

CARROLL HOSPITAL CENTER

DEPARTMENT OF EMERGENCY MEDICINE

Rules and Regulations

I. OBJECTIVE

Emergency Medicine encompasses the immediate decision making and action necessary to prevent death or further disability for patients in health crises. Emergency Medicine is practiced as patient demanded, broadly available, and continuously accessible care by physicians and physician assistants trained to engage in the recognition, stabilization, evaluation, treatment, and disposition of a patient's response to or the perception of acute illness and injury. The patient population is unrestricted, and presents with a full spectrum of episodic, undifferentiated, physical, and behavioral conditions. Emergency Medicine also encompasses the direction of patients to sources of continuing care, in or out of the hospital as may be required, and the management of Emergency Medical Service systems including medical responses to disasters.

II. PURPOSE

The Department of Emergency Medicine shall be composed of qualified emergency physicians, pediatricians and physician assistants who shall be responsible for providing the highest quality medical services to patients in the Emergency Department and for maintaining appropriate standards of medical care in these areas, for reviewing clinical activity, for recommending administrative policy relative to the Emergency Department, and for conducting the routine business affairs of the Department.

III. ORGANIZATION

The clinical department of Emergency Medicine shall be composed of the following sections:

1. The Department of Emergency Medicine Proper (Sections IV - IX, XII and XIII)
2. The Pediatric Emergency Medicine Section (Sections X and XI)

IV. QUALIFICATIONS FOR MEMBERSHIP

Individuals applying for membership in the Department of Emergency Medicine after January 1, 2008 shall be physicians licensed in the State of Maryland, and shall be:

1. Board Certified by the American Board of Emergency Medicine, or the American Osteopathic Board of Emergency Medicine, OR
2. Qualified to sit for a certifying examination by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine, and obtain certification status within three years of completion of training. Members who fail to maintain Board Certification will be subject to immediate discontinuation of privileges. Residency graduates from Emergency Medicine Residency Programs are eligible for privileges in the Department as of the time that they complete their Residency training.

3. Physicians seeking a waiver of the requirement for Board recertification shall submit, in writing, a request for a waiver to the Chief of Emergency Medicine. The Chief will review all pertinent information, including quality data, to determine the physician's competency.

The Chief of Emergency Medicine may recommend to the Credentials Committee, a waiver for a period of time, not to exceed three (3) years and may recommend terms and conditions of such waiver, or may recommend a denial of the request.

The Credentials Committee shall consider the request and recommendation of the Chief of Emergency Medicine and make a recommendation to the Medical Executive Committee for the disposition of the request to the Board of Directors which shall decide whether and upon what terms, the request might be granted.

Any physician holding a waiver will be subject to a Focused Professional Practice Evaluation (FPPE) on an ongoing basis.

Physician Assistants providing patient care in the Emergency Department or in the hospital must be certified by the National Commission on Certification of Physician Assistants.

Members of the Department who function as full-time physicians in the Emergency Department are eligible to become members of the Active Staff on recommendation of the Chief of the Department. New applicants for membership in the Department of Emergency Medicine must satisfy the requirements for the Active, Probationary or Contracted Medical Staff of Carroll Hospital Center. Contracted Staff membership is granted to these members who work less than two days per week on an average.

Qualifications for membership in the Pediatric Emergency Medicine Section are addressed in Section X.

V. DELINEATION OF PRIVILEGES

Applicants for membership in the Department of Emergency Medicine will submit with their application for staff privileges a list of the procedures the applicant expects to perform on the basis of the applicant's training and/or experience. The Chief of the Department of Emergency Medicine will review these procedures and make a recommendation to the Credentials Committee on which should be approved. The list of procedures of all members of the Department of Emergency Medicine will be updated on a bi-annual basis coinciding with their reappointment, and all additions will be reviewed by the Chief of the Department.

Active and Probationary Staff members shall have the right to vote at Departmental meetings, and shall enjoy the other voting privileges as stated in the Bylaws of the Medical Staff of Carroll Hospital Center.

