UC HEALTH

UNIVERSITY OF CINCINNATI MEDICAL CENTER

MEDICAL STAFF RULES & REGULATIONS

Board Approved 12/2021

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MEDICAL STAFF RULES & REGULATIONS

1. ADMISSIONS

1.1. PROVISIONAL DIAGNOSIS - Except in an emergency no patient shall be admitted to the hospital unless a provisional diagnosis has been stated. In the case of an emergency, the provisional diagnosis should be stated as soon after admission as possible.

1.2. WHO MAY ADMIT - Except in an emergency, a patient may be admitted to the hospital only by a member of the medical staff who has admitting privileges.

1.3. ATTENDING OF RECORD - All Hospital inpatients will have an Attending physician of record. The Attending of record shall be responsible for the care and treatment of the patient within the scope of his/her privileges. The Attending of record must be available to respond to other members of the health care team. It is the responsibility of each Attending Medical Staff member to clearly designate the means and number(s) - telephone, pager or otherwise - by which they are to be contacted.

1.4. ADMISSIONS OF PSYCHIATRIC PATIENTS - Any patient with the primary diagnosis of mental disorder as defined by the current edition of *Diagnostic and Statistical Manual of the American Psychiatric Association* shall be admitted and attended by a psychiatrist that has clinical privileges granted to do so.

1.5. ASSIGNMENT OF PATIENTS - When possible each patient shall be attended by a member of the medical staff chosen by mutual agreement of the attending physician and patient, and will be admitted to the service of that attending physician. When a patient has no Attending and requires admission via the Center for Emergency Care, the emergency room physician shall contact the appropriate service for the on-call physician’s consent to admit the patient. Should that physician be unable to become the Attending of record, the on-call physician must provide an alternative.

1.6. PROFESSIONAL RELATIONSHIP - Upon a patient's admission or in-House transfer, the Attending of record shall, within 24 hours, examine the patient and establish a professional and identifiable relationship with the patient if such was not established prior to the admission or in-House transfer. The Attending of record is responsible for the continuing care of that patient until discharge or in-House or outside transfer.

1.7. RESPONSIBLE PHYSICIAN - Except in an emergency, the attending physician with appropriate privileges shall be present during the key portion of the service or procedure and be immediately available to furnish services during the entire service or procedure in the Operating Room (OR), Cardiac Catheterization Laboratory, Endoscopy Unit, Interventional Radiology Suite, or the Center for Emergency Care.

1.8. ACCEPTANCE OF PATIENTS - The hospital shall accept patients of the admitting staff suffering from all types of diseases, dependent upon available facilities and personnel. When limitations of facilities and personnel exist, the chief of staff or his designee shall determine admitting priorities. Every effort will be made to make arrangements for the care of a patient at another facility.

1.9. PROTECTION OF PATIENTS - The type of facilities provided the patient will be determined by the practitioner and admitting department with respect to the known needs and conditions of the patient for the protection of other patients from those who are a source of danger from any cause whatsoever or to ensure protection of the patient from self-harm.

1.10. REQUIRED LABORATORY TESTS - On admission to the hospital all patients shall have performed and recorded those laboratory tests required by state, federal and local laws.

1.11. ADMISSION TO HOUSESTAFF-COVERED TEACHING SERVICES
Admission/ treatment of patients on housestaff-covered teaching services requires a practitioner to possess a faculty appointment. Courtesy medical staff members will normally admit/treat patients on non-housestaff-covered services unless agreement for an exception is granted by the clinical chief and the program director of the relevant department.

1.12. RESPONSIBILITY OF ON-CALL PHYSICIAN
The physician in the Center for Emergency Care (CEC), may elect, in his or her professional judgment, to call or page an on-call physician (resident, fellow, or attending) for consultation about an individual determined to have an Emergency Medical Condition. When an on-call physician is called or paged, it is the responsibility of the on-call physician to respond to the call or page within thirty (30) minutes after contact by the CEC physician and to appear in the CEC in a timely fashion to provide stabilizing treatment, if requested by the CEC physician. If the on-call physician (resident, fellow, or attending) cannot respond within hospital guideline times due to circumstances beyond his/her control, including situations in which on-call physicians are permitted to schedule elective surgery or take simultaneous call, and the on-call attending is unable to provide an alternative attending physician, the call is escalated to the Clinical Chief of the service and to the Chief of Chief per established hospital escalation policy.

Approved by Medical Executive Committee 8/22/07, BOD 9/24/07

2. DISCHARGES

2.1. WHO MAY DISCHARGE - Patients shall be discharged only on the written order of the Attending of record or his/her designated representative. The discharge summary must be authenticated by the Attending of record (no stamped signatures) or a Licensed

Advanced Practitioner acting within the scope of his or her practice as defined by state law and hospital privileges.

