HENDRICKS REGIONAL HEALTH
EMERGENCY MEDICINE RULES AND REGULATIONS

I. Scope of Service

The Emergency Department offers emergency care twenty-four hours a day with at least one physician experienced in emergency care on duty, and specialty consultation is available within approximately sixty minutes. Initial consultation through two-way voice communication is available. The hospital's scope of services includes:

A. Providing acute care for the critically ill and traumatically injured
B. Caring for patients with acute and chronic illnesses
C. Maintaining two-way communication with the EMS services
D. Follow-up care on selected patients
E. Providing EMS Medical direction
F. Providing examination rooms for "professional services" (courtesy) patients.

The Emergency Department is classified as a Level II Emergency Department.

II. Physician Coverage - Qualifications

Medical coverage of the Emergency Department shall be available twenty-four (24) hours a day.

Physicians who provide emergency services at the hospital shall be duly licensed to practice medicine in the State of Indiana, shall be a member of the Medical Staff of the hospital, shall have completed an ACGME residency, be Board Eligible or Board Certified in Emergency Medicine and shall meet and maintain requirements for active membership in the American College of Emergency Physicians (ACEP) or the American Academy of Emergency Medicine (AAEM**).** With prior consent of the Hospital, temporary physicians may be utilized to staff the Emergency Department and must be duly licensed to practice medicine in the State of Indiana, must be in at least their third post graduate year of residency, and must be ACLS certified. If the physician is a resident in an accredited Emergency Medicine residency program, they must provide either documentation of ACLS certification or a statement from their residency director certifying that they have demonstrated current clinical competency in ACLS skills. Any temporary physician who is not Board Certified or Board Eligible in Emergency Medicine may only be scheduled during hours of “double coverage” with a physician who is Board Certified or Board Eligible Emergency Physician.

All Emergency Department physicians shall be credentialed and have privileges delineated upon recommendation of the Medical Executive Committee and approved by the Board of Trustees.

Emergency physicians shall not have admitting privileges and relinquish the medical care responsibility to the admitting physician at the time of the patient's admission to the inpatient unit or upon evaluation by the admitting physician.

Note: Co-signature of the attending physician is required when collaborative admission orders are written by the Emergency Department physician.

Residents (Temporary Physicians) working on a moonlighting basis in the Emergency Department shall be required to have an Indiana CSR or Federal DEA license. Privileges to write prescriptions for controlled substances shall not be granted without an Indiana Controlled Substance Registration and Federal DEA license issued in the name of the resident (temporary) physician.

III. Call Coverage

A call list is maintained for consultants and for patients who have the need for continuing physician care on an inpatient basis.

IV. Triage

Patients are evaluated and are treated according to the need for emergency services by triage determination. Patients presenting for emergency services will receive a medical screening exam by a physician, Physician Assistant, Nurse Practitioner or nurse in a timely manner.

The Medical Screening Exam (MSE) may be completed by a Sexual Assault Nurse Examiner (SANE) on patients in the following circumstances presenting to the Emergency Department or DePauw University with Chief Complaint of sexual assault. The SANE nurse will have the emergency department physician immediately evaluate the any patient under the age of 18 years old or if the patient has any injuries noted or for other care outside the scope of practice of the Sexual Assault Nurse Examiner. Patients can be sent up to the Childbirth Center as deemed appropriate for evaluation by the appropriate credentialed staff member.

V. Standing Protocols

The Emergency Department utilizes standing protocols for most common categories of patients served. These are approved by the Emergency Medicine Physicians and the Emergency Department Medical Director

VI. Reportable Conditions

The Emergency Department will comply with state rules and regulations regarding reportable conditions.

VII. Consultations

The emergency physician shall examine, evaluate, and treat patients, requesting consultations and referring patients at his/her discretion.

VIII. Patients Requiring Transfer to Another Facility

A. Patient safety and stabilization is the primary consideration of the Emergency Department. No patient will be transferred to another facility until his or her medical condition is stabilized to a degree capable at this facility that allows for safety during transport.

B. The attending physician determines the disposition of the patient.

C. It is the policy of the Hendricks Regional Health Emergency Department to complete the "Authorization for Transfer" form on all patients transferred to another acute care facility to provide continuity of care for further medical needs.

Appropriate sections of the Authorization for Transfer form will be completed by the ED physician with the remaining sections completed by the unit clerk and nurse with the physician's direction.

Each section will be addressed and completed after the patient is stabilized and before the patient leaves the care of the Hendricks Regional Health Emergency Department.

A copy of this document should accompany the patient to the next facility with the original to be sent with the chart to medical records. Under no circumstances will transfer to another facility involve any consideration of the patient's resources to pay.

