North Hospital

IU Health North Hospital Medical Staff Rules & Regulations

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Approvers: Jonathan Goble	
Department: Medical Staff Office	

ARTICLE I. PROFESSIONALISM

1.1 These rules and regulations are intended to provide comprehensive information to members of the IU Health North Hospital Medical Staff in order for them to fulfill their commitment and responsibility to provide quality and safe patient care. In addition, members of the Medical Staff are obliged to carry themselves in a manner which exemplifies the utmost respect and professionalism toward patients, families, visitors, staff and associates of IU Health North Hospital.

ARTICLE II. STAFF PRIVILEGES

2.1 Admitting

Only physicians/dentists who have been duly appointed to membership on the Medical Staff by the IU Health North Hospital Board of Managers or who have been granted temporary privileges, and are in good standing, are eligible to serve as the admitting/attending physician/dentist for patients within the hospital.

2.2 Reporting Requirements

In addition to reporting requirements at the time of initial application and reapplication to the IU Health North Hospital Medical Staff, all members of the Medical staff are to immediately report to the President of the Medical Staff (or his/her designee when off premises) any circumstances involving the following:

a) suspension or any action (censure, reprimand, and/or fine) regarding their professional license

b) loss, suspension or other actions (excludes routine renewal) regarding state or federal prescribing of controlled substances

c) loss, suspension or limitation (excludes routine non-renewal) of clinical privileges at another health care facility

d) filing of notice of exclusion/debarment from any federal health care program including Medicare/Medicaid

e) filing of any criminal charge by state or federal authorities (excludes minor motor vehicle accident)

ARTICLE III. INPATIENT CARE

3.1 Admission of Patients

Active, Associate, Provisional and Courtesy Medical Staff members may register patients for admission to the hospital. The physician/dentist who admits the patient will be designated as the attending physician/dentist and will provide Patient Access Services with a provisional clinical diagnosis. The admitting physician/dentist will be considered the attending physician/dentist unless an order is entered to transfer care to another physician/dentist who has agreed to accept responsibility for the patient's care management.

3.2 Attending Physician/Dentist Requirements

Patients admitted to the hospital must be seen within twenty-four (24) hours after admission by the attending physician/dentist. The attending physician/dentist is in charge of the patient's overall care management, including but not limited to review of orders, request of necessary consultations, determination of the patient's resuscitation status, planning for discharge and completion and signing of medical records.

Hospitalized patients shall be seen daily by the attending physician/dentist or the attending physician/dentist will effectively delegate that responsibility to an associate/partner of the attending physician. Physicians managing patients in the hospital for "hospice respite or residential" care would be exempt from this requirement; however inpatient hospice patients are to be seen daily. During invasive and surgical procedures performed in the OR, cardiac catheterization laboratory, interventional radiology suite, or in the case of anesthesia care, it is expected that a licensed, credentialed, and properly privileged staff-level physician will be in continuous attendance upon the patient, and/or immediately available until the procedure is completed. For purposes of definition, "immediately available" constitutes "in the procedural area". If the physician finds it necessary to leave the procedural area, it is incumbent upon them to transfer care to another physician with similar credentials and privileges for continuing care.

3.3 Patient/Family Complaint Procedures

Hospital patients shall be provided with appropriate channels to communicate dissatisfaction with medical care and treatment, safety and security, and be provided a timely and appropriate response upon conclusion of the investigation into the concern. Members of the Medical Staff must fully cooperate in such investigations.

3.4 Consultations

To promote effective consultation among physicians/dentists of various specialties involved in the treatment of patients, it is recommended that the attending physician/dentist, or his/her designee (nurse practitioner, physician/dentist assistant, resident, other physician/dentist partner) directly discuss with a consultant physician/dentist the need to examine, discuss, or otherwise provide an opinion regarding a patient's care management. Consultation should be considered where the diagnosis is obscure, or where doubt exists as to the best therapeutic measures to be taken, including cases where the disorder or complications are not in the field of the attending physician's practice. Orders for consultation should include the reason for the consultation, extent and involvement in care expected from the consultant and notation that the consultant has been previously contacted by the ordering physician/dentist or his/her designee.

The consultation should be documented in the medical record and include discussion of background information and specific questions about the patient. The consultant must create and sign a report of findings, opinions and recommendations that reflects an actual examination of the patient and review of the patient's medical record. The consultant's report of findings will become part of the medical record.

