

NEBRASKA METHODIST HOSPITAL MEDICAL STAFF RULES AND REGULATIONS

All terms used in these Rules and Regulations are consistent with definitions set forth in the Medical Staff Bylaws.

1. **EFFECT.** These Medical Staff Rules and Regulations supplement the Medical Staff Bylaws and contain statements of current Medical Staff policy. All members of the Medical Staff are expected to be familiar with and adhere to these Rules and Regulations. In the event of a conflict between the Medical Staff Bylaws and the Rules and Regulations, the Medical Staff Bylaws will control. In the same manner as the Bylaws, the following Rules and Regulations are provided as guidance to individual performance but are not intended to set out or be construed as the a standard of care.

2. **SCOPE.** These Rules and Regulations are applicable to both NMH Hospitals, except where application to one hospital is expressly stated.

3. **PATIENT'S RIGHTS.**

3.1 **Patient Rights.** NMH's policies on patients' rights are binding on the Medical Staff. Except for minors, or adult patients who have been adjudicated incompetent or who lack mental capacity in professional opinion of a qualified medical provider, all patients are presumed to be competent and have the right to be involved in their own health care decision making in collaboration with their attending physician or other practitioner. Patients have the right to adequate information to assist them to participate in decision making and may accept or refuse care and formulate advance directives.

3.2 **Advance Directives.** Nebraska law recognizes a patient's right to formulate an advance directive and provides two express vehicles: a power of attorney for health care and a declaration under the Rights of the Terminally Ill Act. The Medical Staff shall adhere to NMH policy relating to advance directives.

4. **ADMISSION AND ASSIGNMENT OF PRACTITIONER RESPONSIBILITY.**

4.1 **Responsibility for Patients.** All patients treated at NMH shall be under the overall medical care of a physician with admitting privileges. All orders for treatment shall be by practitioners with privileges at NMH except in the case of practitioners extended temporary privileges in accordance with the Medical Staff Bylaws. Patients without a physician privileged at NMH will be asked to select one from the NMH Medical Staff. Those who are unable to select a physician will have one appointed.

4.2 **Alternates.** All practitioners are required to designate an alternate physician pursuant to the Bylaws. In the event a patient requires medical attention and the attending practitioner and his or her alternate cannot be located, or in the event the

practitioner has failed to designate an alternate, the President of the Medical Staff, or his or her designee, may call any member of the Medical Staff to attend the patient.

4.3 **Practice Limitations.** All practitioners granted privileges at NMH will practice within the boundaries of those privileges and the boundaries of their category of state licensure, certification or registration. No physician working with a non-physician practitioner shall cause or require such individual to act beyond the scope of his or her state license, certification, or registration.

4.4 **Admission and Discharge of Patients.**

a. A patient may be admitted to NMH only by a practitioner with admitting privileges. A physician member or qualified oral surgeon member shall be responsible for the medical care of each patient. All practitioners shall be governed by the official admitting policy of NMH. Only practitioners granted clinical privileges may treat patients at NMH. NMH will not accept primary psychiatric patients requiring security precautions. Patients of non-staff members will not be admitted except under the following exceptional conditions:

- i. Emergency patients
- ii. Any patient whose illness is such that a delay in admission to a hospital may jeopardize the patient's health or life

A patient, before admission to NMH on an emergency basis, shall be given the opportunity to select a member of the staff to be responsible for the patient while in the Hospital. If a non-physician practitioner is selected by the patient, a physician shall be selected to assume medical responsibility for the patient. Where no such selection is made or where the selected practitioner does not assume responsibility for care of the patient for some reason, the on-call practitioner shall assume responsibility for the patient.

The physician's definition of emergency will be accepted by the Registrar for the determination of the emergency status. Such a patient must be examined by a consultant of the non-staff physician's choice, selected from members of the Active or Courtesy Staff within twenty-four hours after admission of the patient. This consultant will assume joint responsibility for care of the patient while hospitalized at NMH.

b. The attending physician shall be responsible for the medical care and treatment of his or her patient at NMH, for the prompt completion, completeness and accuracy of the medical record, for necessary special instructions, and for the condition of the patient. Whenever these responsibilities are transferred to another Active Staff member, a note covering the transfer of responsibility shall be entered on the order sheet of the medical record.

