TORRANCE MEMORIAL MEDICAL CENTER
DEPARTMENT OF EMERGENCY MEDICINE
RULES AND REGULATIONS
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APPROVED 03/21/2019

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ARTICLE I – Statement of Purpose

To establish the guidelines and practices and the scope of treatment of the Emergency Department physicians and personnel as approved by the Medical Staff Executive Committee and the Governing Board. These guidelines have been specified by the Emergency Department. They will be initiated by the Department Chief.

ARTICLE II – Authority

These policies have been formulated by the Emergency Department as delegated by the Executive Committee of the Medical Staff.

ARTICLE III – Composition and Meetings

The Emergency Department shall consist of the Chief of the Emergency Department and all members of the Emergency Department. The Chief will be nominated and elected as specified by the Bylaws of the Medical Staff. The Chief shall regularly report the activities and progress of the Emergency Department and the EDIE Patient Care Subcommittee to the Medical Executive Committee.

All members of the Emergency Department may attend meetings; however, only Active Staff members may vote on Department business. Quorum requirements are outlined in the Medical Staff Bylaws.

ARTICLE IV – Responsibilities of the Emergency Department

The purpose of the Emergency Department is to provide emergency treatment. Follow-up care will not be included with these exceptions:

1. Patient from out of area can be seen for follow-up care when unable to make other arrangements.
2. On a weekend when the patient needs daily follow-up care and has no private physician and/or until the referral physician is available.
3. Treatment of Industrial Cases Involving Sutures - If there is no physician of choice or no company physician, the Emergency Department physician will use his/her discretion for follow-up care. The patients may return to the Emergency Department for simple follow-up, such as suture removal and wound checks.

Every applicant for treatment will receive a medical screening examination.

Emergency patients will receive necessary treatment regardless of their financial status and no person will be denied emergency treatment on the basis of sex, race, age, creed, color, national origin, or to an individual with a disability.

ARTICLE IV – Responsibilities of the Emergency Department (Continued)

Any patient who presents to the Emergency Department via the 911 system shall be evaluated by an Emergency Department physician. The only exception to this would be patients who are greater than 18 weeks pregnant and have a pregnancy-related problem.

ARTICLE V – Responsibilities of Members on Emergency Call Coverage

Members sharing the responsibility for emergency call coverage for the Emergency Department or in-house will be assigned definite call days. The particular assigned member must be available or be responsible for obtaining appropriate coverage (March 8, 1983) and to notify the Emergency Department of same. The emergency call day is 24 hours from 7:00 a.m. to 7:00 a.m. A roster of on call specialists will be available in the Emergency Department. The emergency call coverage physicians will be notified with the monthly schedule.

See General Staff Rules and Regulations for Emergency Call Panel Coverage.

ARTICLE VI – Treatment of Specific Cases

After the Emergency Department physician has examined a patient and feels that the patient should be admitted, the attending physician must see the patient if the Emergency Department physician so requests. The patient may be admitted without being seen by the attending physician if the Emergency Department physician and attending physician both concur. Emergency physicians may not write admitting orders.

ARTICLE VII – Records

Every patient must have a permanent record containing the history, findings, and treatment or disposition.

The physician involved is responsible for the record.

All patients who are evaluated and/or given a prescription in the Emergency Department are required to have a chart generated.

ARTICLE VIII – Consent

In an emergency situation where a minor is involved and parents are unavailable for consent, the Emergency Department physician may perform all emergency treatment required.

In case of an unconscious or otherwise incompetent patient who is unable to give consent or a child whose parents are unavailable for consent and who requires immediate treatment to prevent the further aggravation or deterioration of his condition, no consent is necessary because consent is implied by law. The treating physician should document on the chart those factors which indicated that the patient was in need of immediate treatment. A second consultation is not required to establish such implied consent.

ARTICLE IX – Non-Response

The Emergency Department will document the names of all physicians who do not respond to a call from the Emergency Department when they are on the call list. The documented names of physicians not responding will be reported to the Medical Staff Services Department.

