

RULES AND REGULATIONS OF THE MEDICAL STAFF

DR. DAN C. TRIGG MEMORIAL HOSPITAL

A. Definitions

1. Hospital - Dr. Dan C. Trigg Memorial Hospital and all of its entities.
2. Medical Staff - all members of the Medical Staff - Active, Ancillary, and Honorary.
3. Member - any member of the Medical Staff with clinical privileges.
4. Board - the Board of Directors of Dr. Dan C. Trigg Memorial Hospital
5. CAH - Critical Access Hospital

B. General

1. Health Screening - A health screening shall be required for all persons applying for clinical privileges at Dr. Dan C. Trigg Memorial Hospital. The results of this screening shall be known by the Medical Executive Committee before the assumption of any direct patient care at the hospital. This screening shall include:
 - 1.1.A health history, including a history of communicable diseases and immunizations;
 - 1.2.A PPD tuberculin skin test and, if necessary, a chest roentgenogram to determine whether disease is present, unless medically contraindicated.
 - 1.3.Vaccination or confirmed immunity against rubella shall be required for everyone who has direct contact with rubella patients, pediatric patients, or female patients of childbearing age.
 - 1.4.Other testing, such as HIV, hepatitis, and serology, will be conducted as deemed appropriate by the Medical Executive Committee.
 - 1.5.Clinical privileges will not be granted until the Health Screening has been completed.
2. Substance Abuse Policy
 - 2.1.All initial applications to the Dr. Dan C. Trigg Memorial Hospital Medical Staff shall be accompanied by a urine test for controlled substance.
 - 2.2.Current Members of the Medical Staff may be asked to undergo a drug/alcohol screen if cause exists to warrant concern regarding the Member's physical and/or mental health status. This request may be made by the President of the Medical Staff, the Administrator, or a Member of the Medical Staff Executive Committee.
 - 2.3.Members whose alcohol concentration is 0.04 or greater will be immediately suspended for a minimum of twenty-four (24) hours. Members who refuse testing will be suspended of all privileges for a minimum of twenty-four (24) hours. In all cases, the incident will be referred to the Medical Executive Committee for any disciplinary action up to and including recommendation to the Board for termination of privileges.
 - 2.4.Individuals who test positive for any of the following:
 - Cannabinoids (e.g., marijuana, hashish)
 - Cocaine

Opiates (e.g., heroin, morphine, codeine)
Phencyclidine (PCP or Angel Dust)
Amphetamines and Methamphetamines
Barbiturates (e.g., Phenobarbital, Secobarbital, Amobarbital, etc.)
Benzodiazepines (e.g., Valium, Halcion, Tranxene)
Methadone (synthetic narcotic)

Or who test positive for any controlled substance which cannot be substantiated as a currently prescribed and properly used medication, or who refuse to undergo testing, will be suspended of all privileges and referred to the Medical Executive Committee for disciplinary action up to and including recommendation to the Board for termination of privileges.

2.5. If treatment is indicated and entered, or if the individual has already successfully completed treatment, it is understood that this information will be confidential and that such steps, undertaken by an individual, are supported and will not interfere with medical staff appoint/reappointment.

3. Identification

3.1. The wearing of a photo identification badge shall be required by all Medical Staff members while functioning within the Hospital.

C. Admission, Care, and Discharge of Patients

1. The authority for admission of patients to Dr. Dan C. Trigg Memorial Hospital has been vested in the Administrator by the Board. The Administrator may deny an admission based on one or more of the following reasons:

Threat of danger to the Hospital staff or to other patients;

Lack of facilities/staff to appropriately care for the patient's needs;

The admission would place the Hospital outside the acceptable guidelines for a CAH;

Inappropriate level of care or inadequate financial resources for a proposed Swingbed admission.

In all cases, the medical needs of the patient will be considered a priority and referral to an appropriate facility or other arrangements for healthcare needs will be made.

2. Dr. Dan C. Trigg Memorial Hospital shall accept patients with all types of diseases, including emotional disturbances and addictive diseases, providing that facilities and staff are available for care of the patient and protection of Hospital personnel.

3. A patient may be admitted to or discharged from the Hospital only by a Member of the Medical Staff with admitting privileges. Should a patient leave the Hospital against advice, a notation of the incident shall be made in the record and, if possible, the patient shall sign an AMA release.

4. When, in the opinion of the attending Member, patient needs for care or safety could be better met in another facility, transfer shall be arranged and the transferring Member, shall contact the physician to whom referred. A copy of the pertinent medical record shall accompany the patient.