c. Except in an emergency, no patient shall be admitted to NMH until a provisional diagnosis or valid reason for admission has been stated. In cases where a predetermination is required by the insurer, this also must be

accomplished. In the case of an emergency such statement shall be recorded as soon as possible. The attending physician will provide such other information as may be required to enable NMH to take such action as is necessary to protect patients already hospitalized from patients who are or may become a source of danger from any cause whatsoever.

d. Practitioners shall be able to justify all admissions, emergency or non-emergency. The history and physical must clearly justify those patients being admitted on an emergency basis and these findings recorded on the patient's medical record as soon as possible after admission.

e. Emergency physicians may write admission orders. The process of admitting inpatients to NMH will be as follows:

- (i) patients will be evaluated and stabilized by the emergency physician;
- (ii) if an admission is indicated, then the attending or on-call physician will be called by the emergency physician;
- (iii) after discussing the patient's condition and treatment, the attending or on-call physician has the option of giving orders to the emergency nurse, calling orders to the floor, or seeing the patient and writing orders in a timely manner;
- (iv) when orders are given to the emergency nurse, they will be instituted on the floor unless otherwise directed.

4.5 **Consent for Treatment**. A general consent form signed by or on behalf of every patient admitted to NMH must be obtained at the time of admission. An informed consent is a freely given consent that follows a careful explanation by a practitioner to the patient or the patient's representative of the proposed diagnostic or therapeutic procedure or course of treatment. Informed consent for patients shall follow the form prescribed by the NMH consent policy.

The Administrative Coordinator, or representative, shall notify the attending physician whenever such consent has not been obtained. When so notified, it shall, except in emergency situations, be the attending physician's obligation to obtain proper consent before the patient is treated. The patient or the patient's representative shall provide a signed consent form for the following types of procedures:

- a. major or minor invasive procedures;
- b. all procedures that involve more than slight risk of harm;
- c. all forms of radiological therapy;
- d. all experimental procedures; and

- e. all procedures for which consent forms are required by statute or regulations.

5. **DISCHARGE/DEATH.**

5.1 **Discharge Planning.** Discharge planning should begin upon admission to NMH. Discharge planning shall be initiated either by the physician or other staff member according to the current NMH discharge planning policy and procedures.

5.2 **Discharge Orders.** Patients shall be discharged from NMH upon the written order of the patient's attending physician.

5.3 **Leaving Without a Discharge Order Against Medical Advice.** If an adult patient leaves NMH against the advice of the attending physician or without a proper discharge order, a notation shall be made in the patient's medical record by the attending physician. The patient or his or her authorized representative shall be requested to sign a "Statement of Patient Leaving Hospital Against Medical Advice." If the patient refuses, a note of the request, the refusal, and the circumstances shall be made on the form and it shall be placed in the patient's medical record.

5.4 **Hospital Deaths.** In the event of a hospital death, the deceased shall be pronounced dead by a staff member qualified under current state law.

5.5 **Autopsies.** All members of the Medical Staff are expected to participate in securing autopsies in the case of deaths meeting criteria specified in the Medical Staff Policies and Procedures. Except in the case of autopsies ordered by the coroner, all autopsies will be based upon the consent of the person with authority to consent thereto, and the consent will be documented in the record. The attending practitioner shall be notified whenever an autopsy is to be performed under these circumstances. See NMH Autopsy Policy and Procedure for circumstances when an autopsy should be strongly considered.

6. **MEDICAL RECORD.**

6.1 **Medical Records.** Medical records are to be maintained in accordance with this Section 6 and with current Medical Staff practices and procedures and Administrative policy and procedures governing medical records. The attending physician shall be held responsible for the preparation of a complete medical record for each patient. The medical record for each patient classification shall include, when applicable:

- a. **Inpatients, Outpatient Clinic, Observation, Same Day Surgery.**
 - Identification data;
 - History and physical report that contains: chief complaint, personal history, family history, history of present illness, review of systems, physical examination, provisional diagnosis;

- Special reports such as consultations, clinical laboratory, x-ray, and other;
- Medical or surgical treatment;
- Procedures performed;
- Pathological findings;
- Progress notes, including notes of therapy;
- Consents for admission and treatment;
- Diagnostic and therapeutic orders;
- Follow-up and autopsy report (as required); and
- Discharge summary/final progress note that contains: relevant diagnosis(es) established, operative procedures performed, outcome of hospitalization, disposition of case, provisions for follow-up care.

b. Outpatient Admission/Procedure Only. (e.g., X-ray, EKG, Epidural Injections, Endoscopies, Transfusions)

- identification data;
- physical condition of the patient before procedure;
- an indication of why procedure is being done;
- informed consent including patient's understanding as to why and how the procedure is being done;
- follow-up care; and
- diagnostic and therapeutic orders.

