

**ST. JOSEPH HOSPITAL
EMERGENCY DEPARTMENT RULES AND REGULATIONS
2022**

1.0 General

- 1.1 The Emergency Department's purpose is to provide emergency medical care at St. Joseph Hospital.
- 1.2 The Department shall provide initial evaluation and care of patients presenting in the Emergency Department.
- 1.3 The Medical Staff shall arrange for specialty physician support coverage of the Emergency Department through the use of an Emergency Department Specialist Call Panel, as described in the General Rules.
- 1.4 The Emergency Department shall be comprised of the following sections:
 - 1.4.1 Emergency Medicine: Physicians in this section may treat patients of all ages

2.0 Requirements for Membership in the Department

The Emergency Department is operated on an exclusive staff basis. Accordingly, only doctors who are members of or associated with the group that has the exclusive contract may be granted privileges to practice Emergency Medicine or to provide Urgent Care Services.

3.0 Criteria for Privileges

In order to qualify for privileges in the Emergency Medicine Department the following minimum requirements must be met:

3.1 Emergency Medicine Section: Board certified in Emergency Medicine, or if not board certified, the physician must be eligible to take the board certification examination and become board certified within 5 years of completing his or her residency program. Failure to become board certified by the above-mentioned boards within 5 years of completion of formal training will be deemed a voluntary withdrawal of clinical privileges. If a physician's Board Certification lapses, he/she will have three years from the date of expiration to re-certify. Emergency Room Physicians who are currently board certified are not required to maintain AHA ACLS or PALS certification. Emergency Room Physicians who are not board certified are required to maintain ACLS and PALS certification.

3.5 Emergency Department physicians may not be granted admitting privileges.

4.0 GENERAL RULES OF CONDUCT OF EMERGENCY DEPARTMENT PHYSICIANS

- 4.2.1 Reduction of fractures or dislocations; with application of plaster casts.
- 4.2.2 Lacerations that are extensive, heavily contaminated, associated with substantial skin loss, or with damage to underlying nerves, tendons, or joints.
- 4.2.3 Lacerations of nose, eyelids, ears or the face which are likely to cause cosmetic disfigurement.
- 4.2.4 Patients whose illness probably will require admission or consultation.

5.0 PHYSICIAN-PATIENT RELATIONSHIPS

5.1 Every effort must be made to preserve and protect existing relationships between the private physician and his or her patients. Every patient presenting at the Emergency Department will be asked if he or she has a private physician (Assigned Patient) or if he or she has no private physician (Unassigned Patient) and physicians called as specified.

- 5.2 If a consultation or admission is required, the Emergency Department physician will select an appropriate Emergency Department Specialist Call Panel member from the list.
- 5.3 Emergency Department Specialist Call Panel physicians may refer cases to another specialist who is qualified to provide the necessary care, but the panelist is individually responsible for personally arranging for such coverage and may not delegate this responsibility to the Emergency Department physician or a nurse.
- 5.4 The Emergency Department physician is expected to avail himself freely of the services of the Emergency Department Specialist Call Panel members for assistance to diagnose, treat and arrange for proper disposition of patients.
- 5.5 Patients not requiring admission or consultation will be referred to the appropriate physician or health care facility. The clinician on duty must assure that every patient signs and receives a copy of aftercare instructions and referral sheets provided.

6.0 PROCTORING

- 6.1 An emergency medicine physician will begin working in the department under Class IA status where he/she will be directly observed by the Emergency Department Medical Director and/or other Class I Emergency Department physicians. For the first six months, a minimum of 144 hours must be worked in the department, with at least sixteen hours each month. At the end of the six months, if no significant quality variations or adverse trends are identified, and pending a favorable report by the Emergency Department Medical Director regarding the Class IA physician's clinical competency, advancement to Class I status may be recommended.
- 6.2 Each member of the Department shall complete proctoring as described in the Medical Staff Rules & Regulations Section 8.8 Proctoring duration is for 12 months, with the possibility of an extension for six (6) months.

7.0 COMMITTEES

- 7.1 Emergency Department Executive Committee: The purpose of this committee is to discuss general operations of the emergency department. education of providers facilitates information between medical staff and hospital administration and other issues related to delivery of care in the emergency department. Membership shall include the physician Medical Staff members within the department.
- 7.2 Emergency Department M&M: The purpose of this committee is to evaluate and improve the quality of Emergency Department care in the hospital. Membership shall include the physician Medical Staff members within the department.

8.0 ECC METHOTREXATE POLICY FOR ECTOPIC PREGNANCY

1. Patient is sent from an outside OBGYN, not affiliated with St. Joseph (has no privileges at St. Joseph), with a diagnosed ectopic pregnancy:
The ECC MD will work up the patient and consult the OBGYN on-call, who will come to the ECC and evaluate the patient. If methotrexate therapy is appropriate, the OBGYN will order the methotrexate and discuss disposition of the patient with the ECC MD. Disposition options include observation or discharge and, if discharged, appropriate follow-up will be secured by the OBGYN.
 2. Patient is sent from a St. Joseph-affiliated OBGYN with a diagnosed ectopic pregnancy:
The sending OBGYN is expected to call the ECC MD or send a note with the patient describing the work-up and expectation of methotrexate therapy. The ECC MD will evaluate and work up the patient as appropriate. The sending OBGYN will order methotrexate in EPIC and discuss disposition of the patient (as above) with the ECC MD.
 3. Patient is diagnosed by the ECC MD with an ectopic pregnancy:
The ECC MD will consult the OBGYN on-call or the patient's OBGYN (if prenatal care is established with a St. Joseph-affiliated OBGYN). The appropriate OBGYN will evaluate the
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patient in the ECC, order methotrexate, and discuss disposition (as above) with the ECC MD.
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