

RULES AND REGULATIONS

Of

THE MEDICAL STAFF

Of

PLAINS REGIONAL MEDICAL CENTER

2023

TABLE OF CONTENTS

I.	ADMISSION AND DISCHARGE OF PATIENTS	1
II.	ANCILLARY MEDICAL STAFF	2
III.	MEDICAL RECORDS	7
IV.	GENERAL CONDUCT OF CARE	9
V.	GENERAL RULES REGARDING SURGICAL CARE	10
VI.	GENERAL RULES REGARDING OBSTETRICAL CARE	12
VII.	GENERAL RULES REGARDING PEDIATRIC CARE	12
VIII.	GENERAL RULES REGARDING EMERGENCY CARE	12
IX.	PEAK CENCUS PROCEDURE	14
X.	ETHICS COMMITTEE	15
XI.	GRANTING PRIVILEGES FOR OUTSIDE PROCTORS	17

Rules and Regulations of the Medical Staff Plains Regional Medical Center

I. ADMISSION AND DISCHARGE OF PATIENTS

1. The hospital is a general acute care non-profit hospital, and shall accept patients for care and treatment and will not discriminate on the basis of race, religion, or national origin.
2. Only members of the Active, Associate, or Military Staff may have admitting privileges. A member of the Consulting Staff may admit patients conjointly with an Active, Associate, or Military member of the Medical Staff.
3. A member of the Active, Associate or Military Medical Staff shall be responsible for the medical care of each patient in the hospital, for the completeness and accuracy of his portion of the medical record, and for transmitting reports of the condition of the patient to any referring practitioner and to relatives of the patient. Whenever these responsibilities are transferred to another staff member, a note covering the transfer of responsibility shall be entered on the order sheet of the medical record.
4. Except in an emergency, no patient shall be admitted to the hospital until a provisional diagnosis or valid reason for admission has been stated. In the case of an emergency, such statement shall be recorded as soon as possible.
5. Patients may be discharged only on an order by the attending practitioner or his designee. Should a patient leave the hospital against the advice of the attending practitioner or without proper discharge, a notation of the incident shall be made in this patient's medical record. In such an event, the attending physician and nursing staff should attempt to have the patient sign a *Release of Responsibility* form.
6. In the event of a hospital death, the deceased shall be pronounced dead by the attending physician or his designee within a reasonable time. The body shall not be released until an entry has been made and signed in the medical record of the deceased by a physician member of the Medical Staff or his designee. Policies with respect to release of dead bodies shall conform to local law.

II. ANCILLARY MEDICAL STAFF

Sections

1. Clinical Psychology

a. Definitions:

- 1) The Section of Psychology is an organized section of the Ancillary Staff assigned to the Department of Medicine and shall consist of qualified psychologists whose professional services are utilized within Plains Regions Medical Center. Psychologists who perform professional services in the hospital must be appointed to the Ancillary Staff in accordance with the Bylaws, Rules and Regulations of the Medical, Dental and Podiatric Staff.
- 2) Clinical, rehabilitation, and counseling psychologists are persons with substantial training in Psychology with a clinical emphasis. The training includes satisfactory supervised clinical experience, either pre-doctoral or postdoctoral level, and experience in a medical setting. Guidelines for determination of adequate experience and training shall follow current guidelines of the American Psychological Association and the Council for the National Register of Health Services Providers in Psychology.

b. Qualifications of Psychologists

Each member of the Ancillary Staff must be a clinical, counseling, or rehabilitation psychologist who:

- 1) is certified by the New Mexico State Board of Psychology Examiners;
- 2) has a doctoral degree from a recognized university based upon graduate study which was primarily in the area of clinical, counseling, or rehabilitation psychology, or a combination of these specialty areas;
- 3) has completed an American Psychological Association approved internship, or its equivalent, as determined by the Credentials Committee;
- 4) has had special emphasis, in training and/or experience, in the areas of psychology he/she intends to practice in the hospital, sufficient to satisfy the Credentials Committee that the psychologist is competent in such areas. The application shall include a statement setting forth the area of psychology the psychologist intends to practice;
- 5) is listed in the National register of Health Service Providers in Psychology, or has equivalent training and experience, as determined by the Credentials Committee. In determining such equivalence, the committee must ascertain that there has been extensive experience in a general hospital setting, and that the experience was under the supervision of one or more qualified psychologists who assumed a training responsibility.

c. Privileges of Psychologists:

Psychologists will provide services within the legal and professional definition of their discipline and in accordance with hospital Rules and Regulations.

- 1) Privileges of psychologists are psychological evaluation and treatment.
- 2) Psychologists exercise their privileges in providing services only at the specific request of members of the Active, Associate, Military, Emergency Medical Staff.
- 3) Privileges will be exercised under the general direction of the attending physician who requests the services. It is the joint responsibility of the psychologist and the attending physician to maintain periodic review and consultation regarding the progress and status of the patient.
- 4) The psychologist will be responsible for consultation reports and summaries as necessary in the medical record and will utilize the patient's medical record for recommendations, comments, and progress reports.
- 5) Psychologists will not admit or discharge patients, write orders for medical care, or be assigned or assume sole responsibility for a patient's care.
- 6) The initial assignment of privileges shall be under supervision for a minimum of six (6) months and six patients. After that time, the Medical Department Review Committee shall make a recommendation to the Credentials Committee that the supervision status be terminated or extended. If the recommendation is for extension, all hospital work must continue to be under supervision until the supervision status is terminated. Privileges may be limited or terminated at any time for substandard or incompetent performance. If a

psychologist has not completed the supervision process within twenty-four (24) months, he/she will not be reappointed.

- d. Peer Review:
The Department of Medicine will be responsible for establishing and maintaining a system of peer review in order to assure a high standard of professional performance by psychologists. The provision of psychological service will be in accordance with New Mexico Statutes, all hospital rules and regulations and consistent with the high standard of patient care.
- e. Supervision:
 - 1) Clinical psychologists new to the Staff shall be supervised for not less than six (6) months by a member or members of the Medical Staff appointed by the Medical Department Review Committee.
 - 2) The period of supervision may be extended by the Medical Department Review Committee for a specific limited time, not to exceed eighteen (18) additional months, when a question concerning ability is raised or there has been insufficient work in the hospital to satisfactorily evaluate performance. At the end of the supervisory period, privileges to be assigned without supervision or revocation of privileges shall be recommended by the Medical Department Review Committee to the Credential Committee.

