

SECTION IV

RULES AND REGULATIONS SECTION

OF THE BYLAWS

MEDICAL AND DENTAL STAFF

CAROLINAS MEDICAL CENTER-MERCY

AND

CAROLINAS MEDICAL CENTER-PINEVILLE

Approval:

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ARTICLE I

DEFINITIONS

The following definitions shall apply to terms used in these manual:

1. "Allied Health Professional" means either a Dependent Practitioner or an Independent Practitioner. "Allied Health Professionals" means all Dependent Practitioners and Independent Practitioners;

2. "Specialty Board" shall mean those specialty boards that are members of the American Board of Medical Specialties or the American Osteopathic Association.

3. "Applicant" shall mean a Practitioner who has applied for appointment to the Medical Staff.

4. "Appointee" means any Physician or Dentist (Practitioner) who has been granted Medical Staff appointment and clinical privileges by the Board to practice at the hospital;

5. "Board" means the Board of Commissioners of Carolinas HealthCare System, who have the overall responsibility for the conduct of the hospital;

6. "Bylaws" shall mean the bylaws of the Medical Staff of Carolinas Medical Center - Mercy and Carolinas Medical Center - Pineville.

7. "CHS Hospitals" shall mean Carolinas Medical Center, Carolinas Medical Center-Mercy, Carolinas Medical Center-Pineville, Carolinas Medical Center-University and Carolinas Rehabilitation.

8. "CMC-C Credentials Committee" shall mean the credentials committee for the CHS Hospitals as further described in the CREDENTIALS POLICY.

9. "CMC-C 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.

10. "CMC-C Medical Executive Committee" shall mean the executive committee for the CHS Hospitals as further described in the CREDENTIALS POLICY.

11. "Dentist" shall mean a doctor of dental surgery (D.D.S.) or a doctor of dental medicine (D.M.D.) who has completed training requirements for certification by the American Board of Oral and Maxillofacial Surgery;

12. "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 the Hospital prior to certification;

13. "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.

14. "Facility Credentials Committee" shall mean shall mean the credentials committee of the Medical Staff.

15. "Facility Medical Executive Committee" shall mean: (i) for Carolinas Medical Center – Mercy, the executive committee of the Medical Staff; and (ii) for Carolinas Medical Center – Pineville, the executive committee of that portion of the Medical Staff practicing at Carolinas Medical Center – Pineville, which reports directly to the Facility Medical Executive Committee at Carolinas Medical Center – Mercy. Reference to "Facility Medical Executive Committee" without designation of a particular facility shall mean the Facility Medical Executive Committee of Carolinas Medical Center – Mercy, unless otherwise indicated by the context of the reference.

16. "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;

17. "Medical Staff" means all Practitioners (who are oral surgeons) who are given privileges to treat patients at either Carolinas Medical Center - Mercy or Carolinas Medical Center - Pineville;

18. "Medical Staff Leader" shall mean an Officer of the Medical Staff, a member of the Facility Medical Executive Committee, a Chair of a Department, a Section Chief, a Committee Chairman, and/or their designee.

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

20. "Peer" shall mean with respect to any Practitioner, any other Practitioner from the same discipline (for example, Physician and Physician, Dentist and Dentist).

21. "President of the Hospital" means the Chief Executive Officer of the Hospital or the Chief Executive Officer 's designee;
22. "President of the Medical Staff" means the President of the Medical Staff of Carolinas Medical Center - Mercy unless otherwise stated;
23. "Physicians" shall be interpreted to include both doctors of medicine ("M.D.s") and doctors of osteopathy ("D.O.s");
24. "Practitioner" shall mean a Physician or Dentist licensed to practice under the laws of the State of North Carolina.
25. "Peer Review Action" shall mean an action or recommendation of the Hospital, the Board or any committee of the Hospital 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.
26. "Peer Review Activity" shall mean (I) any activity of the Hospital and/or Medical Staff with respect to a Practitioner (A) to determine whether an Applicant or Appointee may have clinical privileges at the Hospital 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 reviews activity conducted to measure, assess and improve individual or organizational performance; or (iii) any activity of a Hospital 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, the Hospital 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, the Hospital 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 Hospital 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 Hospital who is not either in practice with, or in direct economic competition with the Practitioner who is the subject of Peer Review Activity.
- In appropriate circumstances, upon approval of at least one of the officers of the Medical Staff, the Hospital or any committee that conducts Professional Review Activity may use the services of an external peer review body or organization to assist in conducting a Professional Review Activity.

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

28. "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 this Manual shall be read as the masculine or feminine gender, and as the singular or plural, as the content requires. The captions or headings are for convenience only and are not intended to limit or define the scope or effect of any provision of this Manual.

