# SCURRY COUNTY HOSPITAL DISTRICT
# GOVERNING BOARD MEETING MINUTES
## Wednesday, December 4, 2019 | 8:00 am
## Hospital Administrative Board Room, 1700 Cogdell Blvd., Snyder, Texas

| MISSION | VISION |
|---|---|
| *To provide compassionate, high quality healthcare to the patients we serve and to improve healthcare and healing within our community.* | *To be the Regional Healthcare System of choice for patients, physicians and employees.* |

The purpose of this meeting is to discuss and, as necessary, act on the agenda items enumerated below.

**Conflict of Interest Statement**

| Board Members Present | Others Present | Absent Members |
|---|---|---|
| Russell Riggan | Ella Helms, CEO | Bennie Marricle |
| Loretta McCravey | John Everett, CFO | Andrea Martini |
| Mike Tyrrell | Kristi Hanley, RN, CQO | Rose Ragland, Administrative Asst. |
| Jason Cave, OD | Kathy Goodwin, RN, CNO | |
| Judy Moss | Bill Dickinson, Lab | |
| | Roger Kline, Snyder Daily News | |

### I. Introduction

*A. Call to Order* — *R. Riggan*

*The meeting was called to order at 8:00 am.*

*B. Invocation*

*Jason Cave gave the opening prayer.*

*C. Announcements/Public Comment* — *R. Riggan* — *Receive*

### II. Meeting Minutes

*October 30, 2019* — *R. Riggan* — *Review > Approve*

*R. Riggan presented the minutes for review. K. Hanley had a few corrections for the QM report in the minutes. J. Moss made the motion to approve the minutes as corrected. J. Cave seconded the motion. The vote was unanimous, the minutes were approved.*

### III. Old Business

*A. Security Policy* — *E. Helms* — *Review > Approve*

*E. Helms reviewed the security policy with the board and informed the them that the only security personnel that will be carrying weapons will be those that have completed a concealed carry class. Each individual will be evaluated by a committee if they will be allowed to carry a weapon on campus. Judy Moss made the motion to approve the security policy as presented. Loretta McCravey seconded the motion. The vote was unanimous and the security policy was approved.*

### IV. New Business

*A. Medical Staff Report* — *D. Kerr, MD* — *Review > Approve*

*Dr. David Kerr gave a short medical report.*

*B. Credentialing* — *D. Kerr, MD* — *Review > Approve*

1. *New Appointments*
   a. *Gogia, Rajesh MD (Direct Radiology)*
2. *Reappointments*
   a. *Gerald Hargrave, PA (update privileges)*

*Dr. Kerr presented the two providers for approval. J. Cave made the motion to approve both the new appointment and the reappointment. M. Tyrrell seconded the motion. The vote was unanimous to approve both providers.*

*C. Documents/Policies/Forms* — *Review > Approve*

1. *Emergency Services/Trauma (ED) (see attached summary)* — *D. Kerr, MD* — *Review > Approve*
2. *Swing Bed (SB) (No Changes)* — *D. Kerr, MD* — *Review > Approve*
3. *Perinatal Services (PN) (See Summary page)* — *D. Kerr, MD* — *Review > Approve*
4. *Active Shooter "ADD" Situation Response Procedures* — *D. Kerr, MD* — *Review > Approve*
5. *Employee Health (see summary sheet & attachments)* — *D. Kerr, MD* — *Review > Approve*
6. *Surgical Services (see summary sheet)* — *D. Kerr, MD* — *Review > Approve*

| | | |
|---|---|---|
| 7. Ambulatory Scope of Services (see attached summary and copies) | D. Kerr, MD | Review > Approve |
| 8. Service Animals | K. Hanley | Review > Approve |
| 9. Quality Manual | K. Hanley | Review > Approve |

Dr. Kerr presented the updated documentation for review and approval. K. Hanley also presented the Service Animals and QM manual. J. Cave made the motion to approve documentation as presented. J. Moss seconded the motion. The vote was unanimous to approve as presented.

| | | |
|---|---|---|
| D. Review of Contracts | J. Everett | Receive>Approve |

J. Everett presented the contract reviews. He informed the board the annual contract review is a requirement of Medicare. J. Cave made the motion to approve the contract list as presented. L. McCravey seconded the motion. The vote was unanimous. All contracts were approved.

