RULES AND REGULATIONS OF THE ORGANIZED MEDICAL STAFF OF MOORE COUNTY HOSPITAL DISTRICT

Moore County Hospital District ("Hospital") Medical Staff have adopted these Rules & Regulations in coordination with, and to further define the policies associated with the Moore County Hospital Medical Staff Bylaws ("Bylaws"). All terms defined in the Bylaws are applicable to these Rules & Regulations. The Rules and Regulations of the Medical Staff shall be consistent with and shall not substantially change the intent of the Bylaws. Should an unintended conflict arise, the Bylaws shall take precedence.

The outpatient expectations and rules for Medical Staff are defined in outpatient policies and procedures.

Definitions:

1. Advanced Practice Provider (APP): All non-physician, non-dentist, non-podiatrist practitioners, who function in a medical support role to a physician and who provides services under the direction and/or supervision of a physician, shall be considered Advanced Practice Providers. This includes Physician Assistants (PAs), Nurse Practitioners (NPs), Certified Registered Nurse Anesthetists (CRNAs), and Certified Nurse Midwives (CNMs).
2. Bridge orders: Transition orders entered by ED providers to facilitate transfer of care between ED and inpatient setting.
3. Day surgery: Outpatient minor surgery or other procedure that does not require hospital stay or admission.
4. EMTALA: Emergency Medical Treatment & Labor Act ensures that any patient with a medical emergency has access to emergency services (treatment and/or stabilization) regardless of ability to pay.
5. Intermediate Care Unit (IMC): Inpatient unit for care of patients who are seriously ill and/or need a higher level of nursing care than the standard inpatient unit.
6. Medical Screening Exam (MSE): The initial exam performed when a patient presents to the emergency department and requests care, must be performed by a Qualified Medical Provider. See EMTALA.
7. Qualified Medical Provider (QMP): A Physician, APP, or Registered Nurse who is granted privileges by the Board of Directors to perform a medical screening exam. See EMTALA.

1. Medical Staff Organization

1.1. Departments and Sections

1.1.1. There shall be Departments of Medicine and Surgery. Each Department shall be headed by a Department Chief and shall function under the authority of the Medical Staff.

1.1.2. Sections will be directed by a Physician member of the Medical Staff, appointed per the Medical Staff Bylaws and/or Rules and Regulations. The responsibilities shall include at a minimum the duties outlined as the department chief in Article 8.4 of the Medical Staff Bylaws and the following described under the appropriate Sections.

1.2. Department of Surgery

1.2.1. Sections under Surgery Department

A. Obstetrics and Gynecology

i. Maternal Program Medical Director (MPMD)

a. The MPMD shall be an MD/DO with board certification in Family Medicine or Obstetrics and Gynecology with experience in the care of maternal patients and who is an active member of the Medical Staff.

b. The MPMD is appointed by the Maternal-Neonatal Designation Committee biannually.

c. The MPMD is responsible for ongoing provision and evaluation of maternal services at the Hospital

d. The MPMD works directly with the Hospital's Maternal Program Manager, OB director, and with pre-hospital services to assess, implement, and evaluate the provision of maternal care services, quality improvement measures, public awareness, and interdisciplinary communication.

e. The MPMD shall have the authority and responsibility to monitor maternal care from admission, stabilization, operative intervention(s) if applicable, through discharge, inclusive of the Quality Assurance/Performance Improvement (QAPI) Program.

f. See Maternal Designation Plan and MPMD job description for additional qualifications and responsibilities of the MPMD.

ii. On call coverage for obstetrics patients

a. A rotating schedule will be maintained to provides services to those obstetrical patients who present for care and do not have an established relationship with a Physician with obstetrical privileges. All Physicians with obstetric privileges shall participate in this schedule.

1.2.2. Surgery scheduling

A. Surgical procedures are scheduled in the main operating rooms (OR) by block scheduling. A block of time is assigned to a specific surgeon or surgical group.

i. Block schedules guarantee only one OR.

ii. No other surgeon can schedule cases in that particular operating room during that particular time and day without that surgeon or group's permission.

