



Department of Emergency Medicine Rules and Regulations

I. Purpose and Duties

- 1.1 The purpose of the Emergency Department is to assure adequate appraisal and initial treatment and/or advice to patients with an illness or injury who present to the Emergency Room. This medical care must meet general standards of other departments in the Hospital and the surrounding community. This includes:
 - 1.1-1 To assure that efficient, courteous, and professional service is provided to persons who present themselves for treatment, advice, or directions. To assure that immediate treatment for the critically ill or injured is provided.
 - 1.1-2 To formulate a plan for providing emergency care programs at the Hospital which are consistent with community need and based on the capability of the Hospital.
 - 1.1-3 To insure that continuing education programs shall be provided for personnel of the Hospital, compliant with professional standards and those set up by regulatory agencies.
 - 1.1-4 To be responsible for formulation of rules and regulations and review of policies and procedures of the Hospital's emergency services.
 - 1.1-5 To coordinate professional activities for the Emergency Department including the call system in coordination with individual Medical Staff Departments.
 - 1.1-6 To consider applications for Emergency Department physicians and make recommendations to the Credentials Committee on appointments and reappointments.
 - 1.1-7 To conduct a monthly review of Emergency Department medical records for accuracy of documentation and quality of medical care, to include all deaths occurring within 24 hours of admission to the emergency service.
 - 1.1-8 To maintain a continuing review of the professional performance of all practitioners within the service.

II. The Emergency Department Physician Staff and Allied Health Professional Staff (AHP)

- 2.1 The Emergency Services Physicians' Staff shall consist of physicians who provide medical services in the Emergency Room on a contractual basis. They shall:
 - 2.1-1 Be appointed to the Medical Staff and abide by the Bylaws and the Rules and Regulations as all other members of the Medical Staff. Proctoring will be done on ten significant cases by a minimum of two Active Emergency Room physicians in the contracted group to evaluate treatment by the physician being proctored. Reports of proctoring will be placed in the physician's credentials file.
 - 2.1-2 Be under the jurisdiction of the Emergency Department and Credentials committees for appointment, reappointment, and review of clinical performance.
 - A. Be scheduled by the Chair or his or her designee.
 - B. Complete specified orientation as determined by the Chair, prior to start of first shift.

- 2.1-3 Have no admitting privileges and, thus, shall not admit nor consult nor treat inpatients, unless in an emergency as defined by the Medical Staff Bylaws.
- 2.1-4 The ER physician must be:
 - A. Board Certified in Emergency Medicine; or
 - B. Have equivalent training and experience in Emergency Medicine; and
 - C. Also maintain ACLS and PALS if not Board Certified.
- 2.1-5 AHP staff must maintain current and valid ACLS and PALS certification.
- 2.1-6 Supervise the emergency services rendered in the Emergency Room during their shift.

III. Function of the Emergency Department Staff

- 3.1 All patients entering the Emergency Room are to receive, within a reasonable period of time, a medical screening examination within the capability of the Emergency Service Department to determine whether or not an emergency medical condition exists. Physicians and other authorized personnel (Physician Assistant, Nurse Practitioner) are authorized to perform the Medical Screening Examination (MSE) initiation, and must determine whether the patient has a medical condition of sufficient severity (including severe pain, psychiatric disturbances, and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in:
 - 3.1-1 Placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy); or
 - 3.1-2 Serious impairment of any bodily functions; or
 - 3.1-3 Serious dysfunction of any bodily organ or part; or
 - 3.1-4 With respect to a pregnant woman who is having contractions that there is inadequate time to effect a safe transfer to another hospital before delivery; or transfer may pose a threat to the health or safety of the woman or the unborn child.
 - A. In the case where it is determined that the patient has an emergency medical condition as outlined above, the patient will receive, within the capabilities of the staff and facilities available at the Medical Center, necessary examination and treatment as required to stabilize the medical condition.
 - B. In the case where it is determined that the patient does not have an emergency medical condition, required follow-up medical treatment will be initiated and/or arrangements will be made to transfer the patient to an appropriate facility.
- 3.2 All patients presenting to the Emergency Room, including triage patients, shall have vital signs taken and recoded.

- 3.3 The patient's or legal guardian's signature must be obtained before the treatment is rendered except in emergency cases.
- 3.4 No patient may be admitted on a physician's service without the physician's prior knowledge and acceptance of the patient.
- 3.5 The Emergency Department physician must refer any patient who does not have a private physician to the physician on call.
- 3.6 For consultation, or transfer to another service, the admitting physician shall give prime consideration to the specialist on call during that period. However, the admitting physician may choose another specialty physician.
- 3.7 An appropriate medical record will be maintained on every patient admitted. Their Emergency Room record will become part of their inpatient medical record.
- 3.8 The administration and medical policies, and actual performance in the Emergency Room and overall supervision of emergency services shall be under the direction of the Chair of the Emergency Department.
- 3.9 When it is determined a patient's condition is sufficiently stable to permit transfer, arrangements may be made for the patient to be admitted or transferred to an appropriate facility (refer to the Hospital's Emergency Room Transfer Protocol).

IV. Emergency Room On Call Panel

- 4.1 In order to be considered as an ER on call physician, the staff member must submit a written request to the Medical Staff Office, who will forward to Administration for approval. The physician must meet his or her Department's ER on call panel requirements if applicable. Such physicians, once accepted, will be subject to periodic review and reconfirmation of their function and availability by their Department.
- 4.2 The ER on call schedule will be maintained in the Medical Staff Office for the purpose of admitting to the Hospital for future care any patient who does not have a physician, and the schedule will be made available.
- 4.3 Once the ER on call physician arrives at the Hospital to see the patient, he or she assumes responsibility for all subsequent treatment rendered to the patient and/or the disposition of the patient.
- 4.4 The rotation schedule of the ER on call Panel will be made by, and maintained by, the Medical Staff Office. If the physician on-call is not available for an emergency, the appropriate Department Chair or the President of the Medical Staff will be contacted for further disposition.
- 4.5 Removal from the Panel will be for cause, subject to review by Administration and approval by the Medical Executive Committee.
- 4.6 Qualifications of the ED on call physicians are determined by each Department.
- 4.7 It is understood that problems with certain specialties covering may occur because of lack of availability of specialists. Departmental qualifications may be waived, if necessary, to render appropriate emergency care.

- 4.8 If a physician will not be available during the period indication on the on-call schedule, he or she should immediately notify the Medical Staff Office and the Emergency Room. He should provide the name of an acceptable alternate physician from the ER On Call Panel.
- 4.9 All physicians on call in the Emergency Room are expected to treat all patients who require immediate care or hospitalization or care regardless of financial status.
- 4.10 When necessary, exceptions to the above may be granted by Administration.