2. Psychiatric Social Workers/Clinical Social Workers

The Section of Clinical Social Workers is an organized section of the Ancillary Staff assigned to the Department of Medicine and shall consist of qualified psychiatric social workers/clinical social workers whose professional services are utilized within Plains Regional Medical Center. Psychiatric social workers/clinical social workers who perform professional services in the hospital must be appointed to the Ancillary Staff in accordance with the Bylaws, Rules and Regulations of the Medical, Dental and Podiatric Staff.

- a. Psychiatric Social Workers/Clinical Social Workers eligible for appointment to the Ancillary Staff are those with a master's degree in Social Work which includes a psychiatric sequence from an accredited graduate school of Social Work, and those-eligible for membership in the Academy of Certified Social Workers.
- b. Privileges for Psychiatric Social Workers/Clinical Social Workers.
 - 1) The Psychiatric Social Worker/Clinical Social Worker shall function in a capacity defined by the Department of Medicine depending on training, experience and demonstrated competence.
 - 2) The Psychiatric Social Worker/Clinical Social Worker shall exercise his/her functions only upon request of a member of the Active, Associate, Military or Emergency/Urgent Care Medical Staff. The psychiatric social worker/clinical social worker shall be responsible for adequate reports, progress notes and summaries, as necessary in the medical record. He/she shall not be permitted to admit or discharge patients, write orders for patient care, nor assume sole responsibility for patient care.
- c. Peer Review:
The Department of Medicine will be responsible for establishing and maintaining a system of peer review in order to assure a high standard of professional performance by psychiatric social workers/clinical social workers. The provision of psychiatric and clinical social work services will be in accordance with New Mexico Statues, all hospital rules and regulations and consistent with the high standard of patient care.
- d. Supervision
 - 1) Psychiatric social workers/clinical social workers new to the Staff shall be supervised for not less than six (6) months by the Medical Department Review Committee.
 - 2) The period of supervision may be extended by the Medical Department Review Committee for a specified limited time, not to exceed eighteen (18) additional months, when a question concerning ability is raised or these has been insufficient work in the hospital to satisfactorily evaluate performance. At the end of the supervisory period, privileges to be assigned without supervision, or revocation of privileges shall be recommended by the Medical Department Review Committee to the Credential Committee.

3. Certified Registered Nurse Anesthetists

The Section of Certified Registered Nurse Anesthetists is an organized section of the Ancillary Staff assigned to the Department of Surgery and shall consist of qualified certified registered nurse anesthetists whose professional services are utilized within Plains Regional Medical Center. Certified registered nurse anesthetists who perform professional services in the hospital must be appointed to the Ancillary Staff in accordance with the Bylaws, Rules and Regulations of the Medical, Dental and Podiatric Staff.

- a. Certified Registered Nurse Anesthetists eligible for appointment to the Ancillary Medical Staff are those with the following qualifications:
 - 1) Graduate of a school of nurse anesthesia accredited by the Council on Accreditation of Educational Programs of Nurse Anesthesia or its predecessor.
 - 2) Certified as a nurse anesthetist by the council on Certification of Nurse Anesthetists.
 - 3) Holds current state licensure as a registered nurse
 - 4) Meets continuing education requirements to maintain eligibility for recertification.
 - 5) Possesses liability insurance in accordance with the *Bylaws of the Medical Staff of Plains Regional Medical Center*.
- b. The Certified Registered Nurse Anesthetist shall be responsible for adequate reports, progress notes and summaries, as necessary in the medical record. The anesthesia records do not have to be co-signed by a surgeon.
- c. Certified Registered Nurse Anesthetists will not admit or discharge patients, write orders for medical care, prescribe medications not directly related to anesthesia, or be assigned or assume sole responsibility for a patient's care.
- d. Peer Review:

The Department of Surgery will be responsible for establishing and maintaining a system of peer review in order to assure a high standard of professional performance certified registered nurse anesthetists. The provision of certified registered nurse anesthetists services will be in accordance with New Mexico Statutes, all hospital rules and regulations and consistent with the high standard of patient care.
- e. Supervision:

Certified registered nurse anesthetists new to the Staff shall be supervised for not less than six (6) months by a member or members of the Active Medical Staff appointed by the Department of Surgery Peer Review Committee

The period of supervision may be extended by the Department of Surgery Peer Review Committee for a specified limited time, not to exceed six (6) additional months, when a question concerning ability is raised or there has been insufficient work in the hospital to satisfactorily evaluate performance. At the end of the supervisory period, privileges to be assigned without supervision or revocation of privileges shall be recommended by Department of Surgery Peer Review Committee to the Credentials Committee.

4. Speech Pathologists

Speech Pathologists are a section of the Ancillary Staff and will be supervised and evaluated by the Medical Department Review Committee of the Department of Medicine, which shall forward its findings to the credentials committee. Speech Pathologists may see patients in the hospital only when requested by a member of the Medical, Dental, and Podiatric Staff. They may make notes in the patient's progress notes attesting to their treatments and findings. They may not write orders on the patient's order sheet.

5. Allied Health Professionals is an organized section of the Ancillary Staff and may provide services to patients within the limit of their skills and the scope of lawful practice upon recommendation of the Medical Staff and approval of the Board of Trustees. Privileges are not a contractual or property right and can be terminated at any time for substandard performance or conduct.

6. Certified Nurse Midwives:

The Section of Certified Nurse Midwives is an organized section of the Ancillary Staff assigned to the Department of Surgery and shall consist of qualified certified nurse midwives whose professional services are utilized within Plains Regional Medical Center. Certified nurse midwives who perform professional services in the hospital must be appointed as Allied Health Professionals to the Ancillary Staff in accordance with the Bylaws, Rules and Regulations of the Medical, Dental and Podiatric Staff.