2.2. DISCHARGE PROCEDURE - With the consent of the patient, the Attending of record or his/her designee shall communicate or cause to be communicated all appropriate information to any physician, institution or agency to which a patient is referred following discharge from the hospital. With the exception of emergencies, when a patient is to be transferred directly from this hospital to another institution, this transfer information shall accompany the patient.

2.3. AUTOPSIES - The office of decedent affairs shall facilitate the mechanism for permission to perform an autopsy and the system for notifying the medical staff, specifically, the attending physician when an autopsy is being performed. The criteria that identify deaths in which an autopsy should be performed at the Hospital are defined by American Society of Clinical Pathologists.

3. MEDICAL ORDERS

3.1. TREATMENT ORDERS - All orders for treatment must be written and signed by the Attending of record, his/her designee, a member of the house staff of the attending's service, a designated consultant, an anesthesiologist, or a Licensed Advanced Practitioner acting within the scope of his or her practice as defined by state law and hospital privileges.

3.2. DICTATED ORDERS - A physician’s verbal orders (Emergency or Telephone order) shall be accepted and transcribed by his/her designee, a Licensed Advanced Practitioner, a registered nurse, licensed practical nurse, licensed clinical staff acting within their scope of practice, or a member of the house staff. The dictated order must be signed by the physician who initiated the order or the physician’s designee within a reasonable time period as defined by state law.

3.3. STANDING ORDERS - Standing orders, if any, shall be formulated by the directors of clinical departments and divisions and shall be subject to the review of the executive committee. Standing orders shall not replace or cancel those written for the specific patient. All standing orders shall be reviewed periodically by the appropriate clinical department or division.

3.4. THERAPEUTIC AGENTS AND RELATED DEVICE ORDERS - The department of pharmacy is authorized to dispense generic and therapeutic equivalents of brand/generic name therapeutic agents and related devices unless the practitioner when writing the order writes "dispense as written". The metric system will be used in writing therapeutic agents and related device orders. The department of pharmacy shall control the distribution of all therapeutic agents and related devices to patients and the distribution of all therapeutic agents and related devices to patient care areas within the Medical Centers and clinics. The ordering and use of therapeutic agents and related device orders will be governed by policies and procedures approved by the pharmacy and therapeutics committee and as adopted by the executive committee.

3.4.1. All orders for therapeutic agents and related devices shall be in writing. An order will be considered in writing if dictated by the Attending of record to a Licensed Advanced Practitioner, a registered nurse, or other licensed clinical staff acting within the scope of their practice as defined by state law and Medical Center scope of practice/job description. The person accepting the order will subsequently reduce the dictation to writing in the patient's medical record. The Attending of record must sign such orders within a reasonable time period as defined by state law.

3.5. SPECIAL CARE UNITS AND PATIENT RECOVERY AREAS - For special care units of all kinds, such as recovery rooms, the emergency department, operating rooms, obstetrics, coronary care units, newborn nurseries, etc., specific policies should be adopted by the unit in cooperation with the nursing service and Medical Center administration. These regulations shall be reviewed periodically and shall be subject to approval of the executive committee.

3.6. TISSUE REMOVED TO SUPPORT DIAGNOSIS - Tissue, particulate matter, and fluid specimens that support the diagnosis and are removed at operation shall be sent to the Medical Center pathologist, who shall make such examination, as he or she may consider necessary to arrive at a pathological diagnosis, and this pathologist shall provide a signed report for the medical record.

3.7. RESTRAINT ORDERS - The physician’s role in restraints and seclusion are defined in the UCH-PCS Restraint and/or Seclusion Nonviolent/Non-Self Destructive Behavior and Violent/Self-Destructive Behavior policy regarding patient safety.

4. PRIVILEGES

4.1. Attending and Courtesy Medical Staff have clinical privileges as defined by a physician-specific Delineation of Privilege, approved by Medical Executive Committee and the Medical Center Board of Trustees. Affiliate Medical Staff do not have any clinical privileges. Requirements for clinical privileges are defined in the Medical Staff Credentials Plan, (Bylaws Section III).

4.2. CONSULTATIONS - A "consultation" is defined as an examination of the patient and his or her clinical record by a qualified person who has been granted appropriate clinical privileges. Requests for consultation shall be written on the order sheet and also telephoned to the consultant, who shall, where possible, answer such consultation request within the time asked. The Medical Staff Consultation Policy defines the minimal requirements for patient consultation at University Medical Center. The intention of a consultation is to provide clear communication between senior level physicians in different specialties/services in order to deliver appropriate, timely patient care.

4.2.1. According to the judgment the physician, consultations should be obtained when it is in the best interest of the patient.

4.2.2. Psychiatric consultation must be requested for and offered to patients who have attempted suicide or who have taken a chemical overdose.

