BANNER PAYSON MEDICAL CENTER
MEDICAL STAFF RULES AND REGULATIONS

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ARTICLE I. GENERAL

1.1 The Active Medical Staff shall consist of physicians who are involved in the care of twenty (20) or more patients at the Medical Center during each calendar year. Any Medical Staff Member who has not been involved in the care of twenty (20) or more patients at the Medical Center may submit documentation of other activities demonstrating substantial involvement in the affairs of the Medical Staff and/or the Medical Center to request Active Medical Staff membership. The Medical Executive Committee, or its designee, shall in its discretion determine if such other activities are sufficient to satisfy the requirements necessary to achieve or maintain Active Medical Staff membership. Each Medical Staff Member must meet the above criteria during the previous calendar year to achieve and maintain Active Medical Staff membership. Continuation of membership on the Active Medical Staff may be forfeited by any member who fails to comply with these Bylaws, Rules and Regulations or any other departmental requirements.

1.2 Availability - Physicians with patients in the hospital must be readily accessible by pager or cell phone. Emergent call and/or critical result call to a treating physician must be answered within 20 minutes of the call; failure to respond may be subject to disciplinary action by the MEC and Department committee.

1.3 Coverage - Physicians are responsible for assuring adequate coverage for their patients. Any physician designating cases to the care of another physician shall ensure that the physician has appropriate privileges at the Medical Center. In case of failure to name such designee, the Chairman of the appropriate clinical department, the Chief of Staff, Chief Executive Officer or Chief Medical Officer or his/her respective designee shall have the authority to call any member of the Medical Staff to attend these patients.

1.4 Responsibility for Extenders – Physicians are responsible for their physician extenders. Physician must review their extender's orders, notes and treatment and must document concurrence in the patient's record.

1.5 Emergency Department Call - Physicians serving on the call roster of the Emergency Room are responsible to cover their call or assure coverage by a Banner Payson Medical Center Medical Staff member with appropriate privileges, and to notify the Medical Staff Services office of any changes prior to any changes being made. (See BPMC Emergency Department On-Call Policy and Procedure).

1.6 Research - All research being conducted at, sponsored by, or otherwise affiliated with BPMC facilities and Medical Staff must be in compliance with current Banner Health policies.

1.7 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, QM and RM and disclosure shall be made in accordance with the Banner Health Disclosure of Unanticipated Outcomes Policy. At the time of the unanticipated outcome, 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.

1.8 Management of Suspected or Substantiated Abuse/Neglect/Exploitation - Members of the medical staff shall report or cause to be reported all cases of suspected or substantiated abuse or domestic violence in accordance with current Arizona State Law and approved hospital policy.

1.9 Treatment of Family Members - Practitioners may not treat immediate family members at Banner Payson absent an emergency or the unavailability of another practitioner with similar privileges.

1.10 Pediatric Patients Admitted to BPMC:

a) BPMC admits patients over the age of 18 who require available services.

b) Patients under the age of 18 may be admitted to or placed into observation status and treated in an adult unit if (i) they require obstetrical or gynecologic services or (ii) the admitting physician believes other adult services are appropriate for a patient age 14 and above.

ARTICLE II. ADMISSION POLICIES

2.1 The authority for admission of patients to the Medical Center has been vested in the Medical Center CEO by the Banner Health Board of Directors. Admission orders are made by the physician, but the final approval rests with the Medical Center CEO. 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. Patients may be treated only by physicians who have submitted proper credentials and have been duly appointed to membership on the Medical Staff or have been granted temporary privileges.

2.2 Each patient in the hospital 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 will not be discriminated against on the basis of race, creed, color, age, sex, national origin, or religion or disability.

2.4 Patients who present to the Emergency Department and who have no attending physician with appropriate privileges at the Medical Center, or whose physician cannot be reached timely, shall be treated and admitted by the doctor on duty in the Emergency Department Services at the time and assigned to members of the Medical Staff on call or their designee. Physicians on ED call are responsible for patients on whom they are appropriately consulted. If the patient needs additional consults or to be transferred it is the on-call physician's responsibility to arrange the care needed. The scheduled on-call physician shall take responsibility for an appropriately referred patient with an emergency medical condition, regardless of the patient's ability to pay or identity of the third party payor.

