

PROVIDENCE KODIAK ISLAND MEDICAL CENTER AND CHINIAK BAY ELDER HOUSE

MEDICAL STAFF RULES AND REGULATIONS

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**THE RULES AND REGULATIONS OF
PROVIDENCE KODIAK ISLAND MEDICAL CENTER
AND CHINIAK BAY ELDER HOUSE
MEDICAL STAFF**

The Rules and Regulations for governing the Medical Staff shall be binding on all members of the Medical Staff, and all applicants for membership in the Medical Staff, in accordance with the Bylaws of Providence Kodiak Island Medical Center Medical Staff.

The amendment process is set forth in the Bylaws.

These Rules and Regulations shall supersede any and all Rules and Regulations previously established and shall read as follows:

REGULATION 1: RESIDENT SUPERVISION

SECTION 1: DEFINITIONS

A. Residents:

All residents in training in ACGME or ADA-accredited programs rotating at the hospital must be supervised by an attending physician for patient care activities. The type and level of supervision varies with the level of the resident within the program as detailed below. Residents may not perform medical or surgical procedures, order tests or treatments, or engage in any patient care activity that is outside the scope of privileges of the physician supervising them for that activity. Residents are not granted clinical privileges.

B. Supervision:

1. Close Supervision:

- a. The attending physician accepts legal responsibility for patient care.
- b. An attending or supervising physician will see the patient within 4 hours of admission to the hospital, and will review admitting orders with the resident prior to their being accepted by the nursing staff, via written, verbal or telephone orders to nursing personnel.
- c. The attending physician will review the resident's daily progress notes and orders, and discuss any significant changes directly with the resident

2. Direct Supervision:

- a. This occurs with invasive or surgical procedures, and may also be required under certain special circumstances such as residents experiencing difficulty.
- b. Direct supervision requires that the procedure be attended directly by the attending physician during its performance.
- c. All progress notes and orders written by the residents must be co-signed by the attending physician.

SECTION 2: RESIDENT LEVELS OF SUPERVISION

A. First year residents require:

- 1. Direct supervision by either the attending physician or a senior resident (2nd or 3rd year) for all patient activity.

2. Direct supervision for all surgical procedures.

B. Second year residents require:

1. Direct supervision for initial three (3) admissions followed by at least close supervision for all patient care activities.
2. Direct supervision for surgical procedures until such time as they have been deemed competent by the supervising physician to perform such procedures. This judgment must be documented in writing in the resident's personnel file, after which they may require close supervision for the specifically identified procedures.

C. Third-year plus residents require:

1. Close supervision for all patient care activities and direct supervision for surgical procedures, for which they have not yet been judged competent by supervising physician, with attendant documentation in the resident's personnel file.

SECTION 3: SCOPE OF PRACTICE (INCLUDES INPATIENT AND OUTPATIENT ROTATIONS)

A. First year residents may:

1. Write orders on the Medical-Surgical floor. (Note: Any nursing staff member who feels that the orders are questionable may require the resident to speak with their supervising physician to confirm the validity of the order.)
2. Write progress notes
3. Scrub and assist during surgery
4. Perform procedures within the privileges of their attending physician.
5. Dictate history and physical and discharge summary documents, but a co-signature by the attending physician is required.

B. Senior Residents:

1. Have the same Scope of Practice as first year residents. (see above)
2. Direct supervision for surgical procedures until such time as they have been deemed competent by the supervising physician to perform such procedures. This judgment must be documented in writing in the resident's personnel file, after which they may require close supervision for the specifically identified procedures.

SECTION 4: OUTPATIENT ROTATIONS

- A.** General outpatient supervision is defined as the attending physician being available for immediate consultation with the resident when the resident is seeing outpatients.
- B.** Close outpatient supervision requires that the resident present each case to the attending physician at the time of the visit. The attending physician may examine and interview the patient as needed based upon the presenting conditions and the resident's skill level.
- C.** Direct outpatient supervision requires the attending physician to be present with the resident during an interview and/or procedure.

