

**Lincoln County Medical Center**  
**The Medical and Dental Staff**  
**RULES AND REGULATIONS**

**Section 1: Admission, Care & Discharge of Patients**

- A.** The authority for admission of patients to the Hospital has been vested in the Administrator by the Board. Requests for admission are made by the Medical Staff Member but the final approval rests with the Administrator.
- B.** The Hospital shall accept patients with all types of diseases, including emotional disturbances and addictive diseases, providing that facilities are available for care of the patient and protection of Hospital personnel.
- C.** A patient may be admitted to, or discharged from, the Hospital only by a Member of the Medical Staff with admitting privileges. Should a patient leave the Hospital against medical advice, a notation of the incident shall be made in the record. If the patient leaves the Emergency Department they will be asked to sign the form that they are leaving Against Medical Advice.
- D.** When, in the opinion of the attending physician, patient needs for care or safety could be better met in another facility, transfer shall be arranged and the transferring physician shall contact the physician who referred. A copy of the medical record shall accompany the patient.
- E.** The Member(s) who admits a patient shall be responsible for the provision of medical care to the patient. Whenever a Member transfers this responsibility, it shall be entered in the medical record.
- F.** Each Member of the Medical Staff who is not available for the care of his/her patients shall name, and contact, a Member of the Medical Staff who is available and who will accept responsibility for continuing care of the Member's patients in the Hospital, including discharge or transfer to alternate facilities when medically indicated. In case of failure to name such an associate, the Chief of Staff shall have authority to call any Member of the Active Medical Staff to provide necessary medical care.
- G.** 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. In all cases, Members admitting patients shall be held responsible for giving such information as may be necessary to assure protection of the patient from self-harm and to assure the protection of others. If unable to obtain consent the registrar will note the reason why in the record.

- H.** A general consent form for diagnosis and treatment, signed by or on behalf of every patient admitted to the Hospital, shall be obtained at the time of admission.
- I.** The minimal content of medical histories and physicals include: Chief complaint, history of present illness, allergies, medications, past medical history, family and social history, physical exam (vital signs, head/neck, chest, cardiovascular, abdomen, extremities), admitting diagnosis, and plan of care.
- J.** Additional written, signed consents shall be obtained prior to diagnostic, therapeutic or operative procedures, which have inherent risk. In the case of emergencies involving a minor or a patient who is unconscious, or otherwise incompetent, or when the patient's life is in jeopardy and suitable consent cannot be obtained, the circumstances shall be fully recorded in the medical record. In such instances, when time permits, a consultant's opinion is desirable.
- K.** Opinions requiring medical judgment, evaluation of the significance of medical histories and physical examinations, authentication of medical records and the prescribing of treatment shall be made only by Members of the Medical Staff with clinical privileges.
- L.** All orders for treatments shall be in writing. An order shall be considered to be in writing if dictated by a practitioner to a nurse, pharmacist or certified secretary. Verbal orders shall be signed by the person to whom dictated with the name of the Member and his/her own name. All verbal orders must be counter signed, timed and dated by the physician within 72 hours
- M.** All dictated or written diagnostic and therapeutic orders associated with any potential hazard to patient, must be authenticated by the responsible Member within twenty-four (24) hours.
- N.** All orders for patient care shall be cancelled at the time of surgery or on transfer to or from the Intensive Care. It shall be the responsibility of the attending practitioner to write new orders promptly for continuation of the patient's care.
- O.** Standing orders must be approved by the Medical Staff Executive Committee upon recommendation of the appropriate committee. The standing orders are to be followed insofar as proper treatment of the patient will allow and shall be signed by the Member.
- P.** Medication brought to the Hospital by the patient shall be stored on the nursing unit unless self-administration of the medication is ordered by the practitioner. Medications may be kept for self-administration or dispensed by the nurse on written order of the physician. The order shall include the name of the drug, dosage to be given and frequency of administration. The nurse shall store authorized medications in the patient drawer located in the medication room. (See policy Patients Own Medications PC PDS 185)

- Q.** When orders are unclear, incomplete or illegible, the nurse or pharmacist shall obtain clarification from the Member. The order will not be carried out until clarified. The clarified order will be written as a verbal order by the nurse or pharmacists.
- R.** Orders written without time or dose limitation for narcotics shall be reviewed every three days and orders for antibiotics and anticoagulants shall be reviewed every seven days and called to the attention of the practitioner for his/her direction to discontinue or renew the drug.
- S.** A Hospital Formulary shall be maintained by the Pharmacy under the direction of the Medical Executive Committee. The Hospital Formulary permits a Member to order drugs that are listed. When the brand of drug ordered is not listed in the formulary, the Pharmacy may dispense an equivalent drug of a different brand. However, it shall be within the discretion of the Member, at the time of prescribing, to disapprove substitution of a drug of a different proprietary brand than that ordered.
- T.** Members who desire the use of a drug designated for investigational use by the Food and Drug Administration or for a purpose not approved by the FDA, shall follow procedures outlined by the Medical Executive Committee. In all cases where an investigational drug is used, the patient shall complete a consent authorization form and the drug shall be dispensed from the Pharmacy on order of the Member. In all cases where a drug is used for a purpose other than that approved by the FDA, the patient shall be informed and a form completed by the practitioner. The authorization form and procedures to follow shall be available in the Pharmacy.
- U.** Routine laboratory procedures for patients admitted for one day or less for diagnostic procedures or for minor surgical procedures may be developed as indicated by the appropriate clinical service.
- V.** Individual infection control reports shall be maintained by the Nurse Infection Control Coordinator.
- W.** In the event of a Hospital death, the deceased shall be pronounced dead by the responsible physician or his/her designee. The body shall not be released until an entry has been made in the medical record by a Member of the Medical Staff.

## **Section 2 Treatment of Mass Casualties**

- A.** Under conditions involving mass casualties, all Members may be assigned to posts in the Hospital, the auxiliary hospital, or mobile casualty stations, and it is their responsibility to report to their assigned stations. The Chief of Staff or Medical Director shall be the medical coordinator of the disaster plan. The Chairman of the ER Committee shall be the deputy medical coordinator. They shall work as a team with the Administrator to coordinate and direct activities during the time of the emergency or disaster. In cases of evacuation of patients from one section of the Hospital to another or evacuation of

patients from the Hospital premises, the Chief of Staff or Medical Director shall authorize the movement of patients by direction of the Administrator or his/her designee and the medical coordinator and alternate in Administration or next in line of authority, respectively. All Members specifically agree to relinquish direction of the professional care of their patients to the medical coordinator in cases of such emergency. This plan shall be rehearsed at least twice a year by key Hospital personnel.

### **Section 3 Medical Records**

- A.** Adequate medical records shall be maintained for every individual who is evaluated or treated as an inpatient, outpatient or emergency patient.
- B.** The medical record is the property of the Hospital and is maintained for the benefit of the patient, the practitioner and the Hospital. The Hospital shall safeguard the information in the record against loss, effacement, tampering, alteration, or use by unauthorized persons. Written consent of the patient is required for release of medical information to persons not otherwise authorized to receive this information. Original records may be removed from the Hospital only in response to a subpoena or court order.
- C.** Entries in medical records may be made by Members of the Medical Staff, Allied Health Professionals, and by other persons specifically authorized including registered nurses, licensed practical nurses, respiratory therapist, physical therapist, counselors, home health care coordinators, utilization reviews, occupational therapists, dietitians, medical assistants, pastoral care professionals and care coordinators.
- D.** Histories, physical examinations, orders, operative reports and discharge summaries entered in the medical record by Hospital staff and authorized Allied Health professionals shall be authenticated by the responsible Member of the Medical Staff.
- E.** Verbal Order authentication must occur within 72 hours and must have a signature, date and time. The date and time should be when the orders are signed.
- F.** The attending Member/Provider shall be held responsible for the completion of a medical record for each patient, which shall contain identification data, a medical history and relevant physical examination, diagnostic and therapeutic orders, clinical observations, reports of procedures, test and results, evidence of appropriate informed consent, conclusions at termination of hospitalization, and instructions to the patient. The record shall contain all significant clinical information pertaining to each patient.
- G.** The medical record of patients hospitalized with problems of minor nature and in the case of normal newborn infants and uncomplicated obstetrical deliveries, shall consist of admission and discharge notes describing the problem, related findings, procedures, final diagnosis(es) and complications, and instructions to the patient.