- a. Eligibility: To be eligible for inclusion in the Section of Certified Nurse Midwives, the nurse midwife must be certified by the American College of Nurse Midwives and licensed by the State of New Mexico as a registered nurse and as a Certified Nurse Midwife. The nurse midwife must meet all eligibility requirements as an Allied Health Professional member of the Ancillary Medical Staff as stipulated in the *Bylaws of the Medical Staff of Plains Regional Medical Center* and of the *Rules and Regulations of the Medical Staff of Plains Regional Medical Center*. Additionally, the sponsoring physician for the Certified Nurse Midwife must be a member of the Active Medical Staff with comprehensive surgical obstetrical privileges.
- b. Certified nurse midwives must at all times have back-up coverage by a specifically identified member of the Active or Associate Medical Staff with comprehensive surgical obstetrical privileges who has agreed to provide back-up coverage for the Certified Nurse Midwife. This member of the Active or Associate Medical Staff must be immediately available to the certified midwife by telephone, and must remain in close enough proximity to the hospital such that he/she is available to permit the start of a cesarean delivery within 30 minutes of the decision to perform the procedure.
- c. Peer Review:
- d. The Department of Surgery will be responsible for establishing and maintaining a system of peer review in order to assure a high standard of professional performance of the certified nurse midwives. The provision of certified nurse midwives services will be in accordance with New Mexico statutes, all hospital rules and regulations and consistent with the high standard of patient care.
- e. Certified nurse midwives new to the Staff shall be supervised for not less than six (6) months by a member or members of the Active Medical Staff appointed by the Department of Surgery Peer Review Committee. The period of supervision may be extended by the Department of Surgery Peer Review Committee for a specified limited time, not to exceed six (6) additional months, when a question concerning ability is raised or there has been insufficient work in the hospital to satisfactorily evaluate performance. At the end of the supervisory period, privileges to be assigned without supervision or revocation of privileges shall be recommended by Department of Surgery Peer Review Committee to the Credentials Committee.
- f. Certified nurse midwives must maintain professional liability insurance as stipulated in the *Bylaws of the Medical Staff of Plains Regional Medical Center*.
- g. The Section of Obstetrics, under the Department of Surgery, may formulate rules and regulations governing the use of certified nurse midwives for obstetrical care at Plains Regional Medical Center. These rules and regulations should be included in the General Rules Regarding Obstetrical Care which is referenced in Section VI of *Rules and Regulations of the Medical Staff of Plains Regional Medical Center*. These policies and rules and regulations governing certified nurse midwives must adhere to the *Bylaws of the Medical Staff of Plains Regional Medical Center* and be consistent with the *Rules and Regulations of the Medical Staff of Plains Regional Medical Center*.

2. Advanced Clinical Practitioners (ACP's) includes Nurse Practitioners, Physician Assistants and Clinical Pharmacists:

The Section of Advanced Clinical Practitioners is an organized section of the Ancillary Staff and shall consist of qualified certified nurse practitioners, licensed physician assistants and licensed Clinical Pharmacists whose professional services are utilized within Plains Regional Medical Center. Certified nurse practitioners, physician assistants and Clinical Pharmacists who perform professional services in the hospital must be appointed as Allied Health Professionals to the Ancillary Staff in accordance with the Bylaws, Rules and Regulations of the Medical, Dental and Podiatric Staff.

- a. Eligibility: To be eligible for inclusion in the Section of Advanced Clinical Practitioners, a

certified nurse practitioner must be licensed by the State of New Mexico as a registered nurse and as a *certified nurse practitioner*; a physician assistant must be licensed by the State of New Mexico as a *physician assistant*, a clinical pharmacist must be licensed by the State of New Mexico as a *clinical pharmacist*. The certified nurse practitioner, physician assistant and clinical pharmacist must meet all eligibility requirements as an Advanced Clinical Practitioner member of the Ancillary Medical Staff as stipulated in the *Bylaws of the Medical Staff of Plains Regional Medical Center* and of the *Rules and Regulations of the Medical Staff of Plains Regional Medical Center*.

- b. Peer Review: The Emergency Room Committee shall be responsible for establishing and maintaining a system of peer review in order to assure a high standard of professional performance for all Advanced Clinical Practitioners who practice within the Plains Regional Medical Center Emergency Department. The Department of Medicine shall be responsible for establishing and maintaining a system of peer review in order to assure a high standard of professional performance for all Advanced Clinical Practitioners who practice within the ~~walk-in~~ clinic same day access clinic of Plains Regional Medical Group and for the Hospitalist group For those Advanced Clinical Practitioners who practice within Plains Regional Medical Group Clinics, but who do not practice within the Plains Regional Medical Center's emergency department or the Plains Regional Medical Group's, same day access clinic the Medical Executive Committee shall assign peer review responsibility to either the Department of Medicine or the Department of Surgery depending on the specialty of the attending physician.
- c. The provision of care by Advanced Clinical Practitioner services must be in accordance with New Mexico statutes, all hospital rules and regulations, and consistent with a high standard of patient care.
- d. Supervision of Advanced Clinical Practitioners Practicing in the Emergency Department or Hospital:

Advanced Clinical Practitioners providing care in the Plains Regional Medical Center Emergency Department or the Plains Regional Medical Inpatient Units may do so only under the direct supervision of a physician. The supervising physician or an alternate supervising physician must countersign all orders written by Clinical Practitioners within 24 hours and be available to discuss with the Advanced Clinical Practitioners the determined treatment regimen as needed prior to the patient's discharge from the Emergency Department or inpatient services. In those instances, however, where the Advanced Clinical Practitioner have followed a written, disease or symptom specific, diagnostic and therapeutic protocol approved by the Medical Executive Committee for use by Advanced Clinical Practitioners the patient may be discharged from the Emergency Department or Inpatient Units without discussing the patient with the supervising physician The sponsoring physician shall be responsible for ensuring that these Advanced clinical Practitioners meet the standards set forth in the Medical Staff Bylaws, Rules and Regulations, and do not exceed privileges granted. ACP's shall not be allowed to dictate operative reports or do admission orders or discharge orders.

