EMTALA: Uninsured Psych Patient Was Not A Victim Of "Patient Dumping," County Hospital Not Liable For His Suicide After Discharge.

The patient's brother-in-law persuaded him to go to the E.R. at a private psychiatric facility after neighbors intervened to stop an apparent suicide attempt by carbon monoxide poisoning.

Although the patient voluntarily asked to be admitted, the facility formally initiated an involuntary hold. After 72 hours it was determined he was gravely disabled by a major depressive disorder and needed long-term treatment in a secure setting.

The private facility got the OK from a staff psychiatrist at the county public hospital to transfer him there by ambulance.

County Hospital's Emergency Screening Fulfilled EMTALA Requirements

Any patient arriving by ambulance at the county public hospital was considered a fresh emergency case.

The patient was assessed at length by an experienced psych nurse, a therapist and a staff psychiatrist. Their consensus was that he was not gravely disabled, was not suicidal, was not a danger to self or others and did not meet the legal criteria for or need involuntary psychiatric treatment.

He was discharged in the care of a family member. A few days later he shot himself in a motel room.

Three months after the patient's death the county hospital's chief psychiatrist circulated an email to all personnel that the hospital was changing its practices.

The hospital was no longer going to be the "admission hospital of choice for those with no insurance. Adults with no insurance should be referred to other hospitals unless [there was a] clinical reason to admit [to the hospital] or there are no beds at any of the contracted hospitals."

No matter how questionable that was in light of the spirit or the letter of the US Emergency Medical Treatment and Active Labor Act (EMTALA), there is no proof it impacted the screening and care that this patient received months earlier in the county hospital's E.R.

CALIFORNIA COURT OF APPEAL
July 29, 2009

The California Court of Appeal applauded the thoroughness with which the patient was assessed at the county hospital.

For a hospital to be liable under the US Emergency Medical Treatment and Active Labor Act (EMTALA) there must be evidence that the patient's emergency medical screening was less adequate than that given to other patients presenting with the same signs and symptoms. 20/20 hindsight is not the legal standard.

Insurance Information

It is not illegal *per se* for personnel in an emergency room to inquire or to make notes in the chart about a patient's insurance status. That information was not gathered in the exam done by the county hospital's psych nurse, the first person who saw him, but was apparently transcribed into the chart by an admissions clerk from the copy of the patient's private hospital chart that came with him in the ambulance.

Federal regulations state that a hospital may not *delay* providing an appropriate medical screening examination in order to inquire about a patient's insurance status or method of payment.

This patient's care was not affected in any way by his lack of insurance. He got the same medical screening examination as any other similar patient, the court ruled, until the interdisciplinary team discharged him under a legitimate belief held at the time that he did not need further care. **Jace v. Contra Costa County, 2009 WL 2248472 (Cal. App., July 29, 2009).**