- H. Pertinent progress notes of clinical observations shall be recorded at the time observed in sufficient detail to reflect the patient's course in the Hospital including change in condition and results of treatment. The current frequency required is as follows:  
Daily/one every 24 hours
- I. The summary at the conclusion of hospitalization shall include all pertinent diagnoses, complications and procedures using standard terminology (ICD, Current Edition), and shall be completed within 7 days of discharge.
- J. Consultants shall provide reports that show evidence of review of the patient and the patient's record and the reports shall contain pertinent history, physical findings, an opinion and recommendations.
- K. Reports of all diagnostic and therapeutic procedures, tests and their results shall be made a part of the medical record.
- L. When a patient is readmitted within thirty (30) days for the same or a related illness, an interval history and physical examination reflecting interim changes will satisfy admission record requirements provided the original information is available.
- M. A durable, legible copy of a medical history and physical examination performed and recorded by a Member of the Medical Staff no more than thirty (30) days prior to admission of the patient may be used in lieu of an admission history. Additions or changes in the history and physical findings shall be recorded and updated within twenty-four hours of the patient admission and in the special case of surgical cases the history and physical can be updated by the attending physician or the pre-anesthetic assessment can be used as an update in its stead. **Explanatory Note:** While we know that under Joint Commission and CMS standards are met with the pre-anesthetic assessment it is not the normal procedure for Lincoln County Medical Center and should not be used as standard practice. Medical staff should use the approved forms for History and Physicals.
- N. The history and physical examination of each patient shall be written or dictated within twenty-four (24) hours after admission. Diagnostic procedures and reports of operations shall be dictated immediately. Due to unavoidable delay in transcription a hand-written note must be done. Relevant diagnoses complications discharge summary sheet and procedures shall be completed on discharge. The medical record shall be completed, including signatures, within twenty one (21) days following discharge of the patient

#### **Section 4 Medical Record Documentation**

- A. Incomplete/Delinquent Medical Records Federal Law requires that records be completed, including all necessary signatures, in a timely fashion and content requirements for each component of the medical record are found in Sections 4 through 6 of these Rules and Regulations.
- B. Incomplete-Medical records are incomplete if any component of the record, or any required signature/authorization of the record is missing.

- C. Delinquent-Medical records are delinquent if a record remains incomplete after the specified time frames noted in the Table of Completion Requirements for inpatient and ambulatory records listed below.

Table of Completion Requirements Medical Record –Inpatient

Medical Record Component	Content and Signature completed by
H&P Admitted Patients	Completed within 30 days prior to inpatient admission or Within 24 hours of admission
Update to H&P(Surgical procedure patients)	Whichever event occurs first: Prior to surgery / procedure No later than 24 hours after procedure
Immediate Operative/Invasive Procedure Note	Immediately after procedure
Complete Operative and Invasive Procedure Reports	No later than 24 hours after procedure
All other portions of the medical record	No later than 21 days after the patient’s discharge date

Table of Completion Requirements—Outpatient /Ambulatory

Medical Record Component	Must be completed by time noted below
Visit Note	No later than 21 days after visit date

**Section 5 Notices and Suspensions:**

- A. The Health Information and Management Department (HIM) of the hospital is delegated the task of monitoring all medical records for completeness and timeliness as well as issuing communications to providers who have not completed any required portion of a medical record and/or have not provided required signature/authorization for any required portion of the medical record. Providers will be given Electronic Health Record (HER) notifications as identified in the following Table of Provider Delinquency Notices & Suspensions so that the Provider has an opportunity to complete the record prior to further notice or any medical record suspension being issued by the Medical Executive Committee.

If a Provider is issued a medical record suspension from the Medical Staff, the scope of such suspension is as follows until all delinquent medical records assigned to the Provider are completed:

- Suspended from admitting privileges

- Suspended from booking operating room
  - Suspended from all surgical procedures
  - Suspended from attending inpatients
  - Suspended from outpatient visits
- B. Suspended providers will still have access to the HMR so that they may complete delinquent records as soon as possible and have the medical record suspension lifted.
- C. Failure to complete all delinquent medical records within ninety (90) days after a Suspension Notice is issued will be subject to an automatic voluntary resignation from Medical Staff membership and/or privileges. If after an automatic voluntary resignation occurs pursuant to this process any provider seeking to reinstate membership and/or privileges must meet all the requirements for reappointment and complete the reappointment process.

**Section 6 Disputes Regarding Delinquency Notices and Medical Record Suspension**

- A. If a Provider disputes a delinquency notice or suspension and /or needs assistance in determining how to complete a delinquent record, they must first contact the PHS HIM Department who have personnel available 24/7 365 days a year to assist all Providers with delinquency and medical record suspension issues. The contact number will be listed on the Suspension Notice. If after seeking assistance from HIM personnel the Provider still disputes the delinquency or medical record suspension or otherwise has an emergency related to delinquent or suspended records, the Provider may escalate the matter to the Administrator, or the Chief Of Staff or Medical Director. One of these designees will determine the resolution of the delinquency or medical record suspension dispute and what steps, if any, need to be taken with respect to immediate patient care issues.
- B. Repeated suspensions for medical record delinquencies will be tracked as part of every provider’s ongoing professional practice performance evaluation (OPPE) data. The Medical Executive Committee may make recommendations or take action as they deem necessary to address a Provider’s repeated suspensions. However, HER delinquency notices and medical record suspensions are NOT matters subject to report by the Hospital to the New Mexico Medical Board (NMMB) or National Practitioner Data Bank (NPDB) and are not disclosed as part of inquiries between Medical Staffs for new or renewing appointment of privileges unless a delinquency and/or medical record suspension was related to an adverse action that is otherwise reportable to NMMB or NPDB.

**Surgical Patients Medical Records**

- A. Medical records of all patients undergoing surgery or invasive procedures shall include, in addition to the above mentioned requirements, the following:

- A comprehensive history and physical, special examination, and diagnosis recorded prior to operation:
  - Anesthesia record, including post-anesthetic condition signed by the anesthesiologist, certified registered nurse anesthetists or surgeon:
  - A written post-operative note shall, be completed immediately after surgery or the invasive procedure and contain the following elements as applicable:
    1. Date, time and signature, post-procedure diagnosis, procedures performed, findings, name of the surgeon and any assistant, estimated blood loss, and specimen(s) removed;
    2. Full operative report;
    3. Report on all tissues removed at the operation
- B. After dictation has been transcribed, the Member shall be given seven (7) days to affix his/her signature, or suspension pursuant to the Medical Staff Bylaws shall be placed in effect.
- C. Emergency Room records shall be completed immediately following the patient's visit to the Emergency Room. Failure to comply will result in suspension pursuant to the Medical Staff Bylaws.
- D. Free access to all medical records of all patients shall be afforded to duly constituted committees of the Medical Staff for purpose of medical care evaluation and review of utilization. In the case of readmission of a patient, all previous records of the patient shall be available to the attending Member. Medical Staff Members in good standing may have access to all medical records of all patients for bona fide study and research upon the recommendation of the Medical Staff Executive Committee.
- E. Only symbols and abbreviations approved by the Medical Staff Executive Committee are accepted in the medical records. An official record of approved abbreviations shall be kept on file in the PEL. The medical record shall not be filed until it is completed by the responsible Member or is ordered filed by the Medical Staff Executive Committee.

