medical Condition. These services include, the use, when necessary, of on call specialty Physicians. A list of the Physicians on call shall be maintained by THS and shall be posted in THS DED at all times. On-call Physicians must respond in a timely fashion.



4. Personnel Qualified to Perform the Exam. The categories of persons qualified to perform emergency medical examinations shall be set out in the Medical Staff Rules and Regulations.
- D. Registration: THS shall not delay in providing a Medical Screening Examination or necessary stabilizing treatment to inquire about an individual's method of payment or insurance status. Requests for any payment or payer authorization are not to be made prior to the Medical Screening Examination and initiation of any stabilizing treatment. If a patient asks whether THS accepts their health plan or raises other financial matters, staff may answer the patient's inquiry. However, staff should reaffirm (and so document) the offer to provide a Medical Screening Examination and take reasonable steps to encourage the patient to remain for the examination. If after this discussion a patient is unwilling to proceed with the Medical Screening Examination based upon his/her own independent contact with the payer, the patient's refusal to be examined should be documented in the medical record.
- E. Location of Care: A Medical Screening Examination and/or stabilizing treatment may take place within THS, including areas other than the main Emergency Department or the Labor and Delivery Department, or elsewhere on THS Property so long as:
1. The selection of the location is based on medical criteria consistently applied to all patients regardless of the individual's payer source or financial status;
  2. Patients are accompanied to such location by qualified THS personnel; and
  3. The location is operated under THS's Medicare provider number.
- F. Treatment, Discharge or Transfer of Stabilized Patients: Once the Medical Screening Examination is completed and there is a determination the patient does not have an Emergency Medical Condition or the Emergency Medical Condition has been Stabilized, the patient may be:
1. Treated; or
  2. Discharged, so long as the patient has clinically reached a point where further care is not needed or may be reasonably performed on an outpatient basis or later scheduled on an in-patient basis and the patient is given a reasonable plan for appropriate follow up care and discharge instructions; or
  3. Transferred for continued care. Appropriate Transfer procedures shall be followed.

- G. Transfer of Patients with an Emergency Medical Condition
1. Emergency Condition: If the patient has an Emergency Medical Condition, the patient is to be treated in the DED until the condition is Stabilized or the patient can be appropriately Transferred.
  2. Transfer of an Unstable Patient: If the patient's emergency condition cannot be Stabilized within the capability and capacity of THS, the patient may be transferred in compliance with state and federal law and as further set forth in the facilities' policies and procedures relating to the Transfer of patients to other licensed healthcare facilities.
- H. Refusal to Consent to Examination, Treatment or Transfer: If a patient is unwilling to continue with the Medical Screening Examination and Stabilizing Treatment, the situation must be handled the same as any refusal of care and documented as such. THS may Transfer any patient with an unstabilized Emergency Medical Condition (includes a pregnant patient having contractions, a patient with severe pain, a psychiatric disturbance or symptoms of substance abuse) if the patient so requests and THS does all of the following:
1. Offers the patient further medical examination and treatment within the staff and facilities available to THS as may be required to identify and stabilize an Emergency Medical Condition;
  2. Informs the patient of the risks and benefits of such examination and treatment, and of the risks and benefits of withdrawal prior to receiving such examination and treatment;
  3. Takes all reasonable steps to secure the individual's written informed consent to refuse such examination and treatment; and
  4. Documents in the medical record a description of the examination, treatment, or both, if applicable, that was refused.
- I. Acceptance and Refusal of Emergency Transfers from other Facilities
1. Acceptance of appropriate Transfers: All requests for emergency patient Transfers must be referred immediately to the Transfer Center (see section B. below.) THS must accept an Appropriate Transfer of an individual with an unstabilized Emergency Medical Condition if both of the following conditions are met:
    - a. The individual being transferred requires such specialized capabilities or facilities that are not offered or not immediately available at the transferring hospital; and

