PARK CENTER MEDICAL STAFF RULES AND REGULATIONS

APPROVAL
Medical Staff Executive Committee: 05/23/2023

I. ORGANIZATION AND GOVERNANCE
Divisions shall be established and facilitated as described in the Medical Staff Bylaws. Specifically, within these Rules and Regulations, each Division shall further describe their Division's operations as needed.

A. Facilitation of Medical Staff Affairs
Medical Staff Committees convene for the purpose of facilitating medical staff affairs to support safe and quality patient care. Examples of medical staff affairs include those things listed below as Medical Staff Issues. Operational Issues may be broached at Clinical Care Committee meetings for purposes of awareness and communication; however, the authority to address such subjects does not rest solely with the Clinical Care Committee.

Medical Staff Issues – Physician-to-Physician with or without assistance from hospital staff

Peer Review

1. Qualification for initial and ongoing medical staff membership
2. Qualifications for individual privileges
3. Establishment of privilege criteria (cross specialty being the most challenging)
4. Collegial Intervention when questions about clinical or behavioral performance arise
5. Establishment of Inquiry Body process when concerns about performance become serious
6. Chart review / Quality Assurance as needed beyond the efforts of specialty-specific peer review committees
7. Proctoring
8. Addressing medical staff roles in preventing adverse events
9. Ensuring members' rights are protected in all things

Medical Staff Performance

1. Ensure quality care by identifying opportunities for individual or organizational performance improvement, for example, care criteria, order sets, clinical pathways, etc.
2. Plan processes to resolve unique/ad hoc/cross specialty issues
3. Manage adherence to established rules, like medical record completion, formulary usage, consultation, equitable unattached call coverage, etc.
4. Ensure "rules" are reasonable, contemporary, and consistently applied to all
5. Understand medical staff and hospital/program processes for decision making to assist individual members in voicing their needs
6. Develop, nominate, and elect future leaders
7. Plan for and hold effective and efficient meetings
8. Safely implement new equipment affecting the medical staff
9. Establish guidelines and monitor appropriate use of physician extenders

Communication

1. Ensure constituency is fairly represented in all matters affecting them at all levels
2. Ensure constituency has opportunity to share concerns and opinions about any medical staff or hospital matter
3. Ensure constituency is informed about issues and happenings that affect them
4. Ensure the right medical staff members are consulted about "operational" issues such as strategic planning, capital purchases, etc.

Operational Issues – Matters in which both medical staff and programs have interest and must collaborate

1. How a specific program functions – usually handled by program section chief
2. How resources are allocated within a specific program
3. Block time allocation
4. Budget and Capital expenditure decisions
5. Surveys and Accreditation activities
6. Benchmarking and establishing of unit performance indicators
7. Consideration of new services
8. Prevention of adverse events
9. Strategic planning

Medical Staff committees do not need to be routinely engaged in operational issues; however, medical staff member involvement may be needed and expected from time to time. Specialty Representatives will stay informed of operational activities and can help ensure communication and consultation occurs as needed.

B. Specialty-Specific Activities

When an issue affects a single specialty, the Specialty Representative will determine to what extent review is needed by other or all members practicing in that Specialty, how that review will be accomplished, and for reporting the resultant recommendation.

When an issue affects multiple specialties or roles, the Specialty Representatives from all affected specialties will collaborate to determine extent and mechanism for review, as well as the outcome report.

Should an impasse occur on any issue, members who are "disinterested" in the subject will form an Ad Hoc Committee to study the issue, consulting affected parties, and render a recommendation to the Peer Review Committee for resolution.

C. Individual Issues

Should any individual member of the medical staff have an issue of concern, they are encouraged to approach medical staff leadership in the following order, depending on the scope of the issue: Specialty Representative, President Elect, or President of the Medical Staff. The Chief Medical Officer may also be used as an intermediary to ensure communication occurs.

D. Credentialing and Privileging

All applicants for appointment or reappointment must continuously meet the qualifications and standards of performance outlined in the Medical Staff Bylaws, Quality Management Plan, specialty-specific privilege forms and other associated policies, rules, and regulations.

The Bylaws describe the minimum eligibility requirements for medical staff membership. Under the oversight of the the Credentials Committee, each recognized specialty and subspecialty shall develop and maintain privilege request forms specific to each specialty inclusive of minimum eligibility requirements for basic education, training, certification, and experience. Core privileges by specialty must be defined as well as those privileges that are "advanced" or for any other reason require additional evidence of current competency. Examples of such acceptable evidence shall also be defined.