### **Section 7 Orders for Outpatient Tests and Procedures**

Outpatient services at Lincoln County Medical Center may be ordered (and patients may be referred for outpatient services) by a provider who is responsible for the care of the patient. They must be licensed in the jurisdiction where the provider sees the patient. They must be acting within the scope of practice under state laws and they may be authorized by written hospital policy. Medical Staff Affairs or the Infusion Department may verify the appropriate data systems to determine if the provider is in good standing with Medicare and Medicaid programs and if they hold a valid license in the jurisdiction where they care for the patient. If the provider is on an exclusion list, or if the provider does not have a valid license the order will be cancelled. All procedures must be scheduled in advance with the Medical Surgical staff. If the order is urgent the patient may be referred to the Emergency Department for evaluation.



### **7.1 Physical Therapists and Occupational Therapists Self Referrals**

In order to allow Physical Therapists and Occupational Therapists to accept self-referral/direct care patients, they shall be authorized to order applicable Physical Therapy / Occupational Therapy outpatient services. The therapist will act within their scope of practice and shall refer a patient to the patient's licensed health care provider according to their state practice act requirements.

### **Section 8 Substance Abuse Policy**

A. Lincoln County Medical Center is committed to a drug free environment and to the well-being and health of its Medical Staff, therefore, Lincoln County Medical Center's policy regarding drug testing shall be as follows:

- All initial applications to the Lincoln County Medical Center Medical Staff shall be accompanied by a urine test for controlled substance.
- Current Members of the Medical Staff may be asked to undergo a drug screen if cause exists to warrant concern regarding the physician's physical and mental health status. The request can be made by the Chief of Staff or Administrator, after concurrence of the Medical Staff Executive Committee members.
- In the event of positive test results expert consultation shall be sought in order to assess the seriousness of the problem and, if required, what remedial action might be taken before final action on staff status.
- If treatment is indicated and entered, or if the individual has already successfully completed treatment, it is understood that this information will be confidential and that such steps, undertaken by an individual, are supported and will not interfere with medical staff appoint/reappointment.

### **Section 9 Clinical Departments and Sections**

#### **Medical Staff Ongoing Professional Practice Evaluation**

All medical staff will engage in an ongoing professional practice evaluation (OPPE). OPPE will be used to monitor and evaluate the physician's competency and will be used to determine the granting of clinical privileges at time of reappointment. The review will use multiple sources of information including but not limited to: 1.) review of individual cases, 2.) review of data for compliance with general medical staff rules and adherence to medical staff bylaws, 3.) review of clinical standards, such as core measures, using established benchmarks and norms. The Medical Executive Committee is the review body. The review process occurs every six months. Physicians will receive an Ongoing Professional Practice Evaluation (OPPE) form after each review. If the results of the OPPE indicate a potential issue with physician performance, the MEC may initiate a focused evaluation to determine if the physician's performance issue is related to a specific privilege or a continuing trend. The OPPE process will adhere to Lincoln County Medical Center Ongoing Professional Practice Policy.

### **Medical Staff Focused Professional Practice Evaluation**

All new appointments will undergo a Focused Practice Evaluation (FPPE) under the supervision (or proctorship) of a physician appointed by the Chief of Staff. FPPE (proctoring) is direct observation of a physician's clinical competency. Each department has specific requirements for supervision however all departments require new appointees to undergo a period of direct supervision under the proctorship of a current Active or Associate member appointed by the Chief of Staff. All new appointees will also undergo a three month retrospective chart review by their specialty department. Once their department approves the direct supervision period and the three month chart review they will recommend release of FPPE / proctorship to the Medical Executive Committee. The Medical Executive Committee will then approve the release the physician from FPPE to the Board of Trustees. The physician will receive a letter confirming their release from FPPE.

FPPE may also be generated due to a performance issue identified through the OPPE process and Evaluation Reviews. The Medical Executive Committee will initiate the FPPE process and identify for the physician performance expectations and length of time for the FPPE process.

### **Treatment of Family Members**

In accordance with the American Medical Association and the rules of the New Mexico Medical Board, it is the expectation of the Lincoln County Medical Center Medical and Dental Staff that Members of the Medical Staff or Providers holding privileges of any kind follow the guidelines detailed below when an immediate family member, including significant other, is in need of medical care.

Physicians cannot act as a primary care provider or treating physician for chronic or significant medical conditions in family members or themselves. Physicians cannot perform surgery on, admit, or give/enter inpatient orders for family members. Physicians may provide routine care for short-term, acute, self-limiting medical problems. This may include performing non-invasive exams and tests, issuing non-renewable prescriptions (not controlled substances) care of a minor injury, or treatment of an ailment until it can be reasonably evaluated and treated by a colleague.

Exceptions to these prohibitions listed above can be granted in emergency situations, and/or in the event that a provider is located in a remote location and no other immediate or necessary specialized treatment is available. In the event a Provider is faced with such an emergency or remote location dilemma requiring the treatment of themselves or an immediate family member, the Provider must notify the Chief Medical Officer, the President of the Medical Staff or the Administrator before or as soon as a reasonably possible after rendering any treatment.

In those situations where a physician contests the rule, a subcommittee shall review the matter and determine whether continued treatment/care is permissible. The subcommittee shall be comprised of the Vice President of Medical Staff Affairs, the President and President-Elect of the Medical Staff, one member -at-large (determined by which facility the patient is located) and the appropriate clinical service chair. A minimum of three (3) subcommittee members must come to a consensus.

## **Section 10 Emergency Medicine On Call Coverage**

Members shall accept assigned on call service for support of Emergency Department admissions and consultation unless waived by the MEC. Waivers are given for staff members who live outside of the geographic area of the hospital which is 45 miles and / or for medical reasons. Medical waivers must have written documentation from their physician. A medical waiver must be re-documented at each reappointment time.

At the age of 55 y/o an active staff member in good standing, with five years of active staff privileges, may withdraw from the LCMC Emergency Call Schedule. The member shall give such notice to both the Medical Executive Committee Chair and the appropriate Department Chair at least 60 days prior to the commencement date of that withdrawal of call. The Medical Executive Committee will review the request with the provider on an individual basis. The Medical Executive Committee reserves the option to deny the request.

## **Section 11 Emergency Medicine / Radiology**

- A. Emergency Medicine/Emergency Medical Services/Radiology Committee shall be responsible for the quality of care provided in the Emergency Department. It shall be the Emergency Medicine physician's, physician assistants or nurse practitioners responsibility to initiate emergency care when necessary, to screen all patients that come to the Emergency Department, to see that appropriate care or referral is provided, and to provide care for patients as requested by the patient or the patient's physician. All patients requiring extensive or involved treatment, or admission to the Hospital, shall be referred to the physician of the patient's choice or to an appropriate Member of the Medical Staff or Hospitalist.
- B. The CAH'S emergency services must be under the direction of a qualified member of the CAH'S medical staff. The CAH'S medical staff establishes criteria for the qualifications for the director of the CAH'S emergency services in accordance with State law and acceptable standards of practice.
- C. Emergency care necessary to meet the needs of its inpatients and outpatients would include the provision of respiratory services as needed by the CAH'S emergency patients. When respiratory services are provided those services must be provided in accordance with acceptable standards of practice. The scope of diagnostic and/or therapeutic respiratory services offered by the CAH should be defined in writing, and approved by the medical staff.
- D. The qualifications, including job title, licensure requirements, education, training and experience of personnel authorized to perform each type of respiratory care service and whether they may perform it without supervision
- E. Emergency Medicine providers can write admitting orders but follow up of the patient must be referred to the physician of the patient's choice or to an appropriate member of the medical staff or the Hospitalist.

- F. All qualified Members of the Active and Associate Staff of the Hospital shall serve on the On Call Schedule for Emergency Back-Up, and are required to respond as requested by the Emergency Department Physician or Physician Assistant. Exception to the duty will be considered by the Medical Executive Committee on a case by case basis and under the guidelines listed above for emergency on-call coverage.
- G. The physician or physician assistant providing service to a patient in the Emergency Department shall be responsible for a medical record that gives a brief history, the essential findings, the treatment, disposition of the patient, and instructions given the patient when the patient is not admitted.
- H. The Emergency Department shall meet as necessary but at least (4) times per year. The Emergency Department shall maintain written policies approved by the Medical Executive Committee to govern operation of the Department.

