

**SHADY GROVE ADVENTIST HOSPITAL
RULES AND REGULATIONS
DEPARTMENT OF EMERGENCY MEDICINE**

I. PURPOSE

The Department of Emergency Medicine is organized for the purpose of securing the highest quality of medical care to the patients of Shady Grove Adventist Hospital's Emergency Department.

II. ORGANIZATION OF THE DEPARTMENT

In administrative matters, the Chair of the Department reports to the President of the Medical and Affiliate Staff. In clinical areas, each physician acts as an employee of Montgomery Emergency Physicians and a member of the medical staff.

A. Eligibility

1) Emergency Department:

Membership within the department implies recognition as a specialist in emergency medicine.

1. Board certification in emergency medicine by The American Board of Emergency Medicine
2. (ABEM).
3. Board certification in pediatric emergency medicine either by ABEM or American Academy of Pediatrics (AAP).
4. Board certification in Pediatrics with minimum of 2 years experience in pediatric emergency medicine.

Board Certification Requirements

Board Certification Status: Effective May 21, 2000, new MD, DO, DPM, and DMD/DDS (Oral Surgeons only) applicants to the medical and affiliate staff must be board certified or board admissible. Effective June 27, 2005, all MD, DO, DPM, and DMD/DDS (Oral Surgeons Only) applicants who completed their residency program after January 1, 1990 must be board certified or board admissible by the appropriate Board recognized by the American Board of Medical Specialties or by the American Board of Oral and Maxillofacial Surgery or by the American Board of Podiatric Surgery pertinent to their field of expertise and request for privileges. Effective August 30, 2006, the American Osteopathic Association Boards (AOA) are considered equivalent to the American Board of Medical Specialties (AMBS) Boards for the purposes of credentialing and are accepted for membership and privileges. In the case of new applicants who are graduates from residency/fellowship programs and are board admissible, board certifications must be achieved within 5 years of completion of their residency/fellowship. Failure to achieve certification within the 5-year grace period will result in automatic termination of medical staff membership and clinical privileges at reappointment anniversary.

2) Minor Illness and Treatment Unit:

1. Board certification in a primary care specialty
2. Board prepared or certified in emergency medicine

3) Physician Assistants/Nurse Practitioners:

1. Maryland license and approved job description,
2. Certification of Physician Assistants by national board
3. Certification of Nurse Practitioners by completion of advanced nursing degree

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B. SELECTION OF MEMBERS

Members are selected with duties and privileges defined according to The Bylaws of The Medical and Affiliate Staff of the Hospital.

The Medical Staff consists of the following divisions: Active, Provisional, Community, Courtesy, Consulting, and Emeritus Medical Staff.

C. DUTIES OF MEMBERS

The Active Staff members of The Department of Emergency Medicine are responsible for the welfare of all service patients entrusted to their care. They also have the responsibility for performing all departmental organizational and administrative duties pertaining to The Medical Staff. The Members of the Active Staff are entitled to vote at all such meetings, unless otherwise specified at any time by the Bylaws. Members of the Active Staff may hold elective offices in The Department of Medicine as well as on the Medical Staff.

The Provisional Staff members may be assigned to, but not chair Departmental Committees. The members of The Provisional Staff may not vote at the Departmental Meetings. They may serve on hospital committees.

The Courtesy Staff members are not eligible to vote, or hold office and are not required to attend meetings or serve on committees.

Members of the Community Staff shall consist of those physicians who are requesting medical staff membership with no delineated clinical privileges. They may not vote or hold elective office.

Members of the Consulting Medical Staff shall not vote, hold office or serve on committees.

Members of The Emeritus Medical Staff are eligible to vote, hold office, serve on The Medical Staff and Departmental Committees, and may have assigned duties if they so desire.

The above delineations are in consonance with the Bylaws. Article IV, Sections 1 through 6. They are to be superseded by any future amendments to The Bylaws. Attendance requirements are as specified in The Bylaws, Article XII, Section 5.

