



# **STANDING RULES OF THE MEDICAL STAFF**

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**STANDING RULES OF THE MEDICAL STAFF**

These rules shall apply to all physicians, dentists and podiatrists who treat patients at New Hanover Regional Medical Center.

**GENERAL ADMINISTRATION**

101. Continuing Medical Education requirements for each appointee in active practice (Associate Attending, Senior Attending, Emeritus and Visiting status) shall consist of the successful completion of **(40)** hours of AMA category I CME credits every (2)-years and so documented to the satisfaction of the Credentials Committee at the time of reappointment. Twenty **(20)** hours of Category I must be directly related to the physician's scope of practice.
  
102. A physician shall not admit a patient to the service of another physician for the purpose of treating the patient himself/herself.
  
103. All individuals who present at any part of the hospital and expressly or impliedly request an examination or treatment for a potential emergency medical condition shall be screened and stabilized in accordance with the Medical Center's EMTALA policy.  
Additional persons who may perform medical screening are:
  - Obstetrical RN's and mid-wives who medically screen potentially laboring patients and report their findings to the attending physician prior to release;
  - Psychiatric RN's who perform an initial psychiatric screening exam to determine if an emergency psychiatric condition exists. Their findings will be collaborated with the Psychiatrist;
  - Physician Assistants; and
  - Nurse Practitioners.

**DEPARTMENT MATTERS**

201. Standard agenda for regular meetings of each clinical department should include:
  - 1) reports of findings and actions from the department's monitoring and evaluation of important aspects of patient care as relevant to the respective department;
  - 2) discussion of patient care concerns and resolution of any identified clinical issues;
  - 3) opportunities for reports from standing review committees in which the department participates (e.g., tissue, transfusion, utilization, medical records, drug usage).

202. Criteria for clinical privileges in department or specialty services should be developed by the respective departments or services so as to permit the Credentials Committee to forward a recommendation to the Board of Trustees.
203. Call schedules by specialty, as appropriate, are the responsibility of individual departments. Each clinical department shall develop and implement a system which will ensure the proper and sufficient care of inpatients and patients who are candidates for admission as well as patients who are otherwise unassigned or without third party coverage. In the event that a particular specialty is not available, the Emergency Department physician may, at his discretion, call another related specialty. If the on-call physician cannot respond because of situations beyond his/her control, the physician on second call (if available) may be called or the Chair of that department. It is the responsibility of on-call physicians to respond, examine and treat patients with emergency conditions. When a practitioner fails to respond, examine or treat a patient, the appropriate Department Chair will be called to obtain a substitute practitioner. Participation in or exemption from the call roster assignment is at the discretion of each clinical department provided; however, the exercise of this option does not conflict with the Bylaws of the Medical Staff.
- It is the responsibility of the on-call physician to respond, examine, and treat patients with emergency conditions. In the event the on-call physician has previously divorced the patient, that physician may arrange for another physician to respond, examine and treat the patient's emergency condition. However, the on-call physician remains responsible for ensuring the patient's emergency medical condition is addressed.
204. When a practitioner fails to fulfill his on-call obligations related to treatment of emergent patients, the Emergency Department physician will report the incident, in writing, to the Department Chair with a copy to the Chief of Staff and Risk Management. The practitioner may, after consultation with the Chief of Staff be asked to appear before the Medical Executive Committee. The Medical Executive Committee may recommend and/or carry out disciplinary action. The record of the incident will be placed in the confidential peer review file.
205. In times of disaster, each Medical Staff Department Chair or designee is responsible for mobilizing physicians to meet the needs of patients presenting to the Medical Center.
206. A physician on unassigned call shall provide follow-up care in his/her office for patients seen in the Emergency Department regardless of the patient's ability to pay. Care shall be provided until the incident that brought the patient to the Emergency Department is deemed to be resolved, or for at least one office visit following the Emergency Department visit at which time the patient can be referred elsewhere. The emergency physician will determine the appropriate specialty referral.

