HOLY CROSS GERMANTOWN HOSPITAL
RULES AND REGULATIONS
OF THE MEDICAL STAFF

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EMERGENCY MEDICINE DEPARTMENT - ATTENDANCE OF PATIENTS

The Main Emergency Room (Main ER) consists of the Holy Cross Germantown Hospital Emergency Department. Patients presenting at the Main ER who have no private physician will be treated by an individual designated in the following section of these Rules and Regulations entitled, "Emergency Medical Condition — Patient Evaluation and Treatment". Such patients shall be referred (pursuant to on-call roster protocols), as required, to a member of the Medical Staff on call in the appropriate department or subsection. Each department and subsection shall regularly provide to the Main ER a roster of Staff Members who will be on duty for the various specialties. The department or subsection chair shall be responsible for preparing the roster and transmitting it on a timely basis to the Main ER. The department or subsection chair shall administer the roster and have authority to make any necessary changes. The roster shall be prepared so that medical staff member participation rotates fairly among those who are deemed qualified by the department or subsection chair. The department and subsection chairs maintain the prerogative to require all physicians (which may include Active, Provisional, and Courtesy Staff) within the department or subsection to be placed on the roster and to accept on-call duty for the Main ER and for unassigned in-patient consultations when requested. The roster shall be the exclusive source of referrals for specialty coverage of Main ER patients and in-patients lacking a relevant private physician. No Staff Member shall be entitled to due process or hearing rights as a result of any roster decisions. The Hospital shall be responsible for supervising roster coverage and compliance with these policies. For purposes of this rule, the terms "department chair" or "subsection chair" include the designee(s) of such persons.

All physicians who are "on call" must return calls from the Hospital promptly (generally within 30 minutes). If clinically appropriate as determined by the individual performing the medical screening examination after consultation with the on-call physician, on-call physicians must thereafter appear at the Hospital within a clinically reasonable time to evaluate and, if necessary, treat the patient. Such treatment shall include any treatment that can be provided within the Hospital's capacity to stabilize any emergency condition from which the patient may suffer and, if necessary, a transfer of the patient to another facility in accordance with Hospital policy and the requirements of these Rules and Regulations.

If a patient is referred by the Main ER to an on-call physician for follow-up care in the physician's office, the on-call physician must evaluate the patient at least once within a clinically appropriate time. If the on-call physician has been called about the patient by the Main ER staff or has seen the patient in the Main ER, that physician must follow-up with the patient in the private office setting within a clinically appropriate time; that referral physician is also responsible for the patient if the patient returns to the Main ER prior to being seen in the physician's private office. The obligations set forth in this paragraph: 1.) arise only if the patient contacts the-on-call physician's office to arrange follow-up care within 30 days of the Main ER referral; 2.) relate only to follow-up care of the acute condition that produced the Main ER's referral; and 3.) exist regardless of the patient's ability to pay, and regardless of the physician's HMO, PPO, IPA, etc. affiliation.

If a patient presents to the Main ER within a 30-day interval from a previous admission to the Hospital, and this patient requires readmission by a physician of the same specialty, it is the responsibility of the on-call physician who took care of the patient during the previous hospitalization to admit the patient.
All physicians are responsible for the call assigned to them. In the event that a physician assigns or trades call with another qualified medical staff member, the physician must notify the Medical Staff Office and the Emergency Center in writing or via email prior to the day of call to have the name of the medical staff member on call changed.

EMERGENCY MEDICAL CONDITION — PATIENT EVALUATION AND TREATMENT

Regardless of the patient's ability to pay or the physician's affiliation with any third party payor, the Medical Staff recognizes the right of the patient to receive, within the capabilities of the Hospital's staff and facilities:

1. An appropriate medical screening examination;
2. Necessary stabilizing treatment for an emergency medical condition (including treatment for an unborn child); and
3. If necessary, an appropriate transfer to another facility.