B. Open downstair ORs are available for add on cases with no permission required.

C. A physician adding on a third case during normal OR hours, as well as all after 3:00 PM and weekend cases, is required to DIRECTLY CONTACT the on-call physician covering obstetrics for permission to proceed.

D. Trial of Labor After Cesarean Section (TOLAC)

i. In addition to the OR staff, the Chief of Surgery needs to be notified (via text) that there is a TOLAC admitted to Labor and Delivery.

ii. With a TOLAC in house on Monday-Friday from 7:30 AM until 3:00 PM, one OR room and necessary staff of will be solely dedicated to this patient.

iii. If a TOLAC is in house after hours, on weekends, and holidays, no add one cases are allowed except in true emergent situations when a transfer is not possible, and the patient's life is in eminent danger. In these very rare circumstances, the physician wanting to add on the case needs to contact the on-call physician covering obstetrics.

1.3. Department of Medicine

1.3.1. Sections under Medicine Department

A. Emergency Department (ED)

i. Trauma Medical director (TMD)

a. The TMD shall be a board-certified MD/DO with experience and who participates in the care of trauma patients, is certified in Advanced Trauma Life Support, and is an active member of the Medical Staff.

b. The TMD is appointed by the Chief of Staff.

c. The TMD is charged with the overall management of trauma services provided by the Hospital.

d. The TMD shall have the authority and responsibility for the clinical oversight of the Trauma Program which may include participating in trauma care; developing trauma protocols; working with nursing leadership to support nursing needs of trauma patients; coordinating peer review of trauma cases; and correcting deficiencies in trauma care.

e. The TMD serves as the Chair of the Trauma Committee.

f. The TMD shall present any trauma-related cases to the Provider Excellence Committee.
g. The TMD shall participate in disaster planning and response for the Hospital.
h. See TMD job description additional qualifications and responsibilities of the TMD.

ii. Coverage for emergency patients
a. A team composed of one Physician and one Advanced Practice Provider (APP) shall be in-house twenty-four (24) hours a day.
b. ED Providers may be contracted through a group. Scheduling will be handled by the group.

B. Neonatal Program

i. Neonatal Program Medical Director (NPMD)
a. The NPMD shall be an MD/DO with board certification in Pediatrics, Family Medicine, or Obstetrics and Gynecology with experience in the care of neonates and who is an active member of the Medical Staff.
b. The NPMD is appointed by Maternal-Neonatal Designation Committee biannually.
c. The NPMD is responsible for ongoing provision and evaluation of neonatal services at the Hospital.
d. The NPMD works directly with the Hospital's Neonatal Program Manager, OB director, and with pre-hospital services to assess, implement, and evaluate the provision of neonatal care services, quality improvement measures, public awareness, and interdisciplinary communication.
e. The NPMD shall have the authority and responsibility to monitor neonatal care from admission, stabilization, operative intervention(s) if applicable, through discharge, inclusive of the QAPI Program.
f. See Neonatal Designation Plan and NPMD job description for additional qualifications and responsibilities of the NPMD.

2. Care of patients

2.1. Call schedule

2.1.1. A call schedule listing on-call Physicians shall be posted by Medical Staff Services by the beginning of each month. The call schedule will include:

A. Physicians covering the ED
B. Physicians who will be admitting patients to the Hospital
C. Physicians who are on call for Labor and Delivery

2.2. Emergency patients

2.2.1. The ED Provider will see all patients presenting to the ED.

2.2.2. During regular office hours, the ED Provider, after conducting a medical screen exam (MSE) shall have the option of routing patients that do not have a medical emergency condition to their Primary Care Provider's office or other walk-in clinic.

A. The Emergency Medical Treatment and Active Labor Act (EMTALA) requires that for all patients who present to the ED, the Hospital must provide an appropriate MSE within the capability of the Hospital's ED, including ancillary services routinely available to the ED, to determine whether an emergency medical condition exists. A Physician member of the Medical Staff, an appropriately supervised APP, or qualified Obstetrical Registered Nurse (OBRN) granted privileges by the Hospital shall be considered a Qualified Medical Provider (QMP) who can perform a MSE. Please refer to EMTALA and Medical Screening Exam policy #6230-ED-002.

