

Parkview Orthopaedic Hospital (POH)
MEDICAL STAFF RULES & REGULATIONS
MEC Approved – 9-14-07, 7/19/2011, 7/16/13, 3/18,14

A. EMTALA Compliance - As POH does not have an on-premise Emergency Department, no obligation exists under EMTALA with respect to individuals who come to POH as an initial point of entry into the medical system seeking a medical screening examination or treatment for an emergency medical condition. POH recognizes and respects its responsibility to accept, within the capacity and capability of the hospital, appropriate transfers from requesting hospitals without regard to the presence or absence of an on-premise Emergency Department. In compliance with CMS requirements, POH has allopathic and osteopathic physicians on duty or on call at all times. These physician resources are continuously available to make appropriate determinations regarding transfer requests.

B. Consultations - Practitioners requesting consultation should be responsible for directly calling the consultant requested. Physician-to-Physician communication is always preferred. When a written order is issued, this information shall be transmitted by Nursing at the time the order is noted.

Written Order Requirements: The written order must include the name of the practitioner or group to be consulted, the reason for the consultation, and the timeframe in which the consultation should occur. If the written order is incomplete, nursing staff shall transmit the information available. The consulting practitioner is responsible for contacting the referring practitioner for clarification.

Transmission of Written Orders: Nursing staff shall be responsible for directly contacting the office of the designated practitioner or group to relay the request for consultation, if the order is issued during office hours. After office hours, nursing staff will contact the practitioner on call for the designated practitioner or group through the answering service. The transmission of the written order shall be noted in the patient record.

Responsiveness to Consult Request: The Medical Staff Bylaws require timely consultation (II.3.G) which shall be defined as within 24 hours, unless otherwise defined in Rules and Regulations and related policies.

An in-person physician response to a consultation request is the normal expectation. In the event a physician consultant (or another physician from the physician's group) is not personally seeing the patient in response to the consultation request, mutual understanding must exist between the requesting physician and the physician consultant on how the service will be provided.

C. Process for Changing Physicians for Hospitalized Patients

The Medical Staff recognizes that circumstances may occur where patients or physicians may no longer wish to continue the patient - physician relationship. When these difficult circumstances occur, it is critical to manage them as professionally as possible to prevent any erosion of relationship between the patient, physician, and/or nursing staff or loss of confidence in the other care providers associated with the case. The following procedure must be followed in order to ensure continuance of appropriate patient care and the medical staff member's compliance with the responsibility to assure such care. Under no circumstances should a staff nurse be placed in an intermediary role between the patient and the physician(s).

1. The patient or physician must state that they no longer wish to continue the relationship.
2. The decision must be documented in the medical record.
3. Physician or nurse notifies house supervisor of the situation and the precipitating circumstances.
4. In turn, the house supervisor notifies the Chief Medical Officer for assistance in securing physician coverage for the patient.
5. The patient must be asked if they have a request for a specific physician to assume their care.
6. The CMO will contact appropriate alternative physician(s), taking into account the desires of the patient, until a new physician has indicated their willingness to assume care. As appropriate, the CMO may contact the Hospitalist on duty for assistance. When transfer of care is accepted by the new physician, this acceptance is documented on the chart. Ideally, the exiting physician provides report to the accepting physician.

7. The original physician may be contacted for orders of an urgent nature until an accepting physician has documented his or her acceptance on the chart.

It is not appropriate to force patients to change physicians against their will. If the physician is uncomfortable with the relationship, the patient shall be given 30 days' notice of the physician's intent to no longer provide care. During this time the physician will continue to provide appropriate care, unless or until another physician assumes care. This would apply to cases in which the patient is not willing to consent to treatment plans outlined by the physician, but does not wish to change physicians.

