MEDICAL STAFF
RULES AND REGULATIONS

The Medical Staff shall adopt such Rules and Regulations as may be necessary for the proper conduct of its work and such Rules and Regulations shall be part of these Bylaws. They may be amended, repealed or advised at any regular meeting without previous notice by a three-fourth vote of the total membership of the active Medical Staff and such amendments shall become effective when approved by the Board of Directors in accordance with Article XIII of the Medical Staff Bylaws.

1. Physicians who have submitted proper credentials and have been duly appointed to the membership of the Medical Staff may treat patients, except as otherwise provided in these Bylaws. Patients requiring admission to the hospital who have no attending physician shall be assigned to a member of the active Medical Staff on duty for necessary administration.

2. The monthly meeting of the Medical Staff shall be held on the second Monday of every other month at a place designated by the Chief of Staff.

3. Except in cases of extreme emergency, no patient shall be admitted to the hospital until a provisional diagnosis has been established by the attending physician.

4. Physicians admitting private patients shall be held responsible for such information as may be necessary to insure protection of other patients from those who are a source of danger from any case.

5. Standing orders shall be formulated by a conference between the Medical Staff and the Administrator. They may be changed by the mutual consent of the Medical Staff and the Administrator; the latter shall notify all personnel concerned. The attending physician shall sign these orders within forty-eight (48) hours.

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7. All orders for treatment shall be in writing. An order shall be considered to be in writing when dictated to a Registered Nurse or other authorized person and signed by the attending physician. Ordered dictated over the telephone shall be signed by the person to whom dictated over the telephone with the name of the physician per his/her name. (All orders taken by other than a Registered Nurse will be transmitted to Registered Nurse will be transmitted to Registered Nurse of the floor). The physician shall sign telephone orders and verbal orders within 48 hours. The following may take telephone orders:

    A. X-Ray Technician
    B. Laboratory Technician
    C. Licensed Practical Nurse
    D. Family Nurse Practitioner
    E. Physical Therapy
    F. Respiratory Therapy
    G. Pharmacist

8. Drugs used shall be those listed in the United States Pharmacopoeia, National Formulary, new and non-official remedies, British Pharmacopoeia or Canadian Formulary, with the exception of drugs for bona fide clinical investigations. Exceptions to this rule shall be well justified.

MEDICAL RECORDS

1. The attending physician shall be held responsible for the preparation of complete Medical Records for each patient. This should include:

    - Identification
    - Data;
    - Complaint;
    - Personal history;
    - Past history;
    - Family history;
    - Physical examination;
    - Provisional diagnosis: special reports such as consultation, Clinical Laboratory, X-ray, Medical or Surgical treatment;
    - Medical or Surgical treatment;
    - Operative Reports;
    - Pathological findings;
    - Progress notes;
    - Final diagnosis;
    - Summary or discharge note;
    - An autopsy report when required.

2. No Medical Record shall be filed until it is complete, except on order of the Audit Committee. History and Physical within twenty-four (24) hours. Progress notes every day.

3. All records are the property of the hospital and shall not be removed without a Court Subpoena. In case of readmission of a patient, all previous records shall be made available for the use of the attending physician. This shall apply to all patients admitted to Pender Memorial Hospital whether attended by the same physician or by another Medical Staff member. The patient's Medical Record will only be released by the following documented requests by jurisdiction and safekeeping of the record and shall not be released without:

    a. Written consent of the patient;
    b. Consent of parent or guardian in case of minor;
    c. An authenticated Court Order by Subpoena;
    d. A compliance with statutes.

4. Records Pertaining to mental disorders will be kept completely confidential with necessary steps taken to insure privacy. No personnel of the hospital is authorized to release any patients Medical Records without full compliance with the above.

5. A staff member who allows a suspended member to treat or attempt to treat a patient that he/she has admitted will also be suspended for the same length of time and assigned to the Courtesy Staff.

6. Except in cases of emergency, patients for surgery shall be admitted no later than three (3) O'clock the day prior to scheduled date of surgery. A surgical operation shall be performed only on written consent of the patient or his legal representative, except in extreme emergencies to save life or limb.

