

**The Mercy Hospital of Pittsburgh  
Department of Emergency Medicine  
RULES AND REGULATIONS**

INTRODUCTION

The Chairperson of the Department of Emergency Medicine has a responsibility for all clinically and administratively related activities of the Department of Emergency Medicine. The Rules and Regulations of the Department of Emergency Medicine are a supplement to the Mercy Hospital Bylaws and related documents. They serve as guidelines for the Chairperson in decisions of appointment and reappointment, delineation of clinical privileges, evaluation of professional performance and quality of patient care provided.

The Chairperson makes these decisions on behalf of the members of the department, the Medical Staff as a whole, and the Board of Trustees of Mercy Hospital

This document is available to all current members and to those applying for appointment to the Department of Emergency Medicine.

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**TABLE OF CONTENTS**

- I. Professional Performance Expectations
  - A. Status of Health
  - B. Clinical Competence/Responsibility to Patients
  - C. Patient Safety Program
  - D. Continuing Medical Education Activities
  - E. Educational Responsibilities
  - F. Citizenship Requirements
  
- II. Appointment Criteria
  - A. Physicians
  - B. Pediatric Emergency Physicians
  - C. Certified Nurse Practitioners
  
- III. Elevation Requirements: Active or Courtesy Staff
  
- IV. Reappointment Criteria
  - A. Active Staff
  - B. Courtesy Staff
  
- V. Medical Screening Examination
  
- VI. Verbal Orders
  
- VII. On-call lists
  
- VIII. On-call or Admitting Attending Contact Procedure
  
- IX. External Transfers to the Department of Emergency Medicine
  
- X. Organization of the Department
  
- XI. Professional Performance Expectations
  
- XII. Delineation of Privileges

I. PROFESSIONAL PERFORMANCE EXPECTATIONS

A. Status of Health

1. Members of the Department of Emergency Medicine are expected to inform the Chairperson or the Physician Health Committee of the Medical Staff of any alterations in their physical or emotional well being that might substantially interfere with their ability to provide quality patient care.
2. Members of the Department of Emergency Medicine that suspect a colleague's performance is impaired for any reason are expected to inform the Chairperson. Anonymity will be maintained. The Chairperson will investigate the circumstances, approach the physician and take any steps necessary to ensure optimal patient care.

B. Clinical Competence/Responsibility to Patients

1. Quality patient care is monitored and utilized as an outcome for reappointment, based on standards set by the medical staff and the institution. It is the responsibility of the attending physician to ensure that their patients receive empathetic, cost-effective care of the highest quality.
2. Quality Management: Attending physicians are expected to participate and comply with Mercy Hospital of Pittsburgh and Department of Emergency Medicine Quality Management activities.
3. Medical Records: The attending physician is responsible for the content of the information on the DEM medical record and documents information as set forth in the Medical Staff Bylaws.
  - a. Medical record documentation is completed by the conclusion of the scheduled shift. All admitted patients have a completed Department of Emergency Medicine record prior to admission or transfer.
  - b. The attending emergency physicians must perform and document the necessary components of history, physical exam, and medical decision making for patients seen initially by housestaff or healthcare worker in training.
4. Unavailability: The attending physician is responsible for adequate coverage of a scheduled shift. When a member of the department is unable to cover a scheduled shift, he/she must notify the Chairperson or designee as soon as possible.
5. Attending physicians of the DEM are responsible for clinical management of the Department of Emergency Medicine during their scheduled shifts.

C. Patient Safety Program

It is a responsibility of attending emergency physicians and certified nurse practitioners to participate in the Mercy Hospital Patient Safety Program by:

- Reporting all observed incidences which could result in injury to a patient.
- Assisting in strategies designed to reduce medical errors.

- Encouraging patients to be involved in their own health care.
- Disclosing to patients events that may affect their outcome.
- Following all policies related to patient safety and risk reduction.

Definition – Serious Error: An event that results in death or an unanticipated injury (not a known or recognized complication) requiring additional health care.