Reappointment assessment of activity during the past two years may include any of these resources or a combination thereof:

1. response to the questions asked on the Application for Reappointment
2. the absence of any concerns brought to the attention of their Specialty Representative ~~or Division Leadership~~
3. the response received to an evaluation form sent to the hospital or health care facility where the individual holds active staff status and conducts primary practice
4. the response received to requested peer evaluations

Individual review of each applicant for initial appointment and privileges, for additional privileges, and reappointment and renewal of privileges shall occur, and recommendation formed for consideration by the Credentials Committee. This same mechanism shall be used to obtain review of Allied Health Practitioners and address matters related to the individual use or performance of Allied Health Practitioners by the Medical Staff.

E. Collegial Intervention and Peer Review

Reference Medical Staff Bylaws and related policies

F. Leadership Nominations

Each Committee will assess need for elections, based on term requirements described in the Bylaws and/or desire of the individual currently serving, of Specialty Representative for the following year and facilitate the following activities:

1. Specialty Representatives
   Will be nominated by their Specialty for election prior to end of calendar year, as needed.
2. Committee membership is for two years beginning in January.

II. RULES AFFECTING ALL MEDICAL STAFF

A. Consultations

Practitioners requesting consultation should be responsible for directly calling the consultant requested. Physician-to-physician communication is always preferred. When a written order is issued, this information shall be transmitted by Nursing at the time the order is noted.

1. Written Order Requirements
   The written order must include the name of the practitioner or group to be consulted, the reason for the consultation, and the timeframe in which the consultation should occur. If the written order is incomplete, nursing staff shall transmit the information available. The consulting practitioner is responsible for contacting the referring practitioner for clarification.
2. Transmission of Written Orders
   Nursing staff shall be responsible for directly contacting the office of the designated practitioner or group to relay the request for consultation, if the order is issued during office hours. After office hours, nursing staff will contact the practitioner on call for the designated practitioner or group through the answering service.
   The transmission of the written order shall be noted in the patient record.

3. Response to Consult Requests
   Medical Staff Bylaws, Article IV Section 3.3 require timely consultation, which shall be defined as within 24 hours. A face-to-face physician response to a consultation request is the normal expectation. In the event a physician consultant, or another physician from the physician's group, is not personally seeing the patient in response to the consultation request, mutual understanding must exist between the requesting physician and the physician consultant on how the service will be provided.

   Other acceptable alternatives to physician face-to-face consult may be allowed dependent upon specialty specific patient population and/or needs, with quality of patient care the primary consideration. A credentialed Advanced Practice Provider (APP) may respond on behalf of the supervising physician to an inpatient specialty consult to determine if quality care of the patient requires face-to-face physician consult. This model is offered to consultation services
   a. A group and specialty area requesting consideration of an Alternative Consultation Model must submit such request in writing to Medical Staff Officers using the Alternative Consult Request form to determine appropriateness of a proposed addition to that Specialty section in the Rules and Regulations.??? The request must identify a mechanism to ensure overall quality which shall include specialty specific training model for APPs and quality metrics specific to the Alternative Consultation model. It should represent an expansion of services to our patients.
      1. All Alternative Consultation Model requests by specific group and specialties will be initially approved (by MSO and MSEC) for a probationary period of six months of practice.
      2. At the end of the probationary period, the specialty involved will present to the Medical Staff committees (MSO, both Divisions and MSEC) quality metrics including, at minimum: average time of APP consult and average time of MD tele-consult, explanation of any delays, number of consults, readmission rate, complications, patient satisfaction, colleague testimonials and Midas events, as well as any variance from initial proposal and exemptions.
      3. Upon review of quality data presented after six months of practice, MSO will recommend approval of request for long term practice of Alternative Consult model for that group and specialty to Medical Staff Executive Committee, who will make the final approval. Changes will be made to Rules and Regulations at that time.
      4. Failure to comply by the Rules and Regulations and / or specific details of Alternative Consult model may lead to revocation of the Alternative Consult model for that group and specialty in addition to potential corrective measures toward individual APP and/or physician.
   b. An APP requesting Alternative Consult privileges for a specific group and specialty must meet a minimum of the following requirements before Alternative Consult privilege can be considered.
      1. Must have been with their current group and specialty and held privileges at Parkview a minimum of one year (approximately 1600 hours) OR have verified experience in the same specialty at another facility for a minimum of one year, plus a minimum of six months onboarding at Parkview (Approximately 800 hours).
      2. Additionally, more in depth, specialty specific credentialing requirements should be included in the model as proposed to Medical Staff committees. a. Any additional requirements to a specific specialty will be noted in the specialty specific section of the Rules & Regulations
      3. Every APP will be credentialed for this privilege separately from the specialty request.
      4. Every physician in the group requesting this model will need to be credentialed for Telemedicine.