2.2.3. ED Providers are responsible for completing a medical record of the patient's visit.

2.2.4. The on-call Hospitalist or other Admitting Physician will be notified of patients needing admission.

2.2.5. In the event a specialty is needed, the Specialist on call will be notified by the ED Provider.

2.2.6. OBRNs, upon approval and the granting of privileges based on annual competencies by both the Medical Staff and Board of Directors, will be deemed a QMP and may perform MSE on a presenting obstetrical patient under the direction of the on-call Obstetrics Physician.

A. The MSE for obstetrics patients presenting to OB Triage will include at minimum:

i. MSE will follow the Maternal Fetal Triage Index (MFTI) Algorithm
ii. Reason for presentation (chief concern)
iii. Maternal vital signs
iv. Fetal heart tones
v. Status of Labor: presence of uterine contractions, vaginal bleeding, status of membranes, cervical dilation
vi. Any high-risk medical or obstetric conditions as identified by a review of patient's history and/or patient's present condition

B. Prior to patient being discharged, the OBRN performing the MSE will notify the on-call Obstetrics Physician.

2.3. Admission

2.3.1. Patients shall be admitted to the Hospital only by Members of the organized Medical Staff with admitting privileges.

A. If the patients are to be admitted to the Hospital from the ED, the ED Provider should contact the appropriate Admitting Physician to arrange the admission.

B. Bridge orders may be done by ED Physicians or APPs after consulting with the Admitting Physician. If an APP enters an order for admission at the direction of the Admitting Physician, the order must be countersigned by the Physician.

C. In critical cases, patients may be admitted under the care of any available Physician.

2.3.2. An appropriately licensed Member of the organized Medical Staff shall be responsible for the general medical condition, diagnosis, and treatment of each patient within the area of his privileges, for maintaining a complete record of the patient's admission, for writing orders, and for supplying information to the patient's family.

A. If the Attending Physician delegates these responsibilities to another Member of the Medical Staff, he must enter an order to that effect on the order sheet in the patient's record.

i. All Medical Staff Members with admitting privileges who do not live near the Hospital shall be required to provide written evidence that an arrangement has been made with a Member of the Medical Staff who may be called to attend their patients in an emergency. There shall also be a letter assurance from that Member of the Medical Staff stating that they are willing to assume that role. At the time of initial application for privileges, such a written agreement and corresponding letter of assurance shall be a part of that application.

ii. If necessary, the Administrator, the Chief of Staff, or the appropriate Department Chief shall have authority to call a Physician for any patient.

iii. Absence of an Attending Physician greater than twenty-four (24) hours

a. If an Attending physician is absent for greater than twenty-four (24) hours, inpatients under their care must be assigned to another Physician. This Physician must specifically agree to accept the patient(s). It cannot be assumed that the on-call Physician for that day will care for inpatients unless a specific agreement is made to that effect.

b. A note or order (phone order is acceptable), will be made in the medical record indicating that the Attending Physician will be absent, and will include the period of time of the absence, and the name of the Physician who will assume responsibility for the patient(s).

c. The Physician assuming care will be given information concerning the patient, with an emphasis on the plan of care in his absence. The history and physical examination, operative report, and progress notes must be current on the Attending Physician's departure.

B. Each patient admitted to the Hospital shall receive a baseline history and physical (H&P) examination by a Physician approved by the organized Medical Staff or, in the instance of a patient without medical problems, by a qualified Dentist or Podiatrist who is a member of the Medical Staff.

C. Except in an emergency, no patient shall be admitted without a provisional diagnosis.

D. Except in a documented emergency, the following information must be in the patient's medical record:

i. H&P

ii. Results of any indicated diagnostic tests that were performed

E. In an emergency surgical situation, the Admitting Physician may elect to postpone completion of the H&P until after the surgery. If the Physician elects to postpone completion of the H&P, he must:

i. Document in the admission note a brief history, appropriate physical findings, and a pre-operative diagnosis.

ii. The post-surgery completion of the H&P must include documentation as to the emergent nature of the procedure that precluded completion of the H&P prior to surgery.

F. Except in case of emergency, a patient will be pre-admitted or admitted early enough to assure that any appropriate laboratory and/or radiology work-up is done prior to surgery.