SECTION 5: RESIDENT SUPERVISION POLICIES

A. Resident Scope of Practice:

As part of general supervision of residents, a nursing staff member who feels that orders are questionable may require the resident to speak with his/her supervising physician to confirm the validity of the order.

1. First Year Residents:

- a.** First year residents may write orders on the medical floors, in the ICUs and on labor and delivery. Daily Progress notes are reviewed and co-signed by the attending physician.
- b.** First year residents may examine patients, write daily progress notes, scrub and assist at surgery and perform procedures within the privileges of their supervising physician. When performing procedures, first year residents must be supervised.
- c.** Dictated H & Ps and discharge summaries require co-signature by the attending physician.

2. Second and Third Year Residents

Senior residents have the same scope of practice as first year residents. Their orders should be taken by the nursing staff and executed as written without requiring co-signature at that time, unless the nursing staff feels that the orders are questionable.

B. Resident Appointments

Because of the transient nature of residents at PKIMC, appointment may be granted by signature of the Chief of Staff and the Administrator.

REGULATION 2: MEDICAL STUDENTS AND APP STUDENTS

SECTION 1: QUALIFICATIONS

Medical Students and Advance Practice Professional Students may participate in patient care provided they have met the following requirements:

- A.** Student is enrolled in an accredited program specific to their intended licensure.
- B.** Student has a sponsoring Active Staff physician, who shall be responsible for all of the student's activity in the hospital, even if the sponsoring physician has arranged for the student to spend time with another staff physician.
- C.** Sponsoring physician has submitted the following documents for Administration, Nursing and MEC approval:
 - 1.** A letter of recommendation from the student's school with appropriate identification of the student and proof of professional malpractice liability coverage.
 - 2.** A statement outlining the general training program to which the student will be exposed.

SECTION 2: SPONSORING PHYSICIAN RESPONSIBILITIES

The Sponsoring Physician shall be responsible for the following:

- A.** Notifying the hospital Administrator and the Director of Nursing of the presence of each student prior to having the student involved in-patient care (after following Section 1, C. (1) and (2) above).
- B.** Identifying the student to patients and nursing staff. (The administration office will provide name tags while the student is training at the hospital).
- C.** Assuring that all patients are given the opportunity to refuse examination or care by the student.

SECTION 3: STUDENT ACTIVITIES

- A.** The student may, after complying with the above requirements, dictate admission history and physical examinations, write progress notes and write orders, in compliance with CMS guidelines. All documentation, notes and orders must be read, corrected or agreed with, and authenticated by the supervising staff physician, immediately.
- B.** Students may draw blood, start IV's, or do other limited invasive procedures only under the close supervision of the sponsoring staff physician. Close supervision in this situation indicates that the physician is within close proximity. The student may not write admitting orders without immediate contact with the supervising physician.

- C. The student may scrub or act as second assistant in surgery or assist in delivering babies under the direct supervision of the sponsoring staff physician and only after prior agreement with the patients.
- D. The patient shall not be charged by the student for services.

The Medical Staff will make reasonable efforts to promote the professional and technical staff of the hospital to accord the student the courtesy and cooperation necessary to allow him/her to perform effectively those duties assigned by the supervising physician. The student in turn will adhere to the Bylaws, Rules and Regulations and applicable policies of Providence Kodiak Island Medical Center.

SECTION 4: STUDENT PARTICIPATION

- A. Student Participation: Because of the transient nature of students at PKIMC, participation status may be granted by signature of the Chief of Medical Staff and the Administrator.

REGULATION 3: ADMISSIONS AND PATIENT CARE

SECTION 1: CARE OF PATIENTS

- A. Refer to Policy & Procedure – PKIMC 999.004 - Standards of Practice for the Medical Staff
- B. It is the policy of PKIMC to treat all patients regardless of ability to pay. Each patient who presents and requires admission shall be asked whom he or she would prefer as their attending physician. Should that physician decline to admit the patient, the Chief of Staff will identify the practitioner to whom the admission will be assigned.
- C. It is a facility practice for obstetrical patients with contractions to proceed directly to the labor and delivery unit. Nurses will perform an initial assessment, under provisions of the Emergency Medical Treatment and Active Labor Act (EMTALA) pursuant to physician-directed protocols. Assessment information will be communicated to the attending physician. The delegation of authority to perform an initial assessment is endorsed by the Medical Staff.

