



**COHESIVE HEALTHCARE MANAGEMENT & CONSULTING**

**Mangum Regional Medical Center**

TITLE		POLICY
<b>Plan for the Provision of Emergency Services</b>		<b>EMD-001</b>
MANUAL	EFFECTIVE DATE	REVIEW DATE
<b>Emergency Department</b>		
DEPARTMENT	REFERENCE	
<b>Emergency Department</b>	See below	

**SCOPE**

This policy applies to Mangum Regional Medical Center for the assessment and prioritization of patients based on level of acuity and resources using an evidence based five-level triage assessment tool for patients presenting to the Emergency Department (ED). The Emergency Department offers emergency care twenty-four hours a day with at least one physician and/or medical provider experienced in emergency care on duty.

**PURPOSE**

The Hospital has adopted the Emergency Severity Index (ESI) for triaging patients arriving in the ED to improve the quality and safety of patient care. The ESI is an evidence based five level triage scale that facilitates the prioritization of patients based on the urgency of treatment for the patients' condition. The triage nurse should initially perform a quick assessment of the patient using the Emergency Severity Index Assessment Tool.

**DEFINITIONS**

**Emergency Medical Condition**-a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in:

- a) Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- b) Serious impairment to bodily functions;
- c) Serious dysfunction of any bodily organ or part;
- d) With respect to a pregnant woman who is having contractions:
  - 1) there is inadequate time to affect a safe transfer to another hospital before delivery, or
  - 2) that transfer may pose a threat to the health or safety of the woman or the unborn child

**Emergency Services**- Any individual seeking emergency services shall receive a medical screening exam, and in the presence of an emergency medical condition, stabilizing treatment

within the capabilities of the hospital and if indicated, an appropriate transfer to another medical facility.

**Stabilized**-with respect to an “emergency medical condition” that no material deterioration of the condition is likely, within reasonable medical probability, to result from or occur during the transfer of the individual from a facility or, with respect to an “emergency medical condition.” The woman has delivered the child and the placenta.

## **POLICY**

### **I. Classification of trauma and emergency operative services**

- A. Mangum Regional Medical Center is classified as a Level IV facility. Mangum Regional Medical Center shall provide emergency medical services within the capabilities and capacities of the staff and facilities available at the hospital.
- B. No surgical, or medical specialty services are provided.
- C. A registered nurse shall be on site twenty-four (24) hours a day. The on-site registered nurse shall have received training in advanced life support techniques and be deemed competent to initiate treatment of the emergency patient.
- D. Every patient will receive an assessment and evaluation by a registered nurse. The patient will be assessed for any immediate life-threatening medical or psychiatric emergencies. BLS and ACLS interventions will be utilized for medical emergencies as indicated. The RN will use the ESI triage tool to assess whether the patient is 1-Immediate, 2-Emergent, 3-Urgent, 4-Semi-Urgent, and 5-Non-Urgent.
- E. A stroke Alert will be initiated for all patients who present with stroke or stroke-like symptoms. Stroke patients will receive immediate care and treatment. See Stroke Plan.
- F. For all patients who present with mental health/psychiatric issues including suicidal/violent behavior will be placed in the emergency department safe room with one-on-one supervision and receive immediate care and treatment. See Care and Treatment of Psychiatric Patient.
- G. If an individual comes to a hospital’s dedicated emergency department and a request is made on his or behalf for examination or treatment for a medical condition, but the nature of the request makes it clear that the medical condition is not of an emergency nature, the hospital is required only to perform such screening as would be appropriate for any individual presenting in that manner, to determine that the individual does not have an emergency medical condition.
- H. A minor child can request an examination or treatment for an “emergency medical condition.” The hospital will conduct the examination if requested by an individual or on the individual’s behalf to determine if an EMC exists. Hospital personnel will not delay the medical screening exam by waiting for parental consent. If after screening the minor, it is

determined that no EMC is present, the staff can wait for parental consent before proceeding with further examination and treatment.

## **II. Medical Oversight**

- A. The hospital shall be responsible for providing adequate medical coverage for emergency services. Qualified physicians or medical providers shall be regularly available for the emergency service, either on duty or on call.
- B. On call physicians or medical providers shall be available to present in the emergency room within twenty (20) minutes of notification.
- C. A physician or licensed independent practitioner shall be responsible for all patients who present for emergency services.
- D. All medications and treatments shall be provided under the direction and order of a physician or licensed independent practitioner.
- E. Mangum Regional Medical Center shall maintain a list of physicians and/or medical providers who are on call for duty to provide the initial screening, evaluation and/or treatment necessary to stabilize an individual with an emergency medical condition.
- F. The hospital shall maintain an on-call list of available physicians and medical providers on its medical staff in a manner that best meets the needs of the hospital's patients who are receiving emergency services in accordance with the resources available to the hospital.

