

***Part 2 – August 2020. See also Part 1***  
**MEDICAL STAFF RULES AND REGULATIONS**  
**CENTRACARE – REDWOOD HOSPITAL**

*4/28/2022 – All references to Carris Health – Redwood refer to CentraCare – Redwood*

GENERAL

1. Each member of the medical staff, not residing in, or temporarily out of the city of Redwood Falls or county or its immediate vicinity, or during planned absence or vacation, shall name a physician or physicians who may be called upon to attend his patients in an emergency. In case of failure to name such an associate, the nursing supervisor shall have the authority to call upon any member of the staff to attend the patient until the emergency has been resolved or an associate contacted.
2. Each member of the active medical staff, upon planned absence or vacation from his practice, shall inform the administrator or director or nurses of his planned absence.
3. Responsibility for release of information concerning any patient to the press or other public information agency shall be the responsibility of the physician and the hospital administrator, or designee, in accordance with applicable laws.
4. Criticism regarding the work of nurses or employees shall be reported promptly to the administrator for consideration. Complaints or dissatisfactions of patients regarding hospital care or attendance even though trivial, unless satisfactorily explained by the physician, shall be reported immediately to the administrator. Loyalty to the physician is expected of the hospital group. Loyalty of the physician to the hospital group is equally expected.
5. Amendments or additions to these rules and regulations may be made at any regular or special staff meeting by a majority vote of voting staff. When so amended, and subsequent to approval by the governing body, the rule shall be made a matter of record and added to the copy of these rules on file with the secretary and the administrator.
6. The administrator shall provide a copy of the bylaws, rules and regulations, together with any appended material, for the use of each physician, the nursing supervisors, the operating room supervisor, the administrator, each member of the governing board, and shall have extra copies on file.
7. A program for the proper functioning of a mass casualty operation should be adopted by the Carris Health Redwood Hospital and medical staff jointly.

## Admissions

1. Patients applying for admission to the hospital who have not established a doctor-patient relationship with a member of the active medical staff shall be assigned to members of the active medical staff on the basis of call rotation. In all cases, the patient shall be encouraged to signify his choice of physician if he is so able.
2. The medical staff recognizes the ultimate authority of the hospital governing body in all matters. However, in admission to the hospital, we recommend that the hospital admit patients suffering from all types of disease, and in accordance with the best interests of humanity, to which we are dedicated, deny admission to no one seeking admittance. We further recommend that patients suffering from active tuberculosis, or violently disturbed mental patients, be admitted only until the diagnosis is established, and the immediate needs of the patient met, and arrangements for definitive care elsewhere completed.
3. A provisional diagnosis shall be included as part of all admitting orders. Physicians admitting patients shall give such additional information as may be needed to protect the nurses, other employees, or other patients against undue contact with a person admitted with a communicable disease; or to protect the patient himself against harm or destruction; or the deleterious effects of otherwise routine procedures.
4. All patients entering the hospital will have laboratory and x-rays done according to the orders of the admitting physician.
5. Patients entering the hospital for elective major surgery, or patients requiring extensive preparatory work, shall be directed by the attending physician to present themselves in time to complete the work prior to surgery.
6. Following the admission of any patient with a mental illness, alcoholism, tuberculosis, or any patient whose condition endangers the welfare of other patients, the attending staff shall be especially attentive to seeing that proper precautions be taken for the disposition of such patients.
7. Psychiatric consultation and treatment shall be requested for, and offered to, all patients who have attempted suicide or taken a chemical overdose.

## Discharges

Patients may be discharged only upon the order of the attending physician communicated directly to the hospital station responsible for the care of the patient; or by the administrator for not following hospital rules, after conference with the doctor. This order may be written, or, if verbal, must be later initialed. All patients leaving the hospital against the advice of their physician shall be requested to sign a statement releasing the physician and hospital from any responsibility for the consequences of such action.

## Orders

1. All orders for treatment shall be in writing. An order shall be considered to be in writing if dictated to a registered nurse, recorded on the order sheet by that nurse as a verbal order or telephone order, and signed by the ordering physician within 24 hours.
2. Orders written for any narcotic drug to be administered PRN without specific limitation as to the duration of the order shall automatically be discontinued 72 hours after the order is written. A new order will be required if it is desired that the medication be resumed.
3. Special orders limiting the duration of administration of any drug considered to be so dangerous as to warrant such limitation may be posted from time to time by the chief of staff, should he deem necessary. In the event of honest difference of opinion regarding such dangerous drug, the decision shall be placed before the medical staff at the next regular meeting, whereupon the decision may be reversed by a two-thirds majority vote.
4. All orders for drugs will be filled by prescription signed or initialed by the attending physician. Drugs brought into the hospital by a patient will not be used unless ordered by the admitting physician.

