


I hereby attest that I have received, reviewed and understand the enclosed materials regarding COBRA/EMTALA regulations. I agree to fully comply with these regulations as a condition of my clinical appointment and/or educational position at St. Joseph's Hospital Health Center.

Signature

Date

Print name



ST. JOSEPH'S
Hospital  Health Center

Dear Practitioner:

Please find enclosed a copy of the memorandum and attachments to COBRA regulations – mandatory education, which were previously mailed to all members of the medical staff of St. Joseph's Hospital Health Center.

Due to the importance of this matter, it is requested that you sign the enclosed post card acknowledging that you have received, read, understand, and to the best of your ability, agree to comply with these regulations.

Sincerely,



Dennis A. Ehrich, M.D., F.A.C.C.
Vice President for Medical Affairs

Encl.

ST. JOSEPH'S

Hospital  Health Center

June 10, 2003

MEMORANDUM

To: Members of the Medical Staff

From: Administration

Re: Treatment of a "stabilized" ED Patient in Physicians'/Dentists' Offices

It may be appropriate, under certain circumstances, to evaluate and stabilize patients in the Emergency Department and then discharge them to a physician's/dentist's office for further treatment. This may include, for example, patients with minor fractures or minor lacerations who have been stabilized and are no longer considered in need of emergency care and are sent to the office of an orthopedic surgeon or plastic surgeon.

There must be adequate documentation in the record that the patient is "stable" as defined by the COBRA regulations as follows:

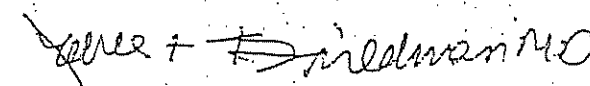
"no material deterioration of the condition is likely, within reasonable medical probability, to result from or occur during the transfer of the individual..."

Furthermore, there must be adequate documentation in the record that a medical screening examination has been performed of sufficient scope to assure that an "emergency condition" no longer exists. An emergency condition is defined by the COBRA regulations as follows:

"a medical condition manifesting itself by acute symptoms of sufficient severity (including sever pain) such that the absence of immediate medical attention could reasonably be expected to result in (I) placing the health of the individual (or...unborn child) in serious jeopardy, (II) serious impairment to any bodily function, or (III) serious dysfunction of any bodily organ or part..."


The documentation must be made concurrent with the ED visit and must include completion of the Patient Transfer Record.

If you have any questions about this policy, please call me, the Administrative Coordinator or the Administrator on call.



Robert T. Friedman, M.D.
Vice President for Medical Affairs

ST. JOSEPH'S

Hospital  Health Center

June 10, 2003

MEMORANDUM

To: Member of the Medical Staff
Clinical Affiliates
House Staff

From: Administration

Re: COBRA/EMTALA Regulations (Emergency Medical Treatment and Active Labor Act) – Mandatory Education

St. Joseph's Hospital Health Center is under continuous intense scrutiny from the New York State Department of Health in regards to compliance with the COBRA (EMTALA) regulations. They are monitoring alleged violations on behalf of CMS, and auditing our compliance to these regulations. Failure to strictly adhere to the COBRA requirements will result in severe penalties to the physician and hospital which may include monetary penalties and the complete loss of all Medicare and Medicaid funding.

It is imperative that each member of the Medical Staff and House Staff understand and abide by COBRA requirements. Attached are documents that outline the key components of the regulations as well as related hospital/medical staff policies and procedures. Also enclosed is a post card that you must sign acknowledging that you have received, read, understand and agree to comply to the best of your ability with these regulations.

Based upon recent surveillance by the Department of Health, particular attention needs to be paid to the following points:

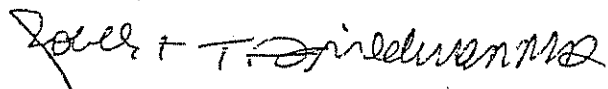
- Emergency Medicine physicians are expected to call specialists on call, when appropriate, to assist in the evaluation, stabilization and the treatment of patients.
- Physicians on call are required to respond, in person, to such calls. They must provide timely care consistent with their privileges and to the hospital's fullest capacity. Any disagreements about the necessity

of the on call physician to consult on the patient in the Emergency Department must be deferred until the patient is seen and appropriate care has been rendered.

