

## BANNER FORT COLLINS MEDICAL CENTER MEDICAL STAFF RULES AND REGULATIONS

These Medical Staff Rules and Regulations shall supplement the general principles found in the Banner Health d/b/a Banner Fort Collins Medical Center ("Medical Center") Medical Staff Bylaws ("Bylaws"). They shall be consistent with the Bylaws and Medical Center policies and may not conflict with the Banner Health Bylaws.

Subject to approval by the Banner Health Board of Directors, the Medical Executive Committee shall adopt and amend such Medical Staff Rules and Regulations as may be necessary to implement the general principles found in these Bylaws.

### ARTICLE I - GENERAL

- 1.1 Coverage: Each patient shall be assured continuity of care from admission to discharge by the patient's attending physician. Physicians are responsible for assuring adequate coverage for their patients. Any physician designating care of a patient to another physician shall ensure that the covering physician has privileges at the Medical Center and agrees to provide coverage for the patient. If the attending physician cannot be reached, the appropriate Department Chair, Chief of Staff or Chief Medical Officer/Associate Chief Medical Officer or their designee shall have the authority to appoint another medical staff member to care for the patient. The attending physician will see and assess each of their patients admitted to the Medical Center within twenty-four (24) hours of admission and at least once every calendar day thereafter, and more frequently when clinically indicated.
- 1.2 Availability: Physicians with patients admitted to the Medical Center must be readily accessible by pager or phone. Emergent call and/or critical results call to a treating physician must be answered within 30 minutes of the call. When taking call, the physician must be reachable and able to respond appropriately in thirty (30) minutes or less. Under some clinical circumstances, the term "appropriately" implies physical presence as soon as reasonably possible within thirty (30) minutes. Failure to respond may be subject to disciplinary action by the Medical Executive Committee.
- 1.3 Emergency Department Call: Physicians serving on the unassigned patient call roster of the Emergency Department are responsible to cover their call or assure coverage by another provider with appropriate privileges, and to notify the Medical Staff Services Department and the Emergency Department of any changes prior to the changes being made.
- 1.4 Medical Screening Exam and Qualified Medical Personnel: Practitioners will comply with the following Banner policies: "EMTALA-Medical Screening Examination and Stabilization Treatment" and "Qualified Medical Personnel Authorized to Perform Medical Screening Examinations". The following categories of practitioners are Qualified Medical Personnel who in addition to physicians may perform medical screening examinations on patients requesting or requiring emergency services:
  1. Psychologists;
  2. Registered Nurses ("RNs");
  3. Midwives;
  4. Physician Assistants ("PAs");
  5. Advanced Practice Nurses ("APNs"); and
  6. Crisis Counselors.
- 1.5 Research: All research being conducted at the Medical Center and/or sponsored by a physician must be in compliance with current Banner policies.
- 1.6 Disclosure of Unanticipated Outcomes: It is the policy of Banner Health that patients, their legally authorized representative, and when appropriate, their families be informed about the outcomes of care including unanticipated outcomes. The responsibility for disclosure is a collaborative effort between the physician, Administration, Quality and Risk Management and disclosure shall be made in accordance with the Banner Health Disclosure of Unanticipated Outcomes Policy. At the time of the unanticipated

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outcome, the physician shall objectively document the facts known about the unanticipated outcome in the patient's medical record, including the medical care provided in response to the outcome and the plan of treatment. The discussion of the unanticipated outcome with the patient/legally authorized representative/family shall be documented in the medical record. This documentation shall include the time, date and place of the discussion, the names and relationships of those present, a summary of the information provided and questions answered, and any offer of assistance and the response to it.

- 1.7 Management of Suspected or Substantiated Abuse/Neglect/Exploitation: Practitioners shall report or cause to be reported all cases of suspected or substantiated abuse or domestic violence in accordance with current Colorado law and approved Medical Center policy.