4.2.3. When a consultant sees the patient, the consultant must furnish a written consultation note for the patient's record. The consultation form shall be used. If the consultant so desires, he or she may enter "see progress notes" on the consultation form and write the consultation note in chronological sequence in the progress notes. In instances where the consultant wishes to supply a formal typed consultation report, a brief consultation note should be entered in the progress notes. If the Attending of record wishes the consultant to write orders for the patient, the attending physician must so indicate on the order sheet, or on the consultation form if the order sheet is not available.

5. ANESTHESIA SERVICES

5.1. The Clinical Chief of the Department of Anesthesiology has oversight of all services along the continuum of anesthesia services provided within the hospital. The Clinical Chief of Anesthesiology is appointed by the Medical Executive Committee and approved by the Board, and shall have such qualifications (including certification by an appropriate specialty board or affirmatively established comparable competence through a credentialing process) as determined by the Board.

5.2. Anesthesia Services is defined by CMS interpretative guidelines §482.52 and includes Anesthesia, including General Anesthesia, Regional Anesthesia, Monitored Anesthesia Care (MAC), and Deep Sedation; and Analgesia/Sedation, including Topical, Local, Minimal, and Moderate Sedation.

5.3. The qualifications and credentialing requirements for non-anesthesiologists who provide procedural sedation and the locations within the hospital where moderate and deep sedation are performed are detailed in Hospital and Medical Staff Policy.

5.4. In addition to the responsibilities of the Clinical Chief listed in the Medical Staff Bylaws, the Clinical Chief of the Department of Anesthesiology is responsible for the following medically related administrative functions:

- Monitoring the quality of anesthesia care rendered throughout the hospital, including surgical, obstetrical, emergency, outpatient, psychiatric and special procedure areas.
- Recommending the type and amount of equipment and supplies necessary for administering anesthesia, interventional pain medicine and resuscitation
- Recommending and developing policies concerning anesthetic safety
- Participating in the development of, and enforcing policies and procedures related to the administration of anesthesia throughout the hospital.

- Ensuring evaluation of the quality of anesthesia care throughout the hospital through a structured quality committee reporting to the Performance Improvement Committee.

6. **VISITING CLINICAL MEDICAL PROFESSIONAL-** A visiting medical faculty is defined to be a physician, dentist, or other medical professional, in good standing on another medical facility, who is licensed or otherwise appropriately authorized to practice their profession. Such medical professionals may be invited to the hospital to observe, or to provide or obtain clinical skills in a particular area of medical or surgical expertise on the following conditions:

6.1. Whenever a visiting clinical medical professional is to render patient care or perform a diagnostic or therapeutic procedure requiring patient contact, a letter requesting visiting clinical medical privileges must, beforehand be directed to the chief of staff from the clinical department director. All visiting professional, whether observing or providing patient care, must complete a “Visiting Professional Form” and submit required documentation prior to the scheduled visit. Approval comes from the chief of staff.

6.2. The visiting clinical medical professional must practice within the confines of the Ohio Revised Code, and, when required, be issued the appropriate certificate by the Ohio State Medical Board.

6.3. All clinical activities of visiting clinical medical professional are to be performed in conjunction or consultation with the sponsor or clinical faculty member of the sponsoring department, who is a member of the attending medical staff. The sponsoring department, or sponsor is responsible for any patient care rendered by the visiting clinical medical professional

6.4. Informed consent by the patient should reflect agreement to visiting clinical medical professional involvement.

6.5. No bills for services are to be rendered to patients in the hospital by a visiting clinical medical professional unless duly licensed and previously credentialed at the hospital.

6.6. Visiting clinical medical professionals who provide patient care, or the sponsoring department, must possess malpractice insurance coverage with a minimum limit of one million dollars/claim.

7. **MALPRACTICE INSURANCE COVERAGE -** Each medical staff appointee must maintain malpractice insurance coverage with minimum limits of one million dollars per claim. In addition, the appointee must comply with the following:

7.1.1. With the exception of University of Cincinnati or The University of Cincinnati Medical Center self insurance programs, the malpractice liability insurance company must be rated A- or higher by A.M. Best unless the insurance coverage has been approved in advance by the Department of Risk Management.

8. **RESEARCH CONDUCTED ON HUMAN SUBJECTS -** All proposals for research on human subjects conducted by members of the medical staff shall be submitted to the Institutional Review Board of the University of Cincinnati (IRB). Under the Multiple Project Assurance of Compliance with the Department of Health and Human Services regulations for the protection of human subjects of research. The UC IRB shall evaluate, make recommendations, approve, monitor, maintain records, and report on the requested or actual use, if approved, of experimental and developmental drugs and treatment protocols to be administered to patients of the hospital

9. **MEDICAL RECORDS**
The requirements of the medical staff with regard to medical records are defined in the Medical Records Policy. The medical staff and advanced practice staff are required to adhere to the policies set forth by his/her department and the hospital. The policies and procedures are subject to the approval of the executive committee and shall be reviewed periodically. If the physician fails to complete records within three days after the final notification, the physician will be asked to meet with the Chief of Staff Leadership Team to explain the circumstances of the delinquency. The Chief of Staff will determine what corrective action should be taken. The Chief of Staff Leadership Team may place a medical records sanction in the physician's credentialing record. This is considered an administrative sanction and is not subject to reporting to the National Practitioner Data Bank.

