

Direction médicale et des services professionnels



Emergency physicians' Summary - Règle d'Utilisation des Ressources (RUR)

Starting September 2025, as mandated by Santé Québec, the MUHC will join other institutions by progressively adopting a new Règle d'Utilisation des Ressources for its adult emergencies at the Glen site, Montreal General Hospital and Lachine Hospital. The goal is to improve the running of the EDs by providing a frame of reference for patient care and roles. The RUR:

1. **Standardizes** the approaches and practices for all clinicians working and providing consultations in the EDs.
2. **Gathers** all the information needed into a single document.
3. **Clarifies** some of the practices that were not being followed consistently and implements some new practices to improve patient management.

Key Points

- ✓ **Ensure that specialist consultations are pertinent.**
- ✓ **Only one consult request should be with request for PEC (prise en charge).**
- ✓ **Use outpatient resources whenever possible – accueil clinique, day hospital – or recommend other.**
- ✓ **When needed, the ED physician is expected to see any patient in the ED who is unstable regardless of who is MRP and manage the patient until another physician comfortable with management takes over.**

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- All non-urgent examinations must be redirected to the appropriate outpatient department:
 - outpatient time slots reserved for semi-urgent consultations
 - referral to accueil clinique for patients meeting the criteria
 - return to the Emergency Department or clinic the following day, if necessary.
- Once all necessary information has been obtained, the emergency physician must orient the patient toward discharge, consultation or admission.
- When requesting a consultation with a specialist, the emergency physician must include information explaining and justifying the consultation (i.e., “as discussed” as the only justification is not acceptable). The emergency physician must specify whether the request includes transfer of care or not.
- Patients arriving from Northern Quebec are always accepted. Efforts should be made to avoid transiting through the Emergency Department whenever possible.

Criteria for cardiac monitoring:

- The decision to place a patient on a cardiac monitor will be based on objective criteria outlined in the Emergency Medicine Department's guidelines for cardiac monitor use ([Summary - Appropriate Use of Cardiac Monitoring in the Emergency Department](#)), unless the physician deems it necessary to make an exception.

End-of-shift transfers:

- Cases to be signed over are those for whom not all the results of tests or consultations are completed at the time of sign-over.
- In such cases, the outgoing physician should prescribe all necessary medication, prescriptions, relevant medical consultations and deal with 'appartenance'.

Delays, replacements and availability:

- If an emergency physician is more than **10 minutes** late for the start of their shift, they must directly notify the physician they will be replacing.
- Emergency physicians are responsible for personally arranging their replacements on the on-call list.
- The emergency physician covering a Code Orange must be reachable between **7:00** and **7:00 the following day** and must be able to arrive on-site within a maximum of one hour.

Responsibilities and care:

- For consults with prise en charge (PEC) request during regular hours, specialists take charge of patients **2 hours** after the start of the consult with PEC, unless they discuss it with the emergency physician.
- If a patient under the care of a specialist presents an acute complication, the emergency physician must intervene until the specialist arrives and is able to take over.
- For consults requested after 18:00, the ED physician will determine whether the consult needs to be done that evening based on the effect it will have on the ED and will communicate with the consultant.

Read the [Règle d'utilisation des ressources ED-Adult](#).