Rules and Regulations of the Medical Staff

Las Palmas Del Sol Healthcare

July 27, 2021

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LAS PALMAS DEL SOL HEALTHCARE
Rules and Regulations of the Medical Staff

I. Membership of the Medical Staff shall be determined by the Bylaws of the Medical Staff.

II. Only members of the Medical Staff are granted authority to admit and/or treat patients at Las Palmas Del Sol Healthcare except as provided in these Rules and Regulations of the Medical Staff Bylaws.

A. Dentists and podiatrists with duly executed privileges must admit patients in conjunction with a physician to meet the requirements for history and physical.

III. Governance

A. All practitioners granted authority to admit patients to Las Palmas Del Sol Healthcare shall be governed by the official Medical Staff Rules and Regulations.

B. All Practitioners granted authority to admit patients to Las Palmas Del Sol Healthcare shall be governed by the Policies and Procedures of the institution.

C. The practitioner shall NOT accept the following patients for care as per the Institution's Provision of Care/Services:
1. Drug abuse rehabilitation.
2. Alcoholic detoxification and rehabilitation.
3. Mental illness and personal disturbances which may interfere with Hospital operations and care of patients.

IV. Psych Referrals

A. Las Palmas Del Sol Healthcare does not provide psychiatric services.

B. As appropriate, patients requiring these services will be transferred to a Joint Commission accredited psychiatric care facility **(See also § V. for Emergency Services)**.

C. Patients suffering from a psychiatric disorder, alcoholism, drug abuse, or who develops such while in the hospital, shall receive treatment for their medical condition as appropriate.
1. The attending physician shall obtain psychiatric consults.
2. The attending physician along with the psychiatrist shall determine need for transfer to psychiatric care facility.
    a. In cases that the patient exhibits severe psychiatric symptoms, all patients who have attempted suicide or patients who have taken chemical overdose, the attending physician may transfer the patient to an appropriate care setting, according to State and Federal Law.

V. Dedicated Emergency Department (DED)

A. The Medical Staff has identified the emergency room and the labor and delivery unit the "Dedicated Emergency Department" of the Hospital.

B. Authority for Emergency Services shall rest with the Director of Emergency Service.

C. Members of the Medical Staff shall accept responsibility for emergency service care in accordance with emergency service policies and procedures. A physician shall be present or immediately available for the rendering of emergency care 24 hours a day, 7 days a week.

D. The Emergency Department physician shall coordinate care as indicated with patients' personal physicians.

E. On-call physicians may not defer a patient to another specialty or specialist or transfer the patient until they have physically examined and if necessary stabilized the patient.

F. The primary diagnosis assigned by the Emergency Room Physician will generate a referral to the appropriate service. In the case of a difference of opinion between the on-call physician and the E.R. physician the physician on site opinion (most likely the E.R. physician) takes precedent and the on-call physician MUST evaluate and stabilize and if necessary assist in transfer of the patient prior to disposition.

G. A physician-patient relationship has been established once the on-call physician has rendered an opinion, prescribed a therapy and/or requested that the patient be seen in his office. That physician-patient relationship cannot be severed without adherence to Texas State law.

H. **On-call physicians**, attending physicians, and consultants are expected to **respond within 30 minutes** by phone or in person.

i. Physicians suspended for medical records shall be required to take ER call and shall have privileges to admit and treat those emergent cases.

ii. **Failure to honor on-call obligations** or provide an acceptable substitute will be considered a violation of the Medical Staff Bylaws.

a. This will result in disciplinary action, which may include suspension or immediate termination of the Practitioner's privileges. Practitioner will be required to apply for privileges as a new applicant if terminated.

iii. If a patient is to be admitted from the Emergency Department and an attending physician is not available, the Emergency Department physician may assume temporary responsibility for the patient's care. This responsibility shall end with the identification and contact of an attending physician.

iv. Bridge Orders: Bridge orders are short term orders that serve to facilitate the transfer of care between the ED encounter and the inpatient encounter. They provide continuation of essential evaluation and management measures begun in the ED and those which are immediately necessary for the acute care of the patient. Bridging orders are a handoff of care communication and do not replace admission orders which remain the responsibility of the admitting physician.

v. If a patient presents to the facility with a condition that requires services not available at this facility, arrangements will be made to **transfer the patient to a facility** that provides the required services, i.e. rehabilitation or psychiatric care.

vi. If the patient to be admitted does not have a physician with admitting privileges an on-call physician shall be assigned from an appropriate service, within their scope of approved clinical privileges.

vii. **The call schedule** may be mandatory should ***there not be sufficient volunteers to take call.*** Coverage must be provided uninterrupted for 24 hours a day, 7 days a week. <u>Physicians providing call coverage are on call for Las Palmas Del Sol Healthcare emergencies.</u>

a. Physicians' on-call could be Active, or Affiliate members of the Medical Staff according to the Medical Staff Bylaws.

b. Physicians 55 years of age or older may be exempt from taking ER call, at the discretion of the Department Chair.

c. Physicians *may* serve mandatory emergency call within the rotation for the first twelve months of their appointment. This requirement may be waived by the Chief Executive Officer based on the needs of the Hospital.

d. The Chief Medical Officer and/or the Chief of Staff shall be notified immediately any time the Emergency Department physician has difficulty obtaining appropriate physician response.

viii. **The call schedule** In order to assure that all patients needing consults receive them in a timely manner, it is the policy of the Medical Staff that the physician on call in any given specialty will respond to the following:

a. Patients in the Emergency Department or Free Standing Emergency Department and any and all Emergency settings that are a subsidiary of Las Palmas Del Sol Healthcare who require their services as determined by the Emergency Department Physician.

b. Inpatients who develop an emergency condition requiring immediate response.

c. Inpatients admitted to a community physician or hospitalist who is unable to obtain the necessary services from their normal consultant and have documented such unavailability in the Medical Record.

d. The physician on call is expected to respond if the patient's condition is related to or present at the time of admission, for all categories of patients.

e. If the condition manifests itself after the admission, the on-call physician on the day that the condition is recognized is expected to respond.