ARTICLE X – Contract Emergency Physician Responsible for 24-Hour Coverage

A. Proctoring Protocol for Emergency Physician Applicants

1. Proctoring is performed by direct observation of a new physician while working in the Emergency Department.
2. The total time he must spend being proctored must equal or exceed 27 hours.
3. Members of the medical staff with unrestricted privileges shall be eligible to serve as proctors.
4. The Chief of the Emergency Department will evaluate proctoring information and release the physician when it is determined that proctoring has been satisfactorily completed. If an initial appointee or a member exercising new clinical privileges fails within one (1) year to complete proctoring as required, then the member shall be deemed to have voluntarily surrendered those specific privileges.
5. The Chief of the Emergency Department will issue a written report to the Emergency Department which will include an evaluation of the new physician's performance. The cases observed during the proctoring will include the range and scope of services provided by Torrance Memorial Medical Center.

B. Duties of Emergency Physicians

1. Primary concern is care of patients presenting themselves for treatment in the Emergency Department, and care of such patients must take precedence.
2. Respond to CODE BLUE Calls and take charge in supervising Code Team.

ARTICLE XI – Patient Transfer Guidelines

A. Patients transferred from TMMC Emergency Department must be stable, unless the definitive care the patient needs is not available here (i.e., hyperbaric chamber).

B. Vital signs must be measured and recorded just before the patient leaves the Department.

C. A physician or other responsible party at the receiving hospital must be notified before the patient is transferred and he/she must accept the patient. Name, the facility, and time of acceptance should be noted.

D. A copy of all chart information, including imaging studies, must go with the patient.

E. The patient or his/her legal representative shall give consent for the transfer.

ARTICLE XI – Patient Transfer Guidelines (Continued)

F. When a patient is accepted for transfer from another acute care facility or Emergency Department by a member of the medical staff, an emergency evaluation will not be performed at TMMC unless the ED physician determines an emergent evaluation is required (i.e., unstable patient). The medical staff member accepting the transfer will be required to see the patient per hospital policy.

ARTICLE XII – Specific Rules and Regulations

A. D & C's will not be done in the Emergency Department.

B. Removal of fecal impaction is not usually considered an Emergency Department procedure.

C. Reading of imaging studies by an Emergency Department physician is only tentative; the films will be re-read by a radiologist within 24 hours, and the physician will be notified of any corrections immediately.

ARTICLE XIII – Criteria for Consultation

A. As needed, a member of the Torrance Memorial Medical Staff may be contacted for assistance with the diagnosis and management of a patient which includes, but is not limited to, admission decision or to ensure outpatient follow-up.

APPENDIX I

TORRANCE MEMORIAL MEDICAL CENTER

PROCEDURAL/NON-SURGICAL PROCTORING REPORT

PROCTORING REPORT
TEMPORARY & PROVISIONAL STAFF MEMBERS OR NEW PRIVILEGE REPORT REQUEST

OBSERVED PRACTITIONER:_____

20.00-EMERGENCY MEDICINE CORE *(Must be proctored on 27 hours or greater)*	MEETS STANDARD OF CARE	DOES NOT MEET STANDARD OF CARE	# HOURS	N/A
Privileges to assess, stabilize, perform history and physical exam in the Emergency Department and provide initial treatment to patients presenting to the Emergency Department with any condition, illness, injury, or symptoms, including trauma. Privileges include provisions of those necessary to ameliorate minor illnesses or injuries, and to assess all patients to determine if additional treatment or treatment not within the scope of expertise, training, or privileges of the emergency physician is necessary. Privileges also may include airway – emergency intubation; airway – rapid sequence induction; chest procedures – pericardiocentesis, thoracotomy, chest thoracosctomy, central access; cardiac emergencies – including cardiopulmonary resuscitation, cardioversion, moderate sedation, deep sedation, defibrillation, thrombolytics, central venous access; pediatrics; and obstetrics/gynecology. **Not included** in this core are privileges to admit for inpatient care.	☐	☐	____	☐