2.5 A physician may direct the emergency physician to refer patients to a specialist with a card stating preferences for specialist referrals on file in the ED. When a patient is discharged from the ED, he/she will be referred to his/her personal physician for follow up care. If no personal physician is identified, he/she will be given the phone number of the appropriate physician on call to arrange follow up.

2.6 On-call responsibility includes the follow up care of those patient referred. The on-call physician is responsible for taking care of the patient's acute problem and any follow up necessary but not for care not associated with the initial problem. A patient cannot be refused because of insurance plan or inability to pay. All physicians are responsible for notifying staff of his/her on-call responsibility. An OB patient may not be discharged without providing for definitive follow up prenatal care.

2.7 If the patient's physician and/or scheduled on-call physician fails to respond timely, the emergency physician shall attempt to find a substitute physician. If no substitute physician is reasonably available, either the Chief of Staff or the Chief of the Emergency Service shall declare that particular service "not available."

2.8 Patients admitted for dental service must be admitted by a Medical Staff physician. 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.

2.9 Except in an emergency, no patient shall be admitted to the Medical Center until after a provisional diagnosis has been stated. In case of emergency, the provisional diagnosis shall be stated as soon after admission as possible. (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.)

2.10 Patients must be seen by the patient's attending physicians or their physician designees:

a) Patients admitted to Critical Care status—within 6 hours;
b) Patients admitted to Telemetry status—within 16 hours;
c) All others—within 24 hours.

Patients must be seen sooner if their condition warrants physician intervention. Patients must be seen daily thereafter by a physician or nurse practitioner, or more often if the patient's condition warrants. The appropriate chairman and the Professional Review Committee are to be notified if a patient is not visited as required within the designated time following admission and daily thereafter.

2.11 In the management of any admission, it is the attending physician's responsibility, as stated in 2.2-1(d) of the Bylaws of the Medical Staff, to utilize medical resources efficiently. This may involve 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.

2.12 Participate in appeal of outside denials if the denial is felt to be unjustified. It is the goal of the Medical Center that patients are cleared for discharge by 11:00 a.m. whenever possible.

2.13 Intensive Care Units/Telemetry – any physician on the medical staff with ICU admitting privileges may admit a patient to the Intensive Care Unit and any physician on the medical staff with admitting privileges may admit a patient to the Telemetry Unit if the patient requires such treatment, observation or nursing care. Interqual admission and discharge criteria will be followed and adhered to by all practitioners utilizing these units.

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. Except in an emergency, consultations with another qualified physician should be obtained for cases on all services in which, according to the judgment of the physician: 1) the patient is not a good medical or surgical risk, 2) the diagnosis is obscure, or 3) there is doubt as to the best therapeutic measures to be utilized. Each department may establish its own consultation requirements subject to approval by the Medical Executive Committee.

3.2 If appropriate consultation is not sought by the attending physician, the Chairman of the appropriate department or the Professional Review Committee Chairman should be contacted. Where the chair concurs that consult is warranted, he/she shall contact the attending physician with the recommendation for consultation in the care of his/her patient. If the attending physician refuses to seek appropriate consultation, the Chairman of the appropriate department or the Professional Review Committee Chairman may request such consultation.

3.3 Direct physician to physician communication when requesting a consultation from a colleague is 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 referring 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. For routine consultations, the decision to speak directly with the consultant physician will be left to the discretion of the referring physician. The attending physician is responsible for requesting the consultation and the specific reason for the consultation should be included with the entered or verbal order. All consultations shall be requested by specifying the individual physician/group. Routine consultation requests will be called at the time the consultation is ordered to the number designated by the physician as his office contact number. Each member of the medical staff is expected to work with his or her answering service to develop an appropriate triage protocol for those routine consultation requests that may come in during the hours the physician’s office is closed.

3.4 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.

3.5 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.

3.6 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 patients who attempt suicide while in the Medical Center shall have a consultation/evaluation by a psychiatrist, psychologist, or trained behavioral health professional who is a member of the Medical Staff or Allied Health Staff of Banner Payson Medical Center.

