DECATUR COUNTY MEMORIAL HOSPITAL MEDICAL STAFF RULES & REGULATIONS

FEBRUARY 2021

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DECATUR COUNTY MEMORIAL HOSPITAL MEDICAL

STAFF BYLAWS

RULES AND REGULATIONS

A. Care of Patients

1. General Care

The hospital shall accept all patients for whom it can provide appropriate clinical care and treatment. Any patient with conditions requiring clinical specialization or technology not available at Decatur County Memorial Hospital will be stabilized and transferred to an appropriate facility as defined in the hospital policy on Transfer of Patients.

DECATUR COUNTY MEMORIAL HOSPITAL MEDICAL STAFF BYLAWS RULES AND REGULATIONS

A. CARE OF PATIENTS

2. Responsibility for Patients

- a. The Hospitalist or a member of the active medical staff specifically granted the privilege to admit and treat patients shall be responsible for the medical care and treatment of each patient and for the timely and accurate, completion of each patient's medical record.
- b. Patients requiring admission to the hospital shall be admitted to the Hospitalist services for general medical admissions. Physicians with admitting privileges may arrange with the Hospitalist service to provide medical services to their own patients by mutual agreement. In the case of services not provided by the Hospitalist service, patients shall be admitted to a practitioner specifically privileges for that service.
- c. If a patient requiring admission refuses the care of the Hospitalist or other service physician, the Chief of the appropriate department shall be contacted and shall facilitate the transfer of care to an appropriate practitioner. If the Department Chief is unavailable, the Chief of Staff will be contacted to facilitate the transfer of care.
- d. Qualified ER nurses, within the scope of their licensure, scheduled to work in the Emergency Department, will provide appropriate emergency medical screening examinations for patients presenting for care. Qualified obstetrical RNs will provide a nursing assessment for pregnant patients who are twenty-four (24) weeks or more gestation with symptoms relating to obstetrics presenting to the ER or OB. The assessment protocol Is followed, and discussion by telephone with a physician privileged to manage laboring patients will occur. Qualified medical assistants, within the scope of their training, scheduled to work in a community convenient care clinic may provide appropriate medical screening of patients presenting to the community convenient care clinic.
- e. Medical staff will make available to the ED a list of physicians available on call by specialty rotation. The emergency department is responsible for determining the appropriate specialist to be called. All staff are expected to participate in this rotation.
 - 1. On call physicians will contact the ER within 30 minutes of a request for immediate care. In the event of unavailability of a specialist, the ED physician, will determine the next appropriate steps (consider transfer, chief of service, chief of staff).
 - 2. If the on call physician is unavailable due to a situation beyond that physician's control, that physician will notify the ED within 30 minutes in order for alternative arrangements to be made.

- 3. On call providers working for multiple facilities simultaneously must notify the ED. Arrangements for patients presenting for that specialty are then the responsibility of that on call provider.
- 4. Every member of the active Medical Staff shall take emergency call unless excused by majority vote of the Medical Staff. If the physician is age sixty (60) or above, and has provided twenty (20) years of service or more at Decatur County Memorial Hospital, he/she may request that he/she be excused from the emergency call, without this resulting in any change in the physician's status. This request should be made in writing to the Executive Committee. The Executive Committee has the authority to deny this request, if it is deemed to result in a hardship on providing healthcare services to the community.
- f. The Hospital based emergency room practitioner shall be responsible for a patient's condition from the time he/she presents to the emergency room until the time he/she is admitted to the Hospital or discharged from the emergency room. Once admitted, the patient will be the primary responsibility of the admitting physician. The emergency room physician will respond to all Code 99s, emergency calls, or any unstable patient and render any necessary treatment until the patient's physician arrives. The emergency room physician's primary responsibility is to the patients in the emergency room.
- g. Each member of the Medical Staff who does not reside in the immediate vicinity shall name a member of the Medical Staff who is a resident in the area who may be called to attend his or her patients in an emergency, or until he or she arrives. In case of failure to name such an associate, the Chief of Staff, or in his or her absence, the Vice Chief of Staff shall have the authority to call any member of the active staff.
- h. A practitioner who finds it necessary to be absent from the community for more than twenty-four (24) hours shall designate another practitioner to care for his/her patients during his/her absence. The switchboard should be contacted and a notice will be distributed, notifying the proper personnel of the practitioner's absence. In an emergency, if the attending practitioner is unavailable by telephone, the nursing supervisor shall have the authority to call the chief of the service concerned, an emergency room physician on duty or the Chief of Staff should he/she consider it necessary.
- i. Visitation of inpatients, observation patients, and swing bed patients shall be made by the responsible physician according to the Medical Staff policy.

