

<p>SUBJECT: PURPOSE AND CONDITIONS OF THE MEDICAL STAFF RULES AND REGULATIONS</p>	<p>REFERENCE #1001</p>
<p>RESPONSIBILITY: MEDICAL STAFF</p>	<p>PAGE: 1 OF: 1</p>

**PURPOSE:**

The purpose of these Rules and Regulations is to promote high standards of medical and surgical care of the patients of \_\_\_\_\_ Hospital. Furthermore, these Rules and Regulations shall serve as a guide for accomplishing this purpose, as well as, to provide certain protections for the patient, the hospital and its personnel and physicians. Each staff member shall be required to abide by the Constitution and Bylaws of the Medical Staff of \_\_\_\_\_ Hospital, and to assist in achieving the standards set forth by the Joint Commission on Accreditation of Health Care Organizations and other state and federal regulatory bodies.

**MEDICAL STAFF RULES AND REGULATIONS:**

In accordance with Article \_\_\_\_, Section \_\_\_\_, of the Medical Staff Bylaws, the following rules and regulations are adopted. Rules and Regulations adopted by the Medical Staff in accordance with the Medical Staff Bylaws are binding to all members of the Medical Staff. The collective functions of the medical staff and the independent functions of its individual members shall be accomplished in accordance with applicable state law.

**MEDICAL STAFF POLICIES AND PROCEDURES:**

- Policies and procedures shall be developed as necessary to implement more specifically the general principles found within the Medical Staff Bylaws and Rules and Regulations. The policies and procedures may be adopted, amended or repealed by a majority vote of the Medical Executive Committee. Such policies and procedures shall not be inconsistent with the Medical staff or Hospital Bylaws, Rules or other policies.
- The Rules and Regulations related to the role and or responsibility of members of the Medical Staff with clinical privileges in the care of inpatients, emergency care patients and ambulatory care patients as a whole or to specific groups as designated.

**GENERAL:**

- The name of this organization is the \_\_\_\_\_ Medical Staff.
- The Rules related to role and/or responsibility of members of the Medical Staff and individuals with clinical privileges in the care of inpatients, emergency care patients and ambulatory care patients as a whole or to specific groups as designated.
- Rules of departments or services will not conflict with each other; with Bylaws, Rules and policies of the Medical Staff; or requirements of the Governing Body.

<p>SUBJECT: RULES AND REGULATIONS RELATING TO PATIENT CARE</p>	<p>REFERENCE #1004</p>
<p>RESPONSIBILITY: MEDICAL STAFF</p>	<p>PAGE: 1 OF: 3</p>

- All patients admitted to \_\_\_\_\_ Hospital must be under the direct supervision of a member of the active or courtesy staff. Only those physicians with delineated clinical privileges to admit patients are allowed to do so.
- Admission, except in an emergency, will be effected only after a provisional diagnosis explaining the reasons for admission is provided.
- All patients shall be attended by members of the attending Medical staff and shall be assigned to an appropriate clinical service.
- A thorough history and physical examination shall be present in the chart within 24 hours after admission.
- The attending physician must directly supervise the activities leading to the diagnosis and treatment of the patient. He/She will make rounds on his/her patients and review charts at frequent intervals.
- A Patient Bill of Rights drafted with Medical Staff input will be presented to patients at the time of admission.
- The patient will be informed who his/her attending physician and house officers are, and will be given an explanation of the functions of any other healthcare personnel.
- Reasonable efforts shall be made to assure the protection of patients and personnel from a patient who is a source of infection or dangerous from any cause whatsoever.
- Infectious disease will be reported in compliance with state law and federal regulations.
- Smoking is not allowed in this Hospital. Patients desiring to smoke must meet the criteria outlined in the organizational smoking policy. These patients will be allowed to smoke in the designated areas on the Hospital grounds, under supervision from hospital personnel.
- Consultation is encouraged for the maintenance of high standards of patient care, professional accomplishment and education. Consults should be answered, written and signed without undue delay. If the circumstances are such that a delay is necessary, a brief note should be recorded in the chart pending completion of the consult request.
- A surgical procedure shall be performed only with informed consent of the patient or his/her legal guardian, except in an emergency. The patient shall be informed of the surgeons performing the procedure.

<b>SUBJECT:</b> EXPEDITED PROCESS FOR APPOINTMENT, REAPPOINTMENT, RENEWAL OR MODIFICATION OF CLINICAL PRIVILEGES	<b>REFERENCE #1015</b>
<b>RESPONSIBILITY:</b> MEDICAL STAFF	<b>PAGE: 1</b> <b>OF: 2</b>

**POLICY:**

It is the policy of the Governing Body of \_\_\_\_\_ Hospital to delegate authority to render initial appointment, reappointment and renewal or modification of clinical privilege decisions to a committee of the Governing Body as necessary.