For patients on the main hospital campus, the medical screening examination must be performed:

1. In the Main ER:
   a. by the Emergency Medicine physician on duty or
   b. by a physician assistant or nurse practitioner acting under the supervision of the Emergency Medicine physician on duty and in accordance with Hospital policy, or
   c. by the patient's private physician

2. In the Labor & Delivery unit:
   a. by a clinical nurse acting upon communication with the patient's private physician and in accordance with Hospital policy, or
   b. by a resident physician under the supervision of the attending physician, or
   c. by the patient's private physician.

In the event that a patient arrives at the Main ER seeking direct admission to the Hospital by arrangement with his or her private physician, a medical screening examination shall be offered to such patient in the event his or her admission to the Hospital is delayed by 30 minutes or more, or in the event that the patient requests screening and/or treatment for an emergency medical condition.

TRANSFER OF PATIENT TO ANOTHER HEALTH CARE FACILITY

If a patient who is to be transferred (or discharged) has an emergency medical condition, transfer (or discharge) shall only be effected after the a medical screening examination has been performed and all stabilizing treatment has been provided that is within the Hospital's capacity that minimizes the risks to the individual's health and, in the case of a woman in labor, to the health of the unborn child. Transfer may only be affected where the receiving facility has available space and qualified personnel to treat the patient and has agreed to accept transfer of the patient and to provide appropriate medical treatment. Copies of all available medical records must accompany the patient. It is the responsibility of the physician who authorizes transfer to arrange for transfer through personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer.

Before authorizing transfer of any patient, the physician who authorizes transfer must complete an appropriate Hospital transfer form. If an unstabilized patient (or legal surrogate of an incapacitated patient) requests the transfer, the physician shall inform him/her of the Hospital's obligations to
stabilize the patient and of the risks of transfer. The patient/surrogate's transfer request must be in writing and indicate the reasons for the request as well as indicate that the patient/surrogate is aware of the risks and benefits of transfer. If the patient/surrogate is not requesting transfer but the physician believes transfer is appropriate, the physician who authorizes transfer of an unstabilized patient must certify that, based on the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at the receiving facility outweigh the increased risks to the patient or, in the case of a woman in labor, to the woman or unborn child. The certification must contain a summary of the risks and benefits upon which it is based.

The physician authorizing transfer is responsible for informing the patient (or surrogate if the patient is incapacitated) of the reasons for transfer and, whenever possible, for obtaining written documentation of informed consent to the transfer, including a summary of the risks and benefits of transfer. The physician must inform the patient or surrogate of the Hospital's obligations to provide a medical screening examination and any necessary stabilizing treatment. If the patient or surrogate refuses transfer, the physician must assist the Hospital with its efforts to obtain written informed refusal of the transfer, documentation that the individual was informed of the risks and benefits of transfer, and documentation of the reason(s) for the refusal.

**REFUSAL OF EXAMINATION AND/OR TREATMENT**

If the patient (or surrogate if the patient is incapacitated) refuses examination and/or treatment to stabilize an emergency medical condition, the physician shall inform the patient/surrogate of the risks and benefits of examination and treatment. The physician must document a description of the examination and/or treatment that was refused. The physician shall assist the Hospital's attempts to secure the patient/surrogate's written informed refusal. The document should indicate that the patient/surrogate has been informed of the risks and benefits of the examination and/or treatment.

**ABSENCE OF STAFF MEMBER - REQUIRED COVERAGE**

In the absence of any attending physician by reason of vacation, meetings or any other cause, he/she shall name a physician having privileges and comparable qualifications at Holy Cross Germantown Hospital to care for his/her patients. The name of the physician's replacement shall be listed in the patient's chart. In case of failure to name such associate, the President of the Medical Staff or his/her designee shall have authority to call any member of the staff shall he/she consider it necessary.

**MASS CASUALTY ASSIGNMENTS**
All medical staff members shall be assigned to posts, either in the Hospital or in an auxiliary hospital or in mobile casualty stations, and it is their responsibility to report to their assigned stations. The physician will perform such duties as are assigned.