The determination that a serious event has occurred is made by Risk Management and requires written notification to the patient or family member within 7 days of discovery of the event. Mercy Hospital of Pittsburgh is required by PA Act 13 to report all serious events to the State Health Department.

**D. Continuing Medical Education Activities**

1. Each member of the Department of Emergency Medicine will satisfy the continuing medical education recommendations of the American College of Emergency Physicians. ACEP currently requires participation in a minimum of 150 credit hours of Continuing Medical Education within a three year period, of which 60 must be in Category I credit hours
2. Each member of the Department of Emergency Medicine must meet the continuing medical education requirements necessary to maintain Trauma Center or other specialized hospital designation.
3. Documentation of such activities is required at the time of appointment, reappointment, and as needed for Trauma or other hospital designation review.

**E. Educational Responsibilities**

1. Each member of the Department of Emergency Medicine will share with colleagues, house staff, nursing and allied health personnel his/her knowledge and experience. This can take place in the formal setting or informally during the care of a patient.
2. It is required that members of the Department of Emergency Medicine actively participate in the University of Pittsburgh Affiliated Residency in Emergency Medicine and/or the Mercy Hospital residencies-
3. Every member of the Department should strive to maximize the educational impact that the house staff and health care worker in training derive from patients seen in the department. This is accomplished by a thorough and critical review of the trainee's history and physical examination and treatment plan. This is followed by personal feedback regarding primary data gathering, the proposed diagnostic process, and patient management.
4. The attending emergency physician has both an ethical and legal responsibility for the care of all of the patients in the Department and for the supervision of the housestaff and healthcare workers in training involved in the care of the patients.  
All patients seen by housestaff, ancillary staff in training, or medical students must be seen and evaluated by the attending emergency physician.
5. Formal participation in the educational process can take place at the University of Pittsburgh Affiliated Residency in Emergency Medicine Grand Rounds, allied health care trainee lectures, Center for Emergency Medicine educational

offerings, Mercy Hospital educational offerings (i.e. ACLS, PALS), etc.

6. It is suggested that the members of the Department of Emergency Medicine seek a medical school faculty appointment.
7. Each member of the active staff is required to participate in the departmental teaching activities in a manner and time assigned by the departmental chairman.

F. Citizenship Requirements

1. Members of the Department of Emergency Medicine will comply with the Medical Staff citizenship requirements as set forth in the Medical Staff Bylaws.
2. Members of the Department of Emergency Medicine must abide by the Mercy Hospital of Pittsburgh Corporate Compliance Program, the Code of Conduct, and the Code of Ethical Behavior.
3. Members of the Department of Emergency Medicine must abide by the Mercy Hospital of Pittsburgh Medical Staff Sexual Harassment Policy
4. Members on Active staff are encouraged to attend:
  - a. A minimum of 66% of the monthly departmental meetings
  - b. Physicians with dual departmental appointments should attempt to attend a minimum of 50% of the departmental meetings.
5. Members of the Department with staff categories other than Active are encouraged to do so whenever possible.

II. APPOINTMENT CRITERIA

The physician applicant must satisfy all requirements set forth in the Medical Staff Bylaws

A. Physicians

The applicant must be a graduate of a medical school approved by the Liaison Committee on Medical Education, medical schools approved by the American Osteopathic Association, or a medical school sanctioned by an organization acceptable to the department (e.g. the ECFMG).

1. Minimal Formal Training and Experience:
  - a. Completion of an ACGME or AOA - approved post graduate training program in Emergency Medicine and is board certified/eligible by American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM) standards.
  - b. Demonstration of active practice for the last two years in an emergency department with a census exceeding 15,000 patients/year.
2. Applicants who are board certified in Emergency Medicine must be recertified as specified by the American Board of Emergency or the American Osteopathic Board of Emergency Medicine.

3. The applicant must have an unrestricted Drug Enforcement Administration (DEA) license.
4. The applicant must satisfy all requirements set forth in the credentialing policy of the Mercy Hospital medical staff.
5. Appointment is contingent upon approval of the applicant by the Chairman of the department, the Medical Executive Committee, and the Board of Directors of Mercy Hospital.

