

# **YORK HOSPITAL**

## **MEDICAL STAFF RULES AND REGULATIONS**

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## **RULES AND REGULATIONS**

### **DEFINITIONS**

The definitions set forth in the Bylaws of the Medical Staff of York Hospital shall apply to these Rules and Regulations.

## **ARTICLE I. ADMISSIONS, TRANSFERS, AND DISCHARGES**

- 1.1** Except in emergencies, no patient shall be admitted to the Hospital unless a provisional diagnosis has been stated and the consent of the proper authority for the patient's legal permissions obtained. If there is any question concerning the admission of a patient, the Chairman of the Department to which the patient is to be admitted shall determine the necessity for, or deferment of, the admission.
- 1.2** No appointee of the Medical Staff shall admit a patient to the service of another Medical Staff appointee without his consent.
- 1.3** Each appointee of the Medical Staff who does not admit or attend his/her own patients at the Hospital, shall specifically designate another appointee/hospitalist of the Medical Staff with appropriate clinical privileges who shall be responsible to attend any of the appointee's patients in an emergency or in the event the appointee's patients need to be admitted to the Hospital. By acceptance of such designation, the designated appointee/hospitalist shall be required to promptly respond to the Hospital's request to attend any of the appointee's patients in an emergency or in the event the appointee's patients need to be admitted to the Hospital, and may not refuse to attend any such patients on any basis, including but not limited to the patient's source of payment.
- In the event the designated appointee can not be contacted by the Hospital, or fails to promptly attend to the appointee's patients upon request, the appropriate Department Chairperson or designee may authorize any other qualified member of the Medical Staff to provide such as care as is necessary. The Department Chairperson shall notify the appointee of the designated appointee's failure to attend the appointee's patients, and the designated appointee shall be subject to corrective action.
- 1.4** Appointees of the Medical Staff admitting patients shall provide, in advance, all available information as required by Hospital admission policies and as may be necessary to ensure the protection of the patient, other patients, and the Hospital staff.
- 1.5** A transfer of a patient from one clinical unit to another must be initiated by an order from that patient's attending Medical Staff appointee.
- 1.6** A patient may be transferred from one Medical Staff appointee's service to another appointee's service during the course of hospitalization only if the transferring appointee orders the transfer and the receiving appointee accepts the patient in transfer.
- 1.7** Discharge shall be made only on order of the attending Medical Staff appointee, or his designee.
- 1.8** If a patient is admitted and no orders are received or can be obtained by the nursing staff within appropriate time for the patient's care, the head nurse shall contact the Chairman of the Department to which the patient is admitted for appropriate action and orders.
- 1.9** The Admissions Department will admit, transfer, and discharge patients without regard to age, sex, race, creed, color, or national origin.
- 1.10** All patients in the Hospital who are at recognized suicidal risk shall be managed under policies and procedures established by the Department of Psychiatry.
- 1.11** When a patient, with a York Hospital Medical Staff Physician as his ongoing care physician, is seen in the York Hospital Emergency Department by an Emergency Department attending, and agreement as to the patient's disposition cannot be made by telephone, the ongoing care physician, or his coverage, must evaluate the patient in person and make final disposition.

## **ARTICLE II. TEACHING RESPONSIBILITY: HOUSE STAFF PATIENT CARE**

- 2.1** The Hospital Board, Medical Staff and Administration have long supported graduate medical education. While not a prerequisite for admission to the Medical Staff, Medical Staff appointees are urged to participate in the hospital's Medical Education programs, when requested, by their department chairman or his designee.
- 2.2** Professional and moral responsibility for House Service patients shall rest with the appointee of the Medical Staff assigned as Teaching Attending Physician/Dentist to a particular House Service for a particular period. This individual shall have the responsibility for the supervision of the patient care rendered by the residents or interns assigned to the House Service concerned.
- 2.3** All patients shall be included in the Hospital's teaching program, unless an objection is raised by the patient or the patient's parent or guardian.
- 2.4** The Hospital provides and operates a sufficient number of beds so as to care properly for medically indigent and House Service patients.