7. All operations performed shall be fully described by the attending Surgeon. Tissues that are removed during the operation, the Pathologist shall make such examination, as he may deem necessary to arrive at a pathological diagnosis.

8. MEDICAL RECORD MATTERS In major surgical cases in which the patient is not a good risk, and in all cases in which the diagnosis is obscure, or when there is doubt as to the best therapeutic measures are to be utilized, consultation is appropriate. Judgment as to the serious nature of the illness, any question of doubt as to the diagnosis and treatment rests with the physician responsible for the care of the patient. It is the duty of the Hospital Staff Executive Committee to insure that members of the Medical Staff do call consultants as needed. The consultant must be qualified to give an opinion in the field in which his opinion is required. A satisfactory consultation includes examination of the patient, the Medical Record and a written opinion signed by the consultant, which is made part of the record. When operative procedures are involved, the consultation noted, except in emergency, shall be reported prior to operation. Consultation on service cases, and other cases, in which consultation is required by the rules of the Hospital, shall be rendered without charges. In circumstances of grave urgency, or where consultation is required by the rules of the Hospital, the Hospital Administrator shall at all times have the right to call in a consultation(s) after a conference with the Chief of Staff or available members of the senior attending Medical Staff. Consultation should 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 Licencesed Independent Practitioners may be the same. There should be physician-to-physician communication regarding a consult request whenever feasible, and is required for:

    A. All emergent consultations

    B. All consultations that require the patient being seen during evening hours (5:00 pm to 7:00 am) as well as on weekends and holidays.

All other consults must be ordered on the chart and called by the nursing staff to the consultant. 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.

9. Patient Bill of Rights is approved by the Medical Staff and the Board of Directors.

10. The Medical Staff discussions at meetings held as provided for under Article 2 of these rules and regulations shall constitute a thorough review and analysis of the clinical work performed in the hospital, including discussion of deaths, unimproved cases, infections, complications, error in

diagnosis, and results of treatment from among significant cases in the hospital at the time of the meeting and significant cases discharged since the last meeting, and analysis of clinical reports from each department and Reports of the Committees of the active Staff.

11. In the event of a mass casualty situation, all physicians shall be assigned to posts either in the hospital or in a mobile casualty station, and it will be their responsibility to report to their assigned stations. The plan for the care of mass casualties should be rehearsed at least two (2) times a year by key Hospital Personnel.

12. It shall be the duty of each member of the Medical Staff to conscientiously avoid an action, which would be detrimental to the Hospital.

13. Any reprimand or disparaging criticism directed by any Medical Staff member to any other Medical Staff member or Hospital Employee shall be conducted in closed conference between the Medical Staff member and the individual(s) reprimanded or criticism shall not be conducted in the presence of patients or other parties.

14. The physicians of the active Staff shall have one (1) physician on duty assigned at all times to care for all patients, emergency cases, and for the patients that are assigned and express no choice of physicians. This roster shall be in the Emergency Room and at both Nurses' stations.

15. All narcotic drugs shall be automatically disconnected at the end of seventy-two (72) hours unless ordered by the physician, and all antibiotics disconnected at the end of 120 hours unless otherwise ordered by the physician.

16. The word "negative" will not be used as a blanket descriptive term in recording physical examination.

17. No antibiotic will be included in routine or standing orders.

18. The responsibility for informing the Medical Staff of the Accreditation Program will be added to the duties of the Chief of Staff. Reference Accreditation Manual for Hospitals.

19. Patient admitted to the Cardiac Care beds, not requiring the use of CCU equipment, may be moved upon the request of a Staff Physician who is desirous of placing a patient in this area requiring use of the CCU equipment. In the event a patient is utilizing the CCU equipment, the physicians involved will determine the priority of patients' Assignments.

20. The Inpatient, Outpatient and Emergency Room care will be provided on a non-discriminatory basic. All patients will receive care and treatment in this facility without regard, to race, color, or national origin, or ability to pay. All facilities will be utilized in each department in this institution without regard to race, color, or national origin.