**B. Pediatric Emergency Physicians**

1. Completion of an ACGME or AOA - approved post graduate training program in Pediatrics or Emergency Medicine and is board certified/eligible by ABEM or AOBEM standards.
2. Completion of an ABEM-approved fellowship in Pediatric Emergency Medicine OR demonstration of active practice for the last three years in pediatric emergency medicine with a census exceeding 10,000 patients/year.
3. Other criteria mentioned above apply to the applicant.

**C. Certified Nurse Practitioner**

1. Minimum: Bachelor of Science in Nursing, completion of Family Nurse Practitioner Program, other Nurse Practitioner specialties will be considered  
  
Preferred: Master of Science in Nursing with a specialty in Family Health
2. Current licensure as a Professional Nurse in the Commonwealth of Pennsylvania
3. Current licensure/certification as a Certified Registered Nurse Practitioner (CRNP), in the Commonwealth of Pennsylvania  
  
Preferred: Current license/certification as a Family Health CRNP. Certification by professional societies (ANCC, AANP).
4. Five years of nursing experience in an acute care or outpatient setting.
5. Current Advanced Cardiac Life Support and Pediatric Advanced Life Support certification.

**III. ELEVATION REQUIREMENTS: ACTIVE OR COURTESY STAFF**

- A. In addition to the requirements set forth in the Mercy Hospital medical staff bylaws, elevation from provisional to active or courtesy staff may occur after the initial twelve-month period if the following criteria are met:
  1. The physician must document compliance with the Departmental Professional Performance Expectations as listed in Attachment I.
  2. The applicant has fulfilled his/her duties in a professional and conscientious

manner.

3. The applicant has fulfilled his/her teaching responsibilities.
4. The applicant has fulfilled his/her responsibilities as a member of the Mercy Hospital medical staff.

- B. Physicians unable to meet the Elevation Criteria within a twelve (12) months provisional period after the initial appointment will forfeit their appointment and privileges within the Department.

#### IV. REAPPOINTMENT CRITERIA

##### A. Active Staff

In addition to the requirements set forth in the Mercy Hospital medical staff bylaws, reappointment to the active staff (which will occur on a biannual basis) will occur if the following criteria are met:

1. The physician must document continued compliance with the appointment criteria and the criteria for elevation as noted in the Professional Performance Expectations. (Attachment 1)
2. In the case of a dual appointment, reappointment is contingent upon continued membership in good standing in both Departments.
3. The physician has fulfilled his/her duties in a professional and conscientious manner.
4. The physician has fulfilled his/her teaching responsibilities.
5. The physician must be Board certified in the applicable specialty or be in active pursuit of Board Certification or Recertification.
6. Recommendation of the Chairperson (or Division Chief for Pediatric Emergency Medicine privileges).

##### B. Courtesy Staff

In addition to the requirements set forth in the Mercy Hospital medical staff bylaws, reappointment to the courtesy staff (which will occur on a biannual basis) will occur if the following criteria are met:

1. The physician has fulfilled his/her duties in a professional and conscientious manner.
2. The physician has fulfilled his/her teaching responsibilities.
3. The physician must document continued compliance with the criteria for appointment and for elevation to staff privileges as noted in the Professional Performance Expectations. (Attachment 1)
4. In the case of a dual appointment, reappointment is contingent upon continued membership in good standing in both Departments.

5. The physician must be Board certified in the applicable specialty or be in active pursuit of Board Certification or Recertification.
6. Recommendation of the Chairperson (or Division Chief for Pediatric Emergency Medicine privileges).

Any physician unable to comply with the Continuing Medical Education Requirements necessary to maintain Trauma Center or other hospital specialty designation will have their practice limited to staffing strategies which satisfy the specialized center designation as determined by the Chairperson.

#### V. MEDICAL SCREENING EXAMINATION

The Medical Screening Examination shall include an evaluation by a physician, or by a nurse practitioner (NP) or physician assistant (PA) supervised by a physician. All patients who present to the Department of Emergency Medicine will receive a Medical Screening Exam prior to communication with any third-party payers. In providing the Medical Screening Exam, the DEM staff shall not discriminate against any individual because of diagnosis, financial status, race, gender, national origin, sexual orientation, or disability.

