# SECTION IV

# RULES AND REGULATIONS

# OF THE BYLAWS

# MEDICAL AND DENTAL STAFF

# CAROLINAS REHABILITATION

APPROVED BY THE BYLAWS COMMITTEE - 08-13-96; 03/11/03
APPROVED BY THE MEDICAL AND DENTAL STAFF - 08-14-96
APPROVED BY THE BOARD OF COMMISSIONERS - 09-10-96
APPROVED BY THE MEC - 4-19-00 - CHANGES MADE TO THIS SECTION

REVISIONS:

APPROVED BY THE MEDICAL AND DENTAL STAFF - 02-12-97; 11/17/99; 08/14/02; 03/11/03; 08/12/03; 02/03/05; 12/08/05; 11/09/06; 05/10/07; 02/07/08; 04/03/08; 11/02/09; 11/01/10; 02/17/11
APPROVED BY THE BOARD OF COMMISSIONERS - 03-11-97; 12/14/99; 12/19/00; 12/17/02; 06/17/03; 09/16/03; 03/08/05; 03/14/06; 03/13/07; 06/12/07; 03/18/08; 06/10/08; 12/08/09; 12/14/10; 03/15/11

## TABLE OF CONTENTS

## ARTICLE I
## DEFINITIONS

For the purpose of these Bylaws, the following definitions shall apply:

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| 1. | "Administrator" shall mean the Chief Executive Officer of Carolinas Rehabilitation or the Chief Executive Officer's designee. |
| 2. | "Allied Health Professional" means either a Dependent Practitioner or an Independent Practitioner. "Allied Health Professionals" means all Dependent Practitioners and Independent Practitioners. |
| 3. | "Applicant" shall mean a Practitioner who has applied for appointment to the Medical Staff. |
| 4. | "Appointee" shall mean a Practitioner who has been appointed to the Medical Staff. |
| 5. | "Board" shall mean the Board of Commissioners of Carolinas HealthCare System, which has the overall responsibility for the conduct of Carolinas Rehabilitation. |
| 6. | "Bylaws" shall mean the Bylaws of the Medical and Dental Staff of Carolinas Rehabilitation. |
| 7. | "Carolinas Rehabilitation" shall mean the hospital comprised of the CR Facilities. |
| 8. | "CHS Hospitals" shall mean Carolinas Medical Center, Carolinas Medical Center-Mercy, Carolinas Medical Center-Pineville, Carolinas Medical Center-University and Carolinas Rehabilitation. |
| 9. | "CR Facility" shall mean one of the campus locations of Carolinas Rehabilitation, including (1) CR-Main; (2) CR-Mercy; or (3) CR-Mount Holly. "CR Facilities" means all campus locations of Carolinas Rehabilitation. |
| 10. | "Clinical Privileges" shall mean permission to provide medical or other patient care services in CR Facility, as approved by the Board, within defined limits of these Bylaws. |
| 11. | "CMCC Credentials Committee" shall mean the credentials committee for the CHS Hospitals as further described in the CREDENTIALS POLICY. |
| 12. | "CMCC Allied Health Review Committee" shall mean the allied health review committee for the CHS Hospitals as further described in the POLICY ON CLINICAL PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS. |
| 13. | "CMCC Medical Executive Committee" shall mean the executive committee for the CHS Hospitals as further described in the CREDENTIALS POLICY. |
| 14. | "Dentist" shall mean a doctor of dental surgery (D.D.S.) or a doctor of dental medicine (D.M.D.) and an oral surgeon who has completed training requirements for certification by the American Board of Oral and Maxillofacial Surgery. |

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| 15. | "Dependent Practitioner" shall mean a health care professional who is licensed by his/her respective licensing agency and who can only provide service under the direct supervision of a Supervising Physician, including without limitation: (i) a physician assistant; (ii) a certified registered nurse anesthetist; (iii) a certified nurse midwife; (iv) a registered nurse, first assistant; (v) a nurse practitioner; (vi) any other advanced practice registered nurse who is required to provide service under the direct supervision of a Supervising Physician; and (vi) a recent graduate in any of the above-referenced professions who is permitted by state law and the applicable certifying agencies to practice at a CR Facility prior to certification. |

