



**STANFORD HEALTH CARE TRI-VALLEY
MEDICAL STAFF RULES & REGULATIONS**

Stanford Health Care Tri-Valley

February 2023

I. ADMISSION AND DISCHARGE OF PATIENTS

1. The Hospital will admit patients suffering from all types of diseases and trauma. Emergency care shall be provided to the community on a 24-hours a day, seven days a week basis. Specialty trained physicians in major specialties are available to back up the emergency room physicians. Immediate follow-up arrangements will be made available to the patient as appropriate to their needs, including home health referrals or other community resources. Patients with contagious or communicable diseases, psychiatric disorders, acute or chronic alcoholism and narcotic addiction may be admitted under guidelines approved by the Executive Committee and Infection Control, Pharmacy & Therapeutics Committee of the Medical Staff.
2. Emergency medical screening exams for persons presenting to Emergency Room may be performed by the physicians in the Emergency Department. For obstetric patients, registered nurses who have been trained and demonstrated competency may also perform the screening exam. Exams will be performed based on protocols and standing orders approved by the Medical Staff, and will describe any circumstance which requires physician consultation.
3. Patients may be admitted and treated in this Hospital by practitioners who have been granted privileges consistent with the Medical Staff Bylaws
4. Except in an emergency, no patient will be admitted to the Hospital until a provisional diagnosis or valid reason for admission has been determined and documented. In the case of an emergency, such statement shall be recorded as soon as possible.
5. The attending practitioner shall be responsible for giving such information as may be necessary to assure the protection of the patient from self-harm and to assure the protection of others whenever a patient might be a source of danger from any cause whatsoever, except when otherwise required by law.
6. The attending physician will provide admission orders at the time of admission to the hospital. The patient type designation will be clarified as well with the attending physician if this is unclear at the time of arrival to the patient care unit.
7. Patients admitted to the acute care Hospital must be seen by the attending physician within twenty-four (24) hours of admission, unless the patient has been seen by the attending physician immediately prior to the admission.
8. Patients admitted to the Distinct Part Skilled Nursing Facility must be seen within twenty-four (24) hours of admission unless the patient has been seen by the attending physician immediately prior to admission.

9. Patients admitted to the Critical Care Unit (CCU) shall be examined within four (4) hours of admission by the attending physician or the Intensivist or appropriate consultant unless the patient was seen by a physician within 2 hours of transfer to the Critical Care Unit.
10. Patients admitted to the Critical Care Unit may be managed by the attending physician and an intensivist. If an intensivist has not been assigned to the patient at the time of admission to the CCU, the patient's nurse will contact the attending physician to request the name of the intensivist who will be co-managing the patient. It is the responsibility of the attending physician to identify an intensivist for his patient. It will also be the responsibility of the attending physician to provide hand off communication to the intensivist.
11. The attending practitioner is required to document the need for continued hospitalization after specific periods of stay and will include the patient type designation. Generic and specific review criteria shall be defined by the Utilization Review Committee of the Medical Staff, the Medical Staff Quality Committee, approved by the Medical Staff Executive Committee and the Board of Directors on a regular basis.
12. Patients placed in Observation Status must be seen within 24 hours of admission.
13. Patients will be discharged only on the order of the attending physician or their designated physician extender (PA or NP). Should a patient leave the Hospital against the advice of the attending practitioner, or without proper discharge, a notation of the incident will be made in the patient's medical record.
14. In the event of a hospital death, the deceased will be pronounced dead by the attending practitioner or designee. Policies with respect to release of dead bodies will conform to local law.
15. Autopsies are performed at Stanford Healthcare-Tri-Valley on non-coroner cases at the request of the attending physician by a qualified pathologist. The pathologist is responsible for preparing a descriptive diagnostic report. Autopsies are encouraged, especially in those cases where the exact cause of death is unclear. The Autopsy Service Procedure and the list Reportable Deaths is attached as an addendum to these Rules & Regulations.
16. Advanced directives and POLST directives will be followed. In absence of adequate directives, the attending physician shall consult the protocols of the Hospital Policy and Procedure Manual for guidance in dealing with the withholding or withdrawing of life support systems.

II. PATIENT CARE

1. Members of the Medical Staff will be responsible for the ongoing medical care and treatment of their patients in the Hospital. Whenever the care of the patient is transferred to another medical staff member, a note covering the transfer of responsibility will be entered on the physician order sheet of the medical record.
2. A written, signed, informed surgical consent will be obtained prior to an operative or invasive procedure. In emergency situations requiring immediate services, which if not immediately diagnosed and treated would lead to serious disability or death, when the signature of the patient or person legally authorized to act on behalf of the patient cannot be obtained, the medical determination that an emergency exists shall be documented in the chart by the physician. The physician does not sign a consent form. If the physician has obtained a consultation, the consulting physician will similarly document his/her opinion in the patient's chart. Only the procedure necessary to address the emergency situation is performed in order to stabilize the patient.
3. Obtaining consent for incompetent patients in a non-emergency situations when no one is available with the legal capacity to consent to treatment requires consultation with the Hospital Policy and Procedure Manual and, if necessary, Hospital Administration.
4. All drugs administered by a practitioner in the Hospital must be recorded in the medical record. The drug names, dosage, time, date, route of administration to be used will be recorded.
5. All drugs and medications administered to patients will be approved by the Federal Drug Administration. Drugs for bona fide clinical investigations may be exceptions. These will be used in full accordance with the "Statement of Principles Involved in the Use of Investigational Drugs in Hospitals" and all regulations of the Federal Drug Administration.
6. It is the duty of the Medical Staff through its Chiefs of Departments to see that members of the Medical Staff call consultants as needed. Consultants shall be called when the level of patient care required exceeds the level of privileges held by the attending practitioner. Where differences of opinion arise between the Chief of the Department and the attending physician as to the need for consultation, the final decision shall rest with the Chief of Staff. If one of these is the involved physician, the decision will be made by the Vice Chief of the Department or the Vice Chief of Staff. A patient or a patient's family member or other designated representative who has power of attorney for healthcare may request a consultation.