Specialty record requirements are listed in other sections of these Rules and Regulations. No medical record shall be filed until it is complete, except on order of the Concurrent Review Committee or the Medical Executive Committee.

6.2 **Medical Record Completion Standards.** The Medical Staff adopts the following standards for record completion:

a. History and Physical. The history and physical examination shall be completed within twenty-four (24) hours of admission on all inpatient and observation admissions, all inpatient and outpatient surgery patients prior to the surgical procedure when anesthesia/sedation is administered, when an outpatient diagnostic procedure is performed with moderate or deep sedation or under anesthesia (excluding local anesthesia) or is required by third party payor as a condition of payment (e.g., local medical review policy). See NMH History and Physical Policy and Procedure for further detail, including use of a short form history and physical, use of a history and physical performed in the private office of the admitting physician, update of history and physical, authentication and contents of the history and physical.

b. Interval Note on Readmission. If the patient is readmitted within thirty (30) days for the same or related problems, an interval or updated history and physical examination may be performed with changes subsequent to the prior discharge recorded within twenty-four (24) hours of admission.

c. Verbal Orders/Authentication. Verbal and telephone orders may be received and documented in the medical record by a Methodist-employed RN, LPN (GI Lab, Rehab only) and Registered Pharmacist. The following staff may accept verbal orders pertinent to their scopes of practice: respiratory therapists, physical therapists, assistant physical therapists, occupational therapists, speech-language pathologists, radiologic technologists, registered dietitians, medical technologists, licensed practical nurses, psychologists, licensed mental health practitioners, radiation therapists and radiation therapy technologists.

All orders received verbally shall be signed by an authorized person receiving the order noting the name of the ordering practitioner and the date and time of the order. The ordering practitioner shall authenticate such orders within 48 hours of the time the order is given. See NMH Physician/Allied Health Professional Orders Policy and Procedure.

d. Surgical records shall include a detailed account of the findings at surgery as well as the details of the surgical technique. Surgical reports shall be dictated immediately following surgery for outpatients as well as inpatients.

e. Progress Notes. Pertinent progress notes shall be recorded at the time of observation sufficient to permit continuity of care and transferability. Wherever possible, each of the patient's clinical problems should be clearly identified in the progress notes and correlated with specific orders as well as results of tests and treatment. Progress notes shall be written at least daily on critically ill patients and those where there is difficulty in diagnosis or management of clinical problems. Inpatient and observation patients shall be seen within twenty-four (24) hours of admission, and daily thereafter, by a physician who has been granted privileges on the medical staff. Exceptions to this policy are patients under the care of a certified nurse-midwife and patients scheduled for discharge before noon.

f. Discharge Summary. The discharge summary must be dictated within seven (7) days of discharge, signed within thirty (30) days following discharge; the entire medical record must be completed within thirty (30) days following discharge.

g. Symbols and Abbreviations. Symbols and abbreviations may be used only when they have been approved by the Medical Staff. Symbols and abbreviations may not be used in the final diagnosis section of the medical record. An official record of NMH's approved abbreviations shall be kept on file in Health Information Management and at each nursing station and record room.

h. Authorized Entries Only. Any person making an entry in the medical record must place his signature or initials after each entry. Non-physician practitioners and other health care professionals shall note their position or professional initials. All entries shall be dated and timed at the time of observation.

6.3 **Orders Generally.** All orders for treatment or testing shall be in writing or entered in the electronic medical record. The use of “renew,” “repeat,” and “continue” orders is not acceptable.

6.4 **Completion of Medical Record.** The patient’s medical record shall be as complete as possible at the time of discharge. The medical record will be available electronically after the patient is discharged. All medical records will be completed in accordance with the Medical Record Delinquency Policy.

6.5 **Security and Access to Medical Records Generally.** Records may not be copied, downloaded or otherwise removed from NMH’s jurisdiction and safekeeping. All records are the property of the NMH and shall not otherwise be taken away without permission of the Privacy Officer. Members of the Medical Staff shall follow all policies and procedures adopted to comply with the privacy and security regulations adopted in connection with the Health Insurance Portability and Accountability Act (HIPAA).