MEDICAL STAFF BYLAWS

RULES AND REGULATIONS

A. CARE OF PATIENTS

3. Consent for Treatment

- a. General consent for treatment shall be obtained at the time of each admission for emergency room, observation, same day surgery or inpatient visits.
- b. Annual consents are signed once yearly for all other service types.
- c. Blood transfusions are to be given according to pre-established criteria. Specific information will be provided to the patient regarding risks and benefits of the transfusion and a specific signed consent will be obtained.
- d. Individual patient consent for surgery or other invasive procedures shall be obtained according to hospital policy.
- e. Written authorization of the patient is required for release of medical information to persons not otherwise authorized to receive information.
- f. Inherent in informed consent is the patient's right to refuse treatment, the right to be informed of the risks and benefits of the proposed treatment as well as the risks and benefits of any alternative treatments including no treatment. Patients must not be shamed or coerced into accepting treatment. Refusal will be appropriately documented in the patient's medical record.
- g. Consent for treatment will be obtained in accordance with the Hospital's policy for informed consent.

DECATUR COUNTY MEMORIAL HOSPITAL MEDICAL STAFF BYLAWS

RULES AND REGULATIONS

A. CARE OF PATIENTS

4. Transfer of Responsibility for Patients

- a. Formal with acceptance from the receiving physician, a physician may transfer complete responsibility for care and treatment of a patient to another physician with appropriate privileges. The attending physician shall write a specific order transferring care.
- b. Informal from time to time, physicians may provide coverage for each other. When this occurs, verbal report shall be given to the covering physician and nursing staff will be notified.

MEDICAL STAFF BYLAWS

RULES AND REGULATIONS

A. CARE OF PATIENTS

5. Physician Orders

- a. Verbal/Telephone orders
 - 1. Accepted from any medical staff member with clinical privileges.
 - 2. Must be read back to and verified by the practitioner giving the order (RAV) and authenticated at time of discharge or within 30 days.
 - RNs, LPNs, LSWs, Respiratory Techs or Therapists, Radiology Technologists, Lab Technologists, Pharmacists, CRNAs, Registered Dieticians, and Physical, Occupational or Speech therapists, may handle telephone orders in the field of their expertise and for the specialty in which they are licensed
 - 4. Verbal/telephone orders and the results of critical tests must be documented, read back to originator and verified with documentation in the medical record.
- b. Orders may be written by an Advance Practice Nurse (APN), a Certified Nurse Anesthetist (CRNA), or a Physician Assistant. Orders written by APN and PA shall be countersigned by a physician as required by Indiana law.

MEDICAL STAFF BYLAWS

RULES AND REGULATIONS

A. CARE OF PATIENTS

6. Surgical Care

- a. Except in extreme emergencies, the preoperative diagnosis and any diagnostic test results must be recorded in the patient's medical record prior to surgery. In procedures where anesthesia is required, the anesthesia provider shall write a comprehensive note regarding the patient's condition prior to induction of anesthesia.
- b. Written, signed, informed consent shall be obtained prior to any operative procedure except when the patient's life is in jeopardy and appropriate signatures cannot be obtained due to the condition of the patient.
 - 1. The written consent shall include the risks and benefits of the proposed. procedures, the risks and benefits of any alternative treatment/s including no treatment.
 - 2. An informed consent is valid for 30 days per our hospital policy.
- c. The surgeon will decide on the need for a first assistant and what credentials are appropriate for the type of case and condition of the patient according to the hospital guidelines on first assistants (see policy).
- d. All tissues removed at surgery will be handled in a manner consistent with the hospital policies on surgical specimens
- e. Scheduling of surgical cases will be done in accordance with Surgical Services policies.
- f. Operative reports shall Include a detailed account of the findings at surgery as well as the details of the surgical technique. Operative reports should be completed immediately after surgery and placed in the medical records as soon as possible. If dictated, an immediate post-op progress note must be written in the medical record. Any practitioner with incomplete operative reports twenty-four (24) hours following the day of the operation may be referred to the Executive Committee for disciplinary action as defined in the Bylaws.

MEDICAL STAFF BYLAWS

RULES AND REGULATIONS

A. CARE OF PATIENTS

7. Responsible Physician

When a patient who has been admitted to the medical service undergoes major surgery, post-operatively, the surgeon becomes the responsible practitioner. He/She is, however, encouraged to continue meaningful conversation and cooperation with the referring physician. In the event minor surgery is performed on a medical patient, the admitting practitioner remains the responsible practitioner unless he/she elects to transfer the patient to the care of the surgeon.