| | | |
|---|---|---|
| E. Compliance Report | J. Everett | Receive>Approve |
| F. 340B Policies | J. Everett | Receive>Approve |

J. Everett presented the 340B Policies.John explained what the 340B is. J. Moss made the motion to approve the policies as presented. M. Tyrrell seconded the motion. The vote was unanimous.

| | | |
|---|---|---|
| G. Appoint Safety Officer | E. Helms | Receive>Approve |

E. Helms requested Renie Gaydos continue as CMH Safety Officer. Ella feels she has done a great job and would like Renie to continue in this position. L. McCravey made the motion to keep Renie Gaydos as Safety Officer. J. Cave seconded the motion. The vote was unanimous and

| | | |
|---|---|---|
| H. Report of Adjacent Building & Equipment inspections | E. Helms | Review/Approve |

E. Helms gave a report of the building inspections that have been done. The purchase is pending structural and mechanical inspections.

| | | |
|---|---|---|
| I. EOC Report & Facility Management Compliance Codes Inspection 2019 | B. Dickinson/R. Gaydos | Review>Approve |

B. Dickinson presented the EOC Report and Management Compliance Codes Inspection for 2019. L. McCravey made the motion to approve the EOC report as presented. L. McCravey seconded the motion. The vote was unanimous and approved.

| | | |
|---|---|---|
| J. Construction Manger Ranking | E. Helms | Review>Approve |

The construction manager rankings were discussed. There was no decision reached. The Board will meet at a later date and re-evaluate the construction presentations. L. McCravey made the motion to meet at a later date and re-evaluate the construction companies. J. Moss seconded the motion. The vote was unanimous.

| | | |
|---|---|---|
| K. Authorize Negotiation and Award Bid for Construction Manager | E. Helms | Review>Approve |

There was no decision reached at this time.

L. Reports (Other Committees/Meetings)

| | | |
|---|---|---|
| 1. Finance Report - Financial Report | J. Everett, CFO | Receive>Approve |

J. Everett presented the finance report for November. There was a $60k profit for November 2019. An adjustment of $80k due to old lab entries. This should be the end of the lab entries. No major issues to discuss. J. Cave made a motion to approve the finance report as presented. M. Tyrrell seconded the motion. The vote was unanimous and the report was approved.

| | | |
|---|---|---|
| 2. Nursing Report - Monthly Update | K. Goodwin, RN | Inform |

K. Goodwin gave the nursing report. Over the last 3 months, CMH has hired 9 nurses, some just graduated and 6 with experience. Just finished Nursing Boot Camp. Contract nursing labor is still running about 17% but should be going down soon.

| | | |
|---|---|---|
| 3. Quality Management | K. Hanley, RN | Inform |

a. Quality, Risk & Regulatory Update
b. Committee Reports

K. Hanley gave the QM report. Kristi has updated QM to accommodate the new CMS requirements. By March , CMH infection control must have a full anti-biotic stewardship implemented. CMH is no longer required to offer dental care to the swing bed patients. Maternal designation requirements have been delayed to 2021, so this will give us more time to get policy updated and put in place. Kristi is working on several more updates in the next few months. CMH is still under the national average for readmits. Corrective action plans will be reviewed and closed out. This report will be available in January 2020.

| | | |
|---|---|---|
| 4. Administration Report | E. Helms, CEO | Inform |

E. Helms gave the administration report. Previously we were under DNV. A couple of years ago CMH opted out of DNV surveys, waiting on CMS survey. CMH has opted to go back to DNV for a structural survey the spring of 2020.

M. Announcements

| | |
|---|---|
| VI. Board to convene in executive session pursuant to Section 161.032(b) of the Texas Health and Safety Code, Re: Receive and Discuss Compliance Report | R. Riggan |

The board convened into executive session at 9:19 am.

| VII. Board to convene in open session and take action if needed on matter discussed in Executive Session | *R. Riggan* |
|---|---|
| *The board re-convened into open session at 9:34 am.* | |
| V. Meeting Finalization | *R. Riggan* |
| *Next meeting scheduled for January 29, 2020.* | |
| VI. Adjourn | *R. Riggan* |
| *Jason Cave made the motion to adjourn Loretta seconded the motion. The vote was unanimous. The board adjourned at 9:35am.* | |

These minutes have been reviewed and approved by the Board of Directors.

