



**DEPARTMENT OF MEDICINE
SECTION OF EMERGENCY MEDICINE RULES AND REGULATIONS**

I. MEMBERSHIP

The Section of Emergency Medicine shall consist of those members of the Medical Staff with privileges in Emergency Medicine.

II. CHAIRPERSON

The Emergency Department Medical Director shall serve as the Section Chief for a two year term and shall be a member in good standing of the Medical Staff. The Medical Director as Section Chief shall serve on the Medical Executive Committee in an ex-officio role, without voting rights, until they have reached Active Staff status.

III. DUTIES OF CHAIRPERSON

- A. The Section Chief of Emergency Medicine shall perform those duties as outlined in Article V, Sections, of the Medical Staff Bylaws.
- B. At the direction of the Chairperson, this Section shall routinely review admissions to the Emergency Department in sufficient detail to determine diagnosis and adequacy of care. The Committee's review shall be reported to the Medical Committee which will forward reports to the Medical Executive Committee.

IV. PRIVILEGES

- A. All physicians assigned to the Section of Emergency Medicine shall be granted general privileges for the examination, diagnosis and emergency treatment of patients as recommended by the Chairperson of the Department of Medicine, the Medical Executive Committee and approved by the Operating Board. Unless specific exception is made, members of the Section of Emergency Medicine are not granted inpatient admitting privileges.
- B. Must have ACLS, ATLS, and PALS certification or be Board Certified in Emergency Medicine. Physicians whose ACLS, ATLS and PALS Certification has expired and who are not Board Certified in Emergency Medicine will not be scheduled for work until the Certifications have been renewed.

Practitioners who complete an accredited residency but are unable to establish eligibility to take the exam for Board Certification, may be eligible to be appointed to the medical staff for a period of time not to exceed six months if:

- the Medical Staff Department is able to confirm with the program director that the applicant has met all of the requirements of the program to be able to apply for board status, or

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- if the practitioner is able to confirm that he/she is eligible to sit for the board certification exam and can produce documentation from the respective board.

It is the responsibility of the practitioner to provide evidence of board status to the Medical Staff Services Department. If the appropriate board status is not achieved within six months, the practitioner will have been deemed to have voluntarily resigned from the staff.

- C. Privileges are granted based on applicant's ability to meet eligibility requirements, documentation of education, training, current competency and recent experience. Observation may be imposed at the discretion of the Emergency Department Section Chairman and/or Department of Medicine Chairman.
- D. CLASS I – ANESTHESIA: Moderate (Conscious) Sedation: A drug induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. Practitioners eligible for the privilege must be qualified to assess and rescue patients from unintended deep sedation including airway management.

Physicians must submit one of the following to apply for moderate sedation:

1. Names of five patients to whom you have given conscious sedation within the past 12 months; *or*
 2. Completion of the Conscious Sedation Test with passing score (test may be obtained from Medical Staff Services); *or*
 3. Letter from the Chief of Service at a facility where you are actively practicing attesting to competency in performing moderate sedation on five patients within the past 12 months or a letter from the program director attesting to training and competency if training completed within past two years.
- F. Deep sedation privileges (limited to use of Propofol, Methohexital and Ketamine): A drug-induced depression of consciousness during which patients cannot be easily aroused, but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained. Practitioners eligible for deep sedation privileges must be qualified to assess and rescue patients from any level of sedation including general anesthesia.

Emergency Medicine physicians wishing to request deep sedation privileges must submit the following:

1. Documentation of current ACLS certification (must be continuously maintained) Physicians Board Certified or Board Eligible in Emergency Medicine are exempt from the ACLS requirement; AND
 2. Completion of test questions relating to deep sedation with passing score of 100%; AND
 3. Must hold moderate sedation privileges.
- G. Emergency Department Ultrasonography

Emergency Department ultrasound is a limited, focused, goal-directed exam used to answer a specific clinical question and does not replace the more comprehensive sonography offered by the Department of Medical Imaging.