- b. THS has the capacity to treat the individual, as described below in section K.
- 2. Except where THS is required to accept a transfer under applicable State law or its contractual obligations (including transfer agreements and health plan contracts), THS may refuse to accept a transfer of an individual with an unstabilized Emergency Medical Condition if any one of the following conditions exist:
  - a. The individual does not require the specialized capabilities and facilities of THS at the time of the transfer;
  - b. THS does not have the capacity at the time of the transfer to provide the specialized services required for the individual;
  - c. The transferring facility has the present capability and capacity to provide the specialized services required for the individual; or
  - d. The transferring facility provides the same level of specialized services that are present at THS at the time of the Transfer.
- 3. Lateral Transfers between facilities of comparable resources are not required by EMTALA because they do not offer enhanced care benefits to the individual except where there is a mechanical failure of equipment, no beds or staff available, or similar circumstances.
- J. Transfer Center Coordinates and Approves All Emergency Transfer Requests: All requests for emergency patient Transfers received by THS shall be referred immediately to the Emergency Department physician. If the receiving physician is contacted directly by the sending hospital or physician to accept an emergency transfer, the receiving physician shall immediately notify the Emergency Department physician of the request, the name and condition of the patient, the required specialized services required for the patient and the estimated time of arrival. Only the Emergency Department physician has the final authority to approve or deny a request for an emergency transfer, consistent with the guidelines and procedures set forth in this policy.
- K. Determination of Capacity to Accept Transfer: The Emergency Department physician shall, in consultation with the appropriate Service Director(s) and, as necessary, the Chief of Staff or his/her designee, determine whether or not THS has the Capacity to accept the individual, using the process outlined in Procedure, “ER to ER Transfer Process”.
- L. Referral of Transfer Request to Receiving Physician: If the Emergency Department physician determines that the THS has the Capacity to accept the patient, he or she will contact the appropriate on-call physician (the “Receiving Physician”) for evaluation and acceptance of the Transfer. The transferring

physician is responsible to determine whether an individual is Stabilized, and the means, personnel and equipment for the Transfer.

1. If the Receiving Physician (e.g., on-call attending physician) accepts the patient, then the Receiving Physician shall notify the Emergency Department nurse and he or she shall begin to arrange for the Transfer as further described below in section M.
  2. If the Receiving Physician or THS does not agree with the judgment of the transferring physician as to the stability of the individual or the means, personnel and equipment for the Transfer, the Receiving Physician or THS may request the transferring physician or transferring facility to send, by fax or electronically, portions of the individual's medical record as may be pertinent for THS's acceptance of the individual so long as the delay does not jeopardize the conditions of the individual.
    - a. If after reviewing the record and/or speaking further with the transferring physician, the Receiving Physician of THS determines to accept the patient, the Receiving Physician shall notify the Emergency Department nurse and the he or she shall begin to arrange for the patient transfer as further described below in section E.
    - b. If the Receiving Physician declines the Transfer, he/she will immediately report the denial of the Transfer (and the reason for denial) to the Risk Manager. If the Receiving Physician refuses a Transfer, he/she will submit a written report to the Risk Manager within 24 hours. The written report will include the name of the patient, the patient's condition, the need for specialized care, the reason given for the Transfer and the reason for the physician declining the Transfer.
- M. Arrangements for Care: If the transfer request is for an inpatient admission and THS has the capacity to admit the patient, the House Shift Manager will notify the accepting/admitting physician and the appropriate unit(s) of THS, including the Emergency Department, of the Transfer, with the following information:
1. The name and condition of the patient;
  2. The estimated time of arrival; and
  3. Whether the patient is to be accepted in the Emergency Department or directly referred or admitted to a designated unit or area of THS. If the patient will be admitted, the House Shift Coordinator will also make appropriate arrangements for necessary bed reservations, staff, equipment and surgery time as may be necessary.

N. Mode of Transportation: Although the receiving physician may consult with the transferring physician on the Transfer, the transferring physician is responsible to determine the medically appropriate personnel, equipment and orders for the Transfer. The transferring facility/physician shall be responsible for all costs of such Transfer.

