

DEPARTMENT OF EMERGENCY MEDICINE

RULES & REGULATIONS

ARTICLE I - Name

The name of this clinical department shall be the "Department of Emergency Medicine" of the Medical Staff of Washington Adventist Hospital.

ARTICLE II - Purpose

The purpose of this clinical department shall be:

- II-1 To provide quality emergency medical care for patients at the Washington Adventist Hospital.
- II-2 To maintain standards of professional medical care for patients at Washington Adventist Hospital and to provide a means of education, representation, and organization for the Emergency Department physicians within the general medical staff.
- II-3 To provide a means whereby issues of a medical or administrative nature within the department or any of its subsections may be discussed by the department membership.
- II-4 To initiate and maintain rules and regulations for effective government of the department.
- II-5 To maintain an acceptable level of performance of all physician members through a comprehensive delineation of privileges and an on-going review and evaluation of the quality of patient care rendered by this department.

ARTICLE III - Membership

III-1 Obligations

- a. Physicians in the Department of Emergency Medicine must provide emergency care to the patients presenting at the Washington Adventist Hospital as stipulated in the Medical Staff Bylaws. First and foremost, it shall be incumbent upon the emergency physicians to act in the best interest of the patients. Second, the emergency physicians shall conduct themselves in such a way as to promote the best interest of the hospital.
- b. Physicians in the Department of Emergency Medicine must abide by the department

rules and regulations.

- c. Physicians in the Department of Emergency Medicine must accept and fulfill departmental assignments as defined by the Bylaws of the Medical Staff.
- d. Members of the Department of Emergency Medicine shall not engage in the private practice of Medicine at Washington Adventist Hospital, except within the department. He/she may not have admitting privileges at Washington Adventist Hospital. He/she may not self-refer patients from the Emergency Department.
- e. The Department of Emergency Medicine will be responsible for arranging its own schedule for 24 hour-a-day coverage, and will be responsible for staff augmentation to care for an increasing patient load.
- f. All physicians must obtain Advanced Cardiac Life Support (ACLS) certification as a condition of initial appointment to Medical and Dental Staff.
 - 1. A physician that is a Diplomate of American Board of Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine (AOBEM) and designated as a full-time physician is exempted from attaining Advanced Trauma Life Support (ATLS) Certification. Such short course certifications in the core content of emergency medicine , as ACLS, ATLS , Pediatric Advance Life Support (PALS) and the such, are optional for a physician in this category per recommended policy statement of American College of Emergency Physician on short course certification.
 - 2. a) A physician that is a Diplomate in Internal Medicine or Family Practice and is designated as a full-time physician is required to submit evidence of Advanced Trauma Life Support (ATLS) Certification as a condition of the initial appointment to the Medical and Dental Staff.
 - 3. A physician credentialed solely for house coverage is exempted from the Advanced Trauma Life Support requirement.
- g. The Department of Emergency Medicine shall not be responsible for the non-emergency physicians' on-call physician list.

III-2

Qualifications of Membership

The physician must be an Active Candidate or Diplomate of Emergency Medicine, Internal Medicine or Family Practice. If a Diplomate in Family Practice or Internal Medicine, the physician must have training and experience in emergency medicine or a related specialty sufficient to evaluate and initially manage and treat patients who seek emergency care. Physicians credentialed solely for house coverage will not require any prior emergency department experience, but must have at least three (3) months experience in critical care

medicine, ICU, CCU, etc.

Emergency Medicine: A physician who has achieved an Active Candidate Status with the American Board of Emergency Medicine or American Osteopathic Board of Emergency Medicine at the time his/her initial membership and clinical privileges are granted by the Board of Directors, will be allowed a period of five years to attain board certification in Emergency Medicine. Failure to attain board certification within five years membership and clinical privileges are granted by the Board of Directors shall result in the immediate expiration of membership and clinical privileges, regardless of the duration of the current term of appointment, without any due process rights to challenge the expiration on these grounds.

The practitioner may reapply following evidence of board certification.

Internal Medicine: A physician who has attained an Active Candidate Status with the American Board of Internal Medicine at the time his/her initial membership and clinical privileges are granted by the Board of Directors, must attain board certification within three (3) years. Failure to attain board certification within three years membership and clinical privileges are granted by the Board of Directors shall result in the immediate expiration of membership and clinical privileges, regardless of the duration of the current term of appointment, without any due process rights to challenge the expiration on these grounds.

The practitioner may reapply following evidence of board certification.