SECTION 2: MEDICAL RECORDS

- A. All medical records are the property of the hospital. Original records may not be removed from the hospital without a court order, subpoena or statutory requirement. Copies of medical records will be offered in lieu of originals. If an original record is removed from the facility, a complete copy will be maintained with a notation of the individual to whom the original was released, and the day of release.
- B. A patient's past medical records shall be available for review of the attending practitioner if patient is readmitted, whether or not the patient is attended by the same or another practitioner.

- C. Written consent of the patient or legal representative or compliance with federal, state or local laws, rules or regulations is required for release of confidential information to persons not otherwise authorized to receive this information.
- D. With the approval of the MEC, medical records of patients may be made available to members of the Medical Staff for bona fide study and research, concealing, when possible, the confidential, personal information contained within the records.

SECTION 3: HOSPITAL DEATHS

- A. In the event of a hospital death, the deceased shall be pronounced dead by the attending physician or his/her designee. The body shall not be released until an entry has been made and signed in the medical record.
- B. Every member of the Medical Staff is expected to actively participate in securing autopsies according to established criteria. Except in cases ordered or performed by a coroner or other authorized official, postmortem examination shall not be performed by the hospital pathologist or his/her authorized substitute without prior written consent from the person who has the duty of burial and the right to custody of the body. The signed consent and identity of the person giving consent shall be maintained in the patient's medical record. The person performing the autopsy shall submit a written report of the procedures and findings at autopsy which shall also be maintained in the patient's medical record.
- C. As required by law, in the event of a hospital death, the next of kin shall be notified of the option of organ or tissue donation. If an individual has made an anatomical gift of all or part of his/her body, for one or more purposes, such gift shall constitute consent to a postmortem examination to assure the medical acceptability of the gift for the purpose intended. The physician(s) performing autopsy or postmortem examination shall keep a complete record of the procedures and findings and such records shall become a part of the medical record of the patient with evidence of the anatomical gift.

REGULATION 4: PATIENT CARE DOCUMENTATION

The attending practitioner shall be responsible for the preparation of a complete medical record for each patient. All entries must be legible and include date and time written. Each medical record should include identification data; chief complaint; personal history; family history; history of present illness; physical examination; special reports such as consultations, clinical laboratory, x-ray, and other examinations; provisional diagnosis; medical or surgical treatment; pathological findings; progress notes; final diagnosis; condition on discharge; discharge instructions; follow-up and autopsy report when available; and discharge summary. Requirements for history and physicals are set forth in the Bylaws as required by CMS.

SECTION 1: DOCUMENTATION GUIDELINES

Refer to Policy & Procedure – Standards of Practice for the Medical Staff – PKIMC 999.004

SECTION 2: VERBAL ORDERS

All orders for treatment shall be entered in the Computerized Order Entry System (CPOE), dated and timed. An order shall be considered to be in writing when dictated to a qualified individual and signed by the responsible practitioner. Verbal orders shall be used only under circumstances when it is impractical for such order to be entered electronically by the responsible practitioner and in accordance with applicable Hospital Policy. A verbal order, via telephone, for medication, biological, or treatment will be accepted only under circumstances when it is impractical for such order to be entered electronically by the responsible practitioner and in accordance with applicable Hospital Policy. A verbal order, given in person, for medication, biological, or treatment will not be allowed except in a true emergent/urgent situation when the practitioner is otherwise directly involved in providing patient care (e.g., surgery or “Code Blue”).

For verbal orders, or for the reporting of critical test results over the telephone, the complete order or test result will be verified by having the person receiving the information record and “read-back” the complete order or test result.

REGULATION 5: COMMITTEES

SECTION 1: COMMITTEE APPOINTMENTS

The physician members of the following committees shall be appointed by the Chief of Staff subject to approval by the MEC. The Chief of Staff or his/her designee shall be a member of all committees, *ex officio*, without vote.

