

# Health Law: Quality & Liability

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EMTALA: Enforcement  
with OIG CMP

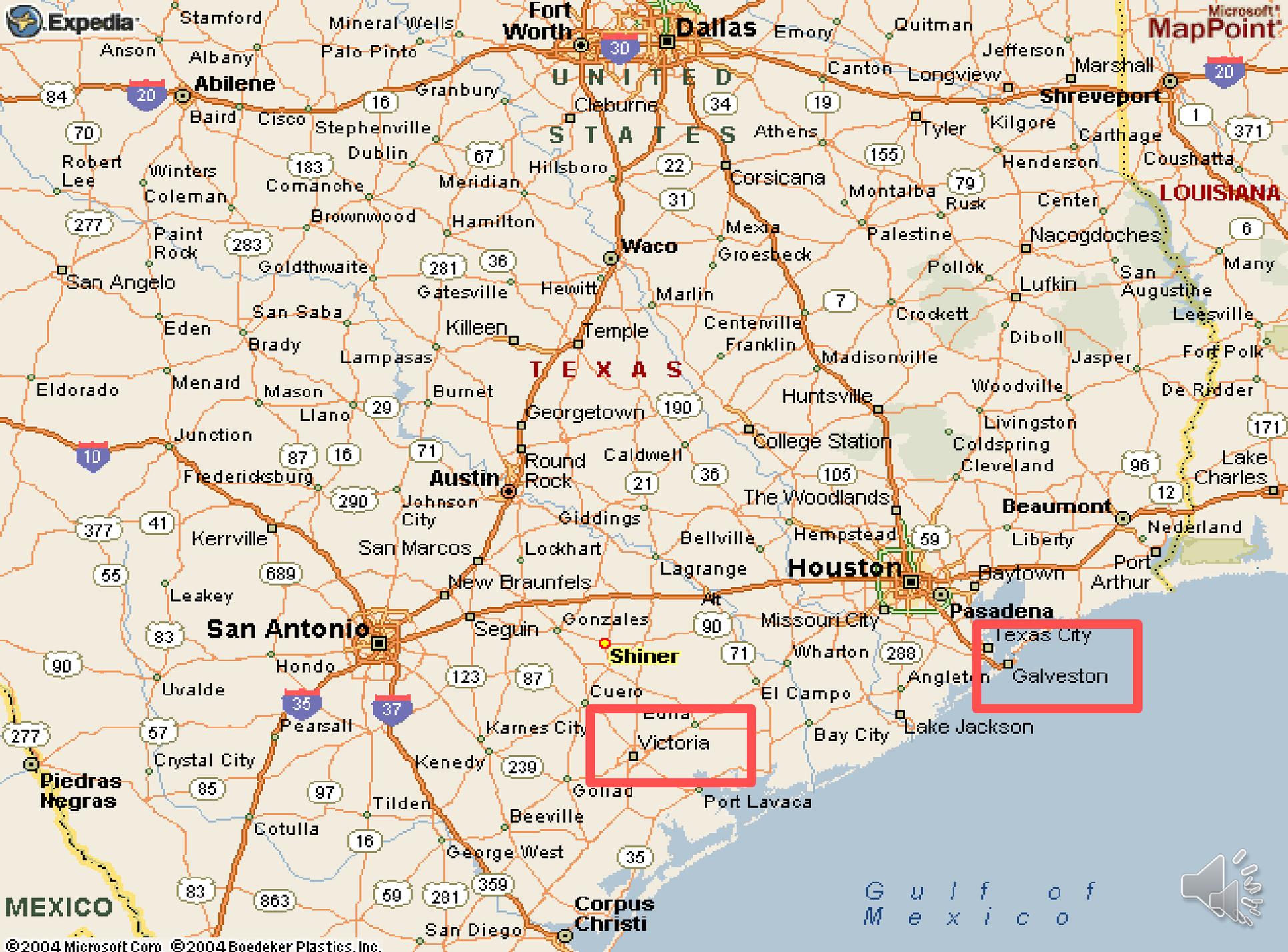


**Burditt**

**v.**

**DHHS**





UNITED STATES  
TEXAS







## **Office of the Inspector General**

Note the enforcing party

Note the date of the underlying facts

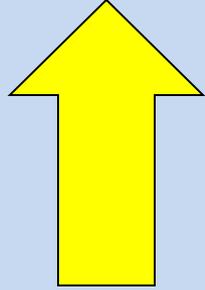


CMS - 500 EMTALA complaints on average per year, and investigated the vast majority.

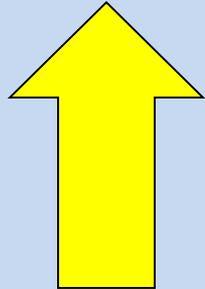
Of those complaints investigated, on average, approximately 40% resulted in hospitals being cited for EMTALA deficiencies.



**CTA**



**DAB**



**ALJ**



Patient arrive at hospital

Not already inpatient, outpatient

Screen for EMC?

Screened in standard way for presented symptoms?

EMC identified?

EMC stabilized?

Transferred per certification?



# Problems



You are ER doc

30-year old female comes to ER for suture removal

You evaluate patient

Wound healing normally, no infection

Not suffering from emergency condition

You refer patient to primary care physician for the suture removal



Man approaches  
registration area of your  
hospital and asks  
directions to Regions  
Hospital. You give him  
directions and he leaves.



30yo uninsured woman come to ED, complaining of difficulty swallowing and breathing because of throat swelling. CT scan found abscess at base of tongue encroaching on airway. ENT surgeon called but refused to see Pt b/c uninsured.



Hospital failed to diagnose a child's bacterial infection in the emergency room and discharged child. Patient can establish with expert witnesses that hospital has a low proficiency in accurately diagnosing patient's illness.



You are ER physician at U-Minn.

You get a call from Red Wing Hosp. They want to transport 55 year-old male with chest pain.

Red Wing did EKG and blood work

But does not have cardiologist on staff

You deny, suggesting patient be admitted to Red Wing for observation.



Brendan arrives at the Michigan State Hospital ER. His injuries require specialized intensive care resources. Brendan is admitted to the Hospital. Eleven days later, the attending determines that due to the course of his treatment, while not stabilized, Brendan should be discharged. Brendan is discharged.



Hospital screened Ron and found that he was presently suffering from several medical problems, though none of were such that the absence of immediate medical attention would result in placing his health in serious medical jeopardy. Hospital discharged Ron without addressing any of the medical problems of which he was loudly complaining.





Your hospital ambulance arrives at MVA scene. Individual requests transport to nearest hospital. Ambulance crew examines and determines no need for transport.



May you ask for  
co-pay **prior** to  
MSE?



Ambulance shows up.

ED very busy.

Paramedic sees busy.

Says will take Pt to other H  
across street.

Charge nurse agrees.



Non-citizen collapses  
500 feet away from  
entrance to Hospital

EMTALA duty?



Hospital on **diversion**.

Ambulance shows up  
anyway.

Can H send patient  
away?



# Walmart



No insurance  
No Medicaid



# DERMATOLOGY

SOUTHWEST SKIN & CANCER

Insurance or  
Pay up front







→  
**EMERGENCY**

- Emergency Patient Parking
- ↑ Main Entrance
- Physician Parking

Medical Center

EMERGENCY