D. REFERRAL OF PATIENTS

Except in critically ill or unstable patients every effort will be made to identify a patient's PCP and/or subspecialty physicians and these physicians will be consulted to determine most appropriate disposition of a patient.

Unassigned Patients: patient have no PCP or subspecialist on staff are considered to be unassigned. The following rules will be followed for these patients.

Outpatient follow up : the On call list_a posted in ED will be utilized

- i) Consultation in ED or for admission to hospital:
 - (a) Medical: refer to Hospitalist service. If a medical subspecialist is needed that is not listed separately on the call board, eg cardiology, GI, infectious disease, then the hospitalist's rotation schedule should be used
 - (b) Non medical: refer to physician on the on call board
 - (c) Pediatric patients (18yo and under): pediatric hospitalist
 - (d) Chest Pain Center: unassigned patients admitted to the chest pain center will be referred to the contracted physician group.
The On Call list is the official list kept by the MSO and posted in the ED.

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E. BOARDER PATIENTS

Patients that have been admitted to the hospital and are waiting in the ED for an inpatient bed are the primary responsibility of the admitting physician.

F. APPOINTMENT

Appointment and Reappointment to the Department of Emergency Medicine and the Medical Staff In general are to be decided by Chair of the Department of Emergency Medicine, the Subsection Chairs as applicable, the Credentials Committee, and are to be operative as outlined in The Bylaws, Article V.

G. PROMOTION

In order to be promoted to or maintained on the active staff, each individual must have a minimum of 25 patient contacts per year.

H. OFFICERS

The officers of The Department of Emergency Medicine shall be elected annually by the members of The Active Staff of the Department in accordance with The Bylaws, Article X, and Section 3.

1. Chair

The Chair of the Department of Emergency Medicine shall be a member of The Active Staff, who is qualified by training, experience and demonstrated leadership ability for the position. The Chair is to be elected for a one-year term.

The duties of the chair are as follows:

Duties of the departmental chairs are those contained in ARTICLE X, Section 6, of the Medical Staff Bylaws. For a summary of responsibilities, see Emergency Department Policy and Procedures Manual.

In addition, he/she shall keep accurate and complete minutes of all departmental meetings and be responsible for initiating and recording official correspondence for the Department of Emergency Medicine.

2. Vice Chair

The Vice Chair shall be a member of the Active Staff. He/she will serve as alternate to the Chair of the Department of Emergency Medicine either when requested by the Chair or during absence of the Chair. He shall perform such duties as may be delegated to him/her by the Chair.

2. Secretary (if appointed/nominated)

The Secretary shall be a member of the Active Staff. He/she shall keep minutes of the Departmental Meetings, be responsible for initiating and recording official correspondence of the Department of Emergency Medicine, and will maintain an accounting of Departmental Funds. In addition, he shall perform such duties as may be delegated to him by the Chair.

3. ED Review Chair

The ED Review Chair shall be responsible for overall review of quality issues and direction of ED Review Committee.

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I. Removal of Officers from their Position

The Chair of the Department may be removed at any regular meeting at which a quorum is present or at any special meeting on notice, by a two-thirds vote of those active members of the Department present. Such removal shall become effective when approved by the Governing Body.

The presence of 50% of the total number of active members of the Department at any regular or special meeting shall constitute a quorum, for the purpose of removal of the Chair.

J. CME Requirements

Each member of the Department of Emergency Medicine fulfills the continuing medical education requirements as specified by the Maryland Board of Physician Quality Assurance and agrees to abide by Maryland State Law regarding Continuing Medical Education (CME) requirements.

K. Board Recertification:

Effective January 1, 2006, all new applicants who have completed residency in the year 2005 or after must comply with the re-certification requirements of their Board in their primary area of practice.

