

Rules & Regulations

September 1, 2025

PREAMBLE

The Rules and Regulations of the Medical Staff are established under the authority of the Bylaws of the Medical Staff and shall be administered and amended as provided thereby. For convenience, they shall be referred to as the Rules and Regulations.

SECTION I – ADMISSION AND DISCHARGE OF PATIENTS

1. General Admissions

- 1.1. The Hospital accepts patients suffering from all types of illness requiring general, acute care, excluding those defined in the Hospital policy.
- 1.2. All patients admitted to Hendrick Medical Center must be admitted to the service of an Active Staff member. A patient may be admitted to the Hospital only by a Member of the Medical Staff privileged to admit patients and all admissions shall be governed by the admitting policies of the Hospital.
- 1.3. Consistent with the clinical privileges granted, patients admitted for podiatric procedures may be admitted by a Podiatrist. However, if an inpatient admission becomes necessary for non-podiatric medical treatment, the patient will be transferred to the Hospitalist service or to a member of the Active Medical Staff who can provide inpatient evaluation and care.
- 1.4. Patients admitted for dental procedures must be admitted by an Attending Physician and co-managed with the Dentist. Management of these patients' general medical condition is the responsibility of the Attending Physician, who must be a member of the Active Medical Staff.
- 1.5. All patients admitted for scheduled surgery will enter the Hospital at such a time as to allow completion of appropriate preoperative procedures prior to surgery.
- 1.6. Except in the case of emergencies no patient will be treated in the operating room until that patient, or legal representative, has signed the proper consent authorization for necessary surgery. When conditions exist preventing obtaining valid consent forms, it will be the responsibility of the Admitting Physician to document the conditions.

1.2 Authorization to Admit

- 1.2.1 An Active Staff Physician, with appropriate clinical privileges, shall be responsible for the medical care and treatment of each patient in the Hospital, and accurately and promptly documenting in the medical record, necessary special instructions and conditions of the patient to the referring individual and to the patient or patient's designated representative.
- 1.2.2 An Affiliate Staff Physician with appropriate clinical privileges who has a formal call relationship with an Active Staff Physician and is qualified to provide periodic, time-limited care may admit for an Active Staff Physician while providing call coverage.

- 1.2.3 Unless they are call partners, Medical Staff members may not admit to the service of another Medical Staff member without notifying and obtaining agreement from such member.

1.3 Admitting Medical Staff Responsibilities

- 1.3.1 The admitting Medical Staff member is responsible for providing the following information:

- A. An admission order with the provisional diagnosis (unless an emergency situation makes it impractical to obtain a provisional diagnosis) and expectation of patient staying in hospital considering the following patient status terms:
 - 1. Inpatient: expected to stay two (2) midnights or greater or procedure on the inpatient only list; or
 - 2. Observation: expected to stay less than two (2) midnights;
- B. Information known to the admitting Medical Staff member regarding the presence of an advance directive executed by the patient and/or surrogate decision maker;
- C. Any known information that may be necessary to assure the protection of that patient or other patients from those who are a source of danger. If the admitted patient has known or suspected suicidal intent, the Medical Staff member shall seek appropriate consultation and shall document this in the patient's medical record;
- D. A history and physical examination, clearly documenting medical necessity to justify the patient being admitted, including reason for hospitalization. In the case of an emergency, the history and physician examination must clearly justify the patient being admitted on an emergency basis. These findings must be documented in the medical record as soon as possible after admission, but in no event later than 24 hours after admission.

- 1.3.2 Absence of Attending Physician

- A. Each Physician will identify and notify a qualified Member of the Medical Staff who is to be called to attend that Physician's patients (medical, dental or Emergency Department) when the Physician cannot be reached. If a Medical Staff Member identifies and notifies another Physician to care for hospitalized patients during an absence who is not qualified or competent to provide necessary care and treatment during the absence of the Physician, the Medical Staff Member as well as the covering physician may be subject to corrective action as set forth in the Bylaws.

- B. In the event of failure to identify a qualified Physician or if neither the attending Physician nor the named Physician, nor the chairman of the respective department can be located, the Chief of Staff or the Vice Chief of Staff will have the authority to call any member of the Medical Staff to render interim treatment should this be considered necessary. In case of emergency, any member of the Medical Staff is expected to respond to the nursing personnel involved.