O. Documentation

1. THS will maintain a transfer log of incoming requests to accept emergency patient Transfers. The log will include (as applicable to the information obtained from the transferring facility):
2. The time of the call;
3. The name of the requesting facility;
4. The name of the transferring physician or requesting facility staff member;
5. The name of the individual;
6. Whether THS accepted or refused the Transfer and the reasons for refusing a Transfer (as applicable); and
7. The name of the receiving physician and/or THS staff member receiving the request to accept the Transfer.

P. Inappropriate Transfers

1. Transfer of Patient Without Notice: If a patient who has been transferred (including a discharge with instructions to immediately present to arrives at the THS without advance acceptance by THS, the Emergency Department will perform a Medical Screening Examination and provide services as if the patient has presented to THS. After the Emergency Department has provided the Medical Screening Examination and any necessary stabilizing treatment, a phone call will be made to Risk Management and a written report will be submitted to the Risk Management Department within 24 hours for further investigation of the Transfer.
2. Suspected Inappropriate Transfer. If upon the arrival of the individual from the sending facility, THS believes that the transferring physician should not have transferred the individual or that the transfer was not an inappropriate transfer as required by EMTALA, the receiving physician or Medical Staff member should report the disagreement or suspected violation to the Risk Management Department.

Q. General Policies

1. Signage: THS and all its facilities covered by this policy shall post signs in conspicuous locations likely to be noticed by all individuals entering DEDs, Labor and Delivery areas and other areas where patients are screened (including areas such as entrances, admitting areas, waiting rooms, treatment areas). At a minimum, the signs must specify the rights of individuals with emergency conditions and women in labor who come to a DED or to other areas of HCMC for health care services. It must also indicate whether the facility participates in the Medicaid program. The signs shall be posted in English and Spanish. Signs shall also state the name, address and telephone number for the State Department of Health Services. *(See APPENDIX 2 for required language)*.
  
2. Centralized Log - Records and Records Retention: All THS Departments/facilities where a patient might present for emergency services or receive a Medical Screening Examination, including the DEDs, shall maintain EMTALA Central Logs, which identify the patients who have presented for such services. Central Logs must be maintained in a manner that makes them readily available (generally within 30 minutes), to the Office of Policy, Licensing and Accreditation, in the event of an EMTALA survey. The Central Log and Physician on-call lists shall be maintained for at least five (10) years. Patient records shall be maintained in accordance with the THS's policy on retention of medical records. The Central Log shall include the patient's name and outcome and indicate 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
  
3. THS is prohibited from engaging in actions that discourages individuals from seeking emergency medical care. Such actions include:
  - a. Demanding that the emergency department patients pay before receiving treatment for emergency medical conditions or
  - b. permitting debt collection activities in the emergency department (or in other areas of the hospital policy) where such activities could

interfere with the provision, without discrimination, of emergency medical care regardless of where such activities occur.

R. On-Call Response

1. THS shall maintain a list of Physicians who are on-call to come to its DEDs to consult or provide treatment necessary to stabilize a patient with an Emergency Medical Condition. On-call Physicians' responsibility to respond, examine and treat emergency patients is set out in the Medical Staff Rules and Regulations (30 minutes).
2. The Attending Physician will document in the patient's medical record the time of notification made to the on-call Physician, the response time of the Physician and other pertinent information related to any failure of the on-call Physician to meet his/her obligations.
3. The Attending Physician will document in the patient chart the name and address of all on-call Physicians who refused to consult and examine the patient. This information, along with all medical records available at the time of Transfer related to the emergency condition of the patient, must accompany the patient when transferred.
4. Transfer Agreements: THS may enter into transfer agreements with other facilities from whom requests for Transfers may be received that facilitate the consideration and acceptance of Transfers, and which may establish additional conditions for the Transfer that do not violate the requirements of EMTALA. A list of all THS transfer agreements is maintained by Admissions and Registration.

S. Reporting Requirements (Federal and State of New Mexico): If THS has reason to believe that it may have received a patient who was inappropriately Transferred from another hospital, it is required by law to report that to the DHHS Centers for Medicare & Medicaid Services and the New Mexico Department of Health Care Services. If an employee, Physician or volunteer becomes aware of an inappropriate Transfer of an unstable patient with an Emergency Medical Condition, that person should immediately notify the Risk Management Department.