2.3.3. Intermediate Care Unit (IMC)

A. Patients may be admitted to the unit by any Member of the organized Medical Staff on a first-come first-serve basis provided they meet the admission criteria.

i. See Utilization Review Plan and/or Indicia for criteria for admission to IMC.

B. Beds in the unit shall be reserved for critically ill patients when there is reasonable expectation of influencing the outcome favorably.

C. Patients admitted to the IMC must be seen by the Admitting/Attending Physician or approved designee Provider with appropriate privileges within two (2) hours of admission.

D. If the Attending Physician deems it appropriate, the patient may be discharged directly from the IMC.

E. When the IMC is filled to capacity and a critically ill patient requires admission, the Chief of Medicine shall have the authority to direct an Attending Physician of a less critical patient to move his or her patient. The decision of the Chief of Medicine shall be based upon physical assessment of the patients taking into consideration stability of condition and shall be final.

i. If the Chief of Medicine is unavailable, the decision to move a patient from the IMC shall be made by the Chief of Staff.

2.3.4. Swing bed

A. Patients may be admitted to Swing Bed from the Hospital's inpatient service.

i. These patients must have a discharge summary from their acute stay, as well as a new history and physical for Swing Bed admission entered into the EMR by the Admitting Physician within twenty-four (24) hours of admission.

ii. The transfer process must also be completed.

B. Patient may also be admitted to Swing Bed from an outside acute-care facility.

i. Requests for Swing Bed admissions from outside facilities are reviewed and either accepted for transfer or denied by the on-call Hospitalist at the time of request.

ii. Patients from outside facilities must have a history and physical done by on-call Hospitalist and entered into the EMR within twenty-four (24) hours of admission.

C. Swing bed patients are seen by Attending Physician at least once every seven (7) days, any time the patient has an acute need, and at the time of discharge.

D. On-call Hospitalist is required to attend weekly Interdisciplinary Team meeting unless otherwise unable due to other urgent patient care obligations. This is a CMS conditions of participation rule.

2.3.5. Hospice

A. Patients may be admitted to Hospice from the Hospital's inpatient service.

i. These patients must have a discharge summary from their acute stay, as well as a new history and physical for Hospice admission completed by the Admitting Physician within twenty-four (24) hours of admission.

ii. The transfer process must also be completed.

B. Patients may be directly admitted the Hospice service or accepted for admission from an outside facility.

i. Patients who are directly admitted or accepted from outside facilities must have a history and physical completed by Admitting Physician within twenty-four (24) hours of admission.

C. On-call hospice nurse may be consulted for comfort care orders per Hospice protocols, with the approval of the Attending Physician.

D. Attending Physician will be notified by nurse at time of death of hospice patients. Discharge summary must be completed as per requirements of Rules & Regulations.

2.4. General conduct of care

2.4.1. Consent

A. General Consent: A consent form, signed by the patient or on his or her behalf by someone authorized to do so, shall be executed for every patient at time of admission. Under circumstances when consent cannot be given, as in the case of an unaccompanied minor, unconscious patient, or when treatment is felt to be imperative, the Hospital Administrator should be informed of each such incident so that proper legal clearance may be obtained.

B. Special Consent: A special consent form should be completed for patients undergoing surgery or any other procedure with an inherent risk of potential harm. This shall include:

i. Permission to administer anesthesia (best obtained by Anesthesia Provider when possible).

ii. Specific indication of the nature of the procedure and the identity of the Surgeon or other Provider performing the same.

iii. Acknowledgement of the explanation given, risks of the procedure, and the availability of alternative methods of treatment (best obtained by the responsible Provider).

iv. Permission to perform the surgery or procedures, including any alternative that might be required once the surgery/procedure is underway.

2.4.2. Orders

A. All orders for treatment shall be placed in the patient's EMR.

B. Standing orders of a section or unit shall be formulated by conference between appropriate members of the organized Medical Staff, Hospital Administration, the Director of Pharmacy Services and members of Nursing Service.

C. A Physician's or other routine orders, when applicable to a given patient, are dated and signed by the Physician and cannot be initiated without the verbal order of the Physician. This also applies to other Providers with appropriate privileges. See Verbal Orders policy #7070-PHA-1006.