### **Section 10.1 Qualifications, Privileges and Limitations of Practice**

- A. Those physicians or physician assistants who have privileges in Emergency Medicine shall be Members of the Department. Each physician and physician assistant shall be required to obtain, within one year, following initial appointment, or hold current certification for Advanced Cardiac Life Support and / or Advanced Trauma Life Support. When conscious sedation is administered physician must be ACLS certified if a CRNA is not present for the procedure. Conscious sedation will be performed in the following locations only: OR, ER, ICU. The maintenance of current competency shall be the practitioner's responsibility.
- B. Physician Assistants are prohibited under the New Mexico Board of Medical Examiners Scope of Practice to the following:
- A physician assistant may not deliver babies unless the PA has had specific training in obstetrics in a course approved by the New Mexico Board of Medical Examiners and the Board approved supervising physician engages in the practice of obstetrics.
- C. Except as provided in N.M. Board of Medical Examiners physician assistants shall not suture major lacerations. A major laceration is one that extends to or through the deep fascia, muscles, nerves, tendons or major blood vessels. They may suture minor lacerations as defined by written protocol of the supervising physician or after consultations with their supervising physician, which may be by telephone.
- D. Except as provided in N.M. Board of Medical Examiners Rules and Regulations physician assistants may render first aid and immobilize fractures, but they may not manipulate or reduce a fracture when such manipulation requires local, regional or general anesthesia unless they are acting as first assistants with a physician.
- E. The physician assistant may not measure the powers, range or accommodative status of human vision, diagnose vision problems; prescribe lenses, prisms, vision training or contact lenses; or fit contact lenses. This restriction does not preclude vision screening.

- F. New Members of the Department shall be under continuous review by an Active or Associate Staff Member of the Medical Staff for a period of three months. At the end of the three month period, the Department may recommend removal of this review. Privileges may be limited or terminated at any time if substandard or incompetent performance is observed.

Supervisors shall be appointed by the Chief of the Medical Staff or Committee Chair. The Emergency Department shall be responsible for maintaining, testing and continuously evaluating policy and procedures for the management of internal and external disaster situations.

### **Section 11 Family Medicine**

Family Medicine shall be an organized segment of the Medical Staff comparable to that of other specialties. The Family Medicine Committee includes Pediatrics and Rehabilitation. The responsibilities assigned to Family Medicine are administrative, educational, and organization. Family Medicine shall meet at least every other month or as needed.

#### **A. Family Medicine Patient Care Peer Review**

Family Medicine shall be responsible for the review of the practice of the Family Medicine Practitioners, Pediatrics, and Nursery including review of deaths, complications, and cases of unusual interest. They should also review charts of Family Practitioners referred to the Committee by other departments.

#### **B. Privileges and qualification in Family Medicine.**

Privileges will be granted in Family Medicine only to those physicians who are certified by the American Board of Family Medicine, accepted for examination by the American Board of Family Medicine, or those who can present credentials which are the equivalent of the foregoing as judged by the medical staff. No one who has been granted privileges prior to the acceptance of these Rules and Regulations shall have their privileges curtailed to meet these requirements without due cause.

Privileges requested shall be reviewed by the Family Medicine Committee and shall be subject to the approval by the Medical Executive Committee which is the credentialing committee. ACLS Certification is required only if physician admits or manages inpatients and administers conscious sedation when a CRNA is not present for the procedure. Conscious sedation will be performed in the following locations only: OR, ER and ICU. If managing inpatient newborns, physicians are required to maintain certification in the Neonatal Resuscitation Program (NRP).

#### **C. Supervision**

Supervision requirements must be fulfilled under each discipline requested by the provider according to the Rules and Regulations of such section.

Chief of Staff or Committee Chair shall appoint a supervisor (one or more active members of the Family Medicine Committee) for each applicant. The supervisor should assist the applicant in

becoming familiar with hospital policies and review the applicant's clinical performance in the Hospital. After adequate review and evaluation, the supervisor shall submit a written recommendation to the Family Medicine Committee for extension or removal of supervision. This supervisory period will be for three months but may be extended to a maximum of nine months for appropriate reasons with 100% retrospective review for three months.

#### Supervisors

Supervisors shall be appointed by the Chief of Staff or Committee Chair.

### **Section 11.1 Pediatrics**

Pediatrics/Family Medicine shall be responsible for the quality of pediatric and newborn practices in the Hospital.

#### A. Qualifications and privileges

Privileges in Pediatrics may be granted only to those physicians who are certified by the American Board of Pediatrics, accepted for examination by the American Board of Pediatrics or Family Medicine or to those who can present credentials which are the equivalent of the foregoing. No one will be granted privileges prior to the acceptance of these requirements without due cause.

The initial assignment of privileges, or extensions of privileges, shall be under supervision for three cases. The supervision may be extended up to twelve cases or procedures to allow evaluation.

Privileges in Pediatrics are defined in four designated categories and by certain procedures. The listing of privileges is not all inclusive and may be changed from time to time through addition or deletion. A list of privileges by category and procedures shall be maintained by Pediatrics and shall be available to all applicants and Members of the Medical Staff.

If managing inpatient newborns, physicians are required to maintain certification in the Neonatal Resuscitation Program (NRP).

#### B. Supervision

Direct supervision shall be required for a minimum of three representative cases in each area where privileges are assigned. The areas for proctorship are defined as: Arterial blood gas, Umbilical Arterial Catheter, Circumcision, Lumbar Punctures and Intubations. In addition, the supervised staff Member shall have his/her work reviewed by the Family Medicine/Peds Committee during the supervisory period along with a 100% retrospective chart review for three months.

The Member under supervision shall notify an appropriate supervisor on admission of his/her patient, and the supervisor shall function in the nature of preceptor to sponsor.

The supervised physician shall have the supervisor complete a supervision report sheet on each case or procedure directly supervised. The supervision reports and the work of the supervised physician shall be evaluated by the Family Medicine/Peds/PT Committee at the end of three cases and a recommendation on privileges to be assigned without supervision, continued supervision for up to twelve cases, or revocation of privileges shall be made to the Medical

Executive Committee. Privileges may be limited or terminated at any time for substandard or incompetent performance.

Supervisors

Supervisors shall be appointed by the Chief of Staff or Committee Chair.

## **Section 12 Internal Medicine**

### **General Rules for Intensive Care Unit**

**Rules and Regulations relating to care in the Intensive Care Unit shall be formulated by the Internal Medicine/Critical Care/Cardiopulmonary/Laboratory Committee.**

The Internal Medicine/Critical Care/Cardiopulmonary/Laboratory Committee includes any or all of the sections of Medicine as described in the Bylaws. Internal Medicine/Critical Care/Cardiopulmonary and Laboratory Committee is responsible for the quality of all internal medicine/critical care/cardiopulmonary/laboratory practices in the Hospital.

Privileges and qualifications in Internal Medicine

- A. Privileges may be granted in Internal Medicine only to those physicians who are certified by the American College of Internal Medicine or those physicians who can present credentials which are equivalent to the foregoing and/ or meet NM Licensing Board requirements. No one who has been granted privileges prior to the acceptance of these Rules and Regulations shall have their privileges curtailed to meet these requirements without due cause.
- B. The initial assignment of privileges, or extension of privileges, is provisional and shall be under conditions of supervision as defined for a minimum period of three months. The period of supervision may be extended to a maximum of nine months if there has been insufficient number of cases or procedures to allow evaluation.
- C. Physicians may increase their privileges by actively participating in approved educational programs and demonstrating competence under supervision the area for which they request extension of privileges.
- D. Privileges in medicine are defined in categories on the privileges request list and in certain designated procedures. The listing of privileges for which recognition required is not all inclusive and may change from time to time through addition or deletion. The list of privileges for which recognition is required by category and procedure shall be maintained by the Committee and shall be available to all physician applicants and Members of the Medical Staff.
- E. Each physician shall be required to be proficient in Advanced Cardiac Life Support. If Conscious Sedation is administered the physician must be ACLS certified and have been granted conscious sedation privileges if a CRNA is not present for the procedure. Conscious sedation will be performed in the following locations only: OR, ER, ICU, Radiology. The maintenance of current competency shall be the practitioner's responsibility.