ARTICLE II.

RULES AND REGULATIONS SECTION OF THE BYLAWS

I. ADMISSION

1. **Who May Admit Patients:** All members of the Medical Staff, with the exception of the following departments and classifications shall be entitled to admit patients to the Hospital: Department of Emergency Medicine, Department of Pathology and the Consulting, Non-Residence, Telemedicine and Emeritus Classifications.

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

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

- (a) Except in an emergency, no patient shall be admitted to the Hospital until a provisional diagnosis has been stated. In case of an emergency, the provisional diagnosis shall be stated as soon after admission as possible.
- (b) All patients shall be attended by members of the Medical Staff and shall be assigned to the appropriate department 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 and Dental 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 Hospital.
- (d) Orders to initiate treatment of patients admitted to the hospital must be provided by an appointee of the Medical Staff at the time of admission of the patient. All patients admitted to a non-critical care bed must be seen by a physician and a note written within eighteen (18) hours of arrival.

3. **Care of Unassigned Patients:** Patients who are presenting for admission who have no attending physician or oral surgeon shall be assigned to a medical staff appointee for treatment of the condition which necessitated admission. The physician assigned to care for the patient shall be identified through the specialty-specific Emergency Department Call list at the facility where the patient has presented for admission.

4. **Dental Patients:** Members of the Dental Staff who possess the necessary qualifications may be granted privileges to admit patients for dental care.

Prior to dental surgery, an adequate history and physical examination shall be performed on each patient by a qualified Physician or Oral Surgeon member of the Medical Staff. Oral and Maxillofacial Surgeons may perform the medical history and

physical examination, in order to assess the medical, surgical, and anesthetic risks of the proposed operative and other procedures. Any treatment not directly related to the Dental or Oral and Maxillofacial Surgery must be provided by a Physician.

Each patient's general medical condition is the responsibility of a qualified Physician member of the Medical Staff. Dentists are responsible for the part of their patient's history and physical examination that relates to Dentistry.

5. **Critical Care Patients:** Patients will not be directly admitted to the Critical Care Units (Critical Care Units include Surgical Intensive Care Unit (SICU), Medical Intensive Care Unit (MICU) and Coronary Care Unit (CCU) unless a Medical Staff appointee has assessed the patient first. Orders to initiate treatment must be provided on admission to the critical care units. The attending physician must see the patient and write a progress note within twelve (12) hours of admission for patients admitted to the Medical Intensive or Surgical Intensive Care Unit. (The twelve hour standard does not apply to patients admitted to the Coronary Care Unit.) The Medical Staff's written criteria for patient admission to and discharge from the Critical Care Units will be utilized as a guideline for admission and discharge.
6. **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.
7. **Alternate Coverage:** Each member of the Medical Staff pledges as a condition of the exercise of clinical privileges at the Hospital to provide or arrange for the provision of appropriate and continuous care of his 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 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.
8. **Continued Hospitalization:** All patients shall remain under the care of an attending physician or his alternate coverage until the time of discharge.

9. **Observation and Inpatient Rules:** The Medical Staff will abide by the approved Utilization Management Plan as adopted by the Medical Staff which follows Medicare statutes.

Admission- All patients admitted to the hospital will be screened using criteria for inpatient or observation status. Either an inpatient order or an observation service order will be signed by the attending physician. After the appropriate order, the hospital will apply the status of the patient for Medical Staff Rules, and Regulations, or billing and statistical purposes.

Any difficulties with patient status will be resolved by the agreement of the Attending Physician and the Physician Advisor in conjunction with the Utilization Review Committee

II. MEDICAL ORDERS

1. **Time Limited Orders For Restraints:** It is the responsibility of the physician to provide appropriate time limited orders for use of restraints or seclusion in accordance with the Administrative Policy regarding Restraints or Seclusion. This order must include the maximum length of time the restraint or seclusion is to be used and the frequency with which the patient must be assessed and offered assistance with personal needs.
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 or dentist'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
- Clinical Dietitian
- Respiratory Therapist or Respiratory Therapist Assistant
- Physical Therapist or Physical Therapist Assistant
- Occupational Therapist or Occupational Therapist Assistant
- Speech Therapist
- Registered Pharmacist
- Radiology Technologist
- Physician Assistant

Nurse Midwife
Nurse Practitioner
Certified Registered Nurse Anesthetist
Independent Practitioner
Dependent Practitioner
Medical Students Serving as Acting Interns
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
Certified Registered Nurse Anesthetist
Clinical Dietitian
Respiratory Therapist or Respiratory Therapist Assistant
Physical Therapist or Physical Therapist Assistant
Occupational Therapist or Occupational Therapist Assistant
Speech Therapist
Radiology Technologist
Registered Pharmacist
Physician Assistant
Nurse Midwife
Nurse Practitioner
Medical Students Serving as Acting Interns with Appropriate Signature
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.
4. **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.

