

**South Austin Hospital**  
**DEPARTMENT OF EMERGENCY MEDICINE**

**Rules and Regulations**

**I. Name and Purpose**

- A. The department shall be designated the **Department of Emergency Medicine**. There shall be a Division of Ambulatory Medicine within the Department which shall function within these Rules and Regulations and the Bylaws of the Medical Staff.
- B. The department shall carry out the functions and directives specified in the medical staff bylaws concerning the purposes and functions of the departments insofar as applicable to the practice of emergency medicine.

**II. Functions and Responsibilities**

- A. The department shall:
  - 1. assist the Medical Executive Committee and the Board of Trustees in the granting and delineation of emergency medicine privileges;
  - 2. monitor and assess the quality of emergency care rendered by members of the department throughout the hospital;
  - 3. promote harmonious working relationships between staff members in the department, staff in other departments, nursing service, hospital employees, and the administration;
  - 4. coordinate patient care activities and responsibilities with other departments;
  - 5. provide and evaluate continuing education for physicians and nurses including BLS and ACLS;
  - 6. supply physician attendance to in-house emergencies such as codes if emergency department volume and acuity permit;
  - 7. evaluate all emergency department deaths, complications, and untoward results;
  - 8. provide twenty-four hour emergency medical services daily;
  - 9. interact and cooperate with local emergency medical services and local regional disaster services;
  - 10. perform such other functions as may be necessary or appropriate relating to emergency care at the hospital.
- B. The Department shall assist in the appointment and reappointment process, including the evaluation of applications for clinical privileges or specified services and help verify credentials, current ability, experience, background, education, and training.
- C. The Department shall conduct utilization review to determine whether services are based on individual medical needs and to evaluate the quality of patient care. Periodically, the department shall report to the Medical Executive Committee the results of its findings and make recommendations concerning the implementation, operation, and results of quality assessment activities.
- D. The Department shall assist in the formulation and implementation of medical staff rules relating to emergency medical care.

**III. Assignments and Membership**

- A. Assignment to and clinical privileges in the Department of Emergency Medicine will be limited to physicians who have completed a three (3)-year residency program in Emergency Medicine approved by the Accreditation Council on Graduate Medical Education or Royal College of

Physicians and Surgeons of Canada, the American Osteopathic Association, OR, alternatively, who:

1. are board certified in Emergency Medicine by the member board of the American Board of Medical Specialists or the American Osteopathic Specialty Board, and maintain that board certification in accordance with Section 3.1.4 of the Medical Staff Bylaws; or
2. graduated from Medical School prior to 1990, are board certified in Internal Medicine, Family Practice, or General Surgery by the member board of the American Board of Medical Specialists or the American Osteopathic Specialty Board and maintain that board certification in accordance with Section 3.1.4 of the Medical Staff Bylaws, and currently have or previously had privileges in Emergency Medicine at another hospital; or
3. are physicians practicing only within the Ambulatory Medicine Division and are board certified in Internal Medicine, Family Medicine, General Surgery, or Emergency Medicine by the member board of the American Board of Medical Specialists or the American Osteopathic Specialty Board and maintain that board certification in accordance with Section 3.1.4 of the Medical Staff Bylaws, or, if initially appointed after January 1, 2007, are in active pursuit of and obtain board certification in one of these listed specialties within five (5) years of initial appointment in accordance with Section 3.1.4 of the Medical Staff Bylaws.

These requirements are in addition to any Medical Staff membership requirements set out in the Medical Staff Bylaws including Section 3.1.4.

- B. Active status members will be expected to attend department meetings, participate on committees and subcommittees, and participate in department functions.