Probationary Staff membership shall consist of initial appointees to the Medical Staff.

Probationary medical staff shall be eligible for advancement to membership on the Active Staff.

Each Probationary Staff member shall be evaluated by the Department Chief to determine his eligibility for advancement to another category of the Medical Staff. Appointments to the Probationary Medical Staff shall be for a period of one year.

Physician Assistants may by law provide patient care under the direct supervision of a physician. Physician Assistants who are licensed by the State of Maryland and Certified by the National Commission on Certification of Physician Assistants may provide specified services in the Emergency Department and within the hospital.

VI. QUALIFICATIONS, SELECTION AND TENURE OF THE LEADERSHIP OF THE DEPARTMENT OF EMERGENCY MEDICINE

The Chief shall be a licensed physician, Board Certified in Emergency Medicine, a member of the Active Staff, and qualified by training, experience, and demonstrated ability to hold the position of Chief.

The Chief shall be nominated by the Board of Directors of Emergency Medicine Associates, and be approved by the President & Chief Executive Officer of the Hospital, and the Board of Directors.

The Chief of the Department shall serve until such time as replaced by the mechanism outlined in the paragraph immediately above.

The Chief of the Department may, from time to time, appoint Vice Chief(s), who will serve at the pleasure of the Chief of the Department for as long as the Chief deems appropriate and/or necessary. A Vice Chief shall be a licensed physician, Board Certified in Emergency Medicine, and a member of the Medical Staff.

VII. FUNCTION OF THE DEPARTMENT LEADERSHIP

The Chief shall be accountable for all professional and administrative activities in the Department, and shall maintain continuing surveillance of the clinical performance of the members of the Department. The Chief shall have the authority to determine the Department's recommendations regarding appointments and reappointments to the Medical Staff, and delineations of clinical privileges for Departmental members.

The Chief shall be a member of the Executive Committee of the Medical Staff, providing recommendations and guidance on the overall medical policies of the hospital, and making specific recommendations and suggestions regarding the implementation of policies that relate to the Department of Emergency Medicine. He shall transmit Departmental recommendations to the Medical Executive Committee and Medical Executive Committee recommendations and rulings to the Department.

The Chief is responsible for enforcement of the Medical Staff Bylaws and the Rules and Regulations of the Department of Emergency Medicine within the Department.

The Chief has the responsibility to supervise the Emergency Medicine Pediatric Service and the Emergency Department Physician Assistant Staff.

A Vice Chief of the Department shall have the primary responsibility of providing the overall Quality Assurance/Improvement function within the Department, and shall provide direction relative to information relating to appropriate clinical indicators within the Department, and shall review and respond to all complaints.

A Vice Chief shall serve in place of the Chief of the Department, with all of his authority, in the absence of the Chief of the Department.

VIII. FUNCTION OF THE DEPARTMENT OF EMERGENCY MEDICINE

There shall be regularly scheduled meetings of the Department for the purposes of reviewing clinical activity, and conducting the routine business matters of the Department. An attendance record and accurate minutes of each meeting shall be kept and maintained by the Chief of the Department and the Medical Staff Office. The minutes of each meeting shall be signed by the presiding officer and copies thereof shall be submitted to the Active and Probationary Staff members of the Department for approval at the next meeting.

The date of the Department of Emergency Medicine meeting shall be noted on the physician work schedule posted in the Emergency Department. The agenda for the meeting shall include discussion and recommendations pertinent to the improvement of patient care and the professional activity within the Department.

The Chief may appoint, if necessary ad hoc committees to assist in carrying out the functions of the Department.

IX. QUALITY IMPROVEMENT FUNCTIONS WITHIN THE DEPARTMENT

The Department of Emergency Medicine shall be responsible for the quality of the care rendered by its members, in cooperation with the Organizational Performance Improvement Plan of the hospital and the medical staff peer review process as directed by the Medical Executive Committee.