## Medical Records

1. Only physicians, nurses, medical technologists, record librarian, the administrator, and office personnel so delegated, shall be allowed to handle patient's chart. It will be the responsibility of the administrator to inform ancillary personnel delegated this privilege of the seriousness of unauthorized disclosure of material from the patient's charts.
2. No records may be removed from the hospital's jurisdiction and safekeeping without a court order, subpoena, or statute.
3. The attending physician will be responsible for the completion of a complete medical record for each patient. This record shall include identification data, complaint, medical history, family history, and systemic review, consultation, laboratory and x-ray reports, provisional diagnosis, treatment, pathological reports, progress notes, final diagnosis, condition on discharge, autopsy report if available, and certification where necessary. No record shall be filed until it is complete except on order of the medical staff and administrator.
4. Admission history and physical examination shall be written or dictated within 48 hours of the patient's admission.

5. Access to all of the records of any patient shall be the privilege of members of the medical staff while caring for a patient who previously had a different physician and/or fulfilling the function of a committee appointment.
6. The attending physician shall be responsible for completing the prescribed form for those patients receiving outpatient care, or for patients admitted for a period of less than 24 hours.
7. Previous records of any patient shall be made available to the attending physician upon readmission of such patient and upon request of the attending physician in his orders.
8. Records for inpatients, all surgery patients and emergency room patients shall be completed 15 days after discharge. Records not completed in that time shall be considered delinquent. If task is not completed in 15 days, admitting privileges shall be revoked until records are complete.

### Surgery

1. Except in an emergency, surgery will be performed only with the informed consent, in writing, on the proper form and signed by the patient, his next of kin, or legal guardian.
2. In the absence of proper consent or in the case of minors where the patients, grandparents, next of kin, or legal guardian cannot be reached, permission for all procedures of a surgical nature should be received by court order.
3. Insofar as possible, surgery shall be performed as scheduled. In the event the appearance of the attending physician has been unduly delayed, he will be expected to relinquish his position on the surgery schedule, in favor of all other scheduled surgery. He may then perform the scheduled surgery at the completion of the day's surgery schedule, or reschedule the procedure at a later date.
4. The active medical staff may require an applicant for surgical privileges on the consulting staff to demonstrate the competence to the chief of surgery, or to another member of the staff so delegated by the chief of staff.
5. It shall be left up to the discretion of the surgeon and chief of staff if an assistant is needed in the surgical suite.
6. All personnel in attendance in the surgical suite during the time surgery is being performed will conform with accepted procedure in the matter of scrubbing, gowning, and aseptic technique. Special attention will be expected of all personnel in the matters of asepsis, and attention is called to written and posted procedures relative to keeping the matter of operative wound infections at a minimum. The chief operating room supervisor will feel free to call to the attention of the surgeon and other personnel any deviations from aseptic techniques.
7. All operations performed shall be promptly and fully described by the operating surgeon, either in writing or via dictated recording. These descriptions shall be signed.
8. All tissues removed during surgery shall be sent to the hospital pathologist, who shall make such examination as he may deem necessary to arrive at a diagnosis. The pathologist shall sign this report. A copy of the pathologist's report shall be furnished to the attending physician. Exceptions may be made, at the discretion of the pathologist.

9. Except in an emergency, consultation with another qualified physician shall be required in all first Caesarean sections.
10. In major surgical cases in which the patient is not a good risk; and in all cases in which the diagnosis is obscure; or when there is doubt as to the best therapeutic measures to be utilized, consultation is appropriate. Judgment as to the need for such consultation shall be the responsibility of the attending physician. It is the duty of the entire medical staff, acting through its chief of services, to see that members do not fail in the matter of calling consultants as needed. The consultant must be well qualified to give an opinion in the field in which consultation is sought. A satisfactory consultation shall consist of examination of the patient and the record, and a written opinion signed by the consultant and made a part of the record. The consultation note shall be recorded prior to surgery, except in cases of emergency.
11. Except in cases of emergency, an adequate history, physical examination, and supporting laboratory data shall be recorded on the patient's chart prior to surgery.
12. Elective major surgery should be avoided on Saturday, Sunday, or holidays. All staff members are urged to keep in mind the work of the operating room personnel in cleaning and sterilizing, and to facilitate, when possible, this work by judicious scheduling of elective surgery.
13. The staff shall approve and adopt screening criteria for primary Caesarean section.
14. Psychiatric Care: That the attending physician is responsible for taking care of the psychiatric needs of the patient.
15. Nuclear Medicine: That the attending physician is responsible for taking care of the nuclear medicine needs of the patient.

## Autopsies

Every member of the medical staff is expected to be actively interested in securing autopsy permits. No autopsy shall be performed without the written permission of the next of kin, the legal guardian, or other person having this authority. Faxed permission, as permitted by law, will be acceptable in lieu of written permission. All autopsies shall be performed by the hospital pathologist, or by a physician delegated this responsibility by the pathologist. In all cases going to autopsy, the attending physician will be expected to complete the patient's record insofar as possible before the autopsy is begun, and shall be responsible for having the record available to the hospital pathologist.

ADOPTED by the Active Medical Staff on August 19, 2020

APPROVED by the Governing Board on August 20, 2020