

**Rules & Regulations of the Medical Staff
Beaumont Hospital Taylor**

Beaumont

October 28, 2021

Definitions

For the purpose of these Rules & Regulations, the words “Medical Staff” shall mean all medical and osteopathic physicians, dentists, oral/maxillofacial surgeons and other health professional who are granted medical staff membership and privileges to attend patients in Beaumont Hospital Taylor.

The words “Executive Committee” shall mean the Executive Committee of the Medical Staff of Beaumont Hospital Taylor.

The words “Administration” shall mean the Chief Executive Office of Oakwood Healthcare System and his associates.

Wherever a masculine pronoun appears in these Rules & Regulations, the corresponding female pronoun is understood and equivalent.

1 General Quality Expectations:

1.1 **Daily Rounds and Documentation of Care:**

Daily Care shall be delivered in person by the patient's attending or by a covering member of the medical staff designated by the attending. Notations shall be made by each patient's attending, including the appropriate nature of the patient's problems, physical status, results of important evaluations, assessment of the patient's current condition, plans for future evaluation and treatment, and working or definitive diagnosis.

1.2 **Care Management and Protocols:**

To the degree it is consistent with appropriate patient care for each individual patient, all staff physicians will be encouraged to follow pathways, guidelines and protocols of patient care as approved by the medical staff leadership and/or the MSQRC, as well as those promulgated by the Michigan Peer Review Organization (MPRO). Pathways are appropriate when the original diagnosis is confirmed and for post-operative surgical care. The physician may need to use his discretion when the pathways are only related to symptoms of the patient.

1.3 **First Admission Visit:**

Attending physicians or their designee shall be expected to see patients admitted to their service at the earliest reasonable time consistent with the needs of the patient's condition, but no later than within 24 hours of admission.

1.4 **Care Documentation:**

Medical record documentation shall conform to the hospital's documentation policies. All written notes and orders shall be authenticated, legible, dated, and timed and written in permanent ink. The use of abbreviations shall be consistent with the hospital's policy on Use of Abbreviations, Acronyms, and Symbols in Clinical Documentation. Abbreviations identified as unacceptable will not be used.

1.5 **Patient Education:**

Physicians shall endeavor to educate patients and their families on appropriate life-styles and self-care.

1.6 Discharging Patients:

It is the responsibility of each patient's attending and consulting physician to make appropriate and timely arrangement for the patient's discharge, including provision of necessary prescriptions, instruction, and arrangements for follow-up care.

1.7 Testing Follow-up:

Lab studies and results on the chart at the time of discharge shall be followed up on an outpatient basis when warranted by the findings.

1.8 Consultation:

When an attending physician requests a consultation, it is his responsibility to assure that the consultant receives clear information regarding the nature of the case and the goals for consultation, a time frame for performance of the consultation, and whether the consultant is being requested to advise on or manage the case. When no time frame is indicated for routine consults, the consultation shall be carried out within twenty-four (24) hours by the physician. Consultant should leave brief written documentation of his findings and recommendations at the end of the patient interview and examination. It is the attending and consulting physician's responsibility to follow-up and to assure that appropriate care is being rendered.

1.9 Emergency Department Consultations:

If an emergency department (ED) physician requests a consultation, the consultant shall arrive within the timeframe requested by the ED physicians. All requests by the ED for consultation shall be made, whenever possible, by telephone call physician to physician to ensure that the pertinent history and reason for the consultation is clearly communicated. In the event that the ED physician is engaged in critical patient care management and cannot make the call, the ED nurse familiar with the patient, should make the call. The reason for the consult must always be directly communicated with the physician on call, not left with an answering service. If the first physician on call cannot be reached or does not respond within 15 minutes, the first physician on call shall be paged again. If there is still no response in 15 minutes, the second physician on call shall be paged. If the second physician on call cannot be reached, or does not respond within 15 minutes the Chain of Command for the consulting department shall be invoked.

1.10 **Stat Consultations:**

Physician requesting stat consultation shall contact and speak directly with the consulting physician.

When this is not possible, the attending physician's designee (i.e., nurse), should be fully informed of the purpose of the stat consult to effectively communicate this information to the consultant. Stat consultations shall be performed as soon as possible for the purpose of expediting the delivery of necessary care to the patient but is in no case to exceed four (4) hours; and in emergent situations within two (2) hours or sooner. In addition to the appropriate medical record documentation, the consultant should verbally inform the referring physician, whenever possible, of the findings and recommendations. (JCC 10.28.21)

1.11 **Clinical Quality Improvement:**

It is the responsibility of all medical staff members to collaborate whenever appropriate, in the quality improvement programs endorsed by OHH.

1.12 **Verbal and Telephone Order Authentication:**

Verbal and telephone orders shall be reserved for unusual or urgent circumstances when the ordering physician is not present on the care unit, and/or unable to write the orders personally. Physicians giving verbal or telephone orders shall have the receiving party read back the order to them. All verbal and telephone orders shall be reviewed, signed, and dated by the physician who gave the order or their designee at the time of the next daily visit. House officers are included in the above expectations.

1.13 **Prescribing:**

Medical staff members are expected to follow all hospital and staff medication prescribing policies.

1.14 **Complication Rates:**

Medical staff members shall maintain patient surgical and medical complication rates at or below the generally accepted standards as agreed upon by their respective departments.

1.15 **Physician Quality Profiles:**

Each physician will be provided quality data by BHT, addressing his individual performance and specialty group and will utilize this data to continuously improve care.

1.16 **Adverse Drug Reaction:**

Each physician will comment on the adverse reactions or drug interactions in the progress note.

1.17 **Length of Stay:**

Each physician will receive a copy of his length of stay categories, which are being used for MHA performance and rating of hospitals. These categories include common DRG's such as acute myocardial infarction, congestive heart failure, pneumonia, stroke, sepsis, and post-operative respiratory complications.

2 Patient Records:

2.1 The attending physician shall be responsible for the preparation of a complete medical record for each patient. The record shall include a relevant history and physical examination; conclusions or impressions from the H&P; diagnostic and therapeutic orders, procedures, tests and results; progress notes; all assessments and reassessments; treatment plan and revisions to plan of care; observations and response to care, treatment and services; consultations; allergies to food and medicine, all medication ordered or prescribed, each dose of medication administered, condition on discharge, medications dispensed or prescribed on discharge: all relevant diagnoses and conditions established during the course of care; discharge instructions, and a discharge summary or final progress note as required.

2.2 **History and Physical (H&P) Examination:**

A written or dictated H&P shall be completed within twenty-four (24) hours of inpatient admission, and no more than thirty days prior to admission or outpatient surgical or invasive procedure. An H&P completed within thirty (30) days prior to admission or outpatient procedure must include a notation by the physician at the time of admission or procedure that identifies any subsequent changes or a notation that there are no changes in the history and physical. This notation must be dated and signed by the physician.

The medical H&P shall include the chief complaint, details of the present illness, relevant past, social and family histories, current medications and dosages, any known allergies and medication reactions, inventory of body systems, relevant physical exam and treatment plan.

Prior to Surgery

An H&P examination must be recorded on the chart before any invasive procedure that places the patient at significant risk and/or for patients who will be receiving moderate sedation. When emergency surgery is required, the patient's physical status will be noted before the surgery is performed. When the H&P examination is not recorded before surgery and operation of any potentially hazardous diagnostic procedure, the procedure shall be canceled unless the attending practitioner states that such delay would be life threatening to the patient. At a minimum, the H&P should include sufficient patient assessment information to ensure clearance of the patient to proceed with surgery. A qualified oral surgeon may perform a H&P on his patients who have no known problems or risks.

When a patient is readmitted within 30 days for the same or related problem, an interval H&P examination reflecting any subsequent changes may be used in the medical records provided a copy of the original information is already. The exam should include a statement of the conclusions or impressions drawn from the history and physical examination and a statement of the course of action planned for the patient while in the hospital.

An abbreviated H&P may be used if a patient is admitted as an observation patient and should be recorded within 24 hours of the patient's admission into the hospital. This abbreviated H&P must include at least: history of present illness, history of current medications and dosages, any known allergies including medication reactions, any existing co-morbid conditions. The physical exam should include an exam specific to the reason for admission and any co-morbid conditions. If the patient's status is changed after admission (from observation to IP status), a complete H&P is required. This may be done by either supplying an addendum to the abbreviated H&P or by dictating a completely new H&P.

A brief H&P is required for outpatients outside of the operative room, who are undergoing invasive procedures which place them at significant risk and/or who will be receiving moderate sedation. The H&P must be completed and on the record prior to the procedure. The H&P must contain at a minimum, the reason for the procedure, significant medical problems, medications, allergies, vital signs, and examination of the heart, lungs and body system or part where the procedure will be performed.

The H&P may be found on an H&P form, consultation record or on the progress notes. Failure to complete H&Ps within 24 hours will result in suspension of admitting and consulting privileges until the H&P is complete.

2.3 **Informed Consent:**

Informed consent shall be obtained from patients, parents and/or legal guardians for all procedures by the physician ordering or performing the service. Any surgical procedure where anesthesia is used shall be performed only after consent of the patient or his legal representative on an approved form, except in emergencies. The consent shall be obtained by the physician with clinical privileges who will perform the procedure or his designee. The executed consent form shall be on the chart before pre-operative medication is given. Reasonable effort should be made to document the medical need proceeding without consent.