III. DISCHARGE

1. **Who May Discharge:** Patients shall be discharged on a written or verbal order of an Appointee of the Medical Staff unless discharge is permitted by other Appointees of the Medical Staff under existing hospital protocol, or a physician or oral surgeon who has been granted Temporary Privileges or privileges as a Locum Tenens. Patients shall be discharged on a written or verbal order of the attending staff appointee unless

discharge is permitted by other appointees of the Medical Staff under existing hospital protocol. At the time of discharge, the attending staff appointee shall see that the record is complete, indicate the final diagnosis, dictate the discharge summary, and sign the record. Patients may be discharged on verbal order, but the record shall be considered incomplete until such time as the verbal order is countersigned by the discharging staff appointee.

2. **Discharge of Minors and Incompetent Patients:** A physician or oral surgeon 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.
3. **Discharge Planning:** The Medical Staff shall assist the Hospital in its efforts to identify patients who require discharge planning by informing Nursing or Social Service of any patient the physician feels may need assistance. All patients will be assessed for discharge planning needs upon admission, with appropriate referrals to Patient and Social Services and other disciplines as required.

IV. MEDICAL RECORDS

1. **Possession, Access and Release:** All records are the property of the Hospital. Records may be removed from the Hospital's jurisdiction and safekeeping only in accordance with a court order, subpoena or statute. In all other instances, records shall not be removed from the Hospital without the permission of the President of the Hospital. 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.
2. **General Rules:** Medical Staff Appointees shall be held responsible for preparation and completion of the medical record for the hospital files within a reasonable length of time, as designated herein.
3. **Contents:** The content of the medical record must include identification data, complaint, personal history, family history, history of present illness, physical examinations, special reports such as consultations, clinical laboratory, X-ray, electrocardiographs, isotopes, electroencephalograms, 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. **Discharge Summary/Discharge Clinical Resume:** A discharge summary or discharge clinical resume shall be written or dictated on all Hospital medical records after discharge of the patient. The discharge summary/discharge clinical resume 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.

5. Delinquent Medical Records:

- (a) Incomplete charts shall be considered delinquent 30 days from patient discharge. Physicians with delinquent charts shall incur suspension of admitting privileges, to include admission of inpatients and observation patients, as well as posting of inpatient procedures (except for patients currently in-house) and posting of outpatient procedures. Admitting privileges shall automatically be reinstated upon completion of delinquent charts.

Should delinquent charts not be completed within an additional 90 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 and regulations contained in the section pertaining to delinquent Medical Records may be granted by the President of the Hospital or his designee in the case of the physician's illness, absence, or in valid emergencies.

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

Signed Clinical Resume, including appropriate principal and secondary diagnoses

Signed History and Physical

Signed Progress Note(s)

Signed Consultation(s) (if applicable)

Signed OP note(s) (if applicable)

Signed Pre-Surgical Evaluation (if applicable)

Signed Physician Order(s)

Signed Emergency Department Record (if applicable)

Signed Sterilization Form (if applicable)

Signed EKG (if applicable)

Signed Newborn Record (if applicable)

Signed Labor Record (if applicable)

Signed Ante Partum record (if applicable)

Signed and completed Face Sheet

TNM Form (Tumor size, Nodal status, Metastases)

And any other medical records requiring completion by or the signature of

the Physician or Dentist

6. **Medicare Acknowledgement Statement:** A Medicare Acknowledgment Statement shall be provided to the physician by the Medical Staff Office at the time application is made for appointment to the Medical Staff. If a physician refuses or neglects to sign and return this Statement by the date requested, the physician will be prohibited from admitting Medicare patients until the signed Medicare Acknowledgment Statement has been received by the Medical Staff Office.
7. **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.
8. **Electronic Signature Authorization:** 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.
9. **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 a daily basis.

Progress notes by the Medical Staff should give a pertinent chronological report of the patient's course, should be sufficient to describe the changes in each of the patient's conditions and should record the results of treatment.
10. **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.
11. **Filing of Medical Records:** No medical record shall be filed until it is complete.

