

These Medical Staff Rules and Regulations shall supplement the general principles found in the Banner Health d/b/a Banner Page Hospital ("Medical Center") Medical Staff Bylaws ("Bylaws"). They shall be consistent with the Bylaws and Medical Center policies and may not conflict with the Banner Health Bylaws.

Subject to approval by the Banner Health Board of Directors, the Medical Executive Committee shall adopt and amend such Medical Staff Rules and Regulations as may be necessary to implement the general principles found in these Bylaws.

ARTICLE I MEETINGS

1. The meetings of the Medical Staff shall be held as provided in Article Eleven B(1)(c) of the Bylaws.
2. The Medical Staff discussions held at meetings as provided for under #1 of this Section I. shall constitute a thorough review and analysis of the clinical work done in the hospital, including consideration of deaths, unimproved cases, infectious 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 and reports of committees of the Medical Staff.

ARTICLE II ADMISSION POLICIES

1. A general consent form signed by the patient or his/her legally authorized representative must be obtained at the time of admission on every patient admitted to the hospital. The attending physician shall be notified when such consent has not been obtained or the patient has refused such consent. When so notified it shall, except in emergency situations, be the practitioner's obligation to obtain a proper consent before the patient is admitted and treated in the hospital. In the case of a medical emergency, the physician must document the emergent situation.
2. Except in emergency, no patient shall be admitted to the hospital until after a provisional diagnosis has been stated by the attending practitioner. In case of emergency, the provisional diagnosis shall be stated as soon after admission as possible. For the purpose of these Rules and Regulations, the term "emergency" may be applied to any patient whose condition is such that any delay occasioned by compliance with any of these Rules and Regulations might prejudice the physical welfare of the patient. Physicians admitting patients shall be held responsible for giving such information as may be necessary to assure the protection of other patients from those who are a source of danger from any cause whatever, or to assure protection of the patient from self-harm.
3. Patients shall be attended by their own physicians. Patients applying for admission who have no attending physician shall be assigned to a member of the Active Staff. Patients will be attended by members of the Medical Staff regardless of race, creed, sex, national origin, religion or source of payment for care.
4. Each patient will be seen by the attending physician or his designee within 12 hours after admission. Intensive care patients admitted to the intensive level of care will be seen

within four (4) hours of admission. All patients admitted to the hospital will be seen at least once daily after the initial assessment. A complete history and physical examination shall in all cases, be dictated (with a note in the chart to that effect) or handwritten within 24 hours after admission of the patient (except for swing bed patients). Legible copies of history and physical examinations performed no more than 30 days prior to admission or within 24 hours after admission may be used in the medical record.

5. The hospital shall admit patients suffering from all types of diseases, except those whose illness requires special facilities not readily available, as determined by the hospital CEO and Chief of Service concerned.
6. Admission laboratory testing will be done only upon specific order of the physician.
7. Verbal orders should be used infrequently and must be authenticated by the appropriate practitioner within 48 hours. Verbal orders must be accepted only by a registered nurse. Licensed respiratory care practitioners, pharmacists, physical therapists and radiology technologists shall be allowed to accept verbal orders, provided the orders are directly related to the specialized discipline. Orders dictated over the telephone shall be signed by the person to who dictated with the name of the practitioner per his or her own name.
8. A patient admitted for dental care or by a podiatrist consistent with specific delineated privileges is a dual responsibility involving the dentist or podiatrist and physician member of the medical staff as provided in Banner Page Hospital Medical Staff Medical Record Policy 7535.

ARTICLE III DISCHARGE POLICIES

1. Patients shall be discharged only on written order of the attending physician. At the time of discharge the attending physician shall see that the record is complete, state his final diagnosis and sign the record in accordance to Banner Page Hospital Medical Staff Medical Record Policy 7535
2. If at any time a patient is, in the CEO's judgment, unsuitable for treatment, or if the conduct of the patient is such that their presence is undesirable, the CEO may order immediate removal or discharge after reporting the facts of the case promptly to the attending physician or surgeon, and if necessary to the Chief of Staff.