5. The Member who admits a patient shall be responsible for the provision of medical care to the patient. Whenever a Member transfers this responsibility, it shall be entered in the medical record.
6. Each Member of the Medical Staff who is not available for the care of his/her Hospital patients shall name a Member of the Medical Staff who is available and who will accept responsibility for continuing care of the Member's patients in the Hospital, including discharge or transfer to alternate facilities when medically indicated. In case of failure to name such an associate, the President of the Medical Staff shall have authority to call any Member of the Active Medical Staff to provide necessary medical care.
7. No patient shall be admitted to the Dr. Dan C. Trigg Memorial Hospital until a provisional diagnosis or valid reason for admission has been stated on the admission orders. In all cases, Members admitting patients shall be responsible for giving such information as may be necessary to assure protection of the patient from self-harm and to assure the protection of others.
8. A general consent form for diagnosis and treatment, signed by or on behalf of every patient admitted to the Hospital, shall be obtained at the time of admission.
9. Additional written, signed consents shall be obtained prior to diagnostic, therapeutic or operative procedures, which have inherent risk. In the case of emergencies involving a minor or a patient who is unconscious or otherwise incompetent or when the patient's life is in jeopardy and suitable consent cannot be obtained, the circumstances shall be fully recorded in the medical record. In such instances, when time permits, a consultant's opinion is desirable.
10. Opinions requiring medical judgment, evaluation of the significance of medical histories and physical examinations, authentication of medical records and the prescribing of treatment shall be made only by Members of the Medical Staff with clinical privileges.
11. The attending Member is responsible for requesting consultation when indicated. Except in an emergency, he will provide written authorization to permit another Member to attend or examine his patient.
12. Except in an emergency, consultations are required in cases, which according to the judgment of the attending Member, are not a good medical or surgical risk; the diagnosis is obscure; there is doubt as to the best therapeutic measures to be utilized; there is a question of criminal action; or when the patient requests such consultations.
13. The Member, or his/her designated back up, must see their patients in acute care and observation at least once every 24-hour period.
14. All orders for treatments shall be written or typed on the order sheet. Orders may be dictated verbally or over the phone to a currently licensed, practical, registered or certified nurse, pharmacist, dietician, physical therapist, respiratory therapist, social worker, medical laboratory technician, radiographer, or other Allied Health Personnel. Verbal orders shall be signed, dated, and timed by the person to whom dictated with the name of the Member and his/her own name.
15. The responsible Member must authenticate (sign, date, and time) all dictated or written diagnostic and therapeutic orders within a time period consistent with state regulations.

16. All orders for patient care shall be cancelled at the time of surgery or on transfer to or from Swingbed. It shall be the responsibility of the attending Member to provide new orders promptly for continuation of the patient's care.
17. Standing orders must be approved by the Medical Staff Executive Committee, giving due consideration to the recommendations of any appropriate department committee, before being placed into use. The standing orders are to be followed insofar as proper treatment of the patient will allow and shall be signed by the Member.
18. Medication brought to the Hospital by the patient shall be sent home with the family, if practical. Medications may be kept for self-administration or dispensed by the nurse upon order of the attending Member. The order shall include the name of the drug, dosage to be given, the frequency, and the route of administration.
19. When orders are unclear, incomplete, or illegible, clarification shall be obtained from the Member and recorded on the order sheet. The order will not be carried out until clarified.
20. A Hospital Formulary shall be maintained by the Pharmacy under the direction of the Pharmacy and Therapeutics Committee. The Hospital Formulary permits a Member to order drugs that are listed. When the brand of drug ordered is not listed in the formulary, the Pharmacy may dispense an equivalent drug of a different brand. However, it shall be within the discretion of the Member, at the time of prescribing, to disapprove substitution of a drug of a different proprietary brand than that ordered.
21. Orders written without time or dose limitation for narcotics shall be reviewed every three days and orders for antibiotics and anticoagulants shall be reviewed every seven days and called to the attention of the Member for his/her direction to discontinue or renew the drug.
22. In the event of a Hospital death, the deceased shall be pronounced dead by a Member of the Active Medical Staff. The body shall not be released until an entry has been made in the medical record by a Member of the Active Medical Staff or by the Medical Investigator if it is an OMI case.

D. Treatment of Mass Casualties

1. Under conditions involving mass casualties, all Members may be assigned to posts in the Hospital, the auxiliary hospital, or mobile casualty stations, and it is their responsibility to report to their assigned stations. The President of the Medical Staff or his/her designee shall be the medical coordinator of the disaster plan. The ED Director or his designee shall be the deputy medical coordinator. They shall work as a team with the Administrator to coordinate and direct activities during the time of the emergency or disaster. In cases of evacuation of patients from one section of the Hospital to another or evacuation of patients from the Hospital premises, the President of the Medical Staff shall authorize the movement of patients by direction of the Administrator and the medical coordinator and/or alternate in Administration or next in line of authority, respectively. All Members specifically agree to relinquish direction of the professional care of their patients to the medical coordinator in cases of such emergency.

E. Medical Records

1. A medical record shall be maintained for every patient admitted for care in Dr. Dan C. Trigg Memorial Hospital.
2. The medical record is the property of the Hospital and is maintained for the benefit of the patient, the practitioner, and the Hospital. The Hospital shall safeguard the information in the record against loss, effacement, tampering, alteration, or use by unauthorized persons. Written consent of the patient is required for release of medical information to persons not otherwise authorized to receive this information. Original records may be removed from the Hospital only in response to a subpoena or court order.
3. All entries in medical records by medical staff and hospital staff shall be legible, permanently recorded, dated and authenticated with the name and title of the person making the entry.
4. Entries in medical records may be made by Members of the Medical Staff, Allied Health Professionals, and by other persons specifically authorized including, but not limited to any of the following: registered nurse, licensed practical nurse, respiratory therapist, physical therapist, social worker, home health care coordinator, utilization review, occupational therapist, dietitian, medical assistant, pastoral care professional and care coordinator.
5. The attending Member shall be held responsible for the completion of a medical record for each patient, which shall contain identification data, a medical history and relevant physical examination, diagnostic and therapeutic orders, clinical observations, reports of procedures, test and results, evidence of appropriate informed consent, conclusions at termination of hospitalization, and instructions to the patient. The record shall contain all significant clinical information pertaining to each patient.
6. The Member providing service to a patient in the emergency room shall be responsible for a medical record that gives patient identification; history of disease or injury; physical findings; laboratory and x-ray reports, if any; diagnosis, treatment given; disposition of the case; including condition of patient on transfer or discharge; and instructions given to patient or family; and physician signature.
7. A history and physical is to be made part of the patient record within the first forty-eight (48) hours after admission. The history shall include a description of present illness, past history of illness, a review of systems, and pertinent family and social history. The physical examination shall include all positive and negative findings resulting from an inventory of systems and a provisional diagnosis.
8. If a patient is readmitted within thirty (30) days for the same or a related condition, there shall be a reference to a previous history with an interval note, and any pertinent changes in physical findings shall be recorded. Swingbed charts must have a physical examination that reflects the patient's change in condition since admission to acute care,

