

**SECTION IV**

**RULES AND REGULATIONS**

**OF THE BYLAWS**

**OF THE**

**MEDICAL AND DENTAL STAFF OF**

**CAROLINAS MEDICAL CENTER-LINCOLN**

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

3. "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;

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

5. "Bylaws" shall mean the bylaws of the Medical Staff of Carolinas Medical Center - Lincoln

6. "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;

7. "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;

8. "Hospital" shall mean Carolinas Medical Center-Lincoln

9. "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;

10. "Medical Staff" means all Practitioners (who are oral surgeons) who are given privileges to treat patients at either Carolinas Medical Center - Lincoln

11. "Medical Staff Leader" shall mean an Officer of the Medical Staff, a member of the Medical Executive Committee, a Chair of a Department, a Section Chief, a

Committee Chairman, and/or their designee.

12. "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.

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

14. "President of the Hospital" means the Chief Executive Officer of the Hospital or the Chief Executive Officer 's designee;

15. "President of the Medical Staff" means the President of the Medical Staff of Carolinas Medical Center - Lincoln unless otherwise stated;

16. "Physicians" shall be interpreted to include both doctors of medicine ("M.D.s") and doctors of osteopathy ("D.O.s");

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

18. "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.

19. "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.

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

21. "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:** 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, Specialty of Pathology, Consulting Classification, Non-Residence Classification, Telemedicine Classification and Emeritus Classification.

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

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

- a. Unless medical circumstances dictate otherwise, all patients admitted to the Hospital shall have a provisional diagnosis. 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.

3. **Care of Unassigned Patients:** Patients who are presenting for admission who have no attending Physician or Dentist shall be assigned to a member of the Active Staff in the department in which the condition of the patient indicates assignment.

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. 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.

Oral Surgeons who have patients in the Intensive Care Unit on a ventilator will have a consultation with an appropriate Physician.

5. **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.
6. **Emergency Admissions:** Unless medical circumstances dictate otherwise, all patients admitted to the Hospital shall have a provisional diagnosis. In case of an emergency, the provisional diagnosis shall be stated as soon after admission as possible.
7. **Continued Hospitalization:** All patients shall remain under the care of an attending Physician or his alternate coverage until the time of discharge.
8. **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 Physician Advisor, and/or Utilization Nurse Managers in conjunction with the Utilization Review Committee.

## 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 and Dental Staff except as noted in two (2) below.
2. **Routine Orders:** A physician's routine orders, when applicable to a given patient shall be reproduced in detail on an order sheet of the patient's record, dated, and signed by the physician. Routine orders should be reviewed at least annually and updated as needed.
3. **Initial Orders:** Any initial orders will be on a pre-printed order set either provided by the individual practitioner or the standard order sets provided by the hospital.
4. **Who May Write Order:** 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 to include the date and time of entry.

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

Registered Nurse  
Licensed Practical Nurse  
Independent Practitioner  
Dependent Practitioner  
Clinical Dietitian  
Respiratory Therapist or Respiratory Therapist Assistant  
Physical Therapist or Physical Therapist Assistant  
Occupational Therapist or Occupational Therapist Assistant  
Speech Therapist  
Registered Pharmacist  
Physician Assistant  
Nurse Midwife  
Nurse Practitioner  
Medical Students Serving as Acting Interns  
Radiologic Technologist  
Social Workers  
Medical Laboratory Technologists

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

All members of the Medical and Dental Staff  
Locum Tenens  
Physicians with temporary privileges  
Independent Practitioner  
Dependent Practitioner  
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  
Registered Pharmacist  
Physician Assistant  
Nurse Practitioner  
Nurse Midwife  
Medical Students Serving as Acting Interns with appropriate signature  
Radiologic Technologist  
Medical Laboratory Technologist

- 5. 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 Hospital 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.

**A Short Form History and Physical** may be substituted for the complete History and Physical for admissions for observation, and for other admissions that do not extend past forty-eight (48) hours.

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 a daily basis.
6. **Surgical Records:** Charts of patients admitted to the in-patient, out-patient, ambulatory surgical suite, or of any other operative cases done in any location in the Hospital, shall contain, except in dire emergencies, as a minimum, a pre-surgical evaluation to include the reason for surgery, pertinent past medical history, current medications, allergies, and abnormal physical findings, if any, including a statement that the heart and lungs have been examined.

