Medical Screening for Psychiatric Patients

- "Reasonably calculated" to determine whether an EMC exists, and must be consistently applied for patients presenting with similar symptoms
- Often present with both psych EMC and physical EMC - must provide appropriate MSE for both conditions within capability and capacity
- For psych MSE, patient must be assessed for risk of harm to self or others
Psychiatric MSE

i. Psychiatric history, and

ii. Psychiatric assessment to include but not limited to:

1. Presence of suicidal and homicidal ideations

2. Mood and Affect

3. Speech

4. Behavior

5. Thought content

6. Cognition and Memory

7. Judgement,
Emergency Medical Condition

- Manifests itself by acute symptoms of sufficient severity (including pain, psychiatric condition, substance abuse) that the absence of immediate attention could reasonably result in:
  - Serious jeopardy to health of individual or unborn child
  - Serious impairment
  - Serious dysfunction
EMTALA Screening—Risk Management Tips

- Screen first; ask insurance questions later to avoid delay.
- Screen minors first; get parental consent later if an emergency medical condition does not exist.
- Document facts and circumstances concerning individuals who leave without being seen or who leave against medical advice.
- Neither staff nor signage should discourage anyone from being screened.
EMTALA Screening—Risk Management Tips (cont.)

- Not all screenings need be equally extensive; they should be tailored to the individual’s presenting complaints or symptoms.
- A screening exam can range from obtaining a brief history and performing a physical exam to obtaining ancillary tests such as lumbar punctures and lab or diagnostic imaging studies.
- Medical screenings should be applied consistently to all individuals with similar medical conditions.
EMTALA: Stabilization

- To stabilize means:
  - No material deterioration of the emergency medical condition is likely, within a reasonable degree of medical probability, to result from or occur during the transfer
  - For woman in labor, child and placenta are delivered
  - Psychiatric patients are protected and prevented from injuring or harming self/others
  - Actions are within the capabilities and capacity of the staff and the facilities generally available
EMTALA: Stabilization (cont.)

- Capability includes coverage available through on-call list.
- Capacity includes whatever a hospital customarily does to accommodate patients in excess of occupancy limits.
EMTALA Transfer Requirements

- Transfer is moving a patient outside a hospital's facilities and is appropriate:
  - When a hospital has exhausted all its capabilities in attempting to resolve the emergency medical condition
  - When a hospital is operating beyond capacity, and patient needs immediate stabilizing treatment

- Transfer of unstable patient requires:
  - Transfer is appropriate
    - Written, informed request; or
    - Physician certification that benefits outweigh risks; or
    - Qualified medical person certification, with physician countersignature
Transferring Hospital’s Responsibilities

- Appropriate transfer
  - Ensure treatment within transferring hospital’s capacity that minimizes risks to the individual’s health
  - If not capable of handling high-risk deliveries, may have transfer agreements with facilities capable of handling high-risk deliveries and high-risk infants
  - Receiving facility has agreed and has space and personnel
  - Effected through qualified personnel, transportation, and equipment
  - All available medical records relating to emergency medical condition are sent with patient and other records (e.g., test results) are sent with patient or as soon as practicable

- Written consent or certification
  - Provide name/address of on-call physician if refused or failed to appear
  - Document services performed before transfer
Refusal to Consent to Examination, Treatment, or Transfer

- Hospital must offer further examination, treatment
- Inform of risks/benefits
- Document description of exam/treatment/transfer offered
- Document informed refusal in medical record, including reason(s) for refusal
- Take reasonable steps to obtain written refusal that includes disclosure of risks/benefits
- Document facts and circumstances of refusal to sign
Refusal to Consent to Examination, Treatment, or Transfer (cont.)