**ARTICLE II - ADMISSIONS**

- 2.1 The authority for admission of patients to the Medical Center has been vested in the Medical Center Chief Executive Officer by the Banner Health Board of Directors. Admission orders are made by the physician, but the final approval rests with the Medical Center Chief Executive Officer. Members of the Medical Center's Medical Staff may admit patients suffering from all types of diseases, injuries and conditions provided proper facilities and personnel are available to handle such patients. Physicians shall be held responsible for giving such information as may be necessary to assure the protection of other patients and Medical Center personnel from those who are a source of danger from any cause whatsoever, or to assure protection of the patient from self-harm.
- 2.2 Patients may be admitted and treated only by physicians who have submitted proper credentials and have been duly appointed to membership with privileges on the Medical Staff or have been granted temporary privileges.
- 2.3 Each patient in the Medical Center is assigned one attending physician with appropriate privileges to manage and coordinate the patient's care, treatment and services. The attending physician is considered the primary physician and is responsible for the primary care from admission through discharge.
- 2.4 Patients admitted as an inpatient for dental service must be admitted by a physician who is a Medical Staff member with privileges. A Medical Staff physician is responsible for the care of any medical problem that may be present or arise during hospitalization. As in all cases, a History and Physical is required on each patient.
- 2.5 Patients who present to the Emergency Department and who have no attending physician with appropriate privileges at the Medical Center shall be assigned a physician of the appropriate specialty who is on call or their designee.
- 2.6 Except in an emergency, no patient shall be admitted to the Medical Center until a provisional diagnosis has been stated. In case of emergency, the provisional diagnosis shall be stated as soon as possible after admission. For the purpose of these Rules and Regulations, the term "emergency" may be applied to any patient whose condition is such that any delay occasioned by compliance with any of these Rules and Regulations might prejudice the physical welfare of the patient.
- 2.7 Patients will not be discriminated against on the basis of race, color, religion, sex, age, sexual orientation, disability or national origin.
- 2.8 In the management of any admission, it is the attending physician's responsibility to utilize medical resources efficiently. This may involve the activities listed below, which are commonly needed in accomplishing the utilization management goals of the Medical Center and its Medical Staff.
- (a) Admit patients on the day of their elective surgery or procedure or provide documented reasons of medical necessity for earlier admission.

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- (b) Facilitate, when possible, the appropriate pre-admission testing and medical clearance for elective surgical admissions.
  - (c) Cooperate with physician advisors when issues or questions arise regarding necessity for admission or continued stay.
  - (d) Participate in appeal of outside denials if the denial is felt to be unjustified.
  - (e) It is the goal of the Medical Center that patients are cleared for discharge by 11:00 a.m. whenever possible.
- 2.9 Any physician on the Medical Staff, with admitting privileges, may admit a patient to the Burn, Cardiovascular Care, and Critical Care units as outlined in the specific guideline of each respective unit.

**ARTICLE III - CONSULTATIONS**

- 3.1 Consultation is encouraged for all seriously ill patients or for those whose medical problem is not within the scope of practice of the attending physician, the diagnosis is obscure, or there is doubt as to the best therapeutic measures to be utilized.
- 3.2 The attending physician is responsible for requesting the consultation. Direct physician to physician communication when requesting a consultation is expected and optimal for enhancing efficiency, quality, and safety of patient care. Except where patient care situations dictate otherwise, direct physician to physician communication is required for all urgent or emergent consultations. Urgent/emergent consultations are those situations where the attending physician believes the patient needs to be seen by the consultant as soon as possible for an imminently serious or potentially life-threatening situation. This applies to all patient care areas.
- 3.3 A satisfactory consultation includes examination of the patient as well as the health record. When operative procedures are involved, the consultation shall be recorded prior to the operation (except in an emergency). The consultant shall make and authenticate a record of his/her findings and recommendations in every case.
- 3.4 Consultations must be rendered and electronically recorded or dictated within 24 hours of notification for situations that are not considered imminently serious or potentially life threatening. Every effort should be made to coordinate orders between multiple consultants and the attending physician. The attending physician will coordinate orders unless he/she specifies differently.
- 3.5 Any patient evaluated in the Emergency Department who is being or has been admitted and who is known or suspected to be suicidal or any patient who attempts suicide while in the Medical Center shall have a consultation/evaluation by a trained behavioral health professional from the Assessment Referral Team of the Medical Center.
- 3.6 In the event a physician is unable to fulfill their obligation to consult on a patient, it is the responsibility of that physician to arrange for alternative coverage by another Medical Staff member or to personally tell the requesting physician that the request does not fall within their area of expertise. This communication should be done in a timely manner. The professional expectation for appropriate consultation also applies to any covering physician on unassigned patient call.

**ARTICLE IV - MEDICAL RECORD DOCUMENTATION AND CONTENT**

- 4.1 A medical record is established and maintained for each patient treated or evaluated at the Medical Center. Detailed information and requirements regarding general rules, medical record content and requirements for timely completion of the medical record are included in the Medical Staff Policy titled: Medical Record Policy.

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- 5.1 All members of the Medical Staff are participants in the Banner Organized Healthcare Arrangement (OHCA). All members of the Medical Staff are required to follow the Banner Health policies regarding Protected Health Information (PHI) and the PHI they generate or receive from the Medical Center including access for patient care, payment information, peer review or other legitimate patient care activities

**ARTICLE VI - AMENDMENT**

These Medical Staff Rules and Regulations may be amended or repealed, in whole or part, by a vote of the Medical Executive Committee with approval by the Banner Health Board of Directors.

Adoption: Adopted and recommended:

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Date: July 21, 2014