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| 16. | "DIPLOMATE" means that the physician is certified in their primary area of practice by the appropriate specialty and/or subspecialty board of the American Board of Medical Specialties, the American Osteopathic Association or the Commission on Dental Accreditation of the ADA, as applicable. |

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| 17. | "Facility Medical Executive Committee" shall mean the executive committee of the Medical and Dental Staff. |

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| 18. | "Graduate Medical Education" shall mean the educational programs which prepare physicians for practice in a medical specialty. Graduate Medical Education programs, including transitional year programs, are called residency training programs, and the physicians training in them, residents. Following completion of a residency, fellows may also train in Graduate Medical Education programs. |

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| 19. | "House Staff" shall mean fellows and residents appointed through the Division of Education and Research in conjunction with the respective residency program directors of the educational departments. The duties of each member of the House Staff shall be specified by the department to which they are appointed at Carolinas Medical Center. |

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| 20. | "Independent Practitioner" shall mean a health care professional, other than a Physician or a Dentist, who holds a doctorate degree, who has been licensed or certified by his/her respective licensing or certifying agencies and who is not required to provide service under the direct supervision of a Supervising Physician. |

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| 21. | "Medical Staff" or "Medical and Dental Staff" shall mean all Physicians and Dentists who are authorized under Article III to admit and/or attend patients at Carolinas Rehabilitation. |

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| 22. | "Patient Encounter" shall mean any action on the part of the Practitioner to provide medical or other patient care services to the patient in any CR Facility, including, without limitation, admission, treatment, performance or interpretation of diagnostic tests, or consultation, and may include the supervision of house staff and medical students; however, that Patient Encounter shall not include the ordering of tests on an out-patient basis. |

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| 23. | "Peer" shall mean with respect to any Practitioner, any other Practitioner from the same discipline (for example, physician and physician, dentist and dentist). |

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| 24. | “Peer Review Action” shall mean an action or recommendation of Carolinas Rehabilitation, the Board or any committee of Carolinas Rehabilitation or the Medical Staff which is taken or made in the conduct of Peer Review Activity, which is based on the competence or professional conduct of an individual Practitioner or Allied Health Professional (which conduct affects or could affect adversely the health or welfare of a patient or patients), and which affects (or may affect) adversely, with respect to a Practitioner, the clinical privileges or Medical Staff membership of the Practitioner, and with respect to an Allied Health Professional, the clinical privileges of the Allied Health Professional. |

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| 25. | "Peer Review Activity" shall mean **(i)** any activity of Carolinas Rehabilitation and/or Medical Staff with respect to a Practitioner (**A**) to determine whether an Applicant or Appointee may have clinical privileges at Carolinas Rehabilitation or membership on the Medical Staff; **(B)** to determine the scope or conditions of such privileges or membership; **(C)** to change or modify such privileges or membership; **(ii)** any quality review activity conducted to measure, assess, and improve individual or organizational performance; (**iii)** any activity of a Carolinas Rehabilitation or Medical Staff Committee established to review the quality and appropriateness of care provided by individuals who have been granted or are seeking privileges on the Medical Staff. In appropriate circumstances, upon approval of at least one of the Officers of the Medical Staff, Carolinas Rehabilitation or any committee that conducts Peer Review Activity may use the services of an external peer review body or organization to assist in conducting a Peer Review Activity. For example, Carolinas Rehabilitation or any committee that conducts Peer Review Activity, upon approval of at least one of the Officers of the Medical Staff, may require the services of an external peer review body when there is no Practitioner within the service area of the applicable CR Facility who specializes in the same area as the Practitioner who is the subject of Peer Review Activity and is available to conduct a Peer Review Activity or when there is no Practitioner within the service area of the applicable CR Facility who is not either in practice with, or in direct economic competition with the Practitioner who is the subject of Peer Review Activity. |

