

DEM 2017 Rules and Regulations Revision Synopsis:

- 1) Removed MSO position: we no longer have this position
- 2) Director of Performance Improvement and Patient Safety (PIPS) : this role has been revised to include 2 separate directors, one for PI and one for QI that oversee their own respective scopes of review and improvement
- 3) AIC role: Role has changed from taking all calls regarding transfers to focusing more on discussions surrounding diversion countermeasures and patient flow. There are no more yellow transfer cards as everything is entered into our electronic medical record system.
- 4) Consultation criteria
 - a. Students and interns can call for consults.
 - b. Consultation disposition disagreements should involve the ED attending and attending of the consulting service for resolution.
 - c. Trauma Surgery: no longer has 912 activations. Just 900 and 911.
 - d. Pediatrics: we no longer consult pediatrics to see pediatric patients in the ED since we have a Pediatric Emergency Department staffed by Pediatric Emergency Medicine and Emergency Medicine attending physicians. Pediatric residents are staffed to see pediatric patients in the ED up to the age of 21 and act as the primary providers for these patients.
 - e. Maxillofacial Service changed to Oral Maxillofacial Service who share facial fracture coverage with Plastic surgery and ENT.
 - f. Hand service: trauma or infection distal to the wrist is shared between Plastic surgery and Orthopedics.
- 5) Attending Schedules: schedule blocks have been move to 4 month blocks with changes made to the number of weekends, nights and minimum number of shifts required by per diem faculty.
- 6) Sick calls and Missed shifts: Attendings must use the call system in case of needed coverage and only involve the Chief\Medical Director if the on-call person can't be reached.
- 7) Diversion: has been revised since the move into building 25 and is Admin Policy 4.05
- 8) Documentation: this is all done in our electronic medical record that has replaced the paper chart which changes how we sign up for a patient, enter procedures, orders, attending signature and chart completion.
- 9) Admissions: are entered electronically into the Electronic medical record and not paper.
- 10) Transfers into the Emergency Department:are entered electronically into the Electronic medical record and not paper.
- 11) Transfers out of the Emergency Department: communication with an accepting physician can be done by a resident and not just by an attending.
- 12) Restraints: Policy 18.09 defines the difference in time limits for restraint use on violent (4 hrs) versus non-violent (24hrs) patients
- 13) Added the correct policy numbers to all policy references
- 14) Meeting requirements: We changed the time for our faculty meetings and minimum required number needed to attend
- 15) Emergency Department Privileges Form: we added privileges for our PEM faculty