I. Emergency Services shall be delivered in compliance with all federal law, including that which applies to the assessment and transfer of patients.

J. All Emergency Service records shall be in the permanent patient record when the patient is admitted.
K. Emergency patient records must be dictated or written within 24 hours.
L. Emergency admission must be justified in detailed admission notes.
M. **Medical Screenings:** All patients presenting to the Dedicated Emergency Department (and Labor and Delivery Unit of the hospital) will receive a medical screening exam. The medical screening exam may not be delayed in order to inquire about the patient's method of payment or insurance status.
N. The medical staff has identified the following individuals as qualified medical **personnel authorized to provide a medical screening examination**:
   II. Emergency department physician
   III. Attending and primary care physician
   IV. On-call physician or consultant requested by the emergency department physician
   V. Advanced Practice Professional (APP) working in the emergency department under the direction of an emergency department physician
   VI. A registered nurse in perinatal services, in consultation with a obstetrician (medical doctor) whether in person or via telephonic communication

VI. Admission-Care and Discharge

A. **Bed Assignment**.
   1. The admitting physician shall coordinate the patient admission with appropriate hospital departments and personnel.
   2. Emergency patients and/or critical patients shall be given priority in bed assignment.
   3. Patient transfers may be carried out to facilitate placement of patients in the most appropriate setting.
   4. Critical Care settings shall be utilized according to unit policies.
   5. Physician preference shall be considered as possible.

B. **Admitting Privileges**.
   1. Only practitioners granted Medical Staff Membership and clinical privileges may admit patients to Las Palmas Del Sol Healthcare.
   2. Only practitioners granted clinical privileges may supervise the treatment of patients at Las Palmas Del Sol Healthcare.
   3. All practitioners admitting patients to Las Palmas Del Sol Healthcare shall comply with admitting policies of the institution.
   4. A doctor of medicine or doctor of osteopathy has full responsibility for care of each patient with respect to any medical and/or psychiatric problem that is present on admission, or develops during hospitalization, and that is not within the scope of practice of other practitioners.

C. Responsibility: Attending physician

1. **Assessment of the Patient**: All patients will have an initial assessment by a medical staff member (physician).
   a. The physician delivering the majority of patient care is considered the attending physician and shall be the leader of the patient care team in the planning and provision of care throughout the continuum. In the event of a surgical procedure, the surgeon shall be designated the attending physician. All patients will be assessed upon admission in order to update the history and physical
   b. Physician orders, consultations and progress notes serve as a mechanism for the Medical Staff to communicate and address the patient's care and treatment needs, response to treatment, patient instructions, discharge plans and continued care requirements as indicated. Specific documentation focuses on informed consent for treatments and/or procedures addressing risks and benefits of care provided.
2. **Reassessment of the Patient**: Patient reassessment will be determined by a collaborative interdisciplinary reassessment based on response to testing and treatment.
3. **Attending physicians** (or on-call designees) must be **accessible 24 hours per day.** Failure to be accessible for patient care may result in disciplinary action.
4. Patients shall be assigned to appropriate service designation.
5. Admitted patients shall have a provisional diagnosis or valid reason for admission that comply with accepted severity of illness and intensity of service criteria.
6. The attending physician is responsible for the patient record.
   a. Prompt completeness.
   b. Legibility
      1) Illegible orders may not be executed
   c. Accuracy
7. The attending physician is responsible for case leadership and ensuring communication of patient information with the patient care team.
   a. Admission notes.
   b. Operative and invasive procedure notes.
   c. Progress notes.
   d. Discharge planning.
   e. Adequate communication must accompany patient transfer to another physician, another unit, or another facility.
      1) Physician-to-physician communication.
      2) Transfer orders. Transfer orders written by a qualified physician extender (ANP or PA) must be authenticated by the sponsoring physician within 24 hours.
      3) Transfer progress notes.

8. **Admitting physicians and consultants must see newly admitted patients within a reasonable period of time and document their visit in a timely manner.**
    a. Routine admissions and consultations prior to 24 hours.
    b. Telemetry patients prior to 12 hours
    c. Critical care patients prior to 6 hours
    d. Patients on observation status prior to 6 hours
9. Physicians shall participate in interdisciplinary patient care management
    a. Appropriateness and medical necessity of admission
    b. Utilization of observation status
    c. Assignment appropriate levels of care
    d. Continuing stay criteria
    e. Discharge Planning

D. **Discharge**

1. Patients may be discharged only on the order of the attending physician or designee.
2. Discharge orders shall be written as early in the day as possible.
3. Discharge orders shall be solicited from consultants but **discharge shall not be delayed** if consultants' discharge orders cannot be obtained in a timely manner.

VII. Information Management / Patient Records

A. The patient record contains sufficient information to identify the patient, support the diagnosis, justify the treatment, document the course and results of interventions, and coordinate interdisciplinary care. It shall contain:

1. Patient name, address, and demographic information.
2. Information concerning legal status.
    a. Minor status.
    b. Name of any legally authorized representative.
3. Information concerning next of kin and financial responsibility.
4. Evidence of advance directives status.

B. History and Physicals

1. Inpatients/<u>Comprehensive</u>

a. The primary attending physician is responsible for the history and physical of patients admitted under his/her service.
b. A complete medical history and physical examination must be performed and documented in the patient's medical record within 24 hours after admission or registration (but in

all cases prior to surgery or an invasive procedure requiring anesthesia services).

c. History and physicals may be completed by a duly credentialed LIP and non-LIPs with specifically delineated privileges to do so.
d. Must have been performed no more than 30 days prior to admission.
e. May be performed by any qualified and credentialed M.D., D.O., Oral Maxillofacial surgeon, Podiatrists with three years surgical residency and specific training in H & P's or a duly credentialed LIP (i.e. Physician Assistant, Nurse Practitioner) if countersigned, by M.D./D.O. who assumes responsibility for the H&P within 24 hours.
f. Dentist (D.D.S.), or Podiatrists with one or two years of residency must perform their portion of the H&P.
g. Must have an updated assessment or documentation of any or no changes since the last assessment upon each and every admission, regardless of hospital setting.
h. Prior to any operative procedure or any procedure in which a significant physiological effect may result (whether or not sedation or anesthesia is administered) the patients H&P and relevant tests should be completed and recorded on the patient's medical record.
i. If the operative or invasive procedure is performed by a physician that did not perform and record the patients H&P the operative or interventional physician should document pertinent findings and indications for the procedure.
j. In an extreme life or limb threatening emergency, the H&P or other necessary documentation may be recorded after the patient has received appropriate treatment and stabilization.