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| 26. | "Physician" shall mean a doctor of medicine (M.D.) or a doctor of osteopathy (D.O.). |

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| 27. | "Practitioner" shall mean a Physician or Dentist licensed to practice under the laws of the State of North Carolina. |

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| 28. | "President of the Medical Staff" shall mean the President of the Medical Staff of Carolinas Rehabilitation. |

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| 29. | "Staff case" shall mean an indigent or medically indigent patient who is unable to pay the usual charges for medical care. |

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| 30. | "Supervising Physician” shall mean a Physician on the Medical Staff who supervises a Dependent Practitioner in the manner described in the Policy on Clinical Privileges for Allied Health Professionals. |

Words used in these Bylaws shall be read as the masculine or feminine gender, and as the singular or plural as the content requires. The definitions, captions, and headings are for convenience only and are not intended to limit or define the scope or effect of any provisions of these Bylaws.

## ARTICLE II.

## RULES AND REGULATIONS SECTION OF THE BYLAWS

### I. ADMISSION

1. **Who May Admit Patients:** Members of the Medical Staff in the Attending Classification may admit patients to a CR Facility. No other members of the Medical Staff shall be entitled to admit patients to any CR Facility.

   A practitioner who has been granted privileges as a Locum Tenens may also admit patients.

   Dentists who possess the necessary qualifications may be granted privileges to provide dental care to patients.

   Dentists are responsible for the part of their patient's history and physical examination that relates to dentistry.

2. **Admitting Appointee's Responsibilities:**

   a. Unless medical circumstances dictate otherwise, all patients admitted to a CR Facility shall have a provisional diagnosis and specific rehabilitation goals and treatment plan clearly delineated upon admission. During hospitalization, the attending Physician will attend patient planning conferences, team and family conferences, and coordinate care with the other members of the rehabilitation team.

   b. All patients shall be attended by members of the Medical Staff and shall be assigned to the appropriate specialty concerned in the treatment of the condition. Each patient's general medical condition is the responsibility of a qualified member of the Medical Staff.

   c. Members of the Medical Staff admitting and attending patients shall be held responsible for getting as much information as may be necessary to assure the protection of the patient from self-harm and to ensure the safety of other patients in the applicable CR Facility.

3. **Care of Unassigned Patients:** Patients who are presenting for admission who have no attending Physician shall be assigned to a member of the Medical Staff in the Attending Classification.

4. **Alternate Coverage:** Each member of the Medical Staff pledges as a condition of the exercise of clinical privileges at Carolinas Rehabilitation to provide or arrange for the provision of appropriate and continuous care of his or her patients at all times, including arrangements for physician response and presence within a reasonable time to attend to any patient needs or patient emergencies as they may arise. Each member also agrees to provide appropriate and necessary emergency or non-emergency medical treatment within the scope of his or her privileges to any patient seeking such treatment, regardless of such patient's

ability to pay. Any applicant or member may be required to provide satisfactory documentation that adequate coverage provisions have been made.

5. **Continued Hospitalization:** All patients shall remain under the care of an attending Physician or his or her alternate coverage until the time of discharge.

## II. MEDICAL ORDERS

1. **General Requirements:** All orders for medication and treatment shall be in writing and must be authenticated by the members of the Medical Staff except as noted in two (2) below.

2. **Who May Write Orders:** Orders for medication and treatment may be written by members of the Medical Staff and others involved in the care of the patient and others who may have been authorized to do so by the granting of Temporary Privileges or as Locum Tenens. Orders dictated over the telephone will be signed by the person who received the orders with the Physician's name per his or her own name.

   Orders for treatment may also be written by members of the House Staff (residents and fellows in training) pursuant to policies established by the Division of Education and Research. Members of the House Staff may write patient care orders, with the exception of orders for a no-code, which must be written by the attending Physician of record. Counter signature by a member of the Medical Staff is required on the discharge summary.