## **III. Nursing Services**

- A. Registered nurses shall be available on site at all times and in sufficient number to deal with the number and extent of emergency services.

## **PROCEDURE**

### **IV. Procedure for emergency room visits**

- A. If an individual (whether or not eligible for Medicare benefits and regardless of ability to pay) presents to the emergency department, the hospital shall provide an appropriate medical screening examination within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition (EMC) exists.
- B. The medical provider will be notified of all emergency department admissions. The RN will provide findings of the assessment and evaluation of the patient to the medical provider.
- C. If an emergency medical condition is determined to exist, the hospital shall provide any necessary stabilizing treatment within the capabilities

and capacities of the staff and facilities available at the hospital or provide an “appropriate transfer” as defined below.

## **V. Patient Transfers**

- A. A patient transfer to another medical facility will be appropriate only in those cases in which:
  - 1. Mangum Regional Medical Center as the transferring hospital, provides medical treatment within its capability and capacity that minimizes the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child; AND
  - 2. The receiving facility has available space and qualified personnel for the treatment of the individual; AND
  - 3. The receiving facility has agreed to accept transfer of the individual and to provide appropriate medical treatment.
- B. If an individual at Mangum Regional Medical Center has an emergency medical condition that has NOT been stabilized, the hospital may not transfer the individual unless:
  - 1. The transfer is an appropriate transfer (as defined in (a) above); AND
  - 2. The individual (or a legally responsible person acting on the individual's behalf) requests the transfer, after being informed of the hospital's obligations and of the risk of transfer. The request must be in writing and indicate the reasons for the request as well as indicate that he or she is aware of the risks and benefits of the transfer; AND
  - 3. A Provider has signed a certification that based upon the information available at the time of transfer; the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual or, in the case of a woman in labor, to the woman or the unborn child, from being transferred. The certification must contain a summary of the risks and benefits upon which it is based;
  - 4. Mangum Regional Medical Center, as the transferring hospital, shall send to the receiving facility all medical records (or copies thereof) related to the emergency condition which the individual has presented that are available at the time of the transfer, including:
    - a. available history,
    - b. records related to the individual's emergency medical condition,
    - c. observations of signs or symptoms,

- d. preliminary diagnosis,
  - e. results of diagnostic studies or telephone reports of the studies,
  - f. treatment provided,
  - g. results of any tests,
  - h. the informed written consent or certification or copy thereof,
  - i. Other records (e.g., test results not yet available or historical records not readily available from the hospital's files) must be sent as soon as practicable after transfer.
- C. The transfer shall be conducted through qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer.

## **VI. Emergency Room Log**

- A. Mangum Regional Medical Center will maintain a central log on each individual who comes to the emergency department, seeking assistance and whether he or she refused treatment, was refused treatment, or whether he or she was transferred, admitted and treated, stabilized and transferred, or discharged.
- B. Mangum Regional Medical Center shall maintain medical and other records related to individuals transferred to or from the hospital for a period of 5 years from the date of the transfer.

## **VII. Supplies and Equipment**

- A. The hospital shall have equipment for use in the resuscitation of patients of all ages on site, functional, and immediately available, including at least the following:
  - 1. Airway control and ventilation equipment, including laryngoscopes and endotracheal tubes of all sizes, bag-mask resuscitator, pocket masks, and oxygen;
  - 2. Suction devices;
  - 3. Electrocardiograph-oscilloscope-defibrillator-pacer;
  - 4. Standard intravenous fluids and administration devices, including large-bore intravenous catheters;
  - 5. Sterile surgical sets for:
    - a) Airway control/cricothyrotomy;
    - b) Vascular access; and
    - c) Chest decompression
  - 6. Equipment for gastric decompression
  - 7. Thermal control equipment for patients

- 8. Two-way communication with emergency transport vehicles

**ATTACHMENTS**

NA

**REFERENCES**

Department of Health and Human Services, Centers for Medicare and Medicaid Services. 42 CFR Part, 489.24, and 489.20. Medicare and Medicaid Programs; Hospital Conditions of Participation: Federal Regulations Oklahoma State, OSDH Emergency Services 310.667-39-14, SOM Appendix V Interpretive Guidelines-Responsibilities of Medicare Participating Hospitals in Emergency Cases, 42 U.S. Code §1395dd, §42 CFR 489.23

**REVISIONS/UPDATES**

<b>Date</b>	<b>Brief Description of Revision/Change</b>