3.5 Delegation of Physician/Dentist Responsibilities

In order to ensure quality health care to all patients, certain responsibilities must be performed by a physician/dentist and are not to be delegated to a non-physician/dentist without proper oversight. These responsibilities are as follows:

1. Admission of patients to the hospitals.
2. Obtainment and review of the history of the present illness and performance of the initial physical examination.
3. Dictation of operative notes.
4. Completion of discharge summary and/or death notes.
5. Completion of pre/post anesthesia notes.
6. Performance of surgery, which the physician/dentist has agreed to perform.
7. Signatures of reports, orders or other medical record entries.

3.6 Transfer of Care

The admitting physician/dentist will be maintained as the attending physician/dentist until entering an order to transfer care to another physician/dentist who has accepted that attending physician's/dentist's

responsibilities. Such transfer of attending physician/dentist status is to occur only after physician/dentist-to physician/dentist discussion of the patient's care and comprehensive discussion of the status of the patient's clinical needs.

3.7 Care Management

Care Management is a hospital-wide, interdisciplinary process that supports the planning, organization and provision of health care services in a timely, cost-effective manner while maintaining quality patient care consistent with the mission of IU Health North Hospital. As an integral member of the team process, physicians/dentists support effective and efficient utilization of hospital facilities and services through the following actions:

1. Communicate with Case Managers, Social Workers and physician/dentist leaders to help improve inefficiencies in care and safely move the patients to a lower level of care when medically appropriate.
2. Obtain specialty consultation early and frequently.
3. Support evidence-based medicine such as in the treatment of DVT, pneumonia, AMI and CHF patients.
4. Review medicines and orders daily:
    a. Discontinue interventions that are not medically necessary (examples: telemetry, Foley catheter, central line)
    b. Change medicines from IV to oral when appropriate (examples: antibiotics and pain meds)
    c. Advance diet and activity when appropriate.
5. Discuss daily with patients (and families) those objectives that will need to be accomplished before discharge is possible.
6. Keep the patient, the family and the interdisciplinary team informed of potential discharge plans and the expected date of discharge.
7. When patient medically meets criteria for discharge and further testing is needed, discharge patient and finish workup as an outpatient.
8. Consider end of life issues where Palliative Care, Hospice or Geriatric services may be appropriate for the patient.
9. Compare utilization, LOS and cost performance with peers.
10. Participate in communication with Medical Necessity Case Managers to help resolve patient status issues and concurrent verbal denials for continued hospital stay.

The Medical Executive Committee, the Utilization Management Committee, the Performance Assessment and Improvement Committee and the IU Health North Hospital Quality Council are responsible for the review of care including Utilization Management functions. Utilization

Management issues will be reported as deemed appropriate to these committees. These committees may appoint a physician/dentist outside of the committees to perform concurrent or retrospective chart reviews for Utilization Management. These physicians/dentists will be available to assist and counsel personnel responsible for utilization functions and to consult with peers to resolve issues. Peer review protection applies in accordance with Indiana Peer Review Statute I.C. 34-4-12.6.1.

3.8 Discharge of Patients

Patients are to be discharged only by order of the attending physician/dentist or his/her designee. The attending physician/dentist or designee is obligated to communicate to the referring physician/dentist all appropriate medical information. In the event that patient is being transferred to another agency or institution, the physician/dentist is to ensure the same information is documented on approved discharge/transfer forms and an immediate discharge summary is dictated.

Whenever possible, as part of the discharge process, the attending physician/dentist or designee is to identify the physician/dentist who will provide follow-up care after discharge from IU Health North Hospital. Comprehensive communication to the physician/dentist conducting follow-up by the attending physician/dentist or designee is to include the patient's hospital course, medications upon discharge, and need for continuing care. It is the responsibility of the discharging physician to complete the electronic medication reconciliation at discharge.

It is the responsibility of the attending physician/dentist or designee to ensure discharge of patients in a timely fashion. Discharge planning is multidisciplinary and physician/dentist designees are to engage nursing, care management, and other health care disciplines as needed in the process. Care conferences may be necessary to address challenging patient or family issues that could negatively affect discharge. Physicians/dentists are to avail themselves to participate in such conferences or give input when needed.

3.9 Leaving Against Medical Advice

If a patient desires to leave the hospital against the advice of the attending physician/dentist or designee without proper discharge, the attending physician/dentist or designee will be notified and the patient will be requested to sign the appropriate release form, attested by the patient or legal representative of the patient and a competent third party. Such departure from the hospital is to be noted in the medical record by the attending physician/dentist or designee. Child Protective Services shall be

contacted if parents or guardians of minors remove or threaten to remove a patient against medical advice.