President of the Board

Date

# SCURRY COUNTY HOSPITAL DISTRICT
# GOVERNING BOARD MEETING MINUTES
## Wednesday, December 18, 2019 | 11:30 am

| MISSION | VISION |
|---|---|
| *To provide compassionate, high quality healthcare to the patients we serve and to improve healthcare and healing within our community.* | *To be the Regional Healthcare System of choice for patients, physicians and employees.* |
| The purpose of this meeting is to discuss and, as necessary, act on the agenda items enumerated below. | |

**Conflict of Interest Statement**

| Board Members Present | Others Present | Absent Members |
|---|---|---|
| Russell Riggan | Ella Helms, CEO | Kathy Goodwin, RN, CNO |
| Loretta McCravey | John Everett, CFO | Andrea Martini |
| Mike Tyrrell | Kristi Hanley, RN, CQO | |
| Jason Cave, OD | Rose Ragland, Administrative Asst. | |
| Judy Moss | | |
| Bennie Marricle | | |

### I. Introduction

*A. Call to Order* — *Russell Riggan*

*The meeting was called to order at 11:35am.*

*B. Invocation*

*No opening prayer.*

*C. Announcements/Public Comment* — *Russell Riggan* — *Receive*

*There were no public announcements or comments.*

### II. New Business

*A. Construction Company Presentations* — *Russell Riggan* — *Receive*

1. *Collier Construction*
2. *Hicks Construction*
3. *Tienert Construction*

*Each of the three construction companies gave 30 minute presentation to the board. Evaluations were done after each presentation.*

*B. Construction Manger Ranking* — *E. Helms* — *Review>Approve*

*Evaluations were calculated and tallied. Tienert Construction was the highest score.*

*C. Authorize Negotiation and Award Bid for Construction Manager* — *E. Helms* — *Review>Approve*

*Tienert Construction will be notified they were awarded the bid.*

### III. Adjourn — *Russell Riggan*

*Mike Tyrrell made the motion to adjourn. Loretta McCravey seconded the motion. The motion was passed and the meeting was adjourned at 2:40 pm.*

These minutes have been reviewed and approved by the Board of Directors.

Russell Riggan, Chairman of the Board

Date

| Cogdell MEMORIAL HOSPITAL | HOSPITAL DISTRICT DOCUMENTS TRANSFERRING CARE OF PATIENTS TO ANOTHER PRACTITIONER – TERMINATING PATIENT CARE RELATIONSHIP |
|---|---|
| SECTION: PATIENT CARE | SUBJECT: COGDELL FAMILY CLINIC |

**POLICY:**

Cogdell Family Clinic will make every effort to maintain the patient-physician relationship with a patient who is enrolled in the Clinic but in the event that is not possible the following steps will be followed

Procedure

Patients are advised of their rights and responsibilities and those of the clinic upon becoming a patient of the clinic. The patient Rights and Responsibilities are handed out at initial registration.

Before the patient and Cogdell Family Clinic relationship is terminated, the Physician will engage in an honest discussion with the patient and give the patient the opportunity to know there is a problem, what the problem is and that it needs to be fixed. If the patient needs additional resources all efforts will be made to educate the patient and or provide the patient with additional resources to help save the Patient -Physician relationship. Sometimes more than one conversation will have to take place. A frank discussion should also let the patient know that if the behavior or issue is not corrected there will be no alternative but dismissal from the physicians practice. Documentation of all discussions should be documented in the patients chart each time the discussion takes place.

There are times when the patient-physician relationship is not a proper fit and if the patient or Physician find that is the case, the relationship can be terminated by the patient and or the Physician . If the relationship is terminated by the patient no further action is required. If the relationship is terminated by the physician proper procedures as outlined will be followed.