- A.** Composition: Appropriate physician(s) and hospital staff. Active Staff members are expected to participate in committees relevant to their area of practice.
- B.** Meeting frequency: A minimum of four times a year, or as needed.
- C.** Minutes of each meeting shall be maintained. A report of committee activities shall be given by the committee chairperson or his/her designee at the general Medical Staff meeting. Meeting minutes from committees are provided to the MEC.
- D.** All committees are formally designated as peer review committees.

SECTION 2: COMMITTEE STRUCTURE AND DUTIES

If approved by the MEC, committees may be combined so that the duties of two or more committees are shared by one committee. All Medical Staff Committees report to the MEC. In addition, Ad-hoc committees may be appointed for specific purposes by the Chief of Staff and their appointments will cease upon the accomplishment of their purposes. Ad-hoc Committees shall report to the MEC.

SECTION 3: STANDING COMMITTEES

The MEC has a leadership role with responsibility to review and monitor quality and patient safety reports and in improvement initiatives of clinical and non-clinical processes. The MEC plays a significant role in operational excellence and performance improvement through the Medical Staff Bylaws/Rules & Regulations, credentialing, and medical staff committees. The MEC promotes quality for the overall medical care rendered by the medical staff to patients in the hospital by providing for medical staff representation on the Performance Improvement and Patient Safety Committee (PIPS). PIPS is a quality sub-committee of the PH&SA PKIMC CAB.

Quality Assessment of Care at PKIMC shall be accomplished through the following Medical Staff Committees.

A. PHARMACY AND THERAPEUTICS COMMITTEE (P&T)

The duties of this committee shall be:

1. To develop medication management policies and guidelines and evaluate such practices within the hospital.
2. To evaluate the use of medications and reduce or eliminate problems identified.
3. To periodically review the drug formulary in accordance with PH&SA policies.

B. OBSTETRICAL (O.B.) COMMITTEE

The duties of this committee shall be:

1. To develop policies for the O.B. Department and perform review and update of all related policies as needed.
2. To conduct review of care provided in the department and take or recommend action when necessary to improve the quality of patient care.
3. To evaluate the need for new or additional equipment in the department and make recommendations to the Medical Staff and Administration based on these evaluations.

C. SURGICAL/ANESTHESIA COMMITTEE

The duties of this committee shall be:

1. To develop policies for the Surgery and /Anesthesia department perform an review and update of all related policies.
2. To conduct review of care provided in the department and recommend action when necessary to improve the quality of patient care.
3. Review of, and recommendation to assist the MEC, when requested, regarding appropriateness of requests for privileges when applicant requests surgical privileges. This shall include, but not be limited to, evaluating recent and past surgical experience.
4. To evaluate the need for new or additional equipment in the department and make recommendations to the Medical Staff and Administration based on these evaluations.

D. EMERGENCY & CRITICAL CARE COMMITTEE (ER/ICU)

The duties of this committee shall be:

1. To develop policies for the E.R. and the I.C.U and review and update policies as needed.
2. To conduct review of care provided in the ER and I.C.U. department and recommend action when necessary to improve the quality of patient care.
3. Assist in the development and maintenance of emergency management plans for PKIMC.
4. To evaluate the need for new or additional equipment in the department and make recommendations to the Medical Staff and Administration based on these evaluations.

E. GENERAL MEDICINE AND PEDIATRICS COMMITTEE

The duties of this committee shall be:

1. Develop and review, as needed, policies for non-ICU and pediatric patient care.
2. To conduct review of care provided in the department and take or recommend action when necessary to improve the quality of patient care
3. To evaluate the need for new or additional equipment in the department and make recommendations to the Medical Staff and Administration based on these evaluations.
- 4.

F. TRAUMA COMMITTEE

The duties of this committee shall be:

1. Develop and review, as needed, trauma protocols, guidelines and policies for trauma-related services at PKIMC.
2. Perform systemic monitoring, quality improvement activities and other review functions related to trauma services provided at PKIMC.
3. Oversee the operations of the hospital trauma registry and report outcomes and trend data to the MEC.