ARTICLE IV. CALL RESPONSIBILITIES

4.1 Call Schedule. The hospital will maintain an on-call schedule/specialty that will include all appropriate Active Staff physicians and Provisional Active Staff physicians (in accordance with Section 4.6.2). Physicians over the age of sixty-five who have taken City Call for the previous ten consecutive years have the option of not taking City Call. Each service/specialty may make recommendations about the operation of the on-call schedule, as it pertains to its physicians. The on-call schedule shall be revised (monthly) and posted thirty days before it becomes effective. The

call schedule may be amended as necessary with at least thirty days' notice. A physician may not be forced to take a different or additional day of call with less than thirty days' notice.

4.2 Frequency of Call Duty. The schedule will provide approximately equal numbers of on-call days for each physician apportioned approximately evenly between weekdays and weekend/holidays. Disputes regarding the call schedule will be decided by the Chief of Service, with possible appeal to the Chief of Staff. In services/specialties with two or less, the schedule will reflect call duty for only one-third of the month per physician. Upon application from a specialty group for exemption from this provision, the MEC may, upon petition and good cause, grant exception to this requirement upon application of a different schedule that is acceptable to the hospital staff.

ARTICLE V. PHYSICIAN ORDERS

5.1 Physician Orders – Banner Payson seeks to facilitate timely and accurate execution of physicians' orders to deliver quality patient care, and to provide guidelines within which its medical staff, nursing service, and employees can best accomplish this objective. Orders for treatment shall be routinely entered electronically into the clinical information system and shall be dated, timed and authenticated. If the clinical information system is unavailable for any reason and orders are written on paper, each entry must be dated, timed and signed, and the printed name of the physician added. It is the responsibility of the physician who is transferring the patient to a new level of care to review all active orders for clinical accuracy and appropriateness. New orders must be generated by physicians after a surgical procedure.

a) An admission order shall be documented by the attending/consulting or covering physician for all inpatient or observation patients, and extended recovery.
b) Physician or Allied Health Staff (NP's, PA's) orders are required for all tests, services and procedures.
c) Transfer of a patient's care to another physician must be documented via a physician order.
d) Physician orders are required for transfer of a patient to a different level of care within the facility. It is the responsibility of the physician who is transferring the patient to a new level of care to review all active orders for clinical accuracy and appropriateness.
e) Physician orders are required for transfer/transport a patient to another facility. For transfer/transport of an inpatient to another facility, the physician must explain the risks and benefits of the transfer/transport and should ensure that the patient is assessed for stability and clinical needs prior and subsequent to transport. For transfer of an inpatient to another Medical Center for acute inpatient medical services, the physician must also converse with the accepting physician to ensure continuity of care.
f) Orders for inpatients and orders for invasive outpatient procedures may be generated only by members of the medical staff with medical staff privileges or by Allied Health Staff (NP's, PA's) according to their scope of practice.

5.2 Orders for Surgery

a) A physician must obtain patient consent for surgery and must explain the risks and benefits of surgery as well as the risk and benefits of alternative treatment modalities. A physician order is needed for the Medical Center to complete a consent for surgery form, which confirms that the physician has obtained informed consent. The order will state the specific procedure to be performed. The procedure listed on a signed fax pre-operative order form can serve as the order to obtain the surgical consent form. The surgeon is responsible for signing, dating and timing the orders and printing his/her name and for telephone orders verifying that the correct surgical procedure has been indicated.
b) Anesthesia medication orders given by the anesthesiologist during the case will take precedence over other pre-anesthesia medication orders.
c) The surgeon should give all routine admission orders such as diet, etc.
d) For patients who have had a major surgical procedure, the attending surgeon will be in charge of the management of the patient's surgical care. The surgeon will be responsible for designating which physicians will be participating in the patient's care.

e) New physician orders must be generated after a surgical procedure.

5.3 Orders for Outpatient Diagnostic Tests

a) Orders for outpatient diagnostic services are acceptable within their scope of practice from Medical Staff members, non-staff physicians, out of state physicians and those licensed within Arizona with prescriptive authority (PAs and NPs). Practitioners ordering the services must be responsible for the care of the patient.

b) A signed order must be received prior to performing outpatient procedures/tests.

c) A statement of the reason for the test and/or diagnosis must be indicated on the order and it must also be authenticated and dated by a physician or Allied Health Professional licensed within Arizona with prescriptive authority (PAs and NPs).

d) The following facsimiles or original orders are accepted and scanned into the clinical information system:

  i. Outpatient scheduling form
  ii. Prescription forms
  iii. Referral forms (can be payor specific)
  iv. Notation in patient's history and physical
  v. Physician order sheet
  vi. Physician order documented on office letterhead (stationery)

e) Document the Allow Natural Death status. Physicians will sign the Allow Natural Death telephone order upon their next visit and document the reasons even though the patient may have already expired.