Family Practice: A physician who has attained an Active Candidate Status with the American Board of Family Practice at the time his/her initial membership and clinical privileges are granted by the Board of Directors, must attain board certification within three (3) years. Failure to attain board certification within three years membership and clinical privileges are granted by the Board of Directors shall result in the immediate expiration of membership and clinical privileges, regardless of the duration of the current term of appointment, without any due process rights to challenge the expiration on these grounds.

The practitioner may reapply following evidence of board certification.

III-3 Membership Appointment Procedure

The applicant must:

- a. Submit Application for Privileges
- b. Submit signed Delineation of Privileges
- c. Be interviewed by the department chairman
- d. Be approved through standard Medical Staff procedures

EMERGENCY MEDICINE

Rules--4

- e. Meet, and continue to meet, the standards and requirements set forth in the Medical Staff Bylaws.

III-4 Reappointment Process

Members of the Department of Emergency Medicine must meet all the requirements of biennial reappointment as set forth in ARTICLE III, Section 6, of the Medical Staff Bylaws.

ARTICLE IV - Clinical Privileges

IV-1 Scope of Clinical Privileges

Appointment to the Department of Emergency Medicine shall confer on the appointee only such clinical privileges as have been recommended by the Medical Executive Committee and approved by the Board of Directors.

IV-2 Granting of Privileges

- a. Physicians requesting clinical privileges in the Department of Emergency Medicine shall so designate those privileges on the appropriate Delineation of Privileges form.
- b. Granting of privileges shall be based on the following criteria:
 - 1. Education and training
 - 2. Except for that mentioned in III-2, experience should be left to the discretion of the departmental chairman. Postgraduate critical care experience, up to a maximum of three (3) months, will be counted towards the six (6) months prerequisite.
 - 3. Demonstrated competency, i.e., the applicant, after fulfilling all of the required papers, may, with the permission of the Medical Staff or its designates, and the chairman of the Department of Emergency Medicine and his or her designates, work two (2) shifts of at least 6 hours each to demonstrate competency in the art of Emergency Medicine.
 - 4. References as required by the general Medical Staff.

IV-3 Granting of Additional Privileges

- a. Additional privileges may be requested by written application to the department chairman stating the privileges desired, relevant training and experience, and a resume of pertinent cases.

- b. Granting of additional privileges must follow standard Medical Staff procedure and be recommended by the Chair of the Department of Emergency Medicine and the Credentials Committee, with ratification by the Medical Executive Committee and the Board of Directors.

ARTICLE V - Affiliate Staff**V Physicians' Assistants**

The Department of Emergency Medicine at Washington Adventist Hospital shall incorporate into the professional staff mid-level practitioners of the healing arts to evaluate and treat patients whose care is provided by the members of the Department of Emergency Medicine. These Physician Assistants will carry out their duties as described below under the direct supervision of the attending Emergency Department physicians who are ultimately responsible for the medical care rendered to those patients. Supervision implies that the Physician Assistants communicate to the attending Emergency Department physician any patient history, physical examination, laboratory results, x-ray finding, treatment, disposition plan as well as any other act pertinent to the patient's care. Unless unusual circumstances dictate otherwise, the supervising physician shall be the attending Emergency Department physician.

V-1 Qualifications

- a. Must fulfill the Maryland Board of Physician Quality Assurance regulations governing Physicians' Assistants:
 - 1. current state license;
 - 2. current NCCPA certification or recertification;
 - 3. approval of job functions by the Board of Physician Quality Assurance;
- b. Current Advanced Cardiac Life Support (ACLS) certification and recertification every two years;
- c. Documentation of at least three (3) months recent experience in Emergency Medicine or equivalent experience as judged by the chairman of the Department of Emergency Medicine.

V-2 Membership Appointment/Reappointment Procedure

- a. Must apply as do other members of the Medical and Dental Staff;
- b. Must be credentialed in accordance with the standards and requirements set forth in the Medical and Dental Staff Bylaws.