Patient can ask to be seen by another Physician in the clinic and allowed to be seen if accepted by another Physician. If a patient has been seen and terminated by two Physicians in the clinic, the patient can be dismissed from the clinic

. Before termination from the entire clinic takes place, the Physicians, Physician Assistants and Nurse Practioners will convene in a meeting to discuss the termination of the patient from the clinic. All Physicians, Physician Assistants and the Nurse Practitioner have to be in agreement to terminate the patient from the clinic before the dismissal can take place. If a Physician or a Physician Assistant or Nurse Practitioner does not agree termination should take place, the patient will become that Providers patient.

The patient and Cogdell Family Clinics relationship can only be dissolved by following the appropriate procedures

- If a provider or two find it difficult to continue to manage the care of a particular patient due to the patient presenting

  A. threat to the safety of other patients, staff or the facility ,
  B. Repeated Non-compliance with the Drs treatment plan
  C. Repeated inappropriate behavior
  D. Unsalvageable relationship –

Termination may be issued for any of the issues above. It shall be the responsibility of the terminating physicians to provide clinic Manager with the proper documentation.

- Healthcare provider will review managed care contracts or other procedural documents prior to terminating patient care to ensure compliance with Managed Care requirements and other contracts

- The patient shall be notified in writing of this change (see standardized Physician Letter - Transferring Care to Another Provider) and if applicable the appropriate HMO shall receive a copy. The letter will printed on Cogdell's office Letterhead.

- The physician shall continue to care for the patient until the transfer is completed, allowing the patient sufficient time, usually 30 days, to secure services/appointments/record transfer by the appropriate designated physician.

- Patients shall be sent a certified letter with a return receipt requested. The patient will also receive a copy of Authorization for Release of Health Information for release of the patients health record to the new Provider. A copy of the certified letter shall be scanned into the patient's medical record. Additionally, a copy of the letter will also be sent via regular mail to the patient's address

- Notation of the patient-physician and clinic termination along with the date of termination will be documented in the ALERT box that pops open when the patient's chart is opened so the patient is not inadvertently rescheduled with the Provider

- Security, confidentiality and integrity of the medical record shall be maintained throughout the transition and transfer of the patient to Provider Services.

**Dates approved or Amended**

| Originated: | Effective: 04-2015 |
|---|---|
| Reviewed with changes | Reviewed without changes |
| 01/16/2020 | 11/2017; |
| | |

Contact information
Medical Director

Dr Mr/MS.

We want to thank you for having entrusted us with your care. We strive to give our patients 100% of the best care possible, however, you also have to do your part in the treatment plan the Physicians have planned for you. When you fail to participate in the treatment plan with appointments, medications, and other orders, then we have no option but to terminate the patient –physician relationship and the relationship with the Clinic as a whole as well.

Cogdell Family Clinics Medical Group met on _____ to determine if we could continue to provide therapeutic medical services to you. It appears our goal to provide you with these services has not been reached not only with one Physician, but with two . After meeting with all the Physicians, physician assistants and nurse practitioners at Cogdell Family Clinic, it has been decided to terminate your relationship with the entire clinic.

You will be given 30 days to find another Physician and another clinic.

You will receive a certified letter informing you of the termination along with a copy of Authorization for Release of Health Information for release of your health records to your new Physician.

Cogdell Family Clinic Physician signature:_____DATE:_____

Cogdell Family Clinic Physician signature:_____DATE:_____

Patient Signature:_____DATE:_____

## I. Title

***MEDICAL SCREENING EXAM (MSE): OBSTETRICAL PATIENT***

## II. Policy

It is the policy of Cogdell Memorial Hospital (CMH) that a medical screening exam (MSE) to determine the presence or absence of an Emergency Medical Condition (EMC) be provided by Qualified Medical Personnel (QMP) to all patients presenting for emergency care, including unscheduled obstetrical evaluation, testing, or services to rule out active labor. In the case of the pregnant woman, screening/evaluation includes both the woman ***AND*** the fetus.

The Emergency Department (ED) will serve at the only point of entry for care patients presenting for unscheduled obstetrical evaluation, testing, or services.

All patients presenting for unscheduled obstetrical evaluation, testing, or services, irrespective of gestational dates, will be triaged in the ED.

## III. Procedure

1) Patients will be entered in the ED log.

2) Patients will remain classified as an ED patient irrespective of physical location unless and until:
   a) discharged home,
   b) transferred,
   c) placed in observation, or
   d) admitted for inpatient services.