5.4 Verbal and Telephone Orders

a) Verbal (face to face) orders are not acceptable except in the case of an emergent situation. Verbal orders will be accepted only by a registered nurse (RN), Licensed Respiratory Care Practitioners (RCP), registered pharmacists, speech therapists and dieticians can accept verbal orders provided the orders are directly related to their specialized discipline. Only physicians and authorized allied health professionals are permitted to give telephone orders for inpatient services. Office staff members are not permitted to give telephone orders.

b) Registered Banner Health pharmacists are permitted to give telephone orders under physician ordered pharmacotherapy consultation.

c) RNs are permitted to accept telephone orders on nursing units. Registered pharmacists, Occupational Therapists, Physical Therapists, Registered Dietitians, Speech Therapists and Respiratory Care Practitioners (RCPs) can accept telephone orders directly related to their specialized discipline. All telephone orders must be read back to verify accuracy and signed by the receiving individual. Telephone orders will be authenticated by the responsible physician.

d) In areas other than nursing units, certain telephone orders may be taken by the personnel in each department most qualified to accept them as long as the order is directly related to their specialized discipline. All such orders will be strictly limited to the area of expertise of the department.

5.5 Allow Natural Death Orders

a) Allow Natural Death orders are entered in the patient's medical record and authenticated, timed and dated by the responsible physician. A properly documented Allow Natural Death order should include the physician's medical reasons for the order and his/her discussion with the patient's family, or with the patient. This should be documented in the progress note.

b) Telephone Allow Natural Death orders are discouraged. However, if Allow Natural Death orders must be placed by telephone, the RN taking the order will have a witness on the telephone to verify and document the Allow Natural Death status. Physicians will sign the Allow Natural Death telephone order upon their next visit and document the reasons even though the patient may have already expired.

ARTICLE VI. GENERAL PHARMACY POLICIES

6.1 General Information - All medication administered to patients at Banner Payson Medical Center will be supplied by the Department of Pharmacy Services unless otherwise defined by policy or by pharmacy approval. The Department of Pharmacy Services maintains a formulary as authorized by the Infection Control/Pharmacy & Therapeutics Committee (IC/P & T Committee). The formulary is an established compendium of approved medications available at BPMC for diagnostic, prophylactic, therapeutic or empiric treatment of patients. The pharmacy is not required to stock more than one brand of an individual medication as approved by the IC/P & T Committee. Medications ordered by trade name may not necessarily be filled by that name unless the physician states "do not substitute" within the order. The pharmacy will be permitted to make therapeutic substitutions of medications only within clearly defined parameters established by the IC/P & T Committee and approved by the Executive Committee. Medication samples may not be used or stored in any area of the Medical Center unless the use is approved by pharmacy per system policy.

6.2 Medications – Patients are discouraged from bringing medications into the Medical Center. Patients may not use their own medications unless the Pharmacy Department cannot supply the medication. The only exceptions to this would be those listed in policy (Medications Brought in by the Patient).

a) These medications will be loaded in the automated dispensing machine(s) for administration to the patient. Medications may be kept at the patient's bedside for self-administration (i.e. inhalers) only upon specific written orders of the physician.
b) Medications brought in by the patient that cannot be identified will not be administered to the patient by Medical Center personnel nor should they be taken by the patient.
c) Outpatient prescriptions will not be filled at Banner Payson Medical Center.

