



HEALTH CENTRAL MEDICAL STAFF BYLAWS

RULES AND REGULATIONS

December 13, 2016



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HEALTH CENTRAL MEDICAL STAFF BYLAWS

ARTICLE X RULES AND REGULATIONS

SECTION I - ADMISSIONS:

Subsection 1. The physician shall state a provisional diagnosis at the time of admission.

Subsection 2. Management of a patient's general medical condition is the responsibility of a qualified physician member of the medical staff.

Subsection 3. All patients with serious medical conditions admitted to the Critical Care units will be assigned an Intensivist, in accordance with the medical staff Intensivist policy.

Subsection 4. Only M.D.s and D.O.s may admit inpatients. The admitting physician is responsible for performing and recording the history and physical examination. **(Amended by Medical Staff 06/27/2011, Board 06/28/2011)**

SECTION II - ANESTHESIOLOGY: **(Amended by Medical Staff 03/26/2012; Board 03/27/2012)**

Subsection 1. The operating surgeon shall have the right to request whether the patient will be given anesthesia by a nurse anesthetist or anesthesiologist. The final decision shall rest with the Medical Director of Anesthesia Services, who will assure that anesthesia services are consistent with the patient's needs and with current anesthetic practices.

Subsection 2. Prior to beginning surgery, the medical record shall contain a pre-anesthesia assessment that specifically includes information relative to the anesthesia for the procedure anticipated, and documentation that this has been discussed with the patient. An anesthesiologist or a nurse anesthetist may perform the pre-anesthesia assessment and obtain the informed consent for anesthesia.

Subsection 3. An anesthesiologist must co-sign a pre-anesthesia assessment form completed by a nurse anesthetist.

Subsection 4. The anesthesiologist or nurse anesthetist is responsible for discharging the patient from the recovery area after completing and documenting the post-anesthesia evaluation.

SECTION III - CONSENTS:

Subsection 1. A general consent form must be signed by or on behalf of every patient at the time of admission to the hospital. The medical record shall contain evidence of informed consent for all invasive and surgical procedures, blood transfusions and any additional procedure as deemed appropriate.

Subsection 2. When a consent cannot be obtained from the patient, nearest relative or guardian, the attending physician may waive the consent if withholding treatment could lead to death, disability, serious impairment of health or substantial pain.

Subsection 3. All autopsies shall be performed by a pathologist or medical examiner, with written consent of the legally responsible person.

SECTION IV - CONSULTATIONS: (amended by MEC 04/26/2010; Board 04/27/2010)

Subsection 1. When a patient is referred to a consultant, the referring physician should provide a history of the case and other such information that the consultant may need, calling to the attention of the consultant the specific issues/questions about which guidance is sought. Routine consults are expected to be responded to within 24 hours.

Subsection 2. Physicians must speak directly with consultants when requesting consultations that are not routine and response time shall be agreed upon between the attending physician and the consultant, based on the patient's clinical status.

Subsection 3. The attending physician is the only physician who should request consultations, except in emergency situations. Excepting emergencies, consultants who believe there is need for other consultants should communicate this to the attending physician.

Subsection 4. All consultations shall contain a written opinion by the consultant that reflects an actual examination of the patient and the patient's medical record. If an office visit or prior consultation examination has been performed within 30 days before admission, a durable, legible copy of this report may be used in the patient's medical record, provided any changes that may have occurred are recorded in the medical record along with the consultant's opinion and treatment plan.

Subsection 5. It may be appropriate when a consultant becomes the major care manager, for the consultant to take over the day-to-day care of a patient. In these cases the attending physician may transfer the care to the consultant, with his/her approval. If this occurs, the physicians involved shall clearly indicate in the orders as well, that the transfer has occurred, after which the consultant will be designated as the attending physician.

Subsection 6. Consultation to a specific physician or physician group shall be answered by a physician from that group. In the event the physician is not available/not "on call", the consult shall be given to the physician covering or "on call".