SPECIALTY-SPECIFIC INFORMATION

A. Anesthesia:

Responsibilities of each Anesthesiologist:

1. Anesthesiologists, or CRNAs under the supervision of an anesthesiologist as described in the CRNA privilege form, should routinely:
 - Make pre-anesthetic evaluations and write a pre-anesthetic summary that shall include examination of patients to determine the degree of surgical risk, type of anesthesia to be administered, known drug allergies, and an evaluation of the patient's physical status, labs, and pre-operative sedation.
 - Utilize pre-anesthesia orders on their surgical patients, unless otherwise ordered by the anesthesiologist. The pre-anesthesia orders will be placed on all surgical charts, initiated as a protocol as authorized by Anesthesia, and completed by Nursing. The pre-anesthesia orders will be signed by the individual within 48 hours.
 - Advise and consult with attending physicians regarding the patients' general condition and risk involved.
 - Utilize monitoring equipment as per ASA standards, administer anesthetic in a manner prescribed by general medical standards, and help positioning of patient as surgical procedures mandate.
 - Observe anesthetized patient for adverse reactions, and initiate remedial measures.
 - Maintain record of anesthetic administered, record condition of patient prior to and throughout peri-operative period, order immediate post-anesthetic medications, record condition of patient in the Recovery Room.
 - Be physically present for the entire peri-anesthetic period except in the most unusual circumstances, for surgical procedures where anesthesiology services are utilized.
 - Remain in the PACU in attendance of the patient until the patient is ready for transfer to the care of the recovery room nurses and shall give a verbal report to the nurse. When the admitting or attending physician or surgeon is not immediately available, the anesthesiologist/CRNA team will undertake the care of the patient (in the interim) until the attending (primary) physician can be notified and can assume the care of his/her patient.
 - Manage and treat anesthesia-related complications of which they are aware or which are reported to them. All other complications are the responsibility of the attending physician.
 - Be consulted by PACU nurses before analgesic or sedative drugs are administered to patients recovering from anesthesia.
2. All inpatients to whom anesthesia care has been administered from the PACU may be discharged by nursing to the floors, using the criteria established by Anesthesia or upon order of the anesthesiologist/CRNA, or surgeon. Outpatients may be discharged using these same criteria. Endotracheal tubes may be removed by Recovery Room nursing staff when Anesthesia criteria are met or when so ordered by the anesthesiologist or CRNA.
3. A mutual understanding should exist between the primary surgeon and anesthesiologist/CRNA regarding appropriate timing of patient induction. This understanding may be implied based on standard practice, or may be specific to a given case as related through operating personnel. If uncertainty exists, it is essential that the surgeon and anesthesiologist/CRNA interact directly.

(Reference Surgery Section G re: Required Testing Prior to Sedation – Anesthesia).

B. Diagnostic Imaging/Radiology

Diagnostic Imaging services shall be available to meet the needs of patients referred by the Medical Staff. Radiologists shall be available for consultation and interpretation in person or telecommunication 24 hours per day, 7 days per week and shall respond promptly to requests for emergency services. All requests for imaging services shall contain adequate medical reason for the procedure ordered. All imaging procedures shall have a written interpretation and shall be produced in a prompt and orderly fashion by a physician.

Requests for multiple imaging services shall be scheduled by the Radiologist in the appropriate sequence to assure proper patient care without unnecessary delay.

Requests for invasive procedures (i.e. angiography, biopsy, drainage) shall be accompanied by appropriate consultation between referring physician and performing physician. Reports of consultations and interpretation of procedures shall be included in the patient's medical records. Documentation of appropriate laboratory values and/or medications shall be available prior to the performance of the imaging procedure. Consent forms shall be completed for indicated procedures.

The parental administration of iodinated contrast or radionuclide in the Department shall require:

- A. Approval of a Radiologist and the presence of a supervising physician in the hospital.
- B. Completion of consent forms when indicated.

C. Emergency

At all times a privileged and licensed physician will be immediately available to respond to cardiopulmonary arrests, other emergent circumstances, and either the physician and/or orthopaedist on call shall assess requests for transfer from other hospitals requiring the services available within the capacity and capability of the hospital. *Please refer to Section I. A - EMTALA*

D. Pathology

Pathology is under the direction of the Pathologist-Director. As such, he/she is responsible for the department's operation, including quality control, test result accuracy and professional standards of the personnel. He/she is responsible for the maintenance of standards established by the College of American Pathologists, Joint Commission, and State Board of Health.

