



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

Mangum Regional Medical Center

TITLE		POLICY
Scope of Services and Practices of the Emergency Department		EMD-002
MANUAL	EFFECTIVE DATE	REVIEW DATE
Emergency Department		
DEPARTMENT	REFERENCE	
Emergency Department		

I. SCOPE

This policy applies to Mangum Regional Medical Center Emergency Department (ED), a Level IV Emergency Department providing emergency services to patients who present to the ED seeking treatment for perceived serious health concerns. The Hospital ED is a dedicated emergency department providing services across the lifespan.

II. DEFINITIONS

- A. “Dedicated Emergency Department” (DED):** is defined as any department or facility of the Hospital, regardless of whether it is located on or off the main Hospital, that meets at least one of the following requirements:
 1. The hospital department is licensed by the State in which it is located under applicable State law as an emergency room or emergency department; or
 2. The hospital department is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions (EMC) on an urgent basis without requiring a previously scheduled appointment; or
 3. The hospital department during the preceding calendar year in which a determination under this Section is being made, based on a representative sample of patient visits that occurred during the calendar year, it provides at least one-third (1/3) of all its outpatient visits for the treatment of EMCs on an urgent basis without requiring a previously scheduled appointment. *This includes individuals who may present as unscheduled ambulatory patients to units (such as labor and delivery or psychiatric intake or assessment units of hospitals) where patients are routinely evaluated and treated for EMCs.*
- B. Emergency Services:** refers to any healthcare services provided for immediate attention and management of patients with a serious medical condition that a prudent layperson with an average knowledge of medicine and health perceives is a serious medical condition requiring treatment within the hospital’s capabilities.

- C. EMTALA (Emergency Medical Treatment and Labor Act):** refers to Sections 1866 and 1867 of the Social Security Act, 42 U.S.C., Section 1395dd, which obligates hospitals to provide medical screening, stabilizing treatment, and/or transfer of patients who may have an EMC (emergency medical condition) and women in labor.
- D. Conditions of Participations (CoPs):** refers to health and safety standards developed by the Centers for Medicare & Medicaid Services (CMS) that healthcare organizations including Critical Access Hospitals (CAHs) must meet in order to participate in the Medicare and Medicaid programs. The health and safety standards are the core for the improvement of quality and ensuring the health and safety of beneficiaries. Through this process CMS ensures that the standards of accrediting organizations that are recognized by CMS must meet or exceed the standards set forth by Medicare in the CoPs.
- E. Competent:** refers to staff that have completed a competency assessment initially and on an ongoing basis.

III. SCOPE OF SERVICES

A. General

Mangum Regional Medical Center, an 18-bed licensed bed facility, deemed by the Centers for Medicare & Medicaid Services (CMS) as a Critical Access Hospital (CAH) has a 25-bed maximum acute care capacity. The DED provides emergency services 24 hours a day and has a total of 2 rooms. The Hospital provides emergency services within the capabilities of a DED to the following patient populations:

- Adults
- Geriatrics
- Pediatrics
- Adolescents
- Newborns

All patients presenting to the Hospital's DED seeking emergency medical services shall be triaged using the Emergency Severity Index (ESI) to determine prioritization based on urgency of treatment secondary to the patient's condition. A medical screening examination (MSE), including necessary ancillary testing (i.e. labs, diagnostic studies, etc.) will be provided to each patient who presents to the DED within defined time parameters and based on the patient's assessed medical condition. Stabilizing treatment will be provided by the medical provider to the patient within the capabilities of the Hospital. A disposition decision will be determined by the medical provider that may include admission to the hospital, discharge to home, or transfer to a higher level of care.

The following patients are provided an MSE, treated and stabilized, discharged, referred, or transferred due to lack of medical, equipment, nursing or diagnostic resources:

- Multiple of massive trauma injuries
- Acute neurological conditions that may require further evaluation or surgical intervention.

- Severe burns including:
 - Partial to full thickness burns over 10% TBSA in ages <10 and >55 years of age
 - 20% TBSA in all others
 - Full thickness – all pediatrics and adults with >5% TBSA
 - All specialty burns (i.e. chemical, electrical, etc.)
- Acute cardiac conditions that may require invasive procedures such as PTCA, stent placement, angioplasty, bypass surgery, or permanent pacemaker placement.
- Any trauma to the spinal column that results or may result in significant or life-threatening condition (i.e. paralysis, c-spine fractures, etc.).
- Emergency surgery conditions.
- High risk obstetrical patients (within EMTALA restrictions)
- Significant orthopedic injuries such as hip fractures.
- Significant ophthalmic injuries.
- Significant overdoses requiring critical care monitoring/intervention.
- Psychiatric conditions including suicidal attempts, suicidal ideations, or psychotic behaviors, etc.
- Any other conditions the ED medical provider determines is not within the capabilities of the Hospital to safely treat the patient.

