



**BANNER PAGE HOSPITAL  
MEDICAL STAFF RULES AND REGULATIONS**

**ARTICLE I – GENERAL TERMS**

- 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 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 or appropriate department and the Emergency Department of any changes prior to the changes being made. When taking Emergency Department call, providers must be reachable and respond within thirty (30) minutes of notification by the Emergency Department.
- 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:
  - a) Psychologists;
  - b) Registered Nurses (“RNs”);
  - c) Midwives;
  - d) Physician Assistants (“PAs”);
  - e) Advanced Practice Nurses (“APNs”); and
  - f) 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: Unanticipated outcomes of care will be disclosed in accordance with applicable Banner Health policies.
- 1.7 Mandatory Reporting: Practitioners will comply with all applicable state and federal laws, as well as applicable Banner Health policies, relating to mandatory reporting requirements. This includes (but is not limited to) reports of abuse, neglect, and exploitation.

## **ARTICLE II - ADMISSIONS**

- 2.1 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.
- 2.2 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.
- 2.3 Patients admitted as an inpatient for dental service must be admitted by a physician who is a Medical Staff member with admitting 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.
- 2.4 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.
- 2.5 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.
- 2.6 Patients will not be discriminated against on the basis of race, color, religion, sex, age, sexual orientation, disability or national origin.
- 2.7 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.
  - 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.

### **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 or Advanced Practice Provider (APP) is responsible for requesting the consultation. Direct physician to physician or physician to APP 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 or physician to APP 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, or longer if mutually agreed upon by the attending and consultant, 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.
- 3.6 In the event a physician or APP is unable to fulfill their obligation to consult on a patient, it is the responsibility of that physician or APP 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.
- 3.7 In person consultations must be performed by a physician.

### **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 Staff Medical Record Policy.

## **ARTICLE V - HEALTH INSURANCE AND PORTABILITY ACT (HIPAA)**

- 5.1 All members of the Medical Staff are required to follow the Banner Health policies regarding Protected Health Information (PHI).

## **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.

Adopted and recommended Banner Health Board

Date: 03/14/2024