6.3 Medication Orders

a) All medication orders must be complete, including medication name, dose, route, and frequency. Medications ordered "PRN" must specify frequency and indication.
b) Only standard abbreviations can be used. See Banner Health Medication Orders Policy for list of abbreviations that may not be used. Medication dosages should be expressed in the metric system and a leading zero must always precede a decimal expression of less than one (i.e., 0.1 mg not .1 mg). A terminal or trailing zero is never to be used after a decimal (e.g., 1 mg never 1.0 mg). There must be documentation of medical necessity or clinical indications in the medical record for all medication orders.
c) There will be no automatic stop order except for those medications defined by the IC/P & T Committee or the medication order indicates the exact number of doses to be administered or an exact period of time for the medication is specified.
d) All medication orders must be reviewed when a patient is transferred from one medical service to another, to or from Intensive Care Units and pre- and post-surgery. The prescriber must indicate which medications should be continued, held or discontinued.

   All medication orders which were entered prior to invasive surgery must be reviewed post-op and the prescriber should indicate whether to continue, hold or discontinue the medications.

6.4 Pharmacy Review - All medication orders must be reviewed by a pharmacist prior to the administration of the drug unless: A physician controls the ordering, preparation, and administration of the drug, such as in the OR, Endoscopy suite; or the ED; or, in emergency situations in which the clinical status of the patient would be significantly compromised by the delay that would result from the pharmacy review. Any problems or questions concerning a medication order must be resolved by the pharmacist in direct contact with the prescriber. Nursing personnel may be consulted, but shall not be used as an intermediary with the prescriber in the final resolution of those questions. The pharmacist must contact the prescriber directly.

6.5 Pharmacy Dosing and Changes - If the pharmacist is requested by the prescriber to dose the medication, or make any changes in the original medication orders, the pharmacist involved is responsible for entering the revised order into the patient's medical record.

6.6 No "Per Protocol" - Medication orders using the words "per protocol" constitute an invalid order and must be clarified by the pharmacist before processing, unless the order refers to a specific Medical Staff approved protocol or an approved investigational drug protocol and specifies the name and/or number of the protocol; and a written copy is available for review.

6.7 Authorization to Order Medications - Practitioners licensed by the State of Arizona to prescribe medications may enter orders for medications, if they satisfy the requirements for privileges on the Medical Staff of Banner Payson Medical Center consistent with their scope of practice. Allied Health Professionals as defined in the Bylaws may write orders under the policies outlined in the AHP Rules and Regulations. Registered pharmacists are permitted to order medications under physician ordered pharmacotherapy consults.

6.8 Authorization to Administer Medications

The following categories of personnel may administer medications at the Medical Center under the order of a qualified, licensed practitioner:

a) Physician, including house staff officers.
b) Physician Assistant, Registered Nurse, Licensed Practical Nurse, Nurse Practitioner, Certified Registered Nurse Anesthetist. Administration of chemotherapeutic agents can only be performed by nurses certified in chemotherapy.
c) Respiratory Care Practitioners, Levels 1, 2, 3 & 4 (medications related to respiratory therapy treatments only).
d) Respiratory Care Coordinator, Supervisor and Education Coordinator (medications related to respiratory therapy treatments only).
e) Respiratory Technical Specialists (medications related to respiratory therapy treatments only).
f) Radiology Technologist and Nuclear Medicine Technologist (medications related to radiology/nuclear procedures only).
g) EEG Technician and Cardiovascular Technician (CVT) (oral medications only) and Anesthesia Technicians (medications related to EEG and Cardiovascular therapy treatments only).
h) Physical Therapist (Topical medications related to physical therapy treatments only).
i) Students under direct supervision of a preceptor from number 1 through 8 above.

6.9 Reporting Adverse Drug Events - All adverse drug events shall be reported using the approved system as per BPMC Pharmacy policy.

ARTICLE VII. GENERAL SURGICAL POLICIES

7.1 The provisional diagnosis and the history and physical must be in the chart before surgery. When a history and physical examination, as stated in these rules and regulations, is not available prior to the surgery/invasive procedure, the surgeon may complete a comprehensive manually entered history and physical in the electronic chart. If no history and physical is available prior to surgery, the procedure shall be canceled unless the attending surgeon states in writing that such delay would constitute a hazard to the patient. A preoperative diagnosis shall be recorded before surgery by the physician responsible for the patient.

7.2 It is at the discretion of the surgeon as to whether or not an assistant is required for any surgical procedure, and if there is an assistant, it is at the surgeon's discretion as to whether or not anesthesia may be started before the assistant is present in the operating suite. Anesthesia will not be administered before the attending surgeon is present.

