



# UNIVERSITY OF NEW MEXICO HOSPITALS MEDICAL STAFF RULES AND REGULATIONS

## 1. ABBREVIATIONS

- 1.1 'AHP' – Allied Health Professional, as defined in the *Bylaws*
- 1.2 'Attending' – the physician member of the Medical Staff ultimately responsible for a patient's care
- 1.3 '*Bylaws*' – The *Bylaws of the Medical Staff of the University of New Mexico Hospitals*
- 1.4 'CNM' – Certified Nurse Midwife
- 1.5 'H&P' – History and Physical Examination
- 1.6 'HIM' – University of New Mexico Hospitals Health Information Management Department
- 1.7 'Medical Staff' – The Medical Staff of the University of New Mexico Hospitals
- 1.8 'Rules and Regulations' – this document, the Rules and Regulations of the Medical Staff of the University of New Mexico Hospitals
- 1.9 'UNM' – the University of New Mexico
- 1.10 'UNMH' – the University of New Mexico Hospitals

## 2. PREAMBLE

### 2.1 Purpose

The purpose of the UNMH Medical Staff is to provide its patients with high quality care; to educate students of the health care professions; and to acquire, refine, and transmit scientific and clinical knowledge.

### 2.2 Responsibility to the Governing Body

The Medical Staff is responsible and accountable to the Board of Trustees of UNMH and, through that Board, to the Board of Regents of the University of New Mexico.

### 2.3 Adoption of Rules and Regulations

With this purpose and responsibility in mind, the Medical Staff hereby adopts the following Rules and Regulations.

## 3. GENERAL RESPONSIBILITIES OF THE MEDICAL STAFF

### 3.1 Quality Management and Improvement

Members of the Medical Staff shall actively participate in the quality management, quality improvement, risk management, and peer review activities of UNMH.

### 3.2 Accreditation and Regulatory Compliance

Members of the Medical Staff shall comply with all appropriate regulations and standards of applicable or jurisdictional accrediting and regulatory entities, including but not limited to the New Mexico Department of Health, New Mexico licensing boards, the Joint Commission on Accreditation of Health Care Organizations, and the Centers for Medicare and Medicaid Services.

### **3.3 Support of Hospital Operations**

Members of the Medical Staff shall comply with all appropriate regulations and standards of applicable or jurisdictional accrediting and regulatory entities, including but not limited to the New Mexico Department of Health, New Mexico licensing boards, the Joint Commission on Accreditation of Health Care Organizations, and the Centers for Medicare and Medicaid Services.

## **4. CARE AND TREATMENT OF PATIENTS**

### **4.1 Non-Discrimination**

The Medical Staff of UNM Hospitals ('UNMH') shall care for UNMH patients without regard for race, religion, gender sexual preference, disability, country of origin, age, or ability to pay, except where regard for these elements is clinically indicated to provide the patient with the best care.

### **4.2 Medical Screening Examinations (EMTALA)**

The following individuals shall be allowed to perform medical screening examinations: physicians (to include house officers); nurse practitioners; physician's assistants; and registered nurses trained to perform medical screening examinations and acting within the scope of the New Mexico Nursing Practice Act.

### **4.3 Admission of The Patient**

- 4.3.1 A patient may only be admitted to UNMH by a member of the Medical Staff with active admitting privileges granted in accordance with the *Bylaws*.
- 4.3.2 Orders for admission and discharge may be written by House Staff or by appropriately-privileged APN's, on behalf of the admitting attending or CNM with admitting privileges, who is ultimately responsible for the patient.
- 4.3.3 An admitting inpatient H&P, or an initial outpatient H&P, shall be documented in accordance with the Medical Staff Procedure, *Documentation of Clinical Activities by Medical Staff and House Staff*.
- 4.3.4 All patients admitted to UNMH shall be considered part of the UNMH teaching service. House Staff, AHP students and medical students who are members of the treatment team will participate in the care of the patient in accordance with the *Bylaws* and with Medical Staff and UNM HSC policies, and procedures. The Attending physician, or CNM with admitting privileges, is ultimately responsible for the care of the patient.
- 4.3.5 An Attending or CNM with admitting privileges shall see each newly-admitted inpatient floor or sub-acute care patient no later than twenty-four (24) hours after admission; twelve (12) hours is preferable. An Attending shall see each newly-admitted intensive care or critical care patient within four (4) hours. These patient visits shall be appropriately documented in the patient's medical record.