MEDICAL STAFF BYLAWS

RULES AND REGULATIONS

A. CARE OF PATIENTS

8. Post Anesthesia Care

The anesthesiologist or surgeon, or a CRNA on their behalf, is responsible for admitting and discharging patients to/from post anesthesia recovery

- a. CRNA's shall provide services within the scope of their license. In the case, an Allied Health Practitioner is performing the procedure, a physician chosen by the AHP must be immediately available.
- 9. **Consultations** must be obtained in accordance with the medical staff policy on consultation.

MEDICAL STAFF BYLAWS

RULES AND REGULATIONS

A. CARE OF PATIENTS

10. Discharging patients

- a. Patients shall be discharged only when medically indicated.
- b. Patients leaving against medical advice will be asked to sign an AMA form and special notation will be made in the medical record. Patients should be informed, as completely as possible, why discharge is not recommended.
- c. A physician's order is required for discharge of a patient. Discharge orders/instructions must include activity, diet, medications, and follow-up plans.
- d. Final diagnosis shall be recorded in full, dated and signed by the responsible practitioner at the time of discharge of all patients. This will be deemed equally as important as the actual discharge order.
- e. A discharge summary is required for all inpatient and observation visits.

MEDICAL STAFF BYLAWS

RULES & REGULATIONS

A. CARE OF PATIENTS

11. Physician Responsibility when Patient's Death Occurs

- a. It is the responsibility of the attending physician (or designee) to pronounce the patient dead.
 - 1. A physician may pronounce a patient dead after telephone notification by a registered nurse that the patient's respirations have ceased. Time of death will be recorded as the time of the physician's pronouncement.
- b. It is the responsibility of the physician to notify the family of the patient's death.
- c. The physician may request consent for autopsy from the next of kin in accordance with medical staff guidelines.
- d. In the event of a death, a death summary shall be added to the record. The final note shall indicate the reason for admission, the findings and course in the Hospital, and the events leading to death

MEDICAL STAFF BYLAWS

RULES AND REGULATIONS

A. CARE OF PATIENTS

12. Medications

- a. An up-to-date drug formulary is the responsibility of the Pharmacy and Therapeutics Committee.
- b. Attempts will be made to obtain non-formulary medications if required.
- c. Patients may use their own prescription(s) if necessary and appropriately ordered by the physician in accordance with the hospital policy on medications.
- d. An automatic Stop Order Policy will be followed as approved by the Pharmacy and Therapeutics Committee.

MEDICAL STAFF BYLAWS

RULES AND REGULATIONS

A. **CARE OF PATIENTS**

13. Hospital Policies

Physicians will familiarize themselves with and abide by hospital policies, especially those regarding safety, employee health, quality improvement and infection control.

14. Life Support

All active staff and AHPs are encouraged to be current in Basic Life Support skills. Advanced certification, such as ACLS, may be required by specific services

MEDICAL STAFF BYLAWS

RULES AND REGULATIONS

B. SUPERVISION OF ALLIED HEALTH PROFESSIONALS & STUDENTS

- 1. Allied Health Professionals may practice only within the scope of their license and in accordance with clinical privileges specifically granted to them.
- 2. All Independent Allied Health Professionals must have a primary supervising physician to admit patients to the hospital.

MEDICAL STAFF BYLAWS

RULES AND REGULATIONS

C. THE MEDICAL RECORD (defined as records considered the property of DCMH)

- 1. A provisional diagnosis must be documented at the time of admission for inpatient and observation patients except in the case of an extreme emergency.
- 2. The attending practitioner shall be responsible for preparation of a complete, accurate medical record for each hospital patient which includes the following but is not limited to:
 - a. History and Physical Examination
 - b. Progress Notes
 - c. Operative Report
 - d. Discharge Summary
 - e. Discharge Diagnosis
 - f. Orders
- 3. The provider shall be responsible for preparation of a complete, accurate, record for each patient seen in the office setting which includes the following, but is not limited to:
 - a. Office visit report
 - b. In-office procedure reports (if applicable)
 - c. Orders (if applicable)
- 4. Except in extreme emergencies the history and physical must be completed and present on the medical record prior to the start of any procedure. The H & P may be performed by a physician, a CRNA, PA, APN or a podiatrist who has privileges to perform H & P's.
- 5. All clinical entries shall be accurately dated and authenticated. Only authorized individuals shall make entries in the medical record (see policy).
- 6. Only approved abbreviations may be used in the Medical Record. Changes may be approved though the Health Information Committee.
- 7. Completion of Medical Records
 - a. The medical record, including signatures, must be completed within 30 days of the patient's visit or discharge.
 - (1) A certificate of transfer to another facility shall be signed at the time of the transfer by the physician arranging the transfer.
 - b. The Department of Health Information Management will alert the provider weekly that records require completion.