Tracking and trending information will be routinely reviewed and discussed at the regular Departmental meeting and reported to other committees within the Medical Staff and Administration in accordance with the hospital's Performance Improvement Plan. The Vice Chief of the Department shall be responsible for following up on and obtaining information concerning issues brought to the Department's attention from patient or physician complaints, routine screening mechanisms, referrals from other Departments, or from the Office of Performance Improvement.

Performance Improvement items may be discussed at regular meetings of the Department of Emergency Medicine, or the Department may be called into Executive Session. The composition of an Executive Session shall be the Chief of the Department, the Vice Chief of the Department, and other members of the Department and Administration as may be appropriate. Additional support staff may attend by invitation of the Chief of the Department. Other members of the Medical Staff

may attend Executive Session meetings upon approval of the Chief of the Department. Participation in the Process shall be defined as:

1. Members will participate in the quality review process as requested by the Chief, a Vice Chief, President of the Medical Staff, President of the Hospital, or the Director of Performance Improvement.
2. Criteria for specific Department of Emergency Medicine reviews will be determined periodically as directed by the Medical Staff Quality process and submitted to the Medical Executive Committee.
3. Tracking and trending information will be reviewed regularly by the Chief and individual physicians as directed through the Medical Staff Quality process and
4. Individual data will be included in the data reported to the Medical Staff office for reappointment as required by that process.

X. QUALIFICATIONS FOR MEMBERSHIP IN THE PEDIATRIC EMERGENCY MEDICINE SECTION

1. Individuals applying for membership in the Pediatric Emergency Medicine Section of the Department of Emergency Medicine shall be physicians licensed in the State of Maryland, and shall be Board Certified by the American Board of Pediatrics.
2. New applicants for membership in the Department of Emergency Medicine must satisfy the requirements for the Active, Probationary or Contracted Medical Staff of Carroll Hospital Center. Contracted Staff membership is granted to those members who work less than two days per week, on average.
3. Graduates from accredited pediatric residency programs are eligible for privileges in the Department as of the time that they complete their residency training. Members of the Pediatric Emergency Medicine Section must obtain Board Certification within three (3) years of completion of training and thereafter must maintain current Board Certification or be subject to immediate discontinuation of privileges.

XI. RESPONSIBILITIES OF THE PEDIATRIC EMERGENCY MEDICINE SECTION

1. These pediatricians shall evaluate and provide treatment for patients consistent with their education, training and experience within the physical structure of the Emergency Department (or the Minor Emergency Response Center).
2. Members of the Department of Emergency Medicine/Pediatric Emergency Medicine Section shall be expected to consult with the appropriate consultant in all cases in which question exists regarding the appropriate diagnostic or therapeutic approach.

3. The Hospital's Pediatric Staff (the existing in-house service) shall assume the responsibility of the care of those pediatric patients who are admitted to the hospital, including the writing of admission orders.
4. The Department of Emergency Medicine/Pediatric Emergency Medicine Section does not have the responsibility to respond to in-house pediatric patients, or to labor and delivery, or to serve as the primary pediatric consultant in the treatment of any patient in the hospital.
5. Members of the Department of Emergency Medicine/Pediatric Emergency Medicine Section may not admit pediatric patients to the hospital on their own service or refer patients whom they evaluate and treat to their own offices for follow-up care, except in those cases where the patient is an already existing patient of their practice.

