



PRAIRIE ST. JOHN'S

POLICY/PROCEDURE

<p>Title:</p> <p>Assessing an Emergency</p>	<p>Issued By: Clinical Services</p> <p>Policy Number: PE.001</p> <p>Date Issued: 1/99</p> <p>Date Reviewed/Revised: 5/04</p> <p>Date Approved by: Medical Executive Committee – 1/99, 5/27/04 Board of Governors – 1/99, 5/27/04</p>
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Policy:

To provide an appropriate medical screening evaluation for any individual who comes to Prairie and a request is made by the individual or on behalf of the individual for an evaluation. A Qualified Medical Personnel provides an appropriate medical screening examination and determines whether an emergency medical condition (EMC) exists. If an EMC exists, Prairie provides all such patients with uniform treatment necessary to stabilize this condition. If Prairie does not have the capability to stabilize the condition, arrangements are made for transfer a facility capable of providing stabilizing treatment (Refer to Policy CC.008: Patient Transfer to Another Facility).

Definitions:

Medical Screening Examination— Process required to reach with reasonable clinical confidence, the point at which it can be determined whether a medical emergency does or does not exist. The medical screening examination must be the same medical screening examination that the hospital would perform on any individual coming to the hospital's emergency department with those signs and symptoms regardless of the individual's ability to pay for medical care (HCFA Interpretive Guidelines V-19). At Prairie, the Needs Assessment serves as the Medical Screening Examination.

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:

- 1.1. 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;
- 1.2. Serious impairment to bodily functions; or
- 1.3. Serious dysfunction of any bodily organ or part.

Psychiatric conditions that meet the North Dakota state commitment criteria for emergency hold pursuant to North Dakota Century Code 25-3.1 are considered to be Emergency Medical Conditions. These include: Serious risk of harm of an immediate nature due to:

- Suicidal as manifested by suicide threats, attempts or significant depression relevant to suicide potential; or

- Killing or inflicting serious bodily harm on another individual or inflicting serious property damage, as manifested by acts or threats; or
- Substantial deterioration of physical health or substantial injury or disease or death based upon poor self control or judgment in providing one's shelter, nutrition or personal care; or
- Substantial deterioration in mental health* which would predictably result in dangerousness to that individual, others or property based upon evidence of objective facts to establish the loss of cognitive or volitional control over the person's thoughts or actions or based upon acts, threats or patterns in the person's treatment history, current condition and other relevant, including the effect of the person's mental condition on the person's ability to consent.

*Would include severe psychosis.

Intoxicated individuals with impending delirium tremens, withdrawal, or seizures are also considered patients with an emergency medical condition. However, intoxicated individuals with stable vital signs (refer to policy TX.056 Vital Signs), alert and oriented x3, MMSE over 25, are not considered to have an emergency medical condition absent the other symptoms described above.

Stabilizing Treatment—Examples of stabilizing treatment for psychiatric emergencies include medications, supervision, searching and removing drugs and weapons and admission to the hospital

Stable for Transfer—For purposes of transferring a patient from one facility to a second facility for psychiatric conditions, the patient is considered to be stable when he/she is protected and prevented from injuring him/herself or others.

Stable for Discharge—For purposes of discharge, the psychiatric patient is considered to be stable when he/she is not longer considered to be a threat to him/herself or to others.

Capacity—Ability of the hospital to accommodate the individual requesting examination or treatment of the transferred individual. Capacity encompasses such things as numbers and availability of qualified staff, beds equipment and the hospital's past practices of accommodating additional patients in excess of it occupancy limits.

Transfer—Movement (including the discharge) of an individual outside a hospital's facilities at the direction of any person employed by (or affiliated or associated, directly or indirectly, with) the hospital, but does not include such a movement of an individual who (A) has been declared dead, or (B) leaves the facility without the permission of any such person.

Procedure:

1.0 Triage

1.1 Social Worker, Needs Assessment Counselor (NAC) and/or Registered Nurse triages walk-in patients immediately upon presentation for services. Patients deemed emergent are taken back to an assessment room immediately. If necessary, Security is called to provide supervision.