#### **4.4 Provisional Diagnosis**

- 4.4.1 Except in an emergency, no patient shall be admitted to the hospital or provided ongoing care without a provisional diagnosis or valid reason for admission and/or treatment being recorded
- 4.4.2 In the case of an emergency, this information will be recorded as soon as possible after admission, but in any case, the time to record shall not exceed twenty-four (24) hours.

#### **4.5 Patient and Staff Safety**

- 4.5.1 Medical Staff members caring for a patient shall be responsible for determining whether the patient is a source of immediate danger to self or others.
- 4.5.2 If so, the Medical Staff members are responsible for providing the treatment team, unit or program Nurse Supervisor, and UNMH Security with such information as may be necessary to protect the patient from self-harm and to protect other patients, staff, or visitors.

#### **4.6 Notifiable Diseases or Conditions**

Medical Staff members caring for a patient shall report all cases of reportable conditions in accordance with *New Mexico Administrative Code 7.4.2.12* and other relevant New Mexico regulations and UNMH policies and procedures.

#### **4.7 Daily Care**

- 4.7.1 An Attending or CNM with admitting privileges shall see each admitted inpatient daily, and shall document that care by a progress note in the patient's medical record.
- 4.7.2 Under unusual circumstances, less frequent inpatient visits and progress notes may be justified. Lesser frequency of visits and notes shall be approved in writing by the Attending or responsible CNM's Chief of Service.
- 4.7.3 The Attending or CNM with admitting privileges is responsible for assuring that appropriate documentation is entered into the medical record justifying the patient's admission and continued care.

#### **4.8 Continuity of Care**

- 4.8.1 Each Attending or CNM with admitting privileges remains responsible for the care of his/her patient until he/she has clearly and appropriately transferred the patient's care to the next Attending or CNM with admitting privileges. Failure of an Attending or CNM to maintain continuity of care, including appropriate transfer of care, shall be reported to the provider's Chief of Service.
- 4.8.2 Except in an emergency, no Medical Staff member shall write orders on an admitted patient without the understanding and consent of the Attending.

#### **4.9 Discharge of the Patient**

- 4.9.1 A patient shall be discharged only on the written order of an Attending, CNM with admitting privileges, or his/her designated member of the treatment team.

- 4.9.2 The Attending or CNM with admitting privileges, individually and as the leader of the patient's treatment team, is responsible for planning the discharge in a timely and coordinated manner. This includes appropriate education of and communication with the patient and his/her family; verification of appropriate post-discharge care arrangements; appropriate communication with the health care professionals providing post-discharge care to the patient; and appropriate discharge orders, including discharge medication orders.
- 4.9.3 Documentation of discharge shall be in accordance with the Medical Staff procedure, *Documentation of Clinical Activities by Medical Staff and House Staff*.
- 4.9.4 In the event that a patient leaves UNMH against medical advice, the Medical Staff shall follow the procedure, *Patient Discharge and Departure – Release of Patient From Hospital and Leaving Against Medical Advice*.

#### **4.10 Coordination of Care**

Members of the Medical Staff shall communicate with the patient, the patient's family and/or health care decision maker(s), the patient's other caregivers, and other necessary entities to coordinate the patient's care.