9. Except in an emergency, a current, thorough history and physical work-up shall be recorded in the medical record of every patient prior to surgery, if unavailable, a Short Form H&P addressing pertinent findings shall be recorded
10. An operative report describing techniques and findings shall be written or dictated immediately after surgery. The completed operative report shall contain a description of findings, the technical procedure, the specimens removed, the specimens sent to pathology, the postoperative diagnosis, the name of the surgeon, and the name(s) of any assistants. It shall be authenticated by the surgeon and filed in the medical record as soon as possible after surgery or available electronically in the hospital information system. When the operative report is not placed in the medical record immediately after surgery, a progress note shall be entered immediately.
11. Pertinent progress notes of clinical observations shall be recorded at the time observed in sufficient detail to reflect the patient's course in the Hospital, including change in condition. It is required that Acute care patients have daily progress notes, SNF patients have progress notes every three days, and ICF patients every 7 days.
12. Consultants shall provide reports that show evidence of review of the patient and the patient's record and the reports shall contain pertinent history, physical findings, an opinion, and recommendations.
13. A discharge summary including the final diagnosis, the reason for hospitalization, the significant findings, the procedures performed, the condition of the patient on discharge, and any specific instructions given the patient and/or family shall be written or dictated within seven (14) days after discharge. In no case shall a discharge summary be dictated prior to the date of discharge. A final progress note is acceptable when stay is less than forty-eight (48) hours and in case of normal newborn infants and uncomplicated obstetrical deliveries. The final diagnosis shall be definitive and shall include all relevant treatment and operative procedures performed expressed in the terminology of a recognized system of disease nomenclature.
14. The medical record shall be completed within thirty (30) days following discharge of the patient.
15. Medical records will be dated with the date they are placed in the physician's box. The physician will then have four (4) weeks to complete the record. If the record is removed from the box by anyone but the physician, the date removed and the date returned will be noted and all days out of the box will be added to the four-week time limit. Medical staff members shall be notified weekly of all incomplete records past the four week time limit and shall be given one (1) week from the date of notification to complete such records. Failure to complete all records, unless excused because of illness or being out of town, shall result in suspension of all privileges until all records are completed, except for emergency medical services. When suspension continues, notice shall be sent weekly, and the third notice shall be reported to the Executive Committee for implementing a period of enforced suspension of all clinical privileges or revocation of appointment to the Medical Staff.
16. The medical record shall not be filed until it is completed by the responsible Member or is ordered filed by the Medical Staff Executive Committee.

17. Symbols and abbreviations may be used in medical records if approved by a written facility policy, which defines the symbols and abbreviations and controls their use. There shall be only one meaning per symbol.
18. Free access to all medical records of all patients shall be afforded to duly constituted committees of the Medical Staff for purpose of medical care evaluation and review of utilization. In the case of readmission of a patient, all previous records of the patient shall be available to the attending Member.
19. Special rules for observation charts:
 - 19.1. A short stay history and physical will be used unless the patient is subsequently admitted to acute care in which case an addendum will be required and inpatient rules will be followed. This includes patients admitted only for transfusions.
 - 19.2. Since observation is actually an outpatient classification, signs and symptoms can be used instead of a final diagnosis.
20. Special rules for day surgery charts:
 - 20.1. A short stay history and physical will be used instead of a lengthy history and physical.
 - 20.2. An operative report is required following rule #11 above.
 - 20.3. A final note will be used in place of a discharge summary.
 - 20.4. A medical clearance is necessary when indicated.
 - 20.5. Unless there has been a significant change in patient status, pre-op lab, x-ray, EKG, and a medical clearance do not need to be repeated if the patient has a second day surgery procedure within 90 days of the first.
 - 20.6. The chart will not be coded until the pathology report has been received.

F. Clinical Departments and Sections

1. Emergency Services
 - 1.1. Dr. Dan C. Trigg Memorial Hospital shall provide medical coverage in the emergency services area on a twenty-four (24) hour basis.
 - 1.2. The Medical Staff shall ensure that qualified Members are available at all times for the emergency service, either on duty or on call, and that an authorized Member is responsible for all patients who arrive for treatment in the emergency service.
 - 1.3. The Member providing emergency services must be immediately available by telephone or radio and must be available on-site within thirty (30) minutes.
 - 1.4. Should any staff Member be prevented from emergency calls on his designated date, he shall be responsible for arranging for an alternate Member to provide this coverage and for appropriate notification of the Emergency Department, the Nursing Unit, and Administration of this change.
 - 1.5. There shall be department policies and procedures, which shall be approved by the Medical Executive Committee.
 - 1.6. Emergency services and records shall be reviewed by the Emergency Department committee and/or by the Medical Executive Committee
2. Surgical Services