1.1.1 The registration process is completed when clinical personnel are not seeing the patient, and if needed is completed in the assessment room.

1.1.2 Patients deemed non-urgent complete the registration process prior to the Needs Assessment.

1.2 Patients with a scheduled needs assessment are triaged on the phone and the NAC determines the urgency of an assessment. Patients who are in acute distress or in immediate danger are encouraged to come in immediately. Patients who are intoxicated or for whom there are questions of medical stability are asked to go to the nearest ER for medical clearance.

2.0 Medical Screening Examination/Needs Assessment

2.1 Qualified Medical Personnel (QMP) ,provide a medical screening examination and determine whether or not an emergency medical/psychiatric condition exists.

2.1.1 QMPs for this type of situation are usually Needs Assessment Counselors or RNs.

2.1.2 Note: Needs Assessment Counselors qualify as QMP for the purposes of psychiatric emergency medical conditions but not for general emergency medical conditions.

2.1.3 Note: LPNs are considered QMP for the purposes of non-psychiatric emergency medical conditions only and therefore do not provide screening examination for the purposes of the Needs Assessment.

2.2 The screening examination is not delayed in order to inquire about financial or insurance status. However, a patient may follow regular registration procedures including providing demographic information and insurance information. Pre-authorizations are not sought prior to the Medical Screening Examination or initiation of stabilizing treatment.

2.3 If the individual demonstrates signs or symptoms of medical instability, which may include vital signs outside of normal parameters, altered level of consciousness, reported acute physical symptoms, the Needs Assessment staff calls an RN to assess the patient. The RN reviews the patient's condition with the on-call psychiatrist who determines whether to transfer the patient to MeritCare ER. Refer to policy CC.008.

2.4 After the completion of the Needs Assessment, the QMP documents on the assessment whether an emergency medical condition, including psychiatric condition, is believed to be present. If yes, stabilizing treatment is initiated – refer to 4.0.

3.0 No Emergency Medical Condition Present - If the QMP determines that there is no emergency medical condition, then the patient's insurance and financial ability may be taken into consideration when determining disposition.

4.0 Emergency Medical Condition present - Stabilizing Treatment

4.1 Patients who are assessed to have a psychiatric emergency medical condition are provided stabilizing treatment within the capability and capacity of the staff and facility of Prairie St. Johns.

4.2 The NAC consults with the on-call psychiatrists on all patients who are assessed to have an EMC.

4.3 Patients with a psychiatric EMC are admitted to observation or inpatient status unless a

psychiatrist is called in and initiates stabilizing treatment or reassesses and rules out an EMC.

- 5.0 Unstable patient transfer - A patient with an unstabilized EMC may only be transferred to another facility if the following conditions are met:
 - 5.1 The physician certifies that the expected medical benefits of transfer outweigh the risks of transfer.
 - 5.2 The patient consents (the patient must understand the reasons and risks of transfer) or if does not consent, is placed on an emergency hold.
 - 5.3 Prairie has attempted to stabilize the patient within the capability of the facility in order to minimize any risks to the individual during transfer.
 - 5.4 The receiving hospital has agreed to accept the patient, assuring that they have the capacity and capability of treating the patient.
 - 5.5 Transfer is made with qualified personnel and transportation equipment.
 - 5.6 Refer to policy CC.008 for procedures and documentation required for transfers.
- 6.0 A patient with a stabilized EMC may be transferred to another facility per the patient or families request, for financial reasons, for geographic, or for other reasons. Refer to definition of stable for transfer. Refer to policy CC.008 for procedures and documentation required for transfers.
- 7.0 A patient with an EMC is not discharged until they are determined stable for discharge (see definition above).
- 8.0 Needs Assessment staff documents all patients presenting to Prairie for services on the *Log of Patients Presenting for Emergency Services* (CC.002.F01) and notes whether or not the patient had an EMC.