3) If patient is **CRITICAL, UNSTABLE, ESI 1–2**
   a) **MSE will be conducted in the ED**
   b) ED Physician
      i) initiates consult with the FP/OB On-Call
      ii) evaluates and treats in conjunction with the FP/OB On-Call
   c) ED Nurse
      i) consults L&D Charge Nurse for all cases with IUP $\geq$ 20 weeks
      ii) *For intrauterine pregnancy (IUP) ≥23 weeks gestation*
         - initiates external fetal monitoring (EFM) and associates with central monitor
         - requests L&D staff assist with fetal monitoring and care when practicable
      iii) *Intrauterine pregnancy (IUP) < 23 weeks gestation*
         - assesses and documents fetal heart rate by Doppler
         - consults L&D Charge Nurse *as needed*
   d) When practicable, L&D Nurse
      i) assists with assessment, patient care/monitoring
      ii) coordinates communication with FP/OB On-Call

**HIGH RISK CRITERIA**

Abdominal pain or trauma
Injury from MVA
BP < 80/40 OR > 140/90 & symptomatic
Concern for imminent delivery & no FP/OB present in facility
Active, heavy vaginal bleeding
Decreased /absent fetal movement per patient report
Absent fetal heart tones
Other serious conditions e.g., sepsis, seizure, dyspnea

4) **If patient is HIGH RISK**
   a) **MSE will be initiated in the ED, but may be completed in L&D.**
   b) **ED Physician**
      i) **rules out presence of non-obstetric emergency medical condition (EMC)**
      ii) **initiates consult with the FP/OB On-Call**
      ii) **in conjunction with the FP/OB On-Call, determines best location for completion of MSE**
   c) **PATIENT DISPOSITION - remain in ED for ~~completion~~ initiation of MSE**
      i) **ED Physician**
         - **evaluates and treats in conjunction with the FP/OB On-Call**
      ii) **ED Nurse**
         - **consults L&D Charge Nurse for all cases with IUP ≥ 20 weeks**

         ***For intrauterine pregnancy (IUP) ≥23 weeks gestation***
         - **initiates external fetal monitoring (EFM) and associates with central monitor**
         - **requests L&D staff assist with patient care/fetal monitoring**

         ***Intrauterine pregnancy (IUP) < 23 weeks gestation***
         - **assesses and documents fetal heart rate by Doppler**
         - **consults L&D Charge Nurse *as needed***
   d) **When practicable, L&D Nurse**
      i) **assists with assessment, patient care/monitoring**
      ii) **coordinates communication with FP/OB On-Call**
   e) **PATIENT DISPOSITION – transport to L&D for completion of MSE**
      i) **ED Physician**
         - **transitions responsibility for further evaluation/care to the FP/OB On-Call**
      ii) **ED Nurse**
         - **contacts House Supervisor to coordinate transport of patient to L&D for completion of MSE**
         - **provides hand-off report to L&D staff**
      iii) **L&D Nurse**
         - **assists with assessment, patient care/monitoring when practicable**
         - **coordinates communication with FP/OB On-Call / advises of need for MSE completion**
         - **assumes responsibility for care of the patient**
         - **collaborates with FP/OB On-Call to facilitate completion of MSE or ongoing care, if indicated**

5) **If patient is ≥20 weeks gestation, is *NOT* Critical, Unstable, ESI 1–2 or High Risk *AND HAS* an obstetrical complaint**
   a) **MSE will be completed in L&D**
      ~~i) ED Physician~~
      ~~- rules out presence of non-obstetric emergency medical condition (EMC)~~
      ~~- transitions responsibility for further evaluation/care to the FP/OB On-Call~~
      i) **ED Nurse**
         - **contacts House Supervisor to coordinate transport of patient to L&D for completion of MSE**
         - **if OB unit closed, patient to remain in ED until OB unit open**

