



Bristol Health

<p>Title:</p> <p>Rules & Regulations of the Medical Staff</p>	<p>Approved by:</p> <p>ECMS 01/14/2020, 5/21/24 Board of Directors 02/05/2020, 6/5/24</p>
<p>Applies to:</p> <p>Medical and Adjunct Staffs</p>	<p>Responsible party:</p> <p>Medical Staff</p>

**Rules and Regulations
of the
Medical Staff**

I. Medical Staff

A. Code of Conduct: Members of the Medical Staff must at all times act in a manner consistent with Bristol Hospital Medical Staff Code of Conduct.

B. Compliance: Elected Officers of the Medical Staff and its departments and sections and Medical Staff Members of Bristol Hospital Board of Directors may not enter into any financial or business relationship with Bristol Hospital or its related corporate entities without full disclosure of such proposed relationship to the Executive Committee of the Medical Staff.

C. Amendments:

Rules and Regulations may be adopted, amended, repealed or added by vote of the Executive Committee of the Medical Staff (ECMS) at any regular or special meeting, provided that copies of the proposed amendments, additions or repeals are made available to all members of the ECMS 10 days before being voted upon, and further provided that all written comments on the proposed changes by persons holding current appointments to the Medical Staff are brought to the attention of the ECMS before the change is voted upon.

Adoption of and changes to the Rules and Regulations shall become effective only when approved by the Board of Directors.

Rules and Regulations may also be adopted, amended, repealed or added by the Medical Staff at a regular meeting or special meeting called for that purpose provided that the procedure used in amending the Medical Staff Bylaws is followed. All such changes shall become effective only when approved by the Board of Directors.

II. Safety and Quality

A. The Medical Staff will at all times promote medical care which is of the highest quality and safety. Medical care is a collaborative effort. The Medical Staff encourages teamwork and its members will communicate effectively with every member of the health care team.

B. In order to promote a safe environment in which everyone can learn from each other, any member of the health care team should feel free to question any aspect of the care being provided without the fear of retaliation or recrimination. Behavior of all team members should promote a safe, collegial working environment.

III. Admission, Days of Care and Discharge

A. Admission: The admitting physician (or their designee) is responsible for evaluating all newly admitted in-patients. The initial evaluation shall be within 12 hours of admission to the general medical/surgical unit and within 4 hours of admission to an intensive care unit. Failure to comply will result in initiation of the chain of command.

B. The admitting physician, admitting non-physician provider, or appropriate covering provider shall see the patient on a daily basis and make appropriate documentation in the medical record.

C. Post-operative patients shall be seen by the operating physician, covering surgeon or Physician's Assistant on a daily basis as long as the surgical recovery constitutes a significant factor for continued hospitalization. Visits shall include appropriate documentation in the medical record. The surgeon or designee shall remain responsible for arranging appropriate post discharge surgical care.

III. Documentation

A. All medical records either physical or electronic, are the property of the hospital and shall not be removed from the hospital without permission of the President of Bristol Hospital or their designee. Medical records may be removed from the hospital's jurisdiction and safekeeping only in accordance with a court order or subpoena.

B. All documentation in the medical record shall conform to the standards as set by the Connecticut Department of Public Health or other regulatory agencies and conform to the policies of Bristol Hospital Department of Health Information Management.

C. Health Information Management: Admission and Progress Notes

The patient receives a medical history and physical (H & P) examination no more than **30** days prior to, or within 24 hours after, registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services, by a physician or other qualified practitioner, in accordance with state law and hospital policy.

For a medical H & P that was completed within 30 days prior to registration or inpatient admission an update documenting any changes in the patient's condition is completed within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services, by a physician or other qualified practitioner.

The H & P shall include sufficient pertinent and relevant information necessary for the care of the patient given their diagnosis and/or procedure. Specific elements should include chief complaint, details of the present illness, personal and family history, review of systems, physical examination, conclusions or impressions and a course of action planned for the patient.

For outpatient surgery, the H & P shall be performed within thirty (30) days prior to the procedure, with an appropriate assessment including physical examination.

Progress notes must be written daily for all hospitalized patients except for those patients designated as custodial patients, for whom a progress note must be written at least every third day.

D. Operative Notes: A brief operative/procedure report must be written in the medical record immediately following the conclusion of the surgery/procedure and before the patient is transferred to the next level of care. A full operative report/procedure report must be dictated within 24 hours. The elements of the report must be consistent with the policies of the Department of Health Information Management.

E. Discharge Note and Summary: A discharge note must be completed at the time of discharge. The elements of the discharge summary must conform to the policies of the Department of Health Information Management.