1.4 Transfer Admissions

Whenever attending responsibilities are transferred to another Medical Staff member, documentation covering the transfer of responsibility shall be entered in the medical record. The Admitting Physician shall be considered the primary Attending Physician, unless this responsibility is appropriately transferred, as indicated above.

1.5 Admission Timeframes

- 1.5.1 A Medical Staff member or Advanced Practice Allied Health Practitioner should assess and provide documentation in the medical record all patients rounding as soon as clinically indicated but within eighteen (18) hours of admission/transfer to a medical-surgical and telemetry unit and within two (2) hours of admission/transfer to critical care units, i.e., CCU, ICU, PICU and NICU. The exception would be a healthy newborn who must be seen within twenty-four (24) hours of birth.
- 1.5.2 Hospitalized patients must be seen daily by a physician, and documentation to that effect will be made in the medical record. The Attending Physician shall be responsible for ensuring daily physician rounding. For urgent patient care concerns in regard to the required timeframes, please refer to the Chain of Command section of these Rules and Regulations.

1.6 Emergency Admissions

- 1.6.1 A patient who needs admission on an emergency basis that does not have a primary care Physician will be assigned to the Physician on-call, the Trauma Acute Care Surgical (“TACS”) Team, Intensivist, or to a Hospitalist as determined by the Emergency Medicine physician.
- 1.6.2 When a decision has been made for admission after discussion between the Emergency Medicine physician and the on-call Medical Staff member, assigned Hospitalist, or the patient’s personal physician (“Admitting Physician”), the Emergency Medicine physician may write admission orders on behalf of the Admitting Physician. These orders may be written only after consultation with the Admitting Physician, both physicians agreeing with the decision to admit, without the necessity of the Admitting Physician needing to evaluate the patient prior to

such admission. Once admission orders have been submitted, the responsibility for continuous care falls on the Admitting Physician.

1.7 Priority of Admissions

Patients will be admitted on the basis of the following priority criteria:

- A. Emergency Admissions: those patients who are designated by the Attending Physician as needing immediate hospitalization and whose condition would suffer if such admission were delayed;
- B. Transfer Admissions (that are not emergent): those patients who are transferred from another acute care facility approved by administration and accepted by a member of the Medical Staff who has admitting privileges;
- C. Scheduled Elective Admissions: those patients already scheduled for surgery or procedures, as well as other patients who have previously made arrangements in advance for admission on a particular day;
- D. Routine or Direct Admissions: those patients who are elective admissions in all departments and whose condition would not suffer by a delay in admission.

1.8 Admission Medical Necessity Criteria

1.8.1 Medical Staff members shall abide by the Hospital's utilization management plan which is criteria based to include:

- A. The appropriateness and medical necessity of admissions;
- B. The appropriateness and medical necessity of continued stay;
- C. Appropriate use of ancillary services;
- D. Participation in discharge planning process and documentation of posthospital care plan.

1.8.2 Significant variances and documentation patterns may be reported to the Utilization Management Committee, the utilization management physician liaison and the Medical Staff Performance Improvement (PI) Committee.

1.9 Patient Discharges

Patients shall be discharged only on the order of the Attending Physician or authorized health care provider who has reviewed a discharge plan with the Attending Physician prior to discharge.

In cases where patients sign out of the Hospital against medical advice, a discharge order from the Attending Physician is not required. Should a patient leave the Hospital against medical advice, a notation of the incident should be documented in the patient's medical record. The patient or the patient's surrogate decision maker (identified by hospital policy) will be requested to sign an AMA form which shall be entered into and become part of the patient's medical record. Any refusal to sign this statement shall be documented in the medical record.

SECTION II – GENERAL CONDUCT OF CARE

2.1 Orders

- 2.1.1 In order to prescribe narcotics for patients in the Hospital, a Medical Staff Member or Advance Practiced Allied Health Practitioner must have a current, unrestricted Drug Enforcement Administration (DEA) certification.
- 2.1.2 Complete medication orders include the name of the drug, dose and/ or strength, route of delivery, and frequency of administration. For continuous infusions the desired rate of infusion must be documented in the order. As needed (PRN) medications include the indication for usage unless governed by pharmacy and/or Hospital policy or procedure.
- 2.1.3 Drugs administered to patients in the Hospital are obtained through the Hospital pharmacy. Patients may, at times, bring their own drugs into the Hospital. In limited circumstances, the use of such drugs shall be considered acceptable, i.e. the medication is not available through the Hospital pharmacy, formulary alternatives are not acceptable, and the patient would suffer harm without the medication. In such cases, the patient's own supply of medication(s) is (are) identified by a pharmacist in containers labeled for contents, dose, and frequency of administration. These are specifically ordered, as complete medication orders, in the patient's medical record to comply with Patient Own Supply of Medication Policy approved by the Medical Staff.
- 2.1.4 Before the Institutional Review Board for Human Protection approves a project that requires the use of experimental or investigational drugs, the Medical Staff Member performing the research will submit to the Pharmacy and Therapeutic Committee printed material released by the manufacturer of the medication, any additional information concerning side effects, dosage, antidotes, along with the name of the drug and explanation as to how it is to be dispensed.
- 2.1.5 Automatic Stop/Renewal Orders