If the physician requests the nurse to obtain the patient's, or the patient's representative signature on the consent form, the physician must write an order or initiate a telephone order stating, *"Please obtain signature on consent form for (name of procedure) for which informed consent was provided."*

Physicians will provide the following information to the patient or patient representative, if the patient is incompetent:

- A. The nature of the proposed care, treatment, services, medications, interventions or procedures.
- B. Potential benefits, risks, or side effects, including potential problems related to recuperation.
- C. The likelihood of achieving care, treatment and service goals.
- D. Reasonable alternatives to the proposed care, treatment and services.
- E. The relevant risks, benefits and side effects related to alternatives, including the possible results of not receiving care, treatment and services.
- F. When indicated, any limitations on the confidentiality of information learned from or about the patient.

2.4 **Verbal Orders: Who Can Accept or Authenticate**

Verbal and telephone orders shall be reserved for unusual or urgent circumstances when the ordering physician is not present on the care unit, and/or unable to write the orders personally

All orders for treatments or medications shall be in writing, however, an order shall be considered to be in writing if given orally to a Registered Nurse, Licensed Practical Nurse, Pharmacist, Respiratory Therapist, Non-Physician Provider, or Registered Dietitian and shall conform to the hospital's Verbal Order policy. The order shall be reviewed, signed and dated by the responsible physician or his physician designee at the time of the next patient visit.

2.5 **Progress Notes/Consultations:**

Progress notes made by the medical staff should give a pertinent chronological report of the patient's course in the hospital and should reflect any change in condition and the results of treatment.

- 2.6 Each consultant report shall contain a written opinion by the consultant that reflects, where appropriate, an actual examination of the patient and the patient's medical records. This report can be substituted for the H&P as long as it contains all required items.

2.7 **Reports of Procedures, test and the Results:**

All diagnostic and therapeutic procedures should be recorded and authenticated in the medical record. This may also include any report from facilities outside of the hospital, in which case the source facility shall be identified on the report.

2.8 **Operative Report and Post-Operative Notes:**

Operative reports shall be dictated or written in the medical records 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 and filed in medical records as soon as possible after surgery.

Post-Operative Note: An operative or other high-risk procedure 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 findings, estimated blood loss, specimen's removed and post-operative diagnosis.

2.9 Discharge Summary:

- 2.9.1 A discharge summary shall be dictated or written on all patients discharged more than 48 hours after admission and on all expired or transferred patients.
- 2.9.2 The discharge summary should recapitulate concisely the reason for hospitalization; the significant findings; all diagnoses established by the time of discharge; all procedures performed using acceptable disease and operative terminology that includes topography and etiology as appropriate; complications; treatment rendered and services provided; the condition of the patient upon discharge; and any specific instructions given to the patient and/or family relating to medications, diet, physical activity and follow-up care. The condition of the patient on discharge ~~is~~ should be stated in terms that permit a specific measurable comparison with the condition on admission, avoiding use of vague relative terminology, such as “improved.” When preprinted instructions are given to the patient and/or family, the record so indicates.
- 2.9.3 A final progress note may be used as the discharge summary for patient stays under 48 hours for minor problems or interventions. The note shall contain the outcome of hospitalization, the case disposition and any provisions for follow-up care.
- 2.9.4 When an autopsy is performed, provisional anatomic diagnoses should be recorded in the record within three (3) days and the complete protocol should be made part of the record within sixty (60) days.

2.10 Records:

- 2.10.1 Records may be removed from the hospital’s jurisdiction and safekeeping only in accordance with a court order, subpoena duces tecum or statute. All medical and dental records, including x-ray films, all pathological specimens, and slides are property of the hospital and shall not otherwise be taken away without permission of the Chief Executive Officer. In case of readmission of a patient, all previous records shall be available for the use of the attending practitioner. This shall apply whether the patient is attended by the same practitioner or by another.
- 2.10.2 No medical staff member shall be permitted to complete the medical record of a patient who is unfamiliar to him. A medical record shall not be permanently filed until it is completed by the responsible practitioner or is ordered filed by the HIM Committee. If the records remain incomplete due to the absence or death of a practitioner, a notice will be placed in the medical record by the Chairman of the HIM Committee to indicate the reason of the incompleteness.

2.10.3 Medical Record Completion (updated 1.5.11)

The patient's medical record shall be complete within 30 days of discharge.

Inpatient /Out Patient Surgery/Observation Cases/Emergency Department Records

Physicians receive notification of all incomplete records available for completion on a weekly basis.

Physicians can access the document imaging system to view incomplete records. Physicians will also receive notification via text page or by fax.

1. 14 days from discharge – Text page to physician and/or fax to office, streamline Inbox notification or other means of notification.
2. 21 days from discharge – Text page to physician and/or fax to office, Streamline Inbox notification, or other means of notification.
3. 26 days after discharge – Liaison contacts physicians and letter from Chief of Staff is faxed to office.
4. 28 days from discharge – Physician admitting and consultation privileges may be suspended. Surgeons may be prohibited from boarding new cases. Exceptions to suspension, necessary for patient safety, will be referred to the Chief of the Department and/or Administration for consideration.
5. If a physician reports an absence from practice of more than five days, he will receive a five day exemption from suspension due to delinquent medical records.

History & Physicals/Operative Reports

When a History and Physical/Operative Report has not been completed within 24 hours, the physician will receive notification. If the H&P/OR is not provided within 24 hours after notification, he/she will receive a verbal or written notification that the report is required.

The MEC may suspend the physician from staff for up to 14 days after reviewing the physician's medical record completion history.

Failure to appear before the MEC without prior notification and approval by the Chief of Staff or designee, the Medical Executive Committee may suspend the physician for a determined amount of time.

Appearance before the MEC as well as any action taken by the MEC shall become part of the physician's permanent record and will be considered at the time of reappointment.

Vacation Policy

Vacations are defined as a physician who will be away five or more consecutive days. It is the responsibility of the physician to notify the Medical Staff office, verbally or in writing, of vacation schedules. Physicians on vacation will be allotted one-week post vacation to complete records.

Any physician on the incomplete list prior to vacation will remain on the list throughout vacation. Failure to notify the Medical Staff office of vacation invalidates the one-week grace period. (Section 2.10.3 replaced 1.5.11)

2.10.4 Record Completion for Teaching Patients

The medical record of a teaching patient shall comply with all criteria listed in Medical Staff Rules and Regulations. The resident assigned to a teaching patient shall be responsible for completion of the medical record from admission to discharge. Only the attending physician may place final discharge signature to a chart even though the patient is a teaching patient cared for by a resident. Medicare Physicians at Teaching Hospitals (PATH) documentation and co-signatures are required for teaching cases as follows: H & P and progress note by the next daily visit and Operative Report and Discharge Summary within 30 days of discharge. (JCC 9.9.09)

3 Quality of Service:

3.1 **Rules of the Staff:**

All members of the medical will abide by the Bylaws, Rules & Regulations, and other policies and Procedures of the OHH Medical Staff.

3.2 **Communication and Empathy:**

Patients and/or their families should receive updates from the attending physician on the evaluation to date and the plan of action including options for treatment. Physicians should convey a caring attitude to their patients and their families.

3.3 **Responding to Patients and Families:**

Physicians on staff are expected to respond fully, honestly and promptly to family and patient questions.

3.4 **OR Attendance:**

Surgeons will be prepared to operate at scheduled hours.

3.5 **ICU:**

All ICU patients shall be at least co-managed by an intensivist trained in critical care medicine or alternate pulmonology or cardiology specialist. An intensivist trained in critical care medicine shall be available in the medical/surgical ICU. The intensivist shall be expected to call back to the ICU on STAT pages within 10 minutes. In the absence of the intensivist, an ED physician, house physician or other intensivist shall be called. The intensivist shall be expected to return to the ICU for STAT consultations within one (1) hour of notification.

3.6 **ED Coverage:**

Each department shall ensure that a first and second physician are provided monthly to the emergency department or equivalent back-up procedures in departments/specialties where there is limited availability. Pages to the ED shall be answered within 15 minutes. Physicians providing on-call coverage to the ED shall be expected to perform any and all duties for which they have been credentialed and received privileges at the time of their appointment or re-appointment.

3.7 **Patient Satisfaction:**

Physicians are expected to participate in efforts to improve patient satisfaction.

3.8 **Physician Availability:**

3.8.1 Responses to pages: Physicians will respond to pages in compliance with the rules promulgated by the OHH Executive Committee. Failure to respond within approved times will allow the inpatient care to default to a house physician or other source of medical assistance until the attending can be reached.

3.8.1 Call Coverage: Every staff physician will provide call coverage when unavailable. Notice of this coverage will be entered into BH Connect by the provider. For assistance, reach out to the physician liaison. (JCC 10.28.21)

Physician communication will establish in-depth knowledge of the patients for the covering physician. All physicians shall ensure that their covering provider has privileges at the location they are providing coverage. (JCC 10.28.21)

3.9 **Emergency Medical Screening Examination - Qualified Medical Personnel**

A medical screening examination of an individual conducted pursuant to the Emergency Medical Treatment and Active Labor Act (“EMTALA”) and its accompanying regulations, whether conducted in the Emergency Department or otherwise (including the labor and delivery area), may only be performed by a licensed physician (including residents) or by one of the following categories of non-physician practitioners operating under the delegation and supervision of a physician member of the Hospital’s medical staff:

1. Licensed specialty certified nurse practitioners (non-obstetrics only);
2. Licensed specialty certified nurse midwives (obstetrics only); and
3. Physician Assistants (non-obstetrics).

For nonresident physicians and non-physician practitioners listed above, the granting of an applicant or re-applicant privileges to perform emergency medical screening examinations shall be further dependent on the processes required in the

Medical Staff Bylaws specifically to include the appropriate Medical Executive Committee (“MEC”) and Board approved clinical delineation of privileges form. Actions on membership and privileges shall be subject to MEC and Board approval. Resident physicians may perform the medical screening examination under the supervision of the Emergency Department physician or pursuant to authority granted by the graduate medical education program as evidenced by the resident’s progressive responsibility as provided in the residency program’s policies and resident documentation. (JCC 12.18.14)

4 Utilization of Resources

4.1 **Care Management Personnel:**

Attending physicians, consultants and care management staff are expected to work collaboratively in order to provide only the right care to the patient at the right time.