21. DEATHS

a. **Medical Examiner Deaths:** North Carolina Law requires that all deaths suspected to be due to violent or traumatic injury or accident be investigated by a Medical Examiner. Certain other categories of deaths also fall under the purview of the Medical Examiner.

- Deaths that are medically unattended;
- That occur during a surgical procedure;
- That are due to suspicious circumstance, including poisoning;
- That may be a Public Health hazard;
- That occur in police custody, jail or prison;
- That involve Migrant Farm Workers or dependents
- Or where death is sudden or not related to know previous disease.

b. **Autopsies:** An autopsy should be requested from the next of kin when the Medical Examiner does not have the jurisdiction and when specific questions are identified and can be potentially addressed by Morphologic Study. These questions should be expressed by attending Physician in a clear, concise death summary.

22. The Child Abuse Reporting Law of 1971 under the N.C.G.S. § 14.318.2 and N.C.G.S. § 14.318.3 authorizes physicians too report cases of Child Abuse or neglect by parents to the County Director of Social Services or respective Agency.

23. In the event of a rape victim brought in by a Law Enforcement Agent, it is the opinion that payment would be made by the County or respective Agency.

The Attorney General has stated no law requires reporting a patient that has been raped to any Law Enforcement Agency that presents himself at the Emergency Room without first obtaining consent from the patient or, if applicable, the parent or guardian.

24. FAMILY NURSE PRACTIONER

The Family Nurse Practitioner schedule for duties in the Emergency Room of Pender Memorial Hospital will comply with the specific job description as outlined by Physician Supervisors. See the following: in no circumstances will the Family Nurse Practitioner exceed the professional treatment of patients without the physician supervisor's advice and authority.

a. Family Nurse Practitioner standing orders are performed only in the Emergency Room and will be under the supervision of the Medical Staff physician. The Family Nurse Practitioner may visit and follow-up patients admitted that he/she has seen in the Emergency Room but will not be responsible for their care.

b. The Family Nurse Practitioner will take histories, perform physical examinations, request laboratory work and X-ray data in order to diagnose and treat patients who are acutely or chronically ill. She/he may receive telephone calls from acute ill patients and make decisions as to the management of their problems; she/he will consult with the on-call physician by telephone in necessary.

c. Problems commonly managed shall include but are not limited to simple URI's, simple sprains, strains, cuts and abrasions, musculoskeletal pain, tension headache, minor gastrointestinal upsets, etc. Also included, but are not limited to, hypertension, diabetes,

peptic ulcer disease, congestive heart failure, chronic obstructive pulmonary disease, arthritis, and skin manifestations.

d. The Family Nurse Practitioner will assess and manage patients with psychiatric disorders including acute and chronic problems as established per her/his supervisory physician.

e. The Family Nurse Practitioner will perform technical skills which may include suturing of simple lacerations, suture removal, application of ace bandage, splint applications, foreign body removal, and the procedures that fall within the scope of her/his training ability.

f. The Family Nurse Practitioner will initiate and perform emergency techniques that are required in the event of an emergency situation.

g. The Family Nurse Practitioner will use technical skills involved in starting IV infusion, blood administration if ordered by the supervisor physician and the drawing of blood samples when necessary.

h. All drugs prescribed by the Family Nurse Practitioner must correspond to the written standing order and/or to the consultation advice of the responsible physician and must be permitted by the approved Formulary.

i. All Emergency Room records must be reviewed and countersigned per the respective supervisory physician within 48 hours.

j. Family Nurse Practitioner's may not authorize refills of prescriptions by telephone.

25. **PHYSICIAN ASSISTANT**

The Physician Assistant (PA) is a person qualified by academic and clinical training to provide patient services under the supervision and responsibility of a Doctor of Medicine who is, in turn, responsible for the performance of the Physician Assistant (PA). Prior to the granting of hospital privileges, the supervising physician shall provide evidence to the Medical Staff that the Physician Assistant (PA) is identified as qualified to practice his/her profession under appropriate North Carolina State Law; is a graduate of an American Medical Associate accredited program training. Assistants are certified by the National Commission on Certificate of Physician's Assistant (PA).

