

HAYSMED

RULES and REGULATIONS Emergency Department

A. Participation in Emergency Department Specialty Coverage Program required:

All appointees on the active Medical-Dental Staff are required to participate in providing emergency and outpatient services to their patients, and to all other patients, as set forth in the Bylaws and Rules and Regulations.

Participation in the Emergency Department Unassigned Patient Call Schedule includes taking rotation in the call schedule for unassigned patients. If the patient has a local physician, the physician will be contacted at the discretion of the Emergency Department Physician.

B. Organization of Emergency Services:

There shall be a Director of Emergency Services, as contracted by the Hospital, or in the event that no such medico-administrative position is filled, a Chief of Service will be appointed by the Chief of Staff.

C. Schedule of Coverage for Emergency Department Specialty Program:

The Medical Staff Office shall be responsible for generating a binding call schedule consisting of all physicians and dentists on the active Medical-Dental Staff, for the purpose of providing Emergency Department and outpatient services to all patients seeking such services. The call schedule shall consist of an unassigned patient call schedule and appropriate specialty call schedules.

At the time each discharged patient is released from the Emergency Department, the name, office address and office phone number of the appropriate on-call physician will be provided to the patient as part of the dismissal instructions. It shall be the patient's responsibility to contact the on-call physician's office and arrange follow-up within the timeframe recommended in the discharge instructions. The on-call physician shall be responsible for providing follow-up care to each patient (assigned or unassigned) until the current problem is resolved or until the patient's care is transferred to another physician. In the event the patient has been dismissed from the on-call physician's practice, the on-call physician would be obligated to assist with making alternative arrangements for the patient.

The on-call physicians must provide in-person assistance and consultation when requested by the Emergency Department Physician, including assumption of care and appropriate disposition of the patient.

When an on-call physician is contacted by the Emergency Department and requested to respond, the physician must do so within a reasonable time period. Generally, response is expected within 30 minutes. The Emergency Department physician, in consultation with the on-call physician, shall determine whether the patient's condition requires the on-call physician to see the patient immediately. The determination of the Emergency Department physician shall be controlling in this regard.

Physician Assistants ("PAs") and Advanced Registered Nurse Practitioners ("APRNs") may be used to assist the on-call physician in responding to call. Any decision to use a PA or APRN should be made by the on-call physician, based on the individual's medical needs and the capabilities of HMC and must be consistent with hospital policies and/or protocols.

The EMTALA statute prohibits a hospital from denying or delaying the provision of an appropriate medical screening examination or further medical examination and treatment in order to inquire about the individual's method of payment or insurance status. (42 U.S.C Section 1395dd(h)). Medical staff members who are on call for the emergency room should not inquire about the individual's insurance status or ability to pay when they present for treatment in the emergency room. Hospital employees are instructed not to disclose to the on-call practitioner(s) any financial information pertaining to the presenting individual.

In the event the on-call physician refuses to come to the Emergency Department when requested, the Emergency Department physician will contact the Chief of Service or Department Chair of the Emergency Department or the Service/Department involved. Additional, appropriate contacts might include the Chief of the Medical Staff, the Hospital Chief Medical Officer, the Administrator on Call, or the Hospital Chief Executive Officer. Hospital Administration must be notified (if possible with consideration of the patient's condition) prior to transferring the patient and listing on the transfer form any physicians who failed to respond.

All physician requests for a change in assignment (removal from call schedule, or switch to/or from general medical or surgical to/or from specialty call schedules) shall be made to the Credentials Committee. Factors of privileges of the practitioner and availability of sufficient coverage of the Emergency Department shall be considered. The Credentials Committee shall make a report and recommendation to the Executive Committee. The Executive Committee shall render a final decision for a change in assignment of a physician to a particular call schedule.

D. Specialty Coverage:

If a specialty is represented by only one physician in the community, that physician will be called initially for those emergency services. In the event that the physician is unavailable the next most appropriate specialist, as determined by the Emergency Department will be contacted.

E. Emergency Services Patient Records:

A record shall be initiated and maintained for all patients receiving emergency services and shall include patient identification, consent to treat, pertinent history and finding, diagnosis, treatment, and disposition, including instruction for follow-up care. All physicians providing care are responsible for documenting care rendered and signing his/her documentation.

F. Transfers of Patients from the Emergency Department:

When the condition of the patient warrants transfer to another facility, or if transfer is requested by the patient, all provisions of the Emergency Medical Treatment and Active Labor Act regulations will be met.

G. Quality of Emergency Services Monitoring Program:

The Chairperson of the Emergency Department shall be responsible for monitoring the quality of the care provided in the department. Monitoring activities will be reported to the Performance Improvement Committee.

All problems and/or complaints from practitioners, hospital personnel, patients, and/or other facilities, shall be promptly reported to the Hospital's Risk Manager for further investigation and appropriate follow-up.

H. Mass Casualty Plan:

The plan for care of mass casualties, developed by a multidisciplinary committee shall be approved by the **Safety Committee** and the Board of Directors. This plan shall cover the provisions for basic utilities and supportive materials, the method of personnel notification, the chain of command, the allocation of space to specific functions, i.e. triage, etc., the method of transfer and follow-up care, description and use of disaster patient records, means of maintaining security and provision of a public relations center. This disaster plan shall be rehearsed twice yearly and each exercise followed by a critique.

I. In accordance with Medicare Regulations, hospitals must formally determine who is qualified to perform the initial medical screening examination. Hays Medical Center defines qualified persons as Doctors of Medicine or Doctors of Osteopathy. Registered nurses, assigned to the Obstetrical unit, may perform a screening exam as outlined in the Women's Center Policy #77, Determining Presence of Labor; and screen for pregnancy related problems after 20 weeks gestation.

Psychiatric Registered Nurses and Licensed Mental health practitioners with Allied Health Professional (AHP) privileges at HMC may perform a screening exam as outlined in the Nursing Crisis Screening Policy #C-34.

A medical screening examination may be performed by an Emergency Department physician, another physician, or a non-physician practitioner who is qualified and credentialed to conduct such examination ("qualified medical personnel").

- J.** Hays Medical Center recognizes its responsibility as a recipient hospital as defined by Medicare Regulations. As such, Hays Medical Center will not refuse to accept from a referring hospital, an appropriate transfer of an individual who requires the specialized capabilities or facilities of Hays Medical Center, which are not available at the rural facility. Hays Medical Center will accept any patient it has the capacity to treat.

In reference to paragraph J, Hays Medical Center supports the Emergency Department physicians providing telephone consultative services for rural in-network hospitals, allowing clarification of clinical care and potential transfer requirements.

- K.** Hays Medical Center recognizes that Advanced Practice Registered Nurse and Physician Assistants are health practitioners under Kansas law. Therefore, Hays Medical Center will accept patient transfers from rural facilities as requested by those individuals.

Approval:

MEC: 9/92, 9/95, 10/11/95, 3/97, 5/14/97, 5/98, 3/99, 7/00, 6/02, 8/02, 7/04, 11/04, 9/10/08; 3/30/09; 10/26/09; 11/11/09; 4/13/11; 3/14/12
Board: 11/23/09; 4/29/11; 3/26/12