- c. Providers are responsible for notifying the Health Information Management Dept. if they will be unavailable due to a conference, vacation, etc. Providers have five (5) days after their return to complete delinquent record deficiencies.
- d. If a practitioner does not complete the medical records of his/her hospital or ambulatory patients within 30 days, their privileges will be suspended until such time as the record is completed.
- e. Three (3) such suspensions in any 12-month period are grounds for further disciplinary action.
- f. Suspensions will be reported to the Medical Executive Committee for their consideration and action.

8. Anesthesia

Anesthesia personnel will maintain a complete record to include evidence of pre-anesthesia evaluation, re-evaluation just prior to Induction, monitoring of the patient throughout the procedure, post-anesthesia evaluation, and post-anesthesia follow-up of the patient's condition.

9. Access to medical records

- a. Free access to all medical records shall be afforded to members of the hospital and medical staff for bona fide study or research, provided all confidential or personal Information is retained.
- b. At the discretion of the CEO, former staff members may be allowed access to medical records of their patients.

10. Protection of the medical record

- a. All records are the property of Decatur County Memorial Hospital and shall not be removed from the premises, except with a court order or subpoena.
- b. Records shall be available for use in the event of a readmission.
- c. Unauthorized removal of medical records is grounds for suspension.

MEDICAL STAFF BYLAWS

RULES AND REGULATIONS

D. Amendments to the Rules and Regulations

Amendments to the Rules and Regulations may be made by affirmative vote of two-thirds (2/3) of the active staff members present at a regular or special medical staff meeting at which there is a quorum. Amendments will take effect following approval by the Board of Trustees. Neither the Medical Staff, nor the Board of Trustees may amend these Rules and Regulations unilaterally.

DECATUR COUNTY MEMORIAL HOSPITAL MEDICAL STAFF BYLAWS AND RULES AND REGULATIONS

E. CONTINUING EDUCATION REQUIREMENTS

In the interest of maintaining a high caliber medical practice, all members of the Medical Staff are required to engage in a program of continuing education.

1. ANNUAL REQUIREMENTS

There shall be a minimum annual requirement of twenty-five (25) hours of continuing education with a total of fifty (50) hours within a two (2) year period. This requirement shall be met by attaching a printed record of CMEs to the reapplication before privileges are granted for the next reapplication period.

Other Professional Education Programs:

Post graduate seminars Participating hours
Teaching professional subjects Participating hours
Production of professional papers and

Publications Hours to produce
Professional meetings Participating hours
Audio and Visual recordings Actual hours
Professional journals, Actual hours
Telemedicine/Webinars Actual or CEU hours

Post graduate correspondence course Actual or CEU hours

Members in good standing of a professional certification board which requires at least twenty-five (25) hours of continuing education per year need not report continuing education hours annually, but must report successful recertification by the professional board

DECATUR COUNTY MEMORIAL HOSPITAL MEDICAL STAFF BYLAWS MEDICAL STAFF RULES & REGULATIONS

MEDICAL STAFF APPROVAL:

The Medical Executive Committee approved the Medical Staff Bylaws and Rules and Medical Staff Regulations at the regular meeting on February 3, 2021.

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Robert W. Perry, M.D.	
Chief of Staff	
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Jami Rayles, M.D.	
Vice-Chief of Staff	

Anxhela Treska M.D. Secretary/Treasurer

The Full Medical Staff approved the Medical Staff Bylaws and Medical Staff Rules and Regulations at the regular meeting on February 19, 2021.

Robert W. Perry, M.D.

Chief of Staff

DECATUR COUNTY MEMORIAL HOSPITAL MEDICAL STAFF BYLAWS

BOARD OF TRUSTEE APPROVAL:

The Board of Trustees of Decatur County Memorial Hospital approved the Medical Staff Bylaws at the regular Board of Trustee meeting on February 25, 2021.

Larry Rueff Board Chair

Stephen Stringer Vice-Chair

Mollie Fry Secretary

Laura Johnson Board Member

Bryan Robbins Board Member

Darren Evans Board Member Patricia Cruser Board Member

Robert W. Pen MD

Board Member Chief of Staff

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Nicole Boersma, MD Board Member