4.2 **Timing Daily Rounds:**

Physicians should make rounds on patients who are candidates for discharge or transfer in a timely fashion.

4.3 **Appropriate Testing:**

Testing and evaluation of patients should be done in a timely manner. Physicians should provide clear reasons for procedures or tests requested.

4.4 **Admitting Patients:**

Physicians are expected to work collaboratively with admission/transfer coordinator before admitting a patient.

4.5 **Ordering Consults:**

Only the patient's attending physician should authorize a consult and use consultants only to address those medical issues most effectively dealt with while the patient is in the hospital.

4.6 **Transferring a Patient:**

Attending physicians will be responsible for communicating directly with any physician inside or outside the institution to whom they wish to transfer a patient.

5 Relations with Peers and Co-workers:

It is expected that all medical staff members will maintain a high standard of professional and ethical behavior. Discrimination based on race, national origin, religion, gender or sexual preference is not acceptable. All medical staff members will be courteous and respectful to their colleagues and support staff.

6 Contributions to the Hospital and Community:

6.1 **Peer Review:**

Since one of the key purposes of the organization of the medical staff is to provide credentialing and peer review, members of the medical staff are expected to actively participate in peer review and credentialing processes when asked.

6.2 **Committee Activity:**

Physician members of the medical staff are highly encouraged to participate in committee and other leadership activities.

6.3 **Knowing the Policies and Rules:**

All medical staff applicants must familiarize themselves with the medical staff Bylaws, Rules & Regulations and agree to be bound by the terms of the Bylaws and Rules and Regulations in all matters concerning medical staff membership and/or clinical privileges.

7 Compliance and Ethics:

7.1 **Patient Autonomy, Self-Determination, and Delegated Responsibility:**

Patient autonomy and self-determination are to be respected; in the absence of a competent patient, the patient's designated or legally appointed advocate will be the voice of the patient in the determination of medical care decisions.

7.2 **Common Care Policies:**

Futile care, "advanced directives", death with dignity, ventilator withdrawal, pain control, hospice issues and patient advocate issues are to be dealt with in accordance with policies that have been set forth by the medical staff leadership.

7.3 **Compliance Issues:**

Physicians are expected to comply with all policies promulgated by the organization's Compliance Committee, which will reflect state and regulatory statutes.

7.4 **Ethics:**

Medical staff members will perform at all times in accordance to the AMA's Council of Ethical and Judicial Affairs.

7.5 **Treatment Conflicts:**

Physicians should consult the Ethics Committee when there is conflict regarding treatment opinion between physicians and patients and/or their families regarding appropriateness of care.

7.6 **Conflict of Interest and "Kick-backs":**

Medical referrals should not reflect a conflict of interest ("kick-backs").

7.7 **Emergency Department Rules & Regulations:**

All on-call medical staff should be familiar with federal EMTALA regulations dealing with emergency department admission and hospital transfers.

8 Medical Staff Credentials Files

8.1 **Dentists admitted to the active medical staff shall be subject to the following additional regulations:**

A Dentists' responsibilities:

- 1 A detailed dental history justifying hospital admissions.
- 2 A detailed description of the examination of the oral cavity and a preoperative diagnosis.
- 3 A complete operative report, describing the findings and techniques. In cases of extraction of teeth, the dentist shall clearly state the number of teeth and fragments removed.
- 4 Progress notes as are pertinent to the oral condition.
- 5 Clinical resume (or summary statement).
- 6 A dentist will request a physician to perform the following on his patients:
 - a Medical history pertinent to the patient's general health.
 - b A physical examination to determine the patient's condition prior to anesthesia and surgery.
 - c Supervision of the patient's general health status while hospitalized.

B The discharge of the patient shall be on written order of the dentist member of the medical staff.

9 Medical Staff Credential Files:

9.1 **Insertion of Adverse Information:**

The following applies to actions relating to requests for insertion of adverse information into the medical staff member's credential file:

9.1.1 Any person may provide information to the medical staff about the conduct, performance or competence of its members. When reliable information indicates a member may have exhibited acts, demeanor or conduct reasonably likely to be:

- 1 detrimental to patient safety or to the delivery of quality care within the hospital;
- 2 unethical;
- 3 contrary to the medical staff Bylaws and Rules & Regulations;
- 4 below applicable professional standards, a request for an investigation or action against such member may be initiated by the president of the medical staff, a department chairman, or the executive committee.

9.1.2 When a request is made for insertion of adverse information into the medical staff member's credentials file, the respective department chairman and president of the medical staff shall review such a request.

9.1.3 After such a review, a decision will be made by the respective department chairman and president of the medical staff to:

- a not insert the information;
- b notify the member of the adverse information by a written summary and offer him the opportunity to rebut this assertion before it is entered into his file; or
- c insert the information along with a notation that a request has been made to the Executive Committee for an investigation as outlined in Section 6 of these Bylaws.

9.1.4 This decision shall be reported to the Executive Committee. The Executive Committee, when so informed, may either ratify or initiate contrary actions to this decision by a majority vote.

9.2 **Review of Adverse Information at the Time of Reappraisal and Reappointment:**

The following applies to the review of adverse information in the medical staff member's credentials file at the time of reappraisal and reappointment.

9.2.1 Prior to recommendation on reappointment, the Credentials Committee, as part of its reappraisal function, shall review any adverse information in the credentials file pertaining to a member.

9.2.2 Following this review, the Credentials Committee shall determine whether documentation in the file warrants further action.

9.2.3 With respect to such adverse information, if it does not appear that an investigation and/or adverse action on reappointment is warranted, the Credentials Committee shall so inform the Executive Committee.

9.2.4 However, if an investigation and/or adverse action on reappointment is warranted, the Credentials Committee shall so inform the Executive Committee.

9.2.5 No later than sixty (60) days following final action on reappointment, the Executive Committee shall, except as provided in 9.2.7:

- a Initiate a request for corrective action, based on such adverse information and on the Credentials Committee recommendation relating thereto, or
- b Cause the substance of such adverse information to be summarized and disclosed to the member.

9.2.6 The member shall have the right to respond thereto in writing, and the Executive committee may elect to remove such adverse information on the basis of such response.

9.2.7 In the event that adverse information is not utilized as the basis for a request for corrective action or disclosed to the member provided herein, it shall be removed from the file and discarded, unless the Executive Committee, by a majority vote, determines that such information is required for continuing evaluation of the member's:

- a character,
- b competence,
- c professional performance.

9.3 Confidentiality:

The following applies to records of the medical staff and its committees responsible for the evaluation and improvement of patient care:

9.3.1 The records of the medical staff and its committees responsible for the evaluation and improvement of the quality of patient care rendered in the hospital shall be maintained as confidential.

9.3.2 Access to such records shall be limited to duly appointed officers and committees of the medical staff for the sole purpose of discharging medical staff responsibilities and subject to the requirement that confidentiality be maintained.

9.3.3 Information which is disclosed to the governing body of the hospital or its appointed representatives – in order that the governing body may discharge its lawful obligations and responsibilities – shall be maintained by that body as confidential.

9.3.4 Information contained in the credentials file of any member may be disclosed with the member's consent, to any medical staff, professional licensing board, or as required by law.

9.3.5 A medical staff member shall be granted access to his own credentials file, subject to the following provisions:

- 1 timely notice of such shall be made by the member to the president of the medical staff or his designee;
- 2 the member may review, and receive a copy of, only those documents provided by or addressed personally to the member. A summary of all other information - including peer review committee findings, letters of reference, proctoring reports, complaints, etc. - shall be provided to the member, in writing, by the designated officer of the medical staff (within a reasonable period of time, as determined by the medical staff). Such summary shall disclose the substance, but not the source, of the information summarized;
- 3 the review by the member shall take place in the medical staff office, during normal work hours, with an officer or designee of the medical staff present.

9.4 Member's Opportunity to Request Correction/Deletion of and to Make Addition to Information File:

9.4.1 When a member has reviewed his file, as provided under Section 14.5.3 (e), he may address to the president of the medical staff a written request for correction or deletion of information in his credentials file. Such request shall include a statement of the basis for the action requested.

9.4.2 The president of the medical staff shall review such a request within a reasonable time and shall recommend to the Executive Committee, after such review, whether or not to make the correction or deletion requested. The Executive Committee, when so informed, shall either ratify or initiate action contrary to this recommendation, by a majority vote.

9.4.3 The member shall be notified promptly, in writing, of the decision of the Executive Committee.

9.4.4 In any case, a member shall have the right to add to his own credentials file, upon written request to the Executive Committee, a statement responding to any information contained in the file.

10 Completed Application:

- 10.1 All information requested in the Medical Staff Application for Oakwood United Hospitals, Inc. Booklet and Delineation of Privileges Records must be completed in its entirety.

The Application, Statement of Understanding and Privilege Record must be signed. Photocopies of the following material are required:

- * Photo of applicant.
- * Current Michigan State License.
- * Current Federal Narcotic (DEA) License.
- * Current Controlled Substance License.
- * Malpractice Insurance Face Sheet if available.
- * Medical College Diploma.
- * Medicaid Provider Number if available.
- * Board Certification or eligibility with documentation.
- * Certificate of Completion for Internship, Residency, and/or Fellowship.
- * An application fee of \$150 must be submitted.
- * Following approval of the application, the fee will be applied towards the Medical Staff annual dues.
- * References must be verified.
- * National Practitioner Data Bank inquiry must be made.
- * American Medical Association verifications received.