All automatic stop and renewal orders will be governed by the current pharmacy and/or Hospital policy.

Unless otherwise ordered medications have a one (1) year expiration date.

When there is a change in the level of care (e.g. transfer from intensive care to medicine floor or from surgery to a medical/surgical unit), all medication orders are reviewed and renewed by the Physician.

Hospital pharmacists approved to provide select medications management services may do so at the order of the attending Physician or subsequent to Pharmacy &

Therapeutics Committee approved medication management protocol and shall be subject to Physician direction.

2.2 Continuous Care

2.2.1 Hand-Off

It is the Attending Medical Staff Member's responsibility to communicate to the accepting Medical Staff Member during patient hand-off regarding the patient's current condition, treatment, any recent or anticipated changes.

2.2.2 Absence of Attending Physician

All members of the Medical Staff are required to provide for continuous care for all patients in the hospital and daily patient visits with progress notes written daily. Each Medical Staff member will name and notify a qualified Member of the Medical Staff who is to be called to admit and/or attend the Medical Staff member's patients (medical, dental or Emergency Department) when the Medical Staff Member cannot be reached. If they are not immediately available, they must designate a physician to provide care for patients on a daily basis, and are required to have an appointed member of the Medical Staff who will be immediately available in case of emergency to admit and/or attend.

- A. If neither the Attending Medical Staff Member nor his designated associate can be reached and if the Chair of the appropriate department cannot be reached, the Chief of Staff or his designee shall have the authority to call any Member of the Medical Staff to provide interim treatment, should this be considered necessary.
- B. If any Medical Staff member is found to be negligent in naming and notifying another Medical Staff member to care for hospitalized patients during an absence, the Medical Staff member may be subject to corrective action as set forth in the Bylaws.

2.2.3 Daily Visits

It is the expectation that patients will be seen daily by a physician, not necessarily the attending, and documentation to that effect will be made in the medical record.

2.2.4 Proximity to Hospital

Practitioners shall maintain a professional office or personal residence in reasonable proximity to the Hospital as necessary for the Practitioner's clinical duties unless such is not required on the Practitioner's applicable privilege form. It is expected that Members of the Medical Staff required to have reasonable

proximity to the Hospital shall be able to travel to the Hospital in thirty (30) minutes or less during normal driving conditions.

Rules established by the State of Texas for trauma designation may require shorter response times for specific specialties. Refer to the State's guidelines for more information.

2.3 Emergency Services

2.3.1 Definition of Call

All Members of the Active Medical Staff as determined by the Department and approved by the MEC, are required to provide emergency coverage to the Hospital, unless granted an exemption as provided herein. Medical Staff members may be exempted from unreferred ER call at the age of sixty (60). Members who request an exemption must request the exemption in writing to the applicable Department Chair no less than thirty (30) days in advance of the requested effective date. Each request will be considered on a case by case basis and must be approved by the MEC.

2.3.2 Schedule of Call

- A. Specialties required to take unreferred ER call, as outlined in the On-Call Campus Coverage Policy, are responsible for providing an accurate schedule of their specialty's call schedule posted for the Hospital's Emergency Department. Once an on-call schedule is published for the month, it is the responsibility of the individual physicians listed on the on-call schedule to promptly communicate any concerns or changes to the relevant specialty's schedule owner. The published on-call schedule can only be changed at the direction of the relevant specialty's schedule owner or the MEC, which may periodically review the on-call schedule of each specialty and subspecialty and make recommendations for revision, when necessary, because of legal and/or operational issues.
- B. Changes of staff status, including the voluntary resignation of Medical Staff membership, and changes of clinical privileges by Medical Staff Members must be made in accordance with Article 4 of the Medical Staff Credentials & Procedures Policy. Changes of staff status, including the voluntary resignation of Medical Staff membership, and changes of clinical privileges by Medical Staff Members that affect a specialty's unreferred call schedule, as determined by the MEC in consultation with the Hospital, for the provision of emergency services will not be implemented for at least a minimum of thirty (30) days from the receipt of the written request to the Medical Staff Services Department.