7.3 Pre-Operative orders for surgical cases performed in the main OR shall be entered electronically into the clinical information system by 4 pm the business day prior to scheduled surgery. Pre-Operative orders for non-OR cases shall be entered prior to the patient presenting to facility. The Medical Center will not perform any pre-surgical testing except on the specific electronic order of the physician.

7.4 Post-Operative notes shall be entered into the medical record immediately after surgery. Operative reports shall be dictated or electronically created within 24 hours after surgery.

7.5 All orders for patient care will be cancelled at the time of surgery and it will be the responsibility of the physicians to enter new orders for continuation of the patient's care.

7.6 Tissues and foreign bodies removed during a surgical procedure shall be sent to the Medical Center pathology department for evaluation according to policy. See Handling of Explanted Medical/Surgical Devices Policy and Procedure. Such specimens shall be properly labeled, packaged in preservative as designated, and identified as to patient and source in the operation room at the time of removal. Each specimen must be accompanied by pertinent clinical information and, to the degree known, the preoperative and postoperative diagnoses. Receipt by the laboratory of surgically removed specimens for examination shall be documented, and identity of the specimens and patients shall be assured throughout the processing and storage.

7.7 Specimens sent to the pathology department shall be examined by a pathologist. The determination of which categories of specimens require only a gross description and diagnosis shall be made conjointly by the pathologist and the medical staff, and documented in writing. Categories of specimens that are exempted from the requirement to be examined by a pathologist are the following:

a) Specimens that by their nature or condition do not permit fruitful examination, such as a cataract, orthopedic appliance;
b) Therapeutic radioactive sources, the removal of which shall be guided by radiation safety monitoring requirements;
c) Foreign bodies (for example, bullets) that for legal reasons are given directly in the chain of custody to law enforcement representatives;
d) Specimens known to rarely, if ever, show pathological change, and removal of which is highly visible postoperatively, such as the foreskin from the circumcision of a newborn infant;
e) Placentas that are grossly normal and have been removed in the course of operative and non-operative obstetrics.

7.8 Operative and High Risk Invasive Procedure and Site Identification

a) The correct surgical or invasive procedure site will be marked for those cases involving right/left distinction, or multiple structures (toes/fingers), or levels (spine) – the general level of the procedure (cervical, thoracic, or lumbar) as well as anterior vs. posterior. The physician, patient and the surgical or invasive procedure team will verify that the correct site is marked prior to the start of the procedure.
b) Laterality of all procedures will be verified and spelled out in its entirety on the consent form.
c) Prior to the start of the procedure, the surgical or invasive procedure team will pause (conduct a "time-out") and using active communication will, prior to the incision:
   i. Verify that relevant documentation, images, implants or special equipment is readily available;
   ii. Verbally confirm the correct patient, correct side and site, correct patient position and correct procedure as identified on the consent for operation. Verification will be documented in the medical record.
   iii. Resolve any questions or discrepancies prior to start of the procedure.
d) The exact interspace to be operated on will be identified intraoperatively via x-ray.
e) Compliance with this policy will be monitored concurrently.

ARTICLE IX. INTERN, RESIDENT AND FELLOW ROTATIONS

10.1 Supervision of Interns, Residents and Fellows - Professional Graduate Medical Education Programs wishing to rotate Interns, Residents or Fellows through Banner Payson Medical Center will require approval by the appropriate Department Committee, the Medical Executive Committee and Medical Center CEO. This approval will be based upon information provided by the GME training program. Once approved, the professional liability coverage and competencies of each resident or fellow will be confirmed. Successful completion of Banner's electronic medical record/computer assisted order entry training (CPOE training) is required before start of the assigned rotation. Interns, Residents and Fellows will be oriented to Banner Health policies, programs, and channels of communication.

Interns, Residents and Fellows shall function within the Medical Center under an approved job description and must be supervised by an attending or supervising physician with appropriate clinical

privileges. The Supervising Physician, who is a member in good standing of the BPMC Medical Staff, shall communicate information to the graduate medical education (GME) training program about the quality of care, treatment, and services and educational needs of the participants he/she supervises.

Interns, Residents and Fellows are not members of the Medical Staff and therefore may not admit patients, hold elected office or vote, and are not required to pay staff dues. They may attend meetings or serve on committees if invited by the organized medical staff. Physicians in training are not entitled to the rights outlined in Article Three, Section 3.2 of the Medical Staff Bylaws.

