

MEDICAL EXECUTIVE COMMITTEE MEETING SUMMARY

October, 2018

Following is a summary of Medical Executive Committee recommendations to the Medical Staff and Board of Trustees:

A. MEDICAL STAFF RESIGNATIONS:

Katherine Millen, MD, effective 8/3/2018
Ziad Fayad, MD, effective immediately

B. APPOINTMENTS TO THE MEDICAL/AHP STAFF:

Dawn Owens Robinson, MD / Obstetrics & Gynecology (Laborist)
Tricia Ann Walters, MD / Refer and Follow
Matthew Jackson, PhD / Psychology
Christopher Hanson, DO / Emergency Department Extender

C. MEDICAL STAFF:

1. Recommend proposed amendments of the Medical Staff Bylaws to the Medical Staff.
2. Approve proposed amendments to Section H Emergency Care and Coverage of the Medical Staff Rules & Regulations to allow a Nurse Practitioner or Physician Assistant under the supervision of an Emergency Medicine Medical Staff Privilege Holder to determine whether an Emergency Medical Condition exists:
 2. Any person presenting to the hospital, either at the Emergency Department or elsewhere, and requesting treatment or accompanied by another requesting his/her treatment, must be examined by a Physician who is a Medical Staff Privilege Holder, or by a member of the Resident Staff under the supervision of a Physician who is a Medical Staff Privilege Holder or by an appropriately Credentialed and Privileged Nurse Practitioner or Physician Assistant under the supervision of an Emergency Medicine Medical Staff Privilege Holder, to determine whether an Emergency Medical Condition exists. If the individual has an Emergency Medical Condition, the attending Practitioner shall (a) provide or arrange for the provision of such available treatment as may be necessary to stabilize the individual's condition, or (b) arrange for an appropriate transfer if the medical benefits of transfer outweigh the risks and such transfer is medically necessary. A person has an Emergency Medical Condition if he/she presents with acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could be reasonably expected to result in: (a) serious jeopardy to the health of the person (or another individual in the case of a psychiatric disturbance) or the person's unborn child, (b) serious impairment to bodily functions; or (c) serious dysfunction of any body organ or part. With respect to a pregnant woman who is having contractions, an Emergency Medical Condition exists if (a) there is inadequate time to effect a safe transfer to another hospital before delivery or (b) the transfer may pose a threat to the health or safety of the woman or unborn child. Notwithstanding the above, nothing shall prohibit OB Nurses or unsupervised members of the Residency Staff from performing, as Qualified Medical Personnel, labor checks on pregnant women experiencing contractions who present to the Hospital Obstetrics Department. The Hospital shall separately identify any special training or experience required as a prerequisite to being identified as Qualified Medical Personnel.