20.05-CORE PRIVILEGES PHYSICIAN ASSISTANT-EMERGENCY DEPARTMENT *(Must be proctored on 30 hours or greater)*	MEETS STANDARD OF CARE	DOES NOT MEET STANDARD OF CARE	# HOURS	N/A
CORE PRIVILEGES: Provides care to assigned patients (Emergency Department) in conjunction with direct on-site Emergency Department physician supervision in accordance with a delegation of service agreement. 1. Performs the evaluation, management, and disposition of non-critical care patients. This includes performing history and physical examinations including pelvic and rectal exams. 2. Performs the initial evaluation/medical screening examination on any patient presenting to the Emergency Department. A physician will be immediately notified and assume management of any critically ill patient. 3. Performs diagnostic testing and medical treatment for any patient presenting to the Emergency Department. 4. Interpret test results (laboratory studies, EKG's, plain films). 5. Assist physicians with the management, education and disposition of any patient. 6. Communicates delayed test results to patients and provides advice and medication changes appropriate for test results. 7. Provides answers to questions for patients discharged from the Emergency Department. 8. Write orders including discharge orders 9. Drug management and writing prescriptions for (a) scheduled controlled substances; (b) schedules II-V controlled drug formulary; (c) non-controlled medications.	☐	☐	____	☐

20.10- CORE PRIVILEGES PHYSICIAN ASSISTANT-EMERGENCY DEPARTMENT *(Must be proctored on 3 procedures)* **1.**_____ **2.**_____ **3.**_____	MEETS STANDARD OF CARE	DOES NOT MEET STANDARD OF CARE	N/A
PROCEDURES: Perform the following: Burn treatment, laceration repair, wound debridement, incision and drainage, ingrown nail resection, nail plate removal, digital/facial/tooth nerve block, subungal hematoma drainage, reduction of joint dislocations not requiring sedation, splint application, foreign body removal, cerumen disimpaction, fecal disimpaction, treatment of epistaxis, suture removal, bladder catheterization, bladder irrigation, gastrostomy tube replacement, nasogastric tube placement, peripheral/external jugular vein venous catheter placement, diagnostic/therapeutic knee joint aspiration, closed reduction of phalanx/metacarpal fractures, removal of IUD, CPR, EKG, wound packing, tonometry eye irrigation, slit lamp examination, suctioning of nose/mouth/pharynx/tracheostomy, assist physician with any procedure.	☐	☐	☐

COMMENTS:_____

_____ _____ _____
PROCTOR NAME **PROCTOR SIGNATURE** **DATE**

\\nts02\User Data\SHRMEDSTAFF\Proctoring\Department Forms\CURRENT PROCTORING FORMS\ED.09.2015.docx

APPENDIX II

Transfer Policy

It is the policy of Torrance Memorial Medical Center that emergency services and care shall be provided to any person requesting the services or care, or for whom services or care is requested for any condition in which the person is danger of loss of life, or serious injury or illness, to the extent that the hospital has appropriate facilities and qualified personnel available to the services or care.

In no event shall the provision of emergency services and care be based upon, or affected by, the person's race, ethnicity, religion, national origin, citizenship, age, sex, pre-existing medical condition, physical or mental handicap, insurance status, economic status, or ability to pay for medical services, except to the extent that a circumstance such as age, sex, pre-existing medical condition or physical or mental handicap is medically significant to the provision of appropriate medical care to the patient.

Emergency services and care shall be rendered without first questioning the patient or any other person as to his or her ability to pay therefor. However, the patient or his or her legally responsible relative or guardian shall execute an agreement to pay therefor or otherwise supply insurance or credit information promptly after services are rendered.

Consistent with its licensure and requirements of law, Torrance Memorial Medical Center has adopted a policy prohibiting discrimination in the provision of emergency services and care based on race, ethnicity, religion, national origin, citizenship, age, sex, pre-existing medical condition, physical or mental handicap, insurance status, economic status, or ability to pay for medical services, except to the extent that a circumstance such as age, sex, pre-existing medical condition, or physical or mental handicap is medically significant to the provision of appropriate medical care to the patient.

Torrance Memorial Medical Center requires that physicians who serve on an "on-call" basis to the hospital's Emergency Department cannot refuse to respond to a call on the basis of the patient's race, ethnicity, religion, national origin, citizenship, age, sex, pre-existing medical condition, physical or mental handicap, insurance status, economic status, or ability to pay for medical services, except to the extent that a circumstance such as age, sex, pre-existing medical condition, or physical or mental handicap is medically significant to the provision of appropriate medical care to the patient.

Torrance Memorial Medical Center shall inform all persons presenting to the Emergency Department or their representatives, if any are present and the person is unable to understand verbal or written communication both orally and in writing, of the reasons for transfer or refusal to provide emergency services and care and of the person's right to emergency services and care prior to transfer or discharge without regard to ability to pay.