V-3 Clinical Skills

EMERGENCY MEDICINE

Rules--6

The physician assistant may perform selected diagnostic and therapeutic tasks and functions in the Emergency Department under the responsibility and supervision of the attending Emergency Department physician. The functions are enumerated and described as follows:

- a. May take a complete, detailed and accurate history, perform a complete physical examination when appropriate (excluding endoscopic examinations), and order appropriate tests and therapies. All histories and physicals and orders must be countersigned by the attending Emergency Department physician within 12 hours.
- b. May perform and/or assist in the function of the following routine laboratory and screening techniques.
 1. Drawing of blood and routine examinations of the blood
 2. Bladder catheterization and routine urinalysis
 3. Nasogastric intubation and gastric lavage
 4. Collection and examination of stool
 5. Obtaining cultures
 6. Performance and reading of skin tests
 7. EKG tracings
 8. Lumbar puncture
- c. May perform and / or assist in the following therapeutic functions.
 1. Intravenous starts
 2. Subcutaneous and intramuscular injections
 3. Immunizations
 4. Care of superficial wounds and burns
 5. Removal of foreign bodies from the skin
 6. Repair of superficial wounds
 7. Removal of sutures / staples
 8. Removal of impacted cerumen
 9. Anterior nasal packing for epistaxis
 10. Strapping and splinting of sprains and for simple non-displaced fractures
 11. Removal of casts
 12. Application of traction
 13. Incision and drainage of superficial skin infection
 14. Spinal immobilization
 15. Nail trephination and debridement
 16. Advanced Cardiac Life Support/defibrillation
- d. Physicians' Assistants should be able to:
 1. Recognize and evaluate situations which call for immediate attention of the attending Emergency Department physician and institute, when necessary, treatment procedures essential for the life of the patient, including cardiopulmonary resuscitation, in accordance with the approved clinical skills.

EMERGENCY MEDICINE

Rules--7

2. Assist the attending Emergency Department physician in the hospital setting, arranging hospital admissions under the immediate direction of the attending Emergency Department physician, transcribing and/or executing specific orders at the direction of the attending Emergency Department physician by compiling and recording detailed narrative case summaries, and by completing forms pertinent to the patient's medical record.
3. Assist the attending Emergency Department physician in providing services to patients and to the appropriate health facilities, agencies and resources of the community.
4. Instruct and counsel patients regarding matters pertaining to their physical and mental health such as diets, social habits, family planning, normal growth and development, aging and understanding of management of their illness.

V-4 Supervision

The term "attending Emergency Department physician" shall mean the Emergency Department physician attending the patient.

V-5 Restrictions and Exclusions

- a. No physician assistant shall perform the initial evaluation of a patient who presents to the Emergency Department with a life threatening illness or injury when such illness or injury can be identified immediately upon the patient's initial presentation to the Emergency Department.
- b. Physicians' assistants may not repair tendon lacerations.
- c. Physicians' assistants must wear an identification badge stating their status.

V-6 Continuous Quality Improvement (CQI)

- a. Physicians' assistants actively participate in the Quality Improvement efforts of the Emergency Department and Washington Adventist Hospital, including but not limited to:
 1. CQI Team participation
 2. Emergency Department CQI studies
 3. Clinical pertinence review
 4. Emergency Department record review
 5. Patient care review
- b. Responsibilities for CQI participation and reporting shall be to the Chairman, Department of Emergency Medicine and the physician liaison for Continuous Quality Improvement for the Department of Emergency Medicine.

ARTICLE VI - Officers & Duties

VI-1 Officers of the Department are:

- a. Chairman of the department
- b. Assistant chairman of the department

VI-2 Qualifications of Officers

- a. The chairman shall be a member of the Active Staff in good and regular standing. The department chairman must be approved by the Medical Executive Committee and the Board of Directors. The chairman of the department will also be the Director of the Emergency Department.
- b. The assistant chairman must be a full-time physician who has been a member of the staff in good and regular standing. The assistant chairman is nominated by the chairman of the department and must be elected by a majority vote of the full-time Emergency Department physicians.

VI-3 Duties of Officers

- a. The chairman of the department shall conduct meetings. The chairman shall keep accurate and complete minutes of all departmental meetings and be responsible for initiating and recording official correspondence of the Department of Emergency Medicine.
- b. The chairman of the department shall serve on the Executive Committee of the Medical Staff and on the Emergency Department Committee.
- c. The chairman shall recommend members of the department to Medical Staff and Hospital standing committees, and other special committees, as deemed necessary.
- d. The chairman of the department shall conduct a daily audit of the charts of all patients seen in the department.
- e. The assistant chairman of the department shall perform the above-listed duties in the absence of the chairman.

VI-4 Removal of Departmental Officers

The removal of departmental officers during their term of office is done in accordance with corporate decision and with approval of Hospital administration and the Active Medical Staff.

ARTICLE VII - Departmental Committees

EMERGENCY MEDICINE

Rules--9

VII-1 Departmental Supervisory Committee

- a. The departmental supervisory committee shall consist of all the full-time Emergency Department staff. All disciplinary matters shall be brought before the departmental supervisory committee for consideration and action.
- b. The duties of the supervisory committee shall be to supervise the functions of the department, consider disciplinary issues, receive suggestions from the staff, and investigate complaints made by the staff members or the Board of Directors.

