Indiana University Health

White Memorial Hospital

Medical Staff

Rules & Regulations

RULES AND REGULATIONS

1. The meetings of the Medical Staff shall be held as provided in Article XV of the Bylaws.

2. The Medical Staff discussions at meetings held as provided for under Number 1 of these Rules and Regulations shall constitute a thorough review and analysis of the clinical work done in the hospital which may include consideration of deaths, unimproved cases, infections, complications, errors in diagnosis, results of treatment from selected discharged cases, and an analysis of clinical reports.

3. Committees:
   Committees shall be standing or special. All committees other than the Executive Committee shall be appointed by the President.

   A. Executive Committee
      The Executive Committee shall represent and act for the Medical Staff. The Committee will consist of members as designated in the Medical Staff Bylaws, Article XIV, and will perform duties as outlined therein.

   B. Special Committees
      Any special committees shall be appointed from time to time as may be required to properly carry out the duties of the Medical Staff. Such committees shall confine their work to the purposes for which they were appointed and shall report to the Medical Executive Committee. They shall not have the power to action unless such is specifically granted by the motion which created the committee.

4. Continuing Medical Education requirement:
   a. At the time of initial appointment CME credits will be requested but are not required.
   b. The reappointment requirement for continuing medical education (CME) is 50 CME credits biennially for all physicians including AHP physicians and non-boarded physicians. A minimum of 25 hours must be category 1 credits. Each individual's participation in CME must be documented and at least half (25) of the educational activities must relate to the privileges granted. *New graduates are not required to have CME credits for the first year (25 CME credits are required for first 2-year reappointment).* Non physician Allied Health Professional staff shall maintain CME/CEU hours required to maintain current certification in their specialty.

5. All Allied Health Professional (AHP) staff shall apply biennially to the Medical Staff. The AHP will be under the sponsorship of their Physician. If no sponsor exists, the concurring physician shall assume responsibility for compliance with the Medical Staff Bylaws, Rules and Regulations. The Credentials Committee shall consider the qualifications, including training, experience, and competence of each applicant.

   If the Credentials Committee approves the qualifications of the applicant, it shall delineate the status, clinical privileges, scope of practice, and/or responsibilities, which it recommends be granted to the applicant, and shall pass its recommendations on to the Medical Executive Committee and Governing Board.

   The Credentials Committee shall conduct an ongoing review of the status, clinical privileges,

scope of practice, and/or responsibilities of each person holding AHP status in accordance with the Medical Staff Bylaws.

6. A member of the Medical Staff or AHP staff, as applicable to the clinical privileges held, shall be responsible for the medical care and treatment of each patient in the hospital, for the prompt completeness and accuracy of the medical record, and for transmitting reports of the condition of the patient to the referring practitioner.

7. Each physician will visit and evaluate all acute care patients admitted to his/her care within 24 hours of admission or before, if indicated. Each physician will visit every patient daily or make arrangements with another physician for daily visits. Swing bed patients need to be seen at least weekly. Each physician will provide the nursing service with the name of the physician(s) who will attend his/her inpatients in his/her absence or unavailability.

8. If a known exposure to a disease occurs, which might pose a threat to other patients or to the community, it shall be the duty of the attending physician to advise the hospital administrator or his designee of this fact, in order that all protection possible be given to the personnel of the hospital and other patients.

9. For the purpose of these rules and regulations, the term "emergency" may be applied to any patient whose condition is such that any delay occasioned by compliance with any of these rules and regulations might prejudice the physical welfare of the patient.

   For the purpose of these rules and regulations, the term “urgent” may be defined as services furnished within 12 hours in order to avoid the likely onset of an emergency medical condition.

10. A complete history and physical (H&P) examination shall be completed within twenty-four (24) hours after admission of the patient but must be present prior to all procedures requiring anesthesia services. H & Ps must be completed prior to surgery, except in emergency situations. Surgery that is not previously planned and that occurs within five (5) hours or less following the patient’s presentation is considered emergent. In such situations, a note containing critical information about the patient’s condition, including pulmonary status, cardiovascular status, vital signs must be written prior to surgery. A complete history and physical is then to be completed within 24 hours of the admission or surgery.

