

Community Health Network, Inc.
MEDICAL STAFF POLICIES & PROCEDURES

Community Hospital East
 Community Hospital North

Community Heart and Vascular Hospital
 Community Hospital South

TITLE: EMERGENCY DEPARTMENT

PURPOSE: To define the coverage and services rendered by the Emergency Departments.

PHYSICIAN COVERAGE:

The Emergency Department is staffed by physicians who are trained in Emergency Room Medicine and approved by the Governing Body.

SERVICES RENDERED BY THE EMERGENCY DEPARTMENT PARTNERSHIP:

Physicians, Nurse Practitioners or Physician Assistants will provide a medical screening exam to each patient as required by EMTALA for the purpose of determining the presence of an emergency medical condition. Services rendered shall include "emergency treatment" until treatment can be assumed by another physician on a continuing basis. "Emergency treatment" refers to first aid and such temporary measures as are necessary to alleviate pain and suffering, cardiac arrest, bleeding, and to preserve life and body.

The on duty physician shall make available prompt emergency treatment to persons who come in or are brought to the Hospital in need of such treatment irrespective of ability to pay.

EMERGENCY DEPARTMENT CASES:

Any person who does not have an available private physician, but who appears at the Hospital requesting treatment, shall be referred to the Emergency Department. The physician on duty in the Emergency Department, after a medical screening examination, may deny admission if it is determined the emergency hospitalization is not required. The physician may make this decision on the basis of the physical examination, medical history, ancillary testing, consultation with other members of the Medical Staff, or such factors as the physician deems advisable.

If the physician on duty in the Emergency Department feels that, in cases covered by this policy, admission as an inpatient might be appropriate, the physician shall contact a member of the Medical Staff in the manner established by these Medical Staff procedures. If the contacted physician agrees that the person in question should be admitted under this policy and agrees to assume treatment of the person, such person shall be admitted under that physician's care, a patient-physician relationship will have been assumed, and further care of the patient will correspond with this relationship.

If the contacted physician does not, or will not, undertake to make the required medical judgment, the physician on duty in the Emergency Department shall contact additional members of the Medical Staff in the manner established by these Medical Staff procedures until an appropriate physician does undertake to make the necessary medical judgment.

If the contact by the physician on duty in the Emergency Department with the member of the Medical Staff, pursuant to the above paragraph, is by telephone only or if the physician contacted has not personally seen or examined the person in question, but contacted physician does not believe that admission is required under the criteria set forth in this policy and the physician on duty in the Emergency Department disagrees, the physician on duty in the Emergency Department shall contact additional

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members of the Medical Staff in the manner established by the Medical Staff procedures until an appropriate physician does undertake to admit the person in question.

If, however, the contacted member of the medical staff does personally examine the person in question then a physician-patient relationship has been created and the responsibility for determining whether or not to admit the patient in question to the hospital, shall rest solely with the medical staff member who has assumed responsibility for the patient.

In all cases covered by this policy, the physician on duty in the Emergency Department shall remain responsible for the patient until such responsibility is assumed by another Medical Staff member, or the person is deemed stable and released from the Emergency Room.

ON-CALL LIST AND RESPONSIBILITIES:

Every specialty and subspecialty privileged in the hospital must provide emergency on-call coverage unless too few physicians exist in a particular specialty to provide such coverage. (Special rules apply.)

Each specialty must submit an on-call list with the names of physicians who will respond to requests from the Emergency Department physicians for specialist care, as well as dates/times of responsibility.

Response to the emergency department by phone should be within 20 minutes. If physician presence is deemed necessary by the emergency department physician, the on-call physician should arrive within 60 minutes from the time of response by phone. This care, including but not limited to admission, will be rendered without regard for financial or insurance considerations. The on-call list must be readily available to the ED at all times.

When an on-call physician refuses to render the above care, the Emergency Department physician will contact the Clinical Service Line Chair for the particular specialty who is expected to address the issue promptly and assist as able. The Chair will report the incident to the President of the Medical Staff and will initiate a formal quality assessment investigation within forty-eight (48) hours. If the physician's refusal to treat a patient results in the transfer of the patient, the physician's name and address will be noted on the transfer from which the receiving facility is required to report as a violation of EMTALA.

ADMISSIONS FOR THE EMERGENCY DEPARTMENT:

Whether or not emergency hospitalization is required is a medical decision and admission as an inpatient to the Hospital may be made only on the order of a Medical Staff member.

Reference: CLN 2030
CLN 2032
CLN 2067

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