

PAGE
HOSPITAL

2022

**MEDICAL STAFF
RULES & REGULATIONS**

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PAGE HOSPITAL
MEDICAL STAFF RULES AND REGULATIONS

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.

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 Article Four, Sections E and F of the Bylaws.

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.

The following shall be noted on the "Discharge Summary":

- A. Reason for hospitalization (chief complaint).
- B. Final diagnosis.
- C. Brief history and physical.
- D. List of procedures performed with significant findings.
- E. Hospital course.
- F. Condition on discharge and instructions to the patient and/or family including diet, activity, physical limitations, medications and follow-up care.

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.

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.

V. RADIOLOGY POLICIES

1. Teleradiology services are provided by the hospital. Practitioners providing interpretive services are credentialed and privileged through the Medical Staff mechanisms as set forth in the Page Hospital Medical Staff Bylaws. These practitioners are assigned to the Telemedicine Staff category and are not members of the Medical Staff.

VI. CONSULTATION POLICIES

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.

IX. SURGICAL POLICIES

1. Except in extreme emergencies, the pre-operative diagnosis and indicated diagnostic tests must be recorded on the patient's medical record prior to any surgical procedure. When history and physical examinations are not recorded or stated in writing to have been dictated before the time stated for any surgical procedure, the operation shall be cancelled. If such a delay would constitute a hazard to the patient, the attending surgeon must so state in writing. In any emergency, the practitioner shall make at least a comprehensive note regarding the patient's condition prior to induction of anesthesia and start of surgery. Legible copies of history and physical examinations performed no more than 30 days prior to admission may be used. The history and physical examination must be updated within 24 hours after admission or before surgery; whichever comes first.
2. A surgical procedure shall be performed only upon consent of the patient or his legal representative, except in emergencies. Consent forms should be in writing and properly signed and witnessed. Signed consent forms will be made a part of the patient's permanent medical record.
3. Operative reports shall include a detailed account of the findings at surgery as well as the details of the surgical technique. Operative reports shall be written (or dictated) immediately following surgery for outpatients as well as inpatients, and the report shall be promptly signed by the surgeon and made a part of the patient's current medical record. All tissues removed at operation shall be sent to the pathologist, who shall make such examination as may be considered necessary to arrive at a pathological diagnosis and shall sign the report.
4. Acceptable indications for abortion and female sterilization are specified in the OB Policy Manual.
5. In any surgical procedure with unusual hazard to life, there must be a qualified assistant present and scrubbed. Specific procedures requiring surgical assistants are delineated in the Surgery Policy Manual. Other recommendations for surgical assistants may be developed from time to time in service policies. A qualified assistant is defined as a physician or physician assistant designated by the Executive Committee to assist. "Qualified", in this instance, means physicians or physician assistants acknowledged by the Executive Committee as having sufficient training to properly and adequately assist.

X 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 a 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 and Therapeutics Committee.
5. Automatic Stop Orders for Drugs
An automatic 7 day stop order is in force for the following drugs, provided the physician has been personally notified of the discontinuation:
 - A. Antibiotics
 - B. Narcotics: Codeine, oxycodone, meperidine, morphine, etc.
 - C. Sedatives

Anti-neoplastics are ordered by specific dose(s).

Medications ordered "held" will be discontinued unless specific parameters for reinstatement are documented.

All medications are discontinued immediately before surgery and will not be reinstated unless reordered.

6. Medication Administration
Medications and contrast media shall be administered by, or under the supervision of, appropriately licensed personnel in accordance with laws and governmental rules and regulations governing 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 as 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 Technologist:

Per policy, medications related to Radiology only

X. EMERGENCY POLICIES

1. The term “emergency medical condition” according to federal law means:
 - A. A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in:
 - 1) Placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.
 - 2) Serious impairment to bodily functions; or
 - 3) Serious dysfunction of any bodily organ or part; or
 - B. With respect to a pregnant woman having contractions:
 - 1) That there is inadequate time to effect a safe transfer to another hospital before delivery; or
 - 2) That transfer may pose a threat to the health or safety of the woman or the unborn child.
2. A nurse shall triage (preliminary exam to determine order of being seen) all patients presenting to the emergency department. All patients seeking care shall undergo a medical screening exam. A medical screening exam can be done only by the ED provider (Physician, Physician Assistant, Nurse Practitioner).

XI. 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 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. Every member of the Medical Staff is expected to be actively interested in securing autopsies. No autopsy shall be performed without written consent of a relative or legally authorized agent. All autopsies shall be performed by the pathologist or by a physician delegated this responsibility. Medical examiner requirements (A.R.S. 11-593A) shall take precedence over family and/or physician prerogatives.
3. All members of the Medical Staff (residing in the city or immediate vicinity) shall participate in disaster situations per the hospital Disaster Plan.
4. If a clinical employee has any reason to doubt or question the care provided to any patient, and no action has been taken by the attending physician or the Chief of Service, the nurse or clinical employee shall call this to the attention of the supervisor who, in turn, shall refer the matter to the Chief Nursing Officer or Administrator on Call. If warranted, the Chief Nursing Officer or Administrator on Call shall bring the matter to the attention of the Chief of Staff and CEO.
5. In the event of a hospital death, the deceased shall be pronounced dead by the attending provider or by a staff provider designated by him, within a reasonable time. The body shall not be released until an entry has been made and signed in the medical record of the deceased by a member of the Medical Staff.