- C. In accordance with Section 2.3.3 below, all specialties will be responsible for maintaining coverage for emergency services in each of the specialties and subspecialties represented.
- D. The MEC, at its discretion, may make periodic adjustments to call schedules and requirements. The MEC shall have the discretion to require a Member to take call on consecutive days.

2.3.3 Specialties Required to Take Unreferred ER Call

- A. The specialties that are required to maintain on call coverage to the Emergency Departments, including those specialties that must maintain call schedules for continuous coverage are outlined in the On-Call Campus Coverage Policy.
- C. The following rules apply to the specialties and subspecialties listed in paragraph (2) of the On-Call Campus Coverage Policy (i.e., those that are not required to provide on-call coverage on a continuous bases):
 - 1. ONE PHYSICIAN IN THE SPECIALTY:

If there is only one (1) Active Staff physician under age sixty (60) in a specialty, then this one (1) physician will take unreferred ER call a minimum of seven (7) days per month. One (1) Saturday and one (1) Sunday per month must be included as two (2) of the seven (7) days of required call. Day is defined as a twenty-four (24) hour period.

Nothing would preclude the one (1) physician from taking more than one (1) week of call per month.

- 2. TWO PHYSICIANS IN THE SPECIALTY:

If there are two (2) Active Staff physicians under age sixty (60) in a specialty, then each physician will take unreferred ER call a minimum of seven (7) days per month. For each physician, one (1) Saturday and one (1) Sunday per month must be included as two (2) of the seven (7) days of required call. Day is defined as a twenty-four (24) hour period.

For both physicians combined, a minimum of fourteen (14) days per month of unreferred call will be worked in schedules that do not overlap. Four (4) of these fourteen (14) days must include two (2) Saturdays and two (2) Sundays.

Nothing would preclude the two (2) physicians from taking more than one (1) week of call per physician per month. By mutual agreement of the two (2) physicians, as long as fourteen (14) days of coverage is provided for the specialty each month, it would not matter how many days each physician covered.

3. THREE PHYSICIANS IN THE SPECIALTY:

If there are three (3) Active Staff physicians under age sixty (60) in a specialty, then each physician will take unreferral ER call a minimum of seven (7) days per month. For each physician, one (1) Saturday and one (1) Sunday per month must be included as two (2) of the seven (7) days of required call. Day is defined as a twenty-four (24) hour period.

For all three (3) physicians combined, a minimum of twenty-one (21) days per month of unreferral ER call will be worked in schedules that do not overlap. Six (6) of the twenty-one (21) days must include three (3) Saturdays and three (3) Sundays.

Nothing would preclude the three (3) physicians from taking more than one (1) week of call per physician per month. By mutual agreement of the three (3) physicians, as long as twenty-one (21) days of coverage are provided for the specialty each month, it would not matter how many days each physician covered.

4. FOUR OR MORE PHYSICIANS IN THE SPECIALTY:

If there are four (4) or more Active Staff physicians under age sixty (60) in a specialty, then 24/7 unreferral E.R. call will be provided 365 days per year. The amount of unreferral E.R. call taken by each physician will be determined by the physicians in the specialty with the understanding that the specialty is responsible for continuous coverage for emergency services.

D. Primary call responsibilities:

All active medical staff members, as determined by the Department and approved by MEC, have an obligation to serve on the unreferral call schedule. In recognition of the needs of each campus and our community, the Hospital, in collaboration with the MEC and with final approval from the Board of Trustees, will determine the location of primary call responsibilities for all active medical staff members to optimize patient care.

2.4 Screening and Examination

Emergency Medicine physicians and on-call Medical Staff members will comply with Texas and Federal law and Board of Trustees' policy relating to emergency medical treatment and medically appropriate transfers of individuals between hospitals.

