PALMS OF PASADENA HOSPITAL
MEDICAL STAFF
RULES AND REGULATIONS

ARTICLE I, ADMISSIONS, ORDERS, CONSULTATIONS AND PROCEDURES

Section 1. Limitation of Admission

Patients shall not be admitted primarily for psychiatric treatment nor for custodial or rehabilitative care. Excepting extenuating circumstances, in which case the Administrator shall require approval by the Chief of the Department of the admitting physician, diseases not customarily treated in a general hospital, including alcoholism, drug addiction, open tuberculosis, poliomyelitis and contagious diseases, such as uncomplicated measles, mumps, etc., shall not be admitted. No obstetric cases shall be admitted for routine confinement.

Section 2. Classification of Admissions

The admitting physicians shall properly classify every patient admission for Admitting Office personnel. Admissions shall be classified as:

A. Emergency (E)

Emergency cases shall be those in which delay of admission could reasonably be expected to jeopardize survival or recovery. This includes, but is not limited to, surgical emergencies such as intestinal obstruction, active hemorrhage, etc., and medical emergencies of similar seriousness including, but not limited to, pulmonary edema, acute myocardial infarct with shock, etc.

B. Urgent (U)

Urgent cases shall be those of less immediate seriousness than emergency cases so that a delay of one to two (1-2) days or more will not be prejudicial to the patient's welfare.

C. Elective and Routine (R)

Elective cases shall be those cases which may be admitted using routine admissions procedures.

Section 3. Priority of Admissions

When a bed shortage exists, elective surgical cases may not be admitted with less than three (3) days notice. Also, admissions shall be made in the following order of priority:

A. Emergency Cases
B. Previously Scheduled Surgical Cases
C. Urgent Cases
D. Elective or Routine Cases

Whenever a shortage of beds exists for elective or routine cases, first priority shall be given to physicians on the Active Medical Staff. Beds remaining after this allocation shall be available for physicians of the Courtesy Staff.

Section 4. Admitting Diagnosis and Diet Orders

Except in emergency no patient shall be admitted to the hospital until after a provisional diagnosis has been stated. In case of emergency the provisional diagnosis shall be stated as soon after admission as possible. Upon admission the physician may be requested to provide diet orders to the Admitting Office.

Section 5. Elective Surgical Admissions

All elective surgical admissions shall be made between 1:00 p.m. and 6:00 p.m. Admissions later than 6:00 p.m. shall be subject to postponement at the election of the Hospital Administrator.

Section 6. Hazardous Conditions

Physicians admitting patients shall be responsible for giving such instructions to the Admitting Office as may be necessary to assure the protection of the patient, other patients and hospital personnel from sources of danger which can be reasonably foreseen. Patients thought to be suffering from alcoholism, drug addiction, psychosis and other dangerous tendencies shall be admitted to a private room with private duty nurses when available and shall have psychiatric consultation pending definite diagnosis and disposition. Suicidal patients shall be admitted to the SICU and a psychiatric consultation obtained within 24 hours. Patients with infectious diseases shall be treated with appropriate precautionary techniques until it is determined that they are not infective or until proper disposition has been made.

Section 7. Physicians Orders

All orders shall be in writing. Verbal orders by a practitioner may be reduced to writing by a registered nurse, qualified LPN as designated by Nursing Administration, or pharmacist if countersigned by the attending practitioner. Verbal orders are not desirable if the prescriber is physically present, with the exception of during procedures and code situations. Verbal orders cannot be accepted for investigational drugs. The following verbal orders may be reduced to writing by a respiratory therapist, if countersigned by the attending practitioner:

A. Change in chest physiotherapy frequency.
B. Change in the amount of inhaled bronchodilator and frequency of nebulizer treatments.
C. Changes in ventilator settings.
D. Institution or discontinuance of arterial lines.
E. Arterial Blood Gases.

Verbal orders for diagnostic radiology studies may be reduced to writing by a radiologic technologist, if countersigned by the attending physician. Verbal dietary and nutrition related orders may be reduced to writing by a registered dietitian, if countersigned by the attending physician. Verbal orders for clinical laboratory testing may be reduced to writing by a Medical Technologist or Medical Laboratory Technician, if countersigned by the attending physician.

Orders dictated over the telephone by a practitioner shall be written by the person transcribing the orders, shall be read back to the dictating practitioner and confirmed by the dictating practitioner (with appropriate TOC or VOC notations made, which identifies that confirmation of the read back has been made), and shall be signed by the person transcribing the order, with the name of the physician per his or her own name. "Repeat back" in lieu of "read back" is acceptable in emergent or procedural settings. All verbal orders must be signed by the practitioner within 48 hours.

Section 8. Standing Orders

Standing orders shall be formulated by conference between the Medical Council and the Hospital Administrator. The orders shall be issued by the Hospital Administrator and shall be changed or rescinded only by him after conference with the Medical Council. Such standing orders shall be the orders for treatment of patients for whom no specific orders are written by the attending physician.

Section 9. Absence of Attending Physician

Whenever an attending physician shall be absent from the city or for any reason be unavailable to attend his patients, he shall provide for a member of the Medical Staff to attend his patients. In the event that no attending physician is available, the Hospital Administrator shall be authorized, when necessary, to call any member of the Medical Staff who is available on the Emergency Service Duty Schedule.

Section 10. Consultations

Consultations shall be sought from physicians who are qualified to give opinions in the field in which an opinion is sought. The consultant shall give a written, signed report that shall be included in the hospital record, which shall be used as a communication tool among all practitioners involved in the patient's care and treatment. When an elective operative procedure is involved, the consultation shall be posted on the medical record prior to operation. The attending physician shall be responsible for requesting consultations when indicated by medical judgment or as required by Rules and Regulations. Consultations are desirable but not mandatory in cases of poor risk for surgery or treatment and in cases where the diagnosis is obscure or treatment uncertain.

Section 11. Required Consultations

With the exception of emergencies, consultation is required in the following cases:

a. Unusual, novel, experimental or non-standard treatment including uterine, ovarian and renal suspensions.

b. Radiotherapy for conditions (other than pathologically verified malignancy) involving gonads in males, female children or women of childbearing age. Women shall be presumed to be of childbearing age if under the age of 45 years and having a history of menstruation within one year. The radiologist may serve as consultant.

c. Dilation and curettage of patients of childbearing age except in case of verified incomplete abortion with tissue submitted to the hospital laboratory, Class III, IV, or V cytology, negative pregnancy test by hospital laboratory, or in the course of hysterectomy.

d. All females in the childbearing age shall have a routine pregnancy test done and the findings recorded prior to any contemplated uterine surgery, except in cases of admission for IVF and GIFT procedures.

e. Unless the attending physician has the appropriate clinical privileges, consultation by a qualified specialist (a practitioner who has been granted the appropriate clinical privilege) shall be obtained in a timely manner when special procedures or treatment are required to care for a patient, such as for patients in respiratory failure requiring mechanical ventilation therapy, patients in acute renal failure requiring dialysis, patients with complicated myocardial infarction, and patients who have attempted suicide.

Section 12. Permission for Sterilization Procedures

All sterilization procedures, irrespective of whether male or female and whether consultation is required or not required, shall be done only after written informed consent is received from the patient and, if required, from the spouse, parent or guardian. Said permission shall be a part of the medical record.

Section 13. Termination of Pregnancy

A pregnancy may be electively terminated by a member of the gynecology staff during the first trimester.

Section 14. Discharge of Patients

Patients shall be discharged on order by the attending practitioner. A discharge order for an in-patient may be written by a dentist or podiatrist, whichever is appropriate, after consultation with a physician member of the medical staff, when medically indicated. The attending practitioner shall notify the patient of anticipated discharge at or prior to the time at which the order for discharge is written. The practitioner shall record a provisional discharge diagnosis. In an emergency or under unusual circumstances, the Hospital Administrator may discharge patients upon order by the Chief of Staff.

Section 15. Transfer of Patients

Patients transferred to other hospitals, to extended care facilities and nursing homes shall have a transfer note completed by the attending physician and the medical record shall be completed to the extent that the History, Physical Examination, Chest X-Ray and Discharge Summary may be transferred with the patient and to the extent that adequate care may be given uninterrupted.

Section 16. Service Cases

Each physician shall accept and treat service cases as assigned by the Chief of Staff or by the Chief of his department or the Medical Council.

Section 17. Disaster Assignments

All physicians shall accept assignments to disaster or casualty stations as made by the Chief of Staff and all physicians shall report as needed to such stations upon direction of the Chief of Staff or the person acting as Chief of Staff. The Chairman of the Hospital Disaster Committee and the Hospital Administrator shall develop and periodically revise disaster procedures and policy and shall supervise required fire and disaster drills. The Chief of the Medical Staff shall issue Medical Staff assignments and the Hospital Administrator shall issue orders to Hospital employees in order to implement Disaster Plans.

Practitioners who do not possess medical staff privileges at Palms of Pasadena Hospital may practice at this hospital during an "emergency" (defined as any officially declared emergency, whether it is local, state, or national), only when the Hospital's Emergency Management Plan has been activated and it has been determined the Hospital is unable to meet immediate patient needs (refer to Policy MSS.005).

Section 18. Deaths and Autopsies

The attending physician shall arrange for notification of the next of kin whenever a patient dies. If the physician cannot be reached, or in an emergency, the Nursing Supervisor may assume this responsibility for the physician. Every member of the Medical Staff is expected to be actively interested in securing autopsies whenever possible. Requests for autopsies shall be made by the attending physician or others at his directions,

to the next of kin or other party responsible for disposition of the body. All deaths reportable to the Medical Examiner under Florida State Law shall be reported by the attending physician. No autopsy shall be performed without written or telegraphic authorization, except as provided for by State Law in the case of inability to locate persons capable of giving authorization. No autopsy shall be performed in a case in which the Medical Examiner has jurisdiction. Each autopsy shall be performed by a pathologist, and provisional anatomic diagnosis shall be recorded in the patient's medical record within three (3) days. The completed autopsy protocol shall be a part of the medical record within sixty (60) days.

The Medical Staff has developed indications for autopsies which include:

A. Request by the attending practitioner for education or medical enlightenment.
B. Deaths under suspicious circumstances.
C. Cause of death not known.
D. All hospital deaths within 24 hours of admission if not previously attended by a physician.
E. Death due to trauma.
F. Intraoperative or intraprocedural death.
G. Death occurring within 48 hours after surgery or an invasive diagnostic procedure.
H. Deaths in which the patient sustained an injury during hospitalization.
I. Public health and safety conditions (e.g., questions of transmittable disease).
J. Death of patients who have participated in clinical trials approved by the Institutional Review Board.
K. Deaths known or suspected to have resulted from environmental or occupational hazards.
L. Request by family/legal representative.
M. Other indications as contained in F.S. 406, Medical Examiner requirements.

Section 19. Surgical Care

A. All requirements in the "Medical Records" section of these Rules and Regulations apply in the care of surgical patients, particularly with reference to the history and physical examination, the completion of operative reports, and all anesthesia-related requirements. The requirements for informed consent also apply.

B. The responsible practitioner shall record and authenticate a preoperative diagnosis prior to surgery.

C. All required or ordered test reports/results (Laboratory, X-Ray, EKG, etc.) shall be recorded in the medical record prior to the performance of any elective surgical procedure.

D. All elements required shall be included in the immediate post-operative note.

E. All patients shall be discharged from the post-anesthesia recovery area by a physician. The overall direction of the post-anesthesia recovery area shall be provided by the Chief of Anesthesia Services. When discharge criteria are used, and when there is no written discharge order or authenticated verbal order by a physician to release the patient, the name of the physician responsible for the patient's release shall be recorded in the medical record by the nurse in the recovery area.

F. There shall be a systematic review and evaluation by the Department of Surgery of all patients who require in-patient hospitalization following ambulatory (same-day) surgery.

G. Practitioners performing surgical procedures shall report any post-discharge infections to the Infection Control Nurse.

H. Elective surgical cases will be listed to begin at 7:30 a.m. with succeeding cases listed to start at specific times. At the surgeon's request, cases may be booked for 7:00 a.m.; however, patients will not be taken

into the room prior to 6:45 a.m. for a booked 7:00 a.m. case. Cases will be accepted within the limits of the surgical practitioner's delineation of privileges, on file in the surgical suite. Cases will be listed in the order called in. Specific times shall not be routinely observed. Cases shall be booked only for specific patients and not by procedure only. Emergency cases will be handled on an individual case basis.

I. Patients shall be moved from the operating room to the recovery area by a licensed nurse. As needed, an Anesthesiologist shall accompany the patient.

J. There shall be a specific designation of individuals charged with the responsibility of positively identifying the patient, the procedure designated, the site and side to be operated upon and the level, the fact that the premedication was correct and given in a timely manner, and that the required NPO status was maintained.

K. Except for an emergency situation, cases known or suspected to be contaminated shall be operated upon at the end of the day's scheduled cases.

L. Medical and operating room personnel who leave the surgical area must remove caps, masks and shoe covers and replace them with clean caps, masks and shoe covers upon re-entering the area. It is not necessary to cover scrub clothes with a lab coat when leaving the operating room area nor to change scrub clothes when returning from other units within the hospital.

M. Practitioners called to consult in the operating suite will change into appropriate scrub clothes, cap, mask and shoe covers.

N. Masks are to be worn over the nose and mouth and changed at least between cases.

O. Appropriate operating room attire should be worn in the operating room suite, in areas designated by red lines.

P. If at the end of a surgical procedure, the sponge, sharps, or instrument count is incorrect, the patient must be X-rayed and the film read prior to moving the patient out of the operating room, unless the patient's condition dictates otherwise.

Q. No food shall be taken into the operating room suite.

R. Traffic control rules for the surgical suite and recovery room shall be observed by all practitioners.

S. All patients attended by an Anesthesiologist shall go to the recovery room unless the Anesthesiologist determines that the patient may be safely returned to the floor or discharged, in the case of an out-patient. Patients receiving only local anesthesia may go to the recovery room at the request of the responsible surgeon. When the recovery room is closed, the same degree of care shall be provided regardless of where the post-anesthesia recovery is carried out.

T. The responsible Anesthesiologist shall be in constant attendance during the entire procedure. Following the procedure, the Anesthesiologist or his qualified designee shall remain with the patient as long as required by the patient's condition relative to his anesthesia status, and until responsibility for proper patient care by other qualified individuals has been assured.

Section 20. Surgical Schedule

Surgeons shall be in the operating room ready to commence at the time of a scheduled case. Cases may be cancelled at the direction of the Operating Room Supervisor whenever an operating room must be held longer than thirty (30) minutes after the scheduled time due to absence of the surgeon.

Section 21. Consent for Treatment

No treatment and no transfusion shall be administered without proper written consent by the patient or his legal representative except in emergency. No surgical operation shall be performed without written informed consent by the patient or his legal representative, except in emergency. The surgeon is required to specify the operative procedure by verbal or written order. Physicians must sign all consents for operative/invasive procedures and/or anesthesia.

Section 22. Surgical Assistants

The operating surgeon shall have a qualified assistant at all major operations and at all minor operations where an assistant is reasonably required. Patients shall be properly informed of the identity of operating surgeons and assistants.

Section 23. Surgical Specimens

Specimens removed during surgery are ordinarily sent to the Pathology Laboratory for evaluation, but specimens may be excluded, if approved by the Laboratory Medical Director, Surgery Department or appropriate Medical Staff committee(s).

A listing of types of surgical specimens that are exempt from microscopic examination shall be defined. Irrespective of any exemptions, microscopic examination should be performed whenever there is a request by the attending physician, or at the discretion of the pathologist, when indicated by the clinical history or gross findings. This listing shall be approved by the Medical Staff or appropriate committee(s).

Specimens shall be received, assigned numbers, described and examined in such detail as a pathologist may consider necessary to arrive at a pathological diagnosis. For all teeth removed, the number, including fragments, shall be recorded in the medical record. A signed report shall be issued for every specimen received. For any authorized specimen exemptions, there must be another suitable means of verification of the removal (e.g., X-ray, visual, inspection of residual status, etc.). The surgeon shall identify to the circulating nurse the exact specimen that is being sent to Pathology.

Section 24. Financial Records

Admitting physicians shall:

A. Refer elective cases to the Hospital Admissions Office for advance arrangements.
B. Complete reports required to secure payment of insurance or compensation claims by the Hospital.
C. Record information required for hospital billing.

Section 25. Emergency Service Coverage

Emergency Service coverage for all specialties will be the responsibility of the individual departments. All members of the medical staff may be required to provide this coverage according to the needs as determined by the Department Chiefs. Members of the Active Medical Staff who have served on the Emergency Room roster at Palms of Pasadena Hospital for a period of fifteen (15) consecutive years are exempt from mandatory emergency service coverage. Restrictions due to incomplete records shall not pertain to assigned emergency

service coverage, although in all other respects restrictions as to attending and admitting privileges shall be unaltered.

Whenever an assigned physician shall be unable to discharge assigned emergency service duty, the assigned physician shall be responsible for providing coverage by another physician on the emergency duty roster.

Physicians serving on the emergency duty roster must agree to accept all Emergency Room patients referred to them for admission or office follow-up when contacted on their scheduled day of coverage by the E.R. physician between the hours of 7:00 a.m. to 7:00 a.m., except for extenuating circumstances. Refusal to accept a patient while on call shall constitute removal from serving on the emergency duty roster.

A. Orthopedic E.R. On-Call Policy: Orthopedic E.R. call will include those Active and Courtesy Staff orthopedic surgeons who wish to take E.R. call at Palms. One day of call will be given to each involved orthopedic surgeon, on a rotational basis. In addition to maintaining the requirements for Active and/or Courtesy Staff membership, as outlined in the Medical Staff Bylaws, orthopedic surgeons on staff who wish to take Orthopedic E.R. call at Palms must also comply with the following requirements:

1. In an effort to set a basic level of quality patient care, each orthopedic surgeon taking E.R. call will need to perform an average of at least one (1) surgery per month, or at least twelve (12) surgeries per year, at Palms to remain on the E.R. call schedule.
2. After the first six-month's period following initiation of this policy, the prior six-month's patient activity statistics will be calculated for each orthopedic surgeon on E.R. call. Those surgeons who do not meet the required patient activity requirements (i.e., have not performed at least six (6) surgeries at Palms during the past six month's period) will be automatically removed from the call roster.
3. These patient activity statistics will then be reviewed on an annual basis.
4. New orthopedic surgeons joining the Medical Staff and who wish to take E.R. call will be given one (1) year to meet the above patient activity requirements to remain on the E.R. call roster.

Section 26. Parliamentary Authority

The applicable parliamentary authority for matters not otherwise provided in the Bylaws or Rules and Regulations shall be the current edition of Roberts Rules of Order.

Section 27. Restraint of Patients

The intent of this Medical Staff rule is to eliminate the unnecessary use of patient restraints by employing alternative strategies whenever possible. Restraints should be utilized only as a last resort. All members of the Medical Staff, AHP Staff and Supportive Patient Care Staff shall comply with the hospitalwide restraint policy.

Medical Immobilization – In the case of medical immobilization, such as associated with medical, dental, diagnostic or surgical procedures (for example, surgical positioning, IV arm boards, radiotherapy procedures) or for adaptive support devices, such as table top chairs or partial bed rails, the following restraint standards do not apply.

Medical/Surgical Restraints - A physical or mechanical device to involuntarily restrain the movement of the whole or a portion of the patient's as a means of controlling physical activities to protect the patient or others from injury.

Initiating restraints requires a physician order to be obtained within one hour of application of restraint. This

order may be taken over the telephone and documented as a T.O.C. (Telephone Order Confirmed), but the patient must be seen and the order signed by the physician no greater than twenty- four hours after the restraints applied. Thereafter, a daily physician order is required to continue restraint usage. The use of the restraint requires a physician's order specifying the type of device (such as mitts, wrist, vest) and the clinical justification criteria for restraint application. Each restraint order is time limited to a maximum length of 24 hours for patients.

If a patient's behavior escalates after an early release from restraint and the escalating behavior is part of the original episode that prompted the order and if reapplication of restraints does not exceed eight hours, then a new order need not be obtained. If the reapplication of the restraint after an early release exceeds eight hours from time of discontinuation, a new order must be obtained from the Licensed Independent Practitioner.

Continuation of the restraint, after the original order expires, requires that the patient receive a face-to- face reassessment by the Licensed Independent Practitioner.

Emergency Behavioral - The application of restraints for a serious disruption that impacts the therapeutic environment in which the patient's behavior poses a serious and imminent danger, the physical safety of self, staff and others and non-physical intervention would not be effective; and safety issues require an immediate physical response. The Emergency Behavioral restraint order must be obtained within fifteen minutes of application and may be defined as either a physical restraint or as a one-to-one continuous sitter. Order renewal is required every 4 hours for the physically restrained adult >/= 18 years of age, every 2 hours for the physically restrained individual 9-17 years of age, every 1 hour for the physically restrained child of < 9 years of age, and every 24 hours for the unrestrained patient with a one-to-one continuous sitter.

Clinical Justification Criteria for application of restraints:

1. Each patient is assessed by an RN for the need to apply restraints upon admission and as the patient's condition warrants.
2. Pulling at Invasive/Tubes Lines.
3. Patient Safety (attempting to crawl out of bed/chair and/or exhibiting disoriented/confused behavior resulting in potential injury to self or others).
4. Surgical/Wound Maintenance (picking at site in manner that hinders healing process).
5. Emergency Behavior Situation (physically aggressive with significant harm to self or others).

Section 28. Pre-Anesthesia Evaluation

The anesthesiologist, or his anesthesiologist designee, shall be required to see the elective surgical in-house patient the day before surgery. Failure to do so shall result in a seven (7) day suspension. For same-day surgery patients, the anesthesiologist, or his anesthesiologist designee, shall be required to see the patient prior to the patient being taken into the operating room.

Section 29. EKG Interpretation

All EKGs and holter monitors will be interpreted within 72 hours as follows: holter monitors from time taken off patient and EKGs from time done. If not interpreted within 72 hours, they will be referred to the EKG panel for interpretation. If a pre-operative EKG remains unread two (2) hours prior to surgery, it will be referred to the EKG panel for interpretation.

Section 30. 23-Hour Observation Patient Responsibility

It shall be the responsibility of the attending physician to respond within the first 23 hours concerning whether

a 23-hour observation patient is to become a regular admission or be discharged.

Section 31. Medical Screening in Emergency Room

Palms of Pasadena Hospital will ensure that qualified medical personnel provide an appropriate medical screening examination to all individuals seeking emergency services. Qualified medical personnel at this facility are defined as physicians only.

Section 32. Organized Healthcare Arrangement

Under the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations, a clinically integrated setting such as a hospital and its medical staff is an organized healthcare arrangement. Members agree as a condition of their medical staff membership to participate in the organized healthcare arrangement and to comply with the Hospital's Privacy policies and procedures with regard to all patients admitted or treated by the Member in the Hospital or its outpatient clinics. All patients admitted to the Hospital or treated in a Hospital-owned facility will receive the Hospital's Notice of Privacy Practices, which shall be considered a joint notice of privacy practices of the Member and the Hospital. All Members will receive privacy training from the Hospital at least annually.

ARTICLE II, MEDICAL RECORDS

Section 1. Case Records

Each staff member shall keep a complete record for each patient he/she attends whether admitted as an inpatient, or seen as an outpatient or emergency service patient.

Section 2. Completeness of Record

Every record shall be sufficiently detailed to: 1) enable the attending physician to provide effective continuing care to the patient and to determine at a future date what the patient's condition was at any given time and what procedures were performed; 2) permit a consultant to give a satisfactory opinion after an examination of the patient; and 3) enable another member of the staff to assume the care of the patient at any time.

Section 3. Entries Required

All entries shall be dated, timed and signed. Symbols and abbreviations may be used only if generally understood and approved and recorded on a list maintained by the Medical Records Department. Abbreviations can have only one meaning. Final diagnosis shall be recorded in full without symbols or abbreviations.

Qualified persons in their respective areas of responsibility will be allowed to make entries into the medical records. Such qualified persons include Pharmacists, Respiratory Therapists, Physical Therapists, Radiologic Technologists, Social Services workers, Speech Therapists, the Dietitian, R.N.s, qualified L.P.N.s (as designated by Nursing Administration), Medical Staff members, Allied Health Professionals and others who have been granted such privileges.

Section 4. Identification

All records shall contain sufficient information to identify the patients clearly and to justify the diagnosis and treatment and document the results accurately.

Section 5. History and Physical Exam

The history shall incorporate a concise chief complaint, a history of present illness, review of systems, past medical history including allergies and medications, social history, family history, impression and plan of care. The physical exam will be comprehensive and include a review of appropriate organ systems. A surgeon may complete a problem focused examination on the area of concern as long as a generalist is appointed to perform a comprehensive exam. A complete history and physical examination shall be recorded in the medical record by the attending physician or his designee, as follows:

- H&Ps are acceptable if completed within 30 days prior to admission.
- H&Ps for inpatients must be completed or updated within 24 hours of admission.
- For operative and invasive procedure (outpatients or A.M. admits), H&P updates must be completed prior to the operative/invasive procedure for any H&P dictated prior to the date of service.

Elective inpatient or outpatient surgery will be delayed until a history and physical examination or update is recorded in the medical record.

An appropriately credentialed physician or Supportive Patient Care Provider (ARNP or PA) may complete a history and physical examination. This individual must be under the supervision of a qualified Medical Staff Member who countersigns the H&P within 24 hours and retains accountability for the history and physical.

An H&P form may be utilized in the following circumstances: One Day Surgery cases, G.I. Lab procedures, Bronchoscopies, and for observations. This H&P should include a history of present illness, a relevant medical history, an exam of the main body systems, allergies and current medications, impression, and a plan of care, and must be updated on the operative day.

History and physical examinations need to be performed by qualified physicians or an appropriately credentialed Supportive Patient Care Provider (ARNP or PA) for the following noninpatient services:

A. All procedures performed in the Operating Room, including those requiring only local anesthesia.

A history and problem focused physical examination (as included on the conscious sedation charting form) must be performed for all outpatient procedures in which conscious sedation may be administered.

Section 6. Previous Records

If a history and physical examination has been recorded within thirty (30) days prior to admission, such as in the office of a physician or from a previous admission, a durable, legible copy of this report may be used in the patient's hospital medical record, provided an update has been recorded at the time of admission. This updated history and physical will serve as a new and current history and physical, and must be updated on the operative day.

Section 7. Observations

Observations shall be recorded in progress notes to give a chronological report of the patient's course. All treatment procedures shall be documented. Every patient shall be visited, with observations made in the progress notes, by the attending physician, his coverage, or his physician designee, as noted in the physician orders, as frequently as medically necessary, but not less than once daily. Patients admitted to special care units, with the exception of PCU and PCU So., shall be visited by a physician within 12 hours of admission.

Section 8. Surgical Records

Presurgical diagnoses shall be recorded and signed by the surgeon prior to surgery. Operative notes shall be prepared and documented immediately after surgery and shall include the name of the primary surgeon and assistants and shall describe findings, techniques used, tissue removed or altered, estimated blood loss and post-operative diagnoses.

Section 9. Post-anesthesia Record.

For all inpatient and outpatient surgical cases in which a general, regional or MAC anesthetic was utilized, at least one post-anesthesia visit shall be made. The post-anesthesia evaluation must be completed by an individual qualified to administer anesthesia within 48 hours after surgery. Each post-anesthesia note shall specify the date and time of the visit.

Section 10. Clinical Resume (Discharge Summary)

The clinical resume (discharge summary) of the medical record should be completed at the time of discharge and shall include the reason for hospitalization, any significant findings, a description of the procedures performed and care, treatment, and services provided, the patient's condition at discharge, and any information provided to the patient and family. A final progress note may be substituted for the clinical resume on hospitalizations of 48 hours or less.

Section 11. Ownership of Records

Ownership of Hospital Records shall be exclusively by the Hospital Corporation. Records may be removed from Hospital jurisdiction only by court order, subpoena, or statute.

Section 12. Transfer of Care Order

In order to transfer the care of a patient from one physician to another, an order must be written on the order sheet indicating the transfer and the name of the physician who will be caring for the patient. Responsibility for the patient's care rests with the physician currently indicated on the order sheet upon acceptance of the patient by the physician indicated.

Section 13. Completion of Medical Records

All medical records of discharged patients shall be completed within twenty-eight (28) days following discharge.

Section 14. Suspension for Delinquent Medical Records

Failure to maintain medical records in accordance with these Rules and Regulations will result in suspension. While on suspension, a practitioner may not admit, operate, schedule surgery, consult, serve as attending physician, or write orders, except for those patients already in the Hospital at the time of suspension. If a practitioner is on Emergency Room Call while on suspension, he may admit only those patients he is called to see on an emergency basis.

A. Suspension for Incomplete Medical Records twenty-eight (28) Days after Discharge:

1. When charts are incomplete fifteen (15) days after discharge, the Medical Records Administrator shall notify the practitioner that a 10-day period is allowed for completion of the records.

2. When such records are not completed during the ten (10) day grace period, the Hospital Administrator shall notify the practitioner that he is permitted an additional three (3) days in which to complete the records.
3. If records are not complete after the three (3) days, suspension of membership and all clinical privileges will be automatic.
4. Following this 28-day period, incomplete medical records will then be deemed delinquent.

B. Suspension for Incomplete History & Physical:

1. When H&Ps are not dictated or hand written within 24 hours of admission, the Medical Records Administrator shall notify the practitioner that a 2-day period is allowed for completion of the records.
2. Following this 3-day period, incomplete H&Ps will then be deemed delinquent.
3. If H&Ps are not completed after two additional days, for a total of five days, suspension of membership and all clinical privileges will be automatic.

All privileges will be automatically reinstated upon completion of records.

Section 15. Release of Medical Records for Scanning

A. Records may be removed from the hospital's jurisdiction and safekeeping only in accordance with a court order, subpoena or statute for the purpose of appearance in court, or for transport to the HIM Shared Services Center, or other similar centralized location designated in accordance with HCA policy regarding Health Information Management systems, for processing, or as otherwise provided by Federal or State Law.

ARTICLE III, PHARMACY AND DRUGS

Section 1. General

Only medication supplied by the Hospital Pharmacy, with the exception of the oral contraceptives and ophthalmic solutions or ointments, shall be used in the hospital. Drugs shall be administered and discontinued only upon order by a member of the Medical Staff or by a practitioner granted temporary privileges for the specific care of the involved patient. Self-administration of medication shall be permitted only when ordered specifically by the attending physician in writing, which authorization shall be made a part of the patient's medical record. All medications used in the Hospital shall be included or approved for inclusion in the United States Pharmacopeia, National Formulary, New Drugs or Accepted Dental Remedies (except for any drug unfavorably evaluated therein) or shall be approved for use by the Pharmacy and Therapeutics Committee.

Section 2. Labeling Drugs for Outpatient Use

All medications supplied to outpatients or to Hospital patients as future outpatient therapy shall be in containers, the label of which shall bear both instructions as to use and the name of the medication, unless otherwise ordered by the attending physician.

Section 3. Investigational Drugs

Clinical investigators operating under a "Notice of Claimed Investigational Exemption for a New Drug" approved by the Food and Drug Administration and in compliance with regulations of the Food and Drug Administration may be recommended by the Pharmacy and Therapeutics Committee and approved by Medical Council, to administer or directly supervise administration of investigational drugs. The Committee shall

receive copies of forms required to be filed with the Food and Drug Administration, review clinical protocols, determine that informed consent has been obtained from each patient in writing, and shall require that evidence of adequate liability insurance, in a form acceptable to the Hospital Administrator be submitted to the Hospital Administrator for acceptance.

Section 4. Hospital Formulary

The Pharmacy and Therapeutics Committee shall recommend professional policies on matters relating to drugs and shall develop and review quarterly a formulary for use in the hospital. The committee, with approval of Medical Council, may establish a Clinical Equivalency Formulary that will permit the Pharmacy to provide clinically equivalent medications. Furthermore, the Pharmacy and Therapeutics Committee shall identify specifically to the Pharmacy Department those drugs deemed clinically equivalent. The Pharmacy and Therapeutics Committee shall examine chemical, biological, and clinical data to establish clinical equivalency.

Furthermore, the Formulary System will permit the Pharmacy Department to provide a specific medication of chemical (generic) equivalency for multiple source branded drugs.

Abbreviations for drugs shall not be used on labels nor accepted in orders unless included on a List of Abbreviations maintained by the Pharmacy and approved by the Pharmacy and Therapeutics Committee.

Section 5. Restricted Drugs

Restricted drugs shall include Schedule II and Schedule III Controlled Substances, sedative-hypnotics, anti-coagulants, anti-infectives, oxytoxics, and oral or injectable cortisone products. All orders for restricted drugs shall be subject to a 7-day limitation unless a fixed time for expiration of an order is specified by the attending practitioner or the drug is reordered by said practitioner. Forty-eight hours in advance of the expiration, the physician will be notified. If the physician fails to specify in writing to continue or discontinue the restricted drug at his next visit, it shall be continued until a written or verbal order can be obtained from the physician.

Section 6. Limitation of Drugs for Infection Control

The Medical Council may from time to time control the use of antibiotics as suggested by the Infection Control Committee. Such limited antibiotics may not be used contrary to the limitations established except upon consent by the Department Chief. All such exceptions shall be reported by the Department Chief to the Infection Committee and the Medical Council.

Section 7. Unusual Drug Orders

Whenever a physician orders a medication in excess of the customary dosage or where a drug incompatibility or contra-indication listed in the package insert is present, the order shall be confirmed by the Nursing or Pharmacy Staff. If the Attending Physician confirms the order, he shall submit a separate written prescription to the Pharmacy in addition to the order on the order sheet. Where in the opinion of the Nursing Staff or Pharmacy Staff the dosage of a drug represents a potential hazard to the patient, and the Attending Physician disagrees, the Chief of the Department of the attending physician shall be consulted, and if he also feels that the procedure is hazardous, the attending physician may be required to personally administer the drug.

Section 8. Adverse Drug Reactions

Attending physicians who observe drug reactions are encouraged, although not required, to report the experience to the Department of Health, Education and Welfare, Food and Drug Administration, using form

FD l639, which is available from the Hospital Pharmacy. Adverse drug reactions shall also be reported to the Pharmacy & Therapeutics Committee for review.

Section 9. Stop Order Policy

The Medical Staff shall adopt a stop order policy, which shall be enforced for the protection of the patient, staff and institution when the prescribing physician does not specifically state the time period or number of doses of the medication to be administered. I.V. anti-infectives and IV H2 antagonists shall be restricted to a seven (7) day stop order policy. Schedule II and III controlled substances shall be restricted to a fourteen (14) day stop order policy. A change in frequency or dose is considered to be a new order. The procedure for the enforcement of the Hospital's stop order policy is proposed by the Pharmacy and Therapeutics Committee and approved by Medical Council. If, after the appropriate procedure has been followed, a physician fails to renew or discontinue the order, it shall be reported to the Chairman of the Pharmacy and Therapeutics Committee who will personally contact the involved physician and ask him to renew or discontinue the order. No medication order shall automatically be discontinued without contacting the physician, with one exception; all medication orders shall automatically be cancelled (discontinued) when a patient goes to surgery. A new order must be written by the physician to resume pre-op medications.

Section 10. Administration of Medications

In accordance with Hospital policy, the following allied health professionals may administer medications at this facility, upon orders of a physician:

A. R.N.s and L.P.N.s who have passed an approved test on the administration of medications.
B. Cardiovascular Technicians, under the direct supervision of a physician. Medications can only be administered in the Cath Lab.

C. Radiologic, MRI and Nuclear Medicine Technologists who have received training in, and are qualified to perform, vena puncture and injections of contrast media and other necessary medications, under the supervision of a Radiologist.

D. Respiratory Therapists who have been trained, observed by the supervisory staff and approved by the Medical Director to administer respiratory related medications.

E. Members of the Allied Health Professional Staff, as defined elsewhere in these Rules and Regulations, who have been granted AHP membership and appropriate clinical privileges.

F. Physical Therapists and Physical Therapy Assistants who have been trained and approved by the Director and Medical Director to administer topical medications for wound care.

ARTICLE IV, UTILIZATION REVIEW PLAN

Section 1. Purpose

A plan has been developed and approved by Medical Council and the Governing Board of the hospital and is available in the Utilization Review Coordinator's office.

Section 2. Review and Method of Selection

Review and method of case selection shall be as determined by the Utilization Review Committee of the hospital and may be changed by them from time to time. Changes must be approved by Medical Council and

the Governing Board.

ARTICLE V, ALLIED HEALTH PROFESSIONALS

Section 1. Definition

The term "Allied Health Professional" means an individual other than a licensed physician, dentist, or podiatrist, whose independent patient care activities require that his authority to perform specified patient care services be processed through the usual Medical Staff channels. The category for Allied Health Professionals shall be referred to as "Allied Health Associates" and shall be persons licensed, certified or registered by the State to exercise independent judgment within the scope of their license, certification or registration. This category shall include, but not necessarily be limited to, clinical psychologists and speech therapists.

Section 2. Duties and Limitations

Allied Health Associates may be granted privileges to assist in the care of patients, commensurate with their training, experience, background, and demonstrated ability. Such duties (within the law) shall not require the exercise of independent medical judgment (i.e., that required by a licensed physician).

A. Allied Health Associates may record their observations and findings on the progress notes of the patient's chart.
B. Allied Health Associates may not write orders unless permitted by law and granted clinical privileges to do so.
C. Allied Health Associates may not make a final or definitive diagnosis of a disease or ailment (or absence thereof) independent of the attending physician.
D. Allied Health Associates may not independently prescribe any treatment or regimen.

E. Allied Health Associates may not replace the attending physician in making visits in the hospital or any department thereof.
F. Allied Health Associates will be subject to quality assessment review.

Section 3. Appointment

The Allied Health Associate's application for privileges at this hospital, including time periods for completion and responsibility of applicant to produce adequate information for a proper evaluation of privileges requested, shall follow the same pathway as applications to the Medical Staff, as defined in Article III, Section 5, of the Medical Staff Bylaws. The specified duties and responsibilities requested will be subject to approval by the appropriate clinical department. The application shall include:

A. The specific duties and responsibilities requested for the Allied Health Associate.
B. The endorsement of the sponsoring physician, if any, including acknowledgement that the sponsoring physician assumes responsibility for all acts of the Allied Health Associate as they relate to patient care.
C. Documentation of training, experience and competence of the Allied Health Associate to perform the duties requested.
D. Whether licensed by a state agency or certified by a professional organization.

Section 4. Changes in Appointment

Applications for modification or extension of privileges shall be made and processed in the same manner as applications for initial privileges.

Section 5. Reappointment

Reappointments shall be on a biennial basis and shall be processed in the same manner as physician members of the medical staff. A minimum of eight (8) hours of continuing education in the practitioner's primary specialty is required each biennial reappointment period.

Section 6. Appeals

Except as required by law, nothing contained in these Rules and Regulations shall be interpreted to entitle an Allied Health Professional to the hearing and appeal rights in the Medical Staff Bylaws. However, an AHP who is the subject of an adverse action may challenge any such action by filing a written grievance, within fifteen (15) days of the adverse recommendation or action, with the Chairman of the Clinical Department to which the AHP has been assigned. Upon receipt of the grievance, the Chairman shall initiate an investigation and afford the AHP an opportunity for an interview. The Chairman, in his discretion, may appoint a committee to conduct the interview. The Chairman and the Administrator, or their designees, shall participate in any such interview. Attorneys may not be present at an interview. The interview shall not constitute a "hearing" and shall not be conducted according to the procedural rules applicable to Medical Staff hearings. Before the interview, the AHP shall be informed of the general nature of the circumstances giving rise to the action. The affected AHP may present relevant information at the interview. The final decision shall be made by the Administrator.

Section 7. Responsibility

The Allied Health Associate shall submit such evidence of adequate liability insurance coverage as may be required by the Hospital from time to time. The Allied Health Associate shall be required to observe all Bylaws, Rules and Regulations of the Medical Staff, and Hospital Rules and Regulations and policies and procedures. Allied Health Associates shall report to the supervisor of each hospital department in which they provide services upon entry to the department, and shall be subordinate to said supervisors. Violations of said Bylaws, Rules and Regulations, policies and procedures, shall be reported in the manner provided by Article VII of the Bylaws of the Medical Staff. Such violations shall be grounds for disciplinary action, suspension, modification, or termination of appointment or privileges of the Allied Health Associate in the manner provided by Article VII of the Bylaws of the Medical Staff.

Section 8. Patient Care Services by Non-Medical or Non-Allied Health Professional Staff

The Governing Board may grant permission to certain types of practitioners who have not been appointed to the Medical or Allied Health Professional Staffs to provide supportive patient care services at this hospital. Such practitioners may include, but are not necessarily limited to, registered nurses, licensed practical nurses, nurse practitioners, physician's assistants and O.R. technicians.

Such practitioners who are employed by, or under contract with, a Medical Staff member shall not be granted membership and privileges as an Allied Health Associate but may be given permission by the Governing Board to provide supportive care services, only when recommended by his/her employing or contracting physician and in conjunction with established policy and procedure. The employing or contracting physician retains responsibility and accountability for the patient and must countersign all chart documentation (i.e., progress notes, dictations, orders, prescriptions, etc.) written by the credentialed Supportive Patient Care Provider within 48 hours. Supportive Patient Care providers may not replace the attending physician in making visits in the hospital or any department thereof.

Orders for out-patient Lab and Radiology diagnostic testing, as well as prescriptions for noncontrolled substances, may be accepted from any Physician's Assistant or Advanced Registered Nurse Practitioner, and implemented without a countersignature by the individual's employing/sponsoring practitioner, provided:

- ❑ The PA or ARNP currently holds an active license, in good standing, in the State of Florida.
- ❑ The issuing of such orders, including authorization to prescribe medications, falls under the Scope of Practice of the P.A. or ARNP, as defined by the State of Florida.

/hj

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