c. Requirements for Alternative Consultation
    1. All consults by the APP require a conversation between the APP completing the consultation and the supervising physician within 24 hours. A conversation to include a video telemedicine visit between the supervising physician and the patient is required unless one of the exceptions below are met:
        i. If an optimal video consult technology is unavailable, then a phone conversation between the physician and the patient is acceptable
        ii. Specialties may choose to propose three to five diagnoses of lower acuity and complexity which may be excluded from the video consult requirement.
    2. APP consult documentation must include name of the supervising physician. Both physician and APP should use their respective smart phrase: .APPAC (438467) and .PHYSAC (438468).
    3. Alternative consults are not allowed in the event the patient or physician requesting the consult specifies “physician-only” response. If at any time during the admission there is need for physician involvement based on a request of the admitting physician or the patient, then the physician is expected to respond for face-to-face consultation.
    4. APP should introduce themselves to the patient including appropriate credentials and inform the patient which physician is serving as the supervising physician for that encounter and inform the patient that they have the right to request to see that physician.
d. Definitions:
    1. Alternative practice of APPs: APPs providing face-to-face visit with patient and supervising physician providing a video telemedicine consultation within 24 hours
    2. Video visit: physician video visit with patient after initial APP consult
    3. Supervising physician: the physician that is responsible for the care provided by the APP in the specific encounter of care. They will also be the physician attesting the APP note
    4. Sponsoring physician: the physician of note approved by Credentials

B. Process for Changing Physicians for Hospitalized Patients

Park Center Medical Staff recognizes that circumstances may occur where patients or physicians may no longer wish to continue the patient-physician relationship. When these difficult circumstances occur, it is critical to manage them as professionally as possible to prevent any erosion of relationship between the patient, physician, and/or nursing staff or loss of confidence in the other care providers associated with the case. The following procedure must be followed in order to ensure continuance of appropriate patient care and the medical staff member's compliance with the responsibility to assure such care. Under no circumstances should a staff nurse be placed in an intermediary role between the patient and the physician(s).

1. The patient or physician must state that they no longer wish to continue the relationship.
2. The decision must be documented in the medical record.
3. Physician or nurse notifies house supervisor of the situation and the precipitating circumstances.
4. In turn, the house supervisor notifies the Chief Medical Officer for assistance in securing physician coverage for the patient.
5. The patient must be asked if they have a request for a specific physician to assume their care.
6. The CMO will contact appropriate alternative physician(s), taking into account the desires of the patient, until a new physician has indicated their willingness to assume care. As appropriate, the CMO may contact the Hospitalist on duty and/or Specialty Representative for assistance. When transfer of care is accepted by the new physician, this acceptance is documented on the chart. Ideally, the exiting physician provides report to the accepting physician.
7. The original physician may be contacted for orders of an urgent nature until an accepting physician has documented his or her acceptance on the chart.

It is not appropriate to force patients to change physicians against their will. If the physician is uncomfortable with the relationship, the patient shall be given 30 days’ notice of the physician's intent to no longer provide care. During this time the physician will continue to provide appropriate care, unless or until another physicians assumes care. This would apply to cases in which the patient is not willing to consent to treatment plans outlined by the physician but does not wish to change physicians. If there is an ethical issue involved, the Ethics Committee may be consulted for an ad hoc meeting to make recommendations.

C. Hospitalist Services

The purpose is to set reasonable expectations for admission by Behavioral Health Hospitalist Service.

<u>Inpatient Transfer of Care after Admission</u>

Behavioral Health Hospitalists will accept all adult and youth patients referred from the Emergency Department and from referring facilities after communication with an Emergency Physician or another referring physician.

Care will be provided from admission to discharge, unless a transfer of care is mutually agreed upon between an admitting physician and a consultant on a patient followed together, after the patient or representative of the patient is personally notified of the transfer of care by the admitting physician.

D. Patient Visit by Advanced Allied Health Practitioners in Place of Physician Daily Visit

In accordance with Medical Staff Bylaws and Policy, the physician may request an Advanced Practice Provider (APP) who has been granted privileges as an Advanced Practice Provider at Park Center to visit hospitalized patients of the Sponsoring physician in place of the physician. Advanced Practice Providers at Park Center is defined as an APP credentialed at Parkview Health in one of the following categories: Advanced Practice Nurses (NP, CNS) Physician Assistant-Certified (PA-C), Neuropsychologist.