2.4.1 Emergency Department Responsibilities when Medical Care is requested:

- A. Any individual who requests medical care in the Emergency Department or has a request made on his or her behalf, for an examination or treatment of a medical condition, or presents in another area of the Hospital's main campus other than the dedicated Emergency Department and requests, or has a request made on his or her behalf, for an emergency medical condition shall receive an appropriate medical screening examination as prescribed by applicable law.
- B. A medical screening examination may be performed by a Physician or by a Qualified Medical Person defined as:
 - 1. A licensed Physician with clinical privileges granted by the Board; or
 - 2. A post graduate training Physician as defined by the Accreditation Council for Graduate Medical Education or additional accrediting body supervised by a licensed Physician with clinical privileges granted by the Board; or
 - 3. A licensed nurse practitioner, nurse-midwife, clinical nurse specialist or physician assistant with appropriate advanced training, certification and clinical privileges granted by the Board; or
 - 4. Registered nurse who has completed appropriate education, training, and competency assessment through Hospital and emergency room and/or labor and delivery unit specific orientation.
- C. Emergency Medicine physicians are obligated to make appropriate referrals for definitive care based upon the clinical information available after appropriate work-up and to clearly communicate to the on-call Medical Staff member whether:
 - 1. Referral is being made for on-site consultation;
 - 2. Referral is being made for consideration of admission; or
 - 3. Referral is being made for verbal consultation with the Emergency Medicine physician.

2.4.2 On-Call Medical Staff Members' Responsibilities when Medical Care is Requested

- A. On-call Medical Staff members shall respond to referrals from Emergency Medicine physicians within thirty (30) minutes for STAT cases and within one (1) hour for routine medical conditions unless otherwise indicated by an accreditation or designation. In the event an on-call Medical Staff member is unable to respond to call due to circumstances beyond his/her control, the Medical Staff member will discuss with the Emergency Medicine physician who will determine whether transfer of the patient is indicated.
- B. The Medical Staff member on call at the time a notification is made that a patient needs to be seen is the Medical Staff member responsible for that patient regardless of the time the patient arrived or the time the on-call Medical Staff member is reached.
- C. Members of the Medical Staff have an obligation, but not a right, to share on-call duties. Medical Staff members who are relieved of on-call responsibilities for any reason may be assigned other duties so that all members share as equitably as possible in Medical Staff responsibilities. Removing a member from the on-call schedule, for any reason, does ***not*** trigger the hearing and appeals procedures in the Medical Staff Credentials & Procedures Policy.

2.4.3 Conflict between Emergency Medicine Physicians and Medical Staff Members On Call

- A. The Emergency Medicine physician, in consultation with the on-call Medical Staff member, should determine whether the patient's condition requires the Medical Staff member on call to appear in person to see the patient. The Emergency Medicine physician will be the final decision-maker in this regard and is authorized to direct the Medical Staff member on call to appear in the Emergency Department in person, when required.
- B. In the event of conflict regarding a patient's care arises between the Emergency Medicine physician and the on-call Medical Staff Member, the practitioners will contact the Chief of Staff or Chief Medical Officer (CMO) to resolve the conflict. If neither of these individuals are available, the Vice Chief of Staff or designee will be contacted.

2.5 On-Call Physician Coverage (Not Unreferred ER Coverage)

Medical Staff Members on-call for their patients or covering another physician's patients shall be accessible at all times and shall be able to respond to hospital requests via standard accepted means of communication within thirty (30) minutes in the case of emergency situations concerning the care of those patients.

It is the responsibility of the Medical Staff Member to find a suitable replacement if he/she cannot be available for his/her own patients or when covering for another physician. The Medical Staff Member shall take his/her assigned call if a replacement Medical Staff Member cannot be found.

2.6 Inpatient Consultations

Once the consulting physician is involved in the care of the patient, the attending physician and consulting physician are expected to have joint responsibility for the patient until such time as (1) the consultant has signed off on the case, (2) the consultant is signed off by the attending physician or (3) the patient is discharged.

2.7 Calling of Time Outs

2.6.1 It is the Medical Staff Member's responsibility to participate in time outs.

A time out must be conducted in the location where the procedure will be performed and just before the starting of the procedure. This includes any procedures done at the bedside. Time outs must be documented in the patient's medical record. See hospital policy regarding those items to be accomplished during such time outs.

