

BROADLAWNS MEDICAL CENTER

Medical Staff Rules and Regulations

The following Rules and Regulations have been adopted by the Medical Staff to guide overall conduct and practice. Failure to comply may result in review and evaluation of clinical privileges at Broadlawns Medical Center.

Definitions:

Allied Health Professionals (AHPs): Individuals other than Medical Staff members who are authorized by law and by Medical Center to provide patient care services within the Medical Center.

Medical Center: Broadlawns Medical Center.

Medical Staff: Physicians and dentists who have been appointed to the Medical Staff by the Board of Trustees.

Physicians: Doctors of Medicine (MD), doctors of osteopathic medicine (DO), and doctors of podiatric medicine (DPM).

Medical Record Documentation: References to documentation “in writing” can also be accomplished through an entry into the Electronic Medical Record.

General

1. Medical Center maintains tobacco-free campus.
2. Medical Center does not tolerate unprofessional conduct of its staff or employees. This includes harassment and functioning in an impaired capacity.
3. Emergency Department is staffed 24/7 by active attending Medical Center physicians. Medical Center has organized Disaster Plan based on Joint Commission and federal guidelines.
4. Special safety precautions are prescribed for the psychiatric and chemical dependency inpatient services as developed by the Medical Staff. A hospital-wide policy addresses use of restraints and seclusion, locked door, and higher security rooms.
5. Medical Staff holds regularly scheduled meetings to review the quality of care provided at the Medical Center. Meeting dates and times are announced in advance. All credentialing and peer review activities are performed by Section Chiefs and/or Department Chairs, Credentials Committee, and/or Medical Executive Committee.

Patient Care

1. Patients may be treated at Medical Center by members of the Medical Staff or allied health professionals who have been granted privileges or approved to provide patient care services by the Medical Staff and Board of Trustees.
2. Patients may only be admitted to an active attending physician who is responsible for their care.
 - a. Oral and maxillofacial surgeons may admit patients without other relevant medical problems to inpatient services for oral and maxillofacial surgery; to perform and record the history and physical examination; and to assess the medical risk of an operative or invasive procedure.
3. All orders for treatment shall be in writing and signed, dated, and timed by the provider responsible for them.
 - a. Only registered nurses, licensed practical nurses, or staff assistants (e.g., respiratory technicians, pharmacists) may request or accept verbal orders. A CMA in Employee Health may accept verbal orders for work restrictions; and medications and labs following employee exposures.
 - b. The person accepting the verbal order shall write the order, sign the physician’s name and his/her name and title, and then read the order back to the physician exactly as written. All verbal orders shall be dated and timed.
 - c. Verbal orders shall be signed by the prescribing physician within 28 days. Physician Assistant orders must be co-signed by the supervising physician.

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4. A complete history and physical examination shall be on the chart within 24 hours after admission.
 - a. History and physicals performed up to 30 days prior to admission are acceptable as being current as long as interval progress notes are entered in the patient's chart indicating any changes which have taken place in the patient's condition.
5. Except in emergencies, consultations are required if after a reasonable period of evaluation, the diagnosis is uncertain and/or progress is insufficient or if medical problems exist that are outside the attending physician's delineation of privileges to diagnose and/or treat. A surgeon consultation is required for any Emergency Department patient meeting Level 1 criteria of the Trauma Alert policy P-0308.
6. Physician orders will be automatically canceled in the event that the patient is transferred to the operating room for any surgical procedure, to the intensive care unit, or to the mental health unit. New orders must be written by the responsible physician upon transfer.
7. Physician orders for Schedule II drugs (narcotics) expire after seventy-two (72) hours and require a new order for continuation.
8. Physician orders to withhold or withdraw resuscitative measures or other medical support from a patient must be:
 - a. In writing in the patient's chart at the time of implementation of such orders.
 - b. Accompanying these orders, the physician must write a progress note describing the patient's condition and prognosis, reasons for writing such orders, and the names of persons involved in reaching the decision to issue the order.
9. The following are required prior to performance of a surgical or other invasive procedure:
 - a. Recording of provisional diagnosis.
 - b. History and physical.
 - c. Signed informed consent of the patient or his/her legal representative unless the performing physician and a consultant certify in writing that any delay incurred for this purpose would constitute a hazard to the patient.
 - d. Time out procedure.
10. All surgical procedures that present an unusual hazard to life require the presence of a scrubbed first assistant.
 - a. Includes intra-cranial procedure, intra-thoracic operations, and operations on the aorta and its major branches.
 - b. Any resident in training may serve as first assist at the discretion of the attending surgeon.
11. All surgical or other invasive procedures shall be fully described in dictation or writing by the performing physician immediately.
 - a. All tissues removed shall be sent to the hospital pathologist for examination as necessary to arrive at a pathological diagnosis. (Exceptions are noted below under section d.)
 - b. Duty of performing physician to make certain that such pathologist diagnosis is incorporated in the medical record.
 - c. A pathologist shall examine every gross specimen sent to the laboratory. Microscopic examination will be made on all tissues received at the laboratory except those exempt and listed below. If any tissue report from the pathologist other than those exempt are identified as normal, the surgeon shall make a progress note on the patient's chart prior to discharge as to the medical/surgical situation and/or indication for such removal.

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- d. Exceptions should be made only when the quality of care has not been compromised by the exception, when another suitable means of verification of the removal has been routinely employed, and when there is an authenticated operative or other official report that documents the removal. This limited categories of specimens that may be exempt from the requirement to be examined by a pathologist include, but are not necessarily limited to, the following:
 - 1) Cataracts;
 - 2) portions of ribs removed only for operative exposure;
 - 3) therapeutic radioactive sources;
 - 4) foreign bodies required for legal reasons by law enforcement personnel;
 - 5) grossly normal placentas; foreskin from newborn circumcision;
 - 6) teeth, provide the number, including fragments, are recorded in the medical record;
 - 7) pessaries and intra-uterine devices; and
 - 8) skin tags or epidermal cysts that have no diagnostic significance.