- 2.1. A surgical procedure shall be performed only with the informed consent of the patient or his/her legal representative. Telephone consent may be given but must be witnessed by at least two staff members. In an emergency, where a consent form cannot be completed in the usual manner, a statement by another staff Member attesting to the existence of an emergency shall be obtained.
 - 2.2. Surgical procedures may only be performed by Members of the Medical Staff who have been granted surgical privileges.
 - 2.3. Except in cases of emergency, patients scheduled for surgery shall be sent to the Hospital for pre-admission and pre-op lab/x-ray.
 - 2.4. Except in cases of emergency, patients shall be admitted to the Hospital at least one hour and thirty minutes (1 1/2 hours) before the procedure is scheduled.
 - 2.5. The surgical team shall be in the operating room and ready to commence operation at the time scheduled.
 - 2.6. The certified registered nurse anesthetist is under the supervision of the operating Member of the Medical Staff.
 - 2.7. Each surgical patient shall have a pre-anesthesia evaluation within forty-eight (48) hours prior to surgery, except in true emergencies. This evaluation shall be completed by a person qualified to administer anesthesia and findings are to be recorded in the patient's medical record. In-patient records should reflect a post-anesthesia follow-up examination by the individual who administered the anesthesia with findings recorded within forty-eight (48) hours of surgery. Outpatient records will reflect a post-anesthesia evaluation for proper recovery in accordance with policies and procedures approved by the Medical Staff.
 - 2.8. If a general or regional anesthetic is used and a MD or DO is not a member of the operating team, a MD or DO shall be immediately available on the hospital premises.
 - 2.9. All specimens and tissues removed during a surgical procedure shall be properly labeled and sent to the pathologist, who shall determine the extent of examination necessary for diagnosis.
 - 2.10. Pre-op lab and/or x-ray will be ordered at the discretion of the operating member and/or CRNA/anesthesiologist based on the needs of the patient.
 - 2.11. Surgical services and records shall be reviewed by the Medical Executive Committee.
3. Obstetrical Services
 - 3.1. Obstetrical services are provided on an emergency basis only and must be managed by the ER physician. and, if the ER physician is a Locum Tenens physician, a physician with admitting privileges.
 - 3.2. Written policies and procedures for inter-hospital transfer of perinatal and neonatal patients shall be established.
 - 3.3. Obstetrical services and records shall be reviewed by the Medical Executive Committee.
4. Primary Care Services
 - 4.1. Primary care services shall be provided by a doctor of medicine or osteopathy, a physician assistant, or a certified nurse practitioner.

- 4.2. The Medical Executive Committee shall develop written policies and procedures for primary care services. These policies shall be recommended for approved by the Board of Trustees.
 - 4.3. Primary care services and records shall be reviewed by the Medical Executive Committee.
5. Acute Care/Hospitalist Services
 - 5.1. Acute care services shall be provided by a doctor of medicine or osteopathy, a physician assistant or certified nurse practitioner.
 - 5.2. A physician assistant will require oversight by a doctor of medicine or osteopathy.
 - 5.3. The doctor of medicine or osteopathy providing oversight to physician assistants must be immediately available by telephone or radio and able to be on-site within thirty (30) minutes.
 - 5.4. Admitting provider services or designee must follow patient through discharge or transfer. PHS employed hospitalist will not provide services for patients not admitted through their service.
 - 5.5. Physician assistants and certified nurse practitioner will be considered as active medical staff.

G. Ancillary Medical Staff

1. Scientific and Paramedical Staff
 - 1.1. Clinical Psychology
 - 1.1.1. Definitions
 - 1.1.1.1. The Psychology Service shall consist of qualified psychologist whose professional services are utilized within the general purpose and programs of Dr. Dan C. Trigg Memorial Hospital. Psychologists who perform professional services in the Hospital must be appointed to the Ancillary Staff in accordance with Bylaws, Rules and Regulations of the Medical Staff.
 - 1.1.1.2. Clinical rehabilitation and counseling psychologists are persons with substantial training in Psychology with a clinical emphasis. The training includes satisfactory supervised clinical experience, either pre or postdoctoral level, and experience in the medical setting. Guidelines for determination of adequate experience and training shall follow current guidelines of the American Psychological Association and the Council for the National Register of Health Services Providers in Psychology.
 - 1.1.1.3. Credentials of psychology applications to the Ancillary Staff will be reviewed by the Medical Executive Committee.
 - 1.1.2. Qualifications of Psychologists

Each Psychologist Member of the Ancillary Staff must be a clinical, counseling, or rehabilitation psychologist who:

- 1.1.2.1. Is certified by the New Mexico State Board of Psychology Examiners;
 - 1.1.2.2. Has a doctoral degree from a recognized university based upon graduate study which was primarily in the area of clinical counseling, rehabilitation, Psychology, or a combination of these specialty areas;
 - 1.1.2.3. Has completed an American Psychological Association approved internship, or its equivalent;
 - 1.1.2.4. Has had special emphasis, in training and/or experience, in the areas of psychology he/she intends to practice in the hospital, sufficient to satisfy that the psychologist is competent in such areas. The application shall include a statement setting forth the area of psychology which the psychologists intends to practice; and
 - 1.1.2.5. Is listed in the National Register of Health Service Providers in Psychology; or has substantial equivalent training and experience. In determining such equivalence, the Medical Executive Committee must ascertain that there has been extensive experience in a general hospital setting, and the experience was in context of a supervisory or collegial relationship with a qualified psychologist who assumed a training responsibility.
- 1.1.3. Privileges of Psychologists
Psychologists will provide services within the legal and professional definition of their discipline and in accordance with Hospital Rules and Regulations.
- 1.1.3.1. Privileges of psychologists are psychological evaluation and treatment.
 - 1.1.3.2. Psychologists exercise their privileges in providing services only at the specific request of Members of the Medical Staff and will perform only those services requested by the physician.
 - 1.1.3.3. Privileges will be exercised under the general direction of the attending physician who requests the services. It is the joint responsibility of the psychologist and the attending physician to maintain periodic review and consultation regarding the progress and status of the patient.
 - 1.1.3.4. The attending physician will specify in the patient's chart what function(s) the psychologist is to perform in the services of the patient.
 - 1.1.3.5. The psychologist will be responsible for consultation reports and summaries as necessary in the medical record and will utilize the patient's medical record for recommendations, comments, and progress notes.
 - 1.1.3.6. To admit, when necessary for proper patient care and management, patients with acute psychological, emotional, and chemical dependencies to inpatient wards in concert with a staff physician, who will perform a general medical examination and assume overall medical management for the patient.
 - 1.1.3.7. The initial assignment of privileges shall be under supervision for a minimum of three months and nine cases. After that time, the

supervisor shall make a recommendation to the President of the Medical Staff that the supervision status be terminated or extended. If the recommendation is for extension, all hospital work must continue to be under supervision until the supervision status is terminated. Privileges may be limited or terminated at any time for substandard or incompetent performance.

1.1.4. Peer Review

The Psychology Service will be responsible for establishing and maintaining a system of peer review in order to assure a high standard of professionals' performance by psychologists. The provision of psychological service will be in accordance with the code of ethics of the American Psychological Association, New Mexico Statutes, Hospital Rules and Regulations and consistent with the high standard of patient care.

1.2. Podiatrist

1.2.1. Podiatrists who are graduates from a school of Podiatric Medicine approved by the Council on Podiatric Education and who have an unrestricted license to practice Podiatry in New Mexico and who meet other conditions for appointment may be appointed to the Ancillary Staff. Clinical privileges shall be specifically assigned dependent upon training and performance. Class I privileges are limited to removal of superficial benign skin lesions of the feet and mechanical treatment of the feet. Class II privileges permit co-admission of patients, includes Class I privileges and specifically defined surgical procedures of the foot. To qualify for Class II privileges, the podiatrist shall have completed at least two years approved post-graduate Podiatric surgical training.

1.2.2. The podiatrist with Class II privileges may co-admit patients with a Member of the Medical Staff. All Podiatric patients shall have a medical history and physical examination by a physician Member of the Medical Staff who shall accept responsibility for the care of any medical problem that may be present at the time of admission or that may arise during the hospitalization of the patient. The podiatrist is responsible for the Podiatric care of the patient including the Podiatric history and physical examination and all appropriate elements of the patient's record. Podiatrist shall be under the overall supervision of the Chief of Surgery.

1.3. Speech Pathologists/Audiologists

1.3.1. Speech Pathologist/Audiologists will be assigned to the Physical Therapy Department for purposes of supervision during their probationary period and direction of their activities while Members of the Scientific and Paramedical Staff. They may see patients in the Hospital only when requested by a Member of the Medical Staff. They may make notes in the patient's progress notes attesting to their treatments and findings. They may not write orders on the patient's order sheet.

1.4. Optometry

1.4.1. Definitions

1.4.1.1. The optometry service shall consist of qualified Optometrists whose professional services are utilized within the general purpose and

programs of Dr. Dan C. Trigg Memorial Hospital. Optometrists who perform professional services in the Hospital must be appointed to the Ancillary Staff in accordance with the Bylaws, Rules and Regulations of the Medical Staff.

1.4.1.2. Credentials of Optometry applications to the Ancillary Staff will be reviewed by the Medical Executive Committee.

1.4.2. Qualifications of Optometrists

Each Optometrist Member of the Ancillary Staff must be qualified and who:

1.4.2.1. Is certified by the New Mexico State Board of Optometry Examiners.

1.4.2.2. Has a doctoral degree from a recognized university;

1.4.2.3. Has completed approved internship, or its equivalent.

1.4.2.4. Has had special emphasis, in training and/or experience, in the areas of Optometry he/she intends to practice in the Hospital, sufficient to satisfy that the optometrist is competent in such areas.

2. Allied Health Personnel

2.1. Introduction

2.1.1. Allied Health Personnel shall include: Certified Nurse Practitioners, Certified Nurse Midwives, Certified Registered Nurse Anesthetists, Nurse Specialists, Physician Assistants, and Licensed Mental Health Professionals. They will be limited to two physician assistants per member with no limit on other personnel, supervised by Members of the Medical Staff or employed by Dr. Dan C. Trigg Memorial Hospital, may provide services to patients within the limit of their skills and the scope of lawful practice upon recommendations of the Medical Staff and approval of the Board of Trustees of Dr. Dan C. Trigg Memorial Hospital. The wearing of an identification nametag shall be required by all Allied Health Personnel while functioning within the Hospital.