- provides hand-off report to L&D staff

ii) L&D Nurse
- assists with assessment, patient care/monitoring
- coordinates communication with FP/OB On-Call / advises of need for MSE completion
- assumes responsibility for care of the patient
- collaborates with FP/OB On-Call to facilitate completion of MSE or ongoing care, if indicated

iv) FPOB
- completes MSE in OB Dept

6) If patient is ≥20 weeks gestation, is ***NOT*** Critical, Unstable, ESI 1–2 or High Risk ***AND DOES NOT HAVE*** an **obstetrical complaint**
   a) MSE will be conducted in the ED
   b) ED Physician
      i) evaluates and treats as indicated
      ii) consults FP/OB On-Call *as needed*
   c) ED Nurse
      i) consults L&D Charge Nurse for all cases with IUP ≥ 20 weeks
      ii) *For intrauterine pregnancy (IUP) ≥23 weeks gestation*
         - initiates external fetal monitoring (EFM) and associates with central monitor
         - requests L&D staff assist with fetal monitoring and care
      iii) *Intrauterine pregnancy (IUP) < 23 weeks gestation*
         - assesses and documents fetal heart rate by Doppler
         - consults L&D Charge Nurse *as needed*
   d) When practicable, L&D Nurse
      i) assists with assessment, patient care/monitoring
      ii) coordinates communication with FP/OB On-Call

7) If patient is **<20 weeks** gestation
   a) MSE will be conducted in the ED
   b) ED Physician
      i) evaluates and treats as indicated
      ii) consults FP/OB On-Call *as needed*
   c) ED Nurse
      i) assesses and documents fetal heart rate by Doppler
      ii) consults L&D Charge nurse *as needed*

## IV. Definitions

**Emergency Medical Condition**

A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- 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,
- serious impairment to bodily functions, or
- serious dysfunction of any bodily organ or part; or
- with respect to a pregnant woman who is having contractions
  - that there is inadequate time to effect a safe transfer to another hospital before delivery, or
  - that transfer may pose a threat to the health or safety of the woman or the unborn child.

**Labor**
The process of childbirth beginning with the latent or early phase of labor and continuing through delivery of the placenta. A woman experiencing contractions is in true labor, unless a physician other QMP certifies that, after a reasonable time of observation, the woman is in false labor.

**Medical Screening Exam**
The process required to reach, with reasonable clinical confidence, the point a determination of the presence or absence of an emergency medical condition (EMC) can be made. MSE is not an isolated event. It is an ongoing process that begins, but typically does not end with triage.

**Qualified Medical Personnel**
Individual(s) formally determined to be qualified to conduct medical screening exams in a document approved by the medical staff and governing body of the hospital.

**Stable Obstetrical Patient**
The woman who presents having contractions is only deemed stable under the following circumstances:
- the infant and the placenta are delivered,
- labor contractions cease, or
- a physician certifies that the woman is in false labor.

A woman experiencing contractions is deemed to be in "true" labor unless a physician/QMP certifies that, after a reasonable time of observation, the woman is in false labor.

**Triage**
The clinical assessment of the patient's presenting signs and symptoms at the time of arrival at the hospital conducted to prioritize when the patient will be seen by the physician or other Qualified Medical Personnel (QMP)

## V. Relevant Federal and State Statutes
Code of Federal Regulations 42 CFR 489.20 and 482.24
CMS State Operations Manual, Appendix V, Interpretative Guidelines, Responsibilities of Medicare Participating Hospitals in Emergency Cases, Rev. 60, 07-16-10

## VI. Related CMH Documents
External fetal monitoring
https://procedures.lww.com/lnp/view.do?pId=4449780

Emergency Vaginal Delivery
https://procedures.lww.com/lnp/view.do?pId=4450312&hits=vaginal,bleeding&a=true&ad=false

## VII. Dates Approved or Amended
Original policy titled "Obstetrical Triage", effective date 03/27/14

| | |
|---|---|
| *Originated: 03/27/14* | *Effective: 04/01/14* |
| *Reviewed with Changes: 09/26/18* | *Reviewed without Changes: 04/2015* |
| | 04/2016, 11/2017 |
| | |

**VIII. Contact Information**

**Quality/Risk Management (325) 574-7284**

**ALGORITHM: MANAGEMENT OF PREGNANT PATIENTS IN THE ED**

Pregnant Patient Presents to ED

CRITICAL UNSTABLE (ESI 1-2)? — YES →

**CRITICAL, UNSTABLE (ESI 1-2)**

ED Physician
Initiates consult with the FP/OB On-Call

**CONDUCT MSE IN ED**

NO ↓

HIGH RISK?[1] — YES →

**HIGH RISK**

ED Physician
- rules out presence of non-obstetric EMC
- initiates consult with the FP/OB On-Call
- in conjunction with the FP/OB On-Call, determines location for completion of MSE