   **The following individuals are authorized to accept and transcribe verbal orders in their respective discipline:**

   House Staff Physician
   Registered Nurse
   Licensed Practical Nurse
   Independent Practitioner
   Dependent Practitioner
   Nurse Practitioner
   Nurse Midwife
   Physician Assistant
   Clinical Dietitian
   Respiratory Therapist or Respiratory Therapist Assistant
   Physical Therapist or Physical Therapist Assistant
   Occupational Therapist or Occupational Therapist Assistant
   Speech Therapist
   Recreational Therapists
   Registered Pharmacist
   Medical Students Serving as Acting Interns
   Cognitive Education Specialists
   Radiologic Technologist

**The following individuals may document in a patient record:**

All members of the Medical Staff
Locum Tenens
Physicians with temporary privileges
Independent Practitioners
Dependent Practitioners
Nursing Staff
Social Workers
Pastoral Care
House Staff Physician
Registered Nurse
Licensed Practical Nurse
Clinical Dietitian
Respiratory Therapist or Respiratory Therapist Assistant
Physical Therapist or Physical Therapist Assistant
Occupational Therapist or Occupational Therapist Assistant
Speech Therapist
Recreational Therapist
Registered Pharmacist
Physician Assistant
Nurse Practitioner
Nurse Midwife
Medical Students Serving as Acting Interns with Appropriate Signature
Cognitive Educational Specialists
Radiologic Technologist

3. **Verbal Orders:** Verbal orders shall be authenticated (signed or initialed), dated and timed within forty-eight (48) hours of when the order was given by the prescribing Physician/Dentist or Physician/Dentist responsible for the patient's care.

## III. MEDICAL RECORDS

1. **General Rules:** Members of the Medical Staff shall be held responsible for preparation and completion of the medical record for the Carolinas Rehabilitation files within a reasonable length of time, as designated herein.

2. **Authentication:** All medical records must be authenticated by the responsible Practitioner. All entries in the medical record, including all orders, must be timed as well as dated.

3. **Contents:** The contents of the medical record must include identification data, complaint, personal history, family history, chief complaint, history of present illness, physical examinations, and special reports such as consultations, clinical laboratory, x-ray, electrocardiographs, and others. Provisional diagnosis, medical and/or surgical treatment shall also be included along with the pathological findings, progress notes, final diagnosis, discharge summary, and, if performed, autopsy reports.

4. **History and Physical:** An adequate history and physical examination shall be completed and recorded within the earlier of (1) twenty-four (24) hours after admission or (2) prior to surgery. If the history and physical is dictated, an admission progress note indicating the reason for admission and a plan for evaluation and treatment must be recorded on the chart within twenty-four (24) hours after admission of the patient. The history and physical shall be consistent with normally accepted professional standards and Joint Commission requirements. If a history and physical has been completed by the attending Physician/Oral Surgeon within thirty (30) days prior to admission, a signed, dated and timed, durable, legible copy of this report may be used in the patient's medical record provided there has been no subsequent change as noted in an update to the history and physical that is signed, dated and timed within the earlier of (1) twenty-four (24) hours after admission or (2) prior to surgery or the changes have been recorded in an update note to the history and physical that is signed, dated and timed within the earlier of (1) twenty-four (24) hours after admission or (2) prior to surgery.

5. **Progress Notes:** A progress note shall be required of the attending Physician, a member of the attending Physician's clinical service, or a consultant, on every third day.

6. **Invasive Procedure Reports:** All invasive procedures performed shall be fully described in reports by the Practitioner or a designee within immediately after the invasive procedure. These procedure reports should be dictated or written in the medical record and should contain the date the procedure was performed, a description of the findings, the technical procedures used, diagnosis, and the name of the principal Practitioner and any assistants, as appropriate. When an invasive report is dictated, a progress note shall be entered in the medical record immediately after the procedure.

   The completed invasive procedure report is authenticated by the Physician and filed in the medical record as soon as possible after the procedure.