2.2. For the purposes of this section, Allied Health Personnel shall include the following categories:

2.2.1. Certified Nurse Practitioner

2.2.1.1. Definitions

2.2.1.1.1. The Certified Nurse Practitioner shall consist of qualified Certified Nurse Practitioners whose professional services are utilized within the general purpose and programs of Dr. Dan C. Trigg Memorial Hospital. Certified Nurse Practitioners who perform professional services in the Hospital must be appointed to the Ancillary Staff in accordance with the Bylaws, Rules and Regulations of the Medical Staff.

2.2.1.1.2. Guidelines for determination of adequate experience and training shall follow current guidelines of the American College of Nurse Practitioners.

2.2.1.1.3. Credentials of Certified Nurse Practitioner applications to the Ancillary Staff will be reviewed by the Medical Executive Committee.

- 2.2.1.2. Qualifications of Certified Nurse Practitioners
 - Each Certified Nurse Practitioner member of the Ancillary Staff must possess the following qualifications:
 - 2.2.1.2.1. Is licensed by the New Mexico Department of Health as a Certified Nurse Practitioner
 - 2.2.1.2.2. Has met the standards for certification set by the American College of Nurse Practitioners.
 - 2.2.1.3. Privileges of Certified Nurse Practitioners:
 - 2.2.1.3.1. Certified Nurse Practitioners will provide services within the legal and professional definition of their discipline and in accordance with Hospital Rules and Regulations
 - 2.2.1.3.2. Qualified Certified Nurse Practitioners shall be appointed to the Ancillary Medical Staff with privileges under the supervision of a Member of the Active or Consulting Staff. This supervision shall include co-signing of orders within 12 hours for the first 15 patients and then within 48 hours thereafter.
- 2.2.2. Certified Nurse Midwife
 - 2.2.2.1. Definitions
 - 2.2.2.1.1. The Certified Nurse Midwife Service shall consist of qualified Certified Nurse Midwives whose professional services are utilized within the general purpose and programs of Dr. Dan C. Trigg Memorial Hospital. Certified Nurse Midwives who perform professional services in the Hospital must be appointed to the Ancillary Staff in accordance with Bylaws, Rules and Regulations of the Medical Staff.
 - 2.2.2.1.2. Guidelines for determination of adequate experience and training shall follow current guidelines of the American College of Nurse Midwives.
 - 2.2.2.1.3. Credentials of Certified Nurse Midwife applications to the Ancillary Staff will be reviewed by the Medical Executive Committee.
 - 2.2.2.2. Qualifications of Certified Nurse Midwives
 - Each Certified Nurse Midwife member of the Ancillary Staff must possess the following qualifications:
 - 2.2.2.2.1. Is licensed by the New Mexico Department of Health, Public Health Division, Maternal Health Program, Title 16 Occupational & Professional Licensing, chapter 11 -Midwives, Part 2-Certified Nurse Midwives.
 - 2.2.2.2.2. Has met the standards for certification set by the American College of Nurse Midwives.
 - 2.2.2.3. Privileges of Certified Nurse Midwives
 - 2.2.2.3.1. Certified Nurse Midwives will provide services within the legal and professional definition of their discipline and in accordance with Hospital Rules and Regulations.
 - 2.2.2.3.2. Guidelines to be used in granting appropriate privileges to Certified Nurse Midwives will be Standards for the Practice of

Nurse-Midwifery, as defined by the American College of Nurse-Midwives.

2.2.2.3.3. Qualified Certified Nurse Midwives shall be appointed to the Ancillary Medical Staff with privileges under the supervision of a Member of the Active or Consulting Staff. This supervision shall include co-signing of orders within 12 hours for the first 15 patients and then within 48 hours thereafter.

2.2.3. Certified Registered Nurse Anesthetist (CRNA)

2.2.3.1. Definitions

2.2.3.1.1. The Certified Registered Nurse Anesthetist Service shall consist of qualified Certified Registered Nurse Anesthetists whose professional services are utilized within the general purpose and programs of Dr. Dan C. Trigg Memorial Hospital. Certified Registered Nurse Anesthetists who perform professional services in the Hospital must be appointed to the Ancillary Staff in accordance with Bylaws, Rules and Regulations of the Medical Staff.

2.2.3.1.2. Guidelines for determination of adequate experience and training shall follow current guidelines of the American Association of Nurse Anesthetists.

2.2.3.1.3. Credentials of Certified Registered Nurse Anesthetist applications to the Ancillary Staff will be reviewed by the Medical Executive Committee.

2.2.3.2. Qualifications of Certified Registered Nurse Anesthetists

Each Certified Registered Nurse Anesthetist member of the Ancillary Staff must possess the following qualifications:

2.2.3.2.1. Supervised privileges in anesthesiology may be granted to nurses who are Board of Nursing eligible or Certified Registered Nurse Anesthetists who perform in a competent manner.

2.2.3.2.2. Has met the standards for certification set by the American Association of Nurse Anesthetists.

2.2.3.3. Privileges of Certified Registered Nurse Anesthetists

2.2.3.3.1. Certified Registered Nurse Anesthetists will provide services within the legal and professional definition of their discipline and in accordance with Hospital Rules and Regulations.

2.2.3.3.2. Qualified Certified Registered Nurse Anesthetists shall be appointed to the Ancillary Medical Staff with privileges under the supervision of the operating surgeon.

2.2.3.3.3. The Certified Registered Nurse Anesthetist (CRNA) is responsible for appropriate pre-operative and pre-induction evaluation of the patient and the patient record.