- A. The purpose of the Medical Screening Exam is to determine if an individual is experiencing an Emergency Medical Condition.
  1. An "Emergency Medical Condition" is a condition manifesting symptoms (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) which, in the absence of immediate medical attention, is likely to cause serious dysfunction or impairment to a bodily organ or function or serious jeopardy to the health of the individual or unborn child.
  2. A pregnant woman who is having contractions is considered to be in an "Emergency Medical Condition" if there is not enough time to safely transfer the woman prior to delivery or a transfer would pose a threat to the woman or unborn child.
  3. Pregnant women over 12 weeks' gestation who have presenting complaints that seem likely to be related to the pregnancy will be triaged directly to the labor and delivery suite, and the Medical Screening Exam shall be completed by the gynecologist on duty.
- B. No Delay in Screening or Examination
  1. There shall be no delay in providing a Medical Screening Exam or follow-up treatment in order to inquire about the patient's method of payment or insurance status.
  2. Prior authorization from the plan shall NOT be required or requested before providing an appropriate Medical Screening Exam and/or necessary stabilizing treatment. Neither the performance of the Medical Screening Exam nor the provision of stabilizing treatment will be conditioned on a patient's completion of a financial responsibility form or payment of a co-payment.

3. Patients who inquire about financial responsibility for emergency care will be encouraged to delay such discussions until after the completion of the Medical Screening Exam. These patients will also be told that the hospital will provide a Medical Screening Exam and stabilizing treatment, regardless of their ability to pay.
4. If a patient withdraws his or her request for examination or treatment, an appropriately trained individual from the DEM staff will discuss the medical issues related to a "voluntary withdrawal." In the discussion, the DEM staff member will:
- a. offer the patient further medical examination and treatment as may be required to identify and stabilize an Emergency Medical Condition;
  - b. inform the patients of the benefits of the examination and treatment, and of the risks of withdrawal prior to receiving the examination and treatment; and
  - c. ask the patient to sign a "Withdrawal of Request for Emergency Care" form, which shall be completed by the DEM staff member. If the patient refuses to sign the form, a description of the risks discussed and of the examination and/or treatment that was refused shall be documented.
5. If a patient leaves the DEM prior to the Medical Screening Exam or stabilizing treatment without notifying DEM personnel, this should be documented.

#### VI. VERBAL ORDERS

Certified nurse practitioners may convey verbal orders and these orders will be implemented by the nursing staff. These verbal orders must be countersigned within twenty-four hours by the supervising physician.

#### VII. ON-CALL LISTS

The clinical Departments of the hospital will provide an on-call list for the services provided by the clinical Departments. It is the responsibility of the Department of the on-call physician to assure that the on-call physician is appropriately credentialed and available for emergency consultation.

It is the responsibility of the on-call physician to notify the Department of Emergency Medicine and hospital operators of any change in their availability and their preferred method of contact (i.e. answering service, pager, home phone, etc.)

#### VIII. ON-CALL OR ADMITTING ATTENDING CONTACT PROCEDURE

- A. When an on-call or admitting attending is contacted by the emergency physician the physician must respond by telephone within 30 minutes and, if requested, in person within 60 minutes. The emergency physician, in consultation with the on-call or admitting physician, shall determine whether the patient's condition requires the on-call or admitting physician to see the patient immediately. If there is a disagreement, the attending emergency physician opinion will take precedence because they have most recently evaluated the patient and are responsible for the care of the patient while in the Department of Emergency Medicine.

- B. If an on-call or admitting physician fails to respond by telephone within 30 minutes or in person within 60 minutes when requested to respond to the Emergency Department, the emergency physician should follow the procedure below to obtain a physician to admit the patient or perform an emergency consultation.
  - 1. Attempt to contact the on-call physician's department Chairperson (or division chief) to resolve the problem; if unable to reach the department Chairperson (or division chief) within 30 minutes,
  - 2. Contact the Administrator on Call.
  