7. The Departments of Surgery, Orthopedics, and OB/GYN will establish and maintain a list of procedures requiring an assistant.
8. Anesthesiologists will chart a complete anesthesia record including pre-anesthetic evaluation and post-anesthetic follow-up of the patient's condition.

III. DENTISTS & PODIATRISTS

1. Dentists and Podiatrists, granted the specific privilege, shall be responsible for recording a detailed history and physical relative to the dental or podiatric condition.
2. All patients admitted for in-patient surgery will have a complete history and physical completed by a physician or physician extender (M.D. or D.O.) who is a current member of the medical staff. All high-risk patients, classified as ASA Class IV, admitted for inpatient surgery will have a complete medical history and physical completed by a physician member of the medical staff.
3. A physician member of the Medical Staff will be responsible for the overall medical care for all patients admitted for in-patient surgery.

IV. ALLIED HEALTH PROFESSIONALS

1. Allied Health Professionals may be granted the privilege for recording a detailed history and physical. The history must contain all the required components outlined in the medical staff policy regarding content of the medical record.
2. The supervising physician must countersign the record within 48 hours.

V. MEDICAL RECORDS

1. The Executive Committee of the Medical Staff is responsible for setting and enforcing record completion policies, which are commensurate with The Joint Commission, State and Federal law, and optimal practice.
2. Members of the Medical Staff are required to complete medical records within 14 days of the patient's discharge from the Hospital in accordance with Title 22. If records are not completed within this timeframe, the practitioner may be subject to monetary fines, suspension of admitting privileges and other related privileges until the medical records are completed. Related privileges include voluntary on-call service of the emergency room, scheduling of surgery or invasive procedures, assisting in surgery, performing out-patient invasive procedures, consulting on Hospital cases and providing professional services within the hospital for future patients. Physicians on suspension may provide continuing care for their own patients who were in-patients at the time the suspension was imposed. Suspended physicians may admit patients only in life-threatening situations.

VI. EMERGENCY ROOM

1. The time frame to be covered when serving on call to the Emergency Room shall be from 7:00 a.m. to 7:00 a.m.
2. Calls from the emergency room to the on call physician panel necessitating physician attendance shall require a fifteen (15) minutes response time to the call. Within forty-five (45) minutes from the response, the physician shall be physically present in the Hospital. If the physician cannot be physically present in the emergency room in the required 45 minutes, he/she must obtain a substitute who holds the required privileges on the Medical Staff. The emergency physician shall, when placing a call to the backup physician, express clearly if the physician is required to provide a phone consultation or physically be in attendance at the Hospital. Documentation shall be made in the medical record if the physician's presence is requested on an emergency basis.
3. Members of the Stanford Health Care-Tri-Valley Medical Staff are not required to serve on any on-call panel.
4. Physicians serving on the call panel will be responsible for a patient seen in the emergency room through the discharge or transfer to another physician's care or to another facility, including patients admitted for hospitalization. If a patient returns to the hospital within 30 days of discharge, the attending physician may be contacted to determine if the physician has accepted the patient into his/her practice. If a relationship has not been established with the patient following discharge, or the doctor cannot be contacted, the physician listed on the on-call roster for the day must accept the patient.

VII. EMERGENCY SITUATIONS

1. Calls from the Hospital necessitating immediate physician attendance regarding a practitioner's patient shall require a fifteen (15) minutes response time to the call. Within forty-five (45) minutes from the response, the physician shall be physically present in the Hospital. If the physician cannot be physically present in the Hospital in the required 45 minutes, he/she must obtain a substitute who holds the required privileges on the Medical Staff.
2. In the event of a disaster, as determined by the President or his designee, the Chief of Staff and the President of the Hospital will work as a team to coordinate activities and directions, as provided by the approved Hospital Disaster Plan. The Hospital Disaster Plan shall be correlated with the City and regional disaster planning.

VIII. MISCELLANEOUS

1. There will be a non-refundable fee charged for the processing of all new Medical Staff applications.
2. Failure to comply with the above Rules and Regulations may be cause for disciplinary action.

Attachments: Autopsy Policy

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Amended:10/08, amended 6/09, 9/09, amended 2/11, 10/11, 11/11, amended 04/17/13, amended 05/04/16, amended 7/26/16 to Credentials 8/16 for review, Amended and to MEC 11/16. Amended: MEC 11/16, Amended 2/23.