

QUALITY & LIABILITY – Fall 2016 Midterm Exam Scoring

SHORT ANSWER 1

Treatment relationship – Physician was treating patient.	1	
Duty – A reasonable patient would want to know that there was no need for all these interventions. These interventions exposed her to lost work, physical risks, and financial costs.	3	
Breach – Physician failed to disclose that these interventions were medically unnecessary.	1	
Injury – Patient has unclear physical injuries. That is a potential problem with informed consent. But she incurred co-pays, lost wages, and exposure to risks that might have lasting effects.	4	
Causation – Neither this patient nor any reasonable patient would undergo medical interventions with risks and costs, yet no countervailing benefit.	1	

SHORT ANSWER 2

ED: This hospital has an EMTALA duty only if it has an ED.	1	
Screening: Patient was on hospital property, thus hospital had a duty to screen. It did screen in a standard way, thus fulfilling its duty.	2	
EMC: While the patient was pregnant, the hospital determined that patient could be safely transferred before delivery. Pregnancy/labor is a time-defined EMC. This was not an EMC.	5	
Stabilization/Transfer: Since the hospital had no actual knowledge of an EMC, it had no further obligation under EMTALA. It could transfer patient (even if it was wrong about the delivery).	2	

SHORT ANSWER 3

Screening: Patient was on hospital property. Therefore, hospital had a duty to screen him. While hospital triaged patient, it did not screen him.	1	
Stabilization: Patient was triaged. So, hospital knew that he had an EMC. Hospital had a duty to stabilize the EMC. But it did not stabilize.	2	
Waiver: Patient may waive his rights under EMTALA and request a transfer.	3	
Discouragement: But hospital did not ensure that patient “knew” he had a right to be treated at this hospital even if he could not pay. The hospital also discussed payment before screening, though it is unclear whether this delayed the screening.	4	

SHORT ANSWER 4

Patient was transferred from the hospital ED to another department in the SAME HOSPITAL for either screening or stabilization. This is not a t’ransfer” addressed by EMTALA.	10	
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LONG ESSAY

Jack v. Maplewood Hosp.		
The screening was standard, so there was no screening violation.	3	
There was an EMC, so the transfer was pre-stabilization. This is potentially problematic.	2	
Hospital complied with the special rules for this type of transfer (risk/benefit certification, prior consent, appropriate transfer).	5	
Jack v. Edina Hosp.		
A duty to screen was triggered because Jack arrived at the hospital (even though erroneously).	2	
He probably still had the EMC. That was the basis for the transfer. Therefore, hospital had a duty to stabilize.	2	
Hospital admitted for purposes of stabilization. This fulfills the hospital’s duty to stabilize.	5	
Transfer to St. Paul was after admission and thus EMTALA did not apply.	5	
CMS v. Edina Hospital		
Edina received an un-stabilized patient transferred from another hospital without previous consent. Edina should have reported this violation.	5	
Jack v. St. Paul Hosp.		
There are no facts suggesting any EMTALA violation.	0	
Mom v. Maplewood Hosp.		
The screening was standard, so there was no screening violation even though the screening was diagnostically inaccurate.	3	
No EMC was identified, so there was no stabilization duty (or violation).	3	