IOWA | Department of Inspections, Appeals, & Licensing

The Pulse
Hospital Education

April 2025

DIAL reviews Emergency Medical Treatment & Labor Act (EMTALA) deficiencies

The Iowa Department of Inspections, Appeals, and Licensing (DIAL) Medicare Services Unit provides monthly education to hospitals via "The Pulse" newsletter. DIAL's commitment to improving patient outcomes through education is reflected as we focus on EMTALA deficiencies recently cited. The educational articles in this newsletter are intended to highlight certain aspects of the Medicare requirements for hospitals, but they are not legal documents or inclusive of all elements.

1. A-2400 - COMPLIANCE WITH 489.24 CFR(s): 489.20(l)

Based on a review of the medical record, as well as interviews with the patient, family, and hospital staff, it was determined that the hospital's emergency department (ED) staff failed to provide, within the hospital's capabilities, an appropriate medical screening examination (MSE) and stabilizing treatment in accordance with the hospital's policies. See A-2406 and A-2407 for additional information.

2. A-2406 - MEDICAL SCREENING EXAM CFR(s): 489.24(a) and 489.24(c)

Based on a review of medical records, hospital policies, and interviews with patients, family members, and staff, it was determined that the ED staff failed to provide an appropriate MSE consistent with the hospital's capabilities to a patient who presented to the ED seeking medical care. The patient who arrived with symptoms of weakness, somnolence, and was described by an ED nurse as being in a "stupor" was discharged without receiving any form of neurological evaluation to rule out potential emergency medical conditions contributing to the patient's confusion and disorientation. Additionally, there was no reassessment of the patient's pain status prior to discharge.

Summary

A hospital emergency department (ED) failed to provide an appropriate MSE, violating EMTALA and internal policy.

Key Failures

- **Incomplete Evaluation:** The patient presented to the ED with weakness, somnolence, disorientation, and a pain score of eight out of 10. Despite these symptoms, the ED staff did not conduct neurological assessments, did not rule out

loss of consciousness (LOC), and failed to reassess the patient's pain, all of which are required by hospital policy.

- **Policy Violations:**
    - Hospital policy mandates a full MSE for anyone requesting emergency care.
    - Pain greater than four out of 10 requires treatment and reassessment within 60 minutes, which was not done.
    - Neurological screening and neurology consultation should have been performed given the patient's symptoms and history (stroke, seizures, memory loss).
- **Communication Gaps:**
    - Emergency medical services (EMS) verbally reported the patient was lethargic and possibly had a seizure. However, ED documentation omitted any LOC mention.
    - EMS reports are uploaded post-discharge, so ED staff may not have seen written EMS documentation before patient discharge.
    - Staff interviews revealed inconsistent practices and communication lapses between EMS and ED teams.
- **Patient Outcome:**
    - The patient received basic care: labs, chest x-ray, EKG, antibiotics (Bicillin, Lasix), and was discharged ambulatory with instructions.
    - However, the lack of neurological evaluation and pain reassessment represented a missed opportunity to identify or treat a possible emergency condition.

Conclusion

The hospital failed to meet EMTALA requirements by not providing a complete MSE within its capabilities, despite having 24/7 neurology services. This posed a potential risk to the patient's health and safety, especially given their complex medical history.

3. A-2407 - STABILIZING TREATMENT CFR(s): 489.24(d)(1-3)

Based on a review of medical records, hospital policies, and interviews with patients, family members, and staff, it was determined that the ED failed to provide appropriate stabilizing treatment to a patient who presented for medical care.

The patient, who had a known history of seizures, left the ED in a disoriented, weakened, and confused state. The patient was incontinent, dressed inappropriately for the weather (shorts and a T-shirt in temperatures of 30 to 40 degrees Fahrenheit, and walking outside with an empty oxygen tank. This occurred after the patient was discharged without appropriate medical stabilization or adequate discharge planning.

Key Findings

1. **Policy Review:**

    The hospital's EMTALA policy requires the ED to provide stabilizing treatment necessary to prevent material deterioration.

The ED standards policy mandates comprehensive pain assessment, management of pain greater than four out of 10, psychosocial support, and ensuring a patient can care for themselves upon discharge.

2. EMS Documentation:

EMS responded to a 911 call for an unconscious individual. EMS assessed the patient as lethargic, weak, somnolent, and confused, requiring assistance to ambulate. The patient was suspected of sepsis and had a history of stroke and seizure.

3. ED Medical Record Review:

At 2:29 a.m., a patient arrived at the ED via EMS, reporting worsening weakness, recent strep and pneumonia diagnoses, and chronic oxygen use. The patient reported eight out of 10 pain.

Labs, imaging, and an EKG were ordered. Chest x-ray showed pulmonary vascular congestion. The patient received Lasix IV and Bicillin IM at 5:44 a.m.

Despite reported pain, there was no documented reassessment or additional pain management per policy.

The patient was discharged, reportedly ambulatory and oriented, but no arrangements for safe transportation or verification of oxygen supply were documented.

4. Interviews and Additional Evidence:

The patient's significant other reported the patient was discharged despite disorientation, incontinence, and an inability to arrange transportation. The patient was later found wandering outside in freezing temperatures, disoriented, with a non-functioning oxygen tank.

The patient confirmed feeling unwell at discharge, informed staff of incontinence and lack of transportation, but received no assistance. The patient believed their personal oxygen tank was operational, though it was later found to be empty.

Staff interviews confirmed:

- Pain greater than four out of 10 requires intervention and reassessment.

- Discharge of oxygen-dependent patients should include confirmation of oxygen supply.

- Patients with altered mental status or seizure risk should not be discharged alone.

- A neurologic evaluation and more frequent assessments are standard for patients with altered consciousness or seizure history.

5. Weather Conditions:

On the morning of April 9, 2024, outdoor temperatures ranged from 30 to 40 degrees Fahrenheit, raising further concern regarding the patient's safety and readiness for discharge in minimal clothing.

Conclusion

The ED failed to meet critical standards for the stabilization and safe discharge of the patient, including appropriate pain management, evaluation of cognitive status, discharge planning, and continuity of care.