10.2 Computer Training

A practitioner granted clinical privileges must complete computer (i.e. EPIC) training within three months of appointment to the Medical Staff or granting of clinical privileges, whichever is sooner. Failure to complete training within the prescribed timeframe will be considered a voluntary resignation from the Medical Staff and relinquishment of all clinical privileges. **(JCC March 28, 2019)**

11 Physician Assistants:

- 11.1 Physician Assistants (PA) may perform certain activities at Beaumont Hospital Taylor. It is the responsibility of the PA to submit a complete application form to the hospital.
- 11.1.1 Each PA must be credentialed through the Credentials Committee.
- 11.1.2 The medical staff physician employing the PA must document that the PA is their employee and that the supervising physician accepts responsibility for this individual's actions and any liability that may transpire.
- 11.1.3 Any credentials granted to the PA will be terminated at the time employment with the supervising physician terminates, or if the supervising physician is no longer on staff at the hospital.

11.2 The following privileges are available:

- 11.2.1 Perform and complete activities and medical record documents which shall be countersigned by the employing (supervising) physician(s) within Twenty-four (24) hours. (JCC 6.20.16)
- 11.2.2 History and Physical, pursuant to Section of these Medical Staff Rules & Regulations. Any and all positive findings must be countersigned by the supervising physician prior to surgery.
- 11.2.3 Case Summary.
- 11.2.4 Progress Notes: The employing (supervising) physician(s) must see the patient on, at least, a twenty-four (24) hour basis. (JCC 6.20.16)
- 11.2.5 Discharge Summary.
- 11.2.6 May perform routine hospital rounds.
- 11.2.7 May perform as a Surgical Assistant, provided there is proper and sufficient documentation of training and it (the privilege) is within the specialty of the employing (supervising) physician(s).

11.3 Role of the Physician With Regard to the Physician Assistant

- 11.3.1 Ultimately the physician is responsible for all actions performed by the Physician Assistant and all written communications whether they are histories and physicals, notes, or written orders. The privileges granted to the Physician Assistant specify whether the physician must review and countersign or review.
- 11.3.2 The responsibility for supervising the Physician Assistant should require at least all of the following:
 - A Continuous availability of direct communication.
 - B Existence of a predetermined plan for emergency situations.
 - C Availability of an approved physician on a regularly scheduled basis to review the practice of a Physician Assistant.
 - D Provision by the supervising physician of predetermined procedure and drug protocol.

These conclusions are based on the following statutes in the Public Health Code.

- 11.3.3 A physician shall not utilize or supervise a physician's assistant in the practice of medicine without first obtaining written approval from the board.

To obtain approval, a physician shall make application to the board on a form provided by the department, which shall include:

- A The name of the physician and his or her business address as it appears on his or her license.
- B Information regarding the professional background and specialty of the physician.
- C The physician's plan for supervision of physician's assistants which, at a minimum, shall describe his or her proposed plan for review of the physician's assistants' activities and availability to the physician's assistants he or she supervises.
- D Sites of possible use of physician's assistants.
- E A plan to supervise the physician's assistant in the absence or unavailability of the approved physician.
- F The name, signature, and other information the board considers appropriate concerning the physician to provide supervision in the approved physician's absence.
- G A plan for emergency situation in which a physician is not available.

- 11.3.4 Within 10 days after receipt of the completed application, the board may issue a temporary approval in writing. A final determination shall be made as soon thereafter as is reasonably possible.
- 11.3.5 The board shall cause an investigation to be conducted when necessary to determine whether an application should be issued or continued.
- 11.3.6 The board may request that modifications in an initial application be made before the approval is given.
- 11.3.7 A physician shall neither supervise nor employ more than two physician's assistants at one time. A clinic, hospital, extended care facility, or other health care institution or organization may employ more than two physician's assistants, but a physician in the institution or organization shall not supervise more than two physician assistants.
- 11.3.8 To the extent that particular selected medical care services require extensive medical training, education or ability or pose serious risks to the health and safety of patients, the board may prohibit or otherwise restrict their delegation or may require higher levels of supervision.
- 11.3.9 A physician may not delegate ultimate responsibility for the quality of medical care services, even if the services are provided by a physician's assistant.
- 11.3.10 The board shall promulgate rules for the delegation by a supervising physician to a physician's assistant of the function of prescription of drugs. The rules shall define the drugs or classes of drugs which may not be delegated and other procedures and protocols necessary to promote

consistency with federal and state drug control and enforcement laws. Until the rules are promulgated, a supervising physician may delegate the prescription of drugs other than controlled substances as defined by article 7 or federal law. When delegated prescribing occurs, the supervising physician's name shall be used, recorded, or otherwise indicated in connection with each individual prescription.

Department of Emergency Medicine

I Introduction

A Preamble

In order to provide quality emergency care for the citizens of the Taylor area as well as the annex cities and towns and townships and in order to provide good emergency services for the medical staff of Heritage Hospital, the members of the Department of Emergency Medicine do hereby establish and accept the following Rules and Regulations for the operation of the Department of Emergency Medicine.

It is the intention of the Department of Emergency Medicine at Heritage Hospital that these Rules and Regulations be used as consultative material in striving for optimum performance in the areas of medical care, teaching, research in the areas of medical care, teaching, research and human values as they relate to the practice of Emergency Medicine. Under no circumstances should these Rules and Regulations be interpreted as the standard or as any indicia of standards specifying the duties of the hospital Medical Staff or personnel in the care and treatment of patients.

B Definition of Emergency Medicine

The Council on Medical Education of the American Medical Association has defined Emergency Medicine as:

- 1 The immediate initial recognition, evaluation, care and disposition of patients in response to acute illness and injury.
- 2 The administration, research, and teaching of all aspects of Emergency Medical Care.
- 3 The direction of the patient to sources of follow up care in or out of the hospital as may be required.
- 4 The provision when requested of emergency but not continuing care to in-hospital patients.
- 5 The management of the Emergency Medical system for the provision of pre-hospital Emergency Care Services.

II Qualification for Membership in the Department of Emergency Medicine

A General Qualifications

All candidates for membership in the Department of Emergency Medicine must meet the qualifications stated in the Medical Staff Bylaws for membership at Heritage Hospital.

B Professional Qualifications

All candidates for membership in the department must meet one or more of the following requirements:

- 1 Certification by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine, OR
- 2 Fulfillment of eligibility requirements of the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine. A listing of these eligibility requirements will be those currently endorsed by the American College of Emergency Physicians, OR
- 3 Completion of two years post-graduate training in an accredited residency program of Medicine or Surgery with a minimum of 500 hours of general Emergency Medicine. Evaluation of Emergency Medicine experience may be considered in lieu of post-graduate training.

In addition to the above, all candidates for membership in the department must meet all of the following requirements:

- 1 Fulfillment of all requirements for continuing medical education established by the ACEP or ACOEP.
- 2 Demonstrated and documented professional, personal, and ethical stature using as a guideline the standards established by the American Medical Association and the American College of Emergency Physicians or American College of Osteopathic Emergency Physicians.
- 3 Demonstrate to the satisfaction of the Chief of the Department adequate knowledge in the following areas of critical care:

<p style="text-align: center;">Neurologic</p> <p>Closed head injury Cerebrovascular accident Treatment of the unconscious patient Seizure disorders Spinous injuries</p> <p style="text-align: center;">Respiratory System</p> <p>Airway obstruction Laryngeal trauma Chest trauma Pneumothorax Tension pneumothorax Acute asthma</p> <p style="text-align: center;">Cardiovascular System</p> <p>Cardiopulmoary resuscitation Arrhythmias Cardiac trauma Shock Hypertensive crisis Embolization to peripheral vessels and to the lung Aneurysms Abdominal aorta Thoracic aorta Carotid artery Acute Myocardial Infarction</p> <p style="text-align: center;">Abdomen</p> <p>Acute abdomen Blunt/penetrating abdominal trauma with and without visceral injury Intestinal obstruction Gastrointestinal bleed Evisceration</p>	<p style="text-align: center;">Extremities</p> <p>Reduction or stabilization of fractures Care of severed extremities</p> <p style="text-align: center;">Gynecological Problems</p> <p>Conditions associated with pregnancy such as: abortion, ectopic pregnancy, abruptia placenta, placenta praevia, delivery. Vaginal bleeding Pelvic inflammatory disease</p> <p style="text-align: center;">Genitourinary System</p> <p>Acute urinary obstruction Urologic trauma/renal trauma</p> <p style="text-align: center;">Eye, Ear, Nose, And Throat</p> <p>Removal of foreign bodies Trauma or chemical injury to eyes Acute glaucoma Retinal artery or retinal vein occlusions Epistaxis Ear trauma Facial fractures</p>	<p style="text-align: center;">Metabolic</p> <p>Diabetic ketoacidosis Hyperosmolar non-ketotic coma Hyper/Hypocalcemia Hyper/Hyponatremia Hyper/Hypokalemia Thyroid storm Addisonian crisis</p> <p style="text-align: center;">Integument System</p> <p>Suturing of lacerations Treatment of bites (animal, human, and insect) Treatment of burns</p> <p style="text-align: center;">Infectious Disease</p> <p>Localized (treatment of felon, abscess, etc.) Generalized (sepsis, meningitis, etc.)</p> <p style="text-align: center;">Pediatrics</p> <p>Acute illness, trauma</p> <p style="text-align: center;">Miscellaneous</p> <p>Drug overdoses and poisoning of all types Acute psychotic episode Suicide attempt Treatment of victims of rape, sexual assault, and violence.</p>
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4 Absence of moral, mental, physical, and social aberrations or other defects which might adversely affect either the individual or the department's ability to provide the desired caliber of medical care and teaching.

