LenoxHill Hospital

RULES AND REGULATIONS
of
THE MEDICAL STAFF
of
LENOX HILL HOSPITAL
NEW YORK

Table of Contents

Article I: **General Statement and Introduction** **4**

Approval of Rules and Regulations 4

Hospital Polices and Procedures 4

Department Policies and Procedures 4

Article II: **Admission of Patients** **5**

Article III: **Discharge of Patients** **7**

Article IV: **Informed Consent** **8**

Competent Adults, Emancipated Minors and Minors 8

Adults without Capacity with Agent, Guardian or Next-of-Kin 8

Adults without Capacity without Agent, Guardian or Next-of-Kin 9

Emergency Treatment 9

Refusal to Consent 9

Article V: **Removal of Specimens During Surgery or Other Procedures** **10**

Article VI: **Autopsies** **11**

Cases Reportable to the Medical Examiner 11

Non-Medical Examiner Autopsies 12

Article VII: **Consultations** **13**

Article VIII: **Sedation and Analgesia** **15**

Definition 15

Exclusions 15

Locations Where Sedation/Analgesia May Be Administered 15

Personnel and Training 15

Assessment of Patient Prior to Procedure 16

Article IX: **Patient Restraint and Seclusion** **17**

Article X: **Suspected Victims of Child Abuse and Neglect** **18**

Article XI: **Medical Records** **19**

Access 19

Content 19
Completion....22
Removal 22

Article XII: Patient Care Orders....23

Article XIII: Dispensing of Medications....24
Standard for Written Orders....24
Use of Investigational Drugs 26

Article XIV: Infection Control....27

Article XV: Patient Rights 28

Article XVI: Organ Donation....30

Article XVII: Advance Directives....32

Article XVIII: Confidentiality of Patient Information 34

Article XIX: Research & Publication....35

Article XX: Use of Lenox Hill Hospital Facilities for the Care of Private Outpatients36

Article XXI: Use of Physician Assistants 376

Article XXII: Use of Certified Nurse Practitioners 41

Article XXIII: Use of Certified Nurse Midwives....45

Article XXIV: Use of Certified Registered Nurse Anesthetists....47

ARTICLE I:

GENERAL STATEMENT AND INTRODUCTION

Section 1. Approval of Rules and Regulations

Subject to the approval of the Board of Trustees, the Medical Board shall adopt such Rules and Regulations of the Medical Staff as may be necessary for the proper discharge by the Medical Staff of its responsibilities for patient care.

Section 2. Hospital Policies and Procedures

The Medical Staff shall refer to policies and procedures established by the Hospital to insure the safety of patients, visitors, and staff and to maintain compliance with applicable rules, regulations, and standards of accreditation.

Section 3. Department Policies and Procedures

The Medical Staff should refer to departmental rules and regulations, if any, in connection with matters particular to their specific Departments.

ARTICLE II:

ADMISSION OF PATIENTS

Section 1.
A patient shall be admitted to Lenox Hill Hospital (the "Hospital") only by a licensed physician (holding a degree of M.D., M.B.B.S., D.O. or its equivalent) or oromaxillofacial surgeon. Each patient shall be admitted to the department or division of Lenox Hill Hospital (the "Hospital") appropriate for the treatment of the condition presented by the patient. Admission of patients shall be arranged in accordance with the urgency of their need for care. Patients may be admitted/treated at the Hospital provided that appropriate facilities, equipment and personnel are available for their treatment.

Section 2.
Physicians requesting admission of 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 whatever, or to assure protection of the patient from self harm. Except in an emergency, no patient shall be admitted to the Hospital until a provisional diagnosis has been stated and recorded and the Admitting Office has cleared the patient for admission. In case of an emergency, the provisional diagnosis shall be stated as soon as possible after admission.

Section 3.
Patients who do not have a referring physician (i.e., do not identify a particular Hospital Medical Staff member) at the time of admission (non-referred patients) shall be assigned a physician by the appropriate clinical Department concerned in the treatment of the disease or condition which necessitated admission.

Section 4.
Within thirty (30) days before or twenty-four (24) hours after admission, every patient shall have a complete history and physical examination performed by a physician or other appropriately credentialed Practitioner in accordance with Article V, Section 1(D) of the Medical Staff Bylaws. The physician or other appropriately credentialed Practitioner shall be responsible for the quality of the medical history and physical examination of the patient. If performed by a resident physician, physician assistant or other appropriately credentialed Practitioner, the record of such history and physical in the patient's medical record shall be reviewed and countersigned by the patient's attending physician. The admission physical shall include the following:

A. On women over twenty-one (21) years, unless medically contraindicated:

   i. A screening uterine cytology smear, unless performed within the previous three (3) years, and

   ii. Palpation of the breast.