## **ARTICLE III. MEDICAL RECORDS**

### **3.1 ATTENDING MEDICAL STAFF APPOINTEE**

The attending Medical Staff appointee for each patient shall be responsible for the preparation and completion of the medical record of such patient.

### **3.2 INPATIENT RECORD**

A complete inpatient medical record shall include: complete identification, complete history and physical examination, signed informed consent forms, reports of diagnostic studies, consultations, progress notes, discharge summary, diagnosis(es), follow-up notes, and autopsy report when indicated.

### **3.3 HISTORY AND PHYSICAL EXAMINATION**

- (a) A complete history shall include: chief complaint, history of present illness, past history, social history, family history, and system review.
- (b) A complete physical examination shall include such examinations and tests as the attending physician deems appropriate taking into account the patient's medical condition, age and medical history. Neither the examination nor the chart will be considered complete unless these are recorded, except if the attending Medical Staff appointee has made a note as to the contraindications or reasons why the procedures were not done and/or a statement indicating when the procedures were last performed. The attending Medical Staff appointee's impressions on admission and course of treatment planned also shall be included.
- (c) The history and physical examination must be performed within twenty-four (24) hours of admission. It must be legibly written or dictated. If a complete history and physical examination has been obtained within thirty (30) days before admission, a durable legible copy may be used, providing any changes which have occurred in the interim have been so recorded. A consultation with complete history and physical examination elements may suffice as the history and physical examination if performed within twenty-four (24) hours of admission. An outpatient consultation may also be used, providing it was performed within thirty (30) days of admission and contains all of the essential elements of a history and physical examination. When a patient is readmitted within thirty (30) days for the same or a related problem, an interval history and physical examination reflecting any subsequent changes may be used, provided that the original information is readily available.
- (d) A history and physical examination must be on the chart before surgery. This includes both inpatient and outpatient surgery records.
- (e) An Obstetrical Admission Note Form shall be completed on all obstetrical patients to supplement the Pre-Natal Forms.
- (f) Any alteration(s) made within the medical record must be signed and dated when the alteration(s) is made. A single line should be drawn through the incorrect entry and the initials of the individual making the change should be documented at the revised entry.

**SIGNATURES**

- (a) Every clinical entry must be personally signed and dated. (This includes all inpatient and outpatient records.) Electronic signature is permitted per the Medical Staff Rules and Regulations and the York Health System Electronic Signature Policy, respectively.
- (b) All transcribed reports in the York Hospital Medical Record must be authenticated and electronically signed in order to be considered the final official record. Any changes to transcribed reports that a physician wishes to make must be done electronically, either by the physician electronically making the change(s) or by dictating the change(s) for transcription staff to correct the electronic record. Any changes to a transcribed, paper report that are made on a written version will not be transcribed and, therefore, will not be an official version of the report.
- (c) On private cases, the attending Medical Staff appointee shall countersign the history and physical examination and the discharge summary (including those written/dictated by a member of the House Staff). It shall not be necessary to countersign progress notes, drug or treatment orders, or other entries by members of the House Staff.
- (d) A card file of Medical Staff appointees' signatures and initials shall be maintained in the Medical Records Department.
- (e) On House Service cases, the following signatures are required:
  - (i) Medical Service: The appointee of the Medical Staff assigned as Teaching Attending Physician must sign and date the Admission Record and must countersign the Discharge Summary and History and Physical Examination.
  - (ii) Surgical Service: The Chief Resident must countersign the Discharge Summary. The appointee of the Medical Staff assigned as Teaching Attending Physician on Surgical Service must co-sign the History and Physical Examination and Operative Report. The appointee of the Medical Staff assigned as Teaching Attending Physician must sign and date the Admission Record.
  - (iii) Ob-Gyn Service: The Chief Resident must countersign the History and Physical Examination and Discharge Summary. The appointee of the Medical Staff assigned as Teaching Attending Physician must sign and date the Admission Record.
  - (iv) Pediatric Service: The appointee of the Medical Staff assigned as Teaching Attending Physician must sign and date the Admission Record and must countersign the Discharge Summary and History and Physical Examination.
  - (v) Psychiatric Service: The appointee of the Medical Staff assigned as Teaching Attending Physician must sign and date the Admission Record and must countersign the Discharge Summary and Physical Examination.
  - (vi) Dental Service: The appointee of the Medical Staff assigned as Teaching Attending Dentist or the appointee of the Medical Staff assigned as Teaching Attending Physician must sign and date the Admission Record and the Discharge Summary and countersign the History and Physical Examination and Operative Report.
- (f) A card file of Medical Staff appointees' signatures and initials shall be maintained in the Medical Records Department.