ARTICLE IV. CONSENT

4.1 Informed Consent Process

A separate Consent for Procedure form should be completed by the patient and his/her treating physician/dentist for proposed health care procedures, which involve medically significant risks or medically significant alternatives, for example:

a) procedures using general anesthesia
b) procedures performed in the operating room, delivery room, and cystoscopy room
c) procedures which involve such a risk or result that the patient would attach significance to the risks, or results when deciding whether or not to proceed with the proposed procedures, and
d) blood product transfusion

In addition to discussing the proposed procedures with the patient and completing the Consent for Procedures form, the treating practitioner should include a note in the patient's medical record to the effect that the physician/dentist spoke with and advised the patient of the nature of the proposed care, treatment, services, medications, interventions, or procedures; potential benefits, risks, or side effects including potential problems related to recuperation; likelihood of achieving care, treatment and service goals; reasonable alternatives to the proposed care, treatment and service; relevant risks, benefits and side effects related to alternatives, including the possible results of not receiving care, treatment and services; and when indicated, any limitations of the confidentiality of information learned from the patient. The attestation statement in the Consent for Procedure form may serve as the treating practitioner's note.

The treating practitioner should attempt to complete the form at the time of the informed consent discussion with the patient or the patient's representative. If for some reason the form is not completed but conversation has occurred, the treating practitioner may enter an order for nursing staff to complete the form. If the patient states that he or she has not discussed the procedure with the treating practitioner or if the patient voices questions, the staff will not obtain the patient's signature and will place a call to the treating practitioner.

ARTICLE V. MEDICAL RECORDS

5.1 Handwritten entries and Use of Abbreviations

In an emergency, or when electronic entry is not possible, all entries in the medical record must be legible and in black or blue ink. Pencil entries are not permitted. **All entries are to be signed, dated, and timed**. The date and time of the note will be the date and time of the entry, regardless of whether the content of the note relates to a previous date or time. Entries throughout the medical record regarding medication orders must be entered without the use of unsafe abbreviations.

Authentication of entries

All entries in the medical record must be confirmed by electronic signature, identifying the credentials of the author. Reports dictated and transcribed through Health Information Management require attending physician/dentist and/or surgeon authentication by using 3M SoftMed's Electronic Signature Authentication – ESA application. Entries by medical students require electronic countersignature by a physician/dentist. Verbal and telephone orders may be electronically signed by any physician/dentist who provided care to the patient or has knowledge of the patient's care if the ordering practitioner is unavailable and authentication should be completed within forty-eight (48) hours of the order.

5.2 Orders

Initial admission, diagnostic, treatment and discharge orders may be entered by the attending physician/dentist, resident, fellow, dentist or podiatrist or nurse practitioner. Admission orders are required **no later** than the patient arrival on the unit, and must be dated and timed. The physician/dentist must enter an admission status order (inpatient, observation, or outpatient in a bed) for each patient receiving care on a patient care unit.

Verbal orders should be limited and reserved for emergent situations only. Verbal orders may be necessary when computerized orders are impossible or impractical, when manually writing or entering an electronic order results in delays that threaten the emergent care needs of the patient, or during a procedure. For further details, please reference IUH North Hospital's Medical Staff Policy on Verbal and Telephone Orders.

Orders occurring prior to a procedure will not be automatically resumed after the procedure. To ensure patient safety, orders must be reconciled after major procedures to ensure changes to the patient clinical status are taken into full consideration. A transfer order summary is available in Cerner which allows the physician/dentist to select orders for renewal. This should be placed on the patient chart by the unit secretary. Any new orders must be placed electronically.

Protocol Orders

Protocol orders may be presented to the Medical Executive Committee after the Section Chair or Medical Director has established a consensus on the standing orders by the members of the section. Standing orders once approved by the Medical Executive Committee, may be utilized to support procedural area processes when the ordering physician is not present. These orders must be signed within forty-eight (48) hours of implementation.

5.3 History and Physical

Requirements for History & Physical Examinations can be found in the Appendix of the IU Health North Hospital Medical Staff Bylaws.

5.4 Progress Notes

Progress notes shall give a pertinent chronological report of the patient's course in the hospital and reflect any change in condition, the results of treatment, and discharge planning.

Progress notes must be entered at the time of observation and be sufficient to permit continuity of care and transferability of the patient. Whenever possible, each of the patient's clinical problems must be clearly identified in the progress notes and correlated with specific orders as well as results of tests and treatments.

Progress notes must be entered daily, dated and timed, and be authenticated by the practitioner making the note. When students, residents or fellows are involved in patient care, sufficient evidence is entered in the medical record to substantiate the active participation in, and supervision of, the patient's care by the attending physician/dentist.

