RULES AND REGULATIONS
OF THE
MEDICAL STAFF

2017 Edition

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ADDENDUM TO MEDICAL STAFF BYLAWS

CONFIDENTIAL

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APPROVED:


ADMISSION AND DISCHARGE OF PATIENTS

A.1 A patient may be admitted to the Hospital only by a practitioner with the specifically delineated privilege to admit.

A.2 An appropriately privileged member of the Medical Staff shall be responsible for the medical care and treatment of each patient in the Hospital and for the prompt completion and accuracy of the medical record. Group practices organized to provide continuing inpatient care may share this responsibility. A physician or physician group may wish to transfer care to another appropriately privileged physician or physician group and may do so with a written order on the chart and an entry in the progress notes. In some cases due to change in patient medical or surgical status, another physician or group may provide the predominant proportion of care after admission. In such cases where a formal transfer has not been executed, hospital staff may, after discharge, reassign responsibility for completion of the medical record and change the record of the attending physician for administrative purposes according to guidelines approved and periodically reviewed by the Executive Committee.

A.3 The admitting practitioner or his designee must, prior to admission of a patient, contact Hospital personnel with authority to authorize the admission, and provide a provisional diagnosis or valid reason for admission, which must be recorded on the patient’s medical record in a medically valid format that shall appear on any Hospital computer record.

A.4 The admitting physician must sign the admission order as soon as possible and always prior to discharge.

A.5 The history and physical examination must be completed according to, and within a time frame required by the Bylaws and by the Inova Health System policy regarding medical records.

A.6 A patient to be admitted on an emergency basis who does not have a private practitioner, or who requests assignment, will be assigned to the appropriate practitioner on call, with assignment to be made in accordance with Hospital policy.

A.7 Any practitioner with privileges to admit patients must assure timely, adequate professional care for any patients under his care admitted to, or recently discharged from the Hospital by being available, or having available through his office, another group member or an appropriate practitioner with whom prior arrangements have been made, and who has privileges at the Hospital to provide the care that might reasonably be expected to be required for all such patients. In any case of unavailability of both the practitioner and any designated alternate practitioner, the Chairman of the department in which the practitioner is exercising clinical privileges, Chief of the Medical Staff, or the Chief Executive Officer of the Hospital shall have authority to assess the situation and call any appropriate member of the Medical Staff to provide care if this is deemed necessary and appropriate. Failure of any practitioner to meet the requirements of this section may be considered a basis for disciplinary action up to and including corrective action under the Bylaws.

A.8 Patients will be admitted on the basis of the following order of priority:

(a) Emergency Admissions, prioritizing patients needing ICU care and those admitted from our freestanding emergency departments.
(b) Urgent Admissions: Both of these categories include those so designated by the attending practitioner and shall be reviewed as necessary by the Utilization Review procedure to determine priority when all such admissions for a specific day are not possible.
(c) Pre-Operative Admissions: This includes all patients already scheduled for surgery. If it is not possible to handle all such admissions, the Chief of Staff or his designee and if both are unavailable, the Chairman of Surgery or his designee may decide the urgency of any specific admission.
(d) Routine Admissions: This will include elective admissions on all services.
A.9 On admission to the Hospital, patients will be assigned to the location with the capacity to care for their condition.

A.10 When Hospital census is not critical the following priorities shall govern patient transfers:

(a) Operating or Recovery Room to appropriate patient bed.
(b) Emergency Department to appropriate patient bed.
(c) Special Care Unit to a general care unit.
(d) Any other patients needing transfer to a different patient care area.

A.11 At the time of admission, the practitioner shall give such information as may be necessary to assure the protection of the patient from self-harm and to assure the protection of others.

A.12 The attending practitioner or their designee is required to document the need for continued hospitalization on a continuing basis, at least daily.

A.13 Patients shall be discharged only on an order of the attending practitioner or an appropriately privileged designee.

A.14 Should a patient leave the Hospital against the advice of the attending practitioner, or without proper discharge, a notation of the incident shall be made in the patient's medical record by the attending practitioner or an appropriate designee.

A.15 It shall be the responsibility of the attending practitioner to discharge his patients in a manner consistent with the discharge policies of the Hospital.

A.16 A deceased patient must be pronounced dead by a physician who shall be a member of the Medical Staff, and documentation of their pronouncement shall be documented in the medical record.

A.17 When indicated, members of the Medical Staff shall attempt to secure autopsies on deceased patients.

For potential medical examiner cases, the medical examiner will be contacted to determine whether a medical examiner autopsy will be performed. A voluntary autopsy shall be performed with consent of the legally authorized relative, signed in accordance with the statutes of the Commonwealth of Virginia.