207. It is the objective of the Medical Staff of NHRMC to insure balance, independence, objectivity and scientific rigor in the deliberations of all its committees. Committee members and Medical Staff appointees who make presentations to Medical Staff committees, shall disclose to the committee any ownership, investment, management or similar relationships that they may have with any pharmaceutical company, biomedical device manufacturer, or other business or firm whose products or services are being presented to or considered by a Medical Staff committee. For purposes of this Rule, “committee” means all Medical Staff standing and special committees, including Medical Staff departments, ad hoc committees, any task force, and the Medical Executive Committee.

**PATIENT CARE CONCERNS**

301. In order to comply with regulatory requirements and NC statutes, verbal/telephone orders for medications should be countersigned by a physician or physician extender within 5 days from when the order is made. Other verbal/telephone orders should be countersigned by a physician or physician extender within 14 days from the date of discharge.

Verbal/telephone orders shall be taken only by a duly authorized person within the scope of their practice. These persons include:

- |   |                                    |
|---|------------------------------------|
| Cardiac cath technologists I & II         | Occupational therapists            |
| Certified nurse midwives                  | Paramedics                         |
| Certified occupational therapy assistants | Pharmacists                        |
| Certified phlebotomists                   | Physical therapists                |
| Certified respiratory therapists          | Physical therapy assistants        |
| EEG technicians                           | Physician assistants               |
| Electrophysiology technologists           | Polysomnographics technologists    |
| EMTs – intermediate                       | Registered dietitians              |
| Home care social worker                   | Registered nurses                  |
| Licensed practical nurses                 | Registered radiology technologists |
| Medical Lab Technicians                   | Registered respiratory therapists  |
| Medical technologists                     | Speech language pathologists       |
| Nurse practitioners                       |                                    |

Verbal/telephone orders for medications shall be taken only by the following within the scope of their practice:

Certified nurse midwives	Pharmacists
Certified respiratory therapists	Physical therapists
EEG technicians	Physician assistants
EMTs - intermediate	Polysomnographics technologists
Licensed practical nurses	Registered nurses
Nurse practitioners	Registered respiratory therapists
Paramedics	

Verbal and telephone orders shall be dated and recorded directly in the patient record and must include the date & time written and the name of the person who gave the order. The individual accepting the order must sign the order using his/ her full signature which includes first name, last name and title. The names of drugs shall be recorded in full and not abbreviated.

302. Medication orders for certain classes of drugs will be reviewed at periodic intervals as designated by the Pharmacy and Therapeutics Committee. Other drugs as stipulated by the Pharmacy and Therapeutics Committee will be subject to automatic stop orders. The provider must review medications and non-medication orders at the time of transfer between different levels of care, i.e. floor to ICU, from an intensive care unit to the floor, and after a major surgical intervention.
303. Requests for pathological examination, imaging studies and other specialized studies shall contain the necessary relevant diagnosis(es) in order to permit meaningful study.
304. The confidentiality policy of the Medical Center and as approved by the Medical Executive Committee and the Board of Trustees, is incorporated herein by reference.
305. The patient rights policy of the Medical Center, as approved by the Medical Executive Committee and the Board of Trustees, is incorporated herein by reference.
306. The do not resuscitate policy of the Medical Center is incorporated herein by reference, as approved by the Medical Executive Committee and the Board of Trustees. This policy is part of the policies of the Medical Center which address the withholding of life-sustaining and resuscitative services.
307. All tissues removed at surgical intervention and by invasive procedure shall be sent to the Medical Center's laboratory for examination by the pathologist, who shall reserve the right to examine the specimen, as necessary, to arrive at a pathological diagnosis.
308. Post-mortem examinations shall be of active interest to each appointee of the Medical Staff.