- e. Supervision of Certified Nurse Practitioners and Physician Assistants Not Practicing in the Emergency Department or Inpatient Services

Exclusive of the emergency department or Inpatient settings, certified nurse practitioners and/or physician assistants providing primary care, with appropriate training and within the limitations of granted clinical privileges, utilization plans approved by the Medical Executive Committee, hospital policies, and Medical Staff Bylaws, Rules and Regulations, and policies, practicing with appropriate training and in accordance with state laws and statutes, will be allowed to function independently and provide primary care to patients without direct supervision or co-signature of patients charts. Certified nurse practitioners and/or physician assistants providing specialty care, with appropriate training and within the limitations of granted clinical privileges, utilization plans approved by the Medical Executive Committee, hospital policies, and Medical Staff Bylaws, Rules and Regulations, and policies, practicing with appropriate training and in accordance with state laws and statutes, will be allowed to function independently after satisfactory proctoring and will be able to provide specialty care to patients without the need of co-signature in patient charts. Qualified ACP's are encouraged to

use all available resources including, direct consultation with primary care physicians or specialty providers, should they require more advanced expertise in providing high quality and safe treatment to any patient. These providers will be subject to peer review processes under the auspices of Department of Medicine or Surgery. For those PA's that require a supervisor per State Law, failure to provide adequate supervision by the supervising physician shall constitute cause for revocation by the Medical Executive Committee of the supervising physician's privilege to supervise or utilize the services of the ACP.

III. MEDICAL RECORDS

1. The attending physician shall be responsible for the preparation of his/her portion of a complete and legible medical record for each patient. Its contents shall be pertinent and current. This record shall include identification data; complaint; personal history; family history; history of present illness; physician examination; a plan of action or rationale for admission shall be documented; special reports such as consultations, clinical laboratory and radiology services, and others; provisional diagnosis, medical or surgical treatment, operative report; pathological findings; progress notes; final diagnosis; condition on discharge; summary or discharge note; and autopsy report when performed. The dentist shall be responsible for the dental care of the patient, including all appropriate elements of the patient's medical record. The podiatrist shall be responsible for the podiatric care of the patient, including all appropriate elements of the patient's medical record.
2. A complete admission history and physical examination shall be dictated and in the EHR and signed within 24 hours of admission. A durable, legible, medical history and a completed physical examination that was completed less than 30 days prior to the present admission is acceptable. However, an update indicating status change or assessment changes must be documented at the time of admission. If there is no change in the patient's condition during the past 30 days, that also must be documented at the time of admission.
3. A physician who admits a patient is responsible for completing the entire history and physical within 24 hours.
4. A complete history and physical must be on the chart prior to surgery. An update to the History and Physical must be completed before the patient enters the OR suite. The surgery will be cancelled if there is no history and physical.

A complete inpatient history and physical should include at least the following:

- Chief Complaint
- History of Present Illness
- Past Medical History
- Pertinent Social History
- Pertinent Family History
- Review of Systems
- Physical Examination
- Impression
- Plan

In an emergency a brief admission note is required. This should include critical information about the condition, including cardiopulmonary status, vital signs, etc. This should be followed with a complete history and physical as soon as practical.

For Day Surgery, a short form may be substituted in the event of EHR downtime or malfunction and scanned to chart.

The history and physical or short form must be performed no more than 30 days prior to the procedure or admission. A history and physical performed no more than 30 days prior to admission or surgery may be used, but must be updated by the practitioner. This update must include appropriate clinical status of the

patient, physical examination and should confirm necessity of procedure and assessment from Anesthesiology.

5. Pertinent progress notes shall be recorded sufficiently to permit continuity of care and transferability. Progress notes shall be written, dated, timed and signed daily on all patients.
6. A brief operative note shall, after the procedure, must be immediately written, timed, dated, and signed. This progress note should include at a minimum:
 - Practitioner name and any assistants
 - Pre-operative and post-operative diagnosis
 - Procedure performed
 - Type of anesthesia
 - Pertinent findings
 - Estimated Blood Loss
 - Specimens
 - Implants
 - Complications and the patient's status immediately after procedure completion

A complete operative report including the above criteria and the description of techniques shall be written or dictated within 24 hours following any surgery

7. Consultations shall show evidence of a review of the patient's record by the consultant, pertinent findings on examination of the patient, the consultant's opinion and recommendations. This report shall be made a part of the patient's record and be completed and in the chart and signed within 24 hours. A limited statement such as "I concur" does not constitute an acceptable report of consultation. When operative procedures are involved, the consultation note shall, except in emergency situations so verified on the record, be dictated prior to the operation.
8. The current obstetrical record shall include an up to date prenatal record. The prenatal record may be a legible copy of the attending physician's office record transferred to the hospital before admission. The prenatal record may be used in lieu of a history and physical for routine vaginal deliveries. If no prenatal record is available or if the patient is going to surgery, a complete history and physical is required.
9. All clinical entries in the patient's medical records shall be accurately dated, timed and signed.
10. Symbols and abbreviations may be used only when the Medical Staff has approved them. An official record of approved abbreviations are kept in the Presbyterian Electronic Learning Library system.
11. A discharge summary shall be written or dictated on all medical records of patients hospitalized over 48 hours. For patients hospitalized less than 48 hours a final discharge note with dates of service, final diagnosis, discharge follow up plan and medication changes is acceptable. In all instances, the content of the medical records shall be sufficient to justify the diagnosis and warrant the treatment and end result. The responsible physician shall sign all summaries. The principal and secondary diagnoses shall be recorded without the use of symbols or abbreviations.
12. Written consent from the patient or power of attorney is required for release of any and all medical records to persons not otherwise authorized to receive this information.
13. Records may be removed from the hospital's jurisdiction and safekeeping only in accordance with a court order, subpoena, or statute. All records are the property of the hospital and shall not be removed from the facility. In case of readmission of a patient, all previous records shall be available for the use of the attending physician, dentist or podiatrist. This shall apply whether the patient is attended by the same physician, dentist, or podiatrist or by another.

