

GCMC

Department of Emergency Medicine

Rules & Regulations

- 601 The Department of Emergency Medicine shall meet at least annually_or at a time and place designated by the Department Chairman.
- 602 The Department of Emergency Medicine shall consist of all Emergency Medicine specialists.
- 603 All Active and Associate Medical Staff appointees assigned to the Department of Emergency Medicine shall be encouraged to attend all meetings.
- 604 The officers of the Department shall be:
- a. A Chairman, whose qualifications, selection, tenure and functions will be specified in the Medical Staff Governance Policies.
 - b. A Vice-Chairman, whose qualifications, selection, tenure and functions will be as specified in the Medical Staff Governance Policies.
- 605 Only Active Staff appointees are eligible to vote at Department meetings. All actions of the Department will be decided by majority vote of those Active appointees present and voting except on recommendations for advancement, discipline or expulsion, which will require a two-thirds (2/3) majority of those present and voting with a quorum present. A quorum will be defined as fifty (50) percent of the Active appointees of the Department.
- 606 The Medical Center is equipped to render emergency resuscitative and life-support medical services for anyone under the care of one of our Medical Staff practitioners.
- 607 Appointees to the Medical Staff shall share in the responsibility for providing physician coverage on an emergency basis in the Emergency Department in accordance with the provisions of the Medical Staff Bylaws. Physicians who are on call in the Emergency Department shall respond to a call/page from the emergency physician on duty in the Emergency Department within thirty (30) minutes. Each department/specialty shall adopt its own set of criteria and parameters to provide this coverage. The Executive Committee shall intervene if a particular department/specialty fails to provide adequate coverage.

- 608 Follow-up care with the appropriate on-call physician will be assigned for patients who have no private physician based on the discretion of the Emergency Department physician. The on-call physician is obligated to accept and see, for at least one (1) follow-up visit, all patients referred to him by the Emergency Department. This visit must occur within a time frame commensurate with the severity of the illness.
- 609 An appropriate medical record shall be kept for every patient receiving emergency service and it shall be incorporated in the patient's hospital record, if such exists. The record shall include:
- a. Adequate patient identification
 - b. Information concerning the time of the patient's arrival, means of arrival and by whom transported
 - c. Pertinent history of the injury or illness including details relative to first aid or emergency care given the patient prior to his arrival at the Medical Center
 - d. Description of significant clinical, laboratory and roentgen logic findings
 - e. Diagnosis
 - f. Treatment given
 - g. Condition of the patient on discharge or transfer
 - h. Final disposition, including instructions given to the patient and/or family, relative to necessary follow-up care
- 610 Each patient's medical record shall be signed by the practitioner in attendance that is responsible for its clinical accuracy.
- 611 The Medical Staff shall assist in providing practitioner coverage in time of a disaster. The care of mass casualties will be based upon the Medical Center's capabilities in conjunction with other emergency facilities in the community. All policies concerning direct patient care will be a joint responsibility of the departmental chairman and the Chief Administrative Officer.