2. **The H&P should have the following components**:

a. Date of Admission
b. Chief Complaint
c. History of present Illness
d. Review of Systems, to include at a minimum
   - cardiovascular;
   - respiratory;
   - gastrointestinal;
   - neuromusculoskeletal; and
   - skin.
e. Personal Medical History, including medications and allergies;
f. Family Medical History,
g. Social History, including any abuse or neglect

h. Physical examination, to include permanent findings in those organ systems relevant to the presenting illness and to co-existing diagnoses
i. Data reviewed
j. Assessment, including problem list
k. Plan of Treatment
l. If applicable, signs of abuse, neglect, addiction or emotional/behavioral disorder, which will be specifically documented in the physical examination, and any need for restraint or seclusion will be documented in the plan of treatment.
m. In the case of a pediatric patient: (i) developmental age; (ii) length or height; (iii) weight; (iv) head circumference (if appropriate); (v) and immunization status; and
n. Documentation of risk, benefits, and alternatives to the planned procedure

3. **The H&P may be in the following forms**:
   a. Dictated,transcribed and authenticated, and in the record.
   b. Electronic Health Record.
   c. Written and authenticated on an approved history & physical form.
   d. A durable, legible original or reproduction of an H&P from the physician's or Oral Maxillofacial surgeon's office if completed within the required 30 days of admission and updated assessment or documentation of no changes since the last assessment upon each and every admission, regardless of hospital setting.
   e. If the patient is readmitted for treatment of the same or related problem within 30 days of discharge an interval H&P may be substituted along with documentation of any changes that occurred since the last assessment.
   f. A brief history to include episode of care and plan of care will be documented in the patient record.
   g. Emergency physician ER summary report or consulting physician may qualify as the admission H&P in emergency situations.

4. **History and Physical-Outpatient.**

Outpatient Diagnostics-Noninvasive

   a. Do not require an H & P
   b. The physician or LIP may determine that pre-existing or combined conditions require a physical assessment. An office H& P done within 30 days of the procedure is optional.
   c. May still required informed consent to include risks benefits and alternatives to the procedure.

d. These procedures/tests include but are not limited to:
   - Radiological exams i.e., CXR, MRI, Pet Scans, Sonography

e. Laboratory tests requiring phlebotomy i.e., CBC, CMP, bleeding time, Type and Crossmatch, etc.
   - PH breath analysis
   - Fibrinolysis
   - Vascular studies, stress tests, Echocardiograms
   - Procedures requiring NO or local anesthesia
   - Urodynamics

5. Outpatient procedures of simple to medium complexity and/or those requiring IV sedation & monitored anesthesia care (MAC).

a. At a minimum, the H&P short form is required. Short form H&P is a modified H&P used on short stay admissions such as outpatient procedures, or Observation (OBS) Admissions. These H&Ps are problem specific and include the following components: history of present illness, relevant past social & family history, allergies, current medications, problem-specific review of systems, physical examination, diagnosis and Plan of Care.

b. The physician or LIP may determine that comprehensive H&P may be warranted. An office H&P, if completed within the previous 30 days of procedure, with an updated physical assessment is acceptable.

c. Informed consent to include risks, benefits, and alternatives to the procedure is required.

d. These procedures include but are not limited to:
   - Endoscopic procedures i.e., EGD, colonscopy, bronchoscopy
   - Esophageal Mobility study
   - Nephrostomy
   - Renal stent placement
   - Abscess drainage
   - Invasive diagnostic procedures such as needle biopsy aspiration, CT studies require intravenous contrast agents
   - Biliary drainage, Biliary stent placement
   - Vascular radiological facial procedures
   - 23 hour admission/observation

6. Outpatient procedure or surgery of high complexity and/or those requiring regional, spinal, Epidural or general anesthesia.

a. A comprehensive H&P is required.

b. An office H&P, if completed within the previous 30 days of procedure, with an updated physical assessment is acceptable.
c. Informed consent to include risks, benefits and alternatives to the procedure is required.
d. These procedures include but are not limited to:
- Cardiac Catheterization, Angioplastsy, Stent placement, Arthrectomy, Electrophysiology, Ablation
- Embolization procedures
- Foreign body removal
- IVC filter placement
- TIP's procedure
- Epidural blocks
- Morphine pump refills
- Breast procedure

7. <u>History and Physicals - Observation Patients</u>

a. Short form H&P is a modified H&P used on short stay admissions (including those with less than 12 hours stay), Observation (OBS) Admissions. These H&P's are problem specific and include the following components:
- History of present illness;
- Relevant past social & family history;
- Allergies;
- Current medications;
- Problem-specific review of systems;
- Physical examination;
- Diagnosis; and
- Plan of Care

D. Informed consent

a. Obtained prior to event except in deemed medical emergency
b. Obtained by physician(M.D./D.O.) performing procedure/intervention
c. **Informed consent will be** obtained for:
1) Invasive procedures.
a) Surgery
b) Anesthesia
c) Endoscopy
d) Percutaneous coronary intervention
e) Blood transfusion
f) Ambulatory infusion therapy
g) Research and/or clinical trials
h) Other invasive procedures
2) Do Not Resuscitate (DNR) Orders

3) Other treatment or discontinuation of treatment, as indicated in Advance Directives

d. Necessary documentation **for informed consent** to include the following:

1) Risks
2) Benefits
3) Alternatives
4) Level of understanding
5) Signature
6) Witness signature

e. Informed consent Shall be obtained by the patient or legal representative in the following order, as permitted by State Law if prior written permission has not already been obtained:

1) Agent designated by Medical Power of Attorney.
2) Spouse.
3) Adult child (21 years of age) with waiver and consent of all other qualified children to act as sole decision maker.
4) The majority of the patient's reasonable available adult children.
5) Parents.
6) Individual the patient has clearly identified to act on his/her behalf, or the patient's nearest relative, or a member of the clergy.
7) Attending Physician becomes legal representative with concurrence by at least one physician not involved in patient treatment when there are no qualified individuals as described in this section.

