

POLICY AND GUIDELINE

TOMAH HEALTH

Tomah, Wisconsin 54660

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DIVISION: Leadership
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TITLE: Orientation Emergency Services
Provider
PAGE: 1 of 6

Author DATE: _____

Approved By: _____ DATE: _____
Administrative Team Leader

Medical Staff President DATE: _____

01. INVOLVES

Administration, Medical Staff (for signature), Patient Care Services, Quality Services, Infection Prevention, Fire/Safety

02. PURPOSE

To provide an overview of facility services to a new credentialed health care provider, to ensure good communication between provider and staff as to facility processes and information and to enhance patient quality and safety.

03. POLICY

Tomah Health (TH) will provide a facility orientation to a new credentialed health care provider as noted in the Medical Staff Bylaws, Rules and Regulations.

TOMAH HEALTH
Tomah, Wisconsin

ORIENTATION INFORMATION FOR EMERGENCY SERVICES DEPARTMENT PROVIDER
Guidelines and Expectations
(Supplemental Information to Orientation for Health Care Provider)

RESPONSIBILITY OF EMERGENCY SERVICES DEPARTMENT PHYSICIAN

Emergency Services Department physician responsibility includes the treatment and management of patients in the Emergency Services Department. Patients should be seen as soon as possible and priority placed on those patients whose illness/injury is most severe. Critically ill patients are defined as those whose illness/injury causes an immediate threat or hazard to life or limb. Ancillary staff is responsible for notifying the Emergency Services Department physician of a patient's arrival.

Any outpatients presenting themselves to the Emergency Services Department for Emergency or Urgent Care will be given care by the Emergency Services Department physician or an Advanced Practice Provider (APP) working in collaboration with the Emergency Services Department physician.

If the Emergency Services Department physician has been notified prior to the patient's arrival that the Specialty or Primary Care physician is to see the patient, the Emergency Services Department physician will attend to any critical situation pending the arrival of the Specialty or Primary Care physician.

RESPONSIBILITY OF EMERGENCY SERVICES DEPARTMENT ALLIED HEALTH PROVIDER

Emergency Services Department Advanced Practice Providers are responsible for the treatment and management of patients in the Emergency Services /Urgent Care Department with an emphasis on the Urgent Care patients. Patients should be seen as soon as possible and priority placed on those patients whose illness/injury is most severe. Ancillary staff is responsible for notifying the Emergency Services Department provider of a patient's arrival. All patients are seen in collaboration with the Emergency Services Department physician.

STAFFING

The Emergency Services Department will be staffed on a 24-hour basis by contract physician privileged to provide emergency department care and respond to medical and obstetrical emergencies (as addressed under Consultation with Attending Physician) in the Hospital. Emergency Services Department physician presence is confined to the Hospital grounds.

Advanced Practice Providers are scheduled to work varying shifts during peak Emergency Services /Urgent Care hours and may also be called to assist in medical or obstetrical emergencies.

CONSULTATION WITH ATTENDING PHYSICIAN

Consultation should be sought with the on call admitting physician for:

Admission of patients (including observation)

Screening of obstetrical (Women's Health/OB) patients:

- a) The Emergency Services Department (ED) shall screen all patients for emergency condition(s) except the emergency Women's Health/OB patients 20 weeks or greater. Patients with potential obstetrical problems shall be screened by the qualified medical professional in Women's Health unless they are in need of immediate stabilization in the ED for suspected life or limb threatening injury or disease, or imminent precipitous delivery. Obstetrical problems are defined as the following, per established medical staff guidelines:
 - i. Potential obstetrical problems such as abdominal or back pain, bleeding, leaking, abnormal vaginal discharge, decreased fetal movement, etc. should have a medical screening exam in the Women's Health/OB department by an Women's Health/OB provider and/or Qualified Medical Professional to exclude an obstetrical problem and if needed referred to the ED.
 - ii. Obstetrical patients with problems clearly unrelated to their pregnancy, (i.e., extremity fracture, URI, bronchitis, etc.) may be treated without consultation of Women's Health/OB provider.
- b) ED Providers may initiate a telephone conversation consult with the Women's Health/OB provider to determine the treatment plan if needed. Consultation is recommended when an Women's Health/OB patient in the ED is suspected to have a new potential obstetrical complication (pre-eclampsia, HELLP, etc.).

DOCUMENTATION

The Emergency Services/Urgent Care Physician will document all care provided in the electronic medical record. The documentation should be done during the patient visit or as soon as possible after the visit, but by the end of the shift, and include history, physical exam, procedures performed and diagnosis. Comprehensive documentation is required on any patient that risk management has been or will be notified of. If pertinent, the history should include:

Present illness
Past medical problems
Past surgical history
Current medications
Social history
Family history
Review of systems

Providers are to place all their own orders in the patient chart, with the exception of truly emergent situations. If verbal orders are given, they must be repeated back by the nurse for clarity.

Follow up instructions for incidental findings on ancillary tests that are found during an ED visit will be included in the patient's AVS on discharge.

PATIENT COMMUNICATION

Emergency Services Department staff is not to give out any telephone advice. An appropriate response would include a statement that the Emergency Services Department is open 24 hours a day and is staffed by a provider who can thoroughly assess the situation. The Emergency Services Department provider may give advice to a patient recently seen in the Emergency Services/Urgent Care on the telephone but the information must be documented in the electronic medical record as a telephone encounter. When the provider is unable to access the electronic medical record the provider must document via hand written note that will then be scanned into the medical record.

