Community Health Network

Origination: 08/2024
Last Approved: 03/2026
Next Review: 10/2027

MEDICAL STAFF RULES AND REGULATIONS

Applicability: Community Hospital Anderson, Community Hospital East, Community Heart and Vascular Hospital (A Department of Community Hospital East), Community Hospital North, Community Hospital South

TABLE OF CONTENTS

1. Professionalism
2. Emergency Medical Screenings
3. Admissions
4. Transfers
5. Discharges
6. Consultations
7. Physician's Orders
8. Order Sets
9. Consents
10. Autopsies (new)

MEDICAL STAFF RULES AND REGULATIONS

Applicability: Community Hospital Anderson, Community Hospital East, Community Heart and Vascular Hospital (A Department of Community Hospital East), Community Hospital North, Community Hospital South

1. **Professionalism:** These rules and regulations are intended to provide comprehensive information to members of the Community Health Network Medical Staff to fulfill their commitment and responsibility to provide quality and safe patient care. In addition, members of the Medical Staff are obligated to carry themselves in a manner, which exemplifies the utmost respect and professionalism toward patients, families, visitors, staff and employees of Community Health Network (CHNw).

2. **Emergency Medical Screening Exams:** Any individual who comes to the Emergency Department and makes a request for examination or treatment for a medical condition, must receive a medical screening examination performed by qualified medical personnel.

   The following healthcare providers are deemed "qualified medical personnel" by the Hospital to perform the medical screening exam:
   a. Physicians
   b. Advanced Practice Nurse
   c. Physician Assistants

   An appropriate medical screening examination will be within the capability of hospital, including ancillary services routinely available to the emergency department, to determine whether an emergency medical condition exists.

   Off-campus departments will screen and provide stabilizing treatment to the best of their ability and arrange for an appropriate transfer of individuals with a potential emergency medical condition.

3. **Admission of Patients:** Only physician members of the medical staff shall have admitting privileges as set forth in the Medical Staff Bylaws at which they have membership and clinical privileges. It is the responsibility of the admitting physician to coordinate the care of the patient throughout the hospital stay including selection of the appropriate bed placement areas as warranted by the patient's medical condition. This responsibility includes providing information to the appropriate patient placement area, providing admitting orders, and requesting appropriate consultations. The physician who admits the patient will be designated as the attending physician and will provide the bed placement area with a provisional diagnosis. The admitting physician will be considered the attending physician unless an order is written to transfer to another physician who has agreed to accept responsibility for the patient's care management.

   a. **Classification of Patients:** The admitting physician shall advise the patient placement area of the classification of the patient. These categories as outlined below:

b. Emergency patients: this individual requires immediate admission as a result of a severe, life threatening, or potentially disabling condition. The patient is admitted through the Emergency Department or as a direct admission from the physician's office. The admission is for the current day. If the patient does not have a personal physician, the on-call physician in the appropriate department will be called. The responsibility for any individual who presents through the Emergency Department that is assessed by the qualified medical personnel is passed to the admitting physician (or his designated covering physician) when the admitting physician has been informed of the patient and their physical status; and the patient has left the Emergency Department. If the responsibility is to be transferred prior to this, it should be done by mutual consent of the emergency physician (or qualified medical personnel) and admitting physician (or his designee).
c. Elective patients: The individual's condition permits time to schedule the admission. The condition of which is optional and at a discretion of either the physician or patient as to the time of admission and is not based upon an immediate medical problem. At the time of admitting physician's request, a definite date may be given.
d. Newborn patients: a baby born within the Hospital it is recommended that the prenatal record be sent to the hospital before or shortly after obstetrical admission.
e. Surgical Patients: the admitting surgeon must contact the patient placement area to arrange for bed placement as soon as surgery has been scheduled.

f. **Admitting to Community Heart and Vascular (CHVH)**: Admitting patients to CHVH, an affiliate of CHE, is limited to physician members of the following specialties: Anesthesiology, Cardiology, Cardiovascular Disease, Critical Care Medicine, Hospitalist Services and Hospice and Palliative Care services.

g. **Attending Physician Requirements:** Patients admitted to the hospital must be seen within twenty-four (24) hours after admission by the attending physician. Hospitalized patients shall be seen daily by the attending physician, or the attending physician will effectively delegate that responsibility to:

(1) an associate/partner of the attending physician/dentist or
(2) an Advanced Practice Nurse or Physician Assistant.

h. If the attending physician delegates the daily visit responsibility to an Advanced Practice Nurse or Physician Assistant, the attending physician remains in charge of the patient's overall care management. Inpatient hospice patients are to be seen daily.

i. The attending physician is responsible for the coordination of appropriate consultations, directing care, and the discharge planning and execution. The

attending physician will be assigned all data and outcomes emanating from the care for the length of stay during which they are responsible. The last attending physician shall be the attending physician of record.

j. **Dentist and Podiatric Medicine Admitting:** Dentist and Podiatrist may co-admit with a physician Member of the Medical Staff, who shall assume those responsibilities. The physician shall be responsible for the care of any medical problems that may present at the time of admission or that may arise during the hospitalization, which are outside of the dental or podiatric Members privileges and/or scope of licensed practice. The physician Member is not responsible for any dental or podiatric procedure.

4. **TRANSFERS:** Transfers of any individual with an emergency medical condition to another facility shall be done in accordance with the following:
   a. If an unstabilized individual (or a legally responsible person acting on the individual's behalf) requests a transfer after being informed of the Hospital's obligation under Emergency Medical and Active Labor Act (EMTALA) and of the risks of transfer, then the transfer to the other medical facility will be made pursuant to the Hospital's policies. The request must indicate the individual's reason for the request and that the individual is aware of the risks and benefits of transfer and be signed by the individual (or a legally responsible person acting on the individual's behalf). This documentation shall become a part of the hospital's record and a copy is to accompany the transferred individual to the accepting facility.
   b. If the transfer is made based on the decision of a physician, that physician (and qualified medical personnel if applicable) must sign a certification that based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of the appropriate medical treatment at another medical facility outweigh the increased risks to the individual or, in the case of a woman in labor, to the women or unborn child from being transferred. This documentation shall become a part of the hospital's record and a copy is to accompany the transferred individual to the accepting facility.

   c. **Intra-Hospital Transfers:** The attending physician shall order a patient transfer within the hospital in accordance with the Hospital's bed allocation policy and as indicated by the medical condition of the patient.

5. **DISCHARGES:** The attending physician/designee must enter a discharge order for each patient. The order shall be signed and dated, and a diagnosis should be entered in the patient's chart at the time the discharge order is entered. Telephone orders for discharge may be utilized at the discretion of the attending physician/designee. The attending physician/designee is obligated to communicate to the referring physician/designee all

appropriate medical information. In the event the patient is being transferred to another agency or institution, the physician/dentist is to ensure the same information is documented on approved discharge/transfer forms and an immediate discharge summary is dictated.

Whenever possible, as part of the discharge process, the attending physician/designee is to identify the physician//designee who will provide follow-up care after discharge from Community Health Network. Comprehensive communication to the physician/designee conducting follow-up by the attending physician/designee is to include the patient's hospital course, medications upon discharge, and need for continuing care.

It is the responsibility of the attending physician/designee to ensure discharge of patients in a timely fashion. Discharge planning is multidisciplinary, and the physician/designees are to engage other health care disciplines as needed in the process. Upon discharge, all patients will receive discharge instructions per Hospital protocol.

a. **Leaving Against Medical Advice:** If a patient desires to leave the hospital against the advice of the attending physician or designee without proper discharge, the attending physician or designee will be notified and the patient will be requested to sign the appropriate release form, attested by the patient or legal representative of the patient and a competent third party. Such departure from the hospital is to be noted in the medical record by the attending physician or designee.

6. **CONSULTATIONS**: Consultations should be requested when care needed is beyond the expertise or outside the scope of clinical privileges of the attending physician. Consultation should occur when but not limited to:
   a. Patient is not a good risk for an operative procedure
   b. Where the diagnosis remains obscure after ordinary diagnostic procedures have been completed.
   c. Where there are significant differences of opinion as to the best choice of therapy.
   d. In unusually complicated situations where specific skills of other practitioners may be helpful.
   e. When specifically requested by the patient or his family with occurrence by the attending physician (except in an Emergency).
   f. Psychiatric consultation is required for all patients who have attempted suicide or who have taken an overdose of medications.
   g. Although physician-to-physician consultation is strongly encouraged, a consultation can be performed by a nurse practitioner, physician assistant, resident or fellow who is appropriately qualified to give an opinion in the field in which their opinion is sought.