A.18 The statutes of the Commonwealth of Virginia shall apply in the retention of or transfer of donated organs.

A.19 The hospital attending physician or appropriate designee must communicate directly with the LNRC attending or their designee before transferring a patient to the LNRC (unless the attending will also be the attending at the LNRC). The discharge order must identify who will be the medical attending at LNRC.
MEDICAL RECORDS

B.1 The current obstetrical record shall include a complete prenatal record. The prenatal record may be a legible copy of the attending practitioner's office record transferred to the hospital before admission. An interval admission note must be entered into the medical record at the time of admission to Inova Loudoun Hospital.

B.2 Consent of the patient is required for release of medical information to persons not otherwise authorized to receive this information.

B.3 Medical records may be removed from the Hospital's jurisdiction and safekeeping only in accordance with a court order, subpoena or statute. All records are the property of the hospital. In case of readmission of a patient, all previous records shall be available for the use of the attending practitioner. This shall apply whether the patient be attended by the same practitioner or by another. Unauthorized removal of charts from the hospital by a practitioner or an allied health professional is grounds for suspension.

B.4 Outside of the committee structure of the Medical Staff, access to medical records of patients shall be afforded to members of the medical staff for bona fide study and research only after approval by the Inova IRB (institutional review board).

B.5 All practitioner orders, including both electronic and handwritten orders, shall include date and time and be signed and shall include the practitioner’s ID number or electronic identification. Handwritten orders that are illegible or improperly written will not be carried out until rewritten or understood by the nurse.

B.6 All members of the Medical Staff and Allied Health Professional staff shall maintain the confidentiality, privacy, security and availability of all protected health information in records maintained by the Hospital, or by business associates of the Hospital, in accordance with any and all health information privacy policies adopted by the Hospital to comply with current federal, state and local laws and regulations, including, but not limited to, the Health Insurance Portability and Accountability Act (HIPAA). Protected health information shall not be requested, accessed, used, shared, removed, released or disclosed except in accordance with such health information privacy policies of the Hospital and HIPAA.

B.7 Members of the Medical Staff and Allied Health Professional staff shall collaborate with Hospital personnel in obtaining and maintaining in the medical record any and all patient consents or authorizations required under any and all health information privacy policies adopted by the Hospital to comply with current federal, state and local laws and regulations, including, but not limited to HIPAA.

REVIEWED: 10/92; 1/93; 5/93; 1/96; 1/03; 4/03; 7/03; 6/05 (A. Harkness); 11/05 (Medical Records Committee, with no suggested changes to B.10), 04/2008, 04/2010, 06/2010; 5/2017
APPROVED:
  Bylaws Committee: 1/93; 1/96; 1/03; 4/03; 5/03; 7/03; 04/2008, 04/2010, 06/2010; 5/2017
  Medical Executive Committee: 7/93; 2/96; 2/03; 5/03; 6/03; 7/05; 8/06, 06/2008, 07/2010; 5/2017
  Medical Staff: 3/96; 6/03; 9/03; 12/03; 9/05; 9/06, 06/2008, 09/2010; 5/2017
  Board of Directors: 10/93; 4/96; 7/03; 10/03; 2/04; 11/05; 12/06, 07/2008, 09/2010; 6/2017
C.1 An authorization to treat, properly witnessed and signed by or on behalf of a patient admitted to the hospital, must be obtained at the time of admission and placed in the patient's medical chart. In the event a patient is unable to sign, or other authorization is unavailable, the attending practitioner or an appropriately privileged designee shall record in the medical chart the necessity for treatment without such authorization.

A hospital representative shall notify the attending practitioner whenever such authorization has not been obtained, or the prescribed form has been altered.

C.2 A verbal order from a member of the medical staff or an allied health care professional within the authority of their individual delineated clinical privileges shall be considered an order if appropriately transcribed or entered by a duly authorized person. An RN, LPN, registered pharmacist or certified respiratory therapist shall be authorized to transcribe verbal orders. All verbal orders shall be read back to the ordering practitioner to confirm accuracy, and shall be attributed to the provider giving the verbal order. The responsible practitioner shall sign such orders within a time frame consistent with Hospital policy.

C.3 When a patient is transferred from one area of care to another, the attending physician or their designee shall review and reconcile all orders.

C.4 With the exception of clinical investigation agents, all drugs and medications administered to patients shall be those listed in the latest edition of the Formulary of Inova Loudoun Hospital and shall be ordered by proprietary or generic names. Requests for non-Formulary drugs will be handled in accordance with the current Hospital Policy.