**MEDICAL RECORD MATTERS**

401. All medical records are the property of the Medical Center.
402. An admission note shall be charted within twelve (12) hours of a patient's admission and include (1) reason for admission, (2) provisional diagnosis, (3) assessment of patient for surgery and anesthesia. The Department of Psychiatry, however, is exempted from this requirement.
403. Medical history and physical examination reports shall be legibly recorded and preferably dictated, within the initial 24 hours following admission or prior to surgery. If a complete physical examination has been conducted within 30 days prior to the patient's admission, the attending physician may provide a legible copy of the earlier report and note any subsequent change in the condition of the patient.
404. All physician entries into the medical record (e.g. orders, notes, operative notes, history and physicals) shall be timed and dated.
405. Operative notes shall be dictated immediately upon conclusion of the surgical procedure.
406. Provider to provider consultation shall be requested when patient care needs differ from the Licensed Independent Practitioner's granted clinical privileges or when the attending physician values the involvement of an additional Licensed Independent Practitioner with specialized knowledge even when the privileges of the two Licensed Independent Practitioners may be the same. There should be provider-to-provider communication regarding a consult request whenever possible. If a face-to-face meeting is not possible, then communication should be made through HIPAA compliant electronic means that provides direct access to the consultant (e.g., Perfect Serve or a direct phone call).

The consult must be completed within 24 hours of receipt, unless the requesting physician specifically allows a longer period of time. Regardless of how the consult is communicated, an order (verbal/written) must be placed in the patient's chart, reflecting the need for consultation and the specific physician or practice from which the consult is requested.

407. Discharge summaries, generally, should be dictated as soon as practical following the discharge of the patient, but in all cases, must be completed within 14 days of discharge. A discharge summary may be dictated 24 hours prior to discharge however a progress note and discharge order must be written on the day of discharge. Post-mortem examination reports must be filed in the patient record within 60 days. Exceptions to this rule are determined by the Medical Records Review Committee of the Medical Staff.
408. Patient records should be accessible by patients except for psychiatric cases. Patients, upon request, and with notice to the attending physician by the records department staff, will be entitled to a copy of their hospital charts by prevailing charges for copying. In the case of access to psychiatric records by the patients, the records department staff will attempt to notify the attending psychiatrist before making these hospital charts available to the patients or their representatives.
409. Charts of patients are subject to review by physicians and ancillary personnel, and hospital staff persons in the discharge of their duties as members of a committee of the Medical Staff, or hospital management in the performance of their duties.
410. Complete rules and regulations which govern the medical records reviews and other details are promulgated by the Medical Records Review Committee of the Medical Staff and approved by the Executive Committee of the Medical Staff and are incorporated herein by reference.
411. In order to assist continuity and quality of care, the hospital medical record may be made available to a credentialed physician's facility electronically. In doing so, it is the physician's responsibility to maintain compliance with HIPAA regulations and all hospital standards, including the patient's right to confidentiality. Repeated and/or egregious violations will be reviewed by the Credentials Committee.

### **RESIDENT STAFF PHYSICIANS**

501. The scope of duties of each member of the resident house staff shall be determined by and documented by the respective program director. The supervision of the resident house staff is the responsibility of the faculty member of the Medical Staff and of those staff physicians who hold part-time appointments, affiliations or preceptorships.
502. Selection of candidates for the residency training programs is to include participation by appointees to the attending staff within their appropriate clinical departments.
503. Medical students cannot give verbal orders. Medical student written orders must be countersigned by a resident or attending physician before taken off or acted upon.



## **AMENDMENTS**

The Standing Rules of the Medical Staff may be amended by vote of the Medical Executive Committee at any regular or special meeting provided that copies of the proposed amendments are posted on the Medical Staff bulletin board and made available to all members of the Executive Committee fourteen (14) days before being voted upon, and further provided that all written comments on the proposed changes by persons holding current appointments to the Medical Staff are brought to the attention of the Medical Executive Committee before the change is voted upon.

Standing Rules may also be amended at a regular meeting or special meeting called for that purpose provided that the procedure used in amending the Medical Staff Bylaws is followed.

Amendments to the rules and regulations shall become effective when approved by the Board of Trustees.