### 3.5

#### **OPERATIVE REPORT**

- (a) Documentation of a procedure done in the operating room requires two components, a dictated operative report and a legibly completed Perioperative Documentation Form. The Perioperative Documentation Form should be completed immediately after surgery. A complete operative report must be dictated within 24 hours. These two documents are required for both inpatient and outpatient surgical procedures. The dictated operative report should contain a description of the findings, the technical procedures used, the specimens removed, the post-operative diagnosis, and the name of the primary surgeon and any assistants. The Perioperative Documentation Form must also have all of these elements completed.
- (b) Repeated instances of not completing the Perioperative Documentation Form immediately after surgery or not dictating the operative report within 24 hours following surgery will be addressed. The Department Chairman will be responsible for addressing the issue individually with physicians who have a three month period with 2% or greater late operative reports. Physicians with repeated non-compliant behavior will be encouraged to obtain IT assistance and/or review his/her perioperative workflow. If the physician is responsible for six months with 2% or more late operative reports within any twelve month period, the Vice President of Medical Affairs will be asked to counsel the physician. At the discretion of the Department Chairman or the Vice President of Medical Affairs, prolonged behavior will be referred to the MEC for discussion and action, and may require instituting the Disruptive Physician Policy.

### 3.6

#### **PROGRESS NOTES**

The frequency with which progress notes are made is determined by the condition of the patient. This may vary from several times a day in rapidly changing clinical conditions to less frequently in static conditions.

### 3.7

#### **DISCHARGE SUMMARY**

- (a) All relevant diagnoses established by the time of discharge as well as all operative procedures performed should be recorded, using acceptable disease and operative terminology that includes topography and etiology as appropriate. Abbreviations can be used if approved by the Medical Staff.
- (b) The clinical resume should recapitulate concisely the reason for hospitalization; the significant findings; the procedures performed and treatment rendered; the condition of the patient on discharge; and the specific instructions given to the patient and/or family, particularly in relation to physical activity, medication, diet, and follow-up care. The condition of the patient on discharge should be stated in terms that permit a specific measurable comparison with the condition on admission, avoiding the use of vague relative terminology such as "improved." When preprinted instructions are given to the patient or family, the record should so indicate and a sample of the instruction sheet in use at the time should be on file in the Medical Records Department. A copy of the clinical resume may be sent to any known medical practitioner and/or medical facility responsible for the subsequent medical care of the patient.
- (c) A final progress note may be substituted for the resume in the case of patients with problems of a minor nature who require less than a forty-eight (48) hour period of hospitalization, and in the case of normal newborn infants and uncomplicated obstetrical deliveries. The final progress note should include any instructions given to the patient and/or family.
- (d) In the event of death, a summation statement should be added to the record either as a final progress note or a separate resume. This final note should indicate the reason for admission, the findings and course in the Hospital, and events leading to death.
- (e) When a necropsy is performed, provisional anatomic diagnoses should be recorded in the medical record within three (3) days, and the complete protocol should be made part of the record within sixty (60) days.

### **3.8 EMERGENCY DEPARTMENT RECORDS**

Medical records of patients treated in the Emergency Department shall be completed by the responsible emergency physician and shall be subject to all of the rules in Sections 3.9 and 3.10 of these Rules and Regulations.

### **3.9 CHART COMPLETION**

All records shall be completed within thirty (30) days after the discharge or treatment of the patient or within fourteen (14) days of a completion assignment date.