7. **Operative Reports:** All operative and invasive procedures performed shall be fully described in reports by the operating surgeon or a designee immediately after an operative or invasive procedure. These operative 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, the specimens removed, the pre- and post-operative diagnosis, and the name of the principal surgeon and any assistants, as appropriate. When an operative or invasive report is dictated, a progress note shall be entered in the medical record immediately after the procedure.

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.

8. **Anesthesia Note:** The pre-anesthesia note should contain the age and sex of the patient, the proposed procedure, the pertinent past medical history, allergies, medications, previous anesthetic experience, pertinent laboratory, EKG, and chest x-ray findings, and ASA classification. In addition, there should be a physical examination of the airway, lungs, and/or heart, if indicated by the patient's history. If the anesthetic management was discussed with the patient or the patient's guardian, documentation of that discussion should be contained in the anesthetic pre-evaluation note.
9. **Pathology Report:** All tissue (with the exception of tissue as approved by the Facility Medical Executive Committee) removed at an operation shall be sent to a Hospital pathologist, who shall make such examinations as he may consider necessary to arrive at a pathological diagnosis, and he shall sign his report.
10. **Obstetrical and Newborn Records:** In the case of normal newborn infants and uncomplicated obstetrical deliveries, a progress note may be substituted for the discharge summary if the period of hospitalization has been less than forty-eight (48) hours. The final progress note should include any instructions given to the patient and/or family, as pertinent.
11. **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.
12. **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.

**13. 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 the Hospital; to schedule, perform, or assist in surgeries or other procedures; or to otherwise care for patients other than those currently in the Hospital 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 after initial physician notification of delinquency, 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 of the Hospital or his 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, or short stay note
- + Signed History and Physical
- + Signed Progress Note(s)
- + Signed Consultation(s)
- + Signed OP Note(s)
- + Signed Pre-Surgical Evaluation
- + Signed Physician Orders (with the exception of verbal orders as described in Rules and Regulations II. ORDERS, 3. VERBAL ORDERS
- + Signed Emergency Department Record
- + Signed Sterilization Form
- + Signed EKG
- + Signed Newborn Record
- + Signed Labor Record
- + Signed Delivery Note
- + Signed Ante Partum record
- + TNM Form (Tumor size, Nodal status, Metastases)
- + And other medical records requiring completion by or the signature of the Physician or Dentist

- (c) Notification of Physicians and Dentists of incomplete records pending suspension and revocation of privileges shall be in accordance with the policies and procedures as suggested by the Medical Records Committee and approved by the Facility Medical Executive Committee of the Medical

and Dental Staff.

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

- (a) 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 Administrator of the Hospital.
- (b) In case of readmission of a patient, all previous records shall be available for the use of the attending Physician or Dentist, whether the patient be attended by the same Physician or Dentist 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.

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

**IV. CONSULTATIONS**

Except in an emergency, consultations with another qualified Physician are held in cases in which, according to the judgment of the Physician: (1) the patient is not a good risk for operation or treatment, (2) the diagnosis is obscure, (3) there is doubt as to the best therapeutic measures to be utilized, or (4) Curettages or other procedures by which a known or suspected pregnancy may be electively interrupted after the first twenty (20) weeks of pregnancy. 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 status of the consultant is determined by the Medical Staff on the basis of an individual's training, experience, and competence.
- (b) 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.
- (c) The patient's Physician or Dentist is responsible for requesting consultation when indicated. It is the duty of the Medical Staff, through its Department Chiefs of clinical departments and Facility Medical Executive Committee, to make certain that members of the Medical Staff do not fail in the matter of calling consultations as needed.
- (d) Requested consultations should be performed within twenty-four (24) hours of the consultation notifications. The timeliness of consultations designated as urgent/emergent will be decided by the referring physician and the consultant.