#### **4.11 Advance Directives, Patient Death, Organ and Tissue Donation, and Autopsies**

- 4.11.1 Medical Staff members may be guided regarding determination of code status and advance directives by the UNM HSC procedure, *Code Status and Advance Directives*.
- 4.11.2 In the event of a patient's death, the patient shall be pronounced dead by a licensed physician (M.D. or D.O.).
- 4.11.3 The physician pronouncing the death shall be responsible for determining if the death is reportable to the Coroner's Office, and shall make such report in accordance with New Mexico law.
- 4.11.4 Medical Staff members may be guided regarding determination of brain death by the UNM HSC procedures, *Brain Death – Clinical Diagnosis and Apnea Testing*.
- 4.11.5 Medical Staff members are encouraged to enquire about consent for autopsy in the event of a patient's death. No autopsy shall be performed at UNMH without a proper consent.
- 4.11.6 Medical Staff members are encouraged to enquire about organ and tissue donation in the event of a patient's death. The UNM HSC policy, *Organ and Tissue Donation* may provide direction.

#### **4.12 Patient Seclusion and Restraint**

- 4.12.1 Medical Staff members shall manage patient seclusion and restraint in accordance with UNMH policies and procedures, including UNMH procedures *Patient Restraints – Non-Violent/Non-Self-Destructive*, and *Use of Restraint and/or Seclusion for Behavioral Reasons*.

#### **4.13 Resolution of Conflict Regarding Patient Care**

- 4.13.1 The clinical chain of command exists in part to assure clear lines of authority for the resolution of conflicts. In the event of a serious or apparently irresolvable conflict between members of the patient's treatment team regarding a patient's

care, Medical Staff members are expected to notify their immediate clinical supervisor of the conflict, and to collegially and professionally work towards its resolution. If the Medical Staff members believes that the conflict remains unresolved, to the patient's detriment, the Medical Staff member should express his/her concern to their supervisor's supervisor up the chain of command. It is expected that Medical Staff members shall be able to resolve the vast majority of conflicts amongst themselves and their clinical colleagues.

- 4.13.2 In all cases, the final authority in the chain of command regarding patient care decisions shall rest with the UNMH Chief of Staff. The Chief of Staff may wish to consult with other senior leaders such as the Service Chief(s), the UNMH Chief Medical Officer, the Associate Dean for Clinical Affairs, UNMH Executive Directors and Executive Medical Directors, and/or the UNMH Chief Executive Officer as appropriate or useful prior to rendering a final decision on a contentious or conflictual matter.
- 4.13.3 In the event of conflicts between the treatment team and the patient, patient's family, or patient's legal decision maker, it is expected that the Medical Staff member (and the treatment team) shall seek out the assistance of others. Appropriate resources may include peers and colleagues; clinical Service Chiefs; the UNMH Chief Medical Officer; residency Program Directors; the UNMH Chief Nursing Officer; UNMH Executive Medical Directors and Executive Directors; the UNMH Chief of Staff; the UNMH Patient Assistance Coordinator; the Office of Clinical Affairs (including the Associate Dean for Clinical Affairs); the Risk Management Department; the Office of University Counsel; the Biomedical Ethics Committee; the UNM School of Medicine Professionalism Improvement Committee; the Deans of the Offices of Undergraduate and Graduate Medical Education.

## **5. CONSENT AND DISCLOSURE**

### **5.1 Patient Consent**

- 5.1.1 Except in an emergency, Medical Staff shall obtain and document appropriate informed consent from a patient, or his/her legal decision maker, prior to the provision of treatment.
- 5.1.2 Except in an emergency, consent for surgery, special procedures, and transfusion shall be obtained in accordance with the procedure, *Consent for Surgery, Special Procedures and Transfusion*.

### **5.2 Disclosure**

- 5.2.1 UNMH is committed to transparency and disclosure to the patient of adverse events, medical errors, and unanticipated negative outcomes. The Attending or his/her designee shall be the primary communicator with the patient, family, and legal decision maker(s). The Attending, or responsible CNM with admitting privileges, or his/her designee shall appropriately document such communications in the patient's medical record.