6.6 **Access to Records for Research.** Access to medical records of patients may be afforded to members of the Medical Staff for *bona fide* research studies if approved by the Institutional Review Board of NMH and consistent with ethical considerations and compliance with standards and procedures for preserving the privacy and security of protected health information of the subjects of the study.

7. **GENERAL CARE PROCEDURES.**

7.1 **Orders for Restraints.** Orders for restraints or seclusion must be given in accordance with the NMH Restraint and Seclusion Policy and Procedure.

7.2 **Orders for Surgical Patients.** All previous orders are canceled when patients go to surgery.

7.3 **Order Sets.** Order sets may be formulated and revised by a Medical Staff member and approved by the appropriate Medical Staff Committee governing policies for the area of concern. Order sets shall be used in limited circumstances and must be reviewed and revised at intervals and in the manner set forth in the NMH Physician/Allied Health Professional Orders Policy and Procedure. Order sets must be signed by the ordering practitioner and shall not replace or cancel other specific orders written for a patient. Whenever order sets are carried out with regard to a specific patient, that fact shall be documented in the patient’s medical record. Order sets may not be used to support the medical necessity of diagnostic lab and radiology tests.

7.4 **Consultations.** The attending practitioner is primarily responsible for requesting any type of consultation when indicated and for calling in a qualified consultant. Clinical consultation reports shall show review of the patient’s medical record, pertinent findings on examination of the patient, and the consultant’s opinion and recommendations. Consultations are strongly recommend in all cases in which, according to the judgment of the attending practitioner:

- a. The patient is not a good risk for operation or treatment; or

- b. The diagnosis is obscure after ordinary diagnostic procedure, or there is doubt as to the best therapeutic measures to be utilized; or
- c. The case is unusually complicated and specific skills of other practitioners may be needed; or
- d. The patient's condition has deteriorated in an unexpected or inexplicable manner; or
- e. The patient does not show improvement within the normal, expected time.

Though consultations are recommended and not required under these circumstances, failure to obtain a consultation in any case may be cause for corrective action if deemed clearly inappropriate by the Medical Staff, as may repeated failure to obtain consultations in recommended cases.

Except in emergencies, the attending physician will provide a written authorization to permit another physician or practitioner to attend or examine his patient.

7.5 **Questions About Orders.** If a nurse, after having conferred with the attending physician, has any reason to doubt or question the care provided to any patient or believes that appropriate consultation is needed and has not been obtained, he or she shall call this to the attention of his or her supervisor who in turn may refer the matter to Vice President of Medical Affairs or designee, who may request a consultation.

8. **EMERGENCY SERVICES.**

8.1 **Emergency Services Generally.** The duties and responsibilities of all personnel assigned to the Emergency Department shall be defined in a procedure manual relating specifically to the specific hospital and will be available in the Emergency Department area at all times. Each physician on the Medical Staff has the right to treat his or her own patient in the Emergency Department. Each patient seen by the Emergency Department physician will be referred back to his or her personal physician for follow-up care. Patients who do not have a personal physician will be referred to those physicians on the monthly roster furnished by the clinical departments. All Emergency Services shall be provided in accordance with the Emergency Medical Treatment and Active Labor Act and the NMH Examination and Transfer Policy/ EMTALA.

8.2 **Interpretations.** The emergency services physician shall note his interpretation of x-rays, when the radiologist's interpretation is not immediately available. The emergency physician's interpretation shall be made available to the radiologist. In cases where the x-ray interpretation of the radiologist is different from that initially made by the emergency physician, it will be the responsibility of the radiologist to bring the discrepancy to the attention of the emergency physician or the attending physician.

8.3 **The Emergency Services Record.** The emergency services medical record shall include:

- a. Consent for care;
- b. Patient identification;
- c. Information concerning the time of the patient's arrival and by whom transported;
- d. Pertinent history of the injury or illness and history of allergies;
- e. Patient's vital signs;
- f. Description of significant clinical, laboratory, and x-ray findings;
- g. Diagnosis including condition of patient;
- h. Treatment provided;
- i. Plans for management;
- j. Condition of the patient on discharge or transfer;
- k. Final disposition;
- l. Instructions given to the patient and/or family, regarding follow-up care;
- m. Consent for release of information to legal authorities when indicated (e.g. rape); and
- n. Diagnostic and therapeutic orders.