9.1. ADMISSION HISTORY AND PHYSICAL

9.1.1. A history and physical examination must be documented by a physician, an oral and maxillofacial surgeon, or other qualified licensed individual in accordance with state law and hospital-approved privileges.

9.1.2. The history and physical examination must be completed no more than 30 days prior to admission or within 24 hours after admission.

9.1.3. For a history and physical examination that was completed within 30 days prior to admission, an update documenting any changes in the patient's condition must be completed within 24 hours after admission, and prior to surgery or a procedure requiring anesthesia services, whichever comes first.

9.2. OUTPATIENT INVASIVE PROCEDURE HISTORY AND PHYSICAL

9.2.1. Within thirty days prior to an invasive or operative procedure requiring general anesthesia, deep sedation, or moderate sedation, the medical record must document a current, history and physical examination.

9.2.2. The patient must be re-evaluated the day of the procedure to assess whether or not there has been any substantive change in the patient's condition. Either concurrence with previous findings or changes from previous findings must be documented in the medical record.

9.3. MEDICAL RECORDS - REMOVAL - All medical records are the property of the hospital and shall be removed from the hospital's jurisdiction and safekeeping only by court order, subpoena, or statute. In case of readmission of a patient, all previous records shall be made available for the use of the attending physician.

10. MEDICAL SCREENING EXAMS

In addition to physicians, the hospital permits certain qualified medical persons to conduct medical screening examinations in certain circumstances.

10.1. For those medical screening examinations conducted for or within the scope of the Emergency Department, Psychiatric Emergency Department, or Burn Walk-In Center, a "qualified medical person" shall mean a physician, a certified nurse practitioner, a clinical nurse specialist, or a physician assistant who has been granted such clinical privileges.

10.2. For those medical screening examinations conducted for or within the scope of the obstetrics department, a "qualified medical person" shall mean a physician or certified nurse midwife who has been granted such clinical privileges

11. GENERAL RULES REGARDING PRACTICE IN THE HOSPITAL

11.1. Each Medical Staff appointee is required to follow all Medical Staff Rules and Regulations, Medical Staff Policies, and applicable Hospital policies.

11.2. DEPARTMENT AND COMMITTEE RULES - Members of the Medical staff, and Advanced Practice Staff should refer to departmental policies for specific items pertaining to that department. The executive committee shall review and act upon department reports and policies periodically.

11.3. MEDICAL STAFF DUES - The executive committee of the medical staff shall establish the amount and manner of disposition of the annual medical staff dues. Dues will be assessed to all staff members annually. Unless excused by the executive committee for good cause, failure to render payment may result in administrative suspension of the medical staff appointment and clinical privileges until the delinquency is remedied.

11.4. APPLICATION FEE

The executive committee shall establish the amount and manner of disposition of an application fee for the initial appointment to the Medical Staff or Advanced Practice staff. A statement of the application fee will accompany the application.

END

Approvals:
REVISED BY MEDICAL EXECUTIVE COMMITTEE: April 15, 2004
APPROVED BY BOARD: June 2, 2004
Sections 1.7 and 5.2 revised, MEC, July 21, 2004; BOD approved September 27, 2004

REVISED and APPROVED BY MEDICAL EXECUTIVE COMMITTEE: August 22, 2007, BOARD September 24, 2007
Section 1.3 revised by Medical Executive Committee 1/30/08, approved by BOT 2/25/08
Section 5.2, Medical History and Physical, revised by MEC 4/22/09, approved by BOT 9/28/09

REVISED and APPROVED BY MEDICAL EXECUTIVE COMMITTEE: July 28, 2010. APPROVED BY BOARD: August 2010

Revised: Medical Care Executive Committee, April 27, 2011
Amended, Medical Staff, May 18, 2011
Adopted Board, May 27, 2011

Revised: Medical Executive Committee, April 24, 2013
Approved and adopted: Medical Staff, May 25, 2013
Adopted by the Board: May 29, 2013

Revised: Medical Executive Committee: August 20, 2014
Approved: Board of Directors: September 24, 2014

Revised: Medical Executive Committee: December 14, 2015

Reviewed and approved with no changes:
Medical Executive Committee, December 19, 2018

Reviewed and approved:
Medical Executive Committee, December 17, 2021