- Risk management tip:
  - An individual may refuse an examination, treatment, or transfer on behalf of a patient only if the patient is incapable of making an informed choice.
  - Behavioral patients may lack competence to consent or refuse if involuntarily held.
Transfer Responsibilities for Receiving Hospitals

- Receiving hospitals
  - Hospital with specialized capabilities and capacity to treat may not refuse a transferred patient who requires such specialized capabilities.
    - This obligation may disappear if the patient is admitted to our hospital.
  - EMTALA obligations are triggered when individual with emergency medical condition is transferred.
    - Need not accept if the transferring hospital has such specialized capabilities
    - Need not accept transfers from hospitals located outside the boundaries of the United States
  - Hospital must report, within 72 hours, if it has a reason to believe an improper transfer was made.
    - Failure to report may trigger Medicare termination notice.
EMTALA Whistleblower Protections

- Hospital must not penalize:
  - Physicians or qualified medical personnel who refuse to authorize transfer of unstable patient
  - Employees who report EMTALA violations
Screening Individuals Brought to the ED

Police

Presents to ED solely as part of evidence gathering for criminal cases (e.g., blood alcohol, sexual assault).

Hospital is not obligated to provide medical screening exam, but if individual was involved in motor vehicle accident or otherwise may have sustained injury, a medical screening exam is warranted to determine if an emergency medical condition exists (prudent layperson standard).

Presents to ED for clearance for incarceration.

Hospital has obligation to provide medical screening exam.
Screening Individuals Brought to the ED by Police (cont.)

- Risk management tip:
  - Medical conditions may mimic alcohol or substance abuse intoxication, and intoxication may mask injury, placing individuals at risk of harm. Patient safety/risk management considerations may warrant offering a medical screening examination to determine if an emergency medical condition exists. Is the individual competent to refuse screening?
Floyd Medical Center in Georgia Settles Case Involving a Patient Dumping Allegation

- The patient was aggressive and combative upon his arrival to FMC’s emergency department. Three security personnel, including an off-duty police officer working for FMC, attempted to restrain the patient while a nurse went to retrieve medication to calm him down. When the nurse returned, the security personnel informed her that the patient’s behavior was beyond what FMC could safely control. Without psychiatric evaluation or appropriate medical treatment, the emergency department physician medically cleared the patient and he was taken to jail.
EMTALA Violations

- Possible violations
  - Lack of EMTALA bylaws, policies, procedures
  - For receiving hospitals, no report of suspected violations by transferring facilities
  - Sign not posted or noncompliant signage
  - Inadequate record retention—transfer records must be retained for 5 years
  - No list of on-call physicians
  - No central log of each “individual who comes to the hospital for emergency services”
  - Lack of appropriate medical screening
EMTALA Violations (cont.)

- Failure of on-call physician to respond or respond in timely manner
- Lack of stabilizing treatment
- Examination or treatment delayed to inquire about payment
- Inappropriate transfer
- No whistleblower protections
- As receiving hospital, failure to meet responsibilities
- Admission solely to avoid EMTALA obligations
Top 10 EMTALA Rules

1. Log in every individual who “presents,” and document complaint/diagnosis and disposition.
2. Triage patients per protocol.
3. Provide medical screening exam in nondiscriminatory manner by physician or authorized provider, and obtain and document vital signs during stay and at time of discharge or transfer.
Top 10 EMTALA Rules (cont.)

4. Do not delay or discourage screening to discuss payment.

5. Document acceptance and name/title of accepting individual from receiving hospital on transfer forms, and obtain patient’s written consent or refusal.

6. Provide medically appropriate transport, personnel, and equipment. Personal vehicles are seldom appropriate.

7. Verify benefits outweigh risks of transfer.
Top 10 EMTALA Rules (cont.)

8. When transferring, provide medical records, test results, reports, and consultation records with patient, and document on transfer form.