B. Minimum Staffing

1. A medical provider will always be on duty or on-call in the DED. If the medical provider is on-call, they are required to return a call from the Hospital within 5 minutes and be at the patient's bedside within 20 minutes of the initial notification from the Hospital.
2. A Registered Nurse (RN) will always be staffed and on duty in the DED. A minimum of one (1) RN will always remain in the DED.
3. Additional RNs, Licensed Practical Nurses (LPNs) and other healthcare staff will be available for emergency care needs based on the influx, acuity and assessment of patient care needs.

C. Qualifications of Staff

1. All medical providers will be duly licensed to practice medicine or hold an advanced practice nursing license in the State of Oklahoma. Medical providers shall be a member of the Medical Staff of the Hospital. All ED Medical Staff shall be credentialed and have privileges for Emergency Medicine and any other specific requirements delineated upon recommendation of the Medical Staff Committee and approved by the Governing Board.
2. All RNs and LPNs will have an unrestricted Oklahoma or Multi-State Nursing License.
3. All ED nursing staff will maintain certification in BLS, ACLS and all RNs will be PALS certified.
4. All ED nursing staff will have initial orientation and ongoing competency education in emergency management and triage using ESI.

5. All RNs working in the ED is recommended to obtain TNCC within two years of employment.

D. Services Provided

1. Medical Services
 - a. Medical providers and nursing staff are competent in emergency management to deliver expert and compassionate care to patients with major and minor injuries and illnesses including but not limited to infectious diseases, respiratory conditions, drug overdoses, and psychiatric illnesses.
 - b. For ED patients in need of brief, intensive monitoring and treatment, the ED provides observation of the patient with competent nursing staff and any other necessary staff until an appropriate transfer can be arranged.
2. Stroke Services
 - a. The ED medical and nursing staff have specialized knowledge to provide rapid triage, assessment and initiation of treatment for stroke using standardized evidence-based treatment and transfer protocols to ensure the patient has the best chance of survival and recovery from this critical diagnosis.
 - b. The Hospital contracts with Level I and Level II stroke centers for the rapid transfer of stroke patients to a higher level of care after initial assessment and treatment.
 - c. The Hospital collaborates with area emergency air flight service providers to transport patients via helicopter or fixed wing to Level I or Level II stroke centers for higher level care. The Hospital also partners with Emergency Medical Services (EMS) for overland transfers.
3. Cardiovascular Emergencies
 - a. The ED medical and nursing staff have specialized knowledge to provide rapid triage, assessment and initiation of treatment including but not limited to Chest Pain and Acute Myocardial Infarction (MI) using standardized evidence-based treatment and transfer protocols to ensure the patient has the best chance of survival and recovery from these critical diagnoses.
 - b. The Hospital contracts with acute care hospitals with expertise in caring for patients with cardiovascular emergencies to ensure an appropriate transfer of the patient.
4. Trauma Services
 - a. The Hospital is a Level IV Trauma Center that provides medical and nursing staff with specialized knowledge in the rapid triage, initial assessment, management, stabilization and transfer of trauma patients using standardized evidence-based treatment and transfer protocols to ensure trauma patients have the best chance of survival and recovery.

- b. The Hospital contracts with Levels II & III Trauma Centers for the rapid transfer of trauma patients to a higher level of care.
- 5. Diagnostic and Laboratory Services
 - a. Diagnostic Services
 - i. The Hospital provides x-ray and CT-scan 24 hours a day.
 - b. Laboratory Services
 - i. The Hospital provides laboratory services 24 hours a day.

IV. ATTACHMENTS

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V. REFERENCES

American College of Emergency Physicians (2015). Definition of an emergency service. *Policy Statement*. [Electronic Version]. Retrieved on 02/18/20 from <https://www.acep.org/patient-care/policy-statements/definition-of-an-emergency-service/>

Centers for Medicare and Medicaid Services (2013). Conditions of Participations (CoPs). Retrieved on 02/18/20 from <https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs>

REVISIONS/UPDATES

Date	Brief Description of Revision/Change