5.5 Post-Operative Progress Note/Operative Report

The Post-Operative Progress Note must be electronically documented in the medical record immediately following any operative or other high risk procedure providing sufficient and pertinent information for any practitioner required to attend to the patient until the Operative Report is available.

The Operative Report must be completed or dictated within forty-eight (48) hours of any surgical or invasive procedure. For procedures performed under conscious sedation or local anesthesia, the procedure report must be electronically generated.

Please refer to IUH's Content of Medical Records Policy ADM 1.04 for details.

5.6 Tissue and Examinations Reports

Tissue removal procedures are directed through the Medical Staff Policy on Tissue/Surgical Case Review. All surgery pathology reports prepared by the Pathology Department shall have a code inserted by the pathologist to convey one of the following:

Code 0: Insufficient clinical information concerning pre-operative diagnosis for coding purposes.
Code 1: Tissue removed for diagnostic purposes.
Code 2: Tissue removed for therapeutic purposes with no major discrepancy between the pre-operative (clinical) and post-operative (pathological) diagnosis.
Code 3: A major discrepancy exists between the pre-operative (clinical) and the post-operative (pathological) diagnosis.
Code 4: Referral or consultation case originating at another institution.

Through audit efforts of the Tissue Review Committee, cases of concern will be channeled for peer review. Please refer to the American Joint Committee on Cancer (AJCC) Policy MS.3.33 on the IUH Online Medical Staff Policy Manual page which can be accessed from the IUH Pulse page.

5.7 Discharge Summary

The discharge process is the responsibility of the attending physician/dentist. The electronic discharge instructions (eDI) and the discharge medication reconciliation must be completed prior to discharge of the patient from the hospital. The dictated discharge summary shall be completed upon discharge of the patient from the hospital and must include the provisional diagnosis or reason(s) for admission, the principal and additional or associated diagnoses established by the time of discharge, significant findings, procedures performed and treatment rendered, condition of the patient on discharge, and specific instructions given to the patient and/or family (especially relating to physical activity, diet, medications, and follow-up care.)

5.8 Autopsy

Physicians are to obtain permission for autopsy from the family or appropriate guardian after death. When one or more of the following criteria are present the medical staff will make a concerted effort to secure autopsy permission:

a. unanticipated death – all sudden deaths and all deaths in which the admission diagnosis suggests death was not expected;
b. intraoperative or intraprocedural death;

c. death occurring within forty-eight (48) hours after surgery or an invasive diagnostic procedure;
d. death in an outpatient setting (may not be applicable to the Emergency Department);
e. death associated with a drug reaction or an adverse event;
f. death occurring while the patient is being treated under a new therapeutic trial regime (defined as therapies/procedures requiring IRB approval);
g. maternal death incident related to pregnancy or within seven days following delivery;
h. stillbirth;
i. death in infants/children when congenital malformations and conditions with possible genetic implications; or
j. death where the cause is sufficiently obscure to delay completion of the death certificate.

The following **deaths must also be reported to the Coroner**; however, a Coroner's forensic autopsy will not necessarily be performed:

k. any medically unexpected death
   1) occurring coincident with a therapeutic or diagnostic procedure,
   2) of a child (possible SIDS), or
   3) involving unexplained coma;
l. death of a child or adult where abuse, neglect or trauma is a possibility;
m. death following disease or injury in the workplace;
n. death of an inmate or a person in official custody;
o. death involving the suspicion of criminal abortion;
p. all homicides; suicides and accidents; or
q. any suspicious, unusual or unnatural death.

ARTICLE VI. URGENT/EMERGENT PATIENT CARE

6.1 Emergency Care

Individuals who "come to the dedicated emergency department" (as defined within 42 CFR §489.24) will receive a medical screening examination appropriate to their presenting signs and symptoms and consistent with the capability and capacity of the hospital to determine whether or not an emergency medical condition exists. This screening shall occur regardless of the patient's ability to pay and shall be conducted in whole or in part by the following individuals designated as "Qualified Medical Personnel" (QMPs) within the statutory definition:

- Credentialed Physicians or Dentists

- Credentialed Allied Health Practitioners
- Emergency Department Triage Nurses
- Psychiatric Professionals/Assessment Team Members
- Labor and Delivery Nurses

When non-Credentialed staff members assist with or perform the medical screening examination, their assessments are consistent with established policies and protocols or are in collaboration and consultation with appropriate Credentialed practitioners as necessary. The patient's primary physician/dentist, if applicable, will be notified of the patient's condition. If, based on the patient's condition, the Emergency Department physician/dentist determines that consultation of a specialist is required; the Emergency Department physician/dentist will contact a specialist in accordance with the primary care physician/dentist's normal referring pattern.