9. Document name of on-call physician who fails to respond or respond in timely manner.

10. Report violations by other facilities.
Questions?
REFERENCES

- ECRI Emergency Medical Treatment and Active Labor Act Training Program, Published 1/1/2010; Updated 2/18/2016
- Advanced EMTALA Issues, AHLA, December 15, 2011; Siefert, Sands, Goldstone
CLINICIAN EMTALA TRAINING POST QUIZ 08092018

1. The Emergency Medical Treatment and Active Labor Act (EMTALA) is a federal law intended to protect Medicare and Medicaid beneficiaries when they require emergency care from hospitals.
   a. True
   b. False

2. Which of the following are included under EMTALA’s definition of “hospital property”?

   I. Hospital sidewalk, driveway and parking lot
   II. Physician offices on the hospital campus
   III. Skilled Nursing facilities on the hospital campus
   IV. Any building owned by the hospital within 250 yards of the main hospital building

   a. II, III, and IV
   b. I and IV
   c. II and IV
   d. I, II, III, IV

3. Hospital labor and delivery departments and psychiatric units may meet the government’s definition of a “dedicated emergency department”.

   a. True
   b. False

4. Any individual with a medical condition who presents to a hospital emergency department (ED) must ______________________ to determine that the individual does not have an emergency medical condition.

   a. Undergo triage
   b. Be interviewed by ED registration staff
   c. Be seen by qualified medical personnel within 5 minutes of arrival
   d. Receive a medical screening exam
   e. Be evaluated by an ED registered nurse

5. An “appropriate” transfer of an unstable individual to another hospital able to provide stabilizing treatment fulfills which of the following requirements?

   I. The transferring hospital provides medical treatment within its capacity to minimize the risks to the individual’s health and, in the case of a woman in labor, the health of the fetus.
II. The receiving hospital has available space and qualified personnel for the treatment of the individual to be transferred and agrees to accept the transfer and provide appropriate medical treatment.

III. The individual’s insurance plan directs the transfer because the receiving hospital is the plan’s preferred provider.

IV. The transfer is made by qualified personnel and employs appropriate transportation equipment as required, including the use of necessary and medically appropriate life-support measures during the transfer.

V. The transferring hospital sends the receiving hospital all medical records relating to the emergency condition available at the time of the transfer.
   a. I, II, III, IV
   b. I, II, IV, V
   c. II, III, IV, V
   d. I, III, IV, V
   e. I, II, III, IV, V

6. Specialty hospitals, such as heart hospitals, without emergency departments (EDs) have no EMTALA obligations to accept patient transfers because they do not operate EDs.
   a. True
   b. False

7. The following circumstances may be considered EMTALA violations by a government surveyor:

   I. Failure to post a sign informing patients of their EMTALA rights
   II. Failure to maintain a list of on-call physicians
   III. Failure to report suspected violations by a transferring hospital
   IV. Failure to inquire about an individuals’ health insurance plan
   V. Failure to provide a medical screening exam
   a. I, II, III, IV
   b. II, III, IV, V
   c. I, II, III, V
   d. I, III, IV, V
   e. I, II, III, IV, V
EMTALA - Medical Screening Examination and Stabilization

PURPOSE:

To establish guidelines for providing appropriate medical screening examinations (MSE) and any necessary stabilizing treatment or an appropriate transfer for the individual as required by the Emergency Medical Treatment and Active Labor Act (EMTALA), 42 U.S.C., Section 1395dd and all Federal regulations and interpretive guidelines promulgated thereunder.

POLICY:

An EMTALA obligation is triggered when an individual comes to a dedicated emergency department (DED) and:

1. a request is made by the individual or on the individual’s behalf for an examination or treatment for a medical condition, or

2. a prudent layperson observer would conclude from the individual’s appearance or behavior that an examination or treatment of a medical condition is needed.