ARTICLE IV LAB

1. Laboratory services shall be provided in the hospital to insure as complete a service as possible. Examinations which cannot be made in the hospital shall be referred to an outside approved laboratory. Lab reports from a certified outside lab will be considered acceptable for charting as long as the reports contain adequate patient identification and other appropriate documentation.
2. All newborns shall have a Metabolic Screening Test done as required/recommended by the Arizona Department of Health Services.

ARTICLE V CONSULTATIONS

1. Consultation with another member of the Medical Staff is recommended in critically ill cases when the patient is not responding to treatment, where diagnosis is obscure, pre-surgically on all major cases in which the patient is not a good surgical risk, and in all first Caesarean cases. Other recommendations for consultation may be developed from time to time in service policies. The consultant shall make and sign a record of the findings and recommendations in every such case. Consultations are to be encouraged and are an indication of the interest the physician has in giving and assuring good medical care.

It is recognized that the attending physician has the freedom of choice in selecting the consultant but also the responsibility of notifying the patient of the need for consultation.

2. Consultation is encouraged for all seriously ill patients whose medical problem is not within the realm of the attending physician. If appropriate consultation is not sought by the attending physician, the appropriate Chief of Service should contact the attending physician with the recommendation for consultation in the care of his/her patient. If the attending physician refuses to seek appropriate consultation, the Chief of Service or Chief of Staff may request such consultation.

ARTICLE VI PHARMACY POLICIES

1. All medications administered to inpatients must be obtained from the Hospital pharmacy, except as noted in #2 of this Section IX. Drugs ordered by trade name may not necessarily be filled by that name, unless the physician states "do not substitute" on the order. Under no circumstances will the pharmacist make therapeutic substitutions, unless therapeutic interchange (substitute) is approved by the Pharmacy and Therapeutics Committee.
2. All Medications shall be administered only on the order of the Medical Staff member. Medications may be brought into the hospital by a patient. All medications brought into the hospital by a patient must be identified prior to administration. The medication must be identified by either a pharmacist or physician.
3. If a medication may be administered by more than one route, the route must be specified.
4. The hospital pharmacy maintains a formulary as authorized by the Pharmacy & Therapeutics Committee.
5. Automatic Stop Orders for Drugs:
An Automatic 7 day stop order is in force of the following drugs, provided the physician has been personally notified of the discontinuation.
 - A. Antibiotics
 - B. Narcotics: Codeine, oxycodone, meperidine, morphine, etc.
 - C. Sedatives
6. Antineoplastics are ordered by specific dose(s).
7. Medications are discontinued immediately before surgery and will not be reinstituted unless reordered.

8. Medication Administration: Medication and contrast media shall be administered by, or under the supervision of appropriately licensed personnel in accordance with laws and governmental rules and regulations covering such acts and in accordance with approved Medical Staff Rules and Regulations. Administration of medications shall be only in response to a bonafide order, by an individual set forth above. The following categories of personnel may administer medications at page Hospital under the order of a qualified and licensed medical practitioner:
 - Physician
 - Physician Assistant
 - Certified Registered Nurse Anesthetist
 - Nurse Practitioner
 - Registered Nurse, RN
 - Licensed Practical Nurse, LPN: No IV medications
 - Respiratory Care Practitioner: Medications related to respiratory therapy only
 - Physical Therapist: Topical Medications only
 - Registered Pharmacist: RPH
 - Radiology Technician: per policy, medications related to Radiology only\

ARTICLE VII GENERAL POLICIES

1. Each Member of the Medical Staff not a resident in the city or immediate vicinity shall name a member of the Medical Staff who is a resident in the city, who may be called to attend patients in an emergency. Any member of the Medical Staff leaving the city must make satisfactory arrangements for care of his/her hospital patients while absent. In case of failure to name such associate, the CEO of the hospital shall have the authority to name any member of the staff should he/she consider it necessary.
2. All members of the Medical Staff residing in the city or immediate vicinity shall participate in the disaster situations per the Banner Health Emergency Operations Plan.