14. Free access to all medical records of all patients shall be afforded to members of the Medical Staff in order to preserve continuity of care for the individual patient.
15. If there are individual patient requests for release of medical records, there will be a fee assessed as per hospital policy.
16. A medical record is not considered complete or billable until it is completed by the responsible physician, dentist or podiatrist or is recommended to be filed as incomplete by the Medical Executive Committee, Hospital Administrator or Chief Medical Officer.
17. A physician's, dentist's or podiatrist's routine orders, when applicable to a given patient, shall be reproduced in detail on the order sheet of the patient's record, dated, timed and signed by the physician, dentist, or podiatrist.
18. A patient's incomplete medical record shall be available in the EHR system after discharge. The record shall be completed within 30 days of the date of discharge. An initial notice of an incomplete record will be sent to the medical staff member 14 days after discharge. All patient medical records shall be considered delinquent if available records are not completed within 30 days of patient discharge. Suspension from the Medical Staff is authorized by the President of the Medical Staff or his designee if medical record charts are not completed within 30 days of patient discharge and after review and concurrence by the Chief Medical Officer (CMO) and/or the Hospital Administrator (CEO). New Mexico State law requires medical records to be completed in 30 days after patient is discharged from the hospital. A medical record is considered complete when the following criteria are met: a) History and Physician Exam completed within 24 hours and signed by the attending physician, b) Discharge Summary dictated and signed by attending physician, c) Operative and invasive procedure reports completed within 24 hours of the procedure and signed by the responsible physician, d) consultation reports completed and signed by the responsible consulting physician; e) Responsible practitioner's signature is present on all verbal/telephone orders. Medical records that do not contain these elements, when applicable, will be deemed to be delinquent. For (a) and (c), failure to complete these reports as is required within 24 hours will be deemed to be a delinquency
19. Suspension will occur on the date the medical record(s) becomes delinquent and shall remain in effect until all available delinquent medical records are completed, unless excused by the President of the Medical Staff or designee for a valid technical or medical reason.
20. Any member of the medical staff whose admitting privileges have been temporarily suspended for incomplete medical records shall immediately have his/her privileges reinstated by the Medical Staff Office when the temporarily suspended medical staff member notifies the Medical Staff Office that the missing report has been dictated or legibly written, or if suspended for an unsigned document, the document has been signed. Any member of the Medical Staff who knowingly misinforms the Medical Staff Office that a delinquent record has been completed, when it has not, shall be subject to corrective action by the Executive Committee as provided by the Bylaws of the Medical Staff.
21. No standard form for the medical record shall be implemented by a Medical Records Department or by the Administration of the hospital without prior approval of the Medical Staff.

IV. GENERAL CONDUCT OF CARE

1. A general consent form, signed by or on behalf of every patient admitted to the hospital, must be obtained at the time of admission. A PRMC pharmacy approved screening consent for intravenous contrast administration must be obtained for all intravenous contrast imaging procedures. The consent for intravenous contrast administration must be reviewed and signed by a staff physician, Registered Nurse or fully Certified Radiological Technologist.
2. All orders for treatment shall be in writing. A verbal order shall be considered to be in writing if dictated to a duly authorized person functioning within his/her sphere of competence. The responsible physician,

dentist or podiatrist must date/time and sign the order within 72 hours. A registered nurse, licensed practical nurse, registered physical therapist, certified or registered respiratory therapist, the Chief Medical Technologist or the Certified Medical Technologist in the Laboratory or a pharmacist is authorized to accept and transcribe verbal orders. Registered radiology technologists are authorized to accept and transcribe verbal orders for repeat x-ray examinations, special views and preparations.

3. Any qualified physician, dentist or podiatrist with clinical privileges in the hospital can be called for consultation within his area of expertise.
4. The attending physician, dentist or podiatrist is primarily responsible for requesting consultation when indicated and for calling in a qualified consultant. He will provide written authorization to permit another attending physician, dentist or podiatrist to attend or examine his patient, except in an emergency.
5. The following individuals are authorized to write in the medical record: (1) Physicians; (2) Dentists; (3) Podiatrists (4) Registered Nurses; (5) Licensed Practical Nurses; (6) Nursing Assistants or Unit Secretaries (may document patient identification, notation of orders, and patient diagnoses.) Nursing assistants may chart observations of specific facts, but these should be countersigned by a professional individual: (7) Radiology Technicians, and Radiology Students (document the time a patient is taken to the Radiology Department, mode of transportation and the time of return to the floor). Entries made by a student will be countersigned by a Radiology Technologist. Radiology Technicians may also document on the nurses' progress notes any reactions to procedures and medications given to the patient while in the Radiology Department; (8) Registered Physical Therapists. Physical Therapy Assistants and Physical Therapy Aids may record a direct quote from the patient or document routine treatment under direct supervision. The note is to be countersigned by a Registered Physical Therapist. (9) Licensed Respiratory Care Practitioners; (10) the Registered Dietician or Food Service Supervisors with a Bachelor of Science Degree in food and nutrition. Supervisors without the degree are to be countersigned; (11) Social Worker; (12) Pharmacists; (13) Licensed Occupational Therapist; (14) Licensed Speech Therapist; (15) Medical, dental students, or other health professional students in the hospital under a preceptorship program; (16) Day Surgery Coordinator, specifically for the purpose of noting the reason tests were not performed under direct order of a physician member of the Medical Staff, (17) Members of the Ancillary Staff for which the note is to be countersigned by the physician, or dentist, if required, and (19) Nursing Students countersigned by the nurse taking care of the patient.
6. The following are authorized to administer medicine:
 - a. Physicians;
 - b. Dentists;
 - c. Podiatrists;
 - d. Licensed nursing staff;
 - e. Licensed Registered Cardiopulmonary Technicians for the administration of inhalation medications;
 - f. Licensed Physical Therapists or Physical Therapy Assistants may administer topical medications;
 - g. Student Nurses under direct supervision of an instructor or staff nurse.
 - h. Fully Certified Radiological Technologists for the administration of imaging contrast agents under the direction of a licensed practitioner.
 - i. Certified Nurse Midwives.
 - j. Certified Registered Nurse Anesthetists (CRNA's)
 - k. Advanced Clinical Practitioners
7. Elective Rotations or Clerkships of Medical or Dental Students:

The following will be received and retained in the Medical Staff Office:

 - A letter from the appropriate authority from the student's training institution stating that he is a student in good standing.
 - Written notification from the sponsoring physician or dentist in good standing on the Active Medical Staff at Plains Regional Medical Center that he/she is sponsoring the student and will be responsible for the student's conduct.