- (a) After direct communication between the Office of the Vice President of Medical Affairs and the offending practitioner or his office staff, failure to comply with this Section 3.9 will subject the offending practitioner to automatic and immediate suspension of clinical privileges or rights to perform patient care services in the Hospital until his charts are completed. Patients already hospitalized may be cared for, but no new patients may be cared for during the time of suspension, including admissions, consultations, surgical procedures, etc. except for patients established through on-call responsibilities. Medical Records Department personnel shall have the authority to review current charts of partners or other practitioners to determine that the suspended practitioner is not caring for new patients. Any variances shall be reported directly to the Vice President of Medical Affairs.
- (b) Practitioners who remain on suspension for thirty (30) days will automatically relinquish all privileges at York Hospital. Notification will be sent via the Office of Medical Affairs. Reinstating privileges will occur after 1) the deficiencies are completed; 2) a new application is received in Medical Affairs, and 3) a new application fee is submitted. Re-applications for the first occurrence may be expedited. A second occurrence with suspensions over thirty days will also result in a suspension of all privileges. Reinstating privileges will occur after 1) the deficiencies are completed; 2) a new application is received in Medical Affairs, 3) a new application fee is submitted; and 4) the practitioner adequately addresses the concerns of the Medical Executive Committee. The application process will not be expedited beyond the first occurrence.
- (b) Repeated suspensions which impact patient care will be dealt with by utilization of the disruptive physician policy. The Department Chairman will be responsible for addressing the issue with physicians who receive three suspensions due to medical records delinquencies within any twelve month period. Physicians who receive five suspensions due to medical records delinquencies within any twelve month period may be asked to address the issue at a Medical Executive Committee Meeting, at the discretion of the Department Chairman. Continued suspensions due to medical record delinquencies may require utilization of the Disruptive Physician Policy, at the discretion of the Department chairman and VPMA.
- (d) Section 3.10 below contains the specifics of the Hospital's Chart Count Procedure.

### 3.10

#### INCOMPLETE CHART COUNT PROCEDURE

- (a) Physicians will also have continuous access to their Millennium inboxes to monitor the type and amount of work to be done.
- (b) On Friday between noon and 3 pm, a priority e-mail communication listing the pending suspensions (effective the following Tuesday at 7 am) of residents and attendings who continue to have incomplete records as of 10 am Friday will be sent the following individuals/departments:
  - Admissions (contact name TBD)
  - Director, Surgical Services
  - Emergency Department (contact name TBD)
  - Department Chairpersons and their designees
  - Residency program Directors and their designees
  - Administrative Director, Medical Affairs
  - Medical Education Coordinator
  - Director, Medical Record Services
  - Attending physician (and designees) and residents (and designees)

In addition, physicians known to be ill or on vacation will be notified of any incomplete records upon their return. A grace period of at least one week will be granted for reasons of vacation, illness or chart unavailability.

- (c) Priority emails will be mailed each Friday to residents who failed to complete their overdue records by 10 am. Copies of the emails will be forwarded to the appropriate Residency Program Director and their designee; the Medical Education Coordinator; the Director, Medical Record Services; and the Physicians' Chartroom.
- (d) As physicians complete their assigned records, Medical Records will clear them from suspension. When clearing a physician, calls will be placed to Admissions, Emergency Department Administrative Office, and the Operating Room. A priority email will also be distributed to appropriate individuals.
- (e) Chart completion is a recognized part of patient care and shall remain the final responsibility of each physician.

### 3.11

#### SECURITY AND CONFIDENTIALITY

All records are the property of the Hospital and shall not be removed from the Medical Records Department at any time without notification and specific permission of the Medical Records Administrator. Infractions of this regulation shall be treated as incomplete charts in Sections 3.9 and 3.10 above. Information concerning records or their contents will only be released upon written request and permission of the patient, except to Medical Staff appointees or Allied Health Professionals in good standing who are currently involved in the care of the patient; Medical Staff appointees using charts for academic purposes (i.e., conferences, studies, etc.); or those individuals involved in required quality assurance activities.