    A durable, legible original or reproduction of a medical history and a completed physical examination obtained in the doctor’s/dentist’s office, or by a member of the medical staff, that is documented within thirty (30) days prior to date of admission, is acceptable if the patient’s clinical status information is updated within the earlier of the following two time frames:

    - Within 24 hours of admission; or
    - Prior to surgery

    When a patient has an outpatient, surgical procedure conducted under local anesthesia, a pre-procedure note is adequate and should include, as appropriate, documentation of pertinent history, medication and allergies.

    When such history and physical examination reports are not recorded before the time slated for operation, the operation shall be canceled unless the attending surgeon documents that such

delay would constitute a hazard to the patients.

The admitting physician is responsible for documentation of the patient's medical history and report of the physical examination. If documented by a designee, it must be reviewed and authenticated by the admitting or attending physician. Dentists and podiatrists are responsible for the part of history and physical that relates to their specialty and a physician would be responsible for the history and physical which addresses the patient's medical condition and suitability for surgery.

11. Verbal or Telephoned Orders (per policy):

I. Verbal order: Any patient-specific intervention direction communicated by a practitioner via in-person spoken word or over the telephone to someone deemed to be an Authorized Professional capable of receiving and accepting such direction.

Practitioner is an appropriately licensed physician, dentist, podiatrist and advanced practice nurses.

Authorized Professionals for IU Health inpatient/ambulatory/outpatient areas include registered nurses, respiratory therapists, pharmacists, registered dietitians, physical, speech and occupational therapists and trained staff in ancillary areas such as laboratory, radiology, etc.

II. Practitioners may give verbal orders when the medical record or electronic order system is not readily accessible, in cases of emergency, or by telephone from another location (within the facility or outside the facility). Verbal orders should be reserved as much as possible for emergent situations.

It is not acceptable to text orders. This method provides no ability to verify the identity of the person sending the text, and there is no way to keep the original message as validation of what is entered into the medical record.

The Authorized Professional receiving a verbal order shall, in a non-emergent situation, enter the order into the electronic documentation system or write the order in the patient's medical record. Upon reducing the order to writing, the authorized professional shall read back the order to the physician who gave it, in order to verify the order content. The verbal and telephone order shall be signed by indicating R.V.V.O and R.V.T.O. respectively, name of ordering physician, full signature and credentials of receiving authorized professional, dated and timed. In emergent situations when formally reducing a verbal order to writing creates a delay that could be potentially adverse to the patient, a verbal order should be repeated and verified before implementation.

Verbal orders shall be authenticated by the ordering practitioner within forty-eight (48) hours. If the ordering practitioner is unavailable during that specified timeframe, authentication of verbal orders may be performed by another practitioner with the patient's treatment team.

Verbal and telephone orders for/from the following are NOT permitted:

i. Medical Students
ii. Chemotherapy Orders
iii. Outpatient medication and treatment therapy from practitioners not credentialed or privileged by the Medical Staff

"DNR" (do not resuscitate) verbal orders are not accepted (*per policy*).
DNR Telephone orders include:

b. Two RNs listen to the phone order and document date, time, physician, and the exact words of the order received and document the order was read back and verified by writing "read back and verify" at the end of the order.
c. The order received is written and co-signed by both RNs.
d. The physician practitioner must sign the order within 24 hours.

12. Automatic stop orders are used to protect patients against excessive medications, potential adverse effects, and continuation of therapy that is no longer necessary. Regulatory and accreditation bodies often require an automatic stop order policy.