8.4 Each patient's emergency medical record shall be signed by the responsible practitioner. The practitioner is responsible for its clinical accuracy.

8.5 Patients with conditions whose definitive care is beyond the capabilities of NMH shall be referred to the appropriate facility when in the judgment of the attending practitioner or emergency service physician, the patient's condition permits such a transfer. The NMH policy and procedures for patient transfers to other facilities is set forth in detail in the Emergency Treatment and Transfer Policy and Procedure.

9. **SURGERY.**

9.1 **History and Physical.** A history and physical shall be recorded prior to surgery. When the history and physical examination is not recorded before the time stated for surgery, the operation shall be postponed unless the attending surgeon states in writing that such a delay would constitute a danger to the health and safety of the patient. Under such circumstances, the attending surgeon, by the act of proceeding, acknowledges that he accepts responsibility for the need to act. Preparation for surgery, including pre-medication, shall not be performed until proper entries are recorded in the patient's medical record.

9.2 **Pre-certification.** The attending physician is responsible for obtaining the pre-certification number for either admission or surgery and providing it to NMH prior to admission or surgery except in an emergency situation. If the pre-certification number is not obtained and provided to NMH, the admission or surgery may be delayed.

9.3 **Informed Consent.** A written, signed, informed, surgical consent shall be obtained prior to the operative procedure except in those situations wherein the patient's life is in jeopardy and suitable signatures cannot be obtained due to condition of the patient. In emergencies involving a minor or unconscious patient in which consent for surgery cannot be immediately obtained from parents, guardian or next of kin, these circumstances should be fully explained on the patient's medical record. A consultation in such instances may be desirable before the emergency operative procedure is undertaken, if time permits.

9.4 **Subsequent Procedures.** Should a second operation be required during the patient's stay at NMH, a second consent, specifically worded, shall be obtained. If two or more specific procedures are to be carried out at the same time and this is known in advance, they may all be described and consented to on the same form.

9.5 **Anesthesia Record/Assessment.** The anesthesiologist or anesthetist shall maintain a complete anesthesia record to include evidence of pre-anesthetic evaluation, choice of anesthesia, the surgical or obstetrical procedure anticipated, and post-anesthetic follow-up of the patient's condition to include at least a description of the presence or absence of anesthesia related complications. A pre-anesthesia evaluation is conducted for each patient for whom anesthesia, other than local anesthesia, is being considered. The pre-anesthesia evaluation is documented and includes at least a review of objective or diagnostic data; an interview to determine the patient's medical, anesthetic, and drug history; and a review of the patient's physical status.

9.6 **Assistants at Surgery.** The operating surgeon shall determine the need for an assistant in surgery. An assistant is defined as any practitioner on the Medical Staff or an Allied Health Professional with appropriate approvals from the Allied Health Professional Committee to assist with surgical procedures at NMH.

9.7 **Pre-operative Diagnosis.** Except in serious emergencies, the pre-operative diagnosis and required laboratory tests must be recorded on the patient's

medical record prior to any surgical procedure. If not recorded, the operation shall be postponed. In any emergency, the practitioner shall make at least a comprehensive note regarding the patient's condition prior to induction of anesthesia and start of surgery.

9.8 **Content of Operative Report.** Following the procedure, the surgeon shall dictate immediately an operative report that includes:

- a. the date,
- b. the name of procedure,
- c. pre- and post-operative diagnos(es),
- d. the name of the primary surgeon,
- e. the names of all assistants,
- f. the type of anesthesia,
- g. indications,
- h. findings,
- i. a description of technical procedure,
- j. specimens removed,
- k. any complications,
- l. estimated blood loss, and
- m. disposition.

Operative reports should be dictated immediately for all surgical procedures on both in- and outpatients, all special procedures and all obstetrical deliveries, and the report promptly signed by the physician and made a part of the patient's current medical record. Frozen section reports shall be completed on the date of the procedure.

9.9 **Authorized Personnel in Surgery Suites.** Personnel authorized to be present in surgical suites includes: surgeons; anesthesia personnel; operating room personnel; nursing students with a clinical instructor; physicians, medical students and premedical students under supervision of a physician; medical residents in approved residency programs and rotations and other physicians or personnel directly involved in performing a specific service. In addition, medical device representatives approved by the surgeon and scheduled to be present are authorized to attend a surgery to provide verbal instruction to surgeon(s) but may not act as assistants. The Surgery Services Executive shall be notified in any case in which a non-approved individual has been

proposed to observe surgery. Observers (e.g. student shadowing) not directly involved in performing a specific service may be allowed in the operating suites at the discretion of either the surgeon and/or the Surgery Services Executive provided the following conditions are met:

- a. The Surgery Services Executive is notified that an observer will be present,
- b. A consent is signed by the patient prior to the procedure acknowledging that an observer shall be present during the surgery, and
- c. A confidentiality statement is signed by the observer.