ARTICLE VIII - Consultations and Referrals

VIII-1 Emergency physicians have the right and duty to call in consultants for matters beyond their scope of practice. Chiefs of the clinical departments will furnish the Emergency Department with monthly rosters of on-service physicians and surgeons. Patient referrals will be in accordance with the monthly roster, except that patients who have their own physician will be referred in accordance with their instructions, either written or verbal.

VIII-2 Consultations:

- a. Required Consultations: Except in emergency, consultation with another qualified physician is required in:
 - i. Procedures by which a known or suspected pregnancy may be interrupted.
 - ii. Cases in which according to the judgment of the physician:
 - a. The patient is not a good risk for operation or treatment.
 - b. The diagnosis is obscure.
 - c. There is doubt as to the best therapeutic measures to be utilized.
- b. Consultant: A consultant must be well qualified to give an opinion in the field in which his opinion is sought. The status of the consultant is determined by the Medical Staff on the basis of the individual's training, experience, and competence.
- c. Essentials of a Consultation: A satisfactory consultation includes examination of the patient and the record. A written opinion signed by the consultant must be included in the medical record. When operative procedures are involved, the consultation note, except in emergency, shall be recorded prior to operation.
- d. Responsibility of Requesting Consultation: The patient's physician is responsible for requesting consultations when indicated. It is the duty of the Medical Staff through its department chairmen and Executive Committee to make certain that members of the physician staff do not fail in the matter of calling consultations as needed.

EMERGENCY MEDICINE

Rules--10

VIII-3 Patient Care

Patients presenting themselves for care, or referred by their own physician, will in every case be seen by a physician, but with the following limitations:

- a. A diligent effort will be made to reach the patient's physician by phone, except in the cases where the physician has noted that some or all of his/her patients presenting to the Emergency Department can be seen and/or treated by the Emergency Department physician without contacting said patient's physician.
- b. The traditional right of any staff physician to treat his/her own patient in the Emergency Department will not be changed, except as noted below in VIII-3-d.
- c. Staff physicians may order treatment in writing or by telephone and in so doing retain responsibility for their patients, providing that they have first examined the patients. They may refer their patients for care by another member of the staff, including the Emergency Department physician, who then will accept the responsibility for diagnosis and treatment rendered in the department and will refer the patient back to his/her own physician for follow-up.
- d. Patients whose condition appears extremely urgent (Triage classification I) will be seen immediately by a physician. Patients whose conditions appears urgent (Triage classification II) will be seen by a physician (the Emergency Department physician if necessary) within 30 minutes. In other words, none of the above rules shall operate to delay immediate treatment when it is in the patient's best interest.

ARTICLE IX - Departmental Meetings

IX-1 Frequency of Meetings

The department shall meet at least quarterly. Special meetings may be called by the department chairman.

IX-2 Order of Business

- a. Call to Order
- b. Reading/approval of minutes of previous departmental meeting
- c. Communications
- d. Report of Committees

EMERGENCY MEDICINE

Rules--11

- e. Unfinished Business
- f. New Business
- g. Adjournment

IX-3 Presiding Officer

The chairman of the department shall preside at departmental meetings. The assistant chairman shall preside at any departmental meeting in the absence of the chairman or his/her designee.

IX-4 Purpose of Meeting

- a. To review and evaluate ongoing quality of patient care. A record shall be maintained that shall include resultant recommendations, conclusions, and actions instituted.
- b. To discuss administrative and ethical matters that relate to the welfare or operation of the department.
- c. To provide a means of education, representation, and organization for the specialists and subspecialists of Emergency Medicine within the Medical Staff structure.

IX-5 Quorum

A quorum is defined as those present and voting.

ARTICLE X - Rules of Order

Any parliamentary questions not specifically resolved by the provisions set forth in these rules and regulations shall be subject to Sturgis' Standard Code of Parliamentary Procedure, second edition.

ARTICLE XI - Amendments

The rules and regulations of the Department of Emergency Medicine may be amended or repealed at any regular meeting in which a quorum is present or at any special meeting on notice, by two-thirds of the vote of those voting members of the department present.

The rules and regulations of the Department of Emergency Medicine of Washington Adventist Hospital shall not conflict with the Bylaws of the Medical Staff of Washington Adventist Hospital in fact, purpose or intent.

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EMERGENCY MEDICINE

Rules--12

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