    The requirements for automatic stop orders are determined by an interdisciplinary hospital group, usually the Pharmacy and Therapeutics Committee (or equivalent), as referenced in IU Health White Memorial Pharmacy guidelines. Stop order notifications are loaded within the hospital electronic medical record system as defined by interdisciplinary information systems committees upon authority of the IU Health System Pharmacy and Therapeutics Committee. It is the ordering prescriber's responsibility to review the stop date/time field within the electronic order (CPOE).

13. Medications may be dispensed and administered within this institution pursuant only to an order by a practitioner who has been credentialed /privileged by the Medical Staff.

14. Laboratory procedures ordered by a practitioner shall be completed and results available before any surgical procedure is instituted. Prior to surgery a chest x-ray, EKG testing and other appropriate laboratory tests may be done as the patient's condition warrants.

15. Laboratory examinations shall be provided by a Pathologist, and/or his assistants, in the hospital or where the Pathologist may direct.

16. Roentgenograph (x-ray) examination shall be provided by a Radiologist and/or licensed technologist in the hospital or where the Radiologist may direct.

17. It is a hospital policy that all anesthesia administered in the hospital will be done only by a Doctor of Medicine or a qualified nurse anesthetist whose qualifications have been reviewed and approved by the Medical Staff and the Board of Directors.

18. The anesthetist shall have knowledge of the condition of the heart and lungs of the patient before starting anesthetic and shall make notation on the operating chart relative to the conditions indicating a danger of performing the operation. The anesthetist should accompany the patient to the recovery room after the operation.

19. The Nurse Anesthetist (CRNA) shall provide care under the direction of the operating practitioner requesting services and/or the operating practitioner consulting with the CRNA as required by Indiana Code and/or the Indiana Hospital Licensure Rules. The operating practitioner shall provide supervision for only those cases of which the operating practitioner has been granted privileges. Anesthesia will not commence until the surgeon is present.

20. Only noncombustible agents shall be used for anesthesia, or the preoperative preparation of the surgical field, if electrocautery, electric coagulation, or any other electrical equipment employing an open spark is to be used during an operation.

21. A surgical operation shall be performed only on consent of the patient or his legal representative, except in emergencies (the physician shall accept responsibility). It shall be the responsibility of the physician who is to perform the surgery to obtain an informed consent.

22. The operating surgeon shall be fully responsible for having adequate assistance to properly do any operation he/she undertakes to perform and he/she shall be held directly responsible to the governing body of the hospital for any problems encountered by a patient due to his/her failure to obtain adequate assistance for an operation.

23. All operations performed shall be described, on the day of surgery, by the operating surgeon. All tissues removed at operation, except those excluded from gross examination as approved by the Board of Directors, shall be sent to the hospital pathologist who shall make such examination as he/she may consider necessary to arrive at a pathological diagnosis and he/she shall sign his/her report.

24. Dentists and Podiatrists may admit patients if a physician member of the medical staff conducts the admitting H&P examination (except the portion related to dentistry or podiatry). The physician member shall assume responsibility for the care of the patient's medical problems present at the time of admission or which may arise during hospitalization. A consultation is done on every patient, by the practitioner, prior to surgery. Whenever general anesthetics are given in dental or podiatric surgery, the anesthetic must be administered by a qualified anesthesiologist.

25. The Medical Staff will work with the designated organ procurement organization to encourage anatomical gifts.

26. The discharge summary is the responsibility of the attending physician. The discharge summary shall be completed upon discharge of the patient from the hospital.

27. Symbols and abbreviations may be used only when they have been approved by the Medical Staff. Please see the WMHIM Abbreviations and Not Use List policy.

28. The attending physician shall be held responsible for the preparation of a complete medical report for each patient. This record shall include identification data; complaint; personal history; family history; history of present illness; physical examination; special reports such as consultation, clinical laboratory, x-ray, and others; provisional diagnosis; medical or surgical

treatment; pathological findings; progress notes; final diagnosis; condition on discharge; pertinent instructions to the patient or his family on follow-up care; follow-up and autopsy report when available. No medical record shall be filed until it is complete, except on order of the Medical Executive Committee.

