

**UNIVERSITY OF CALIFORNIA, DAVIS
AUDIT AND MANAGEMENT ADVISORY SERVICES**

**UC Davis Health
Emergency Department
Audit & Management Advisory Services Project #19-14**

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**Emergency Department
AMAS Project #19-14**

MANAGEMENT SUMMARY

Background

As part of the fiscal year (FY) 2019 audit plan, Audit and Management Advisory Services (AMAS) performed a review of the UC Davis Medical Center Emergency Department (ED).

The ED at UC Davis Health provides level-1 adult and pediatric trauma care for more than 33 of California's 58 counties, caring for and servicing over 80,000 patients each year. The ED also houses the Pediatric Emergency Department, which features the only level-1 pediatric trauma center in inland Northern California. The ED has a team of physicians, nurses, residents, and a total of 26 specialists of every medical and surgical specialty to treat critically ill and injured adults and children.

The Emergency Medical Treatment and Labor Act (EMTALA), also known as the anti-dumping law, is a federal law that requires hospitals participating in Medicare to provide medical screening examinations and stabilize any patient presenting to the emergency department, regardless of the patient's insurance status or ability to pay. The Centers for Medicare & Medicaid Services (CMS) has administrative enforcement powers with regard to EMTALA violations and will investigate complaints according to its State Operations Manual, Appendix V, Interpretive Guidelines, and Responsibilities of Medicare Participating Hospitals in Emergency Cases (Operations Manual). The penalties for violating EMTALA may include termination of its Medicare provider agreement and/or the imposition of civil monetary penalties, which can be imposed against hospitals or individual physicians.

Purpose and Scope

The purpose of this audit was to determine the adequacy and effectiveness of processes and internal controls to assure adherence to EMTALA regulations. As part of the review, select audit procedures from the CMS State Operations Manual were replicated.

The specific areas reviewed include UC Davis Health policies and procedures and EMTALA case law. Procedures performed as part of the review included interviews and walkthroughs of the emergency department with key personnel within the ED and associated units. In addition, limited analysis was performed on patient data obtained through the Epic Electronic Medical Record (EMR).

The timeframe under review was FY 2019.

Conclusion

The ED treats more than 80,000 patients a year, with a continuous rotation of physicians, residents, nurses, medical staff, and administrative staff. Through the audit, we verified that ED management has worked diligently to implement operational processes that help to ensure compliance with EMTALA regulations and document accurate and complete information of patient visits. However, given the number of patients and staff as well as the fast-paced environment of the emergency department and the various conditions that patients may present with, it is nearly impossible to document encounters according to a uniform schema.

Based on the work performed, we recommend some improvements that would further strengthen regulatory compliance with EMTALA. These recommendations, to be discussed in the Observations section below, include:

- Increasing EMTALA signage in more patient frequented areas
- Reviewing periodic EMR reports on patient data

Observations, Recommendations, and Management Corrective Actions

A. EMTALA Signage

The ED has insufficient signage informing patients about their rights under EMTALA and the posted signs are not in locations likely to be noticed by all individuals entering the emergency department.

EMTALA requires emergency departments to post signs informing patients of their rights under EMTALA. The signs must be available in languages that are understandable by the population served by the hospital. In the ED, EMTALA signage was only identified in two instances. Two signs, one in English and one in Spanish, were located along the back wall of the waiting area, where it would not be readily noticed by all individuals entering the emergency department. The second instance only had one sign in English posted in the hallway facing the triage command center, away from the ambulatory entrance. As most patients entering through that entrance are in ambulance cots, they are not free to move about the area to examine signs and so would also not readily notice the signage.

Under EMTALA, Medicare hospitals must post signs in places likely to be noticed by all individuals entering the emergency department, such as the entrance, admitting area, waiting room, and treatment area. The ED has also incorporated this requirement into UC Davis Health Policies and Procedures 1101. This lack of EMTALA signage poses a compliance risk. With insufficient signage, patients entering the emergency department would not notice or have the opportunity to read the signs.

Recommendation

The ED should post additional signs in areas likely to be noticed by all individuals entering the emergency department in languages that are understandable by the main populations served by the hospital.

Management Corrective Actions

- 1) By December 1, 2019, the ED will post additional signs in areas more visible to patients. The ED will also relocate the sign by the ambulance entrance so that it can be more easily read.
- 2) By December 1, 2019, the ED will periodically review and determine the languages spoken by the populations served by the hospital and update signs appropriately.

B. Periodic EMR Reports

An EMR report indicating duration of time to various services is not currently being generated. This report should be generated periodically for the ED to use in evaluating its workflow and processes for efficiency and compliance with EMTALA.

Under EMTALA, all patients presenting to an emergency department must be afforded a medical screening exam (MSE) to determine the presence of an emergency medical condition. In the current ED workflow, there is no formal procedure to document the start of the MSE. Rather, the triage assessment begins at the patient's arrival with a rapid visual assessment (RVA). Depending on the patient's symptoms and the availability of beds, the patient will be called to the treatment area for a full assessment and reassessments until the patient is placed in a bed or discharged. Each individual interaction with the patient is documented in the EMR. It would be impossible to set a target time to MSE due to the numerous factors that can affect a patient's medical treatment. A determination of EMTALA violation is also highly fact specific and not determined by a set duration.

Instead, due to the variation in medical treatment between patients and the lack of a formally identified MSE event, an EMR report analyzing patient data may be more helpful to the ED. Data about duration of time between arrival and triage assessment, amount of time to be placed in a treatment bed, or other similar analyses would help the ED in evaluating its processes and efficiency without needing to review every patient encounter. With this report, the ED will be able to determine the average time between patient interactions and use the data as a guide to improving processes.

Recommendation

The ED should work with IT to develop a report of the ED's process data that will be generated periodically. The report should contain data analysis that will inform the review of ED processes.

Management Corrective Action

- 1) By December 1, 2019, the ED will request for IT to generate periodic reports. The reports will be reviewed to evaluate the efficacy of existing procedures and processes on time to MSE.