Drugs for clinical investigation shall be used in full accordance with the Statement of Principles Involved in the Use of Investigational Drugs in Hospitals and the regulations of the Food and Drug Administration. Such clinical investigations shall be conducted in the Hospital in accordance with Hospital Policy and Procedure.

Policies concerning automatic stop orders to control the use of dangerous and toxic drugs shall be developed and approved as needed by the Executive Committee.

Procedures for drugs brought into the Hospital by the patient for the patient's use while hospitalized shall follow Inova Health System policy.

Each member of the Medical Staff, in signing his application for staff privileges, consents to the use of the Hospital Formulary.

C.5 Departmental quality improvement shall be performed at department meetings where appropriate and, in accordance with Departmental Rules and Regulations and Hospital Policy.

C.6 Appropriately privileged practitioners may admit, treat, consult on and discharge ambulatory care patients and emergency patients. Outpatients will be treated in accordance with approved hospital protocols upon the orders of the attending practitioner.

C.7 Members of the medical staff shall refrain from providing any direct medical or surgical care of a family member, unless in an emergent situation. A family member is defined as a husband or wife; natural or adoptive parent, child, or sibling; stepparent, stepchild, stepbrother, or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent or grandchild; spouse of grandparent or grandchild.

C.8 A staff member shall not provide medical care within the hospital to an individual who is not currently a registered patient.
APPROVED:
Medical Executive Committee: 7/93; 4/03; 9/03; 6/05, 06/2008; 10/2016; 5/2017
Medical Staff: 9/05, 06/2008; 12/2016; 5/2017
Board of Directors: 10/93; 6/03; 10/03; 11/05, 07/2008; 12/2016; 6/2017
GENERAL RULES REGARDING SURGICAL CARE

D.1 A patient admitted for dental/podiatric care is the responsibility of a dentist/podiatrist and an appropriately privileged member of the Medical Staff as described in the Bylaws.

D.2 Written, signed authorization shall be obtained prior to any operative procedure except in those situations wherein the patient's life is in jeopardy and suitable signatures cannot be obtained. In an emergency involving a minor or unconscious patient in whom authorization for surgery cannot be immediately obtained from parents, guardian or next of kin, these circumstances should be fully documented on the patient's medical record.

D.3 The anesthetist shall maintain a complete anesthesia record, as specified in the Rules and Regulations of the Department of Anesthesia.

D.4 All tissues removed at operations shall be sent for examination by the hospital pathologist. The pathologist's authenticated report shall be made a part of the patient's medical record. Exceptions to this rule may be determined by the Medical Staff Policy. The surgeon is responsible for providing pertinent clinical information to the pathologist.

REVIEWED: 10/92; 5/93; 10/93; 04/2008; 5/2017
APPROVED:
  Bylaws Committee: 10/92; 10/93; 04/2008; 5/2017
  Department of Orthopaedics: 11/93
  Medical Executive Committee: 7/93, 11/93; 06/2008; 5/2017
  Medical Staff: 06/2008; 5/2017
  Board of Directors: 10/93; 1/94, 07/2008; 6/2017
EMERGENCY SERVICES

E.1 The Medical Staff is responsible for providing medical support for the emergency services program of the hospital. Any physician appointed to the medical staff has a responsibility to provide emergency care, unless an exception is made by the department chair, the Medical Executive Committee, or the governing Board of Directors. (Ref: Medical Staff Policy “Emergency Department Call Coverage Policy”)

E.2 These responsibilities shall be specified in an on-call roster, which shall include every specialty that provides patient care at Inova Loudoun Hospital. All practitioners functioning in the emergency area shall work within the scope of their delineated privileges. (Ref: Medical Staff Policy “Emergency Department Call Coverage Policy”)

E.3 The on-call physician shall be responsible for providing quality treatment, in a timely manner, to patients presenting to the facility seeking emergency medical care, regardless of the patient’s ability to pay for such services, insurance company affiliation, race, or religion. (Ref: Medical Staff Policy “Emergency Department Call Coverage Policy”)

E.4 EMTALA (Emergency Medical Treatment and Labor Act) is a federal law that imposes three duties upon hospitals. They are:

(a) The emergency department must provide an appropriate medical screening exam to determine whether or not an emergency medical condition exists.
(b) If it is determined that an emergency medical condition does exist, the medical condition must be stabilized, and if unable to stabilize the patient, the patient must be transferred to a hospital that is capable of stabilizing the medical condition.
(c) Hospitals with specialized capabilities or facilities are required to accept transfers of patients who require such specialized services, if the hospital has the capacity to treat the individual

EMTALA also sets forth guidelines for on-call physicians in fulfillment of their responsibility for coverage of the Emergency Department, as detailed in the Medical Staff Policy “Emergency Department Call Coverage Policy”.

