Visitor, Staff or Patient Accident, Injury or Medical Distress, C3-130

VALUES CONTEXT

The hospital's four core values demonstrate our commitment to maintain the dignity of those we serve. We adhere to all elements of the Emergency Medical Treatment and Labor Act. Specifically to the obligation to respond to all patients requesting medical treatment for an emergency medical condition or if a prudent layperson would believe that the individual is suffering from an emergency medical condition.

DEFINITIONS/GUIDELINES

A "hospital with an emergency department" is defined in §489.24(b) as a hospital with a dedicated emergency department. An EMTALA obligation is triggered for such a hospital when an individual comes by him or herself, with another person, to a hospital's dedicated emergency department (as that term is defined above) and a request is made by the individual or on the individual's behalf, or a prudent layperson observer would conclude from the individual's appearance or behavior a need, for examination or treatment of a medical condition.

In such a case, the hospital has incurred an obligation to provide an appropriate medical screening examination (MSE) for the individual and stabilizing treatment or an appropriate transfer. The purpose of the MSE is to determine whether or not an emergency medical condition exists.

If an individual who is not a hospital patient comes elsewhere on hospital property (that is, the individual comes to the hospital but not to the dedicated emergency department), an EMTALA obligation on the part of the hospital may be triggered if either the individual requests examination or treatment for an emergency medical condition or if a prudent layperson observer would believe that the individual is suffering from an emergency medical condition. The term "hospital property" means the entire main hospital campus as defined in §413.65(a), including the parking lot, sidewalk and driveway or hospital departments, including any building owned by the hospital that are within 250 yards of the hospital).

Medical Emergency is defined as a condition in which there is the immediate risk to life or limb.

Medical Distress is defined as any condition in which there exists an emotional or physical state of pain, sorrow, misery, suffering or discomfort.

PURPOSE\EXPECTED OUTCOME(S)

This policy/procedure was established to delineate a process for helping individuals on all hospital's locations who sustain an injury or who require medical assistance, which is within the values of this organization.
POLICY

When a person is found to have medical distress or in a medical emergency (as defined in the Definition/ Guidelines section of this policy) on the hospital property, the person is to be assisted and transported to the Emergency Department as outlined below.

PROCEDURE:

I. Hospital Property – Main
   1165 Montgomery Drive (including but not limited to hallways, waiting areas, non-clinical working areas, parking lots, cafeteria, helipad and immediate grounds surrounding main building).

   The first employee, contracted staff member or volunteer on the scene is to take the following steps:
   
   A. Assist the person
   B. Dial *9 or call the Hospital Operator directly (546-3210) to report the medical emergency or medical distress to the Hospital Operator.
   C. Advise the Hospital Operator of the exact location of the incident. Describe as best as possible the nature of the medical emergency. Make sure to specify whether the patient is responsive or unresponsive.
   D. Stay with/return to person until assistance arrives.
   E. Provide medical assistance if trained and certified to provide such assistance.

   The Hospital Operator shall, upon receiving notification of a medical emergency and based on the nature of the medical emergency;
   
   1. Determine if the patient is responsive or unresponsive. If unknown assume the patient to be unresponsive.
   2. If the patient is unresponsive- PAGE A CODE BLUE. If the patient is outside the hospital also call 911. ( Refer to Code Blue Policy for more details of response once paged )
   3. If the patient is responsive –PAGE A RAPID RESPONSE (Refer to Rapid Response Policy for a more detailed response once paged).

   The Response Team shall:
   
   A. Assess and stabilize the person.
   B. Determine a disposition (i.e.: call 911 for ambulance assistance, transport to E.D., or determine the person is safe to leave).
   C. Encourage the person to have his/her medical status evaluated and treated further in the Emergency Department.
   D. Determine the best method of transporting the person to the Emergency Department (i.e.: stretcher, wheelchair, ambulance).
   E. Accompany the person to the Emergency Department.
   F. If no request for assistance was made, assist the person to safely depart the location.
G. Notify the Emergency Department staff that this person requires a medical assessment.

H. Initiate an Incident Report describing the event.

I. Notify the Vice President of Operations and Risk Management of incident

J. If the person refuses treatment obtain his/her name, address and phone number and document in an Incident Report.

II. Additional Hospital Locations

◦ Santa Rosa Urgent Care
  925 corporate Center Parkway, Suite A
  Santa Rosa, CA 95405

◦ Windsor Urgent Care
  6580 Hembree Lane, Suite 270
  Windsor, CA 95492

◦ R. P. Health Care Center
  1450 Medical Center Drive
  Rohnert Park, CA 94928

◦ Partial Hospitalization/Behavioral Health
  405 West College Avenue
  Santa Rosa, CA 95405

A. Assist the patient. Call "911" if emergency medical assistance is indicated.

B. For visitors not requiring emergency medical assistance, encourage the most appropriate means of transportation to Santa Rosa Memorial Emergency Department
   ▪ Walk across the street to the Emergency Department
   ▪ Ride with a family member

C. Notify the Administrative Supervisor if not already done.

D. Initiate an Incident Report.

III. Emergency Department Registration Secretary

A. Register the patient as per normal policy. Collect financial responsibility information after Medical Screening Exam. DO NOT verbalize any non-payment options with the patient. This should only be discussed with the patient by the Risk Manager or Director of the Patient Finance.

IV. Business Office

A. Business Office shall work with Risk Management and Compliance to determine how services are to be billed for an injury occurring on premises.

B. Injury on premises (i.e., trip, fall, slip, etc.) is different from illness on premises, illness meaning dizzy, faint, syncope, nausea, chest pain, etc. These people are evaluated, treated, and billed as per normal policy.

Author/Department: Nancy Boostrom, Risk Manager

References:

Reviewed/Revised by: Karen Long, Interim CNO (12/11), Todd Salnas, COO (12/11); Area Director of Risk Management 1/17
Attachments (see following page)

A. Visitor, Staff or Patient accident or injury on campus flow chart

Referenced Policies

A. Code Blue
B. Rapid Response

Approval /s/

Tyler Hedden, Chief Operating Officer

Attachments:

Visitor, Staff or Patient Accident or Injury on Campus Flow Chart