

## DEPARTMENT OF EMERGENCY MEDICINE RULES AND REGULATIONS

### I. NAME

Department of Emergency Medicine

### II. PURPOSE/VISION

The Department of Emergency Medicine is committed to providing state-of-the-art, high quality, timely, multi-disciplinary emergency care for the entire service community in a compassionate, humanistic patient-centered environment.

### III. MEMBERSHIP/REQUIREMENTS

#### A. Inclusion

1. To qualify for Active membership, a physician shall be residency trained, board certified or board admissible in Emergency Medicine. Members of the department who are board certified by the American Board of General Internal Medicine or American Osteopathic Board of General Internal Medicine on or before July 1, 1997, are waived from this requirement. All active members of the department will be required to become board certified in accordance with the Medical Staff Bylaws of Lehigh Valley Hospital. Failure to maintain board certification will result in automatic resignation of Medical Staff membership not entitling practitioner to a fair hearing and appellate review. All active physicians must demonstrate a strong commitment to the practice of Emergency Medicine and be well versed in all lifesaving techniques as noted in the Delineation of Department Privileges. All members shall meet requirements for active medical staff membership of the Medical Staff.

#### B. Continuing Medical Education

1. Members are required to obtain Continuing Medical Education credits as established by their respective specialty board or the American College of Emergency Physicians, and the State Board of Medicine.

#### C. Privileges

1. New members shall be granted provisional privileges for a minimum period of twelve (12) months and shall be monitored by other board certified members of the department. (This proctoring shall be in accordance with departmental proctoring policy, and written recommendation for change from provisional status shall be made by the Chair of the Department to the Credentials Committee.)

2. All members must demonstrate competence in the performance of emergency procedures and must maintain this competence through peer review.
3. The clinical privileges may be modified when there is any cause to have a special review based on written documentation of concerns regarding performance. These written concerns regarding performance may emanate from other emergency physicians or medical staff members and shall be brought to the attention of the Chair, Department of Emergency Medicine and/or the President of the Medical Staff for consideration of corrective action according to Medical Staff Bylaws.

D. Expectations

1. Active privileges shall permit the physician to exercise independent clinical judgement in initiating diagnostic and emergency treatment measures on patients entering the hospital as victims of trauma or suffering from a wide range of physical and mental illnesses encompassing the various organs and body systems. The measures employed may range from simple first aid of minor injuries, emergency management of any acute illness or injury, and life saving efforts, i.e., cardiopulmonary resuscitation. Where indicated, the physician may treat to a conclusion.
2. If, in the opinion of the Emergency Physician, continued treatment or admission is indicated, the Emergency Physician shall be expected to make every effort to contact the patient's private physician per departmental procedures. If the patient has no private physician or doesn't indicate any preference, the Emergency Physician shall be expected to refer the patient to an appropriate on call physician.

Privileges in the Department of Emergency Medicine do not include Admitting Privileges. Active members of the Department of Emergency Medicine shall not maintain an office for private practice.

3. All physicians in the Department shall be certified in Advanced Cardiac Life Support and/or Certified in Emergency Medicine. Certification in Advanced Trauma Life Support is required. Certification in Advanced Pediatric Life Support is required if not certified by ABEM or AOBEM.
4. All members will be expected to assist in the educational and administrative functions of this Department in a manner determined by the Chair.

E. Member Reappointment

1. Each member is re-appointed to the medical staff through recommendation of the chair of the department through the process described in the Medical Staff Bylaws.

F. Leadership Reappointment

1. The Chair of the Department is appointed by the Governing Bodies upon the recommendation of an ad hoc Search Committee appointed by the Governing Bodies, the Medical Executive Committee and the Chief Executive Officer.
2. The Vice Chair shall be appointed annually by the Governing Bodies upon recommendation of the Department Chair in consultation with members of the respective Department and approval of the Medical Executive Committee and Chief Executive Officer. He/she shall be a member of the Active Staff.

G. Leadership Expectations

Shall be delineated and will comply with current job description.

**IV. ORGANIZATION/LEADERSHIP 6** see attached Flow Chart

**V. DEPARTMENTAL MEETINGS**

- A. Business Meeting. Will be held monthly. Fifty per cent attendance is expected of all active members. Members who are working in the Emergency Department at the time of the meeting, will be excused. All Active members of the Department have voting privileges in the Department.
- B. Educational Meeting. Will be held monthly. Fifty per cent attendance is expected of all active members. Members who are working in the Emergency Department at the time of the meeting, will be excused.

## **VI. DEPARTMENTAL COMMITTEES MEMBERSHIP**

- A. Shall be appointed by the Chair as appropriate for conduct of Departmental Affairs. The Chair or designee will delineate a clear charge for all standing and Ad Hoc Committees.
- B. Departmental physicians who are active members of the Medical Staff will participate in appropriate committee activities of the Hospital and Medical Staff.

## **VII. RESEARCH**

- A. Any research projects should be done in accordance with the Medical Staff Bylaws and with the approval of the Institutional Review Board (IRB).