The Pathology Department will bring forth recommendations on a regular basis regarding Transfusion practice and policy, Criteria for Autopsy, and Gross Tissue Exemption list for review and recommendation of the Medical Executive Committee. *Please refer to Addenda accompanying these rules and regulations.*

The laboratory encourages preadmission testing. All patients are encouraged to report to a laboratory at least 24 hours prior to admission.

Since autopsies are the basis for quality assurance, physicians are encouraged to obtain and attend autopsies. *If physicians have special requests, please either document on the Autopsy Request form or contact the Pathologist.*

Therapeutic drug monitoring is encouraged. All stat requests should be justified. Unnecessary stat tests are to be discouraged.

Physicians are encouraged to consult directly with the pathologists if an abnormal test result is questioned.

1) SPECIMEN HANDLING: *Refer to Addendum A: Tissue Exempt List & Gross Only List*

All specimens sent to the laboratory should be properly labeled individually, and accompanied by a requisition form. Information required for a proper label consists of patient name, hospital number, room number and attending physician's name. Improperly labeled specimens will not be accepted. The names of consult-physicians who need a report should appear on the requisition form. In doing this, the patient's safety will not be jeopardized in any way.

The Parkview Health laboratory, per contract, will perform all tests requested. If certain tests are not available, the pathologist will determine the reference laboratory using the list approved by MEC. Requests for special handling or special tests should be addressed to the pathologist. ("Split sample" tests are considered in the latter category and after consultation with the pathologist should be sent to the laboratory for "splitting.")

The surgical request slip accompanying the tissue specimen should be completely filled out, especially the information regarding previous surgery, preoperative diagnosis and findings.

All tissues, foreign bodies, calculi, etc., removed at operation shall be sent to the hospital pathologist, who shall make such examination as he/she may consider necessary to arrive at a pathologic diagnosis, and record same on the patient record. The surgeon shall have the discretion to recommend that "no microscopic examination be performed" noted on the specimen. In the clinical lab we acknowledge that the physician may request not to have the written consultation or interpretation associated with the test. If the physician so wishes, the written consultation or interpretation will be forgone.

E. Podiatry

The scope and extent of surgical procedures performed by podiatrists shall be specifically delineated and granted in the same manner as all other surgical privileges. All podiatric patients shall receive the same basic medical appraisal as patients admitted for other surgical services. A physician member of the Medical Staff shall be responsible for the admission of any patient under the care of a podiatrist. A physician member of the Medical Staff may be responsible for the care of any medical problems that may be present at the time of admission or that may arise during hospitalization.

F. Psychiatry

POH has provisions for the acceptance of Psychiatrists on its medical staff.

Procedure Statement:

1. Any patient, who in the opinion of the evaluating physician, is actively dangerous to himself or others, will be transferred to a psychiatric facility as soon as possible.
2. Admission for psychiatric illness, alcoholism or chemical dependency is treated at the facility only until his/her medical condition, within the scope of services of POH, has been stabilized.
3. It is the responsibility of the attending physician to evaluate the patient and refer him/her to the facility/service which will meet his/her immediate needs.
4. If a patient presents primary or secondary mental illness or chemical dependency during hospitalization, a psychiatric or chemical dependency evaluation is recommended.
5. When the physical condition improves and psychiatric treatment is necessary, admission to a psychiatric facility/service should be initiated.

G. Surgery

No one shall be permitted to observe or work in the operating rooms beyond the retracting doors unless properly garbed with cap, mask, gown or special shirt and trousers, and operative shoes or shoes with shoe covers, most of which are provided by the hospital. Guests are to be authorized via Medical Staff Services (*Reference: Guests of Medical Staff Policy*).

In all cases of major operation, it shall be the decision of the surgeon as to whether a physician assistant should be used. No operative procedure shall be done in this hospital which does not conform with the general staff rules. A physician declaring a life- or limb-threatening emergency will be given priority for assignment of an operating room and anesthesia.

Scheduled operations that are not started on time without good reason may be canceled by the operating room supervisor, if in his/her opinion the delay would seriously interfere with completion of the remaining cases for the day. In cases where there is unavoidable delay in meeting a scheduled operation, the individual responsible for that delay is also responsible for notifying all parties involved.

