



PAWNEE VALLEY
COMMUNITY HOSPITAL

A HAYSMED PARTNER

RULES and REGULATIONS
Emergency Department

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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:

The Chief of Staff shall serve as the liaison for the Emergency Department with the Medical Staff and the Executive Committee.

C. Schedule of Coverage for Emergency Department Specialty Program:

The office of the Chief Executive Officer 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.

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 time-frame 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.

If a physician is taking unassigned or town call, the physician is responsible for admitting acute and swing bed patients within the capability of the facility.

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 Practice Registered Nurses ("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 PVCH and must be consistent with hospital policies and/or protocols.

An on-call physician is responsible for the care of a patient through the episode that created the emergency medical condition, including office follow-up related to that episode. An on-call physician shall not, in the Hospital or during an office follow-up visit, require insurance information or a co-payment before assuming responsibility for care of the patient.

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 Staff, Chief Executive Officer and/or the Chief Medical 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 Executive Committee. Factors of privileges of the practitioner and availability of sufficient coverage of the Emergency Department shall be considered. The Executive Committee shall make a report and recommendation to the Board of Directors for a final decision for a change in assignment of a physician to a particular call schedule.

Notwithstanding an on-call physician's obligation to respond when on call, the on-call physician may perform elective surgery or other patient care services at the Hospital while on call. When the on-call physician is doing elective or emergent surgery and the Emergency Department has an emergency medical condition patient who requires the on-call physician's involvement, the Emergency Department shall contact the on-call physician in the Operating Room. If that communication is not sufficient for the Emergency Department's need, the on-call physician and the Emergency Department shall determine if there is another physician available to respond to the Emergency Department. If no physician is available, the Emergency Department shall take actions to transfer the patient to another hospital.

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. (*Refer to EMTALA – Emergency Medical Screening, Treatment, Transfer and On-Call Roster Policy.*)

G. Quality of Emergency Services Monitoring Program:

The Chief of Staff shall be responsible for monitoring the quality of the care provided in the department. Monitoring activities will be reported to the Executive 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. Pawnee Valley

Community Hospital defines qualified persons as Doctors of Medicine or Doctors of Osteopathy.

Psychiatric Registered Nurses and Licensed Mental Health practitioners, with Allied Health Professional privileges at PVCH, including Licensed Specialist Clinical Social Worker (LSCSW), Licensed Masters Level Psychologist (LML), Ph.D. psychologist and Licensed Master Social Worker (LMSW) may perform a screening exam as outlined in the crisis screening policy.

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.** Pawnee Valley Community Hospital recognizes its responsibility as a recipient hospital as defined by Medicare Regulations. As such, Pawnee Valley Community Hospital will not refuse to accept from a referring hospital, an appropriate transfer of an individual who requires the specialized capabilities or facilities of Pawnee Valley Community Hospital, which are not available at the referring facility. Pawnee Valley Community Hospital will accept any patient it has the capacity to treat.
- K.** Pawnee Valley Community Hospital recognizes that Advanced Registered Nurse Practitioners and Physicians Assistants are health practitioners under Kansas law. Therefore, Pawnee Valley Community Hospital will accept patient transfers from rural facilities as requested by those individuals.

Adopted by the Medical Staff of Pawnee Valley Community Hospital this 23rd day of June, 2010.

/s/ _____
Matt Heyn
Hospital Chief Executive Officer

/s/ _____
David W. Sanger, MD
Chief of Staff

Approved by the Board of Pawnee Valley Community Hospital this 28th day of June, 2010.

/s/ _____
John H. Jeter, MD
Chairperson
Board of Directors

Revised: 5/11; 6/14

EC Approval: 1 to 1 vote w/1 Abstained 6/14/11; 10/14/14

Board Approval: 6/27/11; 7/25/11; 1/26/15