- 5.2.2 UNMH resources are always available to support the treatment team in such disclosure activities. These resources include the Office of Clinical Affairs, the Risk Management Department, and the Office of University Counsel. Medical Staff are encouraged to consult and coordinate with these resources as indicated and desired.

## 6. MEDICAL RECORDS

**6.1 Medical Staff Responsibilities** – With respect to medical records and documentation of clinical activities, Medical Staff shall maintain compliance with with Medical Staff and UNM HSC documents, policies, procedures, and guidelines, specifically including but not limited to the following documents:

- 6.1.1 *Bylaws*;
- 6.1.2 *Medical Staff Rules and Regulations* (this document);
- 6.1.3 the UNMH procedure, *Documentation of Clinical Activities by Medical Staff and House Staff* (*nb*: this is the primary document enumerating the specific Medical Staff responsibilities with respect to general documentation principles, H&P's, progress notes, operative and procedural notes, discharge summaries, content of documentation, timeliness of documentation, completions and delinquencies, and signatures);
- 6.1.4 UNM HSC procedure, *Prohibited Abbreviations*.

### 6.2 Orders

- 6.2.1 Medical staff shall enter their orders for inpatient care into the electronic medical record. Exceptions to this rule include electronic medical record downtime; verbal and telephone orders, which shall follow 6.2.1 below; and extraordinary circumstances which make electronic medical record order entry impossible.
- 6.2.1 Medical Staff shall maintain compliance with the UNM HSC procedure, *Orders, Verbal and Telephone*.
- 6.2.2 Medical Staff shall maintain compliance with the UNM HSC procedure, *Medication Orders and Administration*.

### 6.3 Medical Records Delinquencies

- 6.3.1 Medical records delinquencies will be managed in accordance with the UNMH policy, *Documentation of Clinical Activities by Medical Staff and House Staff*.

## 7. MEDICATIONS

### 7.1 Medication Orders

Medications shall only be ordered, dispensed, or administered by licensed, privileged, and/or lawfully authorized personnel.

### 7.2 Dispensing and Administering Medication

Except in an emergency, medications shall only be dispensed and/or administered by the direction of an order to do so from an appropriately licensed and privileged member of the Medical Staff.

### **7.3 Medical Staff Medication Orders and Administration**

Medical Staff shall remain in compliance with the UNM HSC procedure, *Medication Orders and Administration*.

### **7.4 Formulary**

7.4.1 Medical Staff members shall be guided by the UNMH Formulary and the Medical Staff Pharmacy and Therapeutics Committee in the selection and use of medications. The UNM HSC procedure, *Formulary System*, describes the UNMH formulary procedure.

7.4.2 Medical Staff members shall only use those medications listed in the UNMH Formulary, with the following exceptions:

7.4.2.1 when a request for the use of a non-formulary (and non-experimental) medication has been approved by the Medical Staff Pharmacy and Therapeutics Committee;

7.4.2.2 when a patient is participating in a research or investigational protocol approved by the UNM HSC Investigational Review Board and/or Human Research Review Committee in accordance with UNM policy, and that protocol involves the use of a non-formulary experimental or investigational medication;

7.4.2.3 in an emergency situation for purpose of direct therapeutic benefit to a patient, when the emergency use of the non-formulary medication has been approved by the Medical Staff member's Service Chief, the UNMH Chief Medical Officer, or the UNMH Chief of Staff, as available in that order.

## **8. SUPERVISION**

### **8.1 Supervision of House Staff**

Supervision of House Staff shall be in accordance with the *HSC Policy on Supervision* (<http://hsc.unm.edu/som/gme/handbook/moonlighting.shtml#supervision> accessed 2/17/12).

### **8.2 Responsibility for Care**

Members of the Medical Staff may appropriately delegate aspects of patient care and documentation to House Staff, medical students, or other members of the treatment team in accord with Medical Staff and UNMH rules and regulations, policies, and procedures. The Medical Staff member, however, remains the person ultimately responsible for the patient's care.