7. Orders.

a. **Types.**

1) Admission, Transfer and Discharge
2) Diagnostic Orders
3) Operative and Special Procedures
3) Therapeutic Orders
   a) Testing, including laboratory
   b) Drugs and biologics including continuation of home medications.
   c) Treatments
   d) Referrals
   e) Consults
   f) Post Operative and Post Procedural Orders
   g) Rehabilitation Care
   h) Therapeutic diet
   i) Observation status

j) Use of restraints
k) Blood and blood products

b. **Orders for outpatient services** must have the following elements and documented prior to performing the test:
- Be in writing
- Contain patient name
- Procedure
- Have a valid diagnosis, symptoms, or ICD.10 code.
- List the **LIP name, address and phone number.**
- Signed.
- Dated.

c. Ordering laboratory, radiologic, and other diagnostic tests is permitted as part of observation, assessment, and evaluation for patients in a physician office setting by Non Physician Practitioners.

d. Outpatient orders are valid for a 6-month timeframe unless specified as an order used for patients with specific conditions who require regular and repeated testing or services. These orders are valid for a 12-month timeframe and include Bariatric orders for monthly face to face consultation. The patient's condition can change over time, so when a timeframe is questionable, it is best practice to contact the ordering physician for confirmation or an updated order.

e. **<u>Ineligible Practitioners:</u>** Prior to accepting an order from a LIP without hospital privileges, the receiving outpatient department will request the ordering LIP name, medical license number, office address and telephone number

1) The hospital is responsible for verifying licensure, and run Sanctions database.

f. Referrals from **Physicians/LIP** with Out-Of-State Licenses:

1) May not be accepted.
2) Exception shall be provided with referrals from military physicians who may hold a medical license from another state. These physicians are granted an exemption according to State law.

g. Orders given by a practitioner who is deemed to be ineligible or non-licensed must be reviewed and re-ordered by an LIP who has been verified as an eligible practitioner.

h. **<u>Parameters of orders</u>**.

1) All orders for treatment shall be in writing.

2) **Verbal/Telephone orders** may be given by a duly privileged MD, DO, DDS or DPM. Verbal orders may also be given by a duly privileged Physician Assistant and Advance Nurse Practitioner with counter signature authentication by the sponsoring Physician.

3) Verbal/Telephone orders received by the following individuals can only be taken when functioning within the scope of practice and competence of their job. The verbal orders must be signed, dated and timed by the responsible practitioner. ***Verbal orders*** for treatment should be in writing if dictated to an LVN, Registered Nurse, Registered Respiratory Therapist, Licensed Physical Therapist or Licensed Physical Therapy Assistant, Registered Occupational Therapist (OTR) or Certified Occupational Therapy Assistant (COTA), Licensed Speech Language Pathologist, Certified Therapeutic Recreation Specialist, Registered Pharmacist, Registered Dietitian, Licensed Imaging Technologist, Certified Laboratory Technician, Certified Respiratory Therapist, Registered Respiratory Therapist, Certified Hyperbaric Technologist, Licensed Social Worker, Perfusionist, Case Manager, Psychologist, Certified Diabetes Educator.

4) **Verbal/Telephone orders** must be signed, dated and timed by the next visit, but no later than 48 **hours.**
   i) Orders will be signed, dated**,** and timed
   ii) LIPs must participate in read-back and verification of all verbal orders.

j. All orders are null and void at the event of:
   1) Surgery.
   2) Transfer into critical care unit.
   3) Transfer from critical care unit.

8. Results of diagnostic tests.
9. Consultation reports.
10. **Reports of operative and invasive procedures**.
   a. A complete post-operative/procedural note must be written immediately following procedure before the surgeon/physician leaves the patient or delegates care; it may be hand-written and must be completed before the surgeon/physician leaves the PACU.
   b. The post-operative note should contain at minimum, the following elements:
      1) Primary surgeon and assistants
      2) Findings

3) Technical procedure(s) performed or description of procedure
4) Preoperative and Postoperative diagnosis
5) Estimated blood loss
6) Specimens removed and pathology studies to be performed.
7) Disposition of specimen

c. A complete operative report shall be dictated OR hand-written and shall be authenticated by the surgeon/physician and placed in the patient record within 72 hours after surgery/procedure. Comprehensive operative reports shall include the following elements:
   1) Primary surgeon
   2) Assistants
   3) Anesthesia care provider
   4) Pre-operative diagnosis
   5) Post-operative diagnosis
   6) Details of the surgical procedure
   7) Detailed account of the findings at surgery

11. **Post Op Anesthesia Evaluation Requirements**

A post anesthesia follow-up report shall be written by a credentialed and privileged individual qualified to administer anesthesia and completed and documented in the medical record before transferring the patient from the post anesthesia care unit and shall include evaluation from recovery from anesthesia, level of activity, respiration, blood pressure, level of consciousness, and patient's oxygen saturations level.

For inpatients, a post anesthesia evaluation for proper anesthesia recovery shall be performed after transfer from the post anesthesia care unit and within 48 hours after surgery for post operative monitoring of anesthesia.

For outpatients, immediately prior to discharge, a post anesthesia evaluation for proper anesthesia recovery shall be performed for post operative monitoring of anesthesia.