V. OPERATIONS AND PROCEDURES

1. Except in extreme emergencies, surgery or other invasive procedures may be performed only after an appropriate history, physical examination, and any indicated laboratory and x-ray examinations have been completed and the pre-procedure diagnosis has been recorded in the medical record. When the history and physical examination has not been recorded before the time stated for an elective procedure, the procedure shall be canceled. In cases of emergency, in which the physician declares that any delay would be detrimental to the patient, a history and physical must be completed as soon as possible following the procedure.
2. For those patients having a procedure in the endoscopy lab, the physician must complete an Endoscopy History and Physical Record prior to the procedure, except in extreme emergencies, in which case the history and physical must be completed as soon as possible following the procedure.

3. Operative and invasive procedure reports must be dictated or written in the medical record immediately after the procedure and must contain the date the procedure was performed, a description of the findings, the technical procedures used, the specimen removed, the post procedure diagnosis, and the name of the primary physician and any assistants, as appropriate. The completed operative or invasive procedure report is authenticated by the physician and filed in the medical record as soon as possible after the procedure. All procedures performed shall be fully described by the physician performing the procedure within (twenty-four) 24 hours.
4. All tissue removed, except those specimens specified by the Facility Medical Executive Committee as exceptions, shall be sent to the hospital pathologist who shall make such examination as he may consider necessary to arrive at a pathological diagnosis. Tissue designated as exceptions include: cataracts, rib removed to enhance operative exposure, teeth, grossly normal placentas in uncomplicated live births, circumcision specimens from newborn infants, amputation specimens of traumatically injured parts, toenails, fingernails, liposuction specimens and redundant skin and other tissue which is otherwise normal and removed for cosmetic or functional purposes. However, at the attending surgeon's request, any of the above exceptions will be examined by the hospital pathologist. Orthopedic appliances and pacemakers, though not considered tissue, are not required to be sent to pathology, unless requested by the surgeon.
5. All surgical operations and 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 operation or procedure.
6. Each physician performing a procedure shall be responsible for having a qualified assistant at the procedure when the physician performing the procedure determines in accordance with accepted standards of medical practice that assistance is required. Based on the nature of the procedure, the physician shall determine the type of assistant required: surgeon, physician, physician assistant, nurse or technician.

VI. CONSULTATIONS

1. Except in an emergency, consultations with another qualified physician are held in cases in which, according to the judgment of the Medical Staff Appointee: (1) the patient is not a good medical or surgical risk, (2) the diagnosis is obscure, (3) there is doubt as to the best therapeutic measures to be utilized, or (4) the patient requires a psychiatric consultation for suicidal behavior. The following guidelines apply to consultations:
 - (a) A consultant must be well qualified to give an opinion in the field in which his

opinion is sought. The determination of the consultant is made on the basis of an individual's training, experience, and competence.

- (b) A satisfactory consultation includes examination of the patient and the patient's record. A written opinion signed by the Consultant must be included in the medical record following each consultation visit. When operative procedures are involved, the consultation notes, except in an emergency, shall be recorded prior to the operation except in situations when the procedure is an integral part of the consultation.
- (c) The patient's physician is responsible for requesting consultation when indicated. It is the duty of the Medical Staff, through its Department Chiefs and Section Chiefs, to make certain that appointees to the Medical Staff do not fail in the matter of calling consultations as needed.
- (d) A consult is required whenever a physician admits a patient to a Special Care Unit and he is not credentialed in the specialty/procedure required for the patient's care.
- (e) Requested consultations must be accomplished within (twenty-four) 24 hours of the consultation request. If a physician who has been asked to provide a consultation has not seen the patient within (twenty four) 24 hours, the patient's attending physician shall be notified and asked to select another physician to provide the consultation.

VII. PHARMACY

1. **Drugs:** Drugs used shall meet the standards for approval of the Food and Drug Administration (FDA) and/or 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 the Hospital in accordance with approved protocols. The 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 the Hospital on an approved investigational drug would be allowed to continue therapy during that hospital stay. However, the physician will need to provide the Hospital 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 the Hospital. A physician order is required. Medications dispensed from an external pharmacy shall be visualized and identified by the physician or Hospital 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 Reaction (ADR)** is defined as the occurrence of any undesirable sign or symptom not present to, but becoming apparent after the administration of a drug, in doses used in humans for the prophylaxis, treatment, or diagnosis of disease, or the modification of physiologic function.

VIII. MISCELLANEOUS

1. **Orientation of New Medical Staff Appointees:** All new members of the Medical and Dental Staff shall be provided with orientation information and provided an opportunity to participate in orientation activities.
2. **Discrimination:** No appointee of the Medical Staff, shall discriminate against any patient on the basis of age, race, color, religion, gender, national origin, handicap or veteran status.