**PROTECTION OF OTHER PATIENTS AND RESPONSIBILITY OF ADMITTING PHYSICIAN**

Physicians admitting patients shall be held responsible for giving such information as may be necessary to assure the protection of other patients from those who are a source of danger from any cause whatsoever or to assure protection of the patient from self-harm.

**HOUSESTAFF**

Medical students, interns, residents and fellows who are assigned to the Hospital through their graduate education program (collectively referred to as "house staff" in this section) may only render services to Hospital patients in accordance with the Hospital's policies and procedures, the Resident's Position Description, as well as with Maryland and federal laws and regulations. All house staff must be registered with the Hospital's Education Director, as well as registered by the Maryland Board of Physicians (BOP) or registered with the BOP through their training program. House staff members are not considered to be members of the Medical Staff for any purpose; Accordingly, they are not entitled to due process, voting or any other rights under the Medical Staff Bylaws.

House Staff may only provide services to Hospital patients under the supervision of a physician member of the Medical Staff who is the appropriate attending physician and/or the Hospital's Education Director. The degree of supervision of each house staff member is to be determined by the appropriate attending physician in accordance with the Resident's Position Description. Resident may only write orders as defined in the Resident's Position Description.

The Medical Education Committee will be responsible for communicating information pertaining to the Resident program on a regular basis but not less than twice a year to the Medical Executive Committee and the Board of Directors. The report shall be written and contain information on quality and safety concerns. Quality of the program is monitored through resident evaluations done by the Education Coordinators.

The Resident's Position Description will be available on the Hospital's computer system and/or in written format.

**HISTORY AND PHYSICAL EXAMINATION**

A complete history and physical examination shall be recorded within twenty-four hours of admission of an inpatient or prior to surgery, whichever is earlier. The History and Physical examination should be recorded by a practitioner who has been granted privileges to do so through the credentialing process. Under the supervision of a credentialed practitioner, a nurse practitioner student, a
physician assistant student or a medical student may perform all or part of the History and Physical examination.

If a History and Physical examination has been completed within thirty (30) days prior to admission or surgery, that examination may also be used to satisfy the requirement, provided the physician reviews and updates the assessment at the time of admission (within 24 hours) and records any changes that have occurred since the examination was conducted. This update must be signed and written on or attached to the original assessment. If the History and Physical examination is performed by a practitioner who is not a member of the Holy Cross Germantown Hospital Medical staff, the attending physician of record will review the History and Physical examination, co-sign and date it.

Before outpatients receive sedation or general anesthesia, a History and Physical examination must be conducted and documented in accordance with the requirements for in-patients (described in the previous paragraph). Minor outpatient procedures done without general anesthesia or moderate sedation do not require a full history and physical. The proceduralist must however document the pertinent aspects of the case. Pain Management patients will have a History and Physical examination conducted and documented at the time of their first series visit.

Physicians are responsible for performing the admitting physical exam for newborns within 24 hours of birth and providing for the patient's daily care, including writing all orders and completing the medical record. Physicians are also required to perform an additional exam if 48 hours elapses after the admitting PE, and additional exams every 48 hours thereafter, until the child is discharged from the hospital. The final note may substitute for the discharge summary.

A complete History and Physical examination includes the following elements:
- Details of present illness and review of systems
- Medical History, including all allergies
- Family History
- Relevant physical, psychological and social evaluation
- Physical examination
- Pain (site, character, frequency, duration, intensity and modifying factors)
- Assessment and Treatment Plan

The History and Physical examination is authenticated by the practitioner who performed or supervised the History and Physical examination and is filed in the patient's medical record.

**OPERATIVE REPORTS**

A post-operative note shall be documented in the medical record by the surgeon immediately after surgery and shall contain the following elements: pre- and post-operative diagnosis, name of surgeon and assistants, anesthesia employed, surgical procedure(s) performed, surgical findings, complications of procedure or anesthesia and condition of patient at termination of procedure. When indicated, the post-operative note shall include estimated blood loss, fluid replacement, surgical wound drains, and tissue specimens removed and the disposition of the specimens to Pathology, Biomedical Engineering or Radiology. A detailed operative report shall be dictated
immediately after surgery and shall include the elements of the post-operative note as well as specimens removed and the technical details of the surgical procedure. The completed report is authenticated by the practitioner who performed the surgery/procedure and filed in the medical record as soon as possible after the surgery.