SECTION V - DISCHARGES:

Subsection 1. Patients shall be discharged on order of the attending physician, who is also responsible for the discharge summary. (Amended by Medical Staff 06/27/2011; Board 06/28/2011)

Subsection 2. It is the responsibility of the attending physician to determine when discharge

is appropriate. The attending physician will review the medical record for the opinions of any consultants and/or communicate with them about patient care issues. "Discharge if OK with consultants" is not an acceptable discharge order. A physician may predicate discharge upon the results of one diagnostic test if specific parameters are established in writing, such as "Discharge if Cardiac Stress Test is negative per Cardiologist".

SECTION VI - EMERGENCY ROOM:

Subsection 1. The Sections are responsible for establishing a call schedule for such specialties as determined by the Medical Executive Committee. Medical Staff Services will serve as the designee for the Section Chief and prepare schedules for those specialties who do not establish their own. The on call physician is expected to respond to calls from the Emergency Room within thirty (30) minutes.

Subsection 2. Active and Provisional staff categories are required to take emergency room call. Courtesy staff members shall be required to take call if there is inadequate coverage by active and provisional staff physicians within a specialty.

Subsection 3. The Sections shall have the authority to determine those specialties requiring coverage by courtesy staff members.

Subsection 4. The Medical Executive Committee shall determine which specialties shall form a call schedule after considering the hospital's needs and whether the volume of physicians in a particular specialty is sufficient to support a call schedule. This list shall be reviewed and amended by the Medical Executive Committee on an annual basis or more frequently if deemed necessary.

Subsection 5. Emergency Department call coverage duties come with the privilege of practicing in the hospital. Members of the medical staff shall not be permitted to relinquish specific clinical privileges or request a change in medical staff category for the express purpose of emergency on-call duties.

Subsection 6. The Executive Committee will work in conjunction with Administration to select the Medical Director of the Emergency Department.

Subsection 7. Drug overdoses, suicide attempts and the emotionally ill shall be offered psychiatric referral or consultation.

Subsection 8. In accordance with Florida Access to Care regulations, a medical screening exam is provided to all patients by a physician or physician designee.

Subsection 9. Persons eligible to perform evaluations to determine if a patient meets or does not meet involuntary placement, (Baker Act), per Florida Statutes 394.455 are clinical psychologists and physicians experienced in the diagnosis and treatment of mental disorders.

SECTION VII - LABORATORY AND PATHOLOGY:

Subsection 1. Laboratory examinations which cannot be performed in the hospital may be referred to an outside laboratory recommended by the pathologist and approved by the Medical Staff.

Subsection 2. Most tissue specimens collected during surgical procedures, with a few exceptions, shall be sent for examination by a Pathologist. Tissues which are exempt from examination by the pathologist are: (1) teeth, provided the number, including fragments, is recorded in the medical record, (2) fingernails and toenails, (3) foreign bodies (4) tissue removed for reconstructive or cosmetic purposes only, (5) tonsils from patients less than 18 year old, (6) certain orthopedic appliances, (7) grossly normal placentas, (8) lens nuclei, and (9) foreskin from the circumcision of a newborn.

Subsection 3. All autopsies shall be performed by a pathologist or medical examiner.

Subsection 4. Laboratory results on tests of patients for admission that are done outside the hospital will be accepted only from a laboratory licensed by the State of Florida.

Subsection 5. All patients undergoing surgery will have pre-operative testing, per hospital policy, within seven days prior to surgery.

SECTION VIII - MEDICAL RECORDS: (Amended MEC 11/20/2008; Board 11/25/2008)

Subsection 1. A patient admitted for inpatient care or ambulatory surgery will have a medical history taken and an appropriate physical examination performed by a qualified physician.

Subsection 2. A history and physical examination is documented in the patient's medical record within 24 hours of admission. If a history and physical examination have been performed within 30 days before admission, a durable, legible copy of this report may be used in the patient's medical record, provided any changes that may have occurred are recorded in the medical record at the time of admission.