F. Abbreviations and Symbols on Bristol Hospital "Do Not Use" list may not appear in the medical record.

G. Electronic signatures shall be permitted as defined by Health Information Management policies.

H. It is the responsibility of all physicians to complete their medical records in a timely fashion. Medical records should be completed within twenty-one (21) days of the discharge date. Exceptions due to unusual circumstances must be approved by Health Information Management and the Executive Committee of the Medical Staff.

Any member of the Medical Staff who resigns from the medical staff at Bristol Hospital has the responsibility to complete their medical records within thirty (30) days of the resignation date or designate another member of the medical staff to complete their medical records if unable to do so prior leaving the Medical Staff.

IV. Orders

A. The administration of all medications, treatments and diagnostic tests require an order by a physician or other individual permitted to submit orders consistent with the bylaws and credentialing process of Bristol Hospital.

B. Orders must include the date and time, and may be given by the following methods:

-By use of the Computer Order Entry System (CPOE).

-In writing on an order sheet when CPOE is not available.

-Verbally in an emergent situation; must be signed off within 24 hours by the ordering staff member or covering staff member.

-Via telephone; must be signed off within 24 hours by the ordering staff member or covering staff member. A registered nurse may accept and transcribe the telephone order along with the date and time. The nurse must read this order back to the ordering physician to confirm its accuracy before accepting it.

V. Medications and Narcotics

Medications used within the hospital shall comply with the standards and policies of Bristol Hospital Pharmaceutics and Therapeutic Committee and the Department of Pharmacy. Medications for clinical investigation approved by the appropriate Investigational Review Board are also acceptable. A list of all medications approved for use shall be housed in the Department of Pharmacy.

VI. Consent

Except when a patient's clinical condition precludes obtaining informed consent, the responsible practitioner shall obtain proper informed consent as a prerequisite to any procedure or treatment or any interhospital transfer for which it is appropriate and provide evidence of consent by the completion of the proper informed consent form. The extent of information to be supplied by the practitioner to the patient shall include the specific procedure or treatment, or both, the reasonably foreseeable risks, reasonable alternatives for care or treatment and, in the case of interhospital transfer, the risks and/or benefits of such transfer.

VII. Consultation

Medical Consultation is a collaborative process. It is imperative that both the licensed independent practitioner requesting the consultation and the consultant communicate directly and succinctly with each other so that the best possible care is provided for the patient.

The patient's attending physician is responsible for requesting an appropriate consultation for their patient. The attending physician must place an order for consultation and must directly communicate with the consultant about their request. The options for consultation may include:
1) Assess and make recommendations only; 2) Full management of a specific problem or condition;
3) Transfer full care of the patient to the consultant.

The consultant shall complete their consultation within 24 hours. A consultation should include a pertinent review of the medical records and examination. This evaluation must be documented in the chart in a timely fashion by a written note and/or dictation. The level of autonomy for patient management by the consultant shall be consistent with the level of consultation requested.

VIII. Service Responsibilities

A. Emergency Department

All patients discharged from the Emergency Department shall be referred to a physician for follow up care. If the patient does not have a personal physician, they will be referred to the physician on call in the appropriate specialty. The referral physician will provide for follow-up care in a timely fashion as appropriate for the patient's problem or condition.

The hospital, in consultation with ECMS, will determine how each department and section will meet the hospital's on-call needs. All members of the active Medical Staff in such departments/sections shall provide unassigned on-call Emergency Department coverage unless the Hospital in consultation with ECMS approves other arrangements for the department/section. When a physician provides coverage for services in the Emergency Department, the physician or physicians must submit a written schedule for review and approval by the chairperson of their department on at least an annual basis.

Failure to comply with the written on-call schedule will be addressed by the Chairperson of the Emergency Department, chairperson of the department responsible for that service, or the President of the Medical Staff. All violations will be reported monthly to the ECMS. Any serious violation will result in a written warning to that physician. Repeat violations will result in suspension from the staff for a period to be determined by the ECMS.

B. Intensive Care Unit

Designation of Attending Physician - All patients admitted to the Intensive Care Unit (ICU) must be seen by an attending physician within 4 hours of admission. The attending physician responsibilities can be met by either the attending physician or their designee seeing the patient within the 4 hour window. This designee may be a hospitalist physician if agreed to by the hospitalist physician. The attending physician can request the Intensivist or their designee to see the patient within the 4 hour admission window. However, if the attending physician chooses to not see the patient themselves within the 4 hour window and does not specifically request that another physician do so, the Intensivist will become the attending physician for the duration of the patient's ICU stay.

Mandatory Consultations - All patients admitted to the ICU and whose attending physician is *not* an intensivist will have a mandatory consult with the intensivist.