- C. An on-call or admitting physician or department may request that their Emergency Department consultations be seen by resident physicians. If an emergency physician specifically requests a consultation from an on-call or attending physician or surgeon, then the interaction between the emergency physician and the attending physician or surgeon shall be governed by the above procedures.
  - 1. If a resident physician is requested to respond in lieu of the resident's attending physician or surgeon, and the resident does not respond by telephone within 30 minutes, or in person within 60 minutes, then the emergency physician shall directly consult the attending physicians or surgeon, and the interaction between the emergency physician and the attending physician or surgeon shall be governed by the above procedures.

IX. EXTERNAL TRANSFERS TO THE DEPARTMENT OF EMERGENCY MEDICINE  
(See Administrative Policy 217: Requests for Transfer to Mercy Hospital or Mercy Providence Hospital)

- A. Any physician (or DEM physician designee) may accept a transfer on behalf of the Mercy Hospital of Pittsburgh to the Department of Emergency Medicine. These transferred must be coordinated through the Transfer and Communications Center prior to accepting the transfer to ascertain Status of the Emergency Department.
  
- B. Only a DEM attending physician (or designee) has the authority on behalf of the Mercy Hospital of Pittsburgh to refuse a transfer to the Department of Emergency Medicine. Such refusals may only occur by the DEM attending physician if one of the following is true:
  - 1. The Mercy Hospital of Pittsburgh does not have the capacity (i.e. bed, staff, or equipment) to care for the patients such as:
    - a. The Mercy Hospital of Pittsburgh is on Condition Red or Black. (see Administrative Policy 213)
    - b. The patient requires specialty care and no one is on-call for a particular specialty where the Mercy Hospital of Pittsburgh has less than three (3) staff physicians in that particular specialty and there are gaps in the call schedule.
    - c. The requested services are unable to respond due to previous emergency and no backup is available.
    - d. On-call specialist is too fatigued from current or ongoing

care and no back up is available. (Precise details are required to be documented in an Occurrence Report by the DEM physician and the On-call specialist)

2. If the patient does not have an emergency medical condition (i.e. the patient never had an emergency medical condition or it has been already resolved.)
3. It is a request for a Lateral Transfer

Lateral Transfer: a facility requests to transfer to the Mercy Hospital of Pittsburgh a patient with an emergency medical condition that has not been resolved and the requesting facility has the capabilities to resolve the emergency medical condition.

4. Inappropriate Transfers

Should be reported by the DEM physician to the Administrator on call and the "Report of Possible Inappropriate Transfer" (Administrative Policy #217) should be completed and sent to Legal Services Department and copied to the Chairperson.

#### X. ORGANIZATION OF THE DEPARTMENT

The Department Chairperson appoints Vice Chairpersons and the Division Chief, as well as others who assist in the fulfillment of Departmental responsibilities.

The Department has one Division, Pediatric Emergency Medicine. The Division Chief conducts divisional meetings on an at least a semi-annual basis. Minutes from these meetings as well as an annual report are submitted to the Chair of Emergency Medicine and the Chair of Pediatrics.

**Mercy Hospital of Pittsburgh**  
**Department of Emergency Medicine**  
**Rules and Regulations**

**XI. Professional Performance Expectations**  
 (by staff category)

	ACTIVE	COURTESY
A. Status of Health	X	X
B. Patient Responsibilities	X	X
C. CME Activities	X	X
1. Trauma CME	X	X
D. Educational Responsibilities	X	X
E. Citizenship		
1. Departmental Meetings	66% 0	0
2. Medical Staff Quarterly	50% 0	0

X = Expected Activity  
 0 = Encouraged but not required Activity

**Mercy Hospital of Pittsburgh  
Delineation of Privileges  
PRIVILEGES REQUESTED**

**Department:** Emergency Medicine      **Physician:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_      **Date Signed:** \_\_\_\_\_  
*Chairman, Department of Emergency Medicine*