Subsection 3. A history and physical examination shall contain a chief complaint, details of present illness, past medical history, past surgical history, current medications, relevant social and family history, allergies, inventory of body systems, comprehensive and current physical assessment as well as pertinent normal and abnormal findings, provisional diagnosis and plan of care. For outpatient procedures only the Short Form History & Physical may be completed but must contain a minimum of heart and lungs and anything pertinent to the procedure.
(Amended MEC 11/14/2013; Board 11/21/2013)

Subsection 4. Qualified oral and maxillofacial surgeons may perform the medical history and physical examination, if they have such privileges, in order to assess the medical, surgical and anesthetic risks of the proposed operative and other procedures.

Subsection 5. Dentists are responsible for the part of their patient's history and physical

examination that relates to dentistry.

Subsection 6. Podiatrists are responsible for the part of their patient's history and physical examination that relates to podiatry.

Subsection 7. Routine delivery records may include a prenatal record in lieu of a history and physical examination provided the most recent office visit was within 30 days of admission, the prenatal record includes all required elements of a history and physical examination and provided that any changes are recorded in the medical record at the time of admission. (Amended MEC 05/08/2014, Board 5/13/2014)

Subsection 8. Surgical patients shall have a history and physical, preoperative diagnosis and laboratory reports recorded prior to operation or the procedure will be canceled unless the surgeon states in writing such a delay would be detrimental to the patient. A note that these have been done and summary comments regarding the patient's history, physical condition and medical clearance for surgery is acceptable.

Subsection 9. The attending physician is responsible for a complete and legible medical record for each patient. The record shall include identification data, name of any legally authorized representative, emergency care, if provided, patient assessments, medical history and physical examination, diagnosis and reasons for admission, goals of treatment, evidence of known advance directives, informed consent, diagnostic and therapeutic orders and test results, operative and other invasive procedures performed, progress notes, reassessments and revisions to treatment plans, clinical observations, the patient's response to care, consultation reports, medications ordered for inpatients, medication dispensed to any patient on discharge, every medication administered and any adverse drug reaction, all relevant diagnoses established during the course of care, referrals and communications made to external or internal care providers and to community agencies, conclusions at termination of hospitalization, discharge instructions and discharge summary or final progress note.

Subsection 10. No medical record shall be filed until complete, or certified final although incomplete, by the Medical Records Advisor.

Subsection 11. All medical records shall be completed within 30 days from the date of the patient's discharge. The physician not completing the records within the 30 days will have **monetary** fines imposed per the Medical Records Delinquency Policy until the records are complete. (Amended by Medical Staff 06/27/2011, Board 06/28/2011)

Subsection 12. A medical record will be considered delinquent if the verbal orders, discharge summary, operative report, history and physical and or consultation reports are not completed and authenticated within 30 days of discharge.

Subsection 13. All records are the property of the hospital and may not be removed from the

hospital except by court order, subpoena or state statute.

Subsection 14. All operations and procedures must have a hand written Immediate Post-Op Note and shall contain a pre-operative diagnosis, anesthesia, the name and description of the procedure, findings, estimated blood loss, the names of the surgeon and any assistants, specimens or biopsies removed and a post-operative diagnosis. The Immediate Post-Op Note is sufficient for simple procedures if documented immediately upon completing the procedure without interruption. A copy of all intra-operative photos shall become a permanent part of the medical record. In addition, operations require all of the above plus a detailed procedure description dictated the day of surgery. (Amended by Medical Staff 01/30/2012, Board 01/31/2012)

Subsection 15. A list of acceptable abbreviations can be found at www.medilexicon.com. Abbreviations may not be used for final diagnosis or for consents. (Amended by Medical Staff 5/9/13; Board 5/16/13)

Subsection 16. The attending physician shall be responsible for the discharge summary. A dictated summary shall include the reason for hospitalization, the significant findings, the procedures performed and treatment rendered, the condition of the patient on discharge, and discharge instructions to the patient and/or family. A written progress note may be substituted in minor cases of less than 48 hour stay with the exception of cases with complications or unacceptable outcomes. (Amended by Medical Staff 02/18/2013, Board 02/21/2013)

Subsection 17. A history and physical examination must be recorded for residents at Health Central Park within five days prior to admission or 72 hours after admission to Health Central Park.