9.10 **Adhering to the Surgery Schedule.** Surgeons shall be in the operating room and ready to commence surgery at the time scheduled unless otherwise notified.

9.11 **Post-Operative Availability.** Surgeons should remain in the building and available to their surgical patient until the patient is moved to the Post Anesthesia Care Unit (PACU).

10. **MEDICATION – PHARMACY.**

10.1 **Formulary.** All drugs and medications ordered for patients shall be those listed in the NMH Formulary of the American Hospital Formulary Service whenever possible.

10.2 **Administration of Prescription Medicines.** Medication administration is limited to professional health care practitioners within the sphere of competence, license, certification, registration and job description as established by the medical staff or NMH policy. The following professionals may administer medication in accordance with above parameters:

- Physicians
- House Staff
- Medical Students
- CRNAs
- Advanced Registered Nurse Practitioners
- Certified nurse midwives
- Registered Nurses
- Licensed Practical Nurses
- Physician Assistants
- Respiratory Therapists
- Radiology Technicians
- Nuclear Medicine Technicians
- Perfusionists

Dangerous and toxic drugs may be dispensed only according to the procedures outlined by the Pharmacy and Therapeutics Committee. Medications brought to NMH by patients

will be sent home or shall be retained by NMH for safekeeping during the patient's stay.

10.3 **Human Experimentation/Investigational Drugs and Devices.** Investigational drugs and medical devices which have not yet been released for general use by the FDA, shall not be used in NMH unless prior approval has been granted by the Institutional Review Board.

11. **LABORATORY SERVICES.**

11.1 **Use of Outside Laboratories.** A laboratory shall be provided at NMH to insure complete as service as possible. Examinations which cannot be made at NMH shall be referred to outside laboratories approved by the Medical Staff. The Medical Staff shall approve the list of reference laboratories annually.

11.2 **Pathologic Examination.** With the exception of specified specimens, all surgically removed specimens removed at NMH shall be sent to the NMH pathologist who shall make an examination as he deems appropriate to assure a diagnosis. The pathologist shall provide a written and signed report of his examination.

11.3 **Specimens Exempt From Gross Examination.** Specimens which need not be sent to the pathologist shall be approved by the Medical Staff. See the NMH Autopsy Policy and Procedure for specimens exempt from gross examination by a pathologist but which will be submitted to the Pathology Department for disposal or appropriate referral.

11.4 **Specimens Requiring Gross Examination.** The list of specimens requiring gross examination by the Pathology Department appears in the NMH Autopsy Policy and Procedure. A microscopic examination will be performed at the discretion of the pathologist or when requested by the surgeon.

11.5 **Authorization for Autopsies.** Autopsies may only be performed with proper authorization as follows:

- a. Ordered by a court or directed by the authorized public agency, official or coroner;
- b. Pursuant to an authorization signed by the person having the right of custody of the body in accordance with current Nebraska law.

11.6 **Notice of Autopsy to Attending Physician.** The pathologist shall notify the attending physician of the time and place of the autopsy. A preliminary report shall be completed within three (3) days. The physician performing the autopsy shall prepare a written report of the procedure and findings. The final autopsy report shall be completed within sixty (60) days unless unusual circumstances prolong the time period. The report shall be filed with the patient's medical record.

12. **ANATOMICAL GIFTS.**

In cases where a person has made an anatomical gift of all or part of his body for one or more purposes, such gifts shall automatically authorize any postmortem specimen examination necessary to assure the medical acceptability of the gift for the purpose intended. As in the case of other autopsies or postmortem examinations, the physician performing the same shall comply with Neb. Rev. Stat. § 71-1341 and shall keep a complete record of the procedures and findings and such records shall become a part of the medical record of the patient along with evidence of the anatomical gift.

