

**STAMFORD HOSPITAL  
STAMFORD, CONNECTICUT**

**RULES & REGULATIONS  
DEPARTMENT OF EMERGENCY MEDICINE**

**I Definition:**

The name shall be the Department of Emergency Medicine.

**II Organization:**

**A. Chair/Director**

1. The Chair of the Department is appointed by the Board of Directors of the Hospital in conference with the Executive Committee.
2. Physician Member of the Active Staff with 3 years training or experience in a specialty appropriate to care and treatment of emergency patients. Must be Board Certified in Emergency Medicine.

**B. Associate Chair**

1. Physician Member of the Active Staff with 3 years training or experience in a specialty appropriate to care and treatment of emergency patients. Should be Board Certified in Emergency Medicine.
2. Will be available in Director's absence for matters unresolvable at the Attending level.

**C. ED Attendings** - will comply with the following requirements for membership and may be accorded either full time, part time or per diem status.

**III Membership:**

Membership shall be limited to those physicians actively engaged in the practice of Emergency Medicine (full time and part time). All Members shall meet requirements for Active Medical Staff privileges. Credentials of physicians seeking privileges in Emergency Medicine will be reviewed by the Chair of the Department for acceptability based on education and training. The Chair's recommendations will be transmitted to the Credentials Committee for their approval. To qualify for Active Membership a physician shall be Board Eligible/Certified in a primary or secondary specialty and/or Board Eligible/Certified in Emergency Medicine. All Active members of the Department will be required to become Board Certified in their respective specialty within five years of eligibility for that certifying examination and/or prescribed by the rules and regulations set forth by that Board. Failure to obtain Board Certification may result in revocation of Active Membership in the Department of Emergency Medicine by due process through the Committee and Board of Directors.

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All Active physicians must demonstrate a strong commitment to the practice of Emergency Medicine and be well versed in all life-saving techniques as noted in the Delineation of Department Privileges, this includes age specific differences. They shall be required to have served in a full time capacity in an active Emergency Department for at least a period of one year or an equivalent period of time on a part time basis as judged by the Chair of the Department. Eligibility for Board Certification in Emergency Medicine by virtue of residency training in this field shall be considered equivalent to and may be substituted for the service requirement.

All physicians in the Department shall be Certified in Advanced Cardiac Life Support and/or Certified by the American Board of Emergency Medicine. Certification in Advanced Trauma Life Support is strongly recommended.

### **IV Privileges:**

Active Privileges shall permit the physician to exercise independent clinical judgment in initiating diagnostic and emergency treatment measures on patients entering the Hospital as victims of trauma or suffering from a wide range of physical and mental illnesses encompassing the various organs and body systems. The measures employed may range from simple first aid of minor injuries, emergency management of any acute illness or injury, and life-saving efforts, i.e. cardiopulmonary resuscitation. Where a single treatment or prescription or instruction to the patient will suffice, the physician may treat to a conclusion. If, in the opinion of the Emergency Physician, continued treatment or admission is indicated, the Emergency Physician shall be expected to make every effort to contact the patient's Private Physician per departmental procedures. If the patient has no Private Physician or physician preference, the Emergency Physician will arrange follow-up according to Policy.

Privileges in the Department of Emergency Medicine do not include Admitting Privileges. Full time or part time Active Members in the Department of Emergency Medicine shall not maintain an office for the private practice of Medicine or Surgery in the Hospital catchment area. As needed the department will hire per diem staff. They will be credentialed in the same manner as required by the medical staff by-laws.

### **V Meetings:**

**A.** The Department Meeting will be held monthly. Attendance is expected of all Active full time Members who are not working in the Emergency Department or whose absence has not received prior approval through notification of the Chair of inability to attend. All Active Members of the Department have voting privileges in the Department. Cancellation of Meetings will be at the discretion of the Chair.

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**B.** Committees shall be appointed by the Chair as appropriate for conduct of Departmental affairs.

**C.** Departmental physicians who are active members of the Medical Staff should participate in appropriate committee activities on the Hospital and Medical Staff.

### **VI Education:**

Members are required to obtain Continuing Medical Education credits as established by the American College of Emergency Physicians and their respective specialty board and as outlined for medical staff privileges.

### **VII Research:**

Any research projects should be done in accordance with the Medical Staff By-laws.

### **VIII Policies:**

**A.** The Chair of the Department or designee will be responsible for scheduling full time coverage for the Emergency Department.

**B.** The Chair or designee will be responsible for augmenting staff, dependent on patient flow.

**C.** Emergency Department Attendings have the duty to call in consultants for matters beyond their expertise according to referral from patient's Private Physician or according to on-call lists.

**D.** The Chairs of Clinical Departments will furnish the Emergency Department with monthly rosters of physicians-on-call in their Departments. The Emergency Department must be given advance notice of any change in the on-call roster.

**E.** A Medical Staff member may elect to directly treat his/her own patients in the Emergency Department, but should notify the Emergency Department Attending of his/her intent and be present in the Department at the time of or within 15 minutes of their arrival. If the Private Attending is not present at this time, the patient will be treated by the Emergency Department Attending. Emergency Department Attending will physically see and monitor the condition of all patients within the Department not actively attended to by another member of the Medical Staff.

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**F.** Admitting orders are the responsibility of the Admitting Physician, and not the Emergency Department Attending. The Emergency Department Attending will not write admitting orders except in extenuating circumstances and at the discretion of the Emergency Department Attending.

**G.** Prior to discharge from the emergency department, the treatment plan for all patients evaluated by the House Staff will be reviewed by an on duty attending emergency physician. The chart will be signed to confirm this review. The advanced practice providers may discharge low complexity patients without the emergency physicians reviewing the encounter prior to discharge. Low complexity is defined as ESI level 4 and 5 patients.

**H.** Where discrepancies in determination of need for admission arises, the responsible Attending for admission will need to write a note on the chart for discharge of the patient from the Emergency Department at the time of discharge.

**I.** Procedures not included in the description of general clinical privileges profile may be performed in emergency situations even though not herein specified.

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**9/88, Rev 11/94 REV 11/97 1/98, 12/03, 12/06, 12/15**