Subsection 18. Stamped signatures as the sole form of a physician signature are not acceptable on any medical record. Acceptable signatures shall be hand written, electronic signatures or facsimiles of original written or electronic signature only. Stamped signatures may only be used to clarify a hand written signature. (Amended MEC 11/20/2008; Board 11/25/2008)

SECTION IX - OBSTETRICS:

Subsection 1. Any visitor witnessing a delivery must have the permission of the obstetrician and patient.

Subsection 2. Oxytocic drugs shall be administered to undelivered patients only under a physician's order and supervision according to nursing procedures on the floor. The physician must be in the hospital when the initial dose of any oxytocic drug is administered.

Subsection 3. Non infected gynecological or obstetrical cases may be admitted to the obstetrical area.

Subsection 4. The attending obstetrician will evaluate and record the Apgar Score on his patient's deliveries.

Subsection 5. When a vaginal birth after cesarean section is attempted, the physician must be immediately available during the active phase of labor.

SECTION X - PHARMACY:

Subsection 1. As far as possible, only drugs in the Hospital Formulary shall be prescribed.

Subsection 2. The hospital will maintain a Formulary with medications to be added to or removed by a vote of the Medical Staff.

Subsection 3. Patients will receive only hospital provided medication unless the physician specifically requests that patients be allowed to use their own medications.

SECTION XI - PHYSICIAN'S ORDERS:

Subsection 1. Medications and therapeutic procedures as approved by the Medical Staff may be given by a physician, registered nurse, licensed practical nurse, or appropriately licensed personnel on a physician's order. Intravenous fluids may be given by a physician, registered nurse or IV certified licensed practical nurse when ordered by the attending physician. Blood products may be given by a physician or registered nurse when ordered by the attending physician.

Subsection 2. All orders for respiratory therapy shall specify the duration of treatment.

Subsection 3. All orders for treatment shall be given by the attending physician and shall be in writing. Pharmacists, RN's and PA's may accept verbal medication orders from physicians to clarify, change or initiate drug therapy. Radiological Technicians, Respiratory Therapists, Physical Therapists, Nurse Anesthetists, and Cardiopulmonary Technicians may receive drug orders pertaining to their areas of specialty.

Although the occasion may arise where it is necessary to utilize verbal orders, physicians are encouraged to write their own orders for medication and treatment that pose potential hazards. Because of the potential hazards and risks associated with the following categories of verbal orders, restraint orders must be authenticated (date, time and signature with physician number) by the physician within 24 hours and all other verbal/telephone orders must be authenticated (date, time and signature with physician number) by the physician within 48 hours of receipt.

(Amended by MEC 12/17/2007, Board 12/18/2007)

Subsection 4. All policies and procedures of clinical departments shall be approved by the Medical Advisor and reviewed at least every three years.

Subsection 5. Medical Staff members will adhere to the hospital policy regarding the use of restraints.

SECTION XII - PHYSICIANS PERFORMANCE:

Subsection 1. The attending physician shall be required to make rounds on his patients on a daily basis, excluding the day of discharge. Routine rounds shall be made during reasonable hours as determined by the Medical Executive Committee. (Amended by Medical Staff 02/18/2013, Board 02/21/2013)

Subsection 2. Allied Health Practitioner's visits may not be substituted for physician visit requirements.

Subsection 3. Each physician shall provide to the Medical Staff Office documented arrangements with a Health Central Medical Staff member, who must hold one of the following Staff Categories: Active, Courtesy, Provisional, or Senior Active, and who holds like privileges as the individual he is covering. Documentation shall not be required for individuals who belong to a Group Practice whose members meet the above criteria. Cross coverage arrangements must be maintained throughout the physician's appointment. Exceptions to these requirements must be recommended by the Credentials Committee, Medical Executive Committee, and approved by the Board.

Subsection 4. Any complaint regarding the conduct of a member of the Medical Staff will be submitted in writing to the Chief of Staff or President/CEO.