## Supervision

- F. Physicians under supervision will have all cases reviewed by a panel of supervisors selected by the Chief of Staff or through the specific medical committee. Panels will meet monthly and will report their findings and recommendations to the Medicine Committee. Physicians request privileges to perform certain designated procedures requiring special training and skill will be supervised directly for a predetermined number of cases by a supervisor with full privileges in the procedure(s).
- G. The physician planning a procedure requiring direct supervision shall notify an appropriate supervisor and the supervisor will function in the nature of a preceptor or sponsor. The supervised physician will have the supervisor complete a supervision report sheet on each case supervised. The proctorship forms will remain in the credential file and will be reported to the appropriate committees.
- H. At the end of three months, the Medicine Committee will determine and recommend to the Medical Staff Executive Committee that privileges be assigned without supervision, continued supervision or revocation of privileges. Supervision requirements of a minimum of nine cases with the supervised physician functioning as the primary physician will be completed in all cases. Privileges may be limited or terminated at any time if substandard or incompetent performance is observed. 100% retrospective review of charts for three months will be required.

## Supervisors

Supervisors shall be appointed by the Chief of Staff or Committee Chair.

## **Section 13    General Rules for Surgical Care**

- A. A surgical procedure shall be performed only with the informed consent of the patient or his/her legal representative. In an emergency, where a consent form cannot be completed in the usual manner, a statement by another staff Member attesting to the existence of an emergency shall be obtained. The statement shall be made a part of the record. Phone consult may be given but must be monitored.
- B. Surgeons shall be in the Operating Room and ready to commence operation at the time scheduled.
- C. The operating surgeon shall have a Member of the Medical Staff assisting at operations as determined by the Medical Staff.
- D. Patients scheduled for minor procedures shall be admitted at least one hour before the procedure is scheduled. More time shall be allowed when laboratory studies are required. Lab work and EKG's are good for seven days pre-operatively.
- E. All patients admitted to the Operating Suite for surgery who do not year have a recorded history and physical examination on the chart shall have an admission note stating the



reasons for admission, the essential findings other pertinent information, and a provisional diagnosis before surgery is undertaken. When such requirements are not met, surgery shall be cancelled unless the attending surgeon states in writing that such delay would constitute a hazard to the patient.

- F. A brief operative report shall be completed immediately after all operations and dictations shall be completed within 24 hours. If there is a delay in dictation a hand written note is to be done. The report shall contain a description of findings, the technical procedure, the specimens removed, the pre and post-operative diagnosis, the names of the surgeon and any assistants.
- G. In cases of minor surgical procedures requiring Hospital stay of only a few hours, the medical record shall contain enough information to explain the reason for admission, the findings, the procedure, and the results.
- H. In every case where an anesthetic is administered by an anesthesiologist/CRNA or his/her authorized representative, a record shall be made for, pre and post-operative anesthetic examinations; and an anesthetic record shall be completed. All outpatient cases with general anesthesia must have a discharge progress note.
- I. No surgeon shall perform biopsies they are not qualified to perform or who does not have a qualified assistant present to perform subsequent indicated surgical procedures, e.g., breast biopsy and radical mastectomy.
- J. All specimens and tissues removed during a surgical procedure shall be properly labeled and sent to the pathologist, who shall determine the extent of examination necessary for diagnosis.
- K. If conscious sedation is administered physician must be ACLS certified have privileges granted for conscious sedation if CRNA is not present for the procedure. Conscious sedation will be performed only in the following locations: OR, ER, ICU.

#### **Section 14    Obstetrics**

The Committee of Obstetrics shall be responsible for the quality of all obstetrics practiced in the Hospital.

##### Qualifications and Privileges

- A. Privileges shall be assigned specifically for each Member of the Staff desiring privileges in obstetrics.
- B. Privileges in Class III Obstetrics shall be granted only to those physicians who are either certified by the American College of Obstetrics and Gynecologist, initiated after 1967, or those who can present credentials which are the equivalent to the foregoing.
- C. Privileges limited to Class II Obstetrics may be approved for licensed physicians who have completed post graduate training program of six months or more in Obstetrics.

- D. Privileges limited to Class I obstetrics may be approved for licensed practitioners who have completed an approved program in nurse midwifery.
- E. A listing of procedures in Obstetrics for which consultation is required shall be maintained by the Committee of Obstetrics. The listing is not all inclusive and may be changed from time to time through addition or deletion.
- F. Where consults are required for Class II and Class I practitioners, they shall be written and become part of the medical record.

#### Supervision

- G. All new staff Members requesting privileges in Obstetrics shall be supervised. At the end of the supervisory period, privileges to be assigned without supervision, or revocation of privileges shall be recommended by the Obstetrical Committee to the Medical Staff Executive Committee. In any case of questions concerning the physician's ability, this period may be extended for up to the additional 9 months. Privileges may be limited or terminated at any time if substandard or incompetent performance is observed. The staff Member being supervised shall have supervision by staff Members available as qualified supervisors. He/She shall be responsible for selecting the supervisor and initiating the supervisor's report.

#### Supervisors

Supervisors shall be appointed by the Chief of Staff or Committee Chair.

#### **Obstetrical Supervision**

A staff Member being supervised for Class III privileges in Obstetrics shall initially be granted Class II Obstetrical Privileges. Proctorship shall be continued until proctor and committee is satisfied that competency has been demonstrated. A written evaluation shall be made by the supervisor concerning these complicated cases.

A proctorship shall be continued until proctor and committee is satisfied that competency has been demonstrated. A 100% retrospective chart review for three months is required. A supervisor shall be present at the time of delivery shall make an evaluation before the patient is discharged from the Hospital.

All OB/ GYN Providers must be certified in the Neonatal Resuscitation Program (NRP)

#### **Consultation Recommended for staff Members with Class III Privileges**

All problems involving poor risk patients, doubt as to diagnosis, or doubt as to choice of time of therapeutic procedure. All patients for who radiation therapy is proposed.

**Required for staff Members with Class I & II Privileges (Phone and/or Office Visit)**

Active tuberculosis  
Chronic Anemia  
Severe pulmonary disease requiring treatment  
Psychiatric disease requiring major tranquilizer  
Previous Cesarean Section, or uterine wall surgery  
Previous infant with RDS  
Previous pregnancy adversely affected by pelvic pathology  
Abnormal presentation (anything other than vertex in late third trimester)  
Third trimester bleeding or known placenta previa  
Prolonged rupture of membranes greater than 24 hours (not in active labor)  
Evidence of intrauterine growth retardation or unusually large infant  
Documented contracted pelvis on any plane  
Pelvic Pathology  
Adnexal masses  
Uterine malformation  
Polyhydramnios  
Pelvic tumors  
Genital herpes with active lesion during labor  
Indication for induction of labor  
Any other acute or chronic medical or psychiatric illnesses which in the opinion of the physician would increase the risk to the mother or to the infant  
Preterm labor, less than 36 weeks  
Post-dates pregnancy, greater than 42 weeks  
Signs/symptoms of pre-eclampsia  
Abnormal fetal heart rate or pattern suggestive of fetal distress but vaginal delivery not imminent (potential for cesarean)  
Presentation requiring version  
Temperature greater than 100.4 when in labor or other evidence of maternal infection such as choriamnionitis, pneumonitis, pyelonephritis, etc.  
Arrest of dilatation or descent in labor  
Previous still birth of unknown etiology  
Rh sensitization  
Maternal age of 40 or above  
Add: Gestational Diabetes not controlled by diet

**Referral Required – Category I & II Obstetrics**

Chronic hypertension on treatment  
Moderate to severe renal disease  
Significant heart disease (symptomatic or under treatment)  
d.) Maternal systemic disease  
e.) Patient is an insulin dependent diabetic or on an oral hypoglycemic medication  
f.) Documented incompetent cervix (refer early)  
g.) Multiple pregnancy

## **Gynecology Supervision**

A staff Member being supervised in Gynecology shall perform a representative cases determined by the committee under supervision and a 100% retrospective chart review for three months. Gynecology will be under the supervision of the Surgery Committee.