**PROCEDURE:**

- The Governing Body will delegate to a committee of the Governing Body the authority to render determinations regarding initial appointment, reappointment and renewal or modification of clinical privileges when the following conditions exist:
  - The applicant's appointment or reappointment applications is complete, with all credentialing information required in the Medical Staff Bylaws, Rules and Regulations complete and present in the applicant's credential file including:
    - Information related to education, training and competence related to renewal or modification of clinical privileges is current and present in the applicant's credential file.
    - The applicant has no current challenge or previously successful challenge to licensure or registration.
    - The applicant has not received an involuntary termination of medical staff membership at another organization, and has not received involuntary limitation, reduction, denial or loss of clinical privileges.
    - The applicant has not received an adverse final judgment in a professional liability action.
  - The time frame for which the next regularly scheduled full Governing Body meeting exceeds the time frame for reappointment of the applicant.
  - The applicant is requesting initial appointment, has presented all required information for determination pursuant to Medical Staff Bylaws, Rules and Regulations, and the time frame in which the next regularly scheduled full Governing Body meeting to grant initial appointment is such that the applicant's ability to practice is limited.
  - The applicant is requesting modification of clinical privileges, has presented all required information for determination pursuant to Medical Staff Bylaws, Rules and Regulations, and the time frame in which the next regularly scheduled full Governing Body meeting to grant the modification is such that the applicant's ability to practice the requested privilege is limited.

SUBJECT: PEER REVIEW	REFERENCE #1019
RESPONSIBILITY: MEDICAL STAFF	PAGE: 1 OF: 5

**PEER REVIEW:**

- \_\_\_\_\_ Hospital and its Medical Staff are responsible for the quality of care provided to the patient population seen throughout the institution. Therefore it is the policy of \_\_\_\_\_ Hospital to support the Medical Staff peer review process. The peer review process is a non-biased activity performed by the Medical Staff to measure, assess and, where necessary, improve performance on an organizationwide basis.
- Treatment at \_\_\_\_\_ Hospital based on outside slides may be subject to peer review, if the slides are not reviewed at \_\_\_\_\_ Hospital prior to the treatment. The Pathology Department will identify cases where there is no pretreatment review. Cases, in which there is a discrepancy between the outside diagnosis and the hospital's diagnosis after treatment will be referred to appropriate section for review.
- In order to make peer review more effective, bimonthly meeting responsibility is delegated to the individual sections. The chairpersons of the sections are responsible for organizing and conducting their bimonthly section meetings in accordance with the requirements of the Medical Staff Bylaws. Attendance requirements for department/section meetings are specified in the Medical Staff Bylaws. Outcomes of peer review will be reported in summary format to the Performance Improvement Committee.
- From time to time, the department, upon approval of the Medical Executive Committee and the Governing Body may create a sub-section. A sub-section shall be defined as a group of members of a sub-specialty which conducts its own peer review and morbidity and mortality review and whose minutes shall be submitted to the parent section for approval.

**PEER REVIEW PROGRAM COMPONENTS:**

- The peer review process performed by the Medical Staff contains the following components:
  - Definitions of circumstances requiring peer review are listed below. This list can be revised at any time, as deemed appropriate by the Performance Improvement and Credentialing Committees of the Medical Staff. Revisions to the list must meet approval of *both* the Performance Improvement and Credentialing Committees, with final approval granted by the Medical Executive Committee. Circumstances requiring peer review include:
    - Unexpected deaths, deaths within 24 hours of hospital admission, postoperative death and/or any other type of patient death defined through the Medical Staff committee process and approved for review.

SUBJECT: IMPAIRED PROFESSIONAL PROGRAM	REFERENCE #1025
RESPONSIBILITY: MEDICAL STAFF	PAGE: 1 OF: 3

**PURPOSE:**

\_\_\_\_\_ Hospital, in participation with its Medical Staff has instituted an Impaired Professional Program. The purpose of the program is to educate hospital leaders and the Medical Staff about licensed independent practitioner health, address prevention of physical, psychiatric or emotional illness, and to facilitate confidential diagnosis, treatment and rehabilitation of licensed independent practitioners who suffer from a potentially impairing condition. The goal of this program is assistance and rehabilitation, rather than discipline, and to aid licensed independent practitioners in retaining or regaining optimal professional functioning, consistent with protection of patients.

**ELEMENTS OF THE PROGRAM:**

- Education of organizational leaders the Medical Staff about illness and impairment recognition issues specific to licensed independent practitioners:
  - The hospital will sponsor an annual educational program regarding illness and impairment issues.
  - Licensed independent practitioners will be issued written information regarding illness and impairment issues at time of initial appointment and reappointment to the Medical Staff.
- Referral to the Impaired Professional Program:
  - Licensed independent practitioners will be allowed to self-refer to the program.
  - Referrals of licensed independent practitioners will be allowed by any member of the organization.
- The affected licensed independent practitioner will be referred to the appropriate professional internal or external resources for diagnosis and treatment of the condition or concern.
- The confidentiality of the individual referred to the Impaired Professional Program will be strictly maintained, with the following exceptions:
  - State and federal regulatory limitations (if applicable)
  - Ethical obligations
  - When maintaining confidentiality threatens the safety of a patient or patients

In all instances, every effort to protect the confidentiality of the individual referred for assistance will be made.