## **9. EMERGENCY AND DISASTER RESPONSE**

### **9.1 Participation in Emergency/Disaster Preparedness**

Each member of the Medical Staff is expected to participate in emergency/disaster preparedness drills and activities as requested. Each member of the Medical Staff

shall be responsible for reviewing his/her annual notification of emergency response action.

### **9.2 Participation in Emergency/Disaster Response**

Each member of the Medical Staff is expected to participate in emergency/disaster response in accordance with the *UNMH Emergency Management Plans* (<https://hospitals.health.unm.edu/intranet//EmergencyMgmt/index.shtml>) accessed 2/17/12).

## **10. CONFIDENTIALITY**

### **10.1 Confidentiality of Patient Information**

Each member of the Medical Staff is expected to maintain the confidentiality, privacy, and security of patient information in accordance with Medical Staff and UNMH policies and procedures, in compliance with local, state and federal laws and regulations, and in accordance with professional ethics.

### **10.2 Confidentiality of Staff Information**

- 10.2.1 Each member of the Medical Staff is expected to maintain and respect the privacy of their peers, colleagues, and other UNM employees in accordance with Medical Staff and UNMH policies and procedures, in compliance with local, state and federal laws and regulations, and in accordance with professional ethics and standards of decorum.
- 10.2.2 In particular, no Medical Staff member shall breach the privacy of a peer, colleague, or other UNM staff member by electronically recording a conversation with another a peer, colleague, or other UNM employee without that person's knowledge and assent.

## **11. CLINICAL SERVICE POLICIES AND PROCEDURES**

Individual clinical Services may develop Service-specific rules, regulations, policies, procedures and guidelines regarding clinical care provided by Medical Staff members of that Service. In the event of a conflict between a Service's document and Medical Staff or UNMH documents, the Service's document is subordinate.

## **12. MEDICAL STAFF PEER REVIEW ACTIVITIES**

### **12.1 Medical Staff Peer Review**

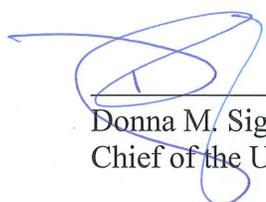
All peer review activities of the Medical Staff, individually and by Medical Staff Committee(s) or other organized activities, including but not limited to Medical Staff appointment and reappointment; Medical Staff credentialing and privileging; peer review of specific instances of care or of clinical programs; Medical Staff participation in quality review, quality management, and quality improvement activities of UNMH; Medical Staff professional review activities; review of Medical Staff and UNMH Bylaws, rules, regulations, policies, procedures, guidelines, or protocols; shall be considered protected peer review information, activities, and

documents, in accordance with the New Mexico Review Organization Immunity Act (41-9-1 to 41-9-7 NMSA 1978).

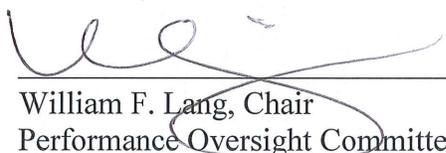
### 12.2 Medical Staff Files

Medical Staff member files maintained by the Office of Medical Staff Affairs are confidential, and are protected by the New Mexico Review Organization Immunity Act (41-9-1 to 41-9-7 NMSA 1978). A Medical Staff member may access his/her own individual file upon written request and in accordance with the Protocol approved by the Medical Executive Committee.

#### APPROVED:

  
\_\_\_\_\_  
Donna M. Sigl, M.D.  
Chief of the UNMH Medical Staff

10/31/14  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
William F. Lang, Chair  
Performance Oversight Committee

10/31/14  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Michelle A. Coons, Secretary  
UNM Hospitals Board of Trustees

\_\_\_\_\_  
Date

#### Summary of Changes

- 1) April 27, 2012 – *Section 4.2, Medical Screening Examinations (EMTALA)* added.
- 2) August, 2014 – Section 1.4, 4.3, 4.7-4.9, 5.2 – addition of verbiage related to CNM's with admission privileges; minor edits