



COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES

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Policy & Procedure Title:		Conditions of Admission – Emergency and Non-Emergency Services	
Category:	300-399 Operation Policy	Policy No.:	314.4
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PURPOSE:

To define a process for the Department of Health Services facilities to follow when completing a conditions of admission form for non-emergency and emergency medical care.

DEFINITION(S):

Conditions of Admission (COA) Form – A form used to document the patient’s consent to hospitalization and routine services, and to document financial responsibility for payment of hospital charges for services rendered. This is sometimes referred to as the “General Consent”. This Policy includes separate COA forms for patients seeking non-emergency services (i.e., the COA forms) and patients seeking Emergency Services and Care (i.e., the EMTCOA) forms.

Emergency Services and Care – Medical screening, examination, and evaluation by a physician and surgeon, or, to the extent permitted by applicable law, by other appropriate licensed persons under the supervision of a physician and surgeon, to determine if an emergency medical condition or active labor exists and, if it does, the care, treatment, and surgery if within the scope of that person's license, necessary to relieve or eliminate the emergency medical condition, within the capability of the facility. With respect to active labor, this includes delivery of the child (including the placenta). Emergency services and care also means an additional screening, examination, and evaluation by a physician, or other personnel to the extent permitted by applicable law, and within the scope of their license and clinical privileges, to determine if a psychiatric emergency medical condition exists, and the care and treatment necessary to relieve or eliminate the psychiatric emergency medical condition, within the capability of the facility.

The mission of the Los Angeles County Department of Health Services is to advance the health of our patients and our communities by providing extraordinary care.

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Emergency Medical Condition – A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in any of the following: (1) placing the patient’s health (or with respect to a pregnant patient, the health of the patient or the unborn child) in serious jeopardy; (2) serious impairment to bodily functions; or (3) serious dysfunction of any bodily organ or part. Also includes:

- “Active Labor” – Labor at a time when: (1) there is inadequate time to effect a safe transfer to another hospital prior to delivery; or (2) transfer may pose a threat to the health or safety of the patient or the unborn child.
- “Psychiatric Emergency Medical Condition” – A mental disorder that manifests itself by acute symptoms of sufficient severity that it renders the patient as being either: (1) an immediate danger to himself or herself or to others; or (2) immediately unable to provide for, or utilize, food, shelter, or clothing, due to the mental disorder.

POLICY:

All medical care provided at Department of Health Services facilities must be accompanied by the appropriate conditions of admission form, executed by the patient or the patient’s legal representative. This policy applies to all facilities.

The COA and EMTCOA have been translated into all required threshold languages, as defined by the California Department of Health Care Services (DHCS) and should be presented to the patient in their preferred language. If the COA/EMTCOA are not available in the patient’s preferred language, an interpreter resource (phone, video, in-person) will be provided to interpret the content of the document prior to signing. In most cases, this should be signed electronically. In cases where a patient is unable to sign, (e.g., due to physical limitations), consent may be obtained verbally after the patient has read the consent or the consent has been read to the patient.

If a paper copy is taken, the date and time on the form should always be the date and time the COA/EMTCOA was signed, and it should be scanned into the patient’s medical record. Upon request, give a copy of the form to the person who signed the form.

DHS will promptly revise its COA or EMTCOA whenever there is a material change to the documents.

A. Emergency Services: Completion of EMTCOA form (Exhibit I)

The Emergency Medical Treatment Conditions of Admission (“EMTCOA” form, Exhibit I) must be completed for every encounter during which a patient seeks Emergency Services and Care (as defined below), or Emergency Services and Care are sought for the patient, regardless of whether the care is provided in the emergency department or other location wherever the patient might be routed for medical screening examinations (e.g., labor and delivery unit).

Emergency Services and Care must be provided without first questioning the patient (or any other person) as to the patient's ability to pay for services. Accordingly, the EMTCOA form is divided into two parts, and each part should be executed at the appropriate time, as set forth below. Part I of the EMTCOA form is identical to the COA form, except it excludes all references to the patient's (or any other person's) ability to pay.

The patient, or patient's legal representative, should sign the electronic version of Part I of the EMTCOA form upon presenting for Emergency Services and Care, or as soon thereafter as possible, given the patient's condition. Signature may be obtained after the medical screening examination has been performed and stabilizing treatment is underway.

Hospitals may follow reasonable registration processes for individuals seeking Emergency Services and Care. The process of obtaining signature (s) on Part I of the EMTCOA form must not delay medical screening or treatment.

Part II of the EMTCOA form contains all provisions relating to the financial responsibility for payment of services. The patient, or patient's legal representative, should sign the electronic version of Part II of the EMTCOA form only after the Emergency Services and Care, if any, have been provided.

If the patient either refuses or is unable to sign, staff must document its good faith efforts and the reason for failure to obtain the patient or patient's legal representative's signature on the EMTCOA. A patient is not required to sign in order to receive Emergency Services and Care.

B. Non-Emergency Services: Completion of COA form (Exhibit II)

Inpatient Admissions (Elective)

The COA form must be completed for every non-emergency encounter for inpatient services. Upon admission, or as soon thereafter as possible, the patient's signature, or signature of the patient's legal representative, should be obtained on the electronic version of the COA form for each hospitalization. If the COA form is signed after admission, document why the patient was incapable of signing the form at the time of admission (e.g., patient was temporarily incapacitated at admission).

Outpatient Visit

A COA form must be completed for every non-emergency encounter for outpatient services, unless a current and executed COA form is in place. At the time of the outpatient visit, the patient's signature, or signature of the patient's legal representative, should be obtained on the electronic version of the COA form. The COA form for outpatient visits should be signed at least once every three (3) years and covers all DHS outpatient clinics and locations.

A new signature will be required for all patients seeking outpatient services if the COA is revised.

ATTACHMENTS/FORMS:

EXHIBITS: (Available in ORCHID and the Office of Patient Access Website)

- I. Conditions of Admission/Clinic Visit Form
- II. Emergency Medical Treatment Conditions of Admission Form

REFERENCE(S)/AUTHORITY:

CROSS REFERENCES:

DHS Policy Nos.:

314 - Informed Consent

314.1 - Providing Care to Minors With or Without Parent, Legal Guardian, or Qualified Adult's Consent for Care

361.2 - Notice of Privacy Practices

361.23 – Safeguards for Protected Health Information (PHI)

318 Non-English and Limited English Proficiency

318.001 - Translation of Written Materials

California Healthcare Association Consent Manual

California Health and Safety Code Sections 1250,1317, and 1317.1

Emergency Medical Treatment and Active Labor Act, 42 U.S.C. Section 1395dd

DHS Policy POLST (Physician Orders for Life Sustaining Treatment)