

MEDICAL STAFF

1. The purpose of the Rules and Regulations are to delineate and implement the principles set forth in the Bylaws as they apply to the mechanism of Staff Function (see Bylaws, Article XV and Article XII, Section 4).
2. The meetings of the Medical Staff, both Departments and Committees, shall be held as provided in Article XIII of the Bylaws.
3. During a disaster the Hospital Disaster Plan shall be followed. The emergency department physician on duty at the time shall be medical coordinator for the disaster and shall be responsible for activating the Disaster Plan. In the absence of an emergency department physician, the responsibility shall follow in order to the emergency department physician on call, the President of the Medical Staff, the Vice President, the Chairman of Surgery and the Chairman of Medicine. The Medical Staff shall respond to the Physicians' Lounge when notified of a "disaster" by the PBX operator.
4. The Medical Staff shall be actively interested in securing autopsies. All autopsies shall be performed by the Hospital pathologist, or by a physician delegated this responsibility. Authorization of autopsy shall, in all instances, conform to Act 575 of the General Assembly of the Commonwealth of Pennsylvania.
5. All questions and problems coming before the Medical Staff, not covered by the Bylaws or these Rules and Regulations, shall be referred to the Executive Committee for consideration. The Medical Executive Committee shall report its recommendations to the active Medical Staff in a regular or special meeting.
6. **Admissions:**
 - (a) Patients may be admitted to the Hospital only by a member of the Hospital Medical Staff in accordance with the Bylaws.
 - (b) Patients may only be admitted with the knowledge and direct authorization of the attending physician or his representative.
 - (c) The attending physician shall provide the Hospital with a provisional diagnosis and such information as necessary to assure that other patients and staff are not exposed to any source of danger, such as infectious disease or a psychotic episode. This will allow for room assignments based on patient needs and medical and nursing assessments.

- (d) Care cannot be initiated without medical orders. On elective admissions, preadmission testing is encouraged.
- (e) Attending physicians are expected to visit patients at least daily.

7. Residents:

- (a) History and Physical may be performed, but countersignature by a staff member is required.
- (b) Orders and progress notes may be written. Countersignature of orders is required for first-year residents (P.G.Y. 1) by an upper-level resident or staff member. For reimbursement (fiscal) reasons, progress notes of all residents must be countersigned by a Staff member.
- (c) May attend department meetings without voting privileges.
- (d) Invasive procedures with a high degree of risk may not be performed without preceptor supervision.
- (e) Professional attire and conduct is expected at all times.
- (f) Resident participation in Code Blue situations, if and when they arise, in any part of the Hospital.
- (g) Full cooperation with staff physicians is expected.
- (h) Chart documentation will be neat, legible, and complete to be able to stand up under professional and legal scrutiny.
- (i) Care provided by residents will be reviewed by the supervising physician. The supervising physician will provide the results of this review to the Director of the Accredited Residency Program.
- (j) Supervision of residents by members of the medical staff shall be in compliance with the rules set forth in the Medical Staff Bylaws, Medical Staff Rules and Regulations, and The Good Samaritan Family Practice Residency Rules and Regulations.

8. Diet Orders:

- a) All diets, especially diets for diabetic patients, should be ordered as promptly as possible after the patient's admission.
- b) Dietary consultation should be ordered at least one day before the contemplated discharge date of the patient when possible so that adequate consultation time can be arranged between the Dietician and the patient.
- c) A Physician may delegate the responsibility of managing an individual patient's diet to a Registered Dietitian consistent with the Medical Nutrition Therapy Order, Writing Protocol and Scope Protocol. The Physician remains responsible to supervise and direct the Registered Dietitian's management of the patient's care.

9. All persons (including medical and nursing staff), attending deliveries, regardless of type or location, must be currently certified as having successfully completed the Neonatal Resuscitation Course designed by the American Heart Association and the American Academy of Pediatrics, or a Board Certified or eligible Anesthesiologist.

10. Emergency On-Call:

A. Procedures

- (1) The decision to call the on-call physician for care of the emergency patient will be made by the Emergency Department (E.D.) physician. Whenever possible, he/she will personally speak to the called Physician about the case.
- (2) The called physician should appear in person in the E.D., or at least respond by phone, within 30 minutes (policy of all clinical departments).
- (3) If the called physician does not respond, the E.D. physician will refer the case to the appropriate Department Chairman (or in his/her absence, the Vice-Chairman, then the President of the Medical Staff).
- (4) If the on-call physician has been requested to come in by the E.D. physician, the patient will not be transferred to another facility until he/she has been evaluated by the physician.

- (5) If the called physician does not wish to care for the patient (for whatever reason), it is his/her responsibility to arrange for the hand-off of care to another physician within the 30-minute timeframe. It is not the duty of the E.D. physician to arrange this transfer. If transfer of care cannot be arranged within 30 minutes, then the called physician must assume care of the patient.

B. Schedule Policies:

- (1) For any given service, all appropriate physicians will be equally listed on the schedule unless excused, or another arrangement approved, by unanimous agreement of the involved physicians.
- (2) Another appropriately privileged staff physician may agree to provide alternative coverage for the listed physician (especially pertinent for group practices). Since the printed schedule is preserved as a record of call responsibility, the E.D. must be notified of and understand the alternative arrangements.
- (3) The listed physician (or alternate physician) is responsible to be available for response within 30 minutes.
- (4) The schedule is published on the 15th for the following month. Changes must be submitted in writing before that date.
- (5) If the call schedule is to be changed after it is published, the physician making the change is personally responsible to notify the Emergency Department of the change.