Further, if an individual presents elsewhere on hospital property and requests examination of treatment for an emergency medical condition (EMC) or if a prudent layperson observer would believe that the individual is suffering from an EMC, then an appropriate MSE, within the capabilities of the hospital’s DED (including ancillary services routinely available and the availability of on-call physicians), is performed by an individual qualified to perform such examination to determine whether an EMC exists, or with respect to a pregnant woman having contractions, whether the woman is in labor and whether the treatment requested is explicitly for an EMC. If an EMC is determined to exist, the individual is provided necessary stabilizing treatment, within the capacity and capability of the facility, or an appropriate transfer as required by EMTALA. Such stabilizing treatment is applied in a non-discriminatory manner.

St. Mary’s will perform a medical screening exam to determine if a Emergency Medical Condition (EMC) exists on all patients presenting to the hospital for whom it is requested regardless of ethnicity, religion, citizenship, age, gender, sexual orientation, pre-existing medical conditions, physical or mental disability, economic status, insurance status or ability to pay for medical treatment.
PROCEDURE:

A. When an MSE is required:

1. An individual MUST receive an MSE, within the capabilities of St. Mary's dedicated Emergency Department (DED), to determine whether or not an emergency medical condition exists, or with respect to a pregnant woman having contractions, whether the woman is in labor, and whether or not the treatment requested is explicitly for an emergency condition if:

   a. The individual comes to a dedicated emergency department of a hospital and a request is made by the individual or on the individual's behalf for examination or treatment for a medical condition, including where:

      i. The individual requests medication for a medical condition.

      ii. The individual arrives as a transfer from another hospital or health care facility. A physician or qualified medical person must perform a screening sufficient to determine whether or not there has been a change in the individual's condition from the time the individual left the transferring facility until arrival at the accepting facility. The MSE of the individual must be documented. This type of screening cannot be performed by the triage nurse.

   b. The individual arrives on the hospital campus other than the DED and a request is made on the individuals' behalf for examination or treatment of an EMC or the appearance or behavior of the individual would cause a prudent layperson observer to believe that the individual needed such examination or treatment.

      i. Any individual presenting in such a place with an apparent emergency medical condition or requesting emergency care, is brought to the Emergency Department so that the appropriate medical screening exam can be provided. If the individual first presents with an apparent emergency medical condition in the Family Birthing Unit or Psychiatric Unit, the individual may be afforded a medical screening exam at that location, by an individual qualified by the hospital to perform a medical screening exam, and may not be brought to the Emergency Department. The hospital parking lots are considered part of the hospital and a patient in a parking lot with an apparent emergency medical condition is brought to the Emergency Department for an appropriate medical screening exam. In some circumstances it may be appropriate to call EMS for transportation assistance.

      ii. Any individual presenting to an on-campus physician office practice, which is operated as a department of the hospital, may be moved to another on-campus department of the hospital or the DED for screening and stabilization. The individual is provided immediate medical attention available at the on-campus department. The department calls for assistance per the Code Blue Policy.

   c. The individual arrives at an off-campus department of the hospital and a request is made on the individuals' behalf for examination or treatment of an EMC or the appearance or behavior of the individual would cause a prudent layperson observer to believe that the individual needed such examination or treatment.

      i. The individual is provided any necessary treatment available at the off campus department. 911 is called to transport the patient to SMRMC or transported per patient preference or EMS protocol, for further screening and treatment. The physician office practice calls the SMRMC Emergency Department to inform them of the pending transfer and to provide patient hand-off. The physician office practice contacts the patient's emergency contact if
known to inform them of the transport

B. Extent of the Medical Screening Examination (MSE)

a. The hospital must perform a medical screening examination to determine if an EMC exists. It is not adequate to log in or triage an individual with a medical condition and not provide a medical screening examination.

i. Triage is not equivalent to an MSE. Triage entails the clinical assessment of the individual's presenting signs and symptoms at the time of arrival at the hospital in order to prioritize when the individual will be screened by a physician or other qualified medical professional (QMP).

b. An MSE is the process required to reach, with reasonable clinical confidence, the point at which it can be determined whether the individual has an emergency medical condition or not. It is not an isolated event. The MSE must be appropriate to the individual's presenting signs and symptoms and the capability and capacity of the hospital.