For all patients admitted to the ICU whose attending physician is *not* an intensivist and who are placed on mechanical ventilation for a period greater than twelve (12) hours, the attending physician is required to obtain a pulmonary consult. The consult will be obtained under the guidelines set forth in the Medical Staff Rules and Regulation (section VIII).

For all patients admitted to the ICU whose attending physician is *not* an intensivist and the patient's admitting diagnosis is: (a) acute myocardial infarction; (b) rule-out acute myocardial infarction, (c) unstable angina; or (d) congestive heart failure, the attending physician is required to obtain a cardiology consult. The consult will be obtained under the guidelines set forth in the Medical Staff Rules and Regulations (Section VIII)

C. Perioperative Unit/Operating Room (O.R.)

Physicians shall submit all tissue and specimen obtained during procedures for proper examination and/or disposal in accordance to the policies of the Peri-Operative Center, Department of Pathology and other regulatory agencies.

In all surgical cases in which hazard to life exists, the operating surgeon will have a qualified first assistant. The operating surgeon will decide what constitutes a hazard. The surgeon must be prepared to defend his decision. The choice of first assistant will be made in keeping with the Perioperative Schedule Management of Bristol Hospital Operating Room.

Pre-operative evaluation, including history and physical examination and laboratory work, shall comply with the policies of the Perioperative Center. The surgeon or anesthesiologist may alter the preoperative testing, exercising clinical judgment based upon the patient's medical problems and the surgical procedure.

The Medical Staff shall also comply with all state and federal requirements concerning the ordering of diagnostic tests as applicable.

IX. On-call Responsibilities

It is the responsibility of an on-call physician to respond to a hospital generated patient status report or issue within 30 minutes.

Members of the Medical Staff provide coverage for Emergency Department patients who require consultation or admission. An established schedule is posted in the Emergency Department. Department chairpersons should provide the Emergency Department with a schedule of the physician on-call coverage for the Emergency Department (Submitted through Medical Staff Office).

Departments/Sections with on-call responsibilities include: Medicine, Cardiology, Gastroenterology, Hematology/Oncology, Nephrology, Neurology, Pulmonary, Pediatrics, Obstetrics/Gynecology, General Surgery/Trauma Surgery, Hand, Ophthalmology, Oral Surgery, Orthopedics, Otolaryngology, Oral Surgery, Podiatry, and Urology.

Physicians should be covered by other physicians in the same specialty.

Responsibility of physician on call to Emergency Department:

Availability within 30 minutes

If the emergency physician requests a consultation, the physician on call must respond and must inform the Emergency Department or answering service of any changes in call schedule (This is the responsibility of the physician initially listed as being on call.)

Consultants may see a stable patient in a nearby office and if acceptable to the emergency physician.

If the physician on call is unavailable or does not respond appropriately, the emergency physician will call the department or section chairperson (or the President of the Medical Staff if the chairperson is unavailable) who will respond or arrange for someone else to respond.

If no other physician of the appropriate specialty is available, a decision will be made as to whether the patient will have to be transferred to another hospital for appropriate care.

If a physician on call to the Emergency Department is unavailable or does not respond appropriately, the matter should be referred to the chairperson of the appropriate department for evaluation and action.

X. Autopsy

Members of the Medical Staff may request autopsies, especially in the following categories:

- a. Deaths which occur in patients who have been hospitalized for conditions that generally do not result in death.
 - b. Cases in which death occurred unexpectedly or more rapidly than expected in disease conditions which are generally considered to be fatal. This does not include those cases which fall under the reportable deaths to the office of the chief medical examiner.
 - c. Cases in which new modalities of therapy have been used and where our clinical autopsy data may contribute to a larger cohort of patients with this mode of therapy.
 - d. Unusual disease entities with a significant educational value if autopsy findings were obtained.
- No autopsy shall be performed without written consent. All autopsies shall be performed by Bristol Hospital pathologist or a physician delegated to this responsibility.

d. Unusual disease entities with a significant educational value if autopsy findings were obtained. No autopsy shall be performed without written consent. All autopsies shall be performed by a Bristol Hospital pathologist or a pathologist delegated to this responsibility (if the patient's family requests a pathologist not affiliated with Bristol Hospital).

XI. Emergency Preparedness/Disasters

In the event that the Emergency Preparedness Plan is implemented, ALL PHYSICIANS shall be assigned to duties and locations as deemed necessary to the President of Bristol Hospital as Hospital Disaster Control Director, or the Administrator on call.

In the need to evacuate patients, it is the responsibility of the President of Bristol Hospital to order the evacuation. All evacuations will be coordinated by the Vice President of Patient Care Services, the President of Bristol Hospital, the Chief Medical Officer, and the President of the Medical Staff.