The student will advise the Medical Staff Office the day he/she begins his/her rotation, receive any orientation deemed necessary and will advise the Medical Staff Office when the student terminates.

V. GENERAL RULES REGARDING SURGICAL CARE

1. A surgical procedure is defined as any procedure performed in the Operating Room.
2. Written, signed, informed surgical consent shall be obtained prior to the operative procedure except in those situations where the patient's life is in jeopardy and suitable signatures cannot be obtained due to the condition of the patient. In emergencies involving a minor or unconscious patient in which consent for surgery cannot be immediately obtained from parents, guardian or next of kin, these circumstances should be fully explained on the patient's medical record. A consultation in such instances may be desirable before the emergency operative procedure is undertaken, if time permits.
3. Should a second operation be required during the patient's stay in the hospital, a second consent specifically worded should be obtained. If two or more specific procedures are to be carried out at the same time and this is known in advance, they may all be described and consented to on the same form.
4. The anesthetist shall maintain a complete anesthesia record to include evidence of pre-anesthetic evaluation and post-anesthetic follow-up of the patient's condition, and signed consent authorizing administration of anesthesia
5. No unauthorized visitors shall be permitted in the Operating Suite at any time while surgical procedures are being performed. Authorization may be granted by the Nurse Director of the Operating Suite with the consent of the patient. Authorized visitors in the Operating Room may include the following:
 - a. The necessary hospital personnel to conduct the operation (x-ray technicians, lab technicians, all operating room personnel, etc.)
 - b. Any personnel in educational programs associated with Plains Regional Medical Center.
 - c. Medical or dental students on preceptorship who will be authorized by the Chief of Staff and the Administrator.
 - d. Visiting, observing physicians or dentists such as: the patient's referring physician or dentist, visiting medical or dental students who are currently enrolled in a bona fide accredited education program.
 - e. Fathers/significant others observing at cesarean section.
6. The surgeon and the Operating Room Nurse Director are expected to limit the number of people in the Operating Room so that dangers of contamination are minimized. Technical Representatives of manufacturers whose equipment is being used may go in to observe the application and the use of their equipment but are not to participate in the operation.
7. Fathers or significant others attending cesarean section:
 - a. Fathers or significant others will be allowed in the Operating Room for C-sections only if previously discussed and planned with the Obstetrician.
 - b. Fathers or significant others will be fully instructed in the conduct, clothing, and consent prior to the event by nursing personnel.
 - c. Fathers or significant others will be allowed to attend the cesarean birth only in the Operating Room designated for an elective or non-emergency type cesarean birth.
 - d. Attendance at cesarean birth when the patient has a general anesthetic will be at the discretion of the attending obstetrician.
 - e. When the patient is ready for the cesarean birth, that is, when the anesthetic block has been given and is in effect and the patient has been draped, the father or significant other will then be given permission to enter the Operating Room Suite.
 - f. Fathers or significant others will be instructed by the Obstetrician or anesthetist where to stand or sit while in the Operating Room.
 - g. After stabilization of the baby has been completed, the Pediatrician or Nurse may invite the father or significant other over to the crib to view the baby.
 - h. If at any time the father or significant other is asked to leave the Operating Room, he/she will leave immediately and without question. Explanations will be given later.

- i. The nurse accompanying the father or significant other will be supportive at all times, but will keep in mind the priority needs of the mother and the baby.
8. All surgical specimens must be examined with gross and microscopic examination unless defined below. If the specimen categorized for gross only, written order must be received from the physician should he/she desire microscopic examination.

EXCEPTIONS: TISSUE FOR GROSS EXAMINATION ONLY:

- Specimens that by their nature or condition do not permit diagnostic examination such as cataracts, orthopedic appliances, foreign body, such as glass or metal, portions of ribs removed for better operative exposure.
- Traumatically injured arms, legs or digits which have required amputation, unless seriously required for medical or legal reasons at the pathologist's discretion.
- Specimens which are known rarely to have pathological changes.
- Teeth; provided the number, including fragments, is recorded on the pathology report.
- Nails, when no soft tissue is present.
- Urinary tract stones. X-ray diffraction performed on all stones of renal origin and on bladder stones on specific orders of the physician.
- Routine tonsils and adenoids on patients under 10 years of age. If gross examination reveals something unusual, microscopic will be done at Pathologist's discretion.
- Fetus when no autopsy consent is signed.

TOTAL EXCEPTION: The following will not be sent for either gross or microscopic examination unless the attending physician writes a specific order to do so:

- Placentas that are grossly normal and have been removed in the course of operative and nonoperative obstetrics.
- Bullets or other foreign bodies of medicolegal significance in law enforcement may be given directly to the law enforcement officer in order to maintain the chain of evidence for legal purposes. Biohazardous evidence should be packaged and marked as hazardous.
- Newborn circumcision.

VI. GENERAL RULES REGARDING OBSTETRICAL CARE

The Section of Obstetrics under the Department of Surgery may formulate rules and regulations relating to obstetrical care. These obstetrical policies and rules and regulations must adhere to *the Bylaws of the Medical Staff of Plains Regional Medical Center* and be consistent with the *Rules and Regulations of the Medical Staff of Plains Regional Medical Center*. The obstetrical policies and rules and regulation must be approved by the Executive Committee of the Medical Staff prior to submitting them to the Board of Trustees for final approval. These obstetrical policies and rules and regulations shall be posted in a readily accessible place on the Women's Unit.

VII. GENERAL RULES REGARDING PEDIATRIC CARE

The Pediatric Section of the Department of Medicine may formulate rules and regulations relating to pediatric care. These pediatric policies and rules and regulations must adhere to the Bylaws of the Medical Staff of Plains Regional Medical Center and be consistent with the Rules and Regulations of the Medical Staff of Plains Regional Medical Center. The Pediatric policies and rules and regulations must be approved by the Executive Committee of the Medical Staff prior to submitting them to the Board of Trustees for final approval. The policies, rules and regulations shall be posted in a readily accessible place on the Pediatric Unit.