C Categories of Membership in the Department of Emergency Medicine

The categories in the Department of Emergency Medicine will be those set forth in the hospital Bylaws of Beaumont Hospital Taylor.

D Determination of Qualifications and Privileges

- 1 Application Procedure – An applicant in the Department of Emergency Medicine shall first be approved to join the contracting physician’s group. He shall then follow the application procedures set forth in the Medical Staff Bylaws.
- 2 Review Procedure – The Chief of the Department of Emergency Medicine will initiate an annual review of the qualifications and privileges of each member of the department using the criteria specified in the Medical Staff Bylaws. The Chief will give his recommendations to the department for a vote. Recommendations of the department will then be forwarded to the Executive Committee of the hospital as required by the Bylaws.
- 3 A physician’s privileges in the department shall be coterminous with that physician’s contract with the contracting group.

E Extent of Privileges

- 1 Exercise of Privileges – In an emergency situation, any procedure necessary to preserve life or limb may be performed by any member of the Department of Emergency Medicine even though that member does not have such privileges to perform that procedure and if, in the opinion of the treating physician, delay of the procedure by waiting for the arrival of a physician with the privilege would jeopardize the patient.
- 2 Listing of Privileges: General

Listed below are basic emergency departmental procedures which should be common to the training and the experience of all members practicing in the Emergency Department.

Abscess, incision and drainage Arthrocentesis of elbow, knee, small joints Blocks – axillary, facial (supraorbital, infraorbital, alveolar and submental), by double cuff method, radial, ulnar, median Splints: long arm, thumb spica, short arm, long leg, short leg Epistaxis, coagulations for Heimlich maneuver Intracardiac infection Laryngoscopy Lumbar puncture Nasal packs: anterior, posterior	Paracentesis Peritoneal lavage Preservation of severed extremities (ear, nose, penis) Cast application and removal: arm, short; leg, short (with and without walker) Central venous pressure catheter placement Closed emergency reduction of digit, patella, shoulder, hip, elbow, ankle Cricothyrotomy and Tracheostomy Culdocentesis	Emergency immobilization techniques and transportation Endotracheal intubation Regional block anesthesia: digit and intercostals field Sigmoidoscopy: anoscopy Surgical debridement Slit lamp examination, eyes Thoracentesis Thoracotomy tube, insertion of Transtracheal aspiration Tonometry, ocular Urethral catheter
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3 Listing of procedures: Specialized

Privileges in this group will be recommended by joint consultation between the Emergency Department, the Credentials Committee, and the individual physician involved.

- a Medicine – Pacemaker insertion
- b Orthopedics – Closed emergency reductions of displaced fractures
- c Urology – Use of urethral sound/filiforms
- d Plastic Surgery – Use of split thickness skin grafting

4 Consultations

Members of the Department of Emergency Medicine will obtain consultations from other members of the medical staff as indicated to provide the best possible care of patients. It will be the responsibility of the Chief of the Department to enforce this policy. Consultations should be obtained in the case of patients in critical condition, unusual operative procedures, unusual non-operative problems, and in all cases in which the diagnosis is obscure or when there is doubt as to the best therapeutic measures to be utilized.

III Departmental Organization

- A The Department of Emergency Medicine shall be organized and operated in a manner consistent with the Medical Staff Bylaws.
- B The Chief of the Department is a member of the HEMS Medical Advisory Board and will attend the monthly meetings as announced.

Emergency Medicine Department House Physician Criteria

- 1 Completion of a minimum of two years of post-graduate education in broad field of medical training.
- 2 An applicant for position of House Physician shall comply with the contracting Physicians Group requirements.
- 3 Valid license to practice medicine in the State of Michigan.
- 4 Valid drug license, federal and state.
- 5 Current ACLS Certification.
- 6 Advanced trauma life support – within one year after appointment.

Duties of House Physician

- 1 Be available at the correct time.
- 2 Acquaint self with critical patients in the hospital and ICU.
- 3 Will answer all calls to floor to evaluate and treat a patient, i.e. chest pain, shortness of breath, bleeding, etc.
- 4 After evaluating patient and initiating primary care treatment, will notify attending physician of significant changes in condition and advise regarding:
 - A necessity of coming in for OR
 - B consultation
- 5 Will respond to “codes” and maintain care of patients until stable and attending physician notified.
- 6 Will respond to floor calls regarding routine order, i.e. sleeping pills, laxatives, IV’s with medication, etc.
- 7 The house physician’s job is to respond to calls for in-patients on the hospital floors in emergency situations only, especially when the attending physician is not available physically or by phone. If the attending physician becomes available, his orders will take precedence over those ordered by the house physician or the emergency department physician. The floor nurse will be in contact with the attending physician, not the emergency department or house physician anymore.

Will Not:

- 1 Institute major changes in treatment without notifying attending physician.

- 2 Order consultation without previous comment of attending physician.
- 3 Discuss in detail patient's condition with family or other person under routine situation; in case of acute deterioration, will use utmost discretion.
- 4 Will not do complete history and physical.

Department of Family Practice

I Definitions

A Family Practitioner

A family practitioner is a legally qualified doctor of medicine or osteopathy who does not limit his practice to a particular field of medicine or surgery. In his general capacity as family physician and medical advisor he may, however, devote particular attention to one or more special fields, recognizing at the same time the need for consulting with qualified specialists when the medical situation exceeds the capacities of his own training or experience.

B Department of Family Practice

A Department of Family Practice is an organized segment of the medical staff; it is composed of family practitioners holding appointment as such on the medical staff.

II General Principles

A The accordance of staff membership or of professional privileges at Beaumont Hospital Taylor shall not be dependent upon certification nor membership in special societies, but shall be in accordance with Section 6.1 of the Medical Staff Bylaws.

B Members of the Department of Family Practice individually may expect, or be expected to participate in any clinical service for which they can qualify.

III Responsibilities of the Department of Family Practice

A Staff Administrative Responsibilities

1 Members of the Department of Family Practice appointed to the active staff shall vote, hold office, and serve on committees of the active staff.

2 It is recommended that members of the Department of Family Practice be equitably represented on all standing and special committees of the general staff.

IV Standards of Treatment

The professional work done in the Department of Family Practice represents a cross section through the largest portion of the practice of medicine. Accordingly, the membership of the department is aware of what is expected and accepted that the character and extent of training and experience vary from individual to individual, and that in justice to every physician, a policy has to be established which allows each physician to exploit his ability to the fullest extent and at the same time assures acceptable standards of professional work.

All family practice physicians are obligated to adhere to the provisions contained in the Medical Staff Bylaws, Rules & Regulations and Policies.

We shall have a system of continuous supervision and evaluation, which involves the duties of all General Practitioners.

Department of Medicine

I Membership

Requirement for membership in the Department of Medicine shall include one of the following:

Certification by the American Board of Internal Medicine or the equivalent (as determined by the American Medical and Osteopathic Association).

Eligibility to take the examination of the American Board of Internal Medicine or equivalent.

Certification or eligibility of American Boards of Allergy, Dermatology, and Neurology.

II The care of the patient, the completeness of medical records, the procurement of autopsies, and the obligations, as stated in the Disaster Plan of the Hospital, all these must comply with the standards specified in the Beaumont Hospital Taylor incorporated Bylaws.

III Meetings

Attendance records must be kept. The meetings will be conducted according to Robert's Rules of Order.

The agenda of the regular meetings of the Department of Medicine shall include a review of deaths on the medical services, and a consideration of unimproved, complicated or unusually difficult cases. The presence of infectious cases, of a serious nature on the medical service, should be reported to all concerned. These objectives can be implemented by appointment of appropriate committees by the Chairman of the Department.

IV ICU/CCU

Representatives of the Department of Medicine and the Department of Surgery will be appointed to the ICU Committee by the Chief of Staff.

It will be their responsibility to supervise, draw up policies, and provide periodic revision of these policies for the Unit. These policies will be submitted to the Department of Medicine for its approval and subsequently to the Executive Committee for final approval. They will then become part of the Rules and Regulations of the Department of Medicine.

The members of this committee shall be equally divided between the medicine and surgery departments with inclusion on this committee of a member of the anesthesia department.

V Membership in local, regional, state, and national organizations related to the broad field of internal medicine is to be encouraged.

Department of Pathology

- I Members of the department of pathology are licensed physicians in the State of Michigan, certified by the American Board of Anatomic and Clinical Pathology and who have been duly appointed to the medical staff of Beaumont Hospital Taylor .
- II The department of pathology is responsible for the provision of a full range of clinical laboratory examinations, transfusion services, surgical pathology, cytology and post-mortem examinations, adequate for the needs of the patient as required by the Medical Staff.
- III The services of the clinical laboratories are available on a twenty-four (24) hour basis. Surgical pathology, cytology, post-mortem examinations will be provided during regular hours from 8:00 am to 4:00 pm. Post-mortem examinations on weekends and holidays will be provided by the pathologist “on-call”. Laboratory tests are performed only after specific request by a physician licensed by the State of Michigan.
- IV All specimens obtained in a surgical operation will be examined by the pathologists and a written report will be submitted for incorporation in the patient’s chart.
- V A cytopathology service that is adequate to the needs of the hospital is available and whose quality is assured through direct supervision by a pathologist. All slides are reviewed and read by a pathologist.
- VI Post-mortem examinations are performed as a hospital service to contribute to the understanding of diseases in general, and the causes leading to deaths in particular.

Autopsy services will be provided for inpatients deceased after admission only upon physician’s request. A legally completed permit for autopsy must be obtained before the examination is performed.

A written preliminary report will be submitted within seventy-two hours to be incorporated in the patient’s medical record.

Medico-Legal autopsies are the responsibility of the Wayne County Medical Examiner’s Office.

If a patient has been confined to the hospital and the Medical Examiner released the body, a pathologist may perform the autopsy upon receiving a legally valid permit.