↓

COMPLETE MSE IN ED? — YES → EMERGENCY DEPARTMENT CARE

**HIGH RISK CRITERIA[1]**

- Abdominal pain or trauma
- Injury from MVA
- BP <80/40 / >140/90 and symptomatic
- Concern for imminent delivery: FP/OB not present in facility
- Active, heavy vaginal bleeding
- Decreased/absent fetal movement per patient report
- Absent fetal heart tones
- Other serious conditions e.g., sepsis, seizure, dyspnea

NO ↓

GESTATION ≥ 20 WEEKS? — NO → EMERGENCY DEPARTMENT CARE

YES ↓

OBSTETRICAL COMPLAINT? — NO → EMERGENCY DEPARTMENT CARE

YES ↓

**≥ 20 WEEKS W/ OB COMPLAINT**

~~ED Physician~~
~~- rules out presence of non-obstetric EMC~~
~~- transitions further eval/care to FP/OB On-Call~~

**ED Nurse**
- contacts House Supervisor to coordinate transport of patient to L&D for completion of MSE
- if OB closed, patient to remain in ED until OB unit is open
- provides hand-off report to L&D staff

**L&D Nurse** *(when practicable)*
- assists with assessment, patient care/monitoring
- coordinates communication with FP/OB On-Call

**FPOB**
- OB on call evaluates and performs MSE

**L&D CARE**

L&D Nurse
- assumes responsibility for care of the patient
- collaborates with FP/OB On-Call to facilitate completion of MSE or ongoing care, if indicated

**COMPLETE MSE IN L&D**

**EMERGENCY DEPARTMENT CARE**

**ED Physician**
*Critical/Unstable/High Risk Remaining in ED*
- evaluate and treat in conjunction with FP/OB On-Call

***IUP ≥ 20 weeks w/ NO obstetrical complaint / IUP < 20 weeks***
- evaluate and treat as indicated
- consult FP/OB On-Call as needed

**ED Nurse**
Consult L&D Charge Nurse for every case ≥ 20 weeks
IUP ≥ 23 Weeks
- initiates external fetal monitoring (EFM) and associates with central monitor
- requests L&D staff assist with fetal monitoring and care

IUP < 20 Weeks
- assesses and documents fetal heart rate by Doppler
- consults L&D Charge Nurse as needed

**L&D Nurse** *(when practicable)*
- assists with assessment, patient care/monitoring
- coordinates communication with FP/OB On-Call

**COMPLETE MSE IN ED**

## Management Info:

| | | | |
|---|---|---|---|
| Status: | Trust | | |
| Best Process: | Sign | Best Process Type: | |
| Progress: | 2012-2017 taxes | | |

## Property Info:

| | | | |
|---|---|---|---|
| City: | Snyder | | |
| Cad Property Id: | 11609 | CAD Value: | 1575.00 |
| Site Description: | Peyton Ave, Snyder, TX 79549, USA<br>3rd lot from Ave U and Peyton | | |
| Owner Info: | David T. Wiman<br>6515 Lake Road<br>Wichita Falls, TX 76307 | | |
| Legal Description: | Lot Twelve (12), in Block Fourteen (14), of the Boothland Addition, to the City of Snyder, Scurry County, Texas (R11609) | | |
| Homestead: | No | Site Structure: | No |
| Non Affixed Material: | No | | |

## Litigation Info:

| | | | |
|---|---|---|---|
| Case Number: | 26521 | | |
| Judgement Date: | 03/01/2019 | Sale Date: | 04/02/2019 |
| Sheriff's Deed Date: | 04/16/2019 | Redemption Date: | 10/23/2019 |
| Court: | 132nd District Court | | |
| Style Plaintiff: | City of Snyder,etal, | | |
| Style Defendant: | Owners of Various Properties located within the City Limits of Snyder, Tx | | |
| Sheriff's Deed Volume: | 20191329 | | |
| Tax Due: | Yes | | |
| Delinquent: | Yes | Litigation: | No |