E.5 An appropriate medical record shall be kept for every patient receiving emergency service in accordance with Hospital policy.

E.6 The Medical Executive Committee shall establish a method for review to evaluate the quality of emergency care.
CONSULTATIONS

F.1 For consultations on patients admitted to the hospital, the attending practitioner is responsible for requesting consultation when indicated and for selecting an appropriate consultant. All requests for consultations will be made by direct communication from the attending practitioner in a timely manner appropriate to the clinical situation, and shall be documented in the chart. The practitioners specified in the on-call roster for emergency services shall be required to be available for such consultations and to respond to the initial request by telephone, hospital-supported messaging system or in person within two hours unless engaged actively in a procedure, in which case they shall respond as soon as possible. The attending practitioner shall, after such response and discussion, have the option to rescind the consultation in favor of other specified and documented actions, but otherwise the consultant shall evaluate the patient within 24 hours of the initial request, or sooner if required by Hospital policy. The attending practitioner may, alternatively, and at any time, also request consultation from other practitioners who are available but not assigned to emergency call. An Allied Health Professional working within granted privileges and under the supervision of the consultant or attending practitioner may respond to the request for consultation, perform an initial evaluation, and when appropriate request an additional consultation.

F.2 All consultations shall be requested and answered in the medical record and shall show evidence of a review of the patient's record by the consultant, pertinent findings on examination of the patient, and the signed opinion and recommendation(s) of the consultant. If a pre-op consult is requested, it shall be completed prior to surgery.

F.3 Any consultant contacted first by a patient, family member or other individual requesting consultation should contact the attending practitioner directly for authorization before initiating any evaluation or treatment.

F.4 The attending practitioner requesting Diagnostic Imaging services or Pathology consultations is responsible for providing the reasons for the radiologic or pathologic consultation.

F.5 The Medical Executive Committee will formulate and maintain a policy indicating the circumstances for which there will be mandatory consultations.

F.6 A department chairman may request consultation on a patient of any practitioner in his department when the appropriateness of care is in question.

F.7 Departments may develop additional guidelines for consultations.

F.8 For consultations from the Emergency Departments, please see the Inova Health System Emergency Department On-Call Coverage Policy.
SPECIAL CARE UNITS

G.1 Admission to and discharge from Special Care Units shall be consistent with the policies and procedures for the Units as approved by the Executive Committee of the Medical Staff.

G.2 Medical direction, consultation requirements, and emergency care provisions in the Mental Health Unit, Long Term Care, Intensive Care Unit, and Ambulatory Services Department shall be in accordance with approved medical staff policy.

REVIEWED: 8/92; 5/93; 5/2017 (no changes)
APPROVED:
Bylaws Committee: 8/92; 6/93
Medical Executive Committee: 7/93
Board of Directors: 10/93
H.1 The use of the hospital name, logo, or telephone number without the express, prior, written consent of the Chief Executive Officer is forbidden for advertising or in any situation where it could be assumed an individual is employed by the hospital or is receiving the endorsement of the hospital.
ADOPTION AND AMENDMENT

I.1 METHODOLOGY

The Rules and Regulations of the Medical Staff of Inova Loudoun Hospital may be adopted, amended or repealed as stated in the Bylaws.

I.2 REVIEW

The Rules and Regulations and policies of the Medical Staff shall be reviewed in accordance with the Bylaws.

I.3 MEDICAL STAFF ACTION AND BOARD INITIATIVE

The principles stated in both the Medical Staff Bylaws and Hospital Corporate Bylaws regarding medical staff responsibility and authority to formulate, adopt and recommend medical staff bylaws and amendments thereto and the circumstances under which the Board may resort to its own initiative in accomplishing those functions shall apply as well to the formulation, adoption and amendment of the Rules and Regulations and other policies of the Medical Staff.

REVIEWED: 10/92; 5/93; 12/96; 8/98; 5/2017
APPROVED:
  Bylaws Committee: 12/92; 6/93; 4/99; 5/2017
  Medical Executive Committee: 7/93; 5/99; 12/99; 5/2017
  Medical Staff: 5/2017
  Board of Directors: 10/93; 6/99; 1/00; 2/2004; 6/2017

ADOPTED by the Medical Executive Committee on May 9, 2017.

APPROVED by the Board of Directors on June 27, 2017.