**ORDERS FOR TREATMENT**

All patients must have an admission order entered to be admitted to an inpatient bed.

All members of the Medical Staff are expected to input their orders into the hospital electronic system. Exceptions to this requirement would include during a Code Blue, intraoperatively, intrapartum and in situations when physicians do not have access to remote computer devices or the electronic patient chart.

An order shall be considered to be in writing if dictated to a duly authorized person functioning within his/her sphere of competence and scope of practice. Duly authorized persons may include the following individuals:

1. registered nurse,
2. licensed practical nurse,
3. licensed nurse practitioner,
4. registered pharmacist
5. licensed or registered respiratory therapist,
6. licensed dietitian or licensed nutritionist,
7. licensed physical therapist,
8. licensed occupational therapist,
9. licensed speech-language pathologist,
10. certified medical technologist,
11. certified medical laboratory technician,
12. medical laboratory accessioners, and
13. certified physician assistant.

An individual may be authorized to accept a verbal order only if it is determined that the individual possesses the qualifications and competencies established by the Hospital, which may be amended from time to time. The same qualifications and competencies are required of employees, contract staff, and any other authorized individuals.

The issuance, acceptance, renewal, and documentation of verbal orders for restraints, whether applied due to behavioral health reasons or medical/surgical reasons, is governed by the Hospital's Patient Restraint Policy.

Verbal orders, including orders dictated over the telephone, shall be:

1. prohibited for chemotherapy;
2. for inpatient orders, signed, timed, dated and authenticated by the ordering or covering person within 48 hours in accordance with the Medical Staff Bylaws and Rules and Regulations; and
3. for outpatient orders, either signed, timed, authenticated and dated by the ordering or covering person within 48 hours in accordance with the Medical Staff Bylaws and Rules and Regulations, or authenticated by fax upon request of the Hospital.

All orders for medications and/or treatments must be reissued in their entirety by a responsible physician when patients are transferred to or from the Intensive Care Unit, Endo/Minor Surgery, and/or from the Operating Room.

Physicians shall bring time sensitive orders (such as urgent or stat orders) to the attention of the patient's nurse or charge nurse as soon as those orders are written, e.g. admission orders in the emergency center, stat orders, etc.

A department that is affiliated with a medical school may, as part of its teaching procedure, delegate the writing of orders to the resident staff of that department, in accordance with the Bylaws and Rules and Regulations of the Medical Staff and the applicable Resident Position Description.

**MEDICAL RECORDS - RESPONSIBILITIES AND REQUIREMENTS**

The attending physician or dentist shall be responsible for the prompt completion of the medical record of each patient (including the requisite signature of any material dictated) within thirty (30) days following the medical record allocation date. (Defined as the date when the patient is discharged from the facility). Weekly reminder letters will be sent via email, fax and US Mail to the attending physician or dentist notifying him/her of the records requiring completion.

If the physician or dentist fails to complete the medical record by the thirtieth (30th) day following the allocations date, he/she shall be automatically suspended pursuant to Article IX, Section C(4) of the Bylaws.

The practitioner will receive an email from the Medical Record department and a letter sent by Certified mail advising him/her of the suspension and any associated penalties. The practitioner may not admit any new patients or schedule any new surgical or medical procedures while on suspension.

If the practitioner fails to complete the medical record within an additional 30 days, he/she will be sent a "Five Day Letter" via Certified mail and fax advising him/her that if the record(s) is not completed within five business days, the practitioner's privileges will be revoked. Fines associated with the Five Day Letter and repeated suspensions are outlined in Article IX, Section C. #4 of the Medical Staff Bylaws.