VIII. GENERAL RULES REGARDING EMERGENCY CARE

1. The Emergency Room Committee will conduct peer review activities of Emergency Room physicians and ACP's. A summary of monitoring and evaluation of performance will be submitted to the Credentials Committee for inclusion in physician's profile for reappointment.

2. Members of the Active and Associate Staffs providing sub-specialty services to PRMC shall provide backup coverage to the Emergency Room as determined by the medical staff and employment contract with the following exception: members of the Active Staff over 55 years of age may be excused from this requirement at his or her own option, but as long as they are members of the Active Staff it is their responsibility to care for their own patients or make their own call arrangements. Such excuses shall apply only to physicians and dentists, 55 years of age or older, who have been members of the Active Medical Staff at Plains Regional Medical Center for not less than five (5) years. Additionally, the Chairman of the Department of Medicine or the Chairman of the Department of Surgery may excuse from call any member of his/her department, otherwise required to serve, whom the Department Chairman finds unable to do so because of health or other reasons. Staff members on call in the Emergency Room are expected to respond within 30 minutes. Call schedules for every service will be provided to the Medical Staff Office monthly, no later than the last week of the month preceding the new schedule and updated as necessary. The call schedule is available digitally and available from the Medical Staff Affairs Office upon request.
3. The Emergency Room Committee may formulate the general rules and regulations relating to the emergency service areas of the hospital. The rules and regulations may describe the duties and responsibilities of all personnel serving patients within the Emergency Department. Additionally, the policies and procedures may define the extent of treatment that emergency services may provide, and may include written procedures for:
 - Equipment, drugs, and supplies including directions on location and storage and methods for around-the clock procurement.
 - Staffing, including procedures for patient care in the event of inadequate Medical Staff coverage, inadequate Medical Staff back-up coverage or inadequate specialty consultation availability.
 - Notification requirements, including the patient's personal physician or dentist, as well as the release of patient information and police and public health matters.
 - Handling special cases, including emotional illnesses, impairments due to drugs or alcohol, victims or perpetrators of suspected crimes, and radioactive and other poisonous contamination.
 - Disasters, including the role of the emergency service in the hospital's disaster plan.
 - Procedures that may not be performed in the emergency area.
 - Referral and transfer, including cases where definitive care is not provided, procedures for referring to another institution, circumstances requiring a patient's return to the hospital for treatment, and procedures for transfer of emergency patients to appropriate treatment areas.
 - Continuing care, including instructions to be given patients or patient's family regarding follow-up care.
 - Diverting Emergency Medical Services to other facilities.

All Rules, Regulations, Policies and Procedures that pertain to the Medical Staff formulated by the Emergency Room Committee for the Emergency Room must be approved by the Medical Executive Committee prior to submitting them to the Board of Trustees for final approval. The rules and regulations shall be reviewed by the Emergency Room Committee annually and kept in a readily accessible place in the Emergency Room.

4. Emergency Room physicians may initiate and facilitate the transfer of a patient to another facility only after evaluating the patient and obtaining the approval of either the attending physician or the Medical Staff Physician providing back-up coverage. In the event that there is no attending physician and no Medical Staff member providing back-up coverage for the needed medical specialty, the emergency room physician may transfer a patient to another facility after writing a note to that effect in the Emergency Department Record.
5. Only members of the Active Medical Staff, Associate Medical Staff, or Emergency Room Staff who are currently ACLS and ATLS certified and who have 2,000 or more hours experience working in an emergency room may be granted clinical privileges for engagement by the hospital as an emergency room physician. Time spent in a consultative or specialty role in an emergency room may not be applied to the 2,000 hour requirement. Only those applicants who are currently engaged as an emergency room physician in the hospital or those applicants with a letter from the administrator indicating an interest by the hospital to engage the physician as an emergency room physician will be considered for clinical privileges as an

emergency room physician.

6. Any member of the Active or Associate Medical Staffs who is engaged by the hospital as the emergency room physician is expected to function solely and exclusively as an emergency room physician during those hours assigned and engaged by the hospital as the emergency room physician. Consequently, no member of the Active or Associate Medical Staff may admit a patient to his own service during those hours that the physician is assigned as the emergency room physician or the urgent care clinic physician. During those hours that the active or associate medical staff member is assigned as the emergency room physician, that physician may not provide inpatient care to his patients, or any other inpatient, except in the case of an emergency, and must make provisions for another member of the Active or Associate Medical Staff to care for such patients as provided by Sections I.4 and I.6 "Admission and Discharge of Patients" *Rules and Regulations of the Medical Staff*. Active or Associate Medical Staff members, while functioning as the emergency room physician, may not self-refer patients to themselves; referrals should be assigned to the patient's private physician or, if necessary, to the appropriate back-up physician on call. It will be the responsibility of the medical staff member to arrange for such back-up coverage.

IX. PEAK CENSUS PROCEDURE

- 1) **PURPOSE:** It is our purpose to have enough beds to accommodate as many physician and dentist requests for admission of patients as possible, as well as always being able to admit patients with true emergencies. A limitation or postponement of certain admissions is necessary if the hospital is to have sufficient beds available for those patients requiring prompt admission. This policy will be effective when the hospital has only five (5) beds remaining (excluding labor and nursery beds) and no discharge orders have been written.
- 2) **DEFINITIONS:** Definition of patient condition will be given by the admitting physician, dentist or podiatrist:
 - Emergency Admissions:** Those patients who have a life-threatening condition or whose delayed admission would have a high potential for causing a life-threatening situation, or in whom delay would cause a major medical hazard.
 - Urgent Admissions:** Those patients whose medical condition will not be significantly affected by an admission delay of 24 hours.
 - Elective Admissions:** Those patients who are to be admitted on a scheduled basis and for whom a delay of a few days would have no significant medical consequence.
 - Peak Census:** Those periods when there are five (5) beds remaining (exclusive of Nursery) and no discharge orders have been given that will relieve the situation immediately or later in the day.
 - Bed Control Coordinator:** The individual responsible for coordinating patient admissions to the hospital. During regular hours a member of the Case Management Department will carry the bed control telephone and will fulfill this role. The nursing supervisors will assume this role during weekends, nights, and holidays.
- 3) **PROCEDURE :** When only five (5) beds remain available (excluding the Nursery) and no discharge orders are written, the following procedure will begin:
 - a. The Bed Control Coordinator will notify the Administrator or his designee of the number of adult and pediatric beds available and the need to implement the peak census procedure.
 - b. The Administrator or designee will agree to implement the procedure to limit admissions.
 - c. Physicians, dentists, or podiatrists will be notified by telephone or facsimile when the Peak Census Procedure is instituted.