TEST RESULTS

Any labs or results that are completed after the patient has been discharged need to have a written plan for resolution, including how to contact patient and what will be done with result via a note in the electronic medical record. Documentation of the contact and subsequent recommendation should be entered into the electronic medical record as a result note or telephone contact. This can be done by entering the information into the electronic medical record or when the electronic medical record is not available (during downtime) handwritten on lab result sheet which is scanned into the medical records. If the Emergency Services provider is unable to contact the patient by means agreed upon in the written plan, a letter will be sent to the patient.

ADMISSIONS

The Emergency Services Department physician has the following responsibilities related to patients who require admission to the hospital:

Evaluate the patient and identify the problem

Contact the hospitalist or on call physician for consultation

Patients requiring admission to the Hospital will be referred to the appropriate Hospital on call physician.

For patients requiring blood transfusion prior to discharge, the ED provider will contact the hospitalist. If the hospitalist determines that the patient meets observation admission criteria, he/she will admit the patient to Acute Care and order the appropriate blood product(s). If the patient does not meet criteria for observation admission, the ED provider will write discharge orders for transfusion of the appropriate blood product(s) and contact the Patient Care Coordinator (PCC) or Infusion Department Director to determine the physical location of the service. If the transfusion is expected to extend beyond the Infusion Department's normal working hours, the patient may receive the Outpatient Infusion service in an alternate location (Acute Care or Women's Health).

Tomah Health is not certified as a detox facility. Patients who have alcohol and drug abuse issues may be admitted with another primary diagnosis. In the event withdrawal is a concern, Tomah Health does have withdrawal protocols that can be used. Hospital policy states that combative, potentially violent or unruly patients are to be transferred to the closest appropriate referral facility.

DISCHARGE (TRANSFERS, REFERRALS)

Discharge instructions should be documented and shall include:

**Diagnosis and treatment in terms the patient can understand,
including for what, when and to whom to return for additional care**

Condition at Discharge

Changes in diet or activity

Address pending labs (see above)

COBRA /EMTALA Law requires that there must be an accepting physician prior to any transfer. Informed consent for transfer is required from that patient or patient's surrogate.

Any condition which requires follow-up or a series of visits should be referred to the primary care or appropriate provider. Routine follow up visits to the Emergency Services Department for care are discouraged without consultation with the primary care provider. However, minor injuries which require limited follow-up such as ankle sprains may be referred directly to Physical Therapy from the Emergency Services with a recommendation for additional follow-up by primary care.

It is Hospital policy to notify the Monroe County Coroner of any Emergency Services deaths. Nursing staff is available for assistance.

RISK MANAGEMENT

Positive patient interaction is key in managing risk in the Emergency Services Department. Therefore, a good customer-service attitude is expected at all times.

Compliments and complaints will be forwarded to the Emergency Services Department provider involved, the Emergency Services Department Medical Director, and the Hospital Administrator. Any trends identified will be forwarded to the Medical Staff Executive Committee for review and action.

QUALITY/PERFORMANCE IMPROVEMENT

Quality of care is monitored through a review of medical records and data trends such as:

Returns to the Emergency Services within 48 hours with same problem

Complaint rates

Mortalities

Trauma Case Reviews

**Timeliness and appropriateness of thrombolytic therapy –
(which includes timeliness of EKG)**

Drug therapy reviews (antibiotic use, etc.)

Door to drug times

Patient satisfaction data by provider

X-Ray Discrepancies

Door to Provider Times

Lengths of Stay

In addition, diagnosis or problem – specific reviews may be completed.

MEDICATIONS

A written hospital formulary is maintained in the Emergency Services Department for reference.

Tomah Health and its Medical Staff have adopted a Narcotic and Sedative Management policy as a result of the Hospital and its medical staff's concerns over the increasing overuse and abuse of these medications.

Prescription refills for narcotic or sedative medications that have been lost or expired will not be given. The patient will be responsible for maintaining an active prescription with his/her primary care provider, specialty physician or pain management clinic. Patients that present to Emergency Services with chronic pain will receive non-narcotic/non-sedative medications as a temporary treatment.

Patients who frequently visit the emergency department seeking relief from certain painful conditions will be considered to have a chronic pain syndrome. These include migraine headaches, back and neck pain, pelvic and ovarian pain, dental, fibromyalgia and possibly other conditions. The Emergency Services provider will only prescribe non-narcotic/non-sedative medication for these conditions. All patients under this policy will also be provided with information for follow up and for substance abuse treatment. Exceptions may be made for acute injury or terminal conditions, such as cancer.

If the Emergency Services Provider feels it is appropriate to have a patient medicated with pain relieving or sedating injections, Emergency Services staff will require that a driver is available prior to discharging patient.

PROFESSIONAL EXPECTATIONS

Promotion of a professional image to patients and families is expected. Scrubs or semi-casual clothing is recommended. Scrubs, lab coats, or other apparel with any other facility affiliation shall not be worn. Hospital provided scrubs and lab coats are available, and will be provided at the provider's request and if casual clothing (t-shirts, sandals, jeans, etc.) are worn to staff a shift. Eating, drinking, or the use of any tobacco products while attending patients is prohibited.

05. FORMS

Attestation to Orientation for Emergency Services Provider Policy

Tomah Health
Attestation to Orientation for Emergency Services Provider Policy

I have read, and understand, the Orientation for Emergency Services Provider policy 100-MSF-016.

Emergency Services Department Physician Signature

Date

Printed Name of Emergency Services Department Physician

I acknowledge that I am responsible as an emergency services department physician for the collaboration/supervision of any scheduled Advanced Practice Provider (nurse practitioner or physician assistant) while on my scheduled shift.

Emergency Services Department Physician Signature

Date

Printed Name of Emergency Services Department Physician