Subsection 5. Medical staff members not on Health Central's active staff must maintain active staff privileges at another facility to insure they meet peer review requirements. Special consideration for an exception to this requirement may be made by the Medical Executive Committee for specialties of high importance to the hospital who typically have low or no volume at all facilities but who actively practice their specialty in an office setting. (Amended MEC 02/13/2014, Board 02/18/2014)

Subsection 6. Health Central Park physicians shall be required to make rounds on their patients on a monthly basis. Nurse practitioner visits may be substituted for physician visits once every sixty (60) days.

Subsection 7. Because of the malpractice insurance crisis, it is our interpretation of the Medical Staff Bylaws, Article VI, Part C, Section I(m) and Section II(h) "proof of malpractice insurance": shall mean: (1) the maintaining of professional liability coverage, or (2) the maintaining of an unexpired irrevocable letter of credit in accordance with Florida Statute 458.320. or (3) the maintaining of an escrow account in accordance with Florida Statute 458.320, or (4) an agreement with the State of Florida to satisfy any adverse judgements within sixty (60) days up to the minimum amount pursuant to Florida Statute 458.320(5)(g)1 and shall be required to post notice in the form of a sign or provide a written notice so stating this agreement.

This interpretation shall apply only to needed medical specialties as defined by the Medical Executive Committee and Board of Directors. Additionally, in order to qualify for option 2, 3 or 4 as stated above, a physician may not have more than three (3) malpractice settlements or judgements in

a three (3) year period. This interpretation will remain in effect for a period of one year from the date of its approval.

Subsection 8. When a patient presents to the hospital within 30 days after being discharged from the hospital, with the same or similar condition, the attending and consulting physicians who treated the patient on the previous admission are to be considered the patient's physicians for the new admission. If a patient presents to the hospital and has been treated for any relevant medical condition within the past twelve months by a physician on the Health Central Medical Staff or a member of that physician's group, (and the patient/ physician relationship has not been formally severed), that physician is to be considered that patient's physician. In all cases the patient's and/or patient's family's preferences shall be considered controlling. (MEC approval 12/21/2009, Board approval 12/22/2009)

SECTION XIII - RADIOLOGY:

Subsection 1. All x-ray films are the property of the hospital and will be kept on file for a minimum of five (5) years. Mammography films will be kept on file for a minimum of ten years.

Subsection 2. The films may be removed from the hospital for consultation.

SECTION XIV - SURGERY:

Subsection 1. All surgery shall be scheduled with Operating Room Scheduling, with elective surgery commencing at 7:30 a.m. and additional cases posted without definite time. Emergency surgeries will be scheduled according to the Surgical Scheduling hospital policy, Section III Handling Add-On Cases. When an add-on case must be performed ahead of a previously scheduled case, the surgeon with the emergent case shall contact the surgeon with the scheduled case for approval to adjust the schedule. Conflicts shall be referred to the Chief of Surgery/Chief of Surgery Elect for resolution. (Amended MEC 01/28/2008; Board 01/29/2008)

Subsection 2. The Operating Room supervisor will not accept a patient in surgery without a completed record of consents, permits, authorizations, consultation, history and physical and pre-anesthesia note. This provision may be waived in an extreme emergency with life-saving consequence with a report to the Chief of Staff and notation within one hour after surgery by the surgeon with conditions which justify waiver and then compliance within 24 hours.

Subsection 3. The surgeon must be in the Operating Room and ready to commence the operations at the time scheduled. The room will not be held longer than 15 minutes after the time scheduled.

Subsection 4. Any visitors in the Operating Room shall have permission from the surgeon and the patient.

Subsection 5. The operating surgeon shall determine whether an assistant will be used. The assistant may be another physician or a qualified nurse, surgical technician or other person with

sufficient training.