### 3.12

#### Dictated Documents

- (a) All dictated documents must include the date and time of dictation and date and time of transcription.
- (b) Practitioners must review and sign all documents which they have dictated.
- (c) A note indicating that the report was dictated must be written in the chart, preferably on the Progress Note sheet.
- (d) Dictation completed outside the central Hospital system is subject to the same requirements as that dictated via the Hospital system.

## ARTICLE IV. PHYSICIAN'S ORDERS

### 4.1 GENERAL

Medical orders generally should be written. Some emergency situations, however, create the necessity of verbal and telephone orders, together referred to herein as oral orders.

### 4.2 VERBAL MEDICATION AND TREATMENT ORDERS

- (a) Definition & Authorization of Personnel: Verbal medication and treatment orders may be dictated by a licensed physician, dentist, podiatrist, certified registered nurse practitioner, physician assistant, pharmacist, or certified nurse midwife and are defined as any medication and/or treatment order that is (a) given physically in the presence of, or (b) received via telephone by personnel authorized to receive such order as outlined in Section 4.2(b). All authorized personnel are expected to dictate only those verbal orders pursuant to their role/scope of practice within the institution. Personnel explicitly forbidden to give verbal medication and treatment orders include medical students and all Physician's/Dentist's Office Staff Nurses.
- (b) Receipt of Verbal Orders: Personnel approved to receive verbal medication and treatment orders are; registered nurses, licensed practical nurses, pharmacists, physical therapists, and respiratory therapists. All authorized personnel are expected to receive and transcribe only those verbal orders pursuant to their role/scope of practice within the institution. All other personnel not specifically mentioned in this section are to be considered unauthorized to receive verbal orders.
- (c) Procedure For Receiving Verbal Orders: All personnel authorized to receive verbal medication and treatment orders as outlined in Section 4.2 (c) shall transcribe the verbal order as received to the Orders section of the medical record. Authorized receiving personnel must then read the order back, in its entirety, to the ordering individual and wait for a confirmation of accuracy from the authorized ordering personnel prior to executing the order. The order, as transcribed on the Orders section of the medical record, must include the date and time the order was received in addition to the names of the ordering and receiving personnel along with an indication as to the method the order was received (e.g. "telephone order Dr. Jones/Mary Smith, R.N." or "verbal order Dr. Jones/Mary Smith, R.N.").
- (d) All oral medication and treatment orders must be authenticated (counter/signed, dated and timed) by the ordering individual or an associate of the ordering individual within twenty-four (24) hours of issue.

### 4.3 WRITTEN ORDERS (Both outpatient surgery and inpatient medical records).

- (a) Written orders are recorded on the Physician's Treatment Record directly by the prescribing physician, dentist, podiatrist, certified registered nurse practitioner, certified nurse midwife, pharmacist, or physician assistant and may be honored immediately if clear to the transcriber.
- (b) Any orders written by a medical student must be validated by the supervising physician/dentist/podiatrist prior to the execution of the order.
- (c) All orders written by a physician assistant must be co-signed by the supervising physician within a reasonable amount of time, not to exceed ten days.
- (d) All orders for Respiratory Therapy Services written by all non-physician providers must be co-signed by the supervising physician or attending physician, respectively, within 24 hours.
- (e) All written orders must be timed, dated, and signed when written.

**4.4****TRANSFER OF SERVICES**

A patient may be transferred from one physician's service to another during the course of hospitalization. The current procedure for effecting a transfer of service is as follows:

- (a) The transferring physician orders the transfer of the patient to another physician's service.
- (b) The physician to whom the patient has been transferred acknowledges acceptance of the patient in transfer.
- (c) All transfers of service must be clearly documented on the Physicians Treatment Record.

(Steps (a) and (b) may be in the form of a written or oral order.)