12. **Progress notes**
   a. Dated
   b. Contents
      1) Clinical observations
      2) Patient response to treatments
      3) Reassessments and revisions of treatment plan
   c. **Progress notes are written at least daily on all patients**

13. **CDI and post discharge Queries**
    Attending, Consulting or Discharging physicians may be assigned a query for documentation clarification purposes. Documentation of the query answer may be made on the query form or within the medical record or the physician may respond that no additional information or clarification of the diagnosis is necessary. Post-discharge coding queries should be answered within 15 days of initiation.
14. **Intervention Record**
    a. Medications and response to same
    b. Treatments
15. **Interdisciplinary documentation**
16. **Discharge planning**
    a. Plan
    b. Communication with community agencies
17. Discharge summaries
    a. Content may be handwritten, electronically entered or dictated
        1) Reason for hospitalization
        2) Significant findings
        3) Procedures performed
        4) Treatment rendered
        5) Condition at discharge
        6) Discharge disposition
        7) Discharge instructions to patients and family
        8) Information provided to patient and family
    b. For newborns with uncomplicated deliveries, or for patients hospitalized less than 48 hours with only minor problems and no complications, a final progress note/discharge note may be substituted for the discharge summary. This may be included in the operative report if all the elements are present.
    c. A final diagnosis shall be recorded in full without the use of abbreviations.
    d. Discharge orders shall be dated, timed and signed by the responsible practitioner.
18. Entries in the Medical Record
    a. There will be strict adherence to the hospital policy on unapproved abbreviations. **Unapproved abbreviations** will NOT be used in patient records.
    b. Members of the Medical Staff and those Advanced Practice Professionals who hold appropriate privileges may document in the patient record.
    c. Non-members of the Medical Staff who are consulted to evaluate patients for appropriate post-discharge care may document their findings and recommendations in the

Progress Notes and/or Consultation sections of the patient record.

19. Records are maintained in the Health Information Management Department. Patient records will be maintained according to State Retention Laws.

    Medical record entries are to be legible so that the record may function as a communication tool among healthcare providers.

    - In cases where the medical staff or state regulatory agencies have deemed necessary, healthcare providers who are unable to write legibly may be required to dictate clinical observations.

20. **Obliterations of the medical record**, i.e., “white out” of record entries is NOT permitted.
21. **Corrections in charting** must be identified with a single line through the erroneous information, labeled as an error, and initialed.
22. Patient records may be removed from the hospital’s jurisdiction and safekeeping only in accordance with a court order, subpoena or state statute for the purpose of appearance in court, or for transport to the HIM Shared Services Center, or other similar centralized location designated in accordance with HCA policy regarding Health Information Management systems, or for processing as otherwise provided by Federal or State Law. All records are the property of the Hospital and shall not otherwise be removed from the property without permission of the CEO or designee. Unauthorized removal of charts from the Hospital is grounds for suspension of the practitioner for a period to be determined by the Medical Executive Committee.
23. In cases where patients are re-admitted to the Hospital for services, all previous records shall be available for use of the attending practitioner upon request.
24. History and Physicals may be completed by LIPs who are granted such privileges.

E. **Authentication** can be documented using:

1. Written signatures and identifiable initials
2. **Electronic signatures**
   a. Physicians using electronic signatures must follow the procedures of the Information Technology and Services department and:
      1) He/she is responsible for the electronic signature and its use.
      2) He/she is the only one using the electronic signature and that
      3) He/she shall not delegate the use of the electronic signature
3. **Rubber signature stamps are not allowed or accepted in any**

setting for authentication of medical record entries.
Clarification; stamp block letters or printed name can be used ONLY with a corresponding signature.

F. All treating physicians have free access to patient's records.

G. Physicians have access to patient records if:
1. They are or have been directly (or administratively) involved in patient care.
2. They hold written consent from the patient granting access.

H. Physicians may not remove patient records from hospital jurisdiction and safekeeping. Violation shall result in disciplinary action.

I. Each physician providing treatment shall be responsible for his or her portion of the documentation in the closed patient record.
1.Patient data and information are managed in a timely manner.

J. **Physicians are responsible for authentication of all orders to including date, time and signature.**

K. Attending physician is responsible for the completion of:
1. Discharge summary
2. All entries including counter-signatures of non-physicians
3. Final diagnosis on appropriate form

L. A medical record is considered delinquent when it has not been completed for any reason within thirty (30) calendar days following a patient's discharge. The suspension may continue until all of the healthcare provider's incomplete and delinquent records are completed prior to reinstatement of privileges.

When a Medical Staff Member or individual with clinical privileges has failed to complete a medical record and the record becomes delinquent his/her:
1. Emergency Room on-call responsibilities continue.
2. Elective admitting privileges may be automatically suspended after the individual has been notified of the delinquency.
3. Suspension of surgical scheduling privileges may occur if the operative/invasive report is not completed within 72 hours of the procedure.
4. Delinquent physicians retain the privilege to treat inpatients they are treating at the time of suspension.
5. Suspended physicians may admit if the patient admission is declared an emergency.
    a. All such admissions are reviewed by department chair.
6. Suspended surgeons may not schedule elective surgery.

M. If a Practitioner remains suspended for a period of thirty days (30), a warning letter will be sent by special notice stating he/she has fifteen days from the date of receipt to complete the records. The letter will state that

a lack of response or failure to complete the records by the date indicated may be considered a voluntary resignation. If the Practitioner is voluntarily resigned for failure to complete medical records, he/she will be unable to reapply for membership until all medical records are complete and any reapplication must be in the form of an application for initial appointment. Providers whose records cause suspension while they are on vacation will have five (5) calendar days from the date of their return before the suspension takes effect provided the HIM department is notified of the vacation.

N. The medical record shall not be permanently filed until it is completed by the responsible practitioner or is ordered filed incomplete by the CMO and presented to Quality Committee.

VIII. Consultation

A. The attending physician is primarily responsible for requesting consultation when indicated.

B. **Only members of the medical staff may be consulted**.

1. For his or her expert professional opinion, within the scope of their delineated privileges.
2. At the discretion of the attending physician.
3. With written notice from attending physician.
4. Advanced Practice Professionals may see initial consultations at the request of their supervising physician but cannot do a consultation in lieu of their physician.