Unsupervised privileges in minor gynecological procedures may be granted by the Medical Staff Executive Committee after competence in those procedures has been demonstrated.

## **General Rules for Obstetrical Care**

Rules and Regulations relating to obstetrical care shall be formulated by the Obstetrics Committee. The policies, rules and regulations shall be posted in a readily accessible place in the Obstetrical Suite.

### **Supervisors**

Supervisors will be appointed by the Chief of Staff or committee chair.

## **Section 15 Orthopedic Surgery**

Orthopedic Surgeons shall be responsible for the quality of all orthopedics practiced in the Hospital and Members of the Surgery/Anesthesia Committee.

Orthopedic Surgeons shall review and make recommendations on credentials of all applicants requesting orthopedic privileges, and continuously evaluate the quality of orthopedics practiced in the hospital.

### **Qualifications and Privileges**

- A. Extended privileges in Orthopedic Surgery, specifically defined, shall be granted only to those physicians who are certified by the American Board of Orthopedic Surgery, accepted for examination by the American Board of Orthopedic Surgery or to those who can present credentials which are the equivalent of the foregoing
- B. All other practitioner's assigned privileges in Orthopedic Surgery shall have limited privileges specifically defined as to procedure or type of procedures they wish to perform. They must give evidence of training and experience in the procedures requested before such privileges are granted. No One who has been granted privileges prior to the acceptance of these Rules and Regulations shall have their privileges curtailed to meet these requirements without due cause.
- C. The listing of procedures in Orthopedic Surgery for which recognition is required shall be maintained by Orthopedic Surgery. The list is not inclusive and may be changed from time to time by deletion or addition as necessary. The list shall be available to all applicants and Members of the Medical Staff.

## Supervision

- A. All staff Members with privileges in Orthopedic Surgery assigned under supervision shall be supervised for a recommended period of nine cases. In a question concerning ability, this period may be extended for up to twelve cases, at which time privileges to be recognized shall be defined. Privileges may be limited or terminated at any time for substandard or incompetent performance.
- B. Supervision shall include direct evaluation of a recommended number of representative cases determined by the committee and shall include pre- and post-operative care, judgement and surgical technique. In addition, Orthopedic Surgery shall review 100% retrospective chart review for three months.

Supervisors will be appointed by the Chief of Staff or committee chair.

## **Section 16 Radiology**

The Department of Radiology shall be responsible for the quality of radiology practices at the Hospital.

The Department of Radiology consists of the Chief of the Department and other Members as are necessary to review radiological practice in the Hospital and to conduct the business of the Department. The Department shall review and recommend on credentials of all applicants and Members of the Medical Staff requesting radiologic privileges and continuously evaluate the quality of radiology practice in the hospital.

## Qualifications and Privileges

- A. Privileges in Radiology shall only be granted to those physicians who qualify for Medical Staff Membership and are certified by the American Board of Radiology, accepted for examination by the American Board of Radiology, or who can present credentials which are judged by the Medical Executive Committee to be the equivalent of the foregoing.
- B. Appointments shall be made to the Active, Associate or Consulting Staff. The Active Radiology Staff shall consist of physicians who regularly practice Diagnostic Radiology.
- C. The Consulting Radiology Staff shall consist of radiologists who are qualified and who have been assigned the Consulting Staff with consulting privileges in Diagnostic Radiology. Members of the Consulting Staff may act as consultants at the request of any Member of the Medical Staff. Consultants may review any diagnostic or therapeutic procedure and record their evaluation of these on patient's records.
- D. Privileges shall be specifically defined in categories of Diagnostic (Including Nuclear Medicine, Diagnostic Ultrasonography, CT Scanning, etc.) The listing of privileges is not all inclusive and may be changed from time to time through addition or deletion. The list of privileges shall be maintained by the Department of Radiology and shall be available to all applicants and Members of the medical staff.

- E. Supervision: The Department of Radiology shall recommend privileges to be assigned as appropriate. Privileges may be limited and terminated any time as provided in the Bylaws or Rules and Regulations of the Medical Staff. Supervisors shall be appointed by the Chief of Staff or committee chair
  
- F. Reports: The Department of Radiology will be responsible for the completion and reporting of all radiology studies and reporting them to the ordering physician in a timely manner. This will ensure that the ordering physician regardless of his or her credentialed status on the medical staff will be given a radiology study report to guide them in the care and treatment of the patient. The Radiologist may discuss the appropriateness of the tests with the ordering physician.

## **Section 17    Surgery**

Surgery includes any or all of the subspecialties of Surgery.

### Qualification and Privileges

- A. Privileges in general surgery, surgical specialties, and anesthesiology shall be granted only to those physicians who are certified by accepted for, examination by the appropriate American Specialty Board, fellows of the appropriate American College or those who can present credentials which are the equivalent of the foregoing as judged by the Committee and/or meet Board requirements for maintenance of licensure.
  
- B. All applications for privileges in general surgery, surgical specialties and anesthesiology shall be reviewed by the appropriate Committee when privileges are requested in more than one field, and those Committees shall send to the Medical Executive Committee a recommendation on the specific privileges to be granted.
  
- C. The initial assignment of privileges or extension of privileges shall be under supervision.
  
- D. Privileges for procedures in each surgical specialty shall be defined by the Medical Staff. The listing of procedures for which recognition is required is not all inclusive and may be changed from time to time through addition or deletion.
  
- E. All staff Members with privileges assigned under supervision in the surgical specialties shall be supervised by the appropriate proctor within these privileges for a recommended nine cases. In any case of question concerning ability, or if insufficient cases have been supervised this period may be extended for a specified period up to twelve cases. 100% retrospective review of charts will be done for three months.
  
- F. Supervision shall include direct evaluation of a recommended number of representative surgical procedures by Members of the Hospital Medical Staff and review of the work of the supervised physician by the appropriate department or section during the period of supervision. Supervision shall include direct evaluation of the pre and post-operative care, judgment and surgical technique. It shall be the responsibility of the supervised

physician to schedule and inform the supervisor and to initiate the supervision report sheet. At the end of the supervisory period, the appropriate committee shall recommend privileges to be assigned without supervision the recommendation shall be sent to the Medical Executive Committee. Privileges may be limited or terminated at any time if substandard or incompetent performance is observed.

#### Supervisors

Supervisors shall be appointed by the Chief of Staff or committee chair

### **Section 18 Anesthesiology**

- A. The Anesthesiology Section shall be responsible for the quality of anesthesia care provided by surgical specialties and they shall be supervised by the appropriate proctor for a recommended five cases and followed by a three month retrospective review of charts. In any case of question concerning ability, or if insufficient cases have been supervised this period may be extended for a specified period of up to twelve cases. 100% retrospective review
- B. The Anesthesia Provider is a member of the Medical Staff as either Active or Associate. The Anesthesia Provider is responsible for appropriate pre-operative and pre-induction evaluation, immediate post-operative evaluation of the patient and the patient record. The Anesthesia Provider is responsible for the choice anesthesia and the anesthetic agent or technique with the concurrence of the surgeon. The Anesthesia Provider is primarily responsible for the care of the patient in the Recovery Room and is responsible for pre and post-anesthesia evaluation and appropriate anesthesia records.
- C. Qualifications: Supervised privileges in anesthesiology may be granted to nurses who are Board of Nursing eligible or Certified Registered Nurse Anesthetists who perform in a competent manner or those Board/Certified Eligible by the American Board of Anesthesia.
- D. Each Anesthesia Provider shall be required to obtain, within one year, following initial appointment or hold current certification for advanced cardiac life support (ACLS) or Advanced Trauma Life Support (ATLS) and Pediatric Advanced Life Support (PALS). The maintenance of current competency shall be the practitioner's responsibility.
- E. Appointment and privileges: Qualified Anesthesia Providers shall be appointed to the Associate of Active staff category. All new Anesthesia Providers granted privileges in anesthesiology shall be supervised by Members of the Active Staff for the first five consecutive procedures followed by a three month retrospective review after approval of the surgery committee. Oversight is also provided by the Regional Medical Director of Anesthesia Associates of New Mexico. The new Anesthesia Provider is responsible for recording the procedures and the supervisors shall submit a written report through the operating nurse manager to the Chairman of the Surgery Committee. At the end of the three-month period the Surgery Committee shall recommend privileges to be assigned as

appropriate. Privileges may be limited or terminated at any time if substandard or incompetent performance is observed.