c. Extent of MSE varies by presenting symptoms. The MSE may vary depending upon the individuals signs and symptoms.

i. All MSES will include the following, but are not limited to:
   - Chief complaint and pertinent history,
   - Past medical and social history,

ii. Physical Examination

iii. Assessment, and, if applicable,
   - Laboratory or imaging studies

iv. Depending in the individual's presenting symptoms, an appropriate MSE 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 (but not limited to) lumbar punctures, clinical laboratory tests, CT scans and other diagnostic tests and procedures.

v. Pregnant Women: The medical record should show evidence that the screening examination includes, at a minimum, on-going evaluation of fetal heart tones, regularity and duration of uterine contractions, fetal position and station, cervical dilation, and status of membranes, to document whether or not the woman is in labor.

vi. Individuals with psychiatric symptoms: The medical records should indicate both medical and psychiatric or behavioral components of the MSE. The MSE is to determine that from a physiologic perspective, there is no EMC. For patients presenting with psychiatric symptoms, the MSE will also include the following;

   a. Psychiatric history, and

   b. Psychiatric assessment to include but not limited to:

      1. Presence of suicidal and homicidal ideations

      * If suicidal or homicidal ideations are present, assess:
         - Plan/intent
         - Access to means
         - History of attempts
         - Psychiatric/substance abuse history

      2. Mood and Affect

      3. Speech
4. Behavior  
5. Thought content  
6. Cognition and Memory  
7. Judgement,  

C. Individuals Who May Perform the MSE - Qualified Medical Professional (QMP)

a. Only the following individuals may perform an MSE:

   i. A qualified physician with appropriate privileges; or
   
   ii. A qualified licensed independent practitioner (LIP) with appropriate competencies and privileges; or
   
   iii. A qualified staff member who:
   
      • is qualified to conduct such an examination through appropriate privileging and demonstrated competencies;
      
      • is functioning within the scope of his or her license and in compliance with state law and applicable practice acts (e.g., Medical or Nurse Practice Acts);
      
      • is performing the screening examination based on medical staff approved guidelines, protocols or algorithms; and
      
      • is approved by the facility’s governing board as set forth in a document such as the hospital bylaws or medical staff rules and regulations, that has been approved by the facility’s governing body and medical staff. It is not acceptable for the facility to allow informal personnel appointments that could change frequently.

D. No Delay in Medical Screening or Examination

a. Reasonable Registration Process. An MSE, stabilizing treatment, or appropriate transfer will not be delayed to inquire about the individual’s method of payment or insurance status, or conditioned on an individual’s completion of a financial responsibility form, an advance beneficiary notification form, or payment of a co-payment for any services rendered. The facility may follow reasonable registration processes for individuals for whom examination or treatment is required.

b. Reasonable registration processes may include asking whether the individual is insured, and if so, what that insurance is, as long as these procedures do not delay screening or treatment or unduly discourage individuals from remaining for further evaluation. The hospital may seek non-payment information from the individual’s health plan about the individual, such as medical history. In the case of an individual with an EMC, once the hospital has conducted the MSE and has initiated stabilizing treatment, it may seek authorization for all services from the plan as long as doing so does not delay completion of the stabilizing treatment.

c. Financial Responsibility Forms. The performance of the MSE and the provision of stabilizing treatment will NOT be conditioned on an individual’s completion of a financial responsibility form, an advance beneficiary notification form, or payment of a co-payment for any services rendered.

d. Financial inquiries. Individuals who inquire about financial responsibility for emergency care should receive a response by a staff member who has been well trained to provide information regarding potential financial liability. The staff member who provides information on potential financial liability should clearly inform the individual that the hospital will provide an MSE and any necessary stabilizing treatment, regardless of his or her ability to pay. Individuals who believe that they have an EMC should be encouraged to remain for the MSE.
E. Medical Stabilization and Transfer - See EMTALA - Transfer Policy #1732