The medical record shall contain, as appropriate:
- Identification data (name, sex, address, date of birth)
- Name of authorized representative, if any
- Legal status of patients receiving behavioral health, if applicable
- Evidence of known advance directives
- History of present illness, including emergency care
- Medical History, including chief complaint, personal and family history
Physical examination and review of body systems
Conclusions/impressions from the history and physical examination
Reason(s) for admission, care and treatment
Diagnosis and therapeutic orders
Goals of treatment and treatment plan
Known allergies to food and medication
Diagnostic procedures, tests and results (e.g., clinical laboratory, x-rays, etc.)
Special reports (e.g. consultations)
Medical and/or surgical treatment
Pre-operative diagnosis, if applicable
Informed consent, if applicable
Operative reports and pathological findings
Progress notes
All reassessments and plan of care revisions
Patient's response to care
All medications ordered or prescribed and administered, including strength, dosage, rate, administration devices used, access site or route and any adverse drug reactions
All relevant diagnoses/conditions established during the course of care and treatment
Condition at discharge
Final diagnosis
Discharge summary
Autopsy or death summary, if appropriate
All necessary signatures

No medical record shall be filed until it is complete, except on order of the Medical Records Physician Advisor.

CONSULTATIONS

Responsibility for requesting consultation: The patient's attending physician is responsible for requesting consultations when indicated. A consultation must be sought as required by the practitioner's delineation of privileges. Consultations are recommended, but not limited to, the following instances:

- When there is doubt about the best therapeutic measures to use
- When other unusually complicated situations are present that may require the specific skill of another-practitioner
- When a patient or family requests a consultation or second opinion.

Psychiatric consultation and treatment shall be offered to all patients at high risk for suicide, attempted suicide or who have taken a drug overdose. This must be documented in the patient's medical record whether accepted or rejected.
Essentials of a consultation: A consultation shall include an examination of the patient and the record. A written opinion signed by the consultant must be included in the medical record. When operative procedures are involved, the consultation note, except in emergency, shall be recorded prior to the operation.

AUTOPSIES

Every member of the Medical Staff is expected to be actively interested in securing autopsies. No autopsy shall be performed without prior written consent. All autopsies shall be performed by the hospital pathologist or by a physician to whom he/she may delegate the duty.

DISCHARGE SUMMARY

Patients shall be discharged only on order of the attending physician. A concise discharge summary providing information to facilitate continuity of care of the patient shall be dictated or handwritten by the attending physician. The discharge summary will include: the reasons for hospitalization, the significant findings, the procedure(s) performed, treatment rendered, discharge diagnoses, condition of the patient at discharge, and instructions to the patient and/or family on medications, diet, activity and for follow-up treatment and care, as appropriate.

RECORDS - PROPERTY OF HOSPITAL - AVAILABILITY ON READMISSION

All records are the property of the Hospital and shall not be removed from the Hospital custody except pursuant to court order or legal subpoena. In case of readmission of a patient, all previous records shall be made available for the use of the attending practitioner upon request.

ACCESS TO MEDICAL RECORDS BY STAFF PHYSICIANS

Free access to all medical records of all patients shall be afforded to staff physicians in good standing for bonafide study and research consistent with preserving the confidentiality of personal information concerning the individual patients. All patient records are subject to inspection by the departmental chairman or his/her designee. The medical record of any patient may be used as a teaching case; e.g., chart records, conference, etc. Subject to the discretion of the President of the Hospital, former members of the Medical Staff shall be permitted free access to information from the medical records of patients whom they served as consulting or attending physician.
DRUGS

Drugs used shall meet the standards of the United States Pharmacopoeia, National Formulary with the exception of drugs for bonafide clinical investigation.

DRUGS AND NARCOTICS — AUTOMATIC DISCONTINUATION

Please see Holy Cross Germantown Hospital Policy, Medication: Medication Orders for automatic discontinuation of drugs and narcotics.

HOSPITAL FORMULARY

Each member of the Medical Staff, by accepting membership on the staff, gives his/her consent to the use of the Hospital Formulary, unless otherwise specified in writing on the patient's order sheet.