Physicians who wish to perform Emergency Department ultrasound must provide evidence of successful completion of a training program lasting no less than 16 hours to include:

- Introduction to the Emergency Department Ultrasound
 - Ultrasound physics
 - Instrumentation
 - Hands-on training laboratories
 - Primary applications:
 - Abdominal
 1. Focused abdominal ultrasound in trauma (FAST) exam to include abdominal and cardiac views.
 - Cardiac
 1. Pulseless electrical activity- identifying presence or absence of cardiac activity.
- Secondary Procedural applications:
 1. Central line access
 2. Thoracentesis
 3. Paracentesis
 4. Superficial abscess drainage.
 5. Suprapubic bladder aspiration.
 6. Soft tissue foreign body localization.
- Physics
 1. Axial and lateral resolution.
 2. Signal attenuation.
 3. Gain, focus, and time-gain compensation.
 4. Transducer characteristics.
 2. Screen orientation.
 3. Artifacts.
 4. Biological effects.
 5. Equipment care and maintenance.

Emergency Department ultrasound texts and other training material are available to supplement each physician's ultrasound training.

Upon verification of satisfactory completion of the training curriculum, the Emergency Medicine Section Chair will forward a recommendation to the Chief of Medicine to recommend the physician be granted Level I sonographer training privileges in the following specific areas:

Focused Abdominal Ultrasound in Trauma (FAST)

Cardiac - Pulseless electrical activity- identifying presence or absence of cardiac activity.

Physicians who have successfully completed a training program lasting no less than 16 hours, as outlined above, may request Secondary Procedural Applications identified above. These procedures under ultrasound will not require further supervision/training unless indicated by the Chief of Medicine.

A physician may request Level II sonographer privileges if they can provide documentation of successful completion of a training program lasting no less than 16 hours as outlined above and provide evidence of the required number of specific exams as indicated under "Training Requirements." This documentation will be reviewed by the Emergency Medicine Section Chair who will forward a recommendation to the Chief of Medicine.

Training Requirements

Under the remote supervision of an ED physician with Level II sonographer privileges, the physician with Level I sonography privileges must complete and log the required numbers of exams (based upon the American College of Emergency Physicians Guidelines) for each anatomic area or indication as follows:

Focused abdominal ultrasound in trauma to include cardiac and abdominal views (FAST) – 50 cardiac exams.

Cardiac – presence or absence of cardiac activity – 50 exams.

An exam performed at Boswell Medical Center will be counted toward the required number at Webb Medical Center and vice versa.

Training Exam Documentation

All Level I Ultrasound training exams will fulfill the following criteria:

- Performed by the provider listed;

- Contain interpretable images, with numbers and projections as specified by the Emergency Medicine Section Chair;

- Contain follow-up information, as appropriate; and

- Be recorded on the appropriate ultrasound data collection form.

Level I Ultrasound training exams, may only be used for clinical decision-making if reviewed in real-time by a Level II sonographer. Otherwise, these exams will not be used to make patient care decisions nor will the results be documented on the medical record.

Each ultrasound training exam, performed by a physician with Level I sonography privileges, is to be reviewed by the Emergency Medicine Section Chair or other qualified personnel (i.e. Physician with Level II sonography privileges or a radiologist with ultrasound privileges). Such review will include appropriate feedback regarding image quality, technique, and interpretation.

In the absence of a ED physician with Level II sonography privileges, the training exam will be evaluated and over-read retrospectively by a Level II sonographer for both technical quality and accuracy of interpretation. The training exam may be validated concurrently by a study done in the Department of Medical Imaging. A training exam performed by a Level I sonographer may be used for medical decision making purposes without first being reviewed in the following circumstances:

When a life threatening condition and a patient's clinical condition regardless of bedside ultrasound demand immediate intervention (e.g. suspected cardiac tamponade requiring pericardiocentesis, thoracotomy in trauma, etc).