F. Refusal to Consent to Treatment.

1. If a patient with an emergency medical condition refuses to consent to the medical screening examination or treatment necessary to stabilize the condition, the medical screening examination and treatment offered to the patient must be noted in the patient's medical record. In addition, the risks and benefits of both the proposed examination or treatment and refusing examination and treatment must be explained to the patient. The explanation of risks and benefits provided to the patient must also be noted in the medical record. If possible, the patient's written informed refusal of examination and treatment will be obtained and documented on the Informed Consent to Refuse (see attached).

G. Reporting Requirement.

1. St. Mary's Regional Medical Center has an obligation to report EMTALA violations. Any person who believes a patient has been transferred to the hospital in violation of EMTALA should report the potential violation to the Director of Risk. If a suspected EMTALA violation exists, reasonable steps must be taken to determine whether a patient was transferred in violation of the requirements of EMTALA. If so, a brief written report to the Department of Human Services should be prepared with the name of the patient, the date of the transfer, the name of the transferring institution and a brief description of the facts and circumstances of the potential violation.

H. Training/Competency

1. Emergency Department providers and staff, Security staff and Patient Access/Registration staff will receive training on this and other EMTALA policies annually as part of their annual competency evaluation.

I. EMTALA Waivers and Requirements During Pandemics and Other Declared Emergencies.

i. Alternative Screening Sites on Campus for Screening During a Pandemic. (No Waiver required) For the screening of influenza like illnesses, the hospital may establish an alternative screening site(s) on campus. Individuals may be redirected to these sites AFTER being logged in. The redirection and logging can take place outside the entrance to the DED. However, the person doing the directing must be qualified (e.g., an RN or other CME) to recognize individuals who are obviously in need of immediate treatment in the DED. The MSEs must be conducted by qualified personnel.

ii. Alternative Screening Site Off-Campus. The hospital may encourage the public to go to an off-campus hospital-controlled site for the screening of influenza like illness. However, the hospital may NOT tell an individual who has already come to the DED to go to the off-site location for the MSE. The off-campus site for influenza like illnesses should not be held out to the public as a place that provides care for MC's in general on an urgent, unscheduled basis.

iii. An EMTALA waiver does allow a hospital to direct or relocate an individual who comes to the DED to an alternative off-campus site, in accordance with a State Emergency or Pandemic Preparedness Plan for the MSE. An EMTALA MSE and stabilization requirement may be waived for a hospital only if:
   a. The President of the United States has declared an emergency or disaster under the Stafford Act or the National Emergencies Act; and
   b. The Secretary of HHS has declared a Public Health Emergency; and
   c. The Secretary of HHS invokes his or her waiver authority including notifying Congress at least 48 hours in advance; and
d. The waiver includes waiver of EMTALA requirements and the hospital is covered by the waiver.

iv. An EMTALA waiver during a public health emergency involving a pandemic infectious disease, will be effective until the termination of the declaration of the public health emergency or for 72 hours after the hospital has activated the disaster plan for all other emergencies.

REFERENCES:

TJC Reference - PC.15.20; PC.15.30

Social Security Act Section 1867 42 U.S.C. 1395ddd Examination and Treatment for Emergency Medical Conditions and Women in Labor

CMS Site Review Guidelines State Operations Manual

42 Federal Register 489.24 special Responsibilities of Medicare Hospitals in Emergency Cases

42 Federal Register 489.20]l(m)(q) and (r) Basic Commitments

42 Federal Register 413.65 Requirements for a determination that a facility or organization has provider based status.

Attachments: No Attachments

Applicability

St. Mary's Regional Medical Center
Emergency Department Management of Psychiatric Patients

GUIDELINE:
Any patient presenting with psychiatric symptoms is assessed and receives a Medical Screening Exam (MSE). All measures are taken to minimize potential of harm to the patient, other patients, and staff. Patients are assessed by psychiatric consultants when the initial assessment determines the patient is unstable or at high risk for decline. For those patient's requiring stabilization a treatment and disposition plan is developed by the consultants in conjunction with the Emergency Medicine Provider.

