

DEACONESS HOSPITAL, INC.
Evansville, Indiana

EMERGENCY MEDICINE DEPARTMENT RULES & REGULATIONS

I. PURPOSE

- A. These articles shall be known and observed as the Rules and Regulations of the Emergency Medicine Department of Deaconess Hospital, Inc., Evansville, Indiana.
- B. These Rules and Regulations shall govern all actions and activities of the Emergency Medicine Department. Their intent is to supplement the Bylaws of the Medical Staff at Deaconess Hospital and in no way shall be construed to violate any article or section in said Bylaws.

II. MEMBERSHIP

A. Active Membership Requirements

- 1. An Active Member of the Department:
 - a. Shall be an Active member of the Deaconess Hospital Medical Staff.
 - b. Shall by reason of training and experience be eligible for examination by the American Board of Emergency Medicine or American Osteopathic Association equivalent.
 - c. Shall have limited his/her scope of medical practice substantively to Emergency Medicine at Deaconess Hospital.
 - d. Shall have practiced at Deaconess Hospital for at least one (1) year with Active participation in the affairs of the hospital and the Emergency Medicine Department as an Active-Provisional Staff member.
 - e. Shall abide by the Rules and Regulations of the Department.
 - f. Shall enjoy all of the privileges of other active members of the Medical Staff, except that, by his/her own volition, shall not admit patients to the Hospital.
 - g. Shall be recognized as an independent practitioner of medicine.

B. Active-Provisional Membership Requirements

1. An Active-Provisional Member of the Department:
 - a. Shall meet the requirements for Active membership in the Department but shall be on probation for one (1) year and shall not be eligible to vote or hold office.
 - b. Shall abide by the Rules and Regulations of the Department.

C. Courtesy Membership Requirements

1. A Courtesy Member of the Department:
 - a. Shall meet the requirements specified in the Bylaws for Courtesy staff membership.
 - b. Shall not be eligible to vote, hold office, or serve on committees.
 - c. Shall abide by the Rules and Regulations of the Department.

D. Courtesy-Provisional Membership Requirements

1. A Courtesy-Provisional Member of the Department:
 - a. Shall meet the requirements for Courtesy staff membership in the Department but shall be on probation for one (1) year.
 - b. Shall abide by the Rules and Regulations of the Department.

E. All Active members who provide emergency services on a full-time basis at Deaconess Hospital shall, at their own request, be included as Active members of the Department and enjoy full Emergency Medicine responsibilities and privileges at the time of adoption of these Rules and Regulations.

F. All physicians granted initial privileges after November 15, 2004, are required to achieve Board Certification in Emergency Medicine within five (5) years of being granted appointment to the Medical Staff. Members are required to maintain board certification until such time as they reach Honorary Staff status.

III. PRIVILEGES AND OBLIGATIONS

A. Members of the Emergency Medicine Department shall have the obligation to attend patients in the Deaconess Hospital Emergency Room on a scheduled basis

as assigned by the Director of Emergency Medical Services. Members shall be obligated to attend fifty percent (50%) of the Emergency Medicine Department meetings and to engage actively in the work of the Department.

- B. Members of the Department shall have the obligation to keep themselves informed and acquainted with developments and progress in Emergency Medicine and to use the highest standards of care for those patients who they attend.
- C. Each member of the Emergency Medicine Department shall submit an Emergency Medicine Delineation of Clinical Privileges form to the Department Chief. Privileges requested shall be processed by the Emergency Medicine Department, the Executive Council, and the Board of Directors.
- D. There will be biennial review of all physicians who have privileges in the Emergency Medicine Department and any change in status will be determined on a biennial basis. Any change will be discussed by the Emergency Medicine Department as a whole and their recommendation will be forwarded to the Executive Council.
- E. Any conditions or circumstances not covered by these Rules and Regulations shall be decided by the Chief of the Department, subject to approval of a majority of the voting members present at the next regular Department meeting.

IV. MEDICAL DIRECTOR OF EMERGENCY MEDICAL SERVICES

- A. The Medical Director, being a member of the Department and appointed by the Hospital President, shall be responsible for establishing and maintaining an effective administrative relationship with the Medical Staff, Administration, and other Departments/Services and shall direct the overall organizational aspects of patient care within the emergency department of the hospital.
- B. The Medical Director, or his/her designee, shall have sole responsibility for determining a reasonable and equitable call schedule for emergency service coverage.
- C. All administrative functions pertaining to hospital employees in the Emergency Department shall be the responsibility of the Manager of the Emergency Department in cooperation with the Medical Director.
- D. The Medical Director shall consult with the Chief of the Department in those matters where Administrative decisions have a bearing on professional practice or medical ethics.

- E. The Medical Director shall be responsible for interpretation of the Rules and Regulations of the Department in the absence of the Chief of the Department and the enforcement of same.
- F. The Medical Director shall appoint a designee from the Active Membership of the Department, acceptable to Administration, in his absence.