   All procedures shall be performed only with the informed consent of the patient or his legal representative, except in emergencies, the existence of which must be documented fully in the patient's medical record by the physician performing the procedure. Consents must be completed in accordance with the Administrative and Nursing Policies on consents. It is the physician's responsibility to ensure that the risk, benefits, alternatives and possible complications of the procedure are explained to the patient and that such conversation is documented in the patient's medical record prior to the procedure.

7. **Medical Information from Other Hospitals or Health Care Facilities:** When appropriate, documentation from other hospitals or health care facilities may be entered into the chart with the understanding that it will be used to enhance patient care.

8. **Discharge Summaries:** A discharge summary shall be written or dictated on all Hospital medical records after discharge of the patient. The discharge summary should concisely recapitulate the reason for hospitalization, the significant findings, the procedures performed, the

treatment rendered, the condition and disposition of the patient at discharge, medications, and any specific instructions given to the patient and/or family, as pertinent. A final progress note may be substituted for the resume in the case of patients with problems of a minor nature who require less than a forty-eight (48) hour period of hospitalization, and in the case of normal newborn infants and uncomplicated obstetrical deliveries. The final progress note should include any medications, any instructions given to the patient and/or family, as pertinent, and follow-up. In all instances, the content of the medical record shall be sufficient to identify the patient, support the diagnosis, justify the treatment, and document the course and results accurately. All summaries shall be authenticated by the responsible Practitioner. No medical record shall be filed until it is complete.

9. **Delinquent Medical Records:**

(a) Incomplete charts shall be considered delinquent thirty (30) days from patient discharge. Physicians with delinquent charts shall incur suspension of their privileges to admit patients to any CR Facility; to schedule, perform, or assist in surgeries or other procedures; or to otherwise care for patients other than those currently in a CR Facility under the care of the Physician or Dentist at the time of the suspension.

Should delinquent charts not be completed within an additional one hundred fifty (150) days, the Medical Staff appointment of the responsible physician shall automatically terminate. If such is the case, the physician must reapply for appointment to the Medical Staff should he/she so desire.

Temporary waiver of the rules contained in this section pertaining to delinquent Medical Records may be granted by the Administrator or his or her designee in the case of the Physician's or Dentist's illness, absence from the city, or in rare emergencies. Admitting privileges shall automatically be reinstated upon completion of delinquent charts.

(b) An incomplete medical record is defined as a patient's record which does not contain the following documents, reports, or signatures, as applicable:

+ Signed Discharge Summary
+ Signed History and Physical
+ Signed Progress Note(s)
+ Signed Consultation(s)
+ Signed Procedure Notes(s)
+ Signed Physician Orders (with the exception of verbal orders as described in Rules and Regulations II. MEDICAL ORDERS, 3. VERBAL ORDERS)
+ Signed EKG
+ And other medical records requiring completion by or the signature of the Physician

(c) Notification of Physicians of incomplete records shall be in accordance with the policies and procedures as suggested by the Medical Records Department, endorsed by the Quality Assessment and Improvement Committee and approved by the Facility Medical Executive Committee.

10. **Possession, Access and Release:**

(a) All records are the property of Carolinas Rehabilitation. Records may be removed from Carolinas Rehabilitation's jurisdiction and safekeeping only in accordance with a court order, subpoena, or statute. In all other instances, records shall not be removed from Carolinas Rehabilitation without the permission of the Administrator.

(b) In case of readmission of a patient, all previous records shall be available for the use of the attending Physician, whether the patient is attended by the same Physician as previously or by another.

(c) Free access to all medical records of all patients shall be afforded to Medical Staff Physicians in good standing for bona fide study and research, consistent with preserving the confidentiality of personal information concerning the individual patients.

11. **Filing of Medical Records:** No medical record shall be filed until it is complete.

## IV. CONSULTATIONS

1. **Who May Give Consultation:** The patient's Physician is responsible for requesting consultation when indicated. It is the duty of the Medical Staff, through its Facility Medical Executive Committee, to make certain that members of the Medical Staff do not fail in the matter of calling consultations as needed.