12. Patients shall be discharged only on the order of a physician.

13. Every member of the Medical Staff is expected to be actively interested in securing written permission for autopsies signed by a responsible relative or friend of the patient in conformity with the laws of the State of Iowa.

Medical Education

1. Medical Center sponsors, or is affiliated with, several residency education programs.
 - a. Residents in these programs may participate in patient care and recordkeeping under the supervision of attending physicians.
 - 1) Medical Center adheres to the guidelines of the ACGME and CMS Teaching Physician rules.
 - 2) Resident privileges are guided by the core privileges of their attending staff.
 - 3) Attending physicians will make individual determination as to whether direct or indirect supervision is needed with given residents.
 - 4) Procedures done by residents must be observed directly by the attending staff in order to bill for any surgical, high risk or other complex procedures.
 - 5) If nurses or other caregivers have any questions or concerns regarding a resident physician's privileges they may immediately call the attending supervising physician for a needed clarification.
 - 6) The Section Chief or designee of the medical specialty orients residents to the service and their assigned duties. Supervising attending staff is responsible for completing written evaluations.
 - b. Resident participation does not prohibit members of the Medical Staff from writing orders on the same patient.
 - c. Medical Staff members may designate private patients who are not participating in the teaching programs.
2. Medical Center maintains affiliations with medical colleges for medical student rotations.
 - a. The Section Chief or designee of the medical specialty supervises assigned medical students and is responsible for the medical students orientation to the service and their assign duties. The supervising attending staff is responsible for student evaluations.
 - b. Medical students are permitted to document their observations on the medical record. The attending physician may reference the medical student notes for:
 - 1) Past medical history;
 - 2) Social history; and
 - 3) Review of systems.
3. The Family Practice Graduate Medical Education Committee (GMEC) and the Transitional Year Graduate Medical Education Committee (TYGMEC) are administrative committees charged with advising and monitoring the activities of the Family Medicine and Transitional Year Residency Programs. The Committees will meet at least quarterly or more often as directed by the Director of Medical Education or special circumstances. The Director of Medical Education will present an annual written report of the Committees at the Medical Staff annual meeting.

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4. Morbidity and Mortality (M&M) conference will be conducted monthly by the resident staff and supervised by faculty. The chief resident and the Director of Medical Education will be responsible for establishing the format for the conference. The schedule for presentations will be prepared by the chief resident and circulated to the residents and faculty. A copy of all case presentations and discussion will be submitted to the Chief Medical Officer, Director of Medical Education, and the Performance Improvement Coordinator. Recommendations regarding deviation from the accepted standards of care will be submitted to the Medical Executive Committee for follow up.

Medical Records

1. The attending physician or his representative shall be held responsible for the preparation of a complete medical record of each patient.
 - a. May include: identification data, history and physical, special reports (such as clinical laboratory, x-ray, consultation and others), provisional diagnosis, treatment, pathological findings, progress notes, final diagnosis, condition on discharge, discharge summary and out of hospital follow up.
 - b. Required components for a history and physical: chief complaint, history of past illnesses, past medical history (including allergies and medications), family history, social history, review of systems, physical examination, assessment, and plan. When treating children or adolescents, an evaluation of developmental age factors and consideration of educational needs should be included if appropriate.
 - c. Entries must be clear in content and legible.
 - d. No medical record may be considered completed until so certified by the signature of the attending physician or a licensed physician (or his designated representative), and no medical record may be filed until it is complete, except on order of the Medical Executive Committee of the Medical Staff.
 - 1) Attending physician or representative shall sign the patient's record, including the final diagnosis, within 30 days after the discharge of the patient.
 - 2) Delinquent medical records will be handled per policy established by regulatory organizations and approved by the Medical Records/Utilization Management and Medical Executive Committees.
2. All medical records are the property of the Medical Center and the original may not be removed without the permission of the Chief Executive Officer or a duly authorized agent.
 - a. In the event of a court order, subpoena or statute demanding the original medical record be presented outside the Medical Center, a complete photocopy of the record must be retained within the Medical Center, and the original should be presented by a Medical Center representative.
 - b. In the event of a readmission of a patient, all previous records shall be available for the use of the current attending physician.
 - c. All medical records shall be available to medical staff members for research purposes.
3. On an adult patient, emancipated minor, or person legally authorized to act on behalf of the patient may authorize in writing the release of information from his/her medical record to a person not otherwise authorized to receive this information.

Research

1. Medical Center maintains authorization agreement with Des Moines City Wide IRB #2 for review and continuing oversight of its human subjects research.
2. Investigators are required to complete applicable applications and reports and submit to the City Wide IRB #2.
3. Investigators are required to maintain copies of records in accordance with federal research regulations.

Orientation

1. New members of the Medical Staff shall receive general reference information from the Medical Staff Services office. Elected or appointed leaders will be provided additional information on organization structure and regulatory requirements.

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2. Section Chiefs or designees will be responsible for providing orientation to the applicable service areas.
3. BMC Academy offers formal orientation sessions to new members of the Medical Staff. Employed physicians are encouraged to participate.

Adoption and Amendments

The Medical Staff shall adopt such Rules and Regulations as may be necessary for the proper conduct of its work. Adoption and amendment shall be under the same conditions as for the Medical Staff Bylaws.

Recommended by the MEC:	June 9, 2009
Approved by Medical Staff:	July 13, 2009
Approved by Board of Trustees:	July 21, 2009