## ARTICLE VIII

## EMERGENCY DEPARTMENT

8.1 Emergency Department Physicians

(a) Credentialing of the Medical Director:

(1) The Director must be a Medical Staff Appointee, must be board certified in emergency medicine and have at least three (3) years experience in a Level I or II Emergency Department.

(2) The Director will have the authority and responsibility for implementing established policies and for providing overall direction of the Emergency Department.

(3) The Director will be accountable to the administration and to the Medical Staff.

(4) The Associate Director will assume responsibilities in the absence of the Director. The Associate Director will also have board certification and have at least three (3) years experience in a Level II Emergency Department.

(b) Emergency Physicians - In-house Responsibilities.

(1) No Admitting Privileges.

(a) Emergency Department Physicians will have no admitting privileges unless the Physician is a member of another clinical department of the Hospital with such admitting privileges granted by that department.

(b) All admissions from the Emergency Department will be to an attending Practitioner with such privileges. An "on call" roster shall list the appropriate Practitioner to accept unattached patients.

(c) Placement on the Observation Unit does not constitute an inpatient admission.

(2) Inpatient treatments.

(a) An Emergency Department Physician will respond to Code Blue calls, as requested by the contracted Hospitalist service, and manage the Code unless the patient's attending Practitioner physically takes management control.

(b) Emergency Department Physicians may be asked to pronounce ~~a~~ death.

(c) Emergency Department Physicians may be consulted by an attending Practitioner to treat an inpatient deemed to be in extremis.

Privileges granted to the Emergency Room physicians shall also be consistent with those outlined in any current agreement between Atrium Medical Center and the contracted group which are incorporated here by reference.

**8.2 General Medical Staff**

(a) Privileges in the Emergency Department.

(1) General medical staff privileges are limited to those practitioners with privileges at the Hospital unless otherwise specifically granted according to Medical Staff By Laws.

(2) Privileges in the Emergency Department will be limited to those privileges granted to the specific Practitioner by his Department and to the limitations of the Emergency Department.

(b) "On call" responsibility.

(1) All Active Medical Staff are obligated to take "on call" responsibilities in the Emergency Department, except as defined below.

(a) Practitioners who are sixty-two (62) years of age or older who may wish to reduce their practice activity.

(b) Practitioners who are unable because of illness to perform the duties of Emergency Room may be relieved of “on call” responsibilities in the Emergency Department. In order to meet the requirements for this subsection (b), the Practitioner shall be required to submit documentation from a Physician substantiating and defining his or her limitation(s) or otherwise present documentation as required by the Credentials Committee or MEC. Requests made pursuant to this subsection (b) must be based upon reasons justifying the

Practitioner's inability to take Emergency Room call.

(c) Practitioners whose specialty has been contracted for call coverage for that specialty with the Hospital and a specified group or individuals.

(2) A daily call roster shall be submitted by the various sections. General medical problems will be referred to the internist or family practitioner on call for admission or office follow-up. General surgical problems will be referred to the "general surgeon" on call. Specialty medical and surgical problems will be referred to the appropriate specialty Practitioner on call for admission or follow-up. A daily roster will be posted for the following:

| | | |
|---|---|---|
| Pediatrics | Urology | Gastroenterology |
| General Medical | ENT | Nephrology |
| General Surgery | Ophthalmology | Neurology |
| Anesthesia | Orthopedics | Thoracic |
| Cardiology | OB/GYN | Trauma |
| Psychiatry | Dental | |
| Pulmonary | Podiatry | |

(3) The Practitioner on call is obligated to care for any unattached patient who is determined to need inpatient Hospital care. Those patients in need of outpatient follow-up care will be given the opportunity to follow up with the Practitioner on-call, Physicians Referral Service or the Middletown Community Health Center.

(4) A determination as to whether the on-call physician must physically assess the patient in the emergency department is the decision of the treating emergency physician in consultation with the on-call physician. His or her ability and medical knowledge of managing that particular medical condition will determine whether the on-call physician must come to the emergency department.