- Contemporaneous documentation by all providers must be of sufficient detail to substantiate the appropriateness of the care provided and, when applicable, the rationale for transfer. Documentation must include the patient's presenting complaint, pertinent history of present illness, past medical history, physical findings, results of diagnostic studies, clinical impression and treatment plan. Brief notes with a limited physical examination are not acceptable. You are encouraged to dictate notes on transfers to ensure adequate documentation including the reason for the transfer and why the service cannot be provided here.
- Since compliance with these regulations is the obligation of the hospital and its staff, we will monitor the adequacy of the medical screening examinations and treatment with an emphasis on the supporting documentation. Problematic cases will be subjected to peer review and corrective action as provided by the By-Laws of the Medical Staff. Please understand that the hospital is required to self report any potential COBRA (EMTALA) violations.
- All transfers will require concurrent review by the Vice President for Medical Affairs or the Administrator on call. The only exceptions would be cases where such contact would cause a delay and place the patient's life or limb at risk.

Your questions and/or concerns should be directed to my attention at

448-5880.



Robert T. Friedman, M.D.
Vice President for Medical Affairs

Encl

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COBRA – EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT

Background – This federal statute was developed originally as an “anti dumping” law to prevent hospitals from dumping patients based upon their payment source. The statute has been revised and its interpretation broadened. Failure to comply with the statute “knowingly” or “negligently” can result in penalties for physicians and hospitals including a \$50,000 fine per violation and/or exclusion from participation in Medicare and State health care programs.

Key provisions of the statute:

- Any patient who presents to the institution for emergency care must have a medical screening examination.
- The hospital must post signage advising patients to their rights under the COBRA statutes.
- The medical screening examination must be of sufficient scope as to determine whether or not an emergency medical condition exists (or, when applicable, if there is active labor).
- The examination must be performed by qualified medical personnel (generally a credentialed physician, dentist, midwife or a physician assistant/advanced practice nurse supervised by a physician).
- If it is determined that an emergency medical condition exists, the hospital must provide necessary stabilizing treatment. Treatment should be provided by the hospital and physicians within their capacity.
- A patient may be transferred to another facility only when:
 - a) The patient has received necessary stabilizing treatment; and
 - b) The patient, having been advised of the reasons, risks, and benefits of the transfer, agrees to such transfer in writing; and
 - c) The receiving facility accepts the patient and has the capacity to provide those services that cannot be provided at the transferring facility.


Note: A patient who has not been stabilized may not be transferred unless the patient has been advised of the hospital’s obligation under this law and consents as above [see b)]; and the physician has to certify that the risk of transferring the unstable patient is outweighed by the benefits of transfer.

- If a patient declines transfer, you must document the stated reasons for refusal.

- A patient may request a transfer even if the transferring hospital has the capacity to provide the care. The patient must be made aware of the risks and benefits of transfer. The reviewing facility must be aware that the patient is demanding transfer. The demand must be clearly documented in the medical record.
- The hospital must never delay or decline a medical screening examination and treatment related to payment source; never "coerce" a patient into receiving care elsewhere based upon payment source or ability to pay. This includes patients under managed care plans, patients who are self pay, etc. Patients who request to be transferred before receiving a medical screening examination must be required to sign out AMA. The AMA form must be completed [see attached].
- Sufficiently detailed medical records and properly completed transfer papers must accompany the patient at the time of transfer. Make sure that the necessary paper records and imaging studies accompany the patient.
- Physicians on-call for the Emergency Department must respond to calls in a time frame consistent with the patient's clinical condition. Stable patients may be sent to a physician's or dentist's office only when done in accordance with the attached policy memorandum.