C. Consultation shall be considered when:

1. Patient considered poor surgical and/or treatment risk.
2. Diagnosis obscure after reasonable testing.
3. Difficult clinical decision-making.
4. Complications, which require the specific skills of other practitioners.
5. Presence of frank psychiatric symptoms.
   a. In-patients with medical primary diagnosis.
   b. Illness is a result of self-harm.
6. When requested by patient or family.

D. **Consultations are <u>required</u>** under the following conditions:

1. All procedures by which a known or suspected pregnancy may be interrupted.
2. When the clinical needs of the patient exceed the privileges of the Practitioner.
3. When the physician requests DNR status or withdrawal of life support, and there are no decision-making agents on behalf of the patient.
1. When there is not agent to consent on behalf of incompetent patient to a high-risk procedure:

a. Concurrence of proposed treatment/intervention is required by the Consulting Physician.

IX. Medication

1. Medication utilization complies with federal, state, and local statutes and the standards of all regulatory bodies.
2. Licensed Independent Practitioner, Physician Assistants, or Advanced Practice Nurse prescribes all medications.
3. Prescribers shall not dispense sample medications in any departments of the hospital including the nursing units and the Emergency Department.
4. All pharmaceuticals administered shall be those approved by the Food and Drug Administration (FDA) and shall be administered only on the order of an authorized practitioner.
5. All drugs approved for investigation, research or clinical protocol shall be reviewed and approved by the Institutional Review Board.
6. All medication orders are subject to review by pharmacy.
7. The pharmacy shall NOT dispense any sample medications.
8. Physicians may be called to clarify or modify medication orders at the discretion of pharmacy.
9. Therapeutic interchanges may be made according to adopted Formulary Guidelines; maintenance takes place according to hospital policy.
10. Investigational medications are used in compliance with hospital policy.
11. Automatic stop orders will be implemented for the following drugs and their respective stop dates:
    - Antibiotics – ***7 (seven) days***
    - Schedule II medications: 7 days
    - Schedule III-V medications: 21 days
    - Chronic pain management via PCA pump, patch, or extended release formulation: 21 days
    - Toradol – 5 (five) days
12. Automatic stop orders will be overridden when the practitioner has written orders for a specific time period or has written orders for a specific number of doses.
13. Medication orders for surgical patients: all medication orders automatically cancelled when a patient has surgery. All medications must be rewritten following surgery; no “resume orders” will be honored.
14. Medication orders for ER patients admitted to the hospital: All admission orders must be written out. “Continue ER orders” are not allowed.
15. Use of pre-printed orders for medications may only be used with approval of the Medical Staff.

X. Tissue Specimens

A. All tissue specimens must be sent to the Pathology Department.

1. All specimens.

a. Properly labeled.

b. Examination ordered.
c. Surgical pathology number assigned.
d. Properly transported.

2. Forensic specimens.
    a. Properly labeled.
    b. Examination ordered.
    c. Surgical pathology number assigned.
    d. Properly secured.
    e. Transported by proper authorities.
    f. Documentation of transport.
3. Surgical specimens.
    a. Properly labeled.
    b. Examination ordered.
    c. Surgical pathology number assigned.

B. The pathologist examines all specimens unless, at the discretion of the Pathologist, the specimen is sent out to a reference laboratory to conduct special studies as indicated or requested.
    1. All specimens grossly examined.
    2. Microscopic examination at the discretion of the pathologist.

XI. Sedation

A. Physicians and Certified Registered Nurse Anesthetists (CRNA) administering sedation shall be so privileged by the Section of Anesthesia.

B. Physicians and CRNAs administering sedation shall abide by Hospital Policy.
    1) Administration of sedation shall follow documentation and care standards set forth by the Section of Anesthesia.
    2) An order for “anesthesia services by CRNA” should be written and signed, dated and timed by the responsible physician prior to the induction of anesthesia in appropriate cases.
    3) A pre-sedation or pre-anesthesia assessment is conducted within 48 hours of surgery/procedure.
    4) The appropriately privileged LIP re-evaluates the patient immediately prior to sedation or anesthesia induction.
    5) A CRNA is supervised by the operating practitioner or by an anesthesiologist who is immediately available, if needed. An anesthesiologist is considered “immediately available” when needed by a CRNA under the anesthesiologist’s supervision only if he/she is physically located within the same area as the CRNA, e.g., in the same operative/procedural suite, or in the same labor and delivery unit, and not otherwise occupied in a way that prevents him/her from immediately conducting hands-on intervention, if needed.

XII. Advanced Practice Professionals (APP)

A. Advanced Practice Professionals must wear professional identification at all times to preclude their being mistaken for a licensed physician, dentist, podiatrist, or hospital employee.
   1. Name
   2. Title (Mr., Miss, Mrs., Ms., etc.)
   3. Other academic degree as desired
   4. Credential (spelled out, not abbreviated)

B. Supervision of Advanced Practice Professionals
   1. Physicians supervising Advanced Practice Professionals must be in immediate communication with APP**.**
   2. Physicians supervising Advanced Practice Professionals must be in such geographic proximity so as to allow for direct supervision of patient care and evaluation without delay.
   3. Physicians supervising Advanced Practice Professionals for Operative and Invasive procedures will provide direct supervision defined as the supervising proceduralists being present in the same room, working with the same patient.

C. Practice of Advanced Practice Professionals is limited to the treatment plan established by the supervising Medical Staff member.

D. Advanced Practice Professionals may, depending on their privileges, document in the patient record and/or dictated reports.

E. The content and intent of such reports is the responsibility of the supervising Medical Staff member.
   1. Dictating APP***s*** must identify themselves.
   2. A Medical Staff Member must co-sign all APP documentation (Nurse Practitioners and Physician Assistants only), except for ordering of lab, radiologic and other diagnostic tests in a physician office setting.