Each Medical Staff appointee affirms the rights of the patient, recognizes that each patient is an individual with unique health care needs, and because of the importance of respecting each patient's personal dignity, agrees to provide considerate, respectful care focused upon the patient's individual needs. The Medical Staff appointee affirms the patient's right to make decisions regarding his/her medical care, including the decision to refuse or discontinue treatment, to the extent permitted by law. The Medical Staff appointee agrees to assist the patient in the exercise of his/her rights and to keep the patient informed of any responsibilities incumbent upon the patient in the exercise of those rights.

3. **Continuing Medical Education:** Effective January 1, 2002, 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 the Hospital 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.
4. **Emergency Department Call Roster:** Appointees to the Attending and Associate Classifications shall, where appropriate, shall be assigned to the Emergency Department Call roster. Emergency Department Call is to be taken at either Carolinas Medical Center - Mercy or Carolinas Medical Center - Pineville. Each physician may designate at which hospitals he/she wishes to take ER call.

If a physician, who has been properly notified of his unassigned emergency call list responsibilities for a particular day, refuses to respond to call from the Emergency Department on that assigned day, the physician will be referred to his Department Chief

and/or Section Chief for appropriate action.

5. **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 appointee of the Medical Staff is expected to attempt to secure autopsies in all deaths that meet criteria adopted by the Medical Staff identifying deaths in which an autopsy should be performed. Findings from autopsies are used as a source of clinical information in quality assessment and improvement activities. These criteria include, but are not limited to:

1. Unexplained and unexpected death.
2. All deaths of forensic/medical examiner importance, including demise within seventy-two (72) hours post surgery or other interventional procedure.
3. Sources of organs and tissues for transplantation.
4. Monitoring and identifying environmental disease.
5. Identification of communicable disease.
6. Provision of reliable data base on causes of death and disease.
7. Genetic counseling of family.
8. Grief counseling of family.
9. Risk Management; identify and eliminate needless risk in hospital practice.
10. Provide information for proper assigning of diagnosis for insurance and death benefits.
11. Evaluate new diagnostic and therapeutic activities.

Permission to perform the autopsy must be obtained by the Physician and documented on the appropriate hospital forms. In situations where permission has been obtained to perform an autopsy by someone other than the attending physician, the attending physician should be notified that the autopsy will be performed. The attending physician shall be informed of the results of the autopsy. The pathologist is responsible for the preparation of a descriptive diagnostic report of autopsies performed. The provisional anatomic diagnoses should be recorded in the medical record within three (3) days, with the complete protocol made part of the medical record within sixty (60) days.

6. **Medical Examiners' 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.
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 or the attending physician cannot be reached to direct care, the nurse shall call this to the attention of the nurse supervisor who in turn may refer the matter to the Vice President on Call. If warranted, the Vice President may bring the matter to the attention of the Section Chief or Department Chief wherein the Practitioner has clinical privileges.
8. **Full Resuscitation Procedures:** Full resuscitation procedures will be implemented for

all patients experiencing cardiac and/or respiratory arrest unless there is a written order from the attending physician not to resuscitate, i.e., "No Dr. Heart (NDH)," "No Code," or "Do Not Resuscitate (DNR)." A verbal order not to resuscitate must be witnessed by one other licensed person and signed by the physician within (twenty-four) 24 hours.

9. **Smoke Free Hospital:** It is the responsibility of the physician to support the "No-Smoking" Policy of the hospital. Patients may be permitted to smoke only on the order of the attending physician in permitted areas, and in accordance with the Administrative policy establishing a Smoke-Free Hospital.
10. **Guidelines for Terminating the Physician Patient Relationship:** Any physician wishing to terminate their physician-patient relationship with a patient should refer to and comply with the hospital's Guidelines for Terminating the Physician Patient Relationship. A physician is responsible for the medical care and treatment of his or her patients during their hospitalization and thereafter when follow-up care is needed. The physician-patient relationship may not be effectively terminated for a hospitalized patient until another physician has agreed to assume care of the patient and documentation of the termination of the physician patient relationship has been entered into the Medical Record as required. In the event that a physician refuses to care for a patient whose medical record does not contain documentation of termination of the physician-patient relationship, the physician will be referred to the Quality Assessment and Improvement Committee for further review.
11. **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 Active Staff, Senior Active Staff, and Associate Staff members of the Medical Staff, the residency program directors, Academic Chairs, 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 Academic Chairs 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, the 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.

12. **Emergency Management Plan:** All Physicians and Dentists shall be assigned to posts in the Hospital, 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.
13. **Research Activities:** 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.
14. **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 Medical Center-Mercy with all the rights and obligations attendant thereto.
15. **Patient Rights:** 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. When appropriate, family members and/or other appointed representatives have the right to know this information as well.