2.7 Pathology

2.7.1

All tissues or specimens removed at the operation shall be sent to Pathology for examination. Tissues and specimens may not otherwise be removed from the operating room by a Medical Staff Member unless permission has been granted by the CMO or designee. A report on the examination shall be made a part of the medical record. The Pathologist shall make such examination, as he may consider necessary in order to arrive at a diagnosis, if possible, and prepare his report. The following items are exempt from the requirements as long as the Medical Staff Member verifies that the quality of care has not been compromised by the exception, when another suitable means of verification of the removal has been routinely used and when there is an operative report or other medical record that documents the removal. The Medical Staff Member may also request a gross description, but it is the Pathologist's final decision as to whether a microscopic exam is required on these items. The following items are subject to exemption if the surgeon determines that examination is unnecessary:

A. Exceptions:

1. Teeth, provided the anatomic name or anatomic number of each tooth or fragment of each tooth are recorded in the medical record;
2. Toenails;

3. Foreign bodies or specimens that by their nature or condition do not permit productive examination such as cataracts, stones, portions of rib removed to enhance operative exposure, pieces of glass;
 4. Foreign bodies such as bullets that for legal reasons are given directly in the chain of evidence to law enforcement representatives;
 5. Orthopedic hardware such as metal fragments, nails, screws;
 6. Pacemakers;
 7. Therapeutic radioactive sources, the removal of which is guided by radiation safety monitoring requirements;
 8. Select bone fragments (bunionectomy, trauma, nasal septal reconstruction and laminectomy);
 9. Routine disc material;
 10. Tissues adherent to foreign materials (wooden splinter with attached fat);
 11. Traumatically injured members that have been amputated and for which examination for either medical or legal reasons is not deemed necessary;
 12. Semilunar cartilage removed on account of laceration;
 13. Foreskins from the circumcision of a newborn infant;
 14. Placentae that are grossly normal and have been removed in the course of clinically uncomplicated deliveries.
 14. Tissue and implants removed for cosmetic or bariatric indications.
 15. Medical devices removed because they are no longer functioning or no longer medically necessary.
- B. All of the above specimens or material may be sent to Pathology at the discretion of the surgeon.
- C. Tonsils and adenoids of patients thirteen (13) years of age or older will be sent to Pathology for microscopic examination.
- D. Routine osteoarthritis specimens removed during total hip procedures are to be sent to Pathology for gross examination.

2.7.2

Medical Staff members are urged to send specimens for gross examination. The surgeon will be medically and legally responsible for any specimens not submitted for pathologic examination. Any specimen sent to Pathology will be the responsibility of that department and a report will be generated. Should there be any uncertainty about documentation of removal of a specimen or if there are any unusual circumstances that would warrant extra care with additional documentation, the specimen should be sent to Pathology for examination.

All other specimens (i.e., specimens not specifically listed above) will have gross and microscopic examination. Any specimen that is grossly examined by the Pathologist is subject to microscopic examination if the Pathologist deems it necessary.

2.8 Anesthesia

2.8.1

Anesthesia Coverage will be provided by Anesthesiologists and Certified Registered Nurse Anesthetists (CRNAs).

- A. The type of anesthesia will be determined by the Anesthesia Provider (AP). CRNAs must be supervised by an Anesthesiologist.
- B. The AP shall remain with any patient who has received an anesthetic until the patient has emerged to an appropriate level of awareness and care has been transferred to a circulating, recovery room or ICU nurse. The AP shall remain with the patient until he/she has determined the patient is stable enough to complete the transfer. Contact numbers for APs shall be maintained in PACU and ICU.
- C. Discharge of PACU patients must be authorized by a Medical Staff Member. If the Medical Staff Member is not physically present, discharge shall be based upon criteria included in the PACU policies.

2.9 Placement of Central Lines, Arterial Lines, and Hemodialysis Catheters

2.9.1 Coordination of the placement of central lines, arterial lines, and hemodialysis catheters is the responsibility of the ordering Medical Staff Member.

- A. Medical Staff Members are required to make arrangements for placement of central lines, arterial lines, and hemodialysis catheters. Nursing personnel do not make arrangements for such placements.
- B. The exceptions are if the placement is being performed in the Radiology Department by a Radiologist or by the Peripherally Inserted Central Catheter (PICC) service. In either of these cases, the ordering Medical Staff Member must write an order for the insertion to be performed.

2.10 Highly Contagious Infectious Diseases

2.10.1 Notice

All Credentialed Providers are expected to adhere to the Hospital's policy on exposure to communicable diseases and to promptly notify the MEC through the Medical Staff Services department of exposure to or contraction of a communicable disease.