## **VIII. UTILIZATION OF THE EMERGENCY DEPARTMENT**

- A. By Patients
  - 1. Any patient desiring Emergency Department care will be evaluated and receive appropriate treatment in accordance with accepted clinical practice and in accordance with governmental regulations (EMTALA).
  - 2. An emergency record will be completed for every patient who presents for care at the Emergency Department.
  - 3. Medical information regarding symptoms or treatment will not be given to patients over the telephone. They will be directed to their personal physician or instructed to go to the nearest Emergency Department for diagnosis and treatment.
- B. By Emergency Physicians
  - 1. An emergency physician shall be on duty at all times.
  - 2. The emergency physician on duty and/or patient care coordinator (PCC) and/or charge nurse are responsible for seeing that the beds in the Emergency Department are properly utilized. The use of any treatment area will be under the control of the emergency physician on duty and/or patient care coordinator (PCC) and/or charge nurse.
  - 3. The emergency physician shall evaluate all patients presenting to the Emergency Department unless another Lehigh Valley Hospital attending has assumed care.

C. By Other Medical Staff

1. Only those physicians, dentists, and podiatrists on the Medical Staffs of the Lehigh Valley Hospital will be permitted to treat patients in the Emergency Department.
2. If a patient of a medical staff physician is in the Emergency Department and not evaluated in a timely manner (30 minutes) by his or her physician, the patient may be given the option to be evaluated by the emergency physician on duty.
3. The appropriate departmental Chair shall be notified by the physician on duty if any medical staff member is considered to be inappropriately utilizing the Emergency Department.
4. Only those tests needed for emergency diagnosis, or treatment, shall be done in the Emergency Department.

D. By Allied Health Professional

1. All physician extenders employed by staff physicians shall fulfill all requirements of the Medical Staff Bylaws and the Administrative Allied Health Professionals Policy of Lehigh Valley Hospital regarding Allied Health Professionals.

**IX. CONSULTATIONS AND REFERRALS OF PATIENTS TO MEDICAL STAFF**

A. The emergency physician may request consultation with another member of the medical staff for a patient in the Emergency Department.

B. The procedure for referral for emergency consultation shall be as follows:

First - the patient's request shall be honored

Second - the primary care physician may make a recommendation for referral

Third - the un-referred on-call list of specialists will be utilized.

C. The medical staff member on call on the un-referred list shall respond verbally to the request for consultation by the emergency physician within thirty (30) minutes after at least two (2) calls are made to the answering service fifteen (15) minutes apart. The on-call physician, once contacted, must make arrangements for the evaluation and care of the patient.

- D. If the emergency physician is unable to contact the on-call physician, the second call physician shall be requested after 30 minutes. If a second call physician is not listed or is unavailable, a call shall be placed to the Chief or Chair of the appropriate department or divisions of the on-call service.
- E. If an appropriate consultation cannot be obtained, the Chair of the Department of Emergency Medicine shall be notified for resolution of the problem.
- F. A resident in training may act as a representative of the on-call physician in a consultant role. However, the authority for final disposition of the patient rests with the emergency physician unless the private physician personally attends to the patient in the Emergency Department.
- G. The consultant shall provide a written consultation regarding his recommendation for treatment and disposition on the emergency record. If the consultant is a resident then there must be documentation of a conversation with the attending consultant. The attending consultant must review and co-sign the consult.
- H. In a life or limb threatening situation, an Emergency Physician may consult an appropriate medical staff member needed for patient care.

## **X. DISPOSITION OF PATIENTS FROM THE EMERGENCY DEPARTMENT**

- A. Transfers
  - 1. Transfer of patients shall be in compliance with the Hospital Transfer Policy and EMTALA.
  - 2. The attending physician must personally evaluate a patient in the Emergency Department prior to the transfer of the patient to another hospital.
  - 3. If transferring an unstable medical patient, the physician must certify that the benefits of transfer outweigh the risks and advise the patient so that informed consent or refusal is noted. If transferring a patient involuntarily committed to a psychiatric facility, then the transferring physician is responsible for completing the appropriate documentation (IE. 302 form)
- B. Discharge to Home
  - 1. Patients not requiring admission will be given written instructions regarding follow-up care with their primary care physician or consultant physician. The treating physician at the time of discharge is responsible for providing the patient written instructions.

C. Leaving Against Medical Advice (AMA) and Left Without Treatment (LWOT)

1. Patients leaving before complete evaluation should be asked to sign an AMA form which shall be attached to the Emergency chart. This form documents the physician explanation of the consequences of the AMA action.
2. Refusal to sign the AMA form shall be documented on the Emergency chart or the AMA form and witnessed.
3. Patients who leave the waiting room prior to treatment (LWOT) should have such information noted on the chart, and the reason if known, as to why the patient left, should be documented, timed, and signed.

D. Deaths in the Emergency Department or D.O.A.'s

1. The coroner shall be notified by the emergency department charge nurse, or designee.
2. The patient's physician will be notified by the Emergency Department.
3. The death certificate may be signed by the primary care physician, the emergency physician, or the attending physician.

## **XI. EMERGENCY MEDICAL RECORDS**

The emergency chart shall include all pertinent elements as defined by the Chair and all regulatory and governing authorities such as Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Emergency Medical Treatment and Active Labor Act (EMTALA), Centers for Medicare and Medicaid Services (MS) and Pennsylvania Department of Health (DOH).

## **XII. POLICIES AND PROCEDURES**

All departmental policies are reviewed annually by the Chairperson of the Department and the Director of Patient Care Services - Emergency Services.

### **XIII. RULES AND REGULATIONS REVIEW**

The Departmental rules and Regulations will be reviewed every year.

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Chair  
Department of Emergency Medicine

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President  
Medical Staff