#### IV. **Officers and Voting**

- A. The department shall elect officers as provided in the medical staff bylaws and/or rules and regulations.
- B. The chairman will preside over departmental meetings and represent the department on the Medical Executive Committee as well as carry out responsibilities as designated in the medical staff bylaws, rules and regulations. In the absence of the Chairman, the Vice Chairman will act on behalf of the Chairman with all duties and responsibilities thereof.
- C. Only department members on active staff will be eligible to hold departmental office.
- D. No department officer may be elected for more than two consecutive terms. Removal of officers will be done as stipulated in the medical staff bylaws.
- E. All department members on active staff status are eligible to vote at department meetings.
- F. A simple majority vote, with at least a quorum of voting members present, is required for approval of department matters, except that two-thirds majority vote is required to:
  1. Amend these rules and regulations
  2. Remove an officer.

#### V. **Privileges**

- A. Clinical privileges shall be delineated for all Practitioners rendering emergency care in accordance with medical staff bylaws and hospital policy.

- B. The department and/or the department chairman will make recommendations to the Medical Executive committee concerning the granting of emergency medical privileges.
- C. In recommending and delineating emergency medical privileges, the department will consider:
1. the degree of patient care complexity, level of risk to the patient, and the level of training and experience required of the physician;
  2. the degree and quality of specialty training in emergency medicine received by the physician;
  3. demonstration of appropriate experience and competence;
  4. the need for the specific service in the hospital; and
  5. the best interest of the hospital.
- D. Because of the nature of the practice of emergency medicine, the emergency physician will occasionally be called upon to perform certain diagnostic and therapeutic interventions on an emergency basis. These privileges might, under normal situations, fall in the realm of another specialty or subspecialty. However, in an emergent situation, time might not permit obtaining the appropriate specialist before the procedure is performed without risking serious harm to the patient. In this instance, the emergency physician will initiate the appropriate therapy while the appropriate specialist is being summoned.
- E. Credentialing Criteria:

**ABILITY TO PERFORM PRIVILEGES REQUESTED:** Must be documented by the applicant's signed statement that no health problems exist which could affect his or her practice. This is documented in the application for appointment or reappointment.

**CURRENT LICENSURE:** Documentation of current Texas state medical license must be provided. Documentation of current ACLS Training must be provided,

**TRAINING/EXPERIENCE REQUIREMENT:** Physicians who have successfully completed a residency training program in Emergency Medicine approved by the Accrediting Council for Graduate Medical Education, Royal College of Physicians and Surgeons of Canada, or the American Osteopathic Association and be board certified or qualified by the member board of the American Board of Medical Specialists or the AOA's Bureau of Osteopathic Specialists. Exceptions may be made for those physicians who graduated from Medical School prior to 1990 and are board certified in Internal Medicine, Family Practice, or General Surgery. Physicians must be the requirements in III. A. above.

**DEMONSTRATED CURRENT COMPETENCE:**

**For Initial Granting of Privileges:** Competence must be documented and verified in writing by individuals personally acquainted with the applicant's professional and clinical performance. For invasive procedures, documentation should address the types of procedures performed, demonstrated skill, appropriateness, and successful outcomes. For non-invasive procedures, types and successful outcomes of medical conditions managed by the applicant should be documented.

**For Renewal of Privileges:** Competence must be demonstrated by an adequate volume of experience with successful outcomes and documented by the results of performance-improvement activities, peer recommendations, and/or departmental/clinical service recommendations.

VI. Patient Care

- A. The Chairman shall have the overall responsibility for emergency care.

- B. The Chairman shall make certain that emergency service procedures are properly coordinated with the Hospital's Disaster Plan, especially as they pertain to the care of mass casualties.
- C. A Licensed Independent Practitioner (LIP) shall be in the hospital and immediately available for rendering emergency patient care twenty-four (24) hours per day, seven (7) days per week.
- D. When appropriate, the patient's private LIP shall be called in accordance with the emergency department policies and procedures.

VII. Performance Improvement and Peer Review:

- A. The department shall participate in performance improvement and peer review functions in accordance with the processes outlined in the organizational performance improvement plan and medical staff bylaws.

Approved by Department: 3/10/09
Approved by Medical Executive Committee: 3/13/09
Approved by Board of Trustees: 3/19/09