1. The attending/sponsoring physician must visit the patient at a minimum of every other day and is responsible for the initial visit, psychiatric evaluation and admitting History and Physical examination.
2. This privilege must be requested by both the sponsoring physician and the APP by completing the applicable section of the APP privilege form.
3. The attending/sponsoring physician must attest to the competency of the applicant to visit the patient within their scope of practice and privileges.
4. Visits by APPs are subject to ongoing monitoring by the Parkview Quality Review Department.
5. APP's may perform psychiatric evaluations under the direction of the supervising physician.
6. Two Day Consecutive Rounding by Psychiatry APP in Place of Physician Daily visit is optional privilege.
7. All requests are subject to review by the applicable specialty representative for appropriateness and suitability to the specialty and patient need. Upon recommendation by the specialty representative, the request is to be forwarded for review by the Credentials Committee and Medical Staff Executive Committee and approval by the Board of Directors.

E. EPIC Training

Purpose is to advance proficiency in navigating the electronic medical record in the EPIC system, the Parkview – Park Center Medical Staff has established the following training requirements:

1. To be issued a username and password and have the ability to practice as a member of the Medical Staff at Parkview (including its locations at any of the following: Parkview Behavioral Health and Parkview Park Center), a minimum of ten (10) hours of classroom training in inpatient EPIC training is required prior to initial EPIC implementation date.
2. To the extent that it is determined that a Medical Staff member needs to devote additional time to navigating the electronic medical record for either the inpatient EPIC training or the physician office EPIC training, then the Medical Staff member shall devote such additional time to education as is required for the Medical Staff member to demonstrate proficiency and to ensure competent operation within the EPIC system.

F. Waiver of Requirement for Covering Physician

Waiver of the requirement to provide the name of a covering physician may be granted. Waiver may be reviewed to determine appropriateness and must be approved by Medical Staff Executive Committee

III. SPECIALTY SPECIFIC INFORMATION

A. Emergency Department

Admission and Referrals:

The PPC Psychiatric attending physician is to be notified at the time of admission by the Emergency Department. If he/she is signed out, it is his/her alternate's responsibility to inform him.

When the attending physician is notified and the patient is admitted, the patient becomes the attending physician's responsibility. If the patient remains in the ED waiting for bed placement, it is the responsibility of ED nurses on duty to notify the attending physician of a change in the patient's condition. If requiring immediate attention, the emergency physician will be notified and evaluate the patient.

Direct admits that come to or through the emergency department will not be seen by the ED physician unless the patient's condition as determined by nursing personnel dictates that they be seen immediately, and the attending physician is not immediately available.

B. Psychiatry

Consults:
A credentialed Advanced Practice Provider (APP) in Psychiatry may respond on behalf of the psychiatrist to an inpatient consult request of minimal psychiatric complexity. The psychiatrist will determine, based on collaboration and clinical judgment, whether the patient seen by the APP should also be seen by the psychiatrist face-to-face. All consults by the APP must be reviewed and co-signed by the psychiatrist.

Such consults to be of minimal psychiatric complexity, such as:
1. evaluation for antidepressant treatment
2. restarting psychiatric medications
3. follow up on patients' response to treatment
4. adjustment disorders not requiring further inpatient treatment or pharmacotherapy
5. evaluation of behavioral problems
6. assessment and recommendations for treatment of uncomplicated substance use disorders

Medical Record Documentation
Reference Inpatient Medical Records Completion Regulations

1. Psychiatric Evaluation must be completed by a physician within 24 hours of admission
2. Progress Notes must include:
    a. acknowledgment of medical H&P findings
    b. rationale for adjustments to drug regimen
    c. clinical indications for initiating specific drug regimen
    d. problem
    e. goal or intervention from ITP being evaluated or successful completion
3. Physician Orders: reflect prescribed treatments that are concordant with documented exam findings and history
4. Electroconvulsive Therapy (ECT) is conducted in accordance with the American Psychiatric Association Task Force Guidelines (Second Edition, 2001), and per PBH ECT Policy and Procedure

Suicide Precautions
When suicide precautions (SP) are ordered for patients, the following procedure is to be followed:
1. The order for suicide precautions will be ordered by the admitting and/or attending physician.

Physicians will actively participate in Individual Treatment Planning sessions

Transfers of psychiatric patients from other areas of the hospital will be prioritized on the basis of clinical needs with the other admission requests. An order to admit to Parkview Behavioral Health must be written on the chart.