2.2.3.3.4. The CRNA is responsible for the choice anesthesia and the anesthetic agent or technique with the concurrence of the surgeon.

2.2.3.3.5. The CRNA is primarily responsible for the care of the patient in the Recovery Room and is responsible for pre and post-anesthesia evaluation and appropriate anesthesia records.

2.2.4. Nurse Specialists

2.2.4.1. Definitions

2.2.4.1.1. The Nurse Specialist shall consist of qualified Registered Nurse Specialists whose professional services are utilized within the general purpose and programs of Dr. Dan C. Trigg Memorial Hospital. Nurse Specialists who perform professional services in the Hospital must be appointed to the Ancillary Staff in accordance with Bylaws, Rules and Regulations of the Medical Staff.

2.2.4.1.2. Guidelines for determination of adequate experience and training shall follow current guidelines of the Board of Nursing.

2.2.4.1.3. Credentials of Nurse Specialist applications to the Ancillary Staff will be reviewed by the Medical Executive Committee.

2.2.4.2. Qualifications of Nurse Specialists

Each Nurse Specialist member of the Ancillary Staff must possess the following qualifications:

2.2.4.2.1. Supervised privileges may be granted to Nurse specialists who deliver, teach and supervise high quality care in a particular clinical specialty and have a basic nursing education, supplemented with specialized knowledge and technical skills in a clinical area; and who perform in a competent manner.

2.2.4.2.2. Has met the standards for certification set by the American Board of Nursing.

2.2.4.3. Privileges of Nurse Specialists

2.2.4.3.1. Nurse Specialists will provide services within the legal and professional definition of their discipline and in accordance with Hospital Rules and Regulations.

2.2.4.3.2. Qualified Nurse Specialists shall be appointed to the Ancillary Medical Staff with privileges under the supervision of a Member of the Active or Consulting Staff.

2.2.5. Physician Assistants

2.2.5.1. Definitions

2.2.5.1.1. The Physician Assistant shall consist of qualified Physician Assistants whose professional services are utilized within the general purpose and programs of Dr. Dan C. Trigg Memorial Hospital. Nurse Specialists who perform professional services in the Hospital must be appointed to the Ancillary Staff in accordance with Bylaws, Rules and Regulations of the Medical Staff.

2.2.5.1.2. Guidelines for determination of adequate experience and training shall follow current guidelines of the State Medical Board - Board of Medical Examiners.

2.2.5.1.3. Credentials of Physician Assistant applications to the Ancillary Staff will be reviewed by the Medical Executive Committee.

2.2.5.2. Qualifications of Physician Assistants

Each Physician Assistant member of the Ancillary Staff must possess the following qualifications:

- 2.2.5.2.1. Supervised privileges may be granted to Physician Assistants who have completed a prescribed course of study and are certified as a Physician's Assistant by the National Commission on Certification of Physician's Assistants and the New Mexico Board of Medical Examiners;
- 2.2.5.2.2. Has met the standards for certification set by the New Mexico Board of Medical Examiners.
- 2.2.5.3. Privileges of Physician Assistants
 - 2.2.5.3.1. Physician Assistants will provide services within the legal and professional definition of their discipline and in accordance with Hospital Rules and Regulations.
 - 2.2.5.3.2. Qualified Physician Assistants shall be appointed to the Ancillary Medical Staff with privileges under the supervision of a Member of the Active or Consulting Staff. This supervision shall include co-signing of orders within 12 hours for the first 15 patients and then within 48 hours thereafter.
- 2.2.6. Licensed Mental Health Professionals
 - 2.2.6.1. Definitions
 - 2.2.6.1.1. The Licensed Mental Health Professional shall consist of qualified Mental Health Professionals whose professional services are utilized within the general purpose and programs of Dr. Dan C. Trigg Memorial Hospital. Mental Health Professionals who perform professional services in the Hospital must be appointed to the Ancillary Staff in accordance with Bylaws, Rules and Regulations of the Medical Staff.
 - 2.2.6.1.2. Guidelines for determination of adequate experience and training shall follow current guidelines of the New Mexico Board of Social Work Examiners.
 - 2.2.6.1.3. Credentials of Mental Health Professional applications to the Ancillary Staff will be reviewed by the Medical Executive Committee.
 - 2.2.6.2. Qualifications of Mental Health Professionals
 - Each Mental Health Professional member of the Ancillary Staff must possess the following qualifications:
 - 2.2.6.2.1. Supervised privileges may be granted to Mental Health Professionals who have completed a prescribed course of study; and
 - 2.2.6.2.2. Has met the standards for certification set by the New Mexico Board of Social Work Examiners.
 - 2.2.6.3. Privileges of Mental Health Professionals
 - 2.2.6.3.1. Mental Health Professionals will provide services within the legal and professional definition of their discipline and in accordance with Hospital Rules and Regulations.
 - 2.2.6.3.2. Qualified Mental Health Professionals shall be appointed to the Ancillary Medical Staff with privileges exercised under the general direction of the attending physician who requests the services.