All elective surgery patients requiring moderate sedation, major block (epidural, spinal or arm, etc.) or general anesthesia, shall show on the record the following routine laboratory work outlined in the table below unless otherwise ordered by the physician:

Pre-surgical Lab Tests

Revised 5/19/11

All tests are to be completed 5-30 days of surgery unless otherwise specified. Medicare patients must follow Medicare guidelines.

	ECG	CBC	Lytes	BUN/CR	Gluc/HgB-A1C	PTT	INR	LFT	T&S	UA	Pre-alb/CMP
Age >65	X			X							
CAD	X	X		X							
Hypertension	X			X							
Diabetes	X		X	X	X						
Renal DZ	X	X	X	X							
Liver DZ	X	X				X	X	X			
Diuretics			X								
Bleeding Disorder		X				X	X				
Anemia		X									
Medicare	X	X		X							
Multilevel Spine	X	X	X	X			X		X	X	X if >65
Total Joint		X	X	X					Revisions	X	
Blood donation		X							X		
Sleep Apnea	X	X									
BMI>40	X				glucose						
Gastric Bypass		X	X	X							

Serum pregnancy test (HCG): on all menstruating females to be completed within 5 days prior to surgery, with the exception of those with a history of surgical sterilization. Menopausal women are exempt if they have not had menses in the previous 12 months.

STAT INR: morning of surgery on all patients on Coumadin therapy.

FBS (finger stick): day of surgery on all patients with diabetes.

UA: if WBC's greater than 5 complete C&S.

ECG: if the patient has no health history, is not a smoker, BMI <40, and MET's >4, and ECG done within six months prior to surgery may be substituted; ECG on all patients with history of shortness of breath, chest pain, murmur, cardiomyopathy, pacemaker, defibrillator, or 3 or more risk factors for CAD.

For CAD risk factors see Table 1 page 5.

Chest X-Ray: will need a chest x-ray on all Medicare patients who may need to stay at an Extended Care Facility (ECF) after surgery. May need a chest x-ray on all patients with a suspicion of CHF, cardiomyopathy, or infiltrate or has a history of TB. Any patient with a recent TB infection must have completed 6 months of treatment.

Pulmonary function test: a study completed within the last year may be substituted if there has been no change in patient's respiratory illness. May need PFT for any smoker with suspicion of emphysema, or who has a greater than 40 pack year of smoking and is having a general anesthetic (spine & shoulders).

Spinal cord stimulator trials/implants, vertebroplasty's and kyphoplasty's should follow the same preoperative lab and NPO status requirements.

ADDENDUM A

TISSUE EXEMPT & GROSS ONLY LISTS

- 1) Discarded bone from total joint replacement surgery, including hips, knees, shoulders, wrists, elbows, and ankles.
- 2) All tissue removed at the time of arthroscopy
- 3) Spine tissue, including disc material and laminar bone removed for decompression.
- 4) Tissue from hand and foot surgery, including ganglion cysts, synovial cysts, and bone fragments from LRTI's.
- 5) Any tissue may be sent at the discretion of the surgeon.

NOTE: February 8, 2010,

- Parkview Orthopaedic Hospital Medical Staff has approved this list of tissues or objects removed at POH that do not require submission to pathology.
- This list was not recommended by Allied Pathologists.

ADDENDUM C

CRITERIA FOR AUTOPSY

INTRODUCTION: These criteria include but are not limited to the following:

1. Unanticipated death
2. Death occurring while the patient is being treated under a new therapeutic trial regimen
3. Intraoperative or intraprocedural death
4. Death occurring within 48 hours after surgery or an invasive diagnostic procedure
5. Death where the cause is sufficiently obscure to delay completion of the death certificate
6. Deaths with genetic implications

RESULT REPORTING:

A provisional autopsy report will be signed out within 72 hours from the time the autopsy procedure is completed. A routine Final autopsy report will be out in 30 days. A non-routine final autopsy report will be out in 60 days. Final reports sent out with any found errors are documented, corrected and an amended report is sent out to areas, which received the initial report.

When ordering an autopsy, clinicians are urged to provide as much information as possible on the areas in which they wish the pathologist to focus his/her exam.