2.10.2 Assessment

Upon so notifying the MEC and Medical Staff Services department, the Credentialed Provider shall make himself/herself readily available, if deemed necessary by the MEC, for an immediate assessment by a physician(s) and shall cooperate fully with such assessment. The cost of the assessment shall be borne by the Credentialed Provider. The Credentialed Provider shall execute all consents necessary to allow the MEC and Medical Staff Services department to access the results of such assessment. Based on the exposure, the Credentialed Provider may be restricted from coming onto the grounds of Hendrick Medical Center or any affiliates of Hendrick Medical Center.

2.10.3 Post Assessment Activities

- A. The Credentialed Provider shall abide by all instructions/recommendations/restrictions of the assessing physician(s) and/or MEC, which may include but are not limited to one or more of the following:
 - 1. Refrain from all patient care activities for a period of time established in guidance from the Centers for Disease Control and Prevention (CDC) for the specific disease of exposure;
 - 2. Refrain from coming onto the grounds of Hendrick Medical Center or any affiliates of Hendrick Medical Center for the specified period as determined above;
 - 3. Comply with all monitoring/observation protocols imposed by the assessing physician(s) or the MEC;
 - 4. If it is determined that the Credentialed Member has been infected by a highly contagious infectious disease, such Credentialed Member shall comply with all guidelines as promulgated by the CDC with regard to the specific disease and exposure by healthcare workers; and
 - 5. Comply with all other applicable infectious disease guidelines, local, state or national.

- B. Any restrictions on clinical practice imposed pursuant to this section shall be considered non-adverse corrective action under the Medical Staff Bylaws and shall not entitle the Credentialed Provider to a hearing.

2.10.4 Failure to abide with this section or any instructions, recommendations and/or restrictions imposed under this section may subject the Credentialed Provider to

disciplinary action under the Medical Staff Bylaws including a permanent loss of membership and privileges.

2.11 Management of Interpersonal Conflict (Conflict Resolution)

2.11.1 Should questions arise or there is reason to doubt the safety, quality, or timeliness of medical care, or a difference of opinion exists either from a nurse or other Hospital employee, or from a Practitioner regarding care rendered or omitted, the following steps may be taken toward resolution:

- A. A civil person to person discussion of the issue in question;
- B. Further resolution may be sought from the supervisor/director of the respective department of the Hospital, the Department Chair of the Medical Staff department, or the Medical Director;
- C. When indicated the unresolved concern may be raised with the Chief of Staff, the Chief Nursing Officer, Chief Medical Officer or the CEO;
- D. Final resolution shall be the responsibility of the Board of Trustees after recommendation by the MEC.

SECTION III – DEPARTMENTS AND MEDICAL STAFF SECTION COMMITTEES

3.1 Departments

3.1.1 Department Chairs

- A. In addition to those responsibilities outlined in the Medical Staff Bylaws documents, the Department Chairs will work in collaboration with Medical Staff Leaders and other Hospital personnel to collectively be responsible for the following:
1. Serve as a member of the Performance Improvement (PI) Committee and assure that the quality and appropriateness of patient care provided in the Department is monitored and evaluated. Be responsible for implementing action following review and recommendations by the PI Committee;
 2. Enforce the Hospital bylaws, the Medical Staff bylaws, Rules and Regulations, Policies and Procedures;
 3. Implement within the Department actions taken by the MEC or the Medical Staff;
 4. Implement the teaching and education for the Department;
 5. Assist in the preparation of the capital budget for the Department; and
 6. Promote effective physician/Hospital relationships.
- B. Additional duties of the Department of Surgery Chair include serving as the Chair of the Operating Room (OR) Committee if the Surgery Chair is an anesthesiologist or surgical specialist. Otherwise, another member of the Department of Surgery may be appointed to serve as the Chair of the OR Committee.

3.1.2 Responsibilities of Department Vice Chairs

The responsibilities of the Department Vice Chairs are outlined in Section 4.H of the Medical Staff Bylaws.

3.1.3 Responsibilities of Department Members At-Large

- A. The responsibilities of the Department Members At-Large shall be as follows:

1. Assist the Department Chair in all activities of the Department, as assigned;
2. Become a member of the MEC, to include delegated functions; and
3. Act as a resource to the Department Chair in matters of conflict resolution and patient care within the Department.