Subsection 6. The operating surgeon shall dictate the operative report immediately after surgery as described in Article X, Section VIII, Subsection 14. . (Amended by Medical Staff 06/27/2011, Board 06/28/2011)

Subsection 7. An M.D. or D.O. is responsible for assessing the medical, surgical and anesthesia risks of an operative or other procedure. . (Amended by Medical Staff 06/27/2011, Board 06/28/2011)

Subsection 8: For pregnant patients under 22 weeks gestation with a non-obstetrical surgical need, the surgeon on call should perform the surgery at Health Central Hospital. If, after examination and evaluation of the patient, the surgeon on call determines there are extenuating circumstances that would prevent the surgery from being performed at Health Central Hospital, the surgeon is responsible for contacting the transfer center at the appropriate hospital and arranging the transfer. (Amended MEC 05/08/2014, Board 05/13/2014)

SECTION XV - DELINEATION OF PRIVILEGES:

BOARD CERTIFICATION REQUIREMENTS (Amended by MEC 04/26/2010; Board 04/27/2010)

Effective January 1, 1991, all MDs, DOs, DPMs and Oral Surgeons who request privileges must be Board Certified, or attain board certification no later than four years after the completion of training for medical specialties and no later than six years after completion of training for surgical specialties. Medical staff members who were members in good standing prior to January 1, 1991 and were not board certified, are exempt from this requirement as long as they continuously maintain their medical staff membership and clinical privileges. Any medical staff member who is exempt from the board certification requirement and later becomes board certified in his/her specialty, will no longer be considered exempt and must maintain the board certification. Any medical staff member who resigns from the medical staff and is exempt under these conditions, will lose the exemption and must meet the certification requirements in force at the time he/she may re-apply. Acceptable certification boards are those recognized and endorsed by each profession's umbrella organization.

Effective January 1, 1997, for subspecialty physicians, the appropriate subspecialty certification must also be attained within four years after the completion of their training for those physicians in medical specialties and within six years after the completion of their training for physicians in surgical specialties. Medical staff members who were members in good standing prior to January 1, 1997 and were not board certified in their subspecialty, are exempt from the subspecialty board certification requirement as long as they continuously maintain their medical staff membership, clinical privileges and specialty board certification. Any medical staff member who is exempt from the subspecialty board certification requirement and later becomes board certified in his/her subspecialty, will no longer be considered exempt and must maintain the subspecialty certification. Any medical staff member who resigns from the medical staff and is exempt under these conditions, will lose the exemption and must meet the certification requirements in force at the time he/she may re-apply.

A medical staff member who does not become board certified within the time limits specified above will be removed from staff membership and will forfeit all clinical privileges. A medical staff member who is removed from the medical staff under this provision will not be entitled to the hearing and appellate review provisions provided in these bylaws.

Exceptions to this requirement may be requested in writing to the Medical Executive Committee, by the Medical Director and Administrator of Health Central, ExpressCare and Health Central Park for special circumstances and will be considered on a case-by-case basis. **(Amended by MEC 10/13/16, Board 10/18/16)**

APPLICATION FOR PRIVILEGES

The procedure for making application to the Medical Staff will consist of the following:

1. Interested practitioners in becoming members of the Medical Staff shall complete, in writing, an initial pre-application form to determine if they meet the minimum requirements for credentialing in the specialty requested. The form shall obtain at least the following information:
 - (a) Education competency;
 - (b) Completion of an approved residency program;
 - (c) Demonstration of level of experience;
 - (d) Appropriate references for specialty areas; and
 - (e) Board Certification or Board Eligibility, or have met the requirements for practicing as specified in Section XV of these Rules and Regulations.
2. These new criteria are not intended to change the criteria by which physicians who were members of the Medical Staff prior to January 1, 1991 are credentialed or re-credentialed.
3. All physicians who request privileges after January 1, 1991, must meet the qualifications for privileges as outlined in the current delineation of privileges for their specialty/subspecialty
4. An approved residency is interpreted to be one approved by the Accreditation Commission on Graduate Medical Education or equivalent thereof.
5. Unless otherwise stated, privileges in a specialty or subspecialty shall include all medical treatment and procedures traditionally recognized as within the province of the specialty.
6. If a proposed applicant is determined to have met the minimum qualifications, the hospital will forward them an application and initiate the credentialing process as previously noted in the Medical Staff Bylaws.
7. If a proposed applicant is determined to not meet the minimum qualifications, he/she will be so notified.