Supervisors shall be appointed by the Chief of Staff or committee chair

## **Section 19    General Rules for Emergency Care**

- A. The rules and regulations relating to the emergency services area of the hospital shall be formulated by the standing Emergency Department/Emergency Medical Services/Radiology Committee established by the Medical Staff and Administration. The Chief of Staff shall appoint a Member of the Medical Staff to serve as Chairman of the Emergency Department/Emergency Medical Services/Radiology Committee. The Chairman shall be responsible for assuring that at least four meetings a year / or as needed are held and that a timely review of emergency care is performed and documented. The rules and regulations of the Committee shall define the duties and responsibilities of all personnel serving patients within the emergency area, both as to outpatients and as to those subsequently admitted to the Hospital through the Emergency Department. The rules and regulations formulated by the Committee shall be kept in a readily accessible place in the emergency services area.

Designated local Members of the Active Staff shall rotate on the emergency call schedule. Staff Members on emergency call are expected to respond, whether verbally or in person, to emergency situations within thirty minutes.

- B. A representative of the standing Emergency Department/Emergency Medical Services/ and Radiology Committee shall be responsible for preparing a schedule of the emergency department medical staff. Should any staff Member be prevented from emergency calls on his designated date, he shall be responsible for arranging for an alternate and for notifying the (Medical Director or Medical Staff Manager) Chairman of the Committee and the Emergency Department Staff of the name of the alternate.
- C. Designated Members of the Medical Staff shall provide medical supervision to Certified Physician Assistants working in the Emergency Department in accordance with established policies and procedures. This does not replace rotation by all Medical Staff Members on the Emergency Call Schedule but rather is a separate responsibility required by the New Mexico Medical Practice Act.
- D. There shall be written policies and procedures for emergency care which define the extent of treatment that emergency services may provide. The policies and procedures shall first be approved by the Medical Executive Committee.
- E. The practitioner providing services to a patient in the emergency department shall be responsible for medical records that give a brief history, the essential findings, the



treatment, disposition of the patient, and instructions given the patient when the patient is not admitted.

- F. Emergency Room Triage Nurses can see and evaluate level 4 and 5 patients and send them to the clinic for medical screenings by the clinic providers. Those patients can be sent to the Lincoln County Medical Complex if a provider can see the patients within two hours. 2/15

## **Section 20 General Rules for Dental Services**

### **Core Privileges for Dentistry requires Initial Applicants to have the following:**

- A. Applicant must have successful completion of an American Dental Association approved school of dentistry accredited by the Commission of Dental Accreditation and a hospital-based residency in general dentistry; a dental specialty residency training program; or have equivalent experience as a dentist member of a hospital medical staff.

AND

Required Current Experience: At least 5 dental inpatient, outpatient, emergency service, or consultative procedures, reflective of the scope of privileges requested, in the past 12 months or successful completion of an accredited training program in the past 12 months.

- B. The dental service shall be considered a subspecialty to the surgical service, shall be responsible to the Chief of Surgery and be governed by the rules and regulations of that service.
- C. Dental patients shall have a history and physical completed by an active Member of the medical staff and a dental history and physical completed by a dentist on the dental staff prior to surgery.
- D. The dental inpatient shall be seen each day, whether in the dentist's office, or on the ward.

Daily progress notes will be made in the hospital chart. If the condition of the patient warrants, daily notes will also be made by a practitioner. Dental surgical procedures to be performed in the operating room, emergency room, or treatment rooms shall have prior informed consent obtained by the dentists.

- E. In the operating room the dental surgeon shall have a Member of the Medical Staff assisting.

All other rules and regulations of the surgical service shall apply to the dental service. Discharge order is required by Dentist or Active Medical Staff Member.

## **Section 21 Ancillary Medical Staff or Independent Practitioners**

### **Scientific and Paramedical Staff**

#### **Clinical Psychology**

##### **Definitions**

- A. The Psychology Service shall consist of qualified psychologist whose professional services are utilized within the general purpose and programs of Lincoln County Medical Center. Psychologists who perform professional services in the Hospital must be appointed to the Ancillary Staff in accordance with Bylaws, Rules and Regulations of the Medical and Dental Staff.
- B. 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 or post doctoral level, and experience in the 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.

Credentials of psychology applications to the Ancillary Staff will be reviewed by the Medical Executive Committee.

C. Qualifications of Psychologists

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

- Is certified by the New Mexico State Board of Psychology Examiners;
- Has a doctoral degree from a recognized university based upon graduate study which was primarily in the area of clinical counseling, rehabilitation, Psychology, or a combination of these specialty areas;
- Has completed an American Psychological Association approved internship, or its equivalent;
- 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 that the psychologist is competent in such areas. The application shall include a statement setting forth the area of psychology which the psychologists intends to practice; and
- Is listed in the National Register of Health Service Providers in Psychology; or has substantial equivalent training and experience. In determining such equivalence, the Medical Executive Committee must ascertain that there has been extensive experience in a general hospital setting, and the experience was in context of a supervisory or collegial relationship with a qualified psychologist who assumed a training responsibility.

D. Privileges of Psychologists

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

Privileges of psychologists are psychological evaluation and treatment.

- E. Psychologist's exercise their privileges in providing services only at the specific request of Members of the Medical Staff and will perform only those services requested by the physician.

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.

The attending physician will specify, in the patient's chart what function(s) the psychologist is to perform in the services of the patient.

- F. 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 notes. To admit, when necessary for proper patient care and management, patients with acute psychological, emotional, and chemical dependencies to inpatient wards in concert with a staff physician, who will perform a general medical examination and assume overall medical management for the patient.
- G. The initial assignment of privileges shall be under supervision for a minimum of three months and nine cases. After that time, the supervisor shall make a recommendation to the Chief of the Medical Staff 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.

#### H. Peer Review

The Psychology Service 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 the code of ethics of the American Psychological Association, New Mexico Statutes, Hospital Rules and Regulations and consistent with the high standard of patient care.

### **Section 21.1 Podiatry**

Podiatrist who are graduates from a school of Podiatric Medicine approved by the Council on Podiatric Education and who have an unrestricted license to practice Podiatry in New Mexico and who meet other conditions for appointment may be appointed to the Medical Staff. Clinical privileges shall be specifically assigned dependent upon training and performance.

- A. Class I Podiatric privileges - Limited to removal of superficial benign skin lesions of the feet and mechanical treatment of the feet. May not function as primary surgeon but may request privileges to assist in Podiatric surgery.
- B. Class II Podiatric privileges - Permit co-admission\* of patient, includes Class I privileges, and specifically defined common forefoot and simple hind-foot surgical procedures. To qualify for Class II privileges, the podiatrist shall have:

Completed at least one (1) year of podiatric surgical residency (PSR-12) approved by the Council on Podiatric Medical Education and Accepted by the American Board of Podiatric surgery and

Be Board qualified or board certified by the American Board of Podiatric surgery in Foot surgery or by the American board of Podiatric Orthopedics and Primary Podiatric medicine. The board certification process must occur in accordance with the requirements of these recognized boards.