**4.5****PATIENT RESTRAINTS**

- (a) Physicians are required to follow the York Hospital Restraint/Adaptive/Protective Devices Policy and the Restraint Protocol for Invasive Catheters, Lines and Tubes, including Endotracheal Tubes, and the Restraint Protocol for Patients with Dementia, and any other applicable restraint protocols and/or policies.
- (b) PRN restraint orders are never acceptable.

## ARTICLE V. CONSULTATIONS

- 5.1** Consultations are encouraged among appointees of the Medical Staff in cases of difficult diagnosis and critically ill patients.
- 5.2** Request for consultation may be provided directly in writing on the Consult Order Sheet or by a verbal order from the requesting Medical Staff appointee.
- 5.3** Findings of the consultant shall be directed into the medical record, signed, dated and timed by the consultant, and placed in the patient's chart.
- 5.4** A routine consultation must be performed within twenty-four (24) hours of the request being written in the chart. If the patient's condition warrants the patient being seen sooner, the requesting physician shall request an urgent consult and convey the information by speaking directly to the consultant.
- 5.5** Emergency Department or Trauma Services Consultation Response Time: York Hospital attending staff members are expected to respond within thirty (30) minutes, by telephone, to calls from the Emergency Department or Trauma Service and are expected to physically be present in the Emergency Department or Trauma Unit, when requested, within one (1) hour after telephone confirmation of the request is received.

## **ARTICLE VI. PATIENT RIGHTS**

- 6.1** A Patient's Bill of Rights consistent with the Pennsylvania Department of Health regulations and approved by the Medical Executive Committee and by the Board shall be followed in the Hospital.

## **ARTICLE VII. OPERATIVE PROCEDURE**

- 7.1** Operative Procedures shall be performed in accordance with the Operating Room Regulations.
- 7.2** Patients for inpatient surgery shall be admitted long enough in advance to have the necessary preparation. The medical history, physical examination, and appropriate work will be recorded on the patient's medical record by an appointee of the Medical Staff except under emergency patient care conditions.

## **ARTICLE VIII. INFECTION CONTROL**

- 8.1** All appointees of the Medical Staff are bound by the Isolation Policies and Procedures Manual of the Hospital. Each practitioner is responsible for ensuring that every patient with known or suspected infection is placed on appropriate isolation precautions. Copies of the Isolation Policies and Procedures Manual shall be available at every patient unit, and in the Office of the Vice President of Medical Affairs.
- 8.2** The Hospital Infection Control Officer may order that appropriate cultures be obtained on patients with known or suspected infections in cases of disagreement concerning diagnosis and/or need for isolation; the matter will then be referred to the Department Chairman of the attending Medical Staff appointee for discussion and appropriate action.
- 8.3** Each Department of the Hospital should offer at least one educational program for its members each year on infection control.

## **ARTICLE IX. REPORTABLE CASES**

- 9.1** Certain cases are reportable to government agencies and the State Medical Examiner as required by law. A list of reportable cases is available for review in the Office of the Vice President of Medical Affairs.

## **ARTICLE X. REPORTABLE CONDUCT BY PHYSICIANS**

- 10.1** Certain conduct by physicians is reportable to government agencies and the State Medical Board as required by law. A list of reportable conduct by physicians is available for review in the Office of the Vice President of Medical Affairs.

## **ARTICLE XI. ORGAN DONATIONS**

- 11.1** Organ procurement and transplantation at the Hospital shall be handled as required by, and in a manner consistent with, the Report of the Organ Procurement and Transplantation Committee as approved by the Board, a copy of which Report is available for review in the Office of the Vice President of Medical Affairs.