- d. As a physician's, dentist's or podiatrist's office calls to admit a patient after the procedure has been implemented, the bed control coordinator will ask if the patient is an emergency, urgent or elective patient.
- An emergency patient will be admitted.
 - An urgent patient will be admitted up to the time there are approximately three (3) beds available, depending on the number of male/female beds available. If there is an urgent adult admission requested, the patient will not be admitted until after the peak census period is over. Postponed urgent admissions will be placed on a waiting list.
 - An elective patient admission will be postponed when fewer than three (3) beds are available. Elective admissions that are postponed are placed on the list of elective admissions for the next day.
- e. On a day when there are only five (5) beds remaining, physicians, dentists or podiatrists who have patients already on the reservation schedule for admission will be contacted by the bed control coordinator and asked if their patient's admission can be postponed. The physician, dentist or podiatrist will be asked if the admission is an emergency, urgent or elective. Those patients will then be admitted under the criteria described in paragraph *d*) above. As necessary, the bed control coordinator will notify the operating room when a surgical patient's admission is postponed.
- f. Patients previously on the reservation schedule will have priority over admission requests being called in for that day as long as the patients are in the same category. For example, if an urgent patient has previously been scheduled for admission and the admission is postponed, that patient will be admitted before another urgent admission that is being called in by a physician, dentist or podiatrist that day.
- g. Physicians, dentists and podiatrists will be notified by telephone or facsimile when the Peak Census Procedure is no longer in effect. The call will be made by a designated person in the Nursing Office.

X. ETHICS COMMITTEE

PURPOSE: The Hospital Ethics Committee is a resource for its staff, patients, families and community to discuss, study, obtain advice on, and resolve ethical problems in clinical care. The primary missions of this committee are to assist in making shared decisions on ethical problems in patient care, to provide consultation, review and a forum for discussion in any matter relating to a patient's quality of life, especially in areas relating to the continuation versus the termination of treatment. The Ethics Committee may be used by a member of the Medical Staff at any time to consult on any DNR, potential DNR, and ethical dilemmas in the care of adult patients, infants and children.

The Committee will be responsible for three general functions;

1. Coordinate education for committee members, hospital physicians and staff, patients, families, and the community about the ethical dimensions of clinical care.
2. Assist in the development of hospital policies and guidelines for dealing with ethical issues.
3. Consult with physicians, nurses, other hospital staff, patients, and families to offer advice, and help those directly involved reach conclusions regarding difficult clinical care decisions.

COMPOSITION: Plains Regional Medical Center Ethics Committee will be composed of the Medical Executive Committee, Hospital Administrator, the Nursing Administrator, a Social Services representative, legal representation, as needed, and a board member who will also represent the community. The clergy may be asked to serve on an as needed basis. The Ethics Committee reserves the right to request additional consultation from any member of the PRMC Medical Staff who is a specialist in the specific medical specialty being discussed, (e.g. Pediatrics, etc.)

CONSULTATION: Referrals can be made to the Committee on an as-needed basis by physicians, nurses, patients, families, or any member of the hospital staff by calling Administration or the Medical Staff Office. On off duty hours the Nursing Supervisor should notify the Administrator on call. Often the situation involves a lack

of information or reluctance to communicate concerns. The Committee Chairperson or case-relevant members can handle many of these problems, thus alleviating the need for a formal consultation. If, however, a committee consultation is needed, it can be scheduled within 24 hours. The deliberations of the Committee are advisory only. Decisions continue to be made by those who are directly involved in the patient's care.

CONSULTIVE PROCESS:

1. The Committee members will meet with the attending physician (nursing and any other pertinent family or friends may also attend if deemed appropriate to discuss diagnosis, therapy, prognosis, and ethical issues.
2. Participation of family members will be left to the discretion of the attending physician if they are not already involved.
3. The Committee may only advise; they do not make decisions as to treatment.
4. The consultation is dictated by the physician member of the Ethics Committee, transcribed and retained in the medical record. The names of all present should be placed in the medical record. A copy of the consultation should be sent to the Medical Staff Office to be included in the Executive Committee minutes and should be reviewed by the entire committee at its next regular meeting.

XI. GRANTING PRIVILEGES FOR OUTSIDE PROCTORS

An outside proctor will be required to provide the following documentation when requested to come to the hospital to proctor a medical staff member of Plains Regional Medical Center:

1. A letter from the proctor explaining what they are planning to do and which physician they will be proctoring.
2. Documentation that the proctor has done the procedure that they will be proctoring. If the proctor is monitoring a surgical procedure, documentation of his/her recent competency for performing the procedure and the names of hospitals or outpatient settings where the proctor has performed the procedure.
3. Documentation that the proctor is in good standing at an institution – either a hospital or private practice setting.
4. Documentation that the proctor is actually a licensed physician in some state, recognizing that they may be coming from a state other than New Mexico.
5. Documentation of current professional liability insurance as specified the *Bylaws of the Medical Staff of Plains Regional Medical Center*.

ADOPTION

The foregoing amended Rules and Regulations of the Medical Staff of Plains Regional Medical Center were duly adopted by the Medical Staff of Plains Regional Medical Center at a meeting held on the 14th day of February 2023, to be effective on this date.



President of the Medical Staff

2/15/2023
Date



Secretary/Treasurer

2/17/2023
Date

Approved by the Board of Trustees, Plains Regional Medical Center, on the 1 day of March 2023.
2023.



Chairman of the Board of Trustees