10.2 Documentation By Interns, Residents And Fellows - The attending physician shall be responsible for each patient's medical record. When interns, residents or fellows are involved in patient care at BPMC, sufficient evidence is documented in the health record to substantiate active participation and supervision of the patient's care by the attending physician. The teaching physician must personally document his/her participation in three (3) key components of the service provided by interns, residents or fellows, i.e. history, exam, and medical decision making. In surgery, the teaching surgeon must be present during all critical or key portions of the procedure. During non-critical or non-key portions of the surgery, if not physically present, the teaching surgeon must be immediately available to return to the procedure. If circumstances prevent a teaching physician from being immediately available, then he/she must arrange for another qualified surgeon to be immediately available to assist with the procedure, if needed.

10.3 Orders And Operative Reports - Interns, Residents and Fellows approved for rotation through Banner Payson Medical Center, who are appropriately registered with the Arizona Medical Board and who are participants in an accredited training program, may enter patient care orders as determined by the supervising physician and the training program.

If designated by the supervising physician and the training program, interns, residents or fellows may be responsible for operative reports for surgeries performed by the surgeon they have assisted. The surgeon may modify a statement recorded by the intern, resident or fellow and authenticate change or addendum. The attending/supervising physician will be notified of incomplete or delinquent records assigned to interns, residents, or fellows he/she supervises. Final responsibility for care of the patient rests with the attending physician or his/her designee.

ARTICLE X. MEDICAL, PHYSICIAN ASSISTANT, NURSE PRACTITIONER AND STUDENT REGISTERED NURSE ANESTHETIST STUDENTS

11.1 Student Level of Participation

a) Student Rotations through Banner Payson Medical Center will be in accordance with the Banner Health Clinical Education Rotation Agreement.
b) Students will practice under the direct supervision of a supervisory practitioner/preceptor (Practitioner) defined as a medical staff member, Resident Affiliate or Advanced Practice Provider at Banner Payson Medical Center, who has oversight responsibility for mentoring the student.
c) Participation in specific rotations at BPMC is subject to prior approval of the Medical Executive Committee.
d) The number of students participating will be reevaluated periodically and subject to change.

11.2 Specific Medical Student Activities

a) Year one and two medical students may observe only.
b) Year three and four medical students may participate in care and management of patients.
c) Year three and four medical students may dictate H&Ps and procedural notes. Electronic Medical Record training (view only) must be completed prior to beginning any patient care activities.
d) All documentation must be countersigned by the Practitioner promptly. The Practitioner is ultimately responsible for all required components of the medical record.
e) Students may observe or assist in surgery. Medical student must be able to document education of aseptic technique prior to assisting in surgery.
f) Students may assist in surgery with the Practitioner with the patient's consent.
g) All activities are under the direct guidance and supervision of the Practitioner.

11.3 Specific Physician Assistant (PA) Student Activities

a) PA students may participate in care and management of patients.
b) Electronic Medical Record training (view only) must be completed prior to beginning any patient care activities.
c) The Practitioner is responsible for all required components of the medical record.
d) PA students may not dictate.
e) PA students may observe or assist in surgery. PA student must be able to document education of aseptic technique prior to assisting in surgery.
f)
g) PA student must be able to document education of aseptic technique prior to assisting in surgery.
h) All activities are under the direct guidance and supervision of the Practitioner.

11.4 Specific Nurse Practitioner (NP) Student Activities

a) NP students may participate in care and management of patients.
b) NP students may observe or assist in surgery. NP student must be able to document education of aseptic technique prior to assisting in surgery.
c)
d) At the discretion of the Practitioner, NP students may obtain Powernotes training and document in the electronic medical record. Otherwise, they will be granted view-only training and access.
e) Documentation is countersigned by the Practitioner promptly. The Practitioner is ultimately responsible for all required components of the medical record.
f) NP students may not dictate.
g) All activities are under the direct guidance and supervision of the Practitioner.