D. A verbal order shall be acceptable if in compliance with Hospital policy as above.

E. All other orders will not be carried out until they are clarified. The use of "renew," "repeat," or "resume" is not acceptable.

F. All orders are automatically canceled or held when a patient goes to surgery and must be redone in the patient's EMR.

G. Medications

i. The Hospital formulary includes a list of medications developed by the Pharmacy & Therapeutics Committee. Formulary drugs are used only for FDA indications unless otherwise specified in the Formulary policy #7070-SP-0802.

ii. Medication from outside the Hospital brought in by specific patient shall not be administered to patient without a specific order from the patient's Physician. These medications are surrendered to the Pharmacy and administered as per the Physician's orders by the nurse. See Patient's Personal Medications policy #7070-PHA-1303.

iii. Patients who are participating in investigational drug studies or clinical trials may be continued on the investigational drug if deemed to be in the best interest in the patient. See Investigational Drugs: Assuring Continuity of Care policy #7070-PHA-0605 for protocol.

iv. The Automatic Stop Order policy #7070-PHA-1008 applies to the following drugs and drug classes. According to the same policy, nursing shall notify

Attending Physician or approved designee Provider of expiring medications (ideally within 24 hours). Refer to updated policy for stop times.

a. Anti-infectives (excluding topicals)
b. Controlled medications
c. Anticoagulants
d. Corticosteroids (excluding topicals)
e. All other medications expire after thirty (30) days

H. When a decision concerning the withholding or resuscitative services from patients is necessary, the policy developed for that purpose shall be adhered to. See Do Not Attempt Resuscitation Orders policy #6000-PC-10155.

2.4.3. Consults

A. Indications for consultation shall include:

i. Request by the patient or next of kin
ii. When the patient is not a good risk for treatment
iii. When there is difficulty making a diagnosis
iv. When there is difficulty deciding on appropriate treatment
v. All procedures which may interrupt a suspected pregnancy
vi. Whenever specific specialists are available whose expertise offers reasonable hope of improving the patient's health

B. It is the responsibility of the Provider requesting consultation to contact the Consulting Physician directly.

C. A Consultant must respond to a consultation request in a timeframe that is consistent with the patient's condition but not to exceed twenty-four (24) hours.

D. The Department Chief or the Chief of Staff has the authority to request a consultation on any patient when there is reason to doubt or question the care provided.

2.4.4. All adult and pediatric patients that present to the Hospital with an emotional or behavioral diagnosis or who demonstrate behaviors indicative of psychological impairment are screened for the risk of suicide. If the screen is positive, a plan for suicide prevention, mental health evaluation, and referral is developed. See Suicide / Psychiatric Precautions : Adult and Pediatric policy #6000-PC-3125.

2.4.5. Other direct medical care of patients may be provided by other specified professional personnel, including APPs who have been granted privileges, under the appropriate degree of supervision by a Supervising Physician with clinical privileges. See Advanced Practice Provider policy #8470-MS-1008.

2.4.6. Certified Registered Nurse Anesthetists (CRNAs) may provide anesthesia care for patients when delegated by and under the general supervision of a physician member of the Medical Staff, or in the case of dental and podiatry patients, under the Chief of Surgery.

2.4.7. If any Provider has a reason to doubt the appropriateness of care provided to any patient, the matter shall be reported to his or her Director or the Hospital Administrator. Concerns can also be reported confidentially to Risk

Management or Compliance. The Director shall report to the Chief of Department concerned, the Chief of Staff, and the Administrator.

2.5. Discharge process

2.5.1. Patients may be discharged only on signed order of Attending Physician.

2.5.2. Death in the Hospital

A. In the event of in-hospital death, the deceased shall be pronounced dead by the Attending Physician, ED Physician, or designee within a reasonable time.

B. Policies on the release of bodies shall conform to local laws.

3. Medical Records

3.1. Emergency Department record

3.1.1. Documentation of visits to ED shall contain at least:

A. Brief and concise H&P

B. Course of the patient in the ED, including treatment

C. Condition of the patient on discharge

D. Final diagnosis

E. Instructions given to the patient or family including medications prescribed and follow up care

F. Signature of the ED Provider

G. Results of laboratory, radiology, EKG, and other appropriate tests as ordered and administered

3.2. History and physical

3.2.1. An H&P examination or H&P update must be completed and entered into the medical record for each patient no more than thirty (30) days before or twenty-four (24) hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, except in case of emergency.