A qualified certified, Physician Assistant (PA) would be granted hospital clinical privileges by the Board of Director of the Hospital, on the recommendation of the Executive Committee of the Medical Staff. The delineation of clinical privileges shall be based upon the applicant's academic and clinical training, experience, judgment and demonstrated competence, to provide patient services under the supervision and responsibility of the responsible physician licensed by the State of North Carolina. The physician employing the Physician Assistant (PA) is responsible for the care of any medical problem that may be present, or may arise during hospitalization. Physician Assistant (PA) shall comply with all applicable Medical Staff Bylaws, Rules and Regulations.

The certification will be for one (1) year and renewed annually on the anniversary date or as the Bylaws specify. Recertification and review of the Physician Assistant (PA), the employing physician and his practice shall be made prior to renewal of the certificate.

The Physician Assistant (PA) may be involved with the patients of the physician in any medical setting within the established scope of the physician's practice not prohibited by law. The Physician Assistant (PA)s service may be utilized in all medical care setting. Diagnostic and therapeutic procedures common to the physician's practice that may be delegated to the physician assistant are:

a. Receiving patients, obtaining case histories, performing appropriate physical examination, and presenting meaningful data to the physician

b. Performing or assisting in laboratory procedures and related studies in the practice setting;

c. Giving injections and immunizations; suturing and caring for wounds;

d. Providing patient counseling services; referring patients to other services;

e. Responding to emergency situations, which arise in the physician's absence with the Assistant's range of skills and experience.

The delineation and granting of clinical privileges for Physician Assistant (PA) shall be accomplished in a manner consistent with the overall procedure established for the Medical Staff.

DESCRIPTION OF PHYSICAN ASSISTANT (PA) DUTIES AND RESPONSIBILITIES:

1. Perform history and physical examination on new and return patient in the hospital or Emergency Room. Establish presumptive diagnosis, establish the general work-up of the patient by ordering appropriate laboratory studies, and be responsible under the physician's supervision for the management of the patient's problem following diagnosis.

2. Assist in hospital rounds, make complete chart entries on patient transaction, writing orders and recording process notes which will be reviewed and countersigned by the responsible physician within twenty-four (24) hour.

3. Initiate appropriate laboratory, radio logic and special examinations or tests required for the evaluation on the illness.

4. Communicate with patients by telephone and letter regarding their problems, following consultation with the responsible physician.

5. Provide counseling and instruction regarding patient problems.

6. Prepare and dictated patient summaries of patient's hospitalization and clinic care.

7. Order oral and parental medications, except controlled substance, as specified by established protocols or as directed by the responsible physician.

8. Manage medical emergencies and initiate appropriate therapy until the arrival of the physician.

9. Provide follow-up and health maintenance care including appropriate adjustments of medications to patients in accordance with established protocols or specific instructions from the responsible physician.

10. Assist the physician as directed in the training of health personnel in certain diagnostic, therapeutic and clinic techniques.
11. Participate in appropriate continuing medical education program

12. Perform clinical procedures such as:

    - Venipuncture and Arteriopuncture;
    - Electrocardiogram;
    - Administer intravenous medications, fluids, blood, and blood components;
    - IM, subcutaneous and intradermal;
    - Administer intradermal skin test;
    - Nasogastric intubation;
    - Insertion of urinary catheters;
    - Cleanse and debridement of wounds;
    - Administer local infiltrative anesthetic;
    - Suture minor lacerations that do not involve artery, tendon, or nerve damage;
    - Applications of dressing, bandages, splints and traction;
    - Applications and removal or orthopedic casts under the responsible supervision of the physician;
    - Incision and drainage;
    - Routine laboratory work, i.e., complete blood counts, urinalysis and gram staining of clinical specimens;
    - Pelvic examination with pap smear, interpretation of routine X-ray prior to reading by the responsible Physician or Radiologist;
    - Basic interpretation of ECGs until read by the responsible physician;
    - And any such request that the Medical Staff may approve.