**Signed:** \_\_\_\_\_      **Date Signed:** \_\_\_\_\_  
*Chairman, Credentials Committee*

**Specialty Board Certification:**      **Date Received:**      **Expiration Date:**

PRIVILEGE	CURRENT STATUS <i>(to be completed by applicant)</i>	REQUESTED <i>(to be completed by applicant)</i>	RECOMMEND <i>(to be completed by Chairman)</i>
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**A. Core Privileges in Emergency Medicine**

Privileges include the performance of historical and physical examinations, the ordering and interpretation of diagnostic studies including laboratory, diagnostic imaging and electrocardiographic examinations of any patients who present in the emergency department with any illness or injury, condition, or symptom. These privileges also include the administration of medications, performance of emergency treatments and procedures, and the requesting of consultations and technical procedures to be performed by qualified physicians/consultants/technicians.

Privileges do not include the provision of definitive long-term care for patients admitted to the hospital. No privileges are requested to admit patients to the hospital or perform scheduled elective procedures except those procedures performed during routine emergency department follow up visits.

The following is a non-exclusive broad outline of the types of procedures and techniques expected of an Emergency Medicine physician.

- endotracheal intubation, nasal/oral
- neuro muscular blockade
- percutaneous transtracheal ventilation
- regional nerve blocks
- cardiac pacing, external/  
  transthoracic/emergent transvenous
- electrocardiography
- cystourethrogram
- lumbar puncture
- nasogastric or orogastric intubation
- proctoscopy
- thoracentesis
- slit lamp examination with or without  
  foreign body removal
- epistaxis control
- arterial sampling for blood gas  
  analysis
- arterial cannulation for monitoring
- fracture/dislocation immobilization
- emergent/urgent closed reduction of fracture  
  or dislocation
- injection of bursa or joint
- cricothyriotomy
- mechanical ventilation
- local anesthesia
- cardiac massage, open/closed
- cardioversion/defibrillation
- cardiopulmonary resuscitation
- arthrocentesis
- contrast injection for imaging
- peritoneal lavage
- emergent pericardiocentesis
- sigmoidoscopy
- tonometry
  - bladder catheterization
  - precipitous delivery of newborn
  - central venous access
  - intraosseous infusion
  - cervical immobilization
  - nail trephination
  - needle thoracostomy
  - moderate and deep sedation
  - tube thoracostomy
  - nasopharyngoscope

Mercy Hospital of Pittsburgh  
Delineation of Privileges  
**PRIVILEGES REQUESTED**  
Page 2

PRIVILEGE	CURRENT STATUS <i>(to be completed by applicant)</i>	REQUESTED <i>(to be completed by applicant)</i>	RECOMMEND <i>(to be completed by Chairman)</i>
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**B. Ultrasound**

A. Trauma - intracavitary Fluid	_____	_____	_____
B. Cardiac - PEA/Tamponade	_____	_____	_____
C. Intrauterine Gestational Sac	_____	_____	_____
D. Abdominal Aorta Dilatation	_____	_____	_____
E. Deep Venous Thrombosis Screen	_____	_____	_____

Applicant must have specific training in ultrasonographic techniques for each region as demonstrated by:

- 1) Emergency medicine residency training with acceptable verification

Or

- 2) Twenty five cases per region with procedure reports or acceptable verification and 40 hours of CME at an ACEP or AIUM-approved course which includes didactic and practical experience.

**C. Pediatric Emergency Medicine**

*Applicant must have:*

- 1) *Completed a residency in Pediatrics or Emergency Medicine at an ACGME approved residency.*

AND

- 2) *Completed an ABEM-approved fellowship in Pediatric Emergency Medicine OR primarily practiced pediatric emergency medicine at a site with more than 10,000 visits/year for the past 3 years*

I am qualified to perform the privileges that I have requested. I declare that I am both physically and mentally capable of using these privileges. I agree to abide by the Medical Staff Bylaws and the Rules and Regulations of the Department of Emergency Medicine.

\_\_\_\_\_  
Applicant's Name (Please Print)

\_\_\_\_\_  
Applicant Signature

Current Status Codes:      D - Denied  
   N - Not Requested   L - Limitations/Conditions  
   Y - Approved  
   R - Revoked  
   Q - Qualified/Not Requested