(5) The Practitioner on daily call is to be available for consultation within approximately thirty (30) minutes or shall have another Practitioner designated to accept such responsibilities. Should the "on call" Practitioner become unavailable, the following steps will be taken to assure care for all patients.

(a) The Chair of the Department will be contacted to arrange for care for the patient. Failing this:

(b) The President of the Medical Staff will be asked to intervene.

## 8.3 Emergency Department Rules

(a) Physician examination of patients.

(1) Every patient who arrives at the Emergency Department seeking medical care will be seen by a Practitioner (the patient's personal Practitioner or an Emergency Department Physician, or an Emergency Room Physician Assistant or Emergency Room Nurse Practitioner). Reference AMC Patient Care Services Policy #146, EMTALA and Transfers.

(2) As a general practice, the Emergency Practitioner will treat the patient unless the patient or the patient's family requests the patient's personal Practitioner. Any patient may request to be examined by his personal Practitioner. This request will be honored except in the following cases in which the Emergency Department Physician will treat the patient:

(a) In cases where the personal Practitioner is not available for verbal communication within twenty (20) minutes and is not able to physically attend the patient within thirty (30) minutes of being notified.

(b) Cases of true emergencies.

(b) Telephone orders. (See section on Medical Records in these Rules and Regulations for additional requirements.)

(1) Phone orders will be accepted by an authorized registered nurse in the Department.

(2) Phone orders will be accepted only if the private Practitioner is to see the patient in the Hospital.

(3) Phone orders will not supersede those of the Emergency Department Physicians.

(c) Follow-up care.

(1) Those patients in need of outpatient follow up care will be given the opportunity to follow up with the Practitioner on-call, Physicians Referral Service, the Middletown Community Health Center or private Practitioner of record.

(2) Follow-up care of minor trauma (e.g. suture removal, burn dressing changes) may be referred back to the Emergency Department.

(3) Whenever indicated, specific after care instructions shall be given to the Emergency Department patient and/or his family, in writing, and such instructions shall also be included in the patient Emergency Department record.

(d) Transfers.

(1) Transfers from the Emergency Department must abide by the Hospital EMTALA and Transfers Policy and federal COBRA (anti-dumping) laws.

**8.4 Quality Assurance**

There is a Q.A. plan for the Emergency Department. All Emergency Department Physicians will participate and become subject to the Plan.

**8.5 Emergency Department Restrictions**

(a) The following procedures shall not be performed in the Emergency Department:

(1) Any procedure requiring flammable, general or major regional anesthesia.

(2) D & C's.

(3) Major I & D's that may contaminate the Department.

(4) Major tendon repair.

Adopted by the Medical Staff on 10/17/90
Approved by the Board of Trustees on 12/13/90
Revisions to Section 8.2 approved by the Board of Trustees on 2/25/93
Revision to Section 8.2 approved by the Board of Trustees on 12/16/93
Revision to Section 8.2(b)(4) approved by the Board of Trustees on 10/18/96
Deletion of former Section 8.1 and revisions to Article 8 adopted by Medical Staff 9/30/99
Approved by Board of Trustees on 10/28/99
Addition of Section 8.1(c) approved by MEC 2/8/00 and Board of Trustees on 2/24/00
Revision to Section 8.2(b)(2) and 8.2(b)(4) approved by MEC 3/4/03 and Board of Trustees 4/24/03
Revisions to Sections 8.1(b)(2-a), 8.2(b)(1-c addition), 8.2.(b)(3), 8.3(c)(1) recommended by MEC 8/2/05 and approved by Board of Directors 8/17/05
Resolution to adopt facility name change approved 12/9/07

Revisions to Section 8.1(b)(2)(a), 8.2(b)(2)&(4), Section 8.3(a)(1)&(d)(1) approved by MEC 6/14/11; approved by Board of Directors 6/16/11
Revision to Section 8.2(b) podiatry requested by MEC 9/12/12; approved by Board of Directors 10/17/12