13. **STUDENTS AND MEDICAL RESIDENTS.** NMH maintains a teaching affiliation agreements with the University of Nebraska Medical Center. Teaching service assignments are maintained in the Medical Staff Office. All students and residents must be registered in the staff office prior to the start of their rotation at NMH. Members of the Medical Staff will be designated as coordinators for the overall management of the resident and student teaching programs. All house staff assigned to NMH will be assigned to a "service" which has a physician supervisor responsible to the Vice President of Medical Affairs. All supervision of patient care provided by medical residents is the responsibility of each patient's attending physician. That physician or his designee will be available to the resident 24 hours per day. All residents (also known as house officers) must have obtained a medical degree from an accredited college of medicine or osteopathic medicine. Resident physicians may initiate patient care orders subject to supervision of the supervising physician. Nurses will act upon orders written or countersigned by a resident physician. However, all patients remain the responsibility of the attending physician, or any covering physician, who must make an appropriate daily entry in the medical record during hospitalization approving or countermanding patient care orders initiated by the resident physician.

Medical students may initiate written patient care orders, but such orders are not effective until approved by the attending physician or house officers. Approval may be in writing (by countersigning) or verbal (provided that the supervising physician countersigns within twenty-four hours.)

All residents and medical students must wear approved identifying insignia and medical attire, to be defined by the University of Nebraska Medical Center. All patients have the right to know the identify and status of care givers. While hospitalized at NMH, a staff member and his or her medical student or resident must comply with policies, rules and regulations of NMH and any special conditions imposed by the Medical Staff.

14. **PRIVACY RULES APPLICABLE TO PRACTITIONERS.**

NMH has adopted a formal Compliance Plan to address its responsibilities under the privacy and security regulations of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Parts of the Compliance Plan are made applicable to practitioners at NMH by this Rule.

14.1 **Definitions.**

Practitioner means an individual granted clinical privileges at NMH.

Covered practitioner means a practitioner who is directly regulated as a covered health care provider under HIPAA.

Non-covered practitioner means a practitioner who is not directly regulated by HIPAA.

Protected health information means information that relates to the past, present or future physical or mental health, health care or condition of an individual or payment for health care, including identifying demographic information, which identifies an individual, regardless of whether the information is gathered, stored or transmitted in written, electronic or even oral form.

Health care operations means those activities which practitioners engage in on behalf of NMH, such as hospital and Medical Staff quality improvement, utilization management, peer review and similar functions, which involve access to protected health information. Medical Staff committee and departmental activities are typically health care operations.

Patient means the individual whose information is protected under HIPAA (usually a registered inpatient or outpatient). The term includes personal representatives entitled to make health care decisions on behalf of individuals.

Workforce means, for this Rule, practitioners who are employed by NMH.

14.2 **Coverage.** All practitioners are covered by this Rule. Practitioners who are **covered practitioners** are also subject to subsection “c” and automatically participate with NMH in an organized health care arrangement as described below, unless they are members of the workforce. Practitioners who are **non-covered practitioners** are subject to subsection “d” and must provide NMH with a signed business associate agreement, unless they are members of the workforce. All **practitioners** are subject to the rules governing information practices in subsection “e.”

14.3 **Organized Health Care Arrangement.** NMH is a clinically-integrated care setting in which individuals typically receive health care from NMH personnel and practitioners (other than workforce). As permitted under HIPAA, all covered practitioners participate with NMH in an organized health care arrangement, or “OHCA.” The OHCA is an arrangement among NMH and participating practitioners under which:

- a. **Notice.** They satisfy their separate notice and acknowledgment requirements under HIPAA by posting and delivering a Joint Notice of Privacy Practices and obtaining or documenting efforts to obtain a single acknowledgment of receipt;
- b. **Agreement.** They individually agree to follow the information practices described in the Joint Notice of Privacy Practices; and
- c. **Access to PHI.** Participating practitioners may access and use protected health information from NMH records in order to perform health care operations.

d. Subject Matter. The arrangement covers only information practices related to:

- (i) Inpatient and outpatient encounters at NMH involving NMH patients; and
- (ii) Health care operations of NMH.

e. Records. Records and designated record sets covered by the arrangement consist of existing NMH records and designated record sets identified in NMH policies and procedures.

f. Excluded Subjects. This arrangement does not cover:

- (i) Information practices, protected health information, records and designated record sets of practitioners and their practice groups relating to their private office practices or their other (non-hospital) practice sites – for example, their separate office clinical and billing records, or their records or practices at other hospitals and facilities.
- (ii) Activities other than information practices – for example, this arrangement does not pertain to the actual care or services of the participants. Under no circumstances shall this Rule or the organized health care arrangement imply joint and several responsibility for clinical services or alter in any way the independent status of the participants in the OHCA to one another.