3.2 Medical Staff Section Committees

3.2.1 Any group of Medical Staff members may organize themselves into a Medical Staff Section Committee, upon the approval of the MEC. Except as may be required by the MEC, a Medical Staff Section Committee, if organized, shall not be required by these Rules and Regulations, to hold any number of regularly scheduled meetings, nor shall attendance be required. Except as may be required by the MEC or in extraordinary circumstances, no minutes or reports shall be required reflecting the activities of Medical Staff Section Committees. Only when Medical Staff Section Committees are making formal recommendations to a Department, another Medical Staff Section Committee or Medical Staff Committee, will a report be required documenting the Medical Staff Section Committee-specific position.

3.2.2 Each Medical Staff Section Committee shall elect a Chair and other Medical Staff Section Committee representatives as are necessary for the effective working of the Medical Staff Section Committee. Removal of any elected representative of the Medical Staff Section Committee during a term of office may be initiated by two thirds majority vote of all Active Staff Members of the Medical Staff Section Committee, but no such removal shall be effective unless and until it has been ratified by the appropriate Department and by the MEC. The MEC shall have the right to remove Medical Staff Section Committee Chairs and representatives in its sole discretion.

3.2.3 Responsibilities of Medical Staff Section Committee Chairs

A. Medical Staff Section Committee Chairs shall act as a resource to Department Chairs in matters of:

1. Credentialing within the specialty and subspecialties of their Medical Staff Section Committees;
2. Conflict resolution;
3. Patient care within the Medical Staff Section Committee;
4. Adherence of the Medical Staff Section Committee's members to the Medical Staff Bylaws, Rules and Regulations, and Policies; and

5. Assistance with arrangements for alternate coverage for Medical Staff Section Committee members unable to provide patient care.

SECTION IV – CHAIN OF COMMAND

4.1 Chain of Command - Patient Care Issues

- 4.1.1 The authority for direction to provide interim treatment if necessary belongs with the present attending Medical Staff Member.
- 4.1.2 In the event the attending Medical Staff Member cannot be reached, the following mechanism will be implemented to procure immediate patient care in the event of Medical Staff Member unavailability:
 - A. Medical Staff Section Committee Chair;
 - B. CMO/ACMO;
 - C. Chief or Vice Chief of the Medical Staff;
 - D. Hospital Administrative Representative on call.

4.2 Chain of Command – Emergency Department

- A. Patient's Physician or Medical Staff Member on call;
- B. Emergency Department's Medical Director;
- C. CMO/ACMO;
- D. Chief or Vice Chief of the Medical Staff;
- E. Hospital Administrative Representative on call.

4.3 Chain of Command – Intensive Care Unit

- A. Patient's Physician or appropriate consultant;
- B. Medical Director of ICU;
- C. CMO/ACMO;
- D. Chief or Vice Chief of the Medical Staff;
- E. Hospital Administrative Representative on call.

4.4 Chain of Command – Physician Leader Availability

- 4.4.1 A member of the MEC shall be available at all times through the hierarchy of the Medical Staff.
 - A. Chief of Staff;
 - B. Vice Chief of Staff;
 - C. Department Chair who is available (start with Medicine in even-numbered years, Surgery in odd-numbered years);
 - D. Department Vice Chair who is available in the absence of both Department Chairs;
 - E. Member at Large who is available in the absence of both Department Chairs and both Department Vice Chairs;

- F. Credentials Committee Chair;
- G. CMO/ACMO; or
- H. Designee appointed by the Chief of Staff.

- 4.4.2 The MEC member shall act as a liaison only to facilitate communication between the Medical Staff and nursing or other hospital personnel.
- 4.4.3 The responsibility for contacting an MEC member shall reside with the Nurse Manager during the day, the house nursing supervisor after hours, and shall only be utilized by nursing personnel when working through the nursing chain of command.

SECTION V – PRACTITIONERS PROVIDING CONTRACTUAL SERVICES

Whenever hospital policy specifies that certain hospital facilities or services may be used on the exclusive basis in accordance with the contracts or letters of agreement between Hospital and qualified Practitioners, then the provisions outlined in Section 4.E and elsewhere in the Medical Staff Credentials & Procedures Policy shall apply.

SECTION VI – AMENDMENT AND REVISIONS PROCESS

The Rules and Regulations shall be amended as specified in the Bylaws.

New or revised Rules and Regulations shall be published for Active Staff Members of the Medical Staff and shall be compiled and maintained in a convenient form readily available for reference in the Medical Staff Services department.