APPLICATION FOR MEMBERSHIP AND PRIVILEGES FOLLOWING RESIGNATION OR EXPIRATION OF APPOINTMENT

Whenever an individual who has previously held Medical Staff appointment and privileges desires to reinstate their membership and privileges, completion of the Procedure for Reappointment, as defined in the Bylaws, Article VII, may be followed providing that the individual:

1. Was previously on staff for greater than one (1) year.
2. Was not under review or disciplinary conditions at the time of their resignation or expiration of appointment.
3. At the time of the request to regain membership and privileges, the inactivation of such has not been greater than one hundred and eighty (180) days from the date the Board acted upon the resignation or expiration.
4. Provides an explanation regarding their circumstances in writing.
5. Shall pay a fee equal to the amount of an initial application.

Requests for reinstatement that do not meet the above stated requirements shall be processed in accordance with the provisions of Article VI – Part D: Procedure for Initial Appointment.

SECTION XVI - GRADUATE MEDICAL EDUCATION. (GME):

(Amended by MEC 9/11/2014; Board 9/16/2014) (amended by MEC 11/12/2015; Board 11/17/2015)

All residents/fellows must be in an accredited program, and shall fulfill all requirements indicated below prior to any patient contact or observation.

Participation will be under the direct supervision of a precepting physician, who must be an active member of the medical staff with privileges to perform anticipated patient care activities and clinical procedures.

- 1) Prior to clinical rotation, the GME shall provide documentation to the MSO of the following:
 - a) Resident/Fellow's full name, specifically named rotation, and exact dates of rotation;
 - b) Resident/Fellow's group/office name, office address, specialty, date of birth, social security number, medical license number, NPI number, DEA number, and Taxonomy number.
 - c) Written description of the Roles/Responsibilities/Patient Care activities for the resident/fellow, including the process by which the preceptor and the GME Program Director make decisions about each resident's/fellow's progressive involvement and independence in specific patient care activities.
 - d) Health requirements/Immunization status
- 2) The Medical Staff Office shall be responsible to:

- a) provide hospital-wide notification of approved clinical rotations, including the written description of the roles, responsibilities and patient care activities of the participants as well as the names of participating residents/fellows and preceptors, by posting on the HCNet Medical Staff Services page.
 - b) Enter the Resident/Fellow information into the hospital's data system.
 - c) Issue Computer I.D. number, which shall also serve as the Dictation code, to residents/fellows and facilitate computer access.
 - d) Provide hospital orientation, consisting of the current year's Off the Charts Physician Education Edition, which must be provided prior to beginning any approved rotation.
 - e) Issue badge.
- 3) Precepting Physician Responsibilities:
- a) Accept responsibility for actions taken by the resident/fellow while in this program. The precepting physician is to direct, monitor and supervise all activities. Residents will practice under direct supervision of the preceptor and fellows will practice under indirect supervision of the preceptor.
 - b) For the purposes of this section, the definition of direct supervision shall mean the preceptor is physically present and indirect supervision shall mean the preceptor is in the hospital.
 - c) Obtain patient consent and acknowledgement of the resident's/fellow's presence during any appropriate patient care activity. Surgical procedures require written consent of the patient prior to the resident's/fellow's participation.
 - d) Notification of the attending physician prior to any resident/fellow involvement in individual patient care.
 - e) Supervision is limited to one resident/fellow per active staff member at one time.
 - f) Attending physicians and preceptors may not delegate their obligations to see and evaluate the patient to a resident/fellow.
 - g) Evaluation and documentation of clinical rotation will be maintained by the precepting physician. The Medical Staff Office will not maintain evaluation records for any clinical rotation for resident/fellow.
 - h) If during rotation, performance is less than satisfactory, it is reported to Medical Staff Office and the graduate medical education program.
 - i) Provide written reports quarterly to the MEC through the Medical Staff Office regarding the safety and quality of patient care, treatment and services provided by GME participants, as well as any related educational or supervisory needs.
 - j) The precepting physician shall comply with all applicable state, local, and federal laws and regulations relating to the precepting of a resident/fellow, including adherence to all billing laws and regulations.