XII. GENERAL RULES REGARDING CARE OF PATIENTS IN THE EMERGENCY DEPARTMENT

1. Members of the Department of Emergency Medicine may undertake any procedure at any time which will save the life or limb of a patient if a physician in that specialty area in which the procedure is usually performed is not immediately available.
2. All patients who present themselves to the Emergency Department are eligible for evaluation and treatment in the Department. No patient will be refused evaluation based upon financial, religious, racial, socio-economic, or gender related reasons.
3. All persons requesting treatment in the Emergency Department shall be registered according to existing hospital policies and procedures, and have an Emergency Department Medical Record generated.
4. An appropriate consent for treatment must be obtained for all patients evaluated in the Department. Procedures that entail exceptional risks shall require a signed, witnessed consent form.
5. The order in which patients are evaluated and treated is determined both by the time of registration in the Department and the relative critical nature of their medical problem as judged by the emergency physician, the triage nurse or the charge nurse. Patients with "true emergencies" take precedence over all other patients in the Emergency Department and available nursing staff will be assigned to these patients on this basis.
6. Each patient will have a history and physical examination recorded on the Emergency Department medical record by the emergency physician, and on continuation sheets as appropriate. This information may be dictated.
7. Each provider in the ED should complete their medical records in accordance with hospital policy.

8. Emergency physicians will provide medical care to patients in the Emergency Department to the extent of his/her medical abilities, and will refer to or call a specialist when treatment required exceeds the emergency physician's medical capability, except as noted in Section 1 above.
9. From time to time, the Chief of the Department of Emergency Medicine shall formulate and promulgate "emergency standing orders," the function of which shall be to initiate and expedite the treatment of patients in the Emergency Department.
10. Patients who are actually evaluated by their admitting physicians (other than the emergency physician) while in the Emergency Department will have admitting orders written by those admitting physicians, or by members of the Medical/Surgical House Staff. Emergency physicians will not write admitting orders on patients admitted to the hospital.
11. Once patients are admitted to the hospital, and leave the physical confines of the Emergency Department, they become the clinical responsibility of the admitting physician.
12. Outpatients who are deemed mentally competent and wish to leave the Emergency Department will be requested to sign a specific release form ("Against Medical Advice" form). The form shall be dated and signed by the patient, signed by a witness, and appropriate counseling to the patient relative to risk shall be noted in writing by the emergency physician. Patients will be discharged with appropriate discharge medications, and will be referred to appropriate sources of follow-up care.
13. Under most circumstances, a patient shall be transferred to another facility only if the patient is in stable medical condition, and either the patient, or responsible family member, or legal guardian requests or consents to such a transfer. Transfers will not be done simply at the request of a private physician. Such transfers shall generally require that a higher level of care will be provided than can be provided at Carroll Hospital Center, or that a necessary diagnostic or therapeutic procedure cannot be performed at Carroll Hospital Center, or that the patient requests continuity of care. Such transfers shall only take place if the patient is referred to a specific physician at a specific institution, and the accepting physician's name must be noted on the patient's chart. In general, the expected benefit to the patient from treatment at another facility must outweigh the increased risk to the patient by effecting the transfer. Transfer will be only undertaken within requirements defined in existing hospital Policies and Procedures and by existing Federal law, and an appropriate Transfer Form must be completed.
14. Under very limited circumstances, patients may be referred back to the Emergency Department for follow-up care. These situations include minor wound checks, suture removal, or other minor medical problems that require the repeated observation of a specific patient by a physician who has recently treated the patient.

XIII. CHANGES/AMENDMENTS TO THE RULES AND REGULATIONS

These Rules and Regulations may be amended from time to time after submission of a proposed amendment in writing at any regular or special meeting of the Department of Emergency Medicine. To be adopted, an amendment shall require an affirmative vote of 51% of the voting members of the Department at its next regularly scheduled Departmental meeting. The Chief and the Vice Chief(s) of the Department must be present at the meeting at which time such an amendment is discussed and subsequently voted upon. Amendments so approved shall be forwarded to the Medical Executive Committee for recommendation to the Board of Directors. Such amendments shall be deemed effective when approval by the Board of Directors, and shall initially be added to these Rules and Regulations as amendments, and subsequently incorporated into further revisions of this document.

APPROVED BY:



TIMOTHY HSU, M.D.

Chief, Department of Emergency Medicine

Date: 5/20/14



SYED HOSAIN, M.D.

President, Medical Staff

Date: 5/20/2014



ETHAN SEIDEL

Chairman, Board of Directors

Date: 6/3/2014