## ARTICLE XII. AUTOPSIES

- 12.1** It shall be the responsibility of each appointee of the Medical Staff actively to seek autopsy permission from the next of kin of all patients who have died during their stay at the Hospital. If the attending Medical Staff appointee is not available, his designee may obtain the permission. The final authority as to the adequacy of the consent shall be the pathologist acting as prosecutor for the autopsy.
- 12.2** It shall be the responsibility of the attending Medical Staff appointee or his designee to notify the Coroner of any case that is considered a Coroner's case or of any case in which there is a question as to the cause of death. The following are classified as Coroner's cases:
- (a) all patients brought to the Hospital to be pronounced "dead," except those who have died from natural causes if the attending Medical Staff appointee will sign the death certificate;
  - (b) all patients dying from any cause whatsoever within twenty-four (24) hours after admission, or where the medical attendant has changed in the past twenty-four (24) hours;
  - (c) all cases of death from homicide, suicide, poisoning, or criminal abortion (in cases where toxic agents may have caused the illness, any gastric contents, urine, or other available excreta should be preserved, properly labeled, and in the event of the patient's death, should be forwarded to the morgue with the body or to the Pathology Department for analysis, and the Coroner's office notified of their existence);
  - (d) all deaths from accidents of any type (automobile, industrial, mines, home, burns, drownings, cave-ins, shooting, etc.) where the death occurs within a period of one (1) year and one (1) day following the accident;
  - (e) all cases of criminal assault, or any cases in which external violence acted as a contributory cause and where death occurred within a period of one (1) year and one (1) day after such violence;
  - (f) all cases of death in the Operating Room;
  - (g) all cases in which the cause of death is under reasonable suspicion, in which a definitive diagnosis cannot be made with reasonable certainty, in which the cause of death is not properly certified, or in which the attending Medical Staff appointee is physically unable to supply the necessary data;
  - (h) stillborn or fetal deaths (over sixteen (16) weeks gestation) where the patient has had no prenatal care and the attending Medical Staff appointee is physically unable to supply the necessary data, or any baby dying less than twenty-four (24) hours after birth;
  - (i) all cases of death of children where there is reasonable cause to suspect that the child died as a result of child abuse;
  - (j) all deaths of prematurely born infants where the cause of death is not properly certified; and
  - (k) all cases which suggest the death was sudden, violent, suspicious in nature, or is the result of other than natural causes.

### **ARTICLE XIII. LEGAL PERMISSIONS**

- 13.1** Legal permissions shall be obtained as required by, and in a manner consistent with, the Hospital's Informed Consent Policy, a copy of which is available for review in the Office of the Vice President of Medical Affairs.

## ARTICLE XIV. MISCELLANEOUS

### 14.1 COVERAGE

Each appointee of the Medical Staff shall be expected to have on record with the telephone desk, or in his office, an alternate Medical Staff appointee who could be contacted for emergency or other problems of patient care in his absence. If such a name is not on file, or the alternate Medical Staff appointee is unavailable, the Department Chairman or senior departmental member available shall have the right to arrange for substitute care to be rendered to the patient, pending the return of the attending or admitting Medical Staff appointee.

### 14.2 BIRTH AND DEATH CERTIFICATES

Birth and death certificates are the responsibility of the attending Medical Staff appointee or member of the House Staff, and are to be completed within twenty-four (24) hours.

### 14.3 ADMINISTRATION OF DRUGS

A drug shall be administered directly by an appointee of the Medical Staff or by a House Staff member or by a professional nurse or a licensed practical nurse with pharmacy training. A medical student may also administer drugs, but only under the supervision of a Medical Staff member or House Staff member. Properly trained technicians may administer drugs within established Hospital guidelines. Graduate practical nurses, graduate nurses, and students from approved schools of nursing may be authorized to administer drugs, but only under the supervision of a registered professional nurse or a Medical Staff appointee, or a House Staff member.

### 14.4 QUALIFIED MEDICAL PROVIDER (QMP) AUTHORIZATION

The following categories of Qualified Medical Providers are determined to be qualified and authorized by the York Hospital Board of Directors to perform initial medical screening examinations as required by EMTALA:

a. In the Emergency Department:

- i. Physicians, including house staff under direct attending supervision
- ii. Midlevel Practitioners (Nurse Practitioners and Physician Assistants)
- iii. SAFE RNs (for the victims of sexual assault when only an evidentiary exam is required)
- iv. Crisis Counselors for psychiatric complaints not involving ingestions or trauma

b. In the Labor & Delivery unit:

- i. Physicians, including house staff under direct attending supervision
- ii. Midlevel Practitioners (Certified Nurse Midwives, Nurse Practitioners and Physician Assistants)
- iii. Labor & Delivery Nurses

## 14.5

### TREATMENT OF FAMILY MEMBERS

As a general policy, Medical Staff appointees should not treat themselves, members of their immediate families, or other individuals whose relationship with the Medical Staff appointee may compromise the Medical Staff appointee's objectivity. Medical Staff appointees should also refrain from treating individuals outside of a bona fide provider – patient relationship; this restriction would apply to writing prescriptions for friends and co-workers.