A consultant must be well qualified to give an opinion in the field in which his opinion is sought. The status of the consultant is determined by the Medical Staff on the basis of an individual's training, experience, and competence. Members of the Medical Staff shall request appropriate involvement from another qualified Physician whenever it would be required by all accepted standards of medical practice.

2**. Contents of Consultation Report:** A satisfactory consultation includes examination of the patient and record. A written opinion signed by the Consultant must be included in the medical record. When operative procedures are involved, the consultation note, except in an emergency, shall be recorded prior to the operation.

## V. PHARMACY

1. **Drugs Used:** Drugs used shall meet the standards for approval of the Food and Drug Administration (FDA) and/or shall be supported by medical literature or compassionate use.

2. **Renewal/Stop Orders:** See Pharmacy policy manual for Renewal/Stop Orders.

3. **Investigational Drugs:** Investigational drugs may be used at a CR Facility in accordance with approved protocols. An Investigational Review Board (IRB), under proper submittal of required information and presentation of the protocol for review, approves or disapproves protocols as deemed clinically appropriate. Patients admitted to a CR Facility on an approved investigational drug would be allowed to continue therapy during that hospital stay. However, the Physician will need to provide Carolinas Rehabilitation with a copy of the IRB approved protocol, informed consent, and the supply of the investigational drug to be used.

4. **Patient's Own Drugs:** In some situations the patient's personal supply of medication from home may be administered in a CR Facility. A Physician order is required. Medications dispensed from an external pharmacy shall be visualized and identified by the Physician or Carolinas Rehabilitation pharmacist.

5. **Medication Related Incidents:** A medication related incident is defined as any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is under the control of a healthcare professional, patient, or consumer. Medication related incidents will be reported on the approved Medication Event Form and reviewed per policy. Medication Event data will be categorized, summarized and trended by the Pharmacy Department for multidisciplinary review, recommendations and action.

6. **Adverse Drug Reactions (ADR)** are defined as the occurrence of any undesirable sign or symptom not present prior to, but becoming apparent after the administration of a drug, in doses used for humans for the prophylaxis, treatment, or diagnosis of disease, or the modification of physiologic function.

## VI. INFECTION CONTROL

The Chairman of the Infection Control Committee shall have the authority to institute appropriate control measures, surveillance, prevention, or studies when there is reasonably felt to be a danger to the patients, visitors, or personnel of Carolinas Rehabilitation.

## VII. DISCHARGE

1. **Who May Discharge:** Patients shall be discharged on a written or verbal order of a Physician who has been granted privileges as a member of the Medical Staff, or a Physician who has been granted Temporary Privileges or privileges as a Locum Tenens. Members of the House Staff may also discharge patients pursuant to policies established by the Division of Education and Research.

   At the time of discharge, the attending or discharging Physician shall complete the clinical record indicating the final diagnosis or diagnoses. The discharge summary shall be completed and should concisely recapitulate the admission data, care of the patient, and specific discharge instructions.

2. **Discharge Planning:** All patients will be assessed for discharge planning needs upon admission. The Medical Staff will assist the Medical Social Worker, and other disciplines as appropriate, in the identification of discharge planning needs.

3. **Discharge of Minors and Incompetent Patients:** A Physician or Dentist may discharge a minor or incompetent patient into the custody of a parent, guardian, or person standing in loco parentis to the patient. If such a person is not available, the Practitioner should make a referral of the patient's case to Patient and Family Services.

4. **Autopsies and Disposition of Bodies:** The Medical Staff, with other appropriate hospital staff, shall develop and use criteria that identify deaths in which an autopsy should be performed.

   Each member of the Medical Staff is expected to be actively interested in identifying transplant donors and securing autopsies. Autopsies shall be performed only with proper consent and only by pathologist or by a Physician versed in autopsy procedure and protocol.

5. **Coroner's Cases:** In accordance with North Carolina State law, the following cases will be referred to the Medical Examiner: homicide; suicide; accident; trauma; disaster; violence; unknown, unnatural, or suspicious circumstances.