Private autopsies initiated by the patient’s family may be referred to outside pathologists.

Post-mortem examination and disposal of stillborn will be done in accordance with pertinent Michigan Laws.

- VII Lists of regulations regarding emergency laboratory procedures, critical values, surgical pathology and post-mortem examinations have been activated after appropriate department, committee and/or board approval, with attention to maintaining diagnostic efficiency while eliminating or modifying non-essential procedures. All are in keeping with regulatory requirements.
- VIII The director of the department of pathology shall assume and discharge responsibility for the professional direction of the department under the constitution and Bylaws of the Oakwood Healthcare System and shall assume and discharge responsibility for the administrative direction of the department in cooperation with the administration of Beaumont Hospital Taylor.
- IX The director and members of the department will participate in committees as required by the Medical Staff Bylaws.

The department shall hold monthly meetings to discuss affairs of the Beaumont Hospital Taylor laboratory and quarterly meetings for the combined Oakwood and OUI Hospital Pathology Group Affairs.

All medical staff should consider asking next of kin for autopsy authorization when autopsy criteria are met:

Unanticipated death or unknown complications may have caused death.

Deaths of participants in clinical trials or when a patient is being treated under a new therapeutic trail regimen.

Intraoperative or intraprocedure death.

Death occurring within 48 hours after surgery or an invasive diagnostic procedure.

All deaths on a psychiatric service.

Deaths due to accidents in the hospital.

Obstetrical deaths or death incident associated with pregnancy within 7 days following delivery.

Neonatal and pediatric deaths, including those with congenital malformations.

Department of Physical Medicine and Rehabilitation

I Membership

Shall be licensed physicians in the State of Michigan

Certified or eligible for certification by American Board of Physical Medicine and Rehabilitation

II Privileges of Psychiatrists

The psychiatrist, who is accorded staff membership at Beaumont Hospital Taylor, shall be determined for each individual applicant by the Credentials Committee and Executive Committee, and granted by the Board.

III Organization of Department

Chairman will be elected by active members for two-year terms.

Secretary will be appointed by chairman, who can be non-physician member.

Non-physician member may be invited to department as needed.

Non-physician member shall not vote for officers.

Department of Psychiatry

I Definitions

“Mental Health Professional” within a duly licensed hospital means a psychiatrist, psychologist, certified social worker, registered nurse, mental health worker/technician, licensed practical nurse, occupational therapist, recreational therapist, certified occupational therapy assistant, music therapist, or art therapist as follows:

“Psychiatrist” is a legally qualified Doctor of Medicine or Osteopathy licensed to practice in the state of Michigan specialized in field of Psychiatry. Psychiatrist should be board eligible or certified by ABPN or ABONP.

“Psychologist” means a person certified as a consulting psychologist, psychologist, or psychological examiner pursuant to Act No. 256 of the Public Acts of 1959, as amended, being S338.1001 et seq. Of the Michigan Compiled Laws.

“Certified Social Worker”, “social worker”, or “social work technician” means a person certified by the board of examiners of social workers pursuant to Act No. 352 of the Public Acts of 1972, as amended, being S338.1751 et seq. Of the Michigan Compiled Laws.

“Registered Nurse” means a registered nurse licensed to practice in Michigan and who has graduated from a state approved school of nursing, possesses a current license, and has at least one year of experience with mentally ill, mentally retarded, or developmentally disabled individuals.

“Mental Health Worker/Technician” means (individual who has min 2 years college/1 year experience in mental health settings).

“Licensed Practical Nurse” means a practical nurse licensed to practice in Michigan and possess a current license, and has at least one year of experience with mentally ill, mentally retarded, or developmentally disabled individuals.

“Occupational Therapist means a graduate of an approved school with a degree in Occupational Therapy followed by successful completion of the registration examination. Active membership in MOTA, district associations and AOTA is highly recommended. Must possess and maintain current certification and Michigan registration.

“Recreational Therapist” means a graduate of an accredited college or university with a major in therapeutic recreation or recreation with an emphasis in therapeutics. Certified by the National Council for Therapeutic Recreation. Must possess/maintain current membership in the National Council for Therapeutic Recreation.

“Music Therapist” means a graduate from an AAMT accredited school, be a registered music therapist and certified by the Certification Board for Music Therapists (CBMT).

“Art Therapist” means a graduate from an accredited college program, M.A. level with registration from AATA (American Art Therapy Association, Inc.) or working towards National registration for ATR (Art Therapist Registered). Process/maintain current membership in AATA is highly recommended.

“Certified Occupational Therapy Assistant” means graduate of a certified Occupational Therapy Assistant program approved by AOTA followed by successful completion of the certification examination. Active membership in MOTA, district associations, and AOTA is highly recommended. Must possess and maintain current certification and Michigan registration.

“Psychiatric Unit” means a coordinated psychiatric inpatient program of a general hospital offering services for observation, diagnosis, active treatment, and overnight care of persons with a mental disease, or with a chronic mental condition requiring the daily direction or supervision of physicians or mental health professionals licensed or certified to practice in this state.

“Partial Hospitalization Program”: The Partial Hospitalization Program serves adult mentally ill persons who are admitted for psychiatric treatment following an inpatient psychiatric hospitalization or to prevent an inpatient admission. The program staff consists of registered nurses, a certified therapeutic recreational specialist, a registered occupational therapist, a social worker, psychiatrists and mental health worker. The program provides continuity of care within the least restrictive environment through a graduated treatment program. The Partial Program staff provides individualized treatment, which may include assessments, group therapy, individualized therapy for example.

“Crisis Intervention Center” is a 6-bed unit, which assesses the patients for appropriateness of admission and arrange for required level of care including inpatient and partial hospitalization services.

II General Principles

The accordance of staff membership or of professional privileges shall be in accordance with the by-laws for Beaumont Hospital Taylor medical staff. All allopathic and osteopathic physician members must be board certified by their Beaumont Hospital Taylor recognized specialty and/or subspecialty board as outlined in the Medical Staff Policy Manual. All recent graduates must have completed residency or specialized training required for admission to the examination of such a certifying board and must achieve board certification within five years from the date of initial eligibility as defined by the specialty board. Failure to obtain board certification within the prescribed time will result in the automatic voluntary resignation from the medical staff.

Standards of Treatment must be in compliance with the Department of Mental Health Code, specifically Public Act 258 (1974). Any changes or modifications to such standards must await or pursue approval through the Department of Mental Health in Lansing.

The Department of Psychiatry at Beaumont Hospital Taylor recognizes its unique position under the Mental Health Code of Michigan, and endeavors to cooperate with the Administration of the Hospital and the Medical Director of Mental Health Services to guarantee that all legal care be given to all patients without discrimination, and that the various hospital-based disciplines be actively utilized in order to provide total care in a truly inter-disciplinary fashion.

III Functions of the Medical Director of Mental Health Services

The Medical Director of the Behavioral Health Department shall:

Be responsible for the general character of professional diagnostic and treatment care provided at Beaumont Hospital Taylor.

Maintain direct liaison with the Chief of the Department and assist the chief in the clinical work of the department.

Be responsible for the supervision and professional development of the following professionals in mental health: psychiatric nursing, social work services, occupational/recreational therapy and psychology.

Be responsible for budget preparation.

Maintain a liaison with the chief of other non-medical staff departments of the hospital, and report to the psychiatric staff via the chief any matters of importance pertaining to the function of the department. Communications addressed to the department would be presented to the Chief of Psychiatry for action to be taken at the department meetings. Such actions would then be communicated back to the medical director for implementation.

Guarantee that all recommended and approved changes in existing department policies and procedures will be promptly incorporated and implemented once they are approved at the Executive Committee level.

Report to the chief of the department problems of professional, diagnostic and treatment care provided. The medical director also reports to the chief of the department and administration any variances or violations of the State of Michigan Mental Health Code.

IV Emergency Department Procedures

See Mental Health Services at the Emergency Department Level Policy

V Responsibility of Attending Psychiatrist

Members of the department of psychiatry may admit patients to the Beaumont Hospital Taylor Behavioral Health Program. Psychiatrists who have admitting privileges to the Behavioral Health program are bound by program regulations as well as regulations contained in the Oakwood Healthcare System Bylaws, Medical staff Bylaws and Rules & Regulations of the Department of Psychiatry.

Specific responsibilities include:

Ultimate responsibility for the patient's treatment.

Overall responsibility for the development of the Master Treatment Plan at the Multi-disciplinary Team Conference within three (3) working days of the patient's admission.

Completion of a physical and mental status examination, which assesses and evaluates the patient's presenting complaint, history of psychiatric disturbance and treatment, medical history and a systemic review within 24 hours of the patient's admission.

Fulfills ED on-call responsibilities and may participate in public patient on-call list. The procedure is as follows:

- ✱ Is required to attend at least 50% of department meetings.
- ✱ If failed to meet meeting attendance requirements, he will be excluded on the ED on call schedule and public patient on-call list for at least one year, until compliance has been demonstrated.
- ✱ Provisional status must be removed before physician may participate on the ED on call schedule and public patient on-call list.

Facilitates the discharge planning process through timely writing of orders and referrals.

Assists with involuntary admissions to this hospital and other facilities.

Prepares and presents in-service to the Behavioral Health Program staff on a rotating basis with the other disciplines.

The attending psychiatrist assumes responsibility for consultations from the referring physician.

VI Changes in Patient's Medical Condition

Any change in the medical condition of a patient on the behavioral health unit shall be promptly communicated to the attending physician by the nursing staff on the unit.