11. The Hospital may accept bona fide students from appropriate professional schools for participation in training programs. These include students of medicine (allopathic and osteopathic), dentistry, podiatry, advance-practice nursing and physician assistants.

A. Conditions of Participation

- (1) To affirm authorization from the school, the Hospital must have either a master agreement in place or receive specific, written authorization for the student(s) in advance of

attendance at the Hospital.

- (2) A member of the Medical Staff must agree in writing to serve as a sponsor/proctor for the student.
- (3) Evidence of professional malpractice insurance coverage of the student must be received by the Hospital. This will be provided by the school and not the Hospital, unless specifically arranged in advance.

B. Responsibilities and Privileges of the Student:

- (1) At the beginning of the rotation at the Hospital, the student must register with the Medical Affairs office. The appropriate application form must be completed and the agreement signed to abide by all hospital policies, procedures and rules.
- (2) With the consent and supervision of the sponsor/proctor, the student may take histories from and examine patients pertaining to their professional field.
- (3) A procedure may only be performed under the direct supervision of a sponsor/proctor who has privileges for the procedure.
- (4) The student may make entries in the medical record, identifying the author as a student, and these must be countersigned by the sponsor/proctor.
- (5) No orders may be written by the student.
- (6) The student may have access to medical records, lab reports, radiographic studies, etc., as they pertain to specific patients, but confidentiality must be maintained, in accordance with Hospital policies and procedures.

C. Responsibilities of the Sponsor/Proctor

- (1) Supervise the activities of the student in the Hospital and its associated facilities.
- (2) Assure that the student performs only within his or her professional

area.

- (3) Authorize and countersign any entries in the medical record.

12. Inpatient consultations:

- A. Attending physicians should use consultants when, in their judgment, there is doubt as to a patient's diagnosis or to the best therapeutic measure to utilize. It is suggested that the attending physician discuss with the consulted physician the reason for the need of the consult.
- B. The consultant must be well qualified to render an opinion in the field in which his/her opinion is sought. A satisfactory consultation shall include examination of the patient and the record, and a signed written opinion by the consultant. This written opinion is then an official part of the patient's medical record. It is suggested that the consultant speak with the attending physician, regarding any recommendations for the patient's care, as soon as possible, after completion of the consultation.
- C. When a physician is requested to be a consultant by an attending physician:
 - (1) The consulted physician, member of that physician's group, or the physician's designee should provide the consultation in a timely manner based on the patient's condition at the time of the consultation request. It is recommended that non-emergent consultations be provided no more than 24 hours after the consultation is requested.
 - (a) The consult may be delayed more than 24 hours only after the consultant confers with the requesting physician, and both parties agree to when the consult can be appropriately completed.
 - (2) A consult may be declined by the consulted physician when there is a circumstance that, in the reasonable judgment of the consulted physician, would prevent him/her from accepting the consult. The consultant should verbally communicate his/her wish to decline the consult to the attending physician. Only when both parties agree that the reason for declining the consult is sound, may the consult be declined. Otherwise, all consults should be accepted and completed as previously stated. This

rule supersedes all other departmental rules regarding consultations.

- (a) If the consulted physician and the attending physician cannot come to an agreement regarding the consultant's decline, and the patient's condition will not be adversely affected by a delay in the completion of the consult, the matter should be referred to the Department Chairman of the Consulted physician's department for final determination.
 - (3) In an emergent situation, the Emergency Room call schedule may be utilized to obtain the appropriate consultant. Because of the patient's emergent condition, these consults should not be declined by the consulted physician.
- D. Behavior Health Consultations
- (1) A medical staff physician should order a psychiatric consultation for a patient who, in the judgment of the medical staff physician, requires a psychiatrist to assist in the treatment of an emotionally ill patient, or a patient who is suffering from the results of alcoholism or drug abuse.
 - (2) Crisis Intervention Services can be referred by medical staff members for behavioral health issues which are immediate and the individual is at risk and/or is endangering themselves or others.

13. Medical Staff Code of Conduct Policy:

- A. Purpose: The purpose of this policy is to ensure optimum patient care by promoting a safe, cooperative and professional health care environment, and to prevent or eliminate conduct that disrupts operations at The Good Samaritan Hospital, affects the ability of others to do their jobs, creates a hostile work environment for employees or other medical staff members, or interferes with the ability to work competently.
- B. Standard of Conduct: It is the policy of The Good Samaritan Hospital that all persons within its facilities be treated with courtesy, respect, and dignity. To that

end, all medical staff members shall conduct themselves in a professional and cooperative manner. Medical staff members who engage in unacceptable behavior shall be subject to review in accordance with the Medical Staff Code of Conduct Policy (MA-05) and corrective action procedures set forth in Article VI of The Good Samaritan Hospital Medical Staff Bylaws.

14. Electronic Health Record:

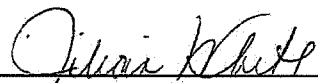
It is expected that all Providers on the Medical Staff utilize the Hospital's Electronic Health Record approved by WellSpan Health to the fullest extent possible. In order to be granted access to the Electronic Health Record, all Providers who need access will be required to attend an approved training session geared specifically to the type of utilization required. In order for a Provider to exercise their delineation of privileges, they must adopt all components of the Hospital's Electronic Health Record.

By not complying with the expectations of the Hospital's Electronic Health Record the Provider's ability to exercise Hospital privileges will be administratively suspended until which time the Provider adopts use of the Electronic Medical Record.

SIGNATURE SHEET

The rules and regulations of the Medical Staff of the Hospital have been reviewed by the Medical Executive Committee and approved.

4/18/17
Date


Jilian G. White, MD
President, Medical Staff