## V. OPERATIONS AND PROCEDURES:

1. **Surgical Privileges:** The privilege of performing surgical procedures in the Hospital shall be accorded only to those who are approved by the Facility Medical Executive Committee and Board, but in all cases the following training and qualifications shall be prerequisite:
  - (a) Major Surgery
    - i. Graduate Surgical Training: The Applicant shall have completed the surgical residency training in a hospital or hospitals approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association.
    - ii. Such other requirements as may be established by the respective clinical departments, subject to recommendation of the Facility Medical Executive Committee and approval by the Board.
  - (b) Minor Surgery
    - i. Minor surgical privileges may be granted to Applicants in non-surgical classifications upon recommendation of the Facility Medical Executive Committee and approval by the Board.
2. Each operating surgeon shall be responsible for having a qualified assistant at surgical procedure(s) when the operating surgeon determines in accordance with accepted standards of medical practice that surgical assistance is required. Based on the nature of the surgery, the operating surgeon shall determine the type of surgical assistant required: surgeon, medical student, resident, fellow, Physician, Physician assistant, nurse, or technician.
3. 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.
4. Charts of patients admitted to the in-patient, out-patient, or ambulatory surgical suites shall contain, except in dire emergencies, as a minimum, a pre-surgical evaluation to include the reason for surgery, pertinent past medical history, current medications, allergies, and abnormal physical findings, if any, including a statement that the heart and lungs have been examined.
5. All operative and invasive procedures performed shall be fully described in reports by the operating surgeon or a designee immediately after an operative or invasive procedure. These operative 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, the specimens removed, the pre- and post-operative diagnosis, and the name of the principal surgeon and any assistants. When an operative or invasive report is dictated, a progress note shall be entered in the medical record immediately after the procedure.

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.

6. Surgeons must be ready to commence the first case of the day in each operating room at the time scheduled, and in no case will the operating room be held longer than fifteen (15) minutes after the time scheduled unless proper notification of genuine emergency has been given.
7. All tissue (with the exception of tissue as approved by the Facility Medical Executive Committee) removed at an operation shall be sent to a Hospital pathologist, who shall make such examinations as he may consider necessary to arrive at a pathological diagnosis, and he shall sign his report.

## VI. PHARMACY

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

1. **Renewal/Stop Orders:** See Pharmacy Policy manual for Renewal/Stop Orders.
2. **Investigational Drugs:** Investigation 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.
3. **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, Hospital pharmacist, or nursing staff as appropriate.
4. **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.
5. **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.

## VII. 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 the Hospital.

## VIII. DISCHARGE

1. **Who May Discharge:** Patients shall be discharged on a written or verbal order of a Physician or Dentist who has been granted privileges as a member of the Medical Staff, or a Physician or Dentist 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 or Dentist 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:** The Medical Staff shall assist the Hospital in its efforts to identify patients who require discharge planning by informing Nursing or Discharge Planning 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 Family Services and other disciplines as required.
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 securing autopsies. Autopsies shall be performed only with proper consent and only by Hospital pathologist or by a Physician designated by him.

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.

## IX. MISCELLANEOUS

1. **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.
2. **Research Activities:** Research done in this institution should have the approval of the Institutional Review Board, as appointed by the Medical Executive Committee.
  3. **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.
  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, sex, 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 Assistant Administrator. If warranted, the Assistant Administrator may bring the matter to the attention of the Department Chief of the department wherein the Practitioner has clinical privileges for appropriate action as determined by the Department Chief.
  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 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 education 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 Medical Center-Lincoln with all the rights and obligations attendant thereto.
  10. **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.

- 11. Policy and Procedure Review:** The medical staff shall conduct ongoing review and revision of medical staff and clinical department policies and procedures as necessary through their respective departments by consensus of the majority and recommendations submitted to the Medical Executive Committee for final approval. If there is disagreement between the departments, the Medical Executive Committee shall determine the outcome. These policies and procedures are then subject to approval by the Board of Directors.
- 12. Inspection of Information:** Each medical staff member shall be promptly informed of, and have the right to, inspect any information pertaining to that individual medical staff member that is submitted to any medical staff officer or committee, or Hospital administration to be considered by them in determining whether any action should be taken with respect to a medical staff member's membership status or privileges. This may include, but shall not be limited to, any information being considered that may result in a limitation, restriction, or denial of medical staff privileges. Each member shall have the right to review information pertaining to them upon request at any reasonable time. Should the member wish to disagree with or clarify any such information, he/she may submit any additional information he/she desires which shall be placed in the same file and considered with the original information.
- 13. Copy of Reports:** The Hospital shall provide a copy of any report that it proposes to send to any outside organization (such as the National Practitioner Databank, a Peer review organization, or licensure or certification board) concerning the member, and allow the member to provide any input he/she desires before the report is transmitted to that organization.
- 14. Graduate Medical Education:** While the Hospital does not have a graduate medical education program, it may from time to time have physicians in training under the direct supervision of an active medical staff member (See Policy & Procedure for Details).