Please review the attached policies and procedures. Every patient who is transferred to another facility must have the Patient Transfer Record completed without omissions. There are separate forms for psychiatric transfers that reflect the requirements unique to those patients.

ST. JOSEPH'S

Hospital  Health Center

TRANSFERS TO ANOTHER FACILITY

POLICY: Patient transfers to another facility may not take place unless the following conditions are met:

- The patient has been examined by a physician or qualified medical personnel and stabilized such that no material deterioration of the condition is likely to occur during transport; and
- A determination is made that St. Joseph's Hospital does not have the capacity/services to render the care required, or the patient has requested the transfer; and
- A physician at the receiving hospital/facility has agreed in advance to accept the patient; and
- A copy of the complete medical record is made and sent with the patient; and
- Appropriate transportation, as determined by the examining physician, is arranged; and
- The patient is informed of the risks and benefits of the transfer; and
- The patient or responsible person has given consent. (Exception: Psychiatric patients transferred over their objection due to their legal status).

PROCEDURE:

1. The Unit Manager/Administrative Coordinator must be notified of any inpatient or Emergency Services patient being transferred to another facility. The Unit Manager/Administrative Coordinator will review the Transfer Record and make a copy to be sent to the receiving facility. (Exception: The CPEP charge nurse and physician on duty must review the Transfer Record on all CPEP patient transfers prior to the transfer.)
2. The Administrative Coordinator/Unit Manager must verify the VP of Medical Affairs has been contacted on all Medical ED transfers. The Administrator on Call must be called on all other transfers from the facility.
3. Patients referred to another hospital must have the Patient Transfer Record completed. The physician and the nurse are to complete their designated areas on the form.
4. The mode of transportation must be determined by the physician. If transportation by ambulance is required, a "Physician Certification of Medical Necessity for Ambulance Transportation" is to be filled out, signed by the physician, and the completed form is to be faxed to Rural Metro (Fax # 315-475-8123) prior to the patient transport. The original is to be given to the Rural Metro ambulance personnel.

5. Arrangements for the method of transportation, (e.g., cab, ambulance, etc.) for a Medicaid patient must be made through Rural Metro. This service is provided on a 24 hour basis, seven days a week. Their phone number is 701-7533. The information required is:
 - Patient's name
 - Medicaid number
 - Sequence number (2 digit number on Medicaid card)
 - Patient's preference for transportation provider, if any
 - Destination
6. Information concerning the patient's condition is given verbally to the receiving hospital by the RN on the clinical unit sending the patient. Additional reports will be made (e.g., Emergency Services, Admitting) if requested by the receiving hospital. The name of the person receiving the report must be documented on the Transfer Record.
7. When a patient is transferred to a Long Term Care Facility, information concerning the patient is relayed to the facility prior to transfer by the Case Manager. A copy of the patient's medical record and the yellow copy of the Clinical Progress Record Discharge Notes are sent with the patient on the day of transfer.

Required Forms: # 16537 Patient Transfer Record
12139 Physician Certification of Medical Necessity for Ambulance Transportation
16533 Clinical Progress Record Discharge Notes

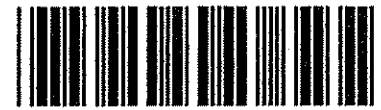
Administrative Approval:

Robert T. Friedman, M.D.
Vice President for Medical Affairs

Janis C. Kohlbrenner RN, Ph.D.
Vice President for Clinical Services

Original: October 1984
Reviewed: August 2002
Revised: January 2003
Revised: June 2003

Please Place Patient Label Here
DO NOT COVER BARCODE



16537

PATIENT TRANSFER RECORD (BOTH SIDES MUST BE COMPLETED)

RECEIVING FACILITY INFORMATION

A. FACILITY

Name _____

City _____

B. PHYSICIAN ACCEPTING TRANSFER

Name _____

Contact Phone #: _____

SERVICE Burn Trauma Medicine Peds

Neurosurgery Surgery Other _____

The physician named above has been aware of the patient's condition, has agreed to accept the patient in transfer and is aware that: (check one)

1. The patient has been stabilized such that within reasonable medical probability, no material deterioration of the patient's condition or the condition of the unborn child(ren) is likely to result from transfer.
2. The patient's condition has not stabilized.
3. The patient is in labor.