V. CHIEF OF THE EMERGENCY MEDICINE DEPARTMENT

- A. The Chief must be an Active Member of the Emergency Medicine Department.
- B. The Chief of the Department shall be elected every two (2) years in accordance with the Bylaws. In the event the office is vacant for any reason, an election may be held at a special meeting held for that purpose. A vacancy filled at a special election shall be for the unexpired term of the predecessor in the office.
- C. A tie vote for the election of the Chief of the Department shall be resolved by eliminating the vote of that Active member of the Department with the least seniority in terms of full-time service within the Emergency Department.
- D. It shall be the responsibility of the Chief of the Department to:
 - 1. Preside as Chairman at Department meetings.
 - 2. Be responsible for the minutes of the Department meetings.
 - 3. Serve actively on Committees to which he is automatically appointed by the Bylaws and attend meetings of the Medical Staff Executive Council.
 - 4. Shall be responsible, in consultation with the Director of Emergency Medical Services, for resolving issues of professional practice and medical ethics as may involve individual members of the Department.
 - 5. Work with the Medical Director of Emergency Medical Services in promoting harmony and accord between professional and administrative functions within the Department.
 - 6. Appoint committees as needed.

VI. MEETINGS

- A. Meetings of the Emergency Medicine Department shall be held according to requirements of the Medical Staff Bylaws.

- B. Written notice of the time and place of the meeting shall be sent to all members in advance.
- C. Special Meetings may be called by the chief provided written notice is given each member at least five (5) days in advance.
- D. Twenty five percent (25%) of the voting members shall constitute a quorum. If a quorum is not present at any meeting, a majority of the voting members present may adjourn the meeting.
- E. Subcommittee meetings shall be at the discretion of the Subcommittee Chairman.

VII. STAFFING/COVERAGE

- A. All ill or injured individuals who seek emergency care are assessed by a qualified medical person (QMP) and, as indicated, either treated or referred to an appropriate organization or service. QMP is defined as a physician, physician assistant, or nurse practitioner that is employed or under contract to provide medical services to the emergency department or the attending/on call physician appropriate for the service to be evaluated.
- B. The emergency department offers care 24 hours a day with at least one physician experienced in emergency care on duty.
- C. Specialty consultation is available within approximately 30 minutes by members of the Medical Staff.
 1. When an outside hospital has contacted a Deaconess Emergency Department Physician with a request to transfer a patient, the Deaconess ED physician will return the call to the outside ED physician within 15 minutes to either accept or deny the requested transfer.
 2. When a Deaconess ED physician pages the specialist on call regarding a Transfer, the specialist must return the call to the ED physician within 10 minutes. If the specialist does not return the call within 10 minutes, the Deaconess ED physician will make the decision either to accept or deny the patient transfer.
 3. The ED physicians will utilize direct physician pagers for contact to the specialists.
 4. A separate phone line will be dedicated to ED referrals.
- D. The method of providing Medical Staff coverage is defined according to the Bylaws of the Medical ~~and Dental~~ staff.
- E. A call roster is provided and updated by the Medical Affairs office.

- F. The Emergency Department is responsible for posting the roster designating Medical Staff members on call.

The responsibility of physicians "on call" shall include:

1. For patients admitted from the Emergency Department.
 - a. Accepting appropriate patients for admission when notified by the staff emergency physician;
 - b. The responsibility for patient care is assumed by that on-call physician when he is notified and accepts that patient for admission.
 - c. Writing orders on admitted patients.
 - d. Arranging for subsequent consultation, as desired or deemed necessary, on such patients, whether they are physically present in the emergency department or have moved to a nursing unit.

2. For patients not admitted to the hospital.
 - a. Assuming follow-up care that is necessary for the patient's immediate problem, when notified by the staff emergency physician.
 - b. If the patient does not follow up as directed by the emergency physician with the on-call physician, the Emergency Department physician and the on-call physician are no longer responsible for that patient.

VIII. RATIFICATION AND AMENDMENTS

- A. These Rules and Regulations shall be ratified when a by Majority vote of the Active membership present.

- B. These Rules and Regulations shall be reviewed and ratified at the beginning of each Medical Staff fiscal year.

APPROVED: Emergency Medicine Department	06/23/83
Executive Council	10/12/83
APPROVED: Emergency Medicine Department	02/25/86
Executive Council	03/12/86
APPROVED: Emergency Medicine Department	08/25/86
APPROVED: Emergency Medicine Department	08/25/87
Executive Council	09/09/87
APPROVED: Emergency Medicine Department	11/27/90
APPROVED: Executive Council	01/19/91
APPROVED: Emergency Medicine Department	09/29/92
APPROVED: Emergency Medicine Department	09/28/93
Executive Council	10/14/93
APPROVED: Emergency Medicine Department	07/26/94
Executive Council	08/10/94
Board of Directors	08/22/94

REVISED:	Emergency Medicine Department	08/26/99
APPROVED:	Executive Council	10/13/99
	Board of Directors	10/18/99
REVISED:	Emergency Medicine Department	07/26/01
APPROVED:	Executive Council	08/08/01
	Board of Directors	08/13/01
REVISED:	Emergency Medicine Department	02/07/02
APPROVED:	Executive Council	02/13/02
	Board of Directors	02/18/02
REVISED:	Emergency Medicine Department	02/28/08
APPROVED:	Executive Council	03/12/08
APPROVED:	Board of Directors	03/17/08
REVISED:	Emergency Medicine Department	05/12/11
APPROVED:	Executive Council	11/09/11
	Board of Directors	11/28/11
APPROVED:	Emergency Medicine Department	05/09/13
	Executive Council	06/12/13
	Board of Directors	06/24/13