C. Class III Podiatric privileges – Includes Class II privileges plus reconstructive rear-foot surgery and reconstructive ankle surgery. To qualify for Class III privileges, the podiatrist shall have:

Completed at least two (2) years\*\* of podiatric surgical residency (PSR-24) approved by the Council on podiatric Medical Education and accepted by the American board of Podiatric Surgery, and

Be board qualified or board certified by the American board of Podiatric surgery in foot surgery reconstructive rear-foot/ankle surgery. The board certification process must occur in accordance with the American Board of Podiatric Surgery’s guidelines.

#### Admitting and Outpatient H& P Privileges

D. Class II or III may request and be granted admitting privileges, and are allowed to perform a full history and physical (H &P) if the following criteria are met

- The podiatrist has met the Board certification/qualifications as noted above
- The podiatrist must demonstrate hospital-based training as part of the residency program
- If the podiatrist has not performed H & P’s within the past 5 years, she/he must provide documentation of having attended an accredited workshop in general medical history and physical examination

The initial assignment of privileges and admitting and H& P are provisional and shall be under conditions of supervision for nine cases.

#### Supervisors

Supervisors shall be appointed by the Chief of Staff or committee chair

Staff Podiatrist shall be under the overall supervision of the Chief of Surgery.

### **Section 21.2 Speech Pathologists/Audiologists**

Speech Pathologist/Audiologists will be assigned to the Physical Therapy Department for purposes of supervision during their probationary period and direction of their activities while Members of the Scientific and Paramedical Staff. They may see patients in the Hospital only when requested by a Member of the Medical and Dental 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.

### **Section 21.3 Optometry**

A. Definitions

The optometry service shall consist of qualified Optometrists whose professional services are utilized within the general purpose and programs of Lincoln County Medical Center. Optometrists 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 and Dental Staff.

Credentials of Optometry applications to the Ancillary Staff will be reviewed by the Medical Executive Committee.

#### B. Qualifications of Optometrists

Each Optometrist Member of the Ancillary Staff must be qualified and who:

- Is certified by the New Mexico State Board of Optometry Examiners.
- Has a doctoral degree from a recognized university;
- Has completed approved internship, or its equivalent.
- Has had special emphasis, in training and/or experience, in the areas of Optometry he/she intends to practice in the Hospital, sufficient to satisfy that the optometrist is competent in such areas.

### **Section 21.4 Allied Health Personnel**

#### Introduction

A. Allied Health Personnel, limited to two physician assistants per member with no limit on other Personnel, supervised by Members of the Medical Staff or employed by Lincoln County Medical Center or Carrizozo Health Center, may provide services to patients within the limit of their skills and the scope of lawful practice upon recommendations of the Medical Staff and approval of the Board of Trustees of Lincoln County Medical Center. The assigned permit is not a contractual or property right and can be terminated at any time for substandard performance or conduct. The wearing of an identification name tag shall be required by all Allied Health Personnel while functioning within the Hospital.

For the purposes of this section, Allied Health Personnel shall include the following categories: Qualified nurse practitioners who have completed additional education requirements, are licensed as registered nurses and are certified to practice as nurse practitioners in the State of New Mexico;

- Nurse specialists who deliver, teach and supervise high quality care in a particular clinical specialty and have a basic nursing education, supplemented with specialized knowledge and technical skills in a clinical area;
- Physician Assistants who have completed a prescribed course of study and are certified as a Physician's Assistant by the National Commission on Certification of Physician's Assistants and the New Mexico Board of Medical Examiners;
- Licensed Mental Health Professionals who have completed a prescribed course of study and are licensed by the New Mexico Board of Psychologist Examiners;
- Technicians who perform selected skills under the direction and supervision of a physician such as cast application, cast removal, scrub for surgical procedures (not to

replace a physician assistant), assist with dental procedures, etc., and other categories as may be recognized in the future.

The performance of all Allied Health Personnel is subject to continued review by the Medical Executive Committee. The MEC shall have the duty to initiate corrective measures, including termination of permits where appropriate. In the event that there is unsatisfactory performance, the sponsoring physician will be notified in writing and corrective action will be taken.

#### B. Procedure for Appointment

- An Allied Health Person, supervised by a Member of the Medical Staff, must make application on a prescribed form for a permit to assist the physician in providing medical care of his/her patients in the Hospital. The applicant shall indicate his/her education, training, experience; shall authorize the Hospital Medical Staff Committees to evaluate qualifications and performance; and give appropriate references. With the application, the applicant shall complete a list that shall include a list of functions and services requested. The Physician supervisor shall sponsor the applicant and shall agree to provide supervision and accept full professional responsibility for his/her Allied Health Professional(s) who follow patients in the hospital. An application will not be complete until necessary interviews are held with applicant and physician supervisor.
- The application shall be processed through the Medical Staff Credentialing Procedure which shall direct necessary interviews of the applicant with knowledgeable Allied Health Personnel Members of the Ancillary Medical Staff. The Chief of Staff will also direct interviews through appropriate representatives of the nursing staff of the hospital, following which the recommendation will be submitted to the Medical Executive Committee. Applications received by the Administration Office relating to Allied Health Personnel shall be processed in the same manner as the Medical Staff applications through the Medical Executive Committee, and Board of Trustees of Lincoln County Medical Center.
- In considering each application, the Committee shall recommend approval or disapproval of the applicant; and if approved list specific functions and services to be permitted based on the individual's professional training, experience, demonstrated competence, and upon the physician's capability and competence to supervise an assistant.
- Independent judgment and action in specified areas may be permitted for qualified and certified nurse practitioners, certified registered nurse anesthetist, physician's assistants and licensed mental health professionals. All patient evaluations and orders written by certified nurse practitioners and certified registered nurse anesthetist, shall meet all New Mexico Board Licensing requirements and requirements of the Center for Medicare and Medicaid Services. Physicians Assistants are permitted to provide services as specifically defined under the supervision of the sponsoring physician. Upon approval of the Board of Trustees, a permit for more than two years shall be issued to the applicant setting forth specific functions and services permitted to provide in the hospital.

- Each Certified Registered Nurse Anesthetists, Certified Nurse Practitioners, or Certified Physician Assistants shall be required to obtain within one year, following initial appointment, or hold current certification for Advanced Cardiac Life Support (ACLS), or Advanced Trauma Life Support (ATLS) and Pediatric Advanced Life Support (PALS) when appropriate. The maintenance of current competency shall be the practitioner's responsibility.

#### C. Reappointment Process

Reappointments are not a matter of right and the burden of proof is on the Allied Health person and his/her sponsoring physician to demonstrate his/her competence for reappointment and reassignment of functions and services to be permitted.

- At least sixty days prior to the end of an appointment, the Credentials Committee shall review all pertinent information available on the Allied Health person to include but not be limited to evaluations obtained from Lincoln County Medical Center employees, chart review where appropriate and the personal interview if requested by the Committee, following which the Committee will determine its recommendations. It will be necessary at this time for the Allied Health person to respond in a responsible manner to request from the Committee to show evidence of current certification, registration or license, where applicable, or any other requested information to support a continuing permit and any information regarding change or expansion in the permit desired. Until this request has been appropriately responded to, reappointment will not be accomplished.

#### D. Termination of Permits / Contracts

##### Voluntary

- The allied health person must be an employee or a Member in good standing of the Medical Staff, and his/her permit or Contract shall terminate automatically in the event of termination of employment or termination of staff membership of the sponsoring physician.

##### Involuntary

- The permit may be automatically terminated by the Medical Executive Committee and / or Medical Director if the Allied Health person exceeds permitted functions and if performance or conduct is unsatisfactory. Notification of the termination of the permit / contract will be given, in writing, to the Allied Health persona and his/her sponsoring physician. The sponsoring physician may appeal the decision by written request to the Medical Executive Committee.

- These Rules and Regulations shall be reviewed annually.