Upon completion of the required number of training exams for each anatomic/indication area, the physician will provide to the Emergency Medicine Section Chair the required documentation of successful completion of the ultrasound exams for that specific anatomic/indication area (privileges in each anatomic/indication area may be separately obtained). The Emergency

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Medicine Section Chair will review the documentation and forward a recommendation to the Chief of Medicine for Level II sonography privileges in the anatomic/indication area. A physician granted Level II sonography privileges will be allowed to use limited ultrasound in the Emergency Department for patient-care decisions. This physician may supervise Level I physicians.

Continuous Quality Improvement

A percentage (no less than 10%) of all exams will be reviewed at regular intervals to ensure accuracy in the performance and interpretation of Emergency Department ultrasound exams and appropriate inclusion in an overall evaluation and treatment plan.

At regular intervals a CQI report will be prepared by the Emergency Medicine Section Chair and will be made available to the Chief of Medicine.

- Revised: Medical Committee – 2/04, 4/04
Department of Medicine – 6/04
Medical Executive Committee – 7/04
Operating Board – 9/04
- Approved: Medical Staff Organizing Committee - 12/8/87
Del E. Webb Memorial Medical Center Board of Directors - 12/87
- Revised: Department of Emergency Medicine - 1/88
Medical Executive Committee - 2/88
DEWMH Board of Directors - 2/88
- Revised: Department of Emergency Medicine (IV. C., D., E., F.) - 3/9/89
Medical Executive Committee - 4/3/89
DEWMH Board of Directors - 4/20/89
- Revised: Department of Emergency Medicine (V.) - 12/90
Medical Executive Committee - 1/91
DEWMH Board of Directors - 1/91
- Revised: Department of Emergency Medicine (IV. G.) - 3/91
Medical Executive Committee - 4/91
DEWMH Board of Directors - 4/91
- Revised: Department of Emergency Medicine (II.) - 3/92
Medical Executive Committee - 4/92
DEWMH Board of Directors - 4/92
- Revised: Department of Emergency Medicine (IV.D.) - 12/92
Medical Executive Committee - 1/93
DEWMH Board of Directors - 1/93
- Reviewed: Department of Emergency Medicine - 3/94
Medical Executive Committee - 4/94
DEWMH Board of Directors - 4/94
- Revised: Department of Medicine - 9/96
Medical Executive Committee - 10/96
DEWMH Board of Directors - 10/96
- Reviewed: Department of Medicine - 6/98
Medical Executive Committee - 9/98
DEWMH Board of Directors - 9/98
- Revised: Department of Medicine – 12/99
Medical Executive Committee – 1/3/00
DEWMH Board of Directors – 1/19/00
- Reviewed: Department of Medicine – 12/01

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Revised: Medical Executive Committee – 1/02
DEWMH Board of Directors – 1/02
Ad Hoc Committee for Deep Sedation – 3/03
Medical Executive Committee – 4/03
Operating Board – 6/03

Reviewed: Department of Medicine—9/03
Medical Executive Committee – 10/03
Operating Board – 10/03

Revised: Medical Committee – 2/04, 4/04
Department of Medicine – 6/04
Medical Executive Committee – 7/04
Operating Board – 9/04

Revised: Medical Executive Committee – 7/05
Operating Board – 7/05

Revised: Dept. of Medicine – 3/06
Medical Executive Committee – 4/06
Operating Board – 4/06

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Dept. of Medicine – 6/06
Medical Executive Committee – 7/06
Operating Board – 7/06

Revised: Section of Emergency Medicine – 11/2006
Medical Committee – 11/2006
Dept. of Medicine – 12/2006
Medical Executive Committee – 1/2007
Operating Board – 1/2007

Revised: Medical Committee – 04/14/08
Dept of Medicine – 06/09/08
Medical Executive Committee – 07/07/08
Operating Board – 7/30/08