## VIII. MISCELLANEOUS

1. **Emergency Management Plan:** All Physicians and Dentists shall be assigned to posts in a CR Facility, auxiliary hospital, or mobile casualty stations as set forth in the Emergency Management Plan (Code Triage: External Disaster Plan), which has been approved by the Medical Staff. The Emergency Management Plan shall be reviewed by the Facility Medical Executive Committee annually.

2. **Research Activities:** Research done in this institution should have the approval of the Institutional Review Board of Carolinas HealthCare System.

3. **Orientation of New Medical Staff Appointees:** All new members of the Medical Staff shall be provided with orientation information and provided an opportunity to participate in orientation activities.

4. **Abbreviations:** The approved list of abbreviations and acronyms for medicine and nursing will be that which has been approved by the Facility Medical Executive Committee and is kept on file.

5. **Electronic Signature Authentication:** Electronic signatures may be used on medical records; however, when electronic signatures are used, the individual must file an electronic signature authentication confidentiality agreement with the Medical Staff Office. A signed agreement represents that when an electronic signature is used it carries all the ethical and legal implications of a written signature. There shall be no delegation of the use of an electronic signature to another individual.

6. **Discrimination:** No member of the Medical Staff or Allied Health Professional shall discriminate against any patient on the basis of race, religion, national origin, gender, or age.

7. **Nurse's Responsibility to Report Questions of Care:** If a nurse has serious reason to doubt or question the care provided to any patient, the nurse shall call this to the attention of the nurse's supervisor, who in turn may refer the matter to the Director of Nursing Service. If warranted, the Director of Nursing Service may bring the matter to the attention of the Medical Director for appropriate action.

8. **Continuing Medical Education:** Each member of the Medical Staff is expected to participate in continuing education activities that relate, in part, to the privileges granted. Documentation of these continuing education activities shall be provided to Carolinas Rehabilitation at the time the member applies for reappointment and/or renewal or revision of individual clinical privileges. Continuing Medical Education for Physician members of the Medical Staff shall be consistent with the continuing educational requirements for Physicians in North Carolina.

9. **Organized Health Care Arrangement:** By virtue of appointment to the Medical Staff, all Members of the Medical Staff shall be deemed to assent to the establishment of an Organized Health Care Arrangement as defined in 45 CFR - 164.502, as amended from time to time, with Carolinas Rehabilitation with all the rights and obligations attendant thereto.

   The physician is responsible for ensuring that the patient receives adequate information so that the patient knows the name of the practitioner who is primarily responsible for their care, treatment and services

## IX. RESEARCH POLICY

All members of the Medical Staff who participate in research activities shall abide by the policies and procedures of the Institutional Review Board of Carolinas HealthCare System.

## X. HOUSE STAFF

The House Staff shall include fellows and residents appointed through the Division of Education and Research of Carolinas Medical Center. These residents include residents employed by Carolinas Medical Center and those who have adjunct appointment to the House Staff.

Adjunct appointment allows approved residents from other institutions to act as residents under the direct supervision of Attending members of the Medical Staff, the residency program directors, Chairmans, and the Senior Vice President for Education and Research. The duties of each member of the House Staff shall be specified by the designated supervisory physicians and, when appropriate, the residency program directors and Chairmans of the department to which they are assigned subject to approval by the Senior Vice President for Education and Research.

Appropriate supervision involves allowing graduated responsibility to the House Officers appropriate to their proficiency while all of the emphasis is on the quality of patient care. This includes sufficient documentation of knowledge of the essential problems of the patient, and agreement as to the plan of management must be present on the medical

record. Supervisory activities will be in accordance with the essentials of Accredited Residencies in Graduate Medical Education as published by the Accreditation Council for Graduate Medical Education (ACGME) and in the case of Oral Medicine or Oral and Maxillofacial Surgery residents, the American Dental Association (ADA). The House Staff shall not be entitled to membership on the Medical Staff except in extraordinary circumstances as recommended by the Facility Medical Executive Committee and approved by the Board.