- 4) Clinical Activities and Responsibilities of Fellows:
 - a) Provide all complete requested information/signatures prior to rotation.
 - b) May be allowed to write orders and record progress and operative notes, histories and physicals and discharge summaries. Fellows are not allowed to admit or discharge patients without the precepting physician's consent.
 - c) Fellows shall not administer or prescribe medications, perform invasive, surgical, diagnostic or other technical procedures, except under the direct supervision of the preceptor.
 - d) Fellows may not see the patient in lieu of the preceptor and/or an attending physician. Attending physicians and preceptors may not delegate their obligations to see and evaluate the patient to a fellow. Fellows may not assume call responsibility.
 - e) Fellows shall not interpret x-rays except under the direct supervision of the preceptor.
 - f) Fellows are required to display Health Central identification at all times which is visible to hospital personnel and patients.
 - g) Fellows agree to abide by all rules, regulations, policies and procedures of Health Central.

- 5) Clinical Activities and Responsibilities of Residents:
 - a) Provide all complete requested information/signatures prior to rotation.
 - b) Residents shall not administer or prescribe medications, perform invasive, surgical, diagnostic or other technical procedures, except under the direct supervision of the preceptor.
 - c) May be allowed to write orders and record progress and operative notes, histories and physicals and discharge summaries which must be co-signed by the precepting physician within twenty-four (24) hours. Residents are not allowed to admit or discharge patients.
 - d) Preceptors may not delegate their obligations to see and evaluate the patient to a resident. Residents may not assume call responsibility.
 - e) Residents shall not interpret x-rays except under the direct supervision of the preceptor.
 - f) Residents are required to display Health Central identification at all times which is visible to hospital personnel and patients.
 - g) Residents agree to abide by all rules, regulations, policies and procedures of Health Central.

- 6) Expiration or Termination of Rotation.
 - a) At the conclusion of the scheduled rotation, all previously approved clinical activities shall be terminated. The Resident/Fellow will relinquish his/her badge to the Medical Staff Office, and shall be inactivated in the hospital data base and all computer access terminated.
 - b) In the event any resident/fellow or precepting physician fails to follow the rules as outlined in this policy, the rotation shall be terminated and shall be subject to other action as appropriate.
 - c) The Chief of Staff or appropriate Section Chief shall have the right to terminate the resident's/fellow's rotation in the event that the resident's/fellow's presence in the hospital appears to endanger the health or safety of patients, staff or other individuals.

- d) If for any reason the precepting physician withdraws from, or is unable to continue his/her role of precepting, or in the event when a resident/fellow has multiple preceptors and all preceptors becoming unavailable resulting in the resident/fellow having no preceptor, the rotation shall terminate.
 - e) Approval of a rotation at the hospital shall not constitute approval for appointment to the medical staff or confer any rights associated with appointment, including the right of fair hearing and appeal.
- 7) Graduate Medical Education Program Responsibilities
- a) GME shall be responsible for effectively communicating with the medical staff and governing body regarding the safety and quality of patient care, treatment, and services provided by, and the related educational and supervisory needs of its participants in the GME program.
 - b) Notify the Medical Staff Office when the Resident's/Fellow's rotation has concluded.
- 8) Medical Executive Committee Responsibilities
- a) The Medical Executive Committee is responsible for considering the introduction of GME program rotations and approving such programs as it deems appropriate.
 - b) The Medical Executive Committee (MEC) will provide quarterly updates to the Health Central Board of Directors, Health Central Medical Staff and the GME programs about the safety and quality of patient care provided by, and any related educational or supervisory needs of, participants in approved clinical rotations.
 - c) The Medical Executive Committee is responsible for reviewing all policies, and procedures associated with residents/fellows on an annual basis.
 - d) Any concerns related to the quality of care rendered by residents/fellows shall be reported to the MEC for review. The GME program shall also be notified that review is taking place.
 - e) The Medical Executive Committee shall be responsible for demonstrating compliance with any residency/postgraduate education review committee citations.