11.5 Specific Student Registered Nurse Anesthetist (SRNA) Activities

a) SRNA students may participate in care and management of patients.
b) At the discretion of the Practitioner, SRNA students may obtain Powernotes and SAM training and document in the electronic medical record. Otherwise, they will be granted view-only training and access.
c) Documentation is countersigned by the Practitioner promptly. The Practitioner is ultimately responsible for all required components of the medical record.
d) SRNA may not dictate
e) All activities are under the direct guidance and supervision of the Practitioner.

11.6 Restrictions Student Activities

a) Students may not create discharge summaries or operative reports;
b) Students may not enter orders.
c) Students may not independently perform procedures without direct supervision.

11.7 Student Responsibilities

a) Students are required to comply with all BPMC policies and procedures during the clinical experience.
b) Students shall have access only to patient information that is a necessary part of the approved rotation.
c) Students, as participants in an educational program, must at all times wear a Student Identification Badge issued by Human Resources.

11.8 Application and Approval Process - A request for approval for a student rotation at BPMC must be submitted thru My Clinical Exchange for processing.
Students, with the assistance of their school, will supply documentation as required by the affiliation Clinical Education Rotation Agreement prior to starting the clinical experience.
Once a specific program has received approval from the BPMC GME Committee and the BPMC Medical Executive Committee, individual students may be accepted for rotation upon successful completion of the above application process.

11.9 Orientation –Medical, PA, NP and SRNA students will be oriented to Banner Health policies, programs, and channels of communication.

11.10 Fees and Services - A facility stipend will apply, in the amount provided in the Clinical Education Rotation Agreement, to offset expenses involved in the student rotation for those core rotations and other rotations in which the student spends a substantial amount of their time in the hospital. This fee covers services provided by Banner Payson Medical Center including access to: patient (with consent); education and teaching areas; computer systems and training, and meals provided in the Physician's Lounge.

ARTICLE XI. COMMITTEES

13.1 Infection Prevention and Control Committee - The Infection Prevention and Control committee shall meet on a date and time agreed upon by its members.

a) The Committee shall consist of:
   i. A Chairman appointed by the Chief of the Medical Staff, with MEC approval, and at least two other members of the medical staff.
   ii. Infection Control Practitioner
b) Representatives from the following areas:
   i. Quality Management
   ii. Pharmacy
   iii. Surgical Services/Sterile Processing Department
   iv. Interventional Radiology
   v. Occupational Health
   vi. Emergency Department
   vii. Administrative representative
c) Adhoc members as necessary from:
   i. Safety
   ii. Culinary Services
   iii. Environmental Services
   iv. Materials Management
   v. Departments/nursing units
   vi. Microbiology

d) The Infection Prevention and Control Committee shall perform the following functions:
   i. Support and direct the Infection Prevention and Control Program
   ii. Determine surveillance activities and interventions to promote a safe environment for patients and employees and improve trends in nosocomial infection rates as a part of the facilities organization wide approach to designing, measuring, assessing and improving its performance.
   iii. Review of antimicrobial susceptibility profiles of pathogens identified in the laboratory.
   iv. Make recommendations and direct the Infection Prevention and Control Program in corrective action based on review of infections and potential for infection among patients, physicians and hospital personnel.
   v. Review and implement proposals for all special infection control studies and any subsequent findings.
   vi. Provide input into the scope and content of the Occupational Health Program.
   vii. Institute appropriate control measures or studies when there is a potential danger to a patients, physicians or hospital personnel safety.
   viii. Review written policies and procedures, as appropriate, related to the facility's Infection Control Program at least every three years; revise as necessary and develop new policies and procedures where appropriate.
e) Authority Statement - The Infection Prevention and Control Committee Chair and/or Infection Prevention Practitioner have delegated the authority for hospital administration to institute control measures, studies, enforce policies; to direct change in institutional policies and practices to achieve immediate control over an outbreak; and, act on a suspected or defined problem when indicated by findings or through surveillance mechanisms.

ARTICLE XII. AMENDMENT AND ADOPTION

14.1 **AMENDMENT:** These General Rules and Regulations of the Medical Staff may be amended or repealed, in whole or part, by a resolution of the Medical Executive Committee recommended to and adopted by the Board.

14.2 **ADOPTION:** Approved and adopted by resolution of the Banner Health Board of Directors on May 13th, 2021, June 2, 2022

Revised: May 13th, 2021; June 2, 2022