The medical record of each and every patient treated in Indiana University Health White Memorial Hospital is the property of the hospital. Records shall not be removed from the hospital except in accordance with a court order, subpoena, or statute.

In case of readmission of a patient, all previous records shall be available for use.

Written consent of the patient is required for release of medical information as noted in HIPPA regulations.

Current medical records should be compiled concurrently with on-line, dictated, or handwritten documentation and completed by the time of discharge. Medical records maintenance shall be the responsibility of the Medical Records Department. Any deficiencies will be assigned electronically. Incomplete records become delinquent on the 15th day following discharge. The Medical Record Department will furnish necessary information to the Medical Executive Committee and the Medical Record Department shall notify each physician with delinquent charts by letter. Upon receipt of the letter, the physician shall be granted seven (7) days to complete his delinquent records. Failure to complete these records within this time limit will result in an automatic suspension of admission privileges until the records are complete.

Notification sequence is as follows: Medical Records to notify Administration, Admission Office, Surgery scheduling, and Chief Nursing Officer who will notify the Nursing Supervisors of suspension and subsequent reinstatement of privileges.

A medical record may only be amended after the record is completed. Errors in dictation or transcription should be corrected before the authentication of the record. Corrections to paper documents made after the record is scanned should be done in the following manner: In ink, one line drawn through the error, the correction added, addition is dated and signed and the reason for the change documented. The corrected document must then be sent to Medical Records for processing. Notes made in the addendum to the record should also be timed, dated and signed, and the reason for the change documented.

29. All persons who present at Indiana University Health White Memorial Hospital shall be treated alike.

30. Practitioners in the Emergency Department, in coordination with hospital personnel, shall provide appropriate medical screening of persons presenting in the emergency room within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency department, to determine if an emergency medical condition exists.

31. If a person presents at the emergency room with an emergency medical condition, including active labor, then the physician shall provide treatment to stabilize the medical condition, or provide for an appropriate transfer of the patient to another facility.

32. The Emergency Department physician, who is on the hospital premises 24 hours per day, seven days a week, shall provide emergency care, both in the ED, and in all other areas of the hospital, until such time that the emergency is resolved or until such time that another physician assumes the responsibility of caring for the patient. This emergency care shall be provided in a timely and expeditious manner. If coexisting life-threatening emergencies occur in more than one hospital site, the Emergency Department physician shall use his judgment to cover both emergencies to the best of his ability.

33. Upon transfer to the floor/unit, the patient's care is the responsibility of the admitting physician(s). The Emergency Department bridging orders are entered to provide continuity of care upon transfer from the Emergency Department. The Emergency Department and Emergency Physicians are no longer directing nor responsible for the patient's care after the patient arrives on the floor/unit.

34. <u>Chain of Command for Patient Care Concerns</u>
Basic responsibilities of the medical staff include working collaboratively with staff, administration and others to provide safe, quality care by making appropriate arrangements to quickly resolve clinical concerns.

In the event a physician is unable or unwilling to respond to clinical concerns, the RN caring for the patient will follow the chain of command to resolve the concerns. If the patient status is life threatening, the rapid response team shall be called. The Medical Staff chain of command is as follows:

- The hospital staff including medical staff practitioners will report practitioner concerns to the Nurse Supervisor.
- The Nurse Supervisor will notify the Medical Staff Department Liaison of the concern. If the Medical Staff Liaison cannot resolve the concern, the Medical Staff President will be notified by the Department Liaison.
- If the Nurse Supervisor is unable to reach the Medical Staff Department Liaison, the Medical Staff President will be notified of the concern.
- Continued, unresolved clinical concerns will be communicated to the Administrator on-call, who will attempt to contact the physician and discuss the necessity of immediate mitigation of the concern.

**The incident may be referred to the peer review committee for appropriate review and action.*

Board approval: 5.17.17,5.16.18, 8.15.18
MEC approval: 8.16.19