III. DEPARTMENTAL SUBSECTIONS

- A. The Department of Emergency Medicine may form subsections of subspecialties when deemed necessary by the department, Article X, Section 7.
- B. Formation of each subsection will be approved by vote of the Department of Emergency Medicine. Each subsection shall propose its own rules of governance, which shall be approved by the Department of Emergency Medicine and the Bylaws Committee.
- C. Each subsection will function in an advisory role to the Department of Emergency Medicine concerning subspecialty issues, i.e (special procedures, education, quality assurance, credentials).
- D. The members of each subsection shall consist of all Active members of the department whose credentials have been approved for subspecialty privileges.
- E. Meetings of all subspecialty subsections will be held on a needed basis or at the request of the Department Chair. When a meeting is held, minutes will be kept and read at the next full Departmental meeting. All subsection recommendations must be approved by Departmental vote.

IV. DEPARTMENTAL MEETINGS

- 1. The Department of Emergency Medicine shall hold regular bi-monthly meetings and be in accordance with the Medical Staff Bylaws, Article XIII, in the conduction of these meetings.
- 2 A. The agenda of all regular staff meetings shall be:
 - a) call to order ;
 - b) acceptance of minutes of regular and all special meetings;
 - c) old business;
 - d) new business;
 - e) review and analysis of clinical work of department, and;
 - f) adjournment.

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- B. Agenda of any special meeting shall be as described in the Medical Staff Bylaws, Article XII, 6b.
- C. Monthly meeting attendance is strongly encouraged for all members of the department.

V. COMMITTEES

All committee activity necessary for supervision of activities of members of the departments and for quality improvement purposes will be conducted by all members of the department as members of the committee, or by subcommittees appointed by all members.

1. Nominating Committee

This committee shall be formed as per Bylaws Article X; Section 3.

2. Quality Improvement

Peer reviews and monthly audits of the following areas are conducted every month:

- 1. Mortality/morbidity
- 2. Patients who leave against medical advice
- 3. Transfers
- 4. Random Chart Review
- 5. Thrombolytic Therapy (periodic)
- 6. Special Reviews (as necessary)
- 7. Return visits within 72 hours requiring admission

VI. PROCEDURE TO AMEND OR REPEAL THE RULES AND REGULATIONS OF THE DEPARTMENT OF EMERGENCY MEDICINE

The rules and regulations of the Department of Emergency Medicine may be amended or repealed at any regular meeting at which a quorum is present or at any special meeting on notice, by a vote of the majority of those active members of the department present. Such changes shall become effective when approved by the Governing Body.

The presence of 50% of the total number of active members of the department at any regular or special meeting shall constitute a quorum, for the purpose of amending or repealing the rules and regulations of the department.

These rules and regulations may be amended or repealed after submission of a proposal at any regular or special meeting of the department.

To be adopted, amendments and repeals shall require a two-thirds vote of the active members present and representing a quorum.

VII. CARE OF RELATIVES

As per the Medical Staff Rules and Regulations, no member of the Medical Staff shall serve as attending physician, perform procedures, or act as an official consultant for members of his or her immediate family at Shady Grove Adventist Hospital.

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VIII. ORIENTATION

Each new physician and physician extenders must receive and review our orientation packet and sign off as having done so. This orientation packet addresses the following areas:

1. Orientation to physical site plan of Emergency Department and hospital
2. Chart documentation
3. X-ray request forms and proper documentation
4. Referral patterns
5. On-call roster
6. EmSTAT
7. Dress code
8. Attitudes
9. Duties and responsibilities of mid level practitioners, nurses, techs and EMS personnel
10. Schedules—shifts
11. Informed Consent Forms
12. Voluntary and Involuntary Commitment
13. Thrombolytic Therapy
14. ED Review Committee

IX. DISCIPLINARY ACTION/DISMISSAL

Reasons for disciplinary action or dismissal are as follows:

1. Dereliction of duty
2. Signs of substance abuse while on duty

X. ANNUAL/BI-ANNUAL MEDICAL STAFF DUES

All medical staff members are required to pay annual/biannual medical staff dues (with the exception of Emeritus members). Please note there is no refund of medical staff dues.

Revised: 9/20/95; 11/10/99; 9/12/08 Board Approved: 5/10/01; 09/23/04; 3/28/07
Reviewed by Department Chair: 10/09/06; 9/12/08; 10/29/08