MEDICAL STAFF RULES AND REGULATIONS

h. To promote effective consultation among physicians of various specialties involved in the treatment of patients, it is strongly recommended that the attending physician, or their designee (nurse practitioner, physician assistant, resident, fellows, other physician partner) directly discuss with a consultant physician the need to examine, discuss, or otherwise provide an opinion regarding a patient's care management. Orders for consultation should include the reason for the consultation, extent and involvement in care expected from the consultant and notation that the consultant has been previously contacted by the ordering physician or the designee.
i. All consultation notes should document the involvement of the appropriate medical staff member on the consulting service and their authentication of the record. The consultation should be documented in the medical record and include discussion of background information and specific questions about the patient. The consultant must make and sign a report of findings, opinions and recommendations that reflects an actual examination of the patient and review of the patient's medical record within twenty-four (24) (hours). The consultant's report of findings will become part of the medical record.

7. **PHYSICIAN'S ORDERS.** All orders for treatment shall be entered into the patient record pursuant to hospital policy. Only those abbreviations and symbols approved by the Medical Executive Committee and published as part of the Hospital's approved-abbreviation list may be used when documenting in the medical record. No orders shall be entered using abbreviations deemed dangerous and unacceptable by the Hospital. Members, residents, fellows, and any practitioner privileged failing to follow this rule, will be subject to disciplinary action.

   Except for circumstances (in which the electronic medical record is unavailable) set forth below or that may arise from time to time, all orders must be entered through the Computer Physician Order Entry (CPOE).

   Physician orders may be received and relayed by the hospital in accordance with the network Doctor's Orders, Verbal and/or Telephone orders policy.

   Offices may convey orders electronically or by faxing orders with date, time and signature of Medical Staff member or Allied Health Professional. The individual accepting the order shall be responsible for entering the order in the medical record and the responsible Member or Allied Health Professional shall countersign such orders within forty-eight (48) hours.

   All previous medication orders are suspended when the patient is taken to surgery. The Medication Reconciliation Form will be utilized when entering post-operative orders.

MEDICAL STAFF RULES AND REGULATIONS

Applicability: Community Hospital Anderson, Community Hospital East, Community Heart and Vascular Hospital (A Department of Community Hospital East), Community Hospital North, Community Hospital South

Verbal and Telephone orders are not permitted for initiating chemotherapy. They are permissible only to stop or reduce dosage of chemotherapy. Verbal or Telephone orders for restraints must be signed by the physician within twenty-four (24) hours of the time the Registered Nurse (RN) initiates the restraints.

8. **ORDER SETS:** Product line committees consisting of physician members from the medical staffs of the various Affiliated Hospitals of Community Health Network will establish electronic order sets for medications and procedures for the Affiliated Hospitals of the Network with nursing and pharmacy leadership. These product line committees will strive to ensure that such orders are consistent with nationally recognized and evidence-based guidelines and receive input from the Hospital's Medical Staff. These committees will conduct periodic and regular review of such orders and protocols and determine the continuing usefulness and safety of the orders and protocols with input from the Hospital's Medical Staff. Protocols will be approved by the appropriate medical staff committee of the hospital.

   Order Sets will be initiated by the Hospital personnel only upon the specific order of the Member. Order Sets when applicable to a given patient shall be reproduced in detail on the order sheet of the patient's record, dated, timed and signed by the Member.

   The Medical Executive Committee will ensure that such orders and protocols are dated, timed, and authenticated promptly in the patient's medical record by the ordering practitioner or by another practitioner responsible for the care of the patient.

   Any request for additions to electronic order sets must be submitted to the product line committees for approval.

9. **CONSENTS:** A separate consent form should be completed by the patient and their treating physician/dentist for invasive inpatient, outpatient, or ambulatory procedures or who order high risk treatments (e.g. blood transfusion/chemotherapy).

   All Medical Staff Members, Dentist, Advanced Practice and Allied Health Providers are required to comply with the network policy regarding General Consent for Treatment and Informed Consent for Treatment.

10. **AUTOPSY:** Physicians are to obtain permission for an autopsy from the family or appropriate guardian in all cases of unusual deaths and of medical legal and educational interest. The findings of the pathologist report will be included in the patients' medical record within thirty (30 days).