13. The permission to use a Physician Assistant (PA) which may be granted under these Rules and Regulations will be for the period of one (1) year, and said permission will be automatically terminate one (1) year from the date of the Board of Directors' approval of the sponsoring physician's request to use a Physician Assistant (PA). If the sponsoring physician's wish is to continue to use a Physician Assistant (PA) in Pender Memorial Hospital, he must thereafter re-file an application consistent with these Rules and Regulations on an annual basis.

14. The permission to use a Physician Assistant (PA) who may be granted pursuant to these Rules and Regulations and will be automatically revoked immediately upon the termination of the Employer/Employee relationship between a sponsoring physician and his Physician Assistant (PA). In such events, the Physician Assistant (PA) will not be authorized to perform any acts, tasks, or functions in Pender Memorial Hospital.

15. Nothing stated herein shall be construed as granting any privileges to Physician Assistant (PA) or as granting any due process hearing rights to any Physician Assistant (PA).

16. When a Physician Assistant (PA) is employed by a group of physicians or by a professional association, each physician in the group or professional association must sign the Physician Assistant's application form and assume personal responsibility for the acts, task and functions.

17. These Rules and Regulations may be revised, amended or revoked by the Board of Directors of Pender Memorial Hospital as circumstances may require.

18. A Physician Assistant (PA) shall be the employee of the requesting physician and not an employee of Pender Memorial Hospital. The requesting physician shall take full legal responsibility of all acts, tasks, and functions performed by the Physician Assistant (PA) in Pender Memorial Hospital.

19. The clinical privileges restricted for Clinical Psychologists, Social Workers and Mental Health Therapists.

    1. Provide psychosocial evaluations to non-psychiatric patient on request of attending physician to determine need for entry into Mental Health Center's Service Program.

    2. Mental Health Therapists may provide evaluation and counseling of the private physician's patients when the private physician has made a request for such services. Therapists will perform required duties under the physician's supervision and shall enter appropriate remarks in the patient's medical records as necessary for evaluation by private physician of patient's condition.

    3. Therapists on many occasions will prepare patient for entry into the Community Mental Health System.

    4. Therapists will arrange for follow-up care and further supervision of the patient upon specific requirements of care and treatment.

    5. Therapists may communicate with patients by telephone and/or letter regarding problems following consultation with the responsible physician.

    6. Therapists may respond to emergency situations, which arise in the physician's absence within the range of skills, expertise and scope of responsibilities.

26. **ANESTHETIST**

The Anesthetist shall be a graduate of an accredited School of Anesthesia with a current licensure as a Registered Nurse and must be a graduate of an accredited School of Anesthesia with a current license as a Nurse Anesthetist.

The Nurse Anesthetist has the primary anesthesia responsibility in the Operating Room, which includes the following:

1. Induce anesthesia;

2. Maintain anesthesia at required levels;

3. Support life functions during the period in which anesthesia is administered including induction and incubation procedures.

4. Recognize and take appropriate corrective action (including the requesting of consultation when necessary) for abnormal patient response to anesthesia to any adjunctive medication or other form of therapy.

5. Provide professional observation and resuscitative care (including the requesting of consultation when necessary) until the patient has regained control of his vital functions.

6. Spinal, regional and local anesthesia are administered by surgeon but monitored by the Nurse Anesthetist.

7. Responsible for updating certificates of continuous excellence.

8. Attend scheduled conferences.

9. Knowledge of changes of anesthesia agents.

10. The Anesthetist shall maintain a complete Anesthesia record that shall include entries regarding pre-anesthetic evaluation and post anesthetic; follow-up of the patient's condition and that shall include recordation of all pertinent events taking place during the induction of, maintenance of, and emergency from anesthesia; the dosage and duration of all anesthetic agents; and the amount of other drugs, intravenous fluids, and blood and blood components received by the patient while in the Operating Room. Following the procedure for which anesthesia was administered, the anesthetist shall remain with the patient as long as required by the patient's condition relative to his anesthesia status, and until responsibility for proper patient care has been assumed by the Recovery Room personnel who shall be advised by the Anesthetist of specific problems resented by the patient's condition.

