

# CoP for Emergency Services: Hospital *Interpretive Guidelines*

Source: CMS State Operations Manual, Appendix A, Hospitals, Survey Protocol, Regulations and Interpretive Guidelines for Hospitals, pages 67-71  
[www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_a\\_hospitals.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf)

---

## **A-0091**

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

### **§482.12(f) Standard: Emergency Services**

#### **Interpretive Guidelines §482.12(f)**

The hospital must ensure the emergency services requirements are met.

---

## **A-0092**

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

**§482.12(f)(1) If emergency services are provided at the hospital, the hospital must comply with the requirements of §482.55.**

---

## **A-0093**

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

**§482.12(f)(2) If emergency services are not provided at the hospital, the governing body must assure that the medical staff has written policies and procedures for appraisal of emergencies, initial treatment, and referral when appropriate.**

## Interpretive Guidelines §482.12(f)(2)

This requirement applies hospital-wide (all on-campus and off-campus locations) to hospitals that do not provide emergency services.

Hospitals without emergency departments must have appropriate policies and procedures in place for addressing individuals' emergency care needs 24 hours per day and 7 days per week, including the following:

- **Appraisal of Persons with Emergencies:** A hospital must have medical staff policies and procedures for conducting appraisals of persons with emergencies. The policies and procedures must ensure that:
  - As required by 42 CFR 482.23(b), an RN is immediately available, as needed, to provide bedside care to any patient and that,
  - Among such RN(s) who are immediately available at all times, there must be an RN(s) who is/are qualified, through a combination of education, licensure, and training, to conduct an assessment that enables them to recognize the fact that a person has a need for emergency care.

The policies and procedures for appraisal should provide that the MD/DO (on-site or on-call) would directly provide appraisals of emergencies or provide medical direction of on-site staff conducting appraisals.

- **Initial Treatment:** A hospital must have medical staff policies and procedures for providing the initial treatment needed by persons with emergency conditions. Among the RN(s) who must be available at all times in a hospital as required by 42 CFR 482.23(b), there must be RN(s) who are qualified, through a combination of education, licensure, and training, to provide initial treatment to a person experiencing a medical emergency. The on-site or on-call physician could provide initial treatment directly or provide medical oversight and direction to other staff. This requirement, taken together with other hospital regulatory requirements, suggests that a prudent hospital would evaluate the patient population the hospital routinely cares for in order to anticipate potential emergency care scenarios and develop the policies, procedures, and staffing that would enable it to provide safe and adequate initial treatment of an emergency.

- **Referral when Appropriate:** A hospital must have medical staff policies and procedures to address situations in which a person's emergency needs may exceed the hospital's capabilities. The policies and procedures should be designed to enable hospital staff members who respond to emergencies to: (a) recognize when a person requires a referral or transfer, and (b) assure appropriate handling of the transfer. This includes arrangement for appropriate transport of the patient. Further, in accordance with the Discharge Planning CoP at 42 CFR 482.43(d), the hospital must transfer patients to appropriate facilities, i.e., those with the appropriate capabilities to handle the patient's condition. The regulation also requires that necessary medical information be sent along with the patient being transferred. This enables the receiving hospital to treat the medical emergency more efficiently.
- **Patient Transportation and Emergency Medical Services (EMS)**

A hospital may arrange transportation of the referred patient by several methods, including using the hospital's own ambulance service, the receiving hospital's ambulance service, a contracted ambulance service, or, in extraordinary circumstances, alerting EMS via calling 9-1-1. There is no specific Medicare prohibition on a hospital with or without an emergency department calling 9-1-1 in order to obtain transport of a patient to another hospital. Use of 9-1-1 to obtain transport does not, however, relieve the hospital of its obligation to arrange for the patient's transfer to an appropriate facility and to provide the necessary medical information along with the patient.

**A hospital policy or practice that relies on calling 9-1-1 in order for EMS to substitute its emergency response capabilities for those the hospital is required to maintain, as described above, is not consistent with the Medicare CoPs. For example, a hospital may not rely upon 9-1-1 to provide appraisal and initial treatment of medical emergencies that occur at the hospital. Such policy or practice should be considered as condition-level non-compliance with the applicable CoP, 42 CFR 482.55 or 42 CFR 482.12(f).**

#### Survey Procedures §482.12(f)(2)

- Verify that the medical staff has adopted written policies and procedures for the management of medical emergencies.
- Review emergency care policies and procedures. Are they consistent with the expectations articulated above for appraisal, initial treatment, and referral? Do they address emergency procedures for all on-campus and off-campus locations?
- Interview hospital staff at various locations. Can they state their duties and what they are to do if an individual seeks or needs emergency care at their location?

**A-0094****(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)**

**§482.12(f)(3) If emergency services are provided at the hospital but are not provided at one or more off-campus departments of the hospital, the governing body of the hospital must assure that the medical staff has written policies and procedures in effect with respect to the off-campus department(s) for appraisal of emergencies and referral when appropriate.**

**Interpretive Guidelines §482.12(f)(3)**

This requirement applies to any off-campus hospital department/location that does not qualify as a dedicated emergency department in accordance with 42 CFR 489.24(b) and is part of a hospital that provides emergency services. Such departments/locations must have and must implement medical staff policies and procedures for the appraisal of emergencies and referral when appropriate.

- **Appraisal of Persons with Emergencies:** A hospital must have medical staff policies and procedures for conducting appraisals of persons with emergencies at off-campus departments/locations that are not dedicated emergency departments. The policies and procedures must ensure that clinical personnel -- who are qualified, through a combination of education, licensure, and training, to conduct an assessment that enables them to recognize the fact that a person has a need for emergency care -- are available during all hours of operation at the off-campus department/location.
- **Referral when Appropriate:** A hospital must have medical staff policies and procedures to address situations in which a person's emergency needs may exceed the capabilities of the off-campus departments/locations that are not dedicated emergency departments. The policies and procedures should be designed to enable staff members at such locations to: (a) recognize when a person requires a referral or transfer, and (b) assure appropriate handling of the transfer. This includes arrangement for appropriate transport of the patient along with the transfer of the patient's medical information so that the receiving hospital may treat the medical emergency more efficiently.

- Initial Treatment:** Although there is no specific regulatory requirement for such off-campus departments or locations to provide initial treatment of emergencies, nevertheless they are expected to provide treatment and stabilization consistent with the complexity of services, the type and qualifications of clinical staff, and the resources available at that location. This expectation is based on the requirements of the Outpatient Services CoP that hospital outpatient services meet the needs of the patients in accordance with acceptable standards of practice, outpatient services must be appropriately organized and integrated with inpatient services, and outpatient services must have appropriate professional and nonprofessional personnel available. For example, an off-campus cardiac rehabilitation clinic would be expected to have the appropriate qualified staff, equipment (such as a crash cart), and policies and procedures in place to appropriately provide appraisal, initial interventions, and referral of a patient who experiences a cardiac emergency.
- A hospital policy or practice that relies on calling 9-1-1 in order for EMS to substitute its emergency response capabilities for those the hospital is required to maintain at its off-campus departments/locations, as described above, is not consistent with the Medicare CoPs. However, given the more limited emergency capabilities that may be present in some off-campus departments or locations, calling 9-1-1 to respond to an emergency might be appropriate.

See the hospital emergency services CoP (42 CFR 482.55) for the emergency requirements for the hospital's locations that provide emergency services.

### Survey Procedures §482.12(f)(3)

- Review emergency care policies and procedures. Determine if they address emergency procedures for all off-campus locations.
- Interview off-campus hospital department staff. Can they state their duties and what they are to do if an individual seeks emergency care?