14.4 **Joint Notice of Privacy Practices**. NMH's Notice of Privacy Practices will be drafted to describe the organized health care arrangement and its participants and to serve as the Joint Notice of Privacy Practices. The notice will:

- a. Describe service delivery sites covered by the notice;
- b. Describe the participants in the arrangement; and
- c. State that the joint notice covers only NMH sites and records and does not cover the information practices of practitioners in their offices or at other sites.

NMH, following its established policies and procedures, will be responsible to obtain, or document reasonable efforts to obtain, the patient's signed acknowledgment of receipt.

14.5 **Business Associate Agreements**. Non-covered practitioners, in order to participate fully in health care operations, must execute and return a business associate agreement on NMH's standard form and thereafter comply with the terms and assurances therein.

14.6 **General Terms.** The following terms apply to all practitioners:

a. **Notice of Privacy Practices.** NMH's Notice of Privacy Practices governs access to and use and disclosure of protected health information by all practitioners when using NMH's protected health information or engaging in activities at NMH.

b. **Disclosures for Treatment and Payment Purposes of Practitioners.** As a convenience to practitioners, NMH may furnish protected health information to practitioners, and practitioners may request, use and disclose protected health information from NMH, for the treatment and payment purposes of such practitioners, without consent, authorization or other special permission, provided that the following conditions are met:

- (i) The requesting practitioner must have or be about to have a treatment relationship with the patient supporting the need for the information.
- (ii) The practitioner (and those for whom the practitioner is responsible) must use and disclose information furnished by NMH solely for treatment or payment purposes.
- (iii) The manner of furnishing protected health information to practitioners for their treatment and payment purposes will be per guidelines or arrangements established by NMH.
- (iv) Each practitioner who is subject to this Rule will be presumed to meet the conditions for disclosure, unless NMH has information of a pattern or practice by such practitioner (or his group) constituting a material breach of this Rule.

c. **Voluntary Restrictions.** From time to time, patients may request that NMH voluntarily accept restrictions or limitations on how it uses or discloses protected health information about the individual. NMH has designated to receive and act on such requests. No individual practitioner may agree to or accept voluntary conditions or restrictions requested by the patient, if the effect could be binding on NMH or other practitioners. All requests for acceptance of voluntary conditions or restrictions must be referred to NMH for consideration and processing.

d. **Reporting and Mitigation.** Practitioners must promptly report to NMH's Privacy Officer or designee any improper use or disclosure of protected health information constituting a material breach of this Rule of which they have first-hand knowledge in order that NMH may determine whether any harmful effects may be mitigated. This reporting requirement includes improper use and disclosure by the reporting practitioner, members of his or her office staff (with respect to NMH's protected health information covered by this Rule), other practitioners and members of the NMH workforce.

Each practitioner must cooperate in efforts to mitigate the harmful effects of any improper use or disclosure attributable to such practitioner or people for whom such practitioner is responsible, such as members of his or her office staff.

e. Access Controls. Practitioners are responsible, in addition to the requirements in this Rule, to follow all access controls established by NMH. Where policies permit access by members of a practitioner's office staff, practitioners will be responsible for the compliance of their office staff.

f. Other Policies. Other Policies Applicable to Medical Staff. Practitioners are also subject to other NMH and Medical Staff Bylaws, Rules and Regulations, and policies and procedures of NMH which by their terms are applicable to practitioners and members of the Medical Staff.

15. MISCELLANEOUS

15.1 Utilization Review. The Utilization Review and Performance Improvement Plans of NMH as approved by the Medical Executive Committee and the Board of Directors shall be adhered to by all members of the Medical Staff.

15.2 Medical Staff Policies. Policies and procedures governing the treatment of patients and the use of various facilities of NMH when determined and published by authorized committees and approved by the Medical Executive Committee shall be adhered to by all members of the Medical Staff. Members of the Medical Staff are responsible for remaining abreast of all current directives.

MEDICAL STAFF RULES AND REGULATIONS

These Medical Staff Rules and Regulations shall take effect April 25, 2013.

Approved By:

Executive Committee:	March 5, 2013
Medical Staff:	April 24, 2013
Board of Directors:	April 25, 2013