PURPOSE:
To ensure the safe and appropriate multidisciplinary assessment and treatment of patients that present to the ED with psychiatric symptoms.

PROCEDURE:
A. Patients presenting to the ED with psychiatric symptoms are triaged and assigned an Emergency Severity Index (ESI) priority level. A Suicide Risk Assessment is completed on all patients presenting with Suicidal Ideations.

B. The patient is assessed and has a MSE completed by an emergency medicine provider. See EMTALA – Medical Screening and Stabilization Policy

C. In the event a patient becomes agitated, violent, and/or threatening the following tools are available for staff to utilize:
   - Code Gray for additional support (as per policy)
   - Seclusion (as per policy)
   - Restraint (as per policy)
   - Psychiatric Emergency (as per policy)

D. If the available tools are not adequate to maintain safety of the patient, the other patients, and staff, Lewiston Police Department can be called to assist
B. Consultants available to the department include Psychiatric Advance Practice Providers, Psychiatrist, and Sweetser Crisis Services. A Psychiatric evaluation is performed on those patients felt to have potentially decompensated psychiatric disease manifesting as potentially severe disorganization, Suicidal Ideations or Homicidal Ideations. In some circumstances, tele-medicine is used to facilitate development of a plan of care based on patient presentation and condition. Consultation is also obtained when a stable patient may benefit from adjustment of current therapy or coordination of outpatient follow-up.

F. A disposition plan is developed by the Emergency Department (ED) provider in conjunction with the Psychiatric consultant. Admission to an acute psychiatric bed is arranged by the Psychiatric consultant with assistance from the ED staff as necessary. Appropriate transfer papers are completed on all transfers. (If the patient is involuntarily committed ("blue papered") no consent or signature from the patient is required).

G. For patients being discharged, written discharge instructions are completed and provided to the patient prior to discharge. A copy of these instructions, with specified follow-up, are incorporated into the medical record.

RESPONSIBILITIES:

A. ED nursing staff:
   1. Initial triage and safety screening
   2. Ongoing monitoring/assessment.

B. ED Clinician:
   1. Perform medical screening examination (physical and psychiatric).
   2. Provide any medical/psychiatric treatment necessary.
   3. Collaborate with consultant for disposition of patient.
   4. Complete EMTALA transfer form (for transferred patients).

C. Psychiatric consultant:
   1. Provide psychiatric assessment and treatment recommendations including facilitation of admission to a psychiatric hospital when needed.
Thank you for calling for clarification regarding our policy. The intent of the procedure contained in the Emergency Department Management of Psychiatric Patients is to use the tools listed in C, applicable to a patient's circumstances, prior to proceeding to D.

From: [Redacted]
Sent: Wednesday, August 15, 2018 11:39 AM
To: [Redacted]
Cc: [Redacted]
Subject: Clarification for Attachment G: Emergency Department Management of Psychiatric Patients

Thank you for returning my call. Per our conversation, we need to have written clarification in relation to Attachment G: Emergency Department Management of Psychiatric Patients which was provided as part of the Plan of Correction that was submitted on 8/9/18.

The Procedure indicates the following:

C. In the event a patient becomes agitated, violent, and/or threatening the following tools are available for staff to utilize:
   - Code Gray for additional support (as per policy)
   - Seclusion (as per policy)
   - Restraint (as per policy)
   - Psychiatric Emergency (as per policy)
D. If the available tools are not adequate to maintain safety to the patient, the other patients, and staff, Lewiston Police Department can be called to assist,

Does this mean that the tools outlined in C will be utilized before proceeding to D?

If you could clarify and respond to this email I will attached the response to your submitted plan of correction.