T. Non-Retaliation: THS will not take adverse action against a Physician or other Qualified Medical Person because such person has refused to authorize the Transfer of an individual with an un-stabilized Emergency Medical Condition from THS to another facility nor will it retaliate against a Physician or such emergency personnel for reporting in good faith an apparent EMTALA violation.

U. Violations: Violations of this policy are subject to disciplinary action in accordance with THS disciplinary policies.

**CROSS REFERENCES: N/A**

**APPROVAL CHART**

<b>Policy Category</b>	<b>Approvals Needed</b>	<b>Name</b>
Single Department	Director/Manager	
Multiple Departments under same Director/Manager	Director/Manager	<b>Compliance Nursing: Pam Akin 10/20/2020 Patient Access</b>
Multiple Departments under multiple Director/Managers	Director/Manager for each dept.	
Organization/Hospital-wide	Senior Leadership Team	<b>SLT 10/09/2020, Compliance Committee 11/10/2020</b>
Medical Decision Making/Practitioner Responsibilities	<input type="checkbox"/> Emergency Department <input type="checkbox"/> Pediatric & Adult Medicine <input type="checkbox"/> Surgery & Anesthesia <input type="checkbox"/> Peri-natal <input type="checkbox"/> MEC/Chief of Staff	<b>ED/MEC FYI 7/8/2021</b>
Medical Staff or Governing Board Responsibilities	<input type="checkbox"/> MEC/Chief of Staff <input type="checkbox"/> Governing Board	<b>Governing Board 3/12/2025</b>
Effective Date:		<b>12/30/2010</b>
Reviewed Dates:		<b>12/30/2010, 3/21/2017 6/1/2017,1/15/2018, 11/9/2020, 7/7/2021, 2/10/2022, 11/9/2022</b>
Revised Dates:		<b>3/21/2017, 6/1/2017, 1/15/2018, 11/9/2020, 7/30/2024, 2/10/2025</b>



## APPENDIX 1

### PSYCHIATRIC CONDITIONS CONSIDERED AN EMERGENCY (NOT ALL-INCLUSIVE)

- History of drug ingestion in comatose or impending comatose condition
- Depression with feelings of suicidal hopelessness
- Delusions, severe insomnia, and helplessness
- History of recent suicidal attempt or suicidal ideation
- History of recent assault, self-mutilation or destructive behavior
- Objective documentation of inability to maintain nutrition in a patient with altered mental status
- Impaired reality testing accompanied by disordered behavior (Psychotic)
- Impending delirium tremens
- Acute Detoxification
- Seizure (withdrawal or toxic)

## APPENDIX 2

### EMTALA SIGNS TO BE POSTED IN EMERGENCY DEPARTMENT, OTHER DEDs AND OTHER LOCATIONS WHERE PATIENTS MAY PRESENT WITH AN EMERGENCY MEDICAL CONDITION

#### IT'S THE LAW!

#### IF YOU HAVE A MEDICAL CONDITION OR ARE IN LABOR:

You have the right to receive, within the capabilities of this hospital's staff and facilities:

- An appropriate medical screening examination
- Necessary stabilizing treatment (including for an unborn child).
- An appropriate Transfer to another facility

You have a right to the above even if you cannot pay or do not have medical insurance

#### ES LA LEY

#### Si usted tiene una URGENCIA MÉDICA

o tiene DOLORS DE PARTO, USTED TIENE EL DERECHO DE RECIBIR, dentro de las habilidades de los empleados médicos de este hospital y de las instalaciones:

SLTUn examen MÉDICO ADECUADO

TRATAMIENTO DE ESTABILIZACIÓN

(incluyendo tratamiento para un bebe no nacido) y si fuera necesario

UN TRASLADO adecuado a otras instalaciones aunque NO PUEDA PAGAR

NI TENGA SEGURO MÉDICO

O NO TENGA DERECHO AL MEDICARE

O MEDICAID

#### EMTALA

(Screening Stabilization and Management of Emergency Transfers)