

# Physician **MEMO**

**To** | Emergency Medicine Physicians  
Dr. Byron Hogsette

**From** | Bruce D. Walley, MD

**Date** | August 23, 2011

**Re** | **Management of Unattached Patients in the Emergency Department**

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Meetings will be set up to discuss the management of patients presenting to the Emergency Department with multiple medical problems. Guidelines will be established as “best practice” to help facilitate the rapid triaging of patients to the appropriate medical or surgical specialist. If a specialist does not make himself available for these meetings he must still abide by the decisions of his peers.

In situations where there appears to be a disagreement between two physicians as to whom is most appropriate to admit the patient, the following process will be in place:

- 1) The emergency room physician will attempt to connect the two physicians that are disputing the proper disposition of the patient.
- 2) In the event that the physicians refuse to communicate or can not come to an agreement as to whom should admit the patient, the decision will be made by the Emergency Room physician attending the patient using his best judgment and the information available to him at that time.
- 3) The physician who did not admit the patient will act as a consultant to the admitting physician for at least 24 hours. This will be extended as deemed necessary by the admitting physician. Extended consultation must be communicated by the attending physician or his midlevel provider.
- 4) If the admitting physician feels that an error was made in the determination of whom should admit the patient, he should plan on presenting the patient at the monthly Emergency Department Review Forum.
- 5) Immediate grievances can be brought to the VPMA for review.
- 6) These guidelines are to promote more rapid throughput of admitted patients.