F. Guidelines for the credentialing of Advanced Practice Professionals are contained within the Medical Staff Bylaws.

XIII. Autopsies

A. The Medical Staff will attempt to secure autopsies in all deaths that meet criteria.

B. The Pathologist shall notify the attending physician when autopsy is being performed.
   1. Unexpected or unexplained deaths occurring during or following any dental, medical or surgical diagnostic procedures and/or therapies.
   2. Unexpected deaths of patients participating in research and/or clinical trials approved by the Institutional Review Board (IRB).
   3. All obstetrical deaths.
   4 All neonatal and pediatric deaths.
   5. Deaths in which the patient sustained or apparently sustained an injury during hospitalization, or as a result of environmental or occupational hazard.

C. All permits for authorization of autopsy are to be duly executed and witnessed, and shall become part of the permanent patient record.
D. In cases reportable to the Medical Examiner, Hospital Policy will be followed.
   1. Consent is not required
   2. Instructions of the Coroner will be followed
   3. Includes:
      a. Deaths within 24 hours of hospitalization
      b. Death in prison or jail
      c. Unnatural death (motor vehicle accident, drowning, accidental fall)
      d. Deaths which occur in the absence of a witness
      e. Circumstances of death are unknown
      f. Suspicion of death caused by unlawful means (homicide)
      g. Suspicion of death caused by suicide
      h. Death of child younger than six years of age if death is reported due to suspicion of abuse
      i. Death of a person not attended by a duly licensed and practicing physician(s) uncertain as to the cause of death
E. Results of autopsy findings will become part of the permanent patient record when they become available.
   1. Will be subject to performance improvement activities

XIV. Telemedicine Services

A. Practitioners who prescribe, diagnose, or treat patients via telemedicine link must be credentialed through the Medical Staff and have clinical privileges for telemedicine services.

B. The Medical Executive Committee must approve telemedicine services to be utilized in the hospital prior to the initiation of those services.

XV. Patient Rights and Organizational Ethics

A. Consent for research
   1. It is the responsibility of the primary investigator
   2. Shall be obtained from patient/subject participating in investigational protocol
   3. Required elements
      a. Expected benefits
      b. Discomforts and risks
      c. Alternative services that might also prove advantageous
      d. Full explanation of the procedures to be followed, especially those that are experimental in nature
      e. Refusal shall not compromise access to care/services
B. Advance Directives.
   1. The Hospital and the members of the Medical Staff honor a patient’s right to self-determination as per State Law.

2. The attending physician assumes the lead role in the discussion and documentation of any known directives.
   a. Directive to Physicians, and Family or Surrogates
   b. Out of Hospital DNR
   c. Medical Power of Attorney
3. Effectuation of advance directive is contingent on the patient having been diagnosed with a terminal or irreversible condition by the attending physician.
   a. Evidence in progress note; or
   b. Advance Directive Certification Form
   c. On the patient record
4. Written orders are required to withhold or withdraw life-sustaining treatments.
   a. Do-not-resuscitate telephone orders may be given to 2 (two) licensed nursing staff ONLY IF the information is evident and on the patient record when the order is given.
      1) Must be authenticated in 24 hours
         a) Signed, dated and timed
   b. The patient/agent and the attending physician make treatment decisions concerning the withholding or withdrawal of life support.
   c. In the absence of an Advance Directive, the attending physician and family members make treatment decisions.

C. **Restraint**

1. Las Palmas Del Sol Healthcare strives for a restraint-free environment; Hospital policy will be followed when there is a patient in need for restraint intervention.
2. All restraints/seclusion must be ordered by a physician
   a. when there is appropriate clinical justification
   b. orders are time limited
   c. no PRN orders allowed
   d. physician must conduct a face-to-face assessment of patient within one hour of order.

XVI. Code of Ethical Behavior

A. Medical Staff members receive HCA Code of Conduct “A Tradition of Caring” at initial appointment and reappointment in order to familiarize themselves with the accepted code of ethical behavior at Las Palmas Del Sol Healthcare.

XVII. Management of the Environment of Care

A. The goal of Management of Environment of Care is to provide a functional and safe environment for patients and other individuals served by or providing services in the organization.
   1. Life Safety/Fire Management

2. Security
3. Emergency preparedness
4. Safety
5. Hazardous materials and waste
6. Utility systems
7. Equipment management
8. Infection control
9. Employee health and safety

B. The function of infection control, through its practitioner members, has the authority to institute any appropriate control measures or studies when it is reasonably felt that danger to patients, visitors or personnel exists. Appropriate hand hygiene procedures will be utilized to decrease the potential for transmission of infection by cross-contamination.
   1. Artificial nails and nail tips/jewelry **are prohibited** for all healthcare providers who provide direct or indirect patient care OR may provide direct or indirect patient care during periods of high census or during a disaster and/or perform invasive/diagnostic procedures or therapies, across the continuum of care. Artificial nails are any material applied to or added to the natural nails to augment or enhance with wearers own fingernails, including wraps, acrylics, extenders, overlays, gels or tips. It includes any item that is glued or pierced through the nail and gel nail color that is cured under a UV light.
   2. Healthcare providers who provide direct “hands-on” care to include, but not limited to, contact with the patient’s intact skin, contact with environmental surfaces in the immediate vicinity of patients, preparation of equipment, materials or supplies which may come in contact with patients across the continuum of care shall comply with the hand hygiene and infection control guidelines as described in the Medical Staff Orientation Manual.

C. The Utilization Management, Performance and Quality Improvement, and Risk Management Plans of this Hospital, as approved by the Medical Executive Committee of the Medical Staff and the Board of Trustees of the Hospital, shall be adhered to by all attending practitioners.

D. Policies and procedures referred to in these Rules and Regulations are to be found in the Administrative Policy and Procedure, Safety Manual and other relevant department Policies or Procedures of Las Palmas Del Sol Healthcare.

XVIII. Adoption Policy

A. Las Palmas Del Sol Healthcare does not officially become involved in the adoption procedures and will not take any affirmative action in regard to placement, custody, or adoption of the infant. However, an infant may be released to someone other than the natural parents if a Third Party Release

or Affidavit of Relinquishment of Parental Rights form is obtained stating to whom the baby is to be released.