IX. Patient Medical Record

A. A complete record of each visit shall be made by hospital personnel to provide a permanent record containing the history, findings, treatment, and the disposition of each patient. The medical information shall be completed by the end of each shift and is the responsibility of the attending physician. Periodic reviews of these records shall be made by the Medical Director of the Emergency Department for purposes of reviewing, planning, and improving the Emergency Department.

X. EMS Responsibilities

All emergency medicine physicians share in the responsibility of furthering the development of the EMS providers and assist in training, development of policies and procedures, and evaluation of care through quality improvement.

Periodic reviews of these records shall be made by the Medical Director of the EMS and Designees for purposes of reviewing, planning, and improving the Emergency Department and EMS Care.

XI. Response to Code Blue Outside the Emergency Department (Danville & Brownsburg)

The Danville emergency physician will respond to an adult code blue outside the Emergency Department in order to render emergency care. only at the request of another physician. The attending physician will be notified in order to evaluate the patient, assume further care, and/or determine the need for a physician consult. The Brownsburg emergency physician will respond to an adult code blue outside the Emergency Department in order to render emergency care.

The emergency medicine physicians will be available to respond as needed to pediatric code blue anywhere within the hospital.

In the event the Emergency Department Physician is providing care to a critically injured or ill patient in the emergency department at the time a code blue is called in the hospital; the Emergency Medicine physician's responsibility lies with the emergency department patient. The code blue response team must be notified of unavailability of Emergency Department physician.

XII. Disaster Planning

Emergency physicians participate in development and review of internal and external disaster plans and recommend activation of the plan to hospital administration.

XIII. Role of the Medical Director

The physician director shall assume the following specific duties:

A. Assist in development of Emergency Department policies and procedures.

B. Develop, implement, and maintain the medical staff quality assurance program for Emergency Medicine

C. Investigate and resolve patient complaints regarding medical care rendered in the Emergency Department.

D. Maintain all accrediting and licensing standards.

E. Make recommendations concerning reappointment of physicians providing Emergency Services.

F. Serve on appointed medical staff and hospital committees.

G. Assist hospital in development of Emergency Department objectives.

H. Makes recommendations regarding capital equipment purchases for the Emergency Department.

I. Provides continuing education for physicians and hospital personnel.

J. Assist in evaluation of hospital staff providing emergency services.

XIV. Obstetrical Patients

When a maternal patient presents to the Emergency Department with a viable gestation (Pregnancy ≥23 weeks) with complaints that could be consistent with labor, the patient will be transferred to the Childbirth Center consistent with the CBC triage guidelines.

If the patient is <23weeks gestation or presents with a complaint inconsistent with labor, they will be evaluated and treated in the Emergency Department.

If the patient with viable gestation is medically unstable for immediate transfer to the CBC unit, fetal heart tones or fetal monitoring will be initiated in the ED until the transfer can occur. A vaginal exam may be performed during the initial assessment by the ED physician, physician assistant, or a registered nurse from the CBC unit to determine the status of the cervix. In the event the patient cannot be transferred expeditiously, and it is determined continuous fetal monitoring is indicated, CBC nurse will stay with the patient in Danville or monitor the patient remotely in Brownsburg. Nursing Administration may be notified for staffing adjustments.

When a maternal patient presents to the Emergency Department with a viable infant, post-delivery outside the hospital, both mother and baby will be assessed by the Emergency Department physician prior to transfer to the Childbirth Center with the following exception:

Both maternal patient and infant can be directly admitted to the Childbirth Center if the maternal patient's obstetrician is present in the hospital, not otherwise involved in the care of another patient, and agrees to assume care of the both maternal patient and the infant.

For fetal remains the hospital policy on definition, documentation and disposition will be followed.

XV. Physician Assistant/Nurse Practitioner in the Emergency Department

Physician Assistants/Nurse Practitioners are permitted to provide services in the Emergency Department under the direct supervision of a board eligible or board-certified physician. Physician Assistant/Nurse Practitioner privileges are limited to the scope of privileges developed by their collaborative physician.

The Physician Assistant/Nurse Practitioner will collaborate with the supervising physician and other members of the healthcare team to assess patients and initiate/implement a plan of care.

Cases are all staffed with the attending physician, but not all cases mandate direct care by the physician. Patients have the option of requesting a physician see them primarily or in conjunction with the Physician Assistant/Nurse Practitioner.

The Emergency Medicine physician will assess any patient 3 months of age or younger. If the patient is to be admitted or transferred, the physician staffing the case shall make every effort possible to evaluate the patient. Admitting physicians have at any time the option to speak to the emergency department physician, rather than the Physician Assistant or Nurse Practitioner. This request can be made at any time, and will, Emergency Department load permitting, be honored.

Physician Assistants or Nurse Practitioners working in the Emergency Department will be subject to hospital policies on maintenance and certification by their respective licensing boards as well as maintenance of requisite certifications as required by their Medical Staff credentials.

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