3. Approve proposed amendment to Section H Emergency Care and Coverage of the Medical Staff Rules & Regulations to add changes that must occur due to the new Granger Hospital.
 1. The Medical Staff shall adopt a method of providing medical care in each distinct the Emergency Department Care Center (ECC) of Memorial Hospital, including the Emergency Care Centers at 615 North Michigan Street, South Bend (South Bend ER) and XXX Beacon Boulevard, Mishawaka (Granger ER). When this method consists of a group practice of physicians, the Hospital will enter into ~~an~~ agreements specifying the duties and responsibilities of the Hospital and the group(s). Requests for Emergency Department Clinical Privileges shall specify the distinct practice location and delineate specific privileges for which the eligible practitioner is intending to practice. Clinical Privileges shall be granted to members of the Emergency Department ~~members~~ in accordance with the Medical Staff Bylaws and Related Manuals.
 2. Any person presenting to the hospital, either at the Emergency ~~Department Care Centers~~ or elsewhere, and requesting treatment or accompanied by another requesting his/her treatment, must be examined by a Medical Staff Privilege holder, or a member of the Resident Staff under the supervision of a Medical Staff Privilege holder, to determine whether an Emergency Medical Condition exists. If the individual has an Emergency Medical Condition, the attending Practitioner shall (a) provide or arrange for the provision of such available treatment as may be necessary to stabilize the individual's condition, or (b) arrange for an appropriate transfer if the medical benefits of transfer outweigh the risks and such transfer is medically necessary. A person has an Emergency Medical Condition if he/she presents with acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could be reasonably expected to result in: (a) serious jeopardy to the health of the person (or another individual in the case of a psychiatric disturbance) or the person's unborn child, (b) serious impairment to bodily functions; or (c) serious dysfunction of any body organ or part. With respect to a pregnant woman who is having contractions, an Emergency Medical Condition exists if (a) there is inadequate time to effect a safe transfer to another hospital before delivery or (b) the transfer may pose a threat to the health or safety of the woman or unborn child. Notwithstanding the above, nothing shall prohibit OB Nurses or unsupervised members of the Residency Staff from performing, as Qualified Medical Personnel, labor checks on pregnant women experiencing contractions who present to the Hospital Obstetrics Department. The Hospital shall separately identify any special training or experience required as a prerequisite to being identified as Qualified Medical Personnel.
 3. Medical Staff Members and Privilege holders have the obligation to provide specialty back-up coverage to the Emergency ~~Department Care Centers~~. Each Department Chief is responsible for producing a Departmental call schedule which must be delivered to the Medical Staff Office in a timely fashion. It is the responsibility of each on-call Practitioner to make arrangements for coverage if he or she will be unavailable for the scheduled time.
 4. When a Practitioner has been scheduled to provide specialty back-up coverage, it is that Practitioner's responsibility to provide consultation for care of patients in the Emergency ~~Department Care Centers~~ for whom he/she is called within the realm of his/her specialty regardless of the patient's financial resources.
 5. When a Practitioner is scheduled to provide specialty back-up coverage, it is the duty of and the responsibility of that Practitioner to ensure that he/she is immediately available, at least for telephone consultation, to the ~~ED~~ Emergency Care Center physician for the scheduled on-call period and can arrive at the ~~ED~~ South Bend ER within a reasonable time period. The on-call Practitioner may secure a qualified alternate (same specialty level of training) in the event he or she is temporarily unavailable.

6. When, during a telephone consultation, an Emergency ~~Department~~ Care Center Physician's proposed disposition of an ED patient is inconsistent with a consulting Practitioner's treatment plan, and no mutually agreeable compromise can be met, the following will occur:

a. At the South Bend ER location:

The consulting Practitioner must physically arrive to the ~~ED~~ Emergency Care Center to evaluate and assume care of the patient. This should occur within a reasonable time period. The consulting Practitioner may be represented by an alternate who possesses at least the same level of knowledge and skills, but it is the consulting Practitioner's responsibility to secure the services of that individual. Should the consulting Practitioner refuse to fulfill this responsibility, the Chief of the Consulting Practitioner's Department will be notified and will assign care for the patient. The case will be reviewed by the Practitioner's Department and the Department of Emergency Medicine, and the Medical Staff President will be notified.

b. At the Granger ER location:

The consulting Practitioner or designated alternate must either physically arrive to the Emergency Care Center to evaluate and assume care of the patient or physically arrive at the South Bend ER to evaluate the patient after transfer. Should the consulting Practitioner refuse to fulfill this responsibility, the Chief of the Consulting Practitioner's Department will be notified and will assign care for the patient. The case will be reviewed by the Practitioner's Department and the Department of Emergency Medicine, and the Medical Staff President will be notified.

7. The Medical Staff will provide care for a person with an Emergency Medical Condition in accordance with the Hospital's EMTALA/Patient Transfers Policy.
8. When there is more than one Practitioner involved in the care of a patient who is being admitted, or when there is a lack of agreement as to which Practitioner will be the admitting Practitioner of record, the admitting Practitioner of record will be the Practitioner whose specialty concerns the principal reason for admission.