B. The hospital is not responsible for preparing any written authorization for an adoption. In all cases, whether the release is handled on an individual basis or through the Texas Department of Health and Human Services/Child Protective Services, copies of any documents obtained pertaining to the Adoption (i.e. Third Party Release, Affidavit of Relinquishment of Rights) are to be kept in the permanent patient record in the Health Information Management Department.

XIX. Medical Staff Treatment of Self or Immediate Family Member(s)

A. Las Palmas Del Sol Healthcare discourages Medical Staff Members from admitting and/or providing medical care or treatment to themselves or members of their immediate family.

B. Definition of Immediate family members include, but are not limited to spouse, significant other, children, parents, parents-in-law, grandparents or other close family members. For the purposes of this rule, treatment is considered to include written or verbal orders for medications, lab or other diagnostic testing or procedures, hospital admission and/or discharge or caring for the patient during any hospitalization.

C. In general, physicians or other health care personnel should not treat themselves or immediate family members within the hospital. It is recognized, however, that there are situations in which routine care is acceptable for short-term minor problems.

D. In cases of emergencies or when no other qualified physician or appropriate qualified health care personnel is available, treatment should be started and continued until such time that patient care can be assumed by other appropriate qualified health care personnel.

E. Regardless of circumstances, it is not appropriate for physicians to write prescriptions for controlled substances for themselves or immediate family members.

F. If for any reason, a member of the Medical Staff feels that he or she has a need to provide treatment to a member of his or her immediate family within the hospital, the circumstances must be discussed with and pre-approved by the Chief of Staff, Chief Medical Office or respective Department Chairman.

XX. Medical Students Clerkship Responsibilities

A. Las Palmas Del Sol Healthcare will allow Medical Students to rotate through the facilities when an affiliation agreement with the school is fully executed.

B. The Medical Student (hereby referred to as students), who are currently enrolled in a under graduate medical education program, and who, as part of their educational program, will provide health care services at the Hospital in the 3rd or 4th year of their medical student curriculum.

C. The student must be sponsored by a physician having Active or Associate privileges with LPDS Healthcare and who accepts full responsibility for supervision of the student at all times.
D. Students may not admit patients or be the attending physician for any patient.
E. Students shall have no independent patient care responsibilities and may not practice independently of an attending physician.
F. Students may only render medical and surgical services to patients for whom the student's supervising physician is the attending physician and only when accompanied by and under the direct and immediate supervision of the attending physician.
G. The attending physician is responsible for all entries made in the patient medical record. Medical Students will not document in the medical record.
H. Students are not eligible to vote or hold office.
I. Students may not write orders or dictate operative notes.
J. Medical students will wear hospital badge identifying them as medical students and will identify themselves as such when addressing patients.
K. Students will return scrubs before leaving the hospital.
L. Students will abide by all policies of Las Palmas Del Sol Healthcare.
M. All conduct or behavior issues regarding the Students will be reported to the Program Director at the Medical School.
N. Reports on the six core competencies will be presented to the Las Palmas Del Sol Healthcare bi-annually.

XXI. Resident Physician Responsibilities

A. Las Palmas Del Sol Healthcare Institution will provide Resident Physicians rotations through the facilities. Resident physicians are hospital employees of Las Palmas Del Sol Healthcare.
B. The Resident Physician (hereby referred to as resident) are physicians in training; who are currently enrolled in a graduate medical education program, and who as part of their training program will provide health care services at the Hospital.
C. The resident must be supervised by a physician having Active or Associate privileges with LPDS Healthcare and who accepts full responsibility for the supervision of the resident at all times.
D. Residents may not admit patients or be the attending physician for any patient.
E. Residents shall have no independent care responsibilities and may not practice independently of an attending physician.
F. Residents may only render medical and surgical services to patients whom the resident's supervising physician is the attending physician and only under the supervision of the attending physician.
G. The attending physician is responsible for all entries made in the patient medical records (including all orders) by personally reviewing and countersigning all entries.

H. There are two types of supervision Direct and Indirect: Direct supervision requires the presence and immediate supervision of the resident by attending physician, whereas indirect supervision may be performed by the attending physician through consultation with the resident and by personally reviewing the resident's clinical activities and countersigning all orders and medical record entries.
I. All clinical activities performed in the procedural areas (i.e. operating room, etc.) will require the direct supervision of the resident.
J. Residents will wear hospital badges identifying them as residents and will identify themselves as such when addressing patients.
K. Residents will abide by all the policies of Las Palmas Del Sol Healthcare.
L. All Conduct or behavior issues regarding the resident will be reported to the Residency Program Director and the Designated Institutional Official (DIO).
M. Las Palmas Del Sol Healthcare believes resident physician learning should include the development of leadership skills. The rules and regulations will allow resident physicians as a non-voting participant in their respective department meetings, and committee meetings such as; quality council, credentials, pharmacy and therapeutics, critical care, code blue, infection control, continuing medical education and Medical Executive Committee. The GME program may assign one resident physician to each committee and all residents should attend their respective medical staff department meeting as allowed within their clinical duties.

XXII. Clinical Privileges with Invasive and Surgical Procedures for LIPs and APPs

A. As a requirement for being granted clinical privileges in the Invasive and Surgical Procedure area practitioner will receive at appointment the "Safe Procedural and Surgical Verification" policy for their review and instructions on how to access the corresponding HealthStream Continuing Medical Education Course for their education.

XXIII. Non-Pediatric/OBGYN trained physicians

A. Non-Pediatric/OBGYN trained physicians consulted to treat Neonatal or OBGYN patients must provide evidence of Pediatric/OBGYN Expertise in the form of 3 CME's at appointment and each reappointment cycle (two years) in their area of training, i.e. Anesthesia, Radiology, ENT.

B. Reappointment for all OB providers will be contingent upon completion of assigned education (ABOG education requirements or assigned hospital education), including one OB drill per calendar year.