A. If the patient is in observation for less than twenty-three (23) hours, an H&P will be completed prior to discharge.

3.2.2. The H&P may be completed by one of the following:

A. A Physician Member of the Medical Staff

B. An Advanced Practice Provider who has been granted those privileges and the H&P is countersigned by the Supervising Physician.

C. H&P for podiatric and dental patients are completed as follows:

i. A Podiatric Member of the Medical Staff is responsible for the detailed podiatric history justifying Hospital admission that includes a detailed description of the examination of the feet and a pre-operative diagnosis.

ii. A Dental Member of the Medical Staff is responsible for the detailed dental history justifying Hospital admission that includes a detailed description of the examination of the oral cavity and a pre-operative diagnosis.

3.2.3. The H&P contains the following elements:

A. Patient identification data

B. Chief complaint

C. History of present illness

D. Past medical history including allergies, medications, operations, and illnesses

E. Family history

F. Social history

G. Review of systems

H. Physical examination

I. Diagnosis

J. Documentation of medical decision-making including a review of diagnostic test results; response to prior treatment; assessment, clinical impression or diagnosis; plan of care; evidence of medical necessity and appropriateness of diagnostic and/or therapeutic services; counseling provided, and coordination of care

3.2.4. Unit specific alternatives to H&Ps

A. Women's Services

i. A legible copy of the Attending Physician's current pre-natal record, if the last prenatal visit record was done less than thirty (30) days prior to admission that includes:
   a. Findings from the last office visit; or
   b. Completion of the Obstetrics H&P in the electronic medical record (EMR).
   c. If a patient is being admitted for induction of labor, the H&P must include the reason for induction.

ii. Cesarean section or post-partum tubal ligation:
   a. An updated H&P examination must be completed.
   b. If the last prenatal visit was within thirty (30) days of admission, a progress note documenting important or new physical findings since their last physical examination on the pregnancy record will suffice.

B. Non-Inpatient Services

i. The following non-inpatient services require completion of a H&P examination and documentation in the EMR:
   a. Radiological invasive procedures with or without conscious sedation

C. Day Surgery

i. Prior to taking the patient to surgery, an H&P must be completed.
   a. H&P update if H&P was any time prior to admission/registration

ii. The medical record must also contain:
   a. Pre-procedure diagnosis and plan
   b. Pre-procedure informed consent; and
   c. Patient with DNR status prior to procedure

D. Other alternative H&P reports that are accepted:

i. A H&P examination completed no more than thirty (30) days prior to admission may be used if updated at the time of admission to reflect the patient's current condition as determined by a face-to-face evaluation.

3.3. General progress note

3.3.1. Pertinent progress notes shall be recorded at the time of observation, sufficient to permit continuity of care and transferability.

3.3.2. Whenever possible each of the patient's clinical problems should be clearly identified in the progress notes and correlated with specific orders as well as results of tests and treatment.

3.3.3. Progress notes shall be written at least daily on all patients, excluding Swing Bed patients.

A. Swing Bed Unit progress notes shall be written at least once a week.

3.3.4. Specific Progress Notes:

A. Dental and Podiatric progress notes are the responsibilities of the Dentist and the Podiatrist and are pertinent to the oral and podiatric condition respectively.

3.4. Consultation

3.4.1. Consultations shall show evidence of:

A. Review of the patient's medical record

B. Pertinent findings on examination of the patient, and

C. The opinion and recommendation of the consultant

3.5. Operative report

3.5.1. A post-operative progress note shall be entered in the medical record by the surgeon before the patient is transferred to the next level of care to ensure that pertinent information is available for the next caregiver.