Patients received in the Emergency Department without referral by, or not under the care, of a private physician/dentist will be assigned to a physician/dentist on-call as deemed appropriate by the Emergency Medicine Physician/dentist. The Emergency Department physician/dentist will contact an appropriate primary/specialty care physician/dentist guided by the on-call schedule established by each section.

6.2 On-Call Responsibilities

Members of the Medical Staff are expected to meet the obligation to cover, if needed, emergency services. Complete on-call rosters are to be forwarded to the Emergency Department by the clinical service. On-call records must be kept by the Emergency Department for seven (7) years. If an effective call schedule cannot be maintained by the clinical service, a physician/dentist with active or provisional privileges will be required to take an equal share of such emergency call responsibility. The physician/dentist is responsible to either fulfill his/her assignment, or if that is not possible, find a suitable replacement and notify the section chair, in writing, who will be replacing him/her on the schedule.

When covering on-call services at the hospital, the physician/dentist on call is required to respond promptly to all pages. The physician/dentist on-call must be physically within a reasonable distance from the hospital in order to promptly report to the hospital when needed.

6.3 Response to Urgent Situations

It is the responsibility of all members of the Medical Staff who provide patient care at IU Health North Hospital to quickly and accurately resolve immediate and urgent clinical concerns. If a clinical concern is not

resolved, the healthcare professional will follow the chain of command until the issue is resolved, including contact of administrative leaders up through and including the Chief Executive Officer. If circumstances surrounding the inability to reach a physician/dentist or member of the Medical Staff merit, the case will then be forwarded the appropriate section chair or physician/dentist leader for peer review.

ARTICLE VII. QUALITY/PATIENT SAFETY

7.1 Quality Measurement and Improvement

Participation in quality activities of the clinical section in which the physician/dentist practices is required. Trending of aggregate data on clinical processes and outcomes, professionalism, administrative and utilization data is to occur through each clinical section of the Medical Staff. The physician/dentist may request to examine their individual performance in order to identify opportunities for improvement in their clinical practice. The physician/dentist will at intervals be asked to participate on performance improvement teams.

7.2 Peer Review Activities

Assessment of individual episodes of patient care management is triggered through various mechanisms, such as routine quality reviews, care management, medical staff committee activities, patient complaints and risk management activities. Peer review will be conducted as part of quality improvement efforts of the Medical Staff. A physician/dentist is to respond promptly to queries from peer physicians/dentists regarding interventions for individual episodes of care.

7.3 Root Cause Analysis (RCA) and Risk Management Activities

The physician/dentist may be requested to participate at intervals in activities to promote patient safety, reduce risk to patients, and improve processes throughout IU Health North Hospital. Root cause analysis (RCA) sessions will be conducted on any sentinel event, serious event with the systems implication of a sentinel event, or a near miss event. Risk Management will contact the physician/dentist to determine a meeting time to conduct a systems review. Physicians/dentists are asked to make attendance at such meetings a priority.

Additionally, physicians/dentists are to promptly report patient errors or other patient-related safety issues to Risk Management by completing an occurrence report or contacting the hospital patient representative.

ARTICLE VIII. GENERAL RULES/EXPECTATIONS

8.1 Confidentiality

In keeping with state and federal laws as well as IU Health North Hospital policy, all medical records, patient-specific information, peer review materials, risk management materials, credentialing records and files, minutes of relevant Medical Staff and hospital meetings, are the property of IU Health North Hospital.

Access to confidential materials by Medical staff is permissible only when the person seeking access is directly involved in the care of the patient or is engaged in peer review, risk management, credentialing or other authorized activity. This requirement applies to information in electronically stored or hard copy format.

8.2 Adherence to IU Health North Hospital Policy and Procedures

All credentialed providers are expected to adhere to established hospital and medical staff bylaws, policies, and procedures for IU Health North Hospital. This includes adherence to all health care regulatory and accreditation requirements. Breach of policies, standards or regulations by individual physician/dentist will be handled through peer review mechanisms of the IU Health North Hospital Medical Staff.

ARTICLE IX. REVISIONS

This document may be revised as outlined in Article 8 Section B of the IU Health North Hospital Bylaws.

Approval Signatures:

_____ _____

Jay R. Bhatt, MD Date
Chair, Executive Committee

_____ _____

Jonathan R. Goble, MHA, MBA, FACHE Date
President and Chief Executive Officer

_____ _____

Paul M. Calkins, MD Date
Chief Medical Officer

LAST AMENDED APPROVAL DATES:

Medical Executive Committee: 7/12/2016
Board of Directors: 8/16/2016
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