11. The basis for the decision to discharge a patient from the Recovery Room shall be made only by the physician. However, the actual release of a post-anesthetic patient from the Recovery Room may be in accordance with discharge criteria that have been approved by the Medical Staff and have been approved by the responsible physician as evidenced by his signature thereto. The Recovery Room shall reflect which physician was responsible for the patient's release when there has been no order personally written by the physician nor his authenticated verbal release order.

27. ALCOHOLIC PATIENTS OR MENTALLY DISTURBED PATIENTS

The management of alcoholic patients or other mentally disturbed patients who are diagnosed as emotionally ill or drug addicts:

1. Patient referred to above will be provided adequate medical care in this institution without unnecessary restriction or control.

    a. Patient diagnosed as indicated above will be treated as an illness without internal roadblocks or uncooperative attitude among the hospital employees associated with the treatment and control of this type patient.

b. Recognizing that alcoholism is a high complex illness, chronic, progressive, debilitating and treatable.

c. Realizing that Nursing personnel are vital component in the case of alcoholic patients and that rehabilitation of the patient during the detoxification period would emotionally support the patient and program.

d. By substituting knowledge for prejudice, constructive groundwork may be a most important factor in the overall management of the alcoholic.

2. Alcoholic and other mentally disturbed patients will be restrained only if absolutely necessary.

3. Private nursing care or attendance by family will be obtained when this is necessary for the continued care and observation of the patient.

4. In-service training will be conducted to insure that alcoholism is a subject of professional knowledge and care at this institution.

5. Patients who become emotionally ill while the patient in hospital personnel will control the hospital and the patient's physician will be called immediately, reporting the patient's condition, the medical care required and drugs administered, if applicable.

6. If the patient's physician diagnosis a mental condition that requires the services offered in a Mental Hospital, then the patient will be transferred to the appropriate facility. Physician will make arrangement with the Staff Psychiatrist as to the necessity of transferring the patient.

28. REGULATIONS OF OXYTOCIN IN UNDELIVERED PATIENTS WILL BE ADMINISTERED ONLY AS ORDERED BY THE ATTENDING PHYSICIAN, UTILIZING DIRECTIONS AS PUBLISHED:

1. A Physician or a Registered Nurse will attend patients.

2. Responsible physician will be aware that a Registered Nurse is in attendance of patient at all times while patient is receiving Oxytocin.

3. Accurate records of fetal heart rate, duration, frequency and intensity of contractions will be maintained.

29. PURPOSE OF DEFINING MINOR SURGERY, THE FOLLOWING LIST OF SURGICAL PROCEDURES SERVE AS A GUIDE:

1. Removal of tumors such as warts, moles, lipomas, sebaceous cysts, etc.

2. Dilation and Curettage.

3. Vaginal gynecology with the exception of vaginal hysterectomy.

4. Orthopedics, not to include operable reductions nor corrective Orthopedics requiring incisions.

5. Repair of any injury, which in the opinion of the staff member is qualified medically to perform.

6. Circumcision

7. The following are considered as electives to be preformed as an out-patient:
   a. Minor suturing of lacerations including skin and subcutaneous tissues.

   b. Suturing of minor, but deep lacerations including small muscular tears.

   c. Minor extensor tender repairs, but not flex or tendon injuries of the hand.

   d. Proctosigmoidscopies with or without biopsies.

   e. Excision of minor skin lesions, such as moles, verrucue, cysts, etc.

   f. Minor skin grafting of denuded surfaces not exceeding an area of about four (4) square inches.

   g. Removal of rather superficial foreign bodies, readily identifiable and/or accessible.

   h. Emergency insertion of chest tubes for pneumothorax, hemothorax, elective drainage of body cavities such as thoracentesis, paracentesis, etc.

Revised: 12-2009
01-2010
11-2014
03-2016