Department of Radiology

- I Members of the radiology department shall be licensed physicians in the State of Michigan and certified or eligible for certification by the American Board of Radiology and who have been duly appointed to the Medical Staff of Beaumont Hospital Taylor . It is the policy of our radiological organization that any permanent member must become certified.
- II The department of radiology shall be responsible for the provisions of a full range of radiological services including, but not limited to, diagnostic roentgenology, nuclear medicine, ultrasound, computed tomography, interventional radiology, magnetic resonance imaging and radiation therapy consultation and will maintain an adequate staff to provide service for the work volume and such subspecialties in radiology as required.
- III Radiology services is primarily engaged in inpatient consultation service for physicians on the staff of Beaumont Hospital Taylor. Outpatient consultation service is also available for physicians regardless of Beaumont Hospital Staff membership.
- IV Upon receipt of a radiology order, following the procedure completion, patient filming will be examined by the radiologist and typewritten interpretations shall be forwarded to the referring physician. Interpretations shall also be transmitted to the appropriate nursing area for chart placement for the medical record department for inclusion into the patient's permanent record. Other consulting physicians may receive results upon request.
- V Radiology hours of consultation are generally from 7:30 a.m. to 5:00 p.m., Monday through Friday, and during the morning hours on Saturday and Sunday. A radiologist is also in attendance on holidays with the exact time dependent on patient volume. A radiologist will be on-call during off-duty hours for emergency cases referable to both inpatient and outpatient studies. It is desirable that the attending physician be present at such requests for immediate consultation. Routine requests from the emergency department during off hours shall be interpreted by the emergency physician with interpretation documented onto the diagnostic request form. The following day the radiologist shall provide procedure interpretation in a timely fashion and document any variations between the preliminary and final procedure result. Such documented variations shall be transmitted promptly to the emergency department with attention to the emergency physician.
- VI The radiologist will formulate appropriate rules to establish quality control and quality assurance guidelines for all studies performed within the service. He will supervise activities of all the various radiology modality technologists and such non-radiologic professional and non-professional personnel as may from time to time participate in diagnostic procedures within the service area, thus to insure maintenance of acceptable technical standards.
- VII The administrator of radiology shall determine the roll of the technologists in reference to fluoroscopy and other procedures. These shall be approved by the chief of radiology and consistent with good medical practice.

- VIII Medication may be provided for special or routine studies within the department as directed by the radiologist. Such prescribing will be consistent with Beaumont Hospital Taylor standards and accepted radiologic practice in the United States.
- IX Procedures performed within the service by non-radiologic physicians will be medically managed by those physicians who perform the procedure. The radiology department will assume responsibility for scheduling, equipment, quality control, quality assurance, and interpretation of that procedure.
- X The medical director of radiology will appoint a qualified member of the service to act as director of nuclear radiology. Nuclear radiology in this context includes all radionuclide diagnostic-imaging procedures performed within this area of service. The conduct of these activities will in general correspond to that outlined for the radiology department itself. Consultation hours are from 7:30 a.m. to 5:00 p.m., Monday through Friday.

Department of Surgery

I Preface

A Objective

Recognizing that the department of surgery at Beaumont Hospital Taylor is responsible for the quality of patient care in this department, subject to the authority of the Executive Committee and the ultimate authority of the hospital governing body, the members of the department of surgery do hereby accept the following Rules & Regulations. The objective of these Rules & Regulations is to strive for the highest standards of patient care.

B Patient Care

Only those applicants who have completed an approved surgical training in the specialty indicated in their application will be accepted to membership leading to surgical privileges.

II Qualification for Membership in the Department

A To be considered for membership in the department of surgery, a physician must:

1 Have completed an approved residency or fellowship in the surgical specialty and demonstrated competency in the surgical field. The residency training must qualify the physician to be eligible to take the examination for the appropriate surgical specialty board.

2 Be a Diplomat of the appropriate specialty board.

3 Definition of Specialty Board:

Specialty certification will be recognized for physicians whose boards of certification meet requirements for certification comparable to those required by boards recognized by the American Board of Medical Specialties, American Medical Association Council on Medical Education, or the American Association of Osteopathic Specialties, or for boards affiliated with the American Osteopathic Association.

If the applicant is not a diplomat of the specialty board, the applicant must become so within five (5) years of the time of the acceptance to the staff. If not, a committee, appointed by the chairman of the department, will conduct a review, confidential and privileged, to be reported to the Executive Committee to consider reappointment to the department of surgery.

- 4 The chief of the department shall conduct a personal interview with the applicant and his recommendation for department membership and for surgical privileges must be received in writing by the Credentials Committee before final action by this Committee is taken.

III Determination of Qualifications and Privileges

A The determination of privileges, which may result in the increase or curtailment of same, shall be based upon the applicant's training, experience, and demonstrated competence, as established by the applicant. These may be evaluated by:

- * Review of the applicant's credentials.
- * Direct observation.
- * Review of the records, or any portion thereof, of patients treated in this or other hospitals.
- * Review of Surgical Case Review/Transfusion Committee records and other pertinent Committee records.

B Conditions that require review of qualification and privileges:

- * Application for membership in the department of surgery.
- * Application of a member for addition to existing privileges.
- * If any member of the staff feels that a member is not conducting himself satisfactorily, they may request a review to be initiated by the chief of the department. A written complaint must be filed. This review will be confidential and privileged and the finding of the review will be reported to the Executive Committee for action. This action may be disciplinary and may include a change in operating privileges.
- * Requests for review of the conduct of any elected officer of the department of surgery should be directed to the Executive Committee.

This review shall give specific consideration to the professional competency, clinical judgment, and the professional ethics and conduct. In addition, the attendance at medical staff meetings and committee meetings, cooperation with hospital authorities and personnel, relations with other staff members, and the general attitude toward the practice, the patients, the hospital, and the public shall be considered.

IV Consultations

In the case of patients in critical condition, unusual operative procedures, infrequently performed operative procedures, unusual non-operative problems, major surgical cases in which the patient is a poor risk, and in all cases in which the diagnosis is obscure or when there is doubt as to the best therapeutic measures to be utilized, consultation should be considered. Judgment as to the serious nature of the illness and selection of proper diagnosis and treatment rest with the physician responsible for the care of the patient.

V Emergency Room Coverage

A The chief of the department of surgery, with the approval of the membership, will arrange the emergency department coverage with administration.

1 If the emergency department physician feels that any surgeon on call is derelict in their responsibility, they may bring this to the attention of the chief of the department of surgery. The chief will then review the facts, and, if they feel it is warranted, the surgeon in question will be sent a warning letter.

2 If the surgeon continues to be derelict in the responsibility, he will be asked to present the case in person before the Executive Committee.

3 If the surgeon continues to be derelict in his responsibilities, the Executive Committee may suspend his surgical privileges.

VI Organization of the Department

1 The offices of chief, vice chief, and secretary shall be elected by closed ballot on even numbered years within one (1) month of the annual staff meeting.

2 No elected office may be held by the same person for more than two (2) consecutive terms.

3 Three (3) months prior to the election, the medical staff coordinator will contact all active members of the department of surgery regarding candidates for the Nominating Committee.

4 A Nominating Committee shall be elected three (3) months prior to the scheduled consisting of five (5) active members that represent the specialties of the department of surgery.

5 Members of the Nominating Committee cannot run for office.

6 One month prior to the election, the Nominating Committee shall post the proposed names of candidates on the bulletin board in the doctor's lounge and also mailed to all active members, an absentee ballot with which members can vote by mail.

- 7 Members of the department who desire to place their name or the name of any other department member may do so by filing a nominating petitions, containing the name and office for which the nomination is made and signed by at least five (5) department members, with the Chairman of the Nominating Committee not less than fifteen (15) days before the election.
- 8 Nomination for the offices will be closed fifteen (15) days before the election.

VII Rules and Regulations of the Department

These rules supercede all previous Rules & Regulations of the department of surgery.

A General Policies

B Add the OR Board of surgery policy

- 1 Scheduling of elective surgical cases is to be done through the operating room (OR), according to the procedure setup by the Surgery Committee.
- 2 Emergency cases during the day are to be scheduled through the OR supervisor or the designate and will take precedence over all elective cases. The surgeon booking the case makes the decision as to whether the case is an emergency.
- 3 Emergency cases after 4:00 p.m., on weekends and holidays are to be boarded through the nursing supervisor.
- 4 A history and physical (H&P) examination must be recorded on the chart before any surgical operation is undertaken, unless the surgeon certifies that any delay incurred for this purpose would constitute a hazard to the patient's life. If dictated, a copy of the transcribed H&P must be on the chart prior to the start of the case. At a minimum, the H&P should include sufficient patient assessment information to ensure clearance of the patient to proceed with surgery.
- 5 A surgical operation shall be performed only upon consent of the patient or his/her legal representative except in extreme emergencies. The only exception to this is in the case of minors, who may be given pre-operative medication and sent to the operating suite, if the responsible adult is present and with the patient.
- 6 In all referred surgery, the surgeon shall be required to examine the patient before surgery is performed and enter his findings and recommendations on the chart. This is to be done before the pre-operative medication is given and before the patient enters the operating room suite. The only exceptions to this are extreme emergencies and intra-operative consultations.
- 7 Any patient, requiring general anesthesia, is to have a minimum of a complete blood count available. Additional studies are to be done at the discretion of the surgeon and the anesthesiologist.
- 8 The OR supervisor or his designate will determine that the H&P examination and the signed surgical consent form are on the patient's chart prior to the patient's entry into the operating room.
- 9 A pre-operative diagnosis and proposed operative procedure must be a matter of record before anesthesia is administered.

