Memorandum

Centers for Medicare & Medicaid Services
Office of the Regional Administrator, Region VI
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To: ALL Region VI Hospital Associations

From: David Wright, Special Assistant to the Regional Administrator

Subject: "Parking" of EMS Patients in Hospitals

Our office has learned that several hospitals in the region routinely prevent Emergency Medical Service (EMS) staff from transferring patients from their ambulance stretchers to a hospital bed or gurney. We have received reports of patients being left on an EMS stretcher (with EMS staff in attendance) for periods of time ranging from two to six hours. Many of the hospital staff engaged in such practice believe that unless the hospital "takes responsibility" for the patient, the hospital is not obligated to provide care or accommodate the patient. Therefore, they will refuse EMS requests to transfer the patient to hospital units.

This practice may result in a violation of the Emergency Medical Treatment and Labor Act (EMTALA) and raises serious concerns for patient care and the provision of emergency services in a community.

Under EMTALA, a patient is considered to have "presented" to a hospital when a patient arrives on hospital grounds (defined as the main hospital building and any hospital owned property within 250 yards of the main hospital building) and a request is made on the individual's behalf for examination or treatment of an emergency medical condition. A patient who arrives via EMS meets this requirement when EMS personnel request treatment from hospital staff. Therefore, the hospital must provide a screening examination and stabilizing treatment, if necessary, to resolve the patient's emergency medical condition. A hospital's refusal to "accept responsibility" for a patient in the hospital or on hospital grounds could be a violation of EMTALA. Additionally, delaying care of a patient (by forcing the patient to wait with EMS in the hospital) could also be a violation of EMTALA. The Centers for Medicare & Medicaid Services does not recognize the distinction some hospital staff are trying to make in identifying EMS versus Hospital responsibility for a patient already in the facility.

Furthermore, our office has learned that some emergent patients transferred to a receiving facility under EMTALA face similar situations. A hospital accepts the transfer of a patient under EMTALA only if the facility has the capability and capacity to manage the patient's emergency condition at the time of the transfer. Therefore, the expectation is that the receiving facility has the capacity to accept the patient at the time the transfer is effectuated. A hospital that delays the

screening examination or stabilizing treatment of a patient who arrives via transfer from another facility by not allowing EMS to leave the patient could also be in violation of EMTALA.

Our office recognizes the enormous strain and crowding many hospital emergency departments face every day. However, this practice is not a solution, nor an appropriate stopgap measure. "Parking" patients in hospitals and refusing to release EMS equipment or personnel jeopardizes patient health and impacts the ability of the community to provide emergency services by forcing EMS personnel off the street.

The Dallas Regional Office welcomes the opportunity to work with provider organizations to develop a legal and effective way to manage the larger issues raised by this practice.