- 2.2.7. Technicians who perform selected skills under the direction and supervision of a physician such as cast application, cast removal, scrub for surgical procedures (not to replace a physician assistant), assist with dental procedures, etc., and other categories as may be recognized in the future.
- 2.3. The performance of all Allied Health Personnel is subject to continued review by the Medical Staff. The Medical Staff shall have the duty to initiate corrective measures, including termination of permits where appropriate. In the event that there is unsatisfactory performance, the sponsoring physician will be notified in writing and corrective action will be taken.
- 2.4. Procedure for Appointment
- 2.4.1. An Allied Health Person, supervised by a Member of the Medical Staff, must make application on a prescribed form for a permit to assist the physician in providing medical care of his/her patients in the Hospital. The applicant shall indicate his/her education, training, and experience; shall authorize the Hospital Medical Staff Committees to evaluate qualifications and performance; and give appropriate references. With the application, the applicant shall complete a list that shall include a list of functions and services requested. The Physician supervisor shall sponsor the applicant and shall agree to provide supervision and accept full professional responsibility for his Allied Health Professional(s). An application will not be complete until necessary interviews are held with applicant and physician supervisor.
- 2.4.2. The application shall be processed through the Medical Staff Credentialing Procedure, which shall direct necessary interviews of the applicant with knowledgeable Allied Health Personnel Members of the Ancillary Medical Staff. The President of the Medical Staff will also direct interviews through appropriate representatives of the nursing staff of the hospital, following which the recommendation will be submitted to the Medical Executive Committee. Applications received by the Administration Office relating to Allied Health Personnel shall be processed in the same manner as the Medical Staff applications through the Medical Executive Committee, and Board of Trustees of Dr. Dan C. Trigg Memorial Hospital.
- 2.4.3. In considering each application, the Committee shall recommend approval or disapproval of the applicant; and if approved list specific functions and services to be permitted based on the individual's professional training, experience, demonstrated competence, and upon the physician's capability and competence to supervise an assistant.
- 2.4.4. Independent judgement and action in specified areas may be permitted for qualified and certified nurse midwives, certified nurse practitioners, certified registered nurse anesthetist, physician's assistants and licensed mental health professionals. Other Allied Health Personnel are permitted to provide services as specifically defined under the supervision of the sponsoring physician. Upon approval of the Board of Trustees, a permit for no more than two years shall be issued to the applicant setting forth-specific functions and services permitted.

2.4.5. Where appropriate, each Certified Registered Nurse Anesthetist, Certified Nurse Midwife, Certified Nurse Practitioner, or Certified Physician Assistant shall be required to obtain within one year, following initial appointment, or hold current certification for Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS) or Pediatric Advanced Life Support (PALS). The maintenance of current competency shall be the practitioner's responsibility.

2.5. Reappointment Process

2.5.1. Reappointments are not a matter of right and the burden of proof is on the Allied Health person and his sponsoring physician to demonstrate his competence for reappointment and reassignment of functions and services to be permitted.

2.5.2. Prior to the end of an appointment, the Credentials Committee shall review all pertinent information available on the Allied Health person to include but not be limited to evaluations obtained from Dr. Dan C. Trigg Memorial Hospital employees, chart review where appropriate and the personal interview if requested by the Committee, following which the Committee will determine its recommendations. It will be necessary at this time for the Allied Health person to respond in a responsible manner to request from the Committee to show evidence of current certification, registration or license, where applicable, or any other requested information to support a continuing permit and any information regarding change or expansion in the permit desired. Until this request has been appropriately responded to, reappointment will not be accomplished.

2.6. Termination of Permits

2.6.1. Voluntary

The allied health person must be an employee or a Member in good standing of the Medical Staff, and his permit shall terminate automatically in the event of termination of employment or termination of staff membership of the sponsoring physician.

2.6.2. Involuntary

The permit may be automatically terminated by the President of the Medical Staff or his designate if the Allied Health person exceeds permitted functions and if performance or conduct is unsatisfactory. Notification of the termination of the permit will be given, in writing, to the Allied Health person and his sponsoring physician. The sponsoring physician may appeal the decision by written request to the Medical Executive Committee.

H. Quality Management

1. The Medical Executive Committee has been designated by the Board of Directors as the overseer of all Medical Staff and Hospital quality management.
2. MEC shall periodically evaluate the patient care services provided at every patient care location of the hospital.


3. MEC review shall include, but is not limited to, review of all clinical services, review of health care policies, supervision of utilization management, morbidity/mortality review, review of departmental quality initiatives, and review of individual cases referred.
4. The Board of Directors of Dr. Dan C. Trigg Memorial Hospital oversees the activities of MEC.

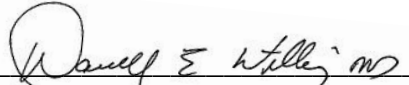
I. Periodic Review

1. These Rules and Regulations shall be reviewed every two years.

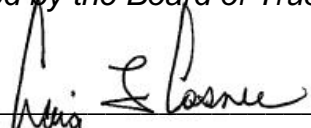
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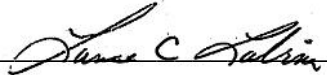
Revisions to Rules and Regulations of the Dr. Dan C. Trigg Memorial Hospital Medical Staff Approved: *[Approved by Medical Executive Committee on November 15, 2012]*


_____ 11/15/12
Dr. Karen Raburn, M.D., President


_____ 11/15/12
Dr. Darrell Willis, M.D., Vice President

Approved by the Board of Trustees of Dr. Dan C. Trigg Memorial Hospital:
[Approved by the Board of Trustees on December 6, 2012]


_____ 12/6/12
Craig Cosner, Chairman


_____ 12/6/12
Lance Labine, Administrator

Approved by the Board of Directors of Presbyterian Healthcare Services:

Dr. Katharine Winograd, PhD, Chairman

Secretary