RETURN OF LIBRARY BOOKS/MATERIALS

Members of the Medical Staff who fail to return library books/materials within thirty (30) days from notification by certified mail of their overdue status, shall be subject to automatic suspension until return of the item or payment is made for the cost to replace the item.

TREATMENT OF CLOSE RELATIVES

In the best interest of the patient and the physician, no physician shall be permitted to admit or treat close relatives. A "close relative" is designated as a spouse, child, parent, sibling, grandparent and grandchild.

PROHIBITED DANGEROUS ABBREVIATIONS

The hospital maintains a list of "Dangerous Abbreviations" also known as "Do Not Use Abbreviations". This list is available on all patient care units and in the Medical Records Department. Any medical record that is incomplete because of a dangerous abbreviation is subject to the same rules governing incomplete medical records.

INQUIRIES FROM REVIEW COMMITTEES

In the event that a member fails to respond to a letter from any peer review or monitoring committee of the Medical Staff requesting information or an appearance within fourteen (14) days following
receipt of a third request, which shall be sent by certified mail, return receipt requested, such member shall be automatically suspended from exercising all clinical privileges. Automatic suspension shall remain in effect until such time as the member submits a written response to the appropriate Department, Subsection or Committee Chairman responding to the original inquiry and requesting that the suspension be lifted.

The appropriate Chairman shall evaluate the response and submit a written recommendation to the Medical Executive Committee concerning the automatic suspension. The Medical Executive Committee shall act on the recommendation from the Chairman at its next regular meeting.

The automatic suspension shall not be lifted except by action of the Medical Executive Committee. Only the action of the Medical Executive Committee shall entitle the member to due process rights under the Bylaws.

Peer review and monitoring committees shall include all Department and Subsection peer review committees, standing committees or ad hoc committees of the Medical Staff, and any other committee which is concerned with monitoring the quality and appropriateness of care.

**SEXUAL HARASSMENT**

The Holy Cross Germantown Hospital Medical Staff does not condone and will not permit sexual harassment of any member of the Medical Staff, resident, intern, medical student, Holy Cross Hospital employee, contractor, patient or visitor. All Medical Staff practitioners are expected to abide by this policy. Violation of this policy will result in disciplinary action up to and including revocation of privileges.

Membership on the Medical Staff also constitutes an acknowledgement that the Hospital is legally obligated to appropriately investigate allegations of sexual harassment by Medical Staff members (just as it is obligated to respond in other scenarios) and to take remedial action as appropriate to ensure a safe workplace. Medical Staff members will cooperate with any such investigation and remediation and will not retaliate against any complainant or other individual involved in an allegation or investigation.

Sexual harassment refers to verbal and/or physical behavior of a sexual nature that is unwelcome and offensive to those individuals who are subjected to it or who witness it. Sexual harassment is a form of misconduct that is demeaning to another person and undermines the integrity of the working relationship. Examples include but are not limited to: unwanted sexual advances; requests for sexual favors; inappropriate physical contact; foul language; sexually oriented propositions; sexually oriented jokes or remarks, obscene gestures or the display of sexually explicit pictures, cartoons or other materials; or threatening or taking retaliation as a result of a report of such actions.

Any individual may report an instance of sexual harassment involving a Medical Staff member to the President of the Medical Staff, the Chief Medical Officer or the Holy Cross Health Chief Human Resource Officer. All complaints of sexual harassment will be investigated in an appropriate manner.
Remedial actions may include: counseling; education; reprimand; or disciplinary action under the Medical Staff Bylaws. No person will be adversely affected in any regard with Holy Cross Germantown Hospital for providing information resulting in a complaint or as a result of bringing complaints of sexual harassment.

**PHYSICIAN HEALTH**

**Reporting**

Any member of the Medical Staff who reasonably suspects that a Medical Staff member (including herself or himself) may be impaired, whether due to illness, mental incapacity, chemical substance (including alcohol), or other cause, must immediately report the possibly impaired individual in writing to the Chair of the Physician Health Committee. The purpose of the duty to report is to ensure that Medical Staff members receive assistance and rehabilitation, where appropriate. The duty to report is not limited to instances in which the safety of patients is threatened. Please refer to the Administrative Policy: Medical Staff Member Impairment: Reporting of. The report must include the specific date, time, and actions leading to the suspicion of impairment.