3.5.2. Operative reports are promptly dictated or written by the surgeon no longer than twenty-four (24) hours after surgery, to be included in the patient's medical record, and shall and include:

A. Name and hospital identification number of the patient

B. Date and time of the procedure

C. Primary Surgeon who performed the procedure

D. Assistants and description of their tasks

E. Pre-operative and post-operative diagnoses

F. Name of the procedure performed

G. Description of the procedure performed

H. Type of anesthesia administered

I. Findings of the procedure

J. Complications, if applicable

K. Estimated blood loss

L. Specimens removed

M. Any prosthetic devices, transplants, grafts, or tissues implanted, and

N. Condition of the patient post-operatively

3.6. Discharge summary

3.6.1. A discharge summary shall be written or dictated within seventy-two (72) hours and signed within seven (7) days of discharge for all patients hospitalized for patients including:

A. Patients who are admitted to an inpatient service

B. Patients who are placed in observation unit/status
C. Patients who are admitted to swing bed service
D. Patients how are admitted to hospice

3.6.2. The discharge summary contains the following information:

A. Final diagnosis
B. The reason for hospitalization
C. Significant findings
D. Complications, if any
E. Procedures performed and treatment rendered
F. The patient's condition and disposition at discharge, and
G. Instructions to the patient and/or family, including medications and provisions for follow up care

3.6.3. Discharge summaries are not required for Day Surgery or GI Lab patients as long as the recovery period is less than six (6) hours, and the patient is not subsequently observed or admitted.

3.6.4. The Attending Physician is responsible for completing the discharge summary unless the Physicians covering for each other have a letter on file with the Health Information Management (HIM) Department outlining who will be responsible for completing the discharge summary or discharge summary progress note of patients discharged while providing coverage.

A. In the event of a disagreement, it is the responsibility of the Physician who provided the majority of care, as determined by days of care provided, to ensure the discharge summary is completed.

3.7. Death certificates

3.7.1. The Attending Physician or designee must complete the death certificate within the time required by the State of Texas, unless this will be done by the Medical Examiner or the pathologist performing the autopsy.

3.8. Delinquency of medical record

3.8.1. All medical records shall be completed (including signature) within thirty (30) days of discharge.

A. Medical record completion will be monitored continuously by the HIM Department. The Chief of Staff or designee shall be notified of medical records that are incomplete after twenty-three (23) days post-discharge. The Chief of Staff or designee will notify the applicable Provider in writing of the requirement to complete the delinquent medical record(s). If the Provider fails to complete all records by the end of the thirtieth (30^{th}) day from discharge, the Provider's privileges shall be automatically suspended in accordance with the Bylaws.

B. Except in extraordinary circumstances beyond a Provider's control, a Provider's absence shall not extend the thirty (30) day deadline to complete medical records. However, if after a good faith effort to complete all charts, a chart is returned or sent to a Provider's work list during his/her absence, such chart shall not be held against the Provider for delinquency purposes. In this

situation, the Provider shall have forty-eight (48) hours to complete the record upon his/her return.

C. Upon the third suspension, the Provider's privileges shall be automatically revoked. This action would entitle the Provider to the fair hearing procedural rights provided in Article 6 of the Bylaws.

3.8.2. Any Provider under suspension for medical records deficiencies will be governed by the following guidelines regarding hospital practice during the period of suspension:

A. May not admit patients

B. May not perform inpatient or outpatient surgery or perform deliveries on patients admitted after the time of suspension

C. May not schedule surgical cases

D. May see patients in the emergency room or utilize outpatient diagnostic and therapeutic services

E. Will continue to maintain emergency room or utilize outpatient diagnostic and therapeutic services

F. May continue to care for patients hospitalized at the time of suspension

G. Is responsible for arranging for care of his patients during his suspension period

3.9. Access to medical records

3.9.1. In the event of readmission, all previous records shall be made available to the Attending Physician.

3.9.2. All members of the organized Medical Staff shall be afforded access to all medical records for study and research provided the confidentiality of such records is preserved.

3.9.3. Original medical records shall be removed from the Hospital's jurisdiction and safekeeping only in accordance with a court order, subpoena or statute. Unauthorized removal of records or copies of records from the Hospital shall constitute valid grounds for suspension of privileges and termination of membership, on recommendation of the organized Medical Executive Committee.

Revised and approved by the Medical Staff : November 12, 2024

Approved by the Board of Directors: