

**BOTSFORD GENERAL HOSPITAL**  
**dba Beaumont, Farmington Hills**  
**MEDICAL STAFF**  
**RULES AND REGULATIONS**

**Approvals:**

Executive Committee: July 13, 2022

Joint Conference Committee: July 28, 2022

Board of Directors: August 12, 2022

1. Only patients requiring in-patient procedures and services may be admitted to the Hospital.
2. Patients to be admitted to the Hospital shall have a provisional diagnosis.
3. All physician orders shall be in writing or as Computerized Provider Order Entry within the Hospital's sanctioned Hospital Information System on the patient's chart, and shall be dated, timed and signed. Verbal orders are permissible but should be used on a very limited basis. An order given via telephone to a nurse or registered dietician shall be countersigned, including date/time, by the attending physician within 48 hours. If the attending physician is unable to sign the order within 48 hours, it is acceptable for a covering physician to co-sign the verbal/telephone order. A non-physician may not co-sign an attending physician's order.
4. A history and physical shall be completed for each patient, by a physician or other qualified individual in accordance with State law and Hospital policy, no more than 30 days before or within 24 hours after admission. The admitting physician shall be responsible for the content of the H&P and must reexamine the patient and concur with the initial H&P and/or augment with updated findings within 24 hours of admission or prior to any surgical procedure or outpatient procedure that requires anesthesia or sedation. This documentation must be placed in the medical record within 24 hours of admission and in all surgical and outpatient instances, prior to the procedure.
5. The admitting physician is responsible for the admitting orders and the content of the admit note.
6. All patient records are the property of the Hospital and shall not be removed from the premises without administrative permission. In the event of readmission of patient, all prior records shall be available for the use of the attending physician and consultants.
7. Access to all medical records, for purpose of medical review, may be given to a medical staff member, consistent with the peer review process and in strict confidence consistent with applicable State and Federal regulations.
8. Consultation with recommendations or with management by the appropriate specialty department shall be obtained for adequate care of the patient. The attending physician is responsible for requesting a consultation and there should be documentation of the indications for the consult. It shall be understood that in all life-threatening conditions, where consultation is indicated, consultation with management will be mandatory in the appropriate specialty. Patients who require consultation shall have such consultation within a reasonable time, but generally no later than 24 hours from the time the consultant is notified. If there is a question in judgment as to whether the condition being treated is a life-threatening situation, the specialist shall assume management and the case in question be brought to the appropriate departments and the Medical Director. All consults ordered shall be considered an order to 'consult and manage', unless otherwise specified.

9. Consultation with one (1) or more qualified members of the Department of Obstetrics/Gynecology shall be mandatory for all hysterectomies performed under the age of thirty (30), unless a previously approved second opinion is available and on the chart. An exception shall be made in the case of an emergency, in which case the doctor's progress note will be so documented.
10. Autopsy for educational purposes shall be encouraged in cases of death occurring after 24 hours of admission to the Beaumont, Farmington Hills facility where postmortem examination will reasonably enhance medical knowledge. An autopsy may not be performed unless written consent is obtained from a legally proper representative of the deceased. The Michigan Statute regarding consent for autopsy states:

M.C.L.A. 333.2855, Sec. 2855

1. Except as otherwise provided by law, an autopsy, post-mortem, or dissection shall not be performed upon a dead body except by a physician, who has been granted consent therefore by whichever one of the following assumes custody of the body for purposes of burial: parent, surviving spouse, guardian, next of kin, or a person charged by law with the responsibility for burial. If two (2) or more such persons assume custody of the body, the consent of one (1) is sufficient. This section does not prevent the ordering of autopsies or post-mortems by a medical examiner or a local health officer.
2. This section does not apply to a department of anatomy in a school of medicine in this state, or to an autopsy, post-mortem, or dissection performed pursuant and under the authority of other law.
3. A local health officer may order an autopsy where necessary to carry out the functions vested in a local health department by this code.

Questions regarding persons to sign consents shall be directed to Administration. All elective autopsies will be performed under the jurisdiction of the Hospital Pathologist. An authorized autopsy may not be performed by the Hospital Pathologist if an infectious disease hazard exceeds the containment rating of the morgue and may endanger hospital personnel.

11. All medications used by any patient in the Hospital must be dispensed by or under the supervision of the Hospital Pharmacy.
12. The use of Federal Drug Administration approved investigational drugs in the Hospital must be approved and monitored by the Research Review Committee and by the appropriate department.
13. No photograph shall be taken of a patient without a written consent of that patient or his legal representative.

14. Each member of the Medical Staff shall be charged with the completion of his medical records within thirty (30) days of a patient's discharge from the Hospital. Failure to comply with this requirement may result in suspension of privileges as per the existing policy.
15. Reports on all procedures, surgical or obstetrical, are to be dictated within twenty-four (24) hours of performing that procedure.
16. The patient may be admitted to the Hospital in the name of only one (1) physician as the attending physician.
17. All admitted patients must be seen by a member of the Medical Staff that is either the admitting attending physician or another physician designated by the admitting attending physician. Furthermore, this physician must be available at all times to address any patient care issues for patients assigned to him/her.
18. Abbreviations in admitting diagnosis and in final diagnosis will not be acceptable.
19. The attending physician is at all times responsible for the care of the patient. The attending physician may, upon written order on the patient's chart, authorize another member of the staff to participate in the care of the patient. The attending physician remains in charge of the patient; is responsible for the completion of the chart, unless he specifically, with the consent of the patient, transfers the patient to another attending physician. A consultant may not write orders on the patient's chart unless the consultant is asked to participate in, or to manage, the patient's care. The consultant must document his opinion and write his recommendation(s) for diagnostic and therapeutic purposes. The responsibility for accepting and carrying out the recommendation(s) remains with the attending physician, unless otherwise documented. The documented opinions and recommendations must remain as part of the patient's chart.
20. The attending surgeon is responsible for seeing that all tissue removed at operation be properly identified and sent to the Pathology Department for examination. The Department of Laboratory Medicine may define tissues exempt from examination.
21. The Hospital Chief Executive Officer shall designate an Authorized Representative to report adverse actions and query the National Practitioner Data Bank (Data Bank). Such Authorized Representative shall act as follows:
  - a. The Hospital Authorized Representative shall report within fifteen (15) days any professional review action that adversely affects the clinical privileges of a staff physician, dentist, podiatrist or psychologist for a period longer than thirty (30) days to the Data Bank.
  - b. The Hospital Authorized Representative shall notify the Board of Osteopathic Medicine and Surgery or the Board of Medicine of the Board of Dentistry or the Board of Podiatric Medicine and Surgery, or the Board of Psychology within fifteen (15) days of the date of the professional review action set forth in Rule 23.

- c. The Hospital Authorized Representative shall report the voluntary surrender of medical staff membership or clinical privileges of a physician, dentist, podiatrist or psychologist to the above referenced appropriate state board if the physician, dentist, podiatrist or psychologist is under investigation for possible incompetence or improper professional conduct or the surrender is in lieu of an investigation.
  - d. The Hospital Authorized Representative shall report revisions of professional review actions to the above referenced appropriate state board.
22. The Hospital Authorized Representative shall query the Data Bank for all new applicants to the Medical Staff or for clinical privileges at the Hospital and at least every two (2) years for physicians, dentists, and other health care practitioners who are on the Medical Staff or who have clinical privileges at the Hospital.
23. Patients admitted for ambulatory and podiatric surgery must have a history and physical performed by a qualified member of the Medical Staff.
24. Patients admitted to the Hospital by a Podiatrist must be medically managed by a qualified member of the Medical Staff (D.O. or M.D.) who has been granted such privileges by the Governing Board of the Hospital.
25. Patients admitted to the Critical Care Complex shall have mandatory consultation and daily participation by a critical care physician, unless specifically exempted by Hospital Policy.
26. Patients admitted to the Critical Care Complex by a member of the Department of Family Medicine must have specialty consultation to assume management of the patient care while the patient is in the Critical Care Complex.
27. Allied Health Practitioners (advance practice nurse, CRNA, or physician assistant) employed and/or credentialed by the Hospital may provide patient care services in accordance with the specified services approved for their job category by the Executive Committee and/or maintained by the Hospital's Human Resource Department in appropriate position descriptions.
28. Physicians participating in on-call schedules for Emergency Department coverage must reside in a geographic location that allows no more than 30-minute response time in emergencies.
29. Physicians are prohibited from splitting fees for professional services provided to patients.
30. The emergency admission category is those patients that require immediate treatment and a delay could result in permanent disability or loss of life.
31. The urgent admission category is those patients whose morbidity would be significantly altered if not hospitalized and treated within 24 hours.

32. Imaging and nuclear medicine services are performed only upon an order from an appropriately licensed practitioner.
33. The licensed healthcare practitioners who are eligible for ordering and overseeing the management of, and approving protocols of, physical therapy, occupational therapy, speech pathology, and rehabilitation services are the following:
- a. A doctor of osteopathy (DO) or medicine (MD) who may delegate tasks to other qualified health personnel to the extent recognized under Michigan State law and regulatory mechanism , and in accordance with hospital policies and procedures.
  - b. A doctor of podiatric medicine, but only with respect to functions that he/she is legally authorized by the State to perform, and in accordance with hospital policies and procedures.
  - c. A doctor of dental surgery or dental medicine who is legally authorized to practice Dentistry by the State of Michigan and who is acting within the scope of his or her license, and in accordance with hospital policies and procedures.
  - d. A licensed Physician Assistant working with a doctor of osteopathy (DO) or medicine (MD) and who is acting within the scope of his or her license, and in accordance with hospital policies and procedures.
  - e. The Licensed Healthcare Practitioners (as identified in this rule) may initiate the order “Evaluate and Treat” for Rehabilitation (PT/OT/ST) Services. It shall be interpreted that the licensed Therapist for the Rehabilitation Service requested is approved to develop and implement a plan of care within a reasonable time frame to prevent patient care delay.
34. Prior to a surgical procedure, a surgical consent form must be signed by the patient or his legal representative. The consent shall be an informed consent and the surgeon, or his qualified designee shall transmit to the patient or his legal representative necessary information regarding the surgical procedure and its risk and complications. Emergency surgery in a life-threatening situation is exempt from this requirement.
- ~~35. Upon receipt of a completed 'request for application' form (all criteria met), a Hospital representative will provide an application for initial appointment to an applicant upon approval from the Medical Executive Committee members.~~
36. A discharge summary must be completed on all patients within 24 hours of discharge from the hospital, on all patients who are admitted as inpatient or observation, regardless of the length of stay. The discharge summary will follow the template approved by the Medical Executive Committee. The attending physician is responsible for the completion of the discharge summary. The attending physician will be responsible to ensure that all discharge summaries completed by medical students and residents comply with the guidelines.

37. Physicians should not be involved in the treatment of themselves, members of their immediate family, or others with whom they have a significant emotional relationship, except in emergencies where no other qualified physician is available.
38. If the Attending physician and the Consulting physician disagree on management of a patient, a second consultation must be ordered.
39. All Medical Staff members of the Department of Emergency Medicine are granted the privilege to admit patients to the hospital under an accepting qualified member of the Medical Staff if, after discussing the relevant facts of the case with the Emergency Physician, the accepting physician agrees that the patient should be admitted. Discussion between the Emergency Physician and the accepting physician must be clearly documented in the Emergency Center chart which will also serve as the Physician Certification of Medical Necessity for Inpatient Services at the time of admission. Once the order is written by the Emergency Physician in the medical record to admit the patient to the accepting physician, the responsibility for further medical care and ongoing Certification of Medical Necessity for Inpatient Services of that patient will transfer from the Emergency Physician to the accepting Attending physician.
40. A Post-Operative Note must be written immediately upon completion of the procedure before the patient is transferred to the next level of care. The note shall include the name of the primary surgeon and assistants, procedures performed and description of each procedure finding, estimated blood loss, specimens removed and post-operative diagnosis.
41. Operative reports shall be dictated or written in the medical record immediately and no more than 24 hours after surgery and should contain the postoperative diagnosis, the name of the primary surgeon and any assistants, a description of findings, the technical procedures used, the specimens removed, disposition of each specimen, and when applicable, the estimated blood loss. The completed operative report should be authenticated by the surgeon as soon as possible after surgery.
42. All patient care provided by residents/fellows must be supervised by members of the Medical Staff with appropriate clinical privileges. The supervising Attending physician will authenticate and countersign, at a minimum, the history and physical examination, admission order, patient order, progress note, discharge summary, operative note and consultations.