Whenever the conduct of a Practitioner requires that immediate action be taken to protect the life of a patient or to reduce the substantial likelihood of immediate injury or damage to the health or safety of a patient or to protect the best interests of the Hospital, the President of the Medical Staff, the chairman of a department, the chief executive officer, the Medical Executive Committee, the Executive Committee of the Board, or the Board of Directors shall have the authority to summarily suspend the Medical Staff membership or all or any portion of the Clinical Privileges of such Practitioner. Such summary suspension shall become effective immediately upon imposition, and the President of the Medical Staff shall promptly give special notice of the suspension to the Practitioner.

Reports may also be made by Hospital employees, independent contractors, patients, families of Medical Staff members, and individuals in the community. All such reports will be submitted in writing and immediately forwarded to the Chair of the Physician Health Committee.

The Chair will inform the President of the Medical Staff of the identity of any reported Medical Staff member, but will not divulge any details of the report or suspected health condition, except as described below.

Physician Health Committee

The Physician Health Committee shall be a standing committee appointed by the President of the Medical Staff in accordance with Article XIII of the Medical Staff Bylaws. The Physician Health Committee shall consist of three to five members. If at any time an apparent conflict of interest exists between a member of the Committee and a reported Medical Staff member, the President of the Medical Staff may replace that Committee member.

The activities of the Physician Health Committee shall be conducted with strict confidentiality.
The Chair of the Physician Health Committee shall be responsible for initially evaluating the credibility of the report. If the Chair finds the report credible, he or she shall convene the Physician Health Committee, which shall conduct an independent review of the report and determine, by majority vote, whether to initiate an investigation.

If the Physician Health Committee votes to investigate the report, the Committee shall notify the reported Medical Staff member in writing that a report has been made and that an investigation will be conducted. The Committee shall also provide the member with a description of the investigatory process, including the member's rights and responsibilities. The reported member shall be informed of the relevant contents of the report and shall be given the opportunity to respond to the Committee. The reported Medical Staff member must cooperate with the Committee's investigation, including, but not limited to, submitting to medical evaluation and providing reasonably requested documentation of health status. Failure to release medical information or to submit to a second opinion will result in immediate referral to the President of the Medical Staff, who will submit a report to the Medical Executive Committee for investigation and appropriate Corrective Action in accordance with Article IX of the Bylaws of the Medical Staff. The President of the Medical Staff shall also notify the Hospital's General Counsel/Risk Manager, and the Hospital's President/CEO that the member has refused to cooperate with the Physician Health Committee.

The Physician Health Committee's investigation may also include a review of other relevant documents and interviews with any and all individuals who may have relevant information.

If the Physician Health Committee determines that the reported Medical Staff member has an illness or impairment, the Committee shall assist the member by identifying appropriate internal or external professional resources for diagnosis and treatment of the condition or concern. The member's freedom of choice with regard to sources of medical care shall be given appropriate consideration throughout the referral process.

If the impairment relates to substance abuse, the Medical Staff member shall be referred to MedChi or another treatment program acceptable to the Committee, which shall provide assessment, referral, and monitoring of the individual toward rehabilitation, as well as updates to Hospital and Medical Staff representatives, in accordance with MedChi policy.

For treatment of mental and emotional impairments, the Medical Staff member may be referred to the Holy Cross Hospital Employee Assistance Program (EAP) for referral for appropriate assistance and/or treatment. Medical Staff members are under no obligation to seek assistance through the EAP program; they may arrange for assistance through other means. If the Medical Staff member is a Hospital employee, the Hospital will pay for EAP services. Any Medical Staff members who are not Hospital employees are responsible for paying for the cost of EAP or other professional services that they individually incur.

Other than the benefits of the EAP program for employed physicians, Medical Staff members shall be responsible for all financial costs associated with investigation, rehabilitation, and monitoring of the impairment.