In an emergency, where there is no other qualified provider available, Medical Staff appointees may treat themselves, immediate family members, or other individuals for whom treatment would be generally inappropriate under this policy until another qualified provider becomes available. While Medical Staff appointees should not normally serve as a primary or regular care provider for an immediate family member, there are some situations where routine care is acceptable for short-term, minor problems. This does not include performing surgery or administering anesthesia to an immediate family member. Medical Staff appointees should not prescribe controlled substances for themselves or immediate family members.

When a Medical Staff appointee provides treatment for any patient, including an individual for whom treatment would be generally inappropriate under this policy, the Medical Staff appointee must obtain a patient history, perform a physical examination and appropriately document the treatment.

Medical Staff appointees providing treatment to themselves or their immediate family members should be mindful of State and Federal laws and regulations regarding proper prescribing, record keeping, and the requirement for a bona fide provider – patient relationship, as well as the American Medical Association's Code of Ethics and ethical statements and policies of other professional societies. Medical Staff appointees should also be mindful of Medicare regulations which prohibit payment for services to immediate relatives.

## 14.6

### COMMUNICATION

The Medical Staff of York Hospital recognizes that electronic communication via email is the primary source of communication to meet the needs of our Hospital and Medical Staff. Electronic communication is a necessary tool to practice medicine and to be a responsible partner in the York Hospital community.

- (a) All medical staff members shall maintain a Wellspan Health email address at all times.
- (b) Individual Wellspan Health addresses will be made available in the Wellspan Health Email Directory. Non-Medical Staff members will be discouraged from communicating to Medical Staff members via email.
- (c) Distribution lists of Medical Staff members will be secure and maintained by the Medical Affairs Office, in an effort to prevent unauthorized use.
- (d) Transmittal of patient data is permitted within the WellSpan network, assuming that the recipients of the email are entitled to receive the confidential information. Transmittal of patient data for any reason, outside of the WellSpan network, will be considered an unauthorized disclosure of confidential information.
- (e) It shall be the responsibility of all Medical Staff members to review the information sent to their email addresses minimally once a week.

**ARTICLE XV. ADOPTION AND AMENDMENT**

**15.1 AMENDMENT**

These Medical Staff Rules and Regulations may be amended or repealed, in whole or in part, as provided by Sections 12.1 and 13.2 of the Medical Staff Bylaws.

**15.2 ADOPTION**

**15.2-1 MEDICAL STAFF**

The foregoing Medical Staff Rules and Regulations were adopted and recommended to the Board by the Medical Staff in accordance with and subject to the Medical Staff Bylaws.

\_\_\_\_\_  
PRESIDENT OF THE MEDICAL STAFF

\_\_\_\_\_  
DATE

**15.2-2 BOARD**

The foregoing Medical Staff Rules and Regulations were approved and adopted by resolution of the Board after considering the Medical Staff's recommendation.

\_\_\_\_\_  
CHAIRMAN OF THE BOARD OF DIRECTORS

\_\_\_\_\_  
DATE

Including amendments adopted:

April 27, 1989	June 8, 1998	July 27, 2005	January 28, 2009
July 26, 1990	August 10, 1998	September, 2006	March 25, 2009
April 25, 1991	August 25, 1999	September, 2007	September 23, 2009
March 30, 1993	July 27, 2001	October 24, 2007	December 23, 2009
March 29, 1994	January 28, 2004	December 19, 2007	
June 28, 1995	July 28, 2004	March 2008	
March 20, 1998	May 25, 2005	June 25, 2008	