Patient Transport Orders

A. AIRWAY/BREATHING

Check all boxes that are appropriate

- Patent/adequate
- Room air
- Oxygen _____ liters/min
- Assisted
 - Bag valve mask
 - Ventilator settings _____
 - Other _____

B. CIRCULATION

Check all boxes that are appropriate

Vital sign frequency during transport q _____

Cardiac monitor (ALS transport)

IV fluid(s) medication infusion(s)

- Heplock
- IV fluid(s) (list all)

Type _____ Rate _____

Type _____ Rate _____

Medication infusion(s) (list all)

Type _____ Rate _____

Type _____ Rate _____

C. TRANSFER METHOD/VEHICLE

Check all boxes that are appropriate

Ambulance

BLS OR ALS

Medical Transport

Specify service _____

Other

Specify _____

Staff to accompany

No

Yes - specify level required _____

D. ISOLATION STATUS

Check all boxes that are appropriate

Not applicable

Isolation for _____

Colonized with

MRSA VRE

E. OTHER MD ORDERS _____

Attending Physician Signature _____

Date _____

Time _____

INFORMATION TO RECEIVING FACILITY

Time patient report called _____

To staff person (name) _____

*Must be sent in all cases

Copy of medical record sent*

Copy of transfer record sent*

Nurse's Signature _____

Date _____

Time _____

Non hospital DNR sent if applicable

**PATIENT TRANSFER RECORD
PAGES 1 & 2 CHECKED BY:**

Name _____

Date _____

Time _____

Please Place Patient Label Here
DO NOT COVER BARCODE

**PATIENT TRANSFER RECORD (BOTH SIDES MUST BE COMPLETED)
TRANSFER CONSENT**

I _____, authorize transfer of _____ from _____
Circle one (self, parent, other _____) name of patient

St. Joseph's Hospital Health Center to _____ (Receiving facility).

Doctor _____ has explained to me the Reason for the Transfer of _____ is:

- Pick one from list - Patient or Family Request _____
 Need for higher level of services not provided at St. Joseph's Hospital – describe service needed _____
 Lack of specialized bed: describe _____

The BENEFITS of transfer are _____

All transfers have the inherent risks of traffic delays, accidents during transport, inclement weather, rough terrain or turbulence, and the limitations of equipment and personnel present in the vehicle.

The RISKS related to the patient's medical condition include: _____

I acknowledge that my medical condition has been evaluated and explained to me by the emergency department physician or other qualified person and/or my attending physician, who has recommended that I be transferred. The potential benefits and risks associated with such a transfer, and the probable risks of not being transferred have been explained to me, and I fully understand them. With this knowledge and understanding, I agree and consent to be transferred.

Signature of Patient or Responsible Person

Relationship to patient

Witness _____
Date _____ Time _____

Transfer Order

I have evaluated the patient's medical condition and recommend transfer based upon my assessment of the potential benefits and risks associated with such transfer, and the probable risks of not being transferred.

Attending Physician or Designee Signature _____ Date _____ Time _____

FOR ED TRANSFERS ONLY

Physician reassessment just prior to transfer _____

Physician or Designee Signature _____ Date _____ Time _____

Transfer Refusal I acknowledge that my medical condition has been evaluated and explained to me by the emergency department physician or other qualified medical person and/or my attending physician, who has recommended that I be transferred. The potential benefits and risks associated with such transfer, and the probable risks of not being transferred have been explained to me, and I fully understand them. Even though I understand it is in my best interest to be transferred, I refuse to be transferred, and I request instead to continue receiving treatment at St. Joseph's Hospital Health Center for the following reasons: _____

Signature of Patient or Responsible Person

Relationship to patient

Witness

Date and Time