After identifying the appropriate referral(s), the Committee shall determine what follow up is required. The Committee may require the reported Medical Staff member to provide reports of treatment.
received, as well as ongoing updates regarding the member's health status. The Committee shall present its recommendations to the member in writing, which shall be signed by the member. Failure to cooperate with the Committee in this regard will result in notification of the President of the Medical Staff, who will notify the Hospital's General Counsel/Risk Manager, and the Hospital's President/CEO. The President of the Medical Staff shall also submit a report to the Medical Executive Committee for investigation and Corrective Action in accordance with the Article IX of the Bylaws of the Medical Staff.

Medical Executive Committee
If, at any time during its investigation or monitoring of the reported Medical Staff member, the Committee determines that the member may pose a detriment to patient safety or delivery of quality patient care, or may be disruptive to Hospital operations, the Committee shall convey that finding to the reported Medical Staff member and to the President of the Medical Staff, who will notify the Hospital's General Counsel/Risk Manager, and the Hospital's President/CEO. Following such notifications, the President of the Medical Staff shall also submit a report to the Medical Executive Committee for investigation and Corrective Action in accordance with the Article IX of the Bylaws of the Medical Staff. The Physician Health Committee shall cooperate with the Medical Executive Committee.

In accordance with the Corrective Action process, the Medical Executive Committee may recommend a period of probation, monitoring, or reduction of privileges, among other actions. If the Medical Executive Committee requires ongoing monitoring of a member's health status, such monitoring shall be conducted by the Physician Health Committee. During any monitoring period, the reported Medical Staff member must allow the Physician Health Committee to receive records pertinent to assuring satisfactory completion of rehabilitation, including any recommended after-care programs. Reports must indicate whether and to what degree patient safety would be compromised by the member's continuing or reinstated practice at the Hospital. Upon request, the member must allow a second opinion regarding clinical competence and degree of rehabilitation.

Reinstatement of clinical privileges following any provisional period will be permitted only upon sufficient evidence that the member has successfully been rehabilitated and that patient safety will not be compromised. Reinstatement must be authorized by the Medical Executive Committee. If reinstatement is authorized, the Medical Executive Committee will identify a mechanism for closely monitoring the affected member's performance, as well as patient outcomes, until the rehabilitation process has been completed. The affected member must agree to submit to alcohol or drug tests upon the request of the Medical Executive Committee or Physician Health Committee. During the monitoring period, the Medical Executive Committee must be immediately informed of any and all instances of unsafe treatment.

Confidentiality
Strict confidentiality is required of all persons involved in the investigation, referral, and monitoring of physician health issues. Members of the Physician Health Committee and Medical Executive Committee are prohibited from discussing the proceedings described herein outside of the established process or with any other person not involved in the process.

Confidentiality will be maintained by all parties involved, except as limited by law, ethical obligation, or when the safety of a patient is threatened. Where required by law or ethical obligation, reports will
be made to law enforcement and/or governmental authorities. The Hospital's General Counsel will be consulted prior to any such reporting.

All reports and a description of actions taken by the Physician Health Committee and Medical Executive Committee shall be included in the Medical Staff member's quality profile for consideration at the time of reappointment or modification of privileges.

**Education**

The Physician Health Committee shall be responsible, in conjunction with the Continuing Medical Education Program, for arranging annual education of the Medical Staff with regard to (1) illness and impairment recognition issues specific to physicians, and (2) the process for addressing physician health issues in accordance with this policy.

**AMENDMENTS**

These Rules and Regulations, and any amendments thereto, shall become effective after they have been recommended by the Bylaws Committee and the Medical Executive Committee and have been approved by the Board of Directors. Amendments will be an agenda topic for the next regularly scheduled general medical staff meeting. If opposition to amendments is voiced by a majority of the staff members eligible to vote and who are present at the general staff meeting at which a quorum is present, the amendments shall be referred back for reconsideration.

In the event of conflict between the provisions of the Rules and Regulations and the Bylaws, the provisions of the Bylaws shall govern.