- 10 The surgeon must be in the operating suite at the scheduled time. Any surgeon who is going to be unavoidable detained should notify the OR supervisor as soon as possible. The operating room will be held no longer than twenty (20) minutes. If the surgeon does not wish to have a case cancelled and rescheduled at a later date, the OR supervision will then determine when the case will be done.
- 11 The patient shall be identified in the operating suite before anesthesia is administered.
- 12 The decision as to when to use a physician as surgical assistant during surgery is the responsibility of the operating surgeon.
- 13 The choice of anesthesia, as well as required preoperative laboratory studies, is to be made in consultation between the anesthesiologist and the surgeon. The anesthesiologist has the final decision.
- 14 No patient is to receive anesthesia other than local anesthesia outside the surgical or outpatient operating room suites. The only exception would be moderate sedation administered in the endoscopy suite, radiology department, emergency department, and ICU, in accordance with the Rules & Regulations of the Moderate Sedation Policy.
- 15 Tissues removed in surgical operation shall be submitted to the hospital pathologist for pertinent studies.
- 16 Sponge counts, needle counts, instrument counts, etc., are to be done according to the procedures prescribed by the operating room regulations.
- 17 All surgeons shall complete a hand written post-op note on their patients before the patient is released from the operative area. Failure to record the operating procedure within twenty-four (24) hours will result in suspension of operating privileges until the operative record is completed.
- 18 Use of special technicians, nurses, or of physician assistants, not members of the staff at Beaumont Hospital Taylor, must be approved by the hospital administrator or his designate before they allowed to work in the operating room.
- 19 Post-operative care during the patient's hospitalization shall be the responsibility of the operating surgeon.
- 20 Outpatient surgery shall be scheduled and performed according to the Rules & Regulations of Outpatient Surgery.
- 21 For pre-anesthesia evaluation in those instances when the anesthesiologist is not present for emergency surgeries, the surgeon must attest to the patient's acceptability of anesthesia by signing the pre-anesthesia evaluation form.
- 22 A discharge of surgical patients from the post-recovery area must be made by a physician. In most instances, this requirement is fulfilled by the attending anesthesiologist; for those surgeries where the anesthesiologist is not present, the attending physician must fulfill this requirement. The physician need not be physically present and a verbal order is sufficient, provided the "Criteria for Discharge" have been met and reported by the nurse to the physician. The physician is responsible for signing the appropriate discharge forms and for use of the "Criteria for Release of Patient from Recovery Room," attached to these rules.

- 23 Registered Nurse First Assistant Rules:
- * Work under the supervision of the operating surgeon.
 - * First Assistant should be requested when the case is boarded, if needed.
 - * Surgeon must not leave the operating room before fascia is closed.
 - * Surgeon must be available on the premises until the patient is off the operating room table.

Outpatient Surgery

I Outpatient Procedures

Procedures for outpatient surgery should be on the list of approved procedures. Questionable cases are to be referred to the chief of surgery, or his designee, for final approval.

II Pre-Admission Testing and Registration

- A Patients requiring pre-admission testing (PAT) should have a PAT at least 24 hours prior to scheduled surgery.
- B Patients shall report for PAT at the outpatient lobby.
- C On the day of surgery, patients shall report to the outpatient admitting desk at least two hours prior to surgery except for 8 am cases, which can arrive only one hour prior to surgery.
- D If general anesthesia or sedation is scheduled, CBC and urinalysis is required. The results of all tests requested shall be part of the patient's record before entry to the OR.

III Surgery Requirements

- A It shall be the responsibility of the attending physician to insure that the patient is NPO after midnight before surgery if general anesthesia is scheduled. Any history of food or liquid intake after midnight preceding surgery shall be cause to cancel anesthesia for that day.
- B A short form "History and Physical Examination" (to be completed by the attending physician) and a completed "Surgical Consent Form" are to be on the medical record for each surgical outpatient prior to administration of pre-operative medication.
- C Spinal anesthesia shall not be given to surgical outpatients.
- D Pre-operative medication shall be ordered by the anesthesia department.
- E All patients scheduled for outpatient surgery will be prepared in the outpatient holding area:
 - * Proper patient identification will be checked.
 - * Patient will be undressed, prep done if ordered.
 - * Chart checked for completed reports. Charts must be complete prior to leaving outpatient Surgery Area.
 - * Admission Assessment completed, pre-operatively.
 - * Notify Department of Anesthesia for pre-anesthetic evaluation.
 - * Pre-op medication given, if ordered.
 - * Transport to OR at scheduled time.

IV Post-Operative, Recovery, and Discharge

- A After surgery, all outpatients have general anesthesia or sedation shall be observed in the recovery room and released to the ambulatory surgery unit by the anesthesiologist.
- B Outpatients having local anesthesia shall be discharged by their attending physician.
- C Patients will be escorted to the outpatient discharge area.
- D Provisions will be made if the surgical outpatient requires admission to the hospital.

Anesthesia For Ambulatory Surgery Patients

All ambulatory surgery patients scheduled for general, regional, or standby local anesthesia must fulfill the regulations as set forth by the anesthesia department.

I Scope of Service

- A Anesthesia for ambulatory surgery patients shall include general, standby local, and certain types of regional blocks (IV blocks, brachial, axillary).
- B Anesthesia will be administered only in the confines of the five operating rooms and one cysto room.

II General Rules & Regulations

- A ASA classification: Patients scheduled for ambulatory surgery with general, SB local, or regional anesthesia must fall within the classification ASA I or II. In some instances, ASA III patients will be accepted if prior clearance is obtained from the anesthesiologist. (See ASA classification)
- B Required Data
- C CBC
 - 1 Urinalysis
 - 2 Surgical profile, if requested by physician or anesthesiologist
 - 3 EKG, if requested by physician or anesthesiologist
 - 4 Chest x-ray, if requested by physician or anesthesiologist
 - 5 H&P including pre-op diagnosis.
 - 6 Signed Consent
- D NPO – All patients scheduled for elective general, regional or SB local anesthesia must be NPO after midnight of the night before surgery. There will be no exceptions to this and, if violated, will result in cancellation of the anesthesia.
- E Pre-Anesthetic Evaluation
 - 1 Ambulatory patients will be seen and evaluated by the anesthesiologist in the ambulatory surgery conference room at the time of pre-admission testing (PAT).
 - 2 The pre-anesthesia evaluation form will be completed by the patient prior to the visit from anesthesiology.
 - 3 The pre-anesthetic visit by the anesthesiologist will include the assessment of the patient's medical condition, ASA classification and selection of anesthesia. The pre-anesthesia evaluation form will be completed and signed by the anesthesiologist. Additional testing and/or pre-operative medication will be ordered, if indicated.
 - 4 The patient will be seen on the day of surgery in the ambulatory area for review of the patient's condition. IV therapy will be initiated and pre-op sedation administered.

F Pre-Admission Testing (PAT)

- 1 PATs will be accepted up to one week prior to surgery.

G Post-Op Care

- 1 Anesthetist will accompany patient to the recovery room and give complete report of patient's condition, drugs and fluids used to recovery room personnel.
- 2 Patients will remain in the recovery room until discharge is ordered by the anesthesiologist.
- 3 Discharge from recovery:
 - a Recovery room release must be signed by attending physician or anesthesiologist.
 - b Patient transported to ambulatory from holding area.
- 4 Discharge from ambulatory holding area:
 - a Discharge will be effected when the patient meets discharge criteria for ambulatory surgery patients.
- B If patient's condition does not warrant discharge from the hospital, arrangements will be made for in-patient admission. The attending surgeon will be contacted by the nurse for admission orders.
- 5 A responsible adult must be in attendance with patient and accompany the patient at the time of discharge.
- 6 Patients must be instructed to restrict their activity for at least twenty-four (24) hours following surgery and anesthesia.
 - A Avoid use of alcoholic beverages
 - B Take no other medications other than prescribed by attending physician
 - C Avoid signing legal documents
 - D Avoid driving any motorized vehicle or use power machinery

Business Office: Outpatient Surgery

Admitting Department

- 1 All patient requiring outpatient surgery will be registered at the Outpatient Desk on the day of or prior to surgery.
- 2 Outpatient surgery must be scheduled in advance and only during regular working hours of the Surgery Department.
- 3 Surgery will not be performed, nor anesthesia administered without the completion of the required testing specified by the Anesthesia Department.
- 4 Patients requiring general anesthesia or local anesthesia will be requested to be in the outpatient surgery department two hours prior to surgery.
- 5 Pre-operative orders from the attending physician should accompany the patient. Patients are to be NPO for at least six hours prior to surgery and general anesthesia.
- 6 The operating permit must be signed upon admission at the outpatient desk or at the physician's office.
- 7 Each patient must be accompanied by a responsible person. This person must also accompany the patient home.
- 8 Final release of the patient is to be made by the anesthesia department.
- 9 Questionable cases are to be referred to the admitting OR nurse or chief of surgery for final approval.
- 10 Since the hospital cannot be responsible for valuables, personal effects (such as dentures, jewelry, hearing aids, and clothing), the person who accompanies the patient must assume this responsibility. Valuable envelopes may be used.

Credit Department

- 1 Employees of the credit department obtain the names of those patients scheduled for outpatient surgery from the admitting department before the patient is to be admitted (at least three or more days in advance of admission so patient can have PAT done).
- 2 These patients are telephoned for the purpose of obtaining insurance information so that verification of the insurance can take place.
- 3 The credit department informs the admitting department of patients who have been cleared and also indicates the patients who must be interviewed by the credit department prior to admission.
- 4 In the event that insurance is inadequate, a deposit may be requested prior to admission. Minimum of \$250.

Billing Department

- 1 Upon completion of surgery procedures, charges received by the billing department from the ancillary areas providing services, in addition to charges incurred in holding operating and recovery room areas.
- 2 Patients are billed according to the prior verified billing information obtained at the time of admission.
- 3 In the event the insurance verification is inadequate, the patient is billed directly through normal billing procedures.