B. Examination for the presence of sickle cell hemoglobin on all patients over six (6) months of age who are identifiable as susceptible to sickle cell anemia, unless recorded evidence is available that such tests have previously been performed.

ARTICLE III:

DISCHARGE OF PATIENTS

Section 1.
Patients shall be discharged only upon the written order of the patient's attending physician or designee.

Section 2.
Orders for the discharge of a patient from the Hospital should be written not later than the evening of the day preceding the anticipated discharge. At the time of discharge, the attending physician shall assure that the patient's medical record is complete and the final diagnosis must be stated on the Discharge Summary Sheet in the patient's medical record. The Discharge Summary Sheet shall contain such information as is required by ARTICLE XI:, Section 2 of these Rules and Regulations.

Section 3.
All consultation and laboratory test reports received following the discharge of a patient shall be reviewed by the attending physician (or a resident physician reporting to the attending physician), and any abnormal findings shall be reported for any necessary follow-up to the physician who will be responsible for the patient's continued care.

ARTICLE IV:

INFORMED CONSENT

Informed consent is the process by which a physician and patient exchange information and questions culminating in the patient's agreement to a specific medical or surgical intervention. The patient needs certain basic details in order to decide whether to accept treatment; the physician also needs information from the patient in order to effectively describe risks and benefits to that patient.

Section 1. Competent Adults, Emancipated Minors and Minors

A. Competent adult patients age eighteen (18) years and older, emancipated minors[1] and the parent or guardian of a minor must be provided with an explanation of, the reasons for, and the reasonably foreseeable risks, benefits and alternatives to all proposed surgical procedures, invasive tests, procedures, treatments, blood transfusions, and/or use of anesthesia, sedatives or analgesics which constitute conscious sedation. With respect to any non-emergency procedure, test or treatment which is expected to involve local or general anesthesia, the informed consent shall include the identification of all physicians, except medical residents in certified training programs, dentists and podiatrists, reasonably anticipated to be actively involved in such procedure, test or treatment.

B. The physician or practitioner who is performing the proposed surgical procedures, invasive tests, procedures, treatments, blood transfusions, and/or use of anesthesia, sedatives or analgesics which constitute conscious sedation is responsible for ensuring that the explanation has been provided. The explanation should also include the potential problems related to recuperation, the likelihood of success and the possible results of non-treatment.

C. The patient, parent or guardian must also be provided with an opportunity to ask questions and have them answered.

D. A consent form evidencing such discussion must be signed by the patient, parent or guardian and the physician or practitioner and placed in the patient's medical record prior to the commencement of the proposed surgical procedures, invasive tests, procedures, treatments, blood transfusions, and/or use of anesthesia, sedatives or analgesics which constitute conscious sedation.

E. If the adult patient desires to leave the Hospital despite medical recommendation, it should be appropriately documented and the patient should be asked to sign out "Against Medical Advice".

Section 2. Adults without Capacity with Agent, Guardian or Next-of-Kin

[1] An emancipated minor is a person who is under the age of eighteen (18), but is now or has been married, or is now or has been a parent, or is seeking treatment for venereal disease, or is pregnant and seeking treatment related to prenatal care.

A. If an adult patient is found to lack capacity to make health care decisions, the healthcare agent, guardian, or the next-of-kin must be provided with an explanation of, the reasons for, and the reasonably foreseeable risks, benefits and alternatives to all proposed surgical procedures, invasive tests, procedures, treatments, blood transfusions and/or use of anesthesia, sedatives or analgesics which constitute conscious sedation.

B. A consent form evidencing such discussion must be signed by the agent, guardian, or next-of-kin, and the physician or practitioner and placed in the patient's medical record prior to the commencement of the proposed surgical procedures, invasive tests, procedures, treatments, blood transfusions, and/or use of anesthesia, sedatives or analgesics which constitute conscious sedation.

Section 3. Adults without Capacity without Agent, Guardian or Next-of-Kin

If a patient lacks capacity to make health care decisions, and after a diligent search is performed to locate a healthcare agent, guardian or next-of-kin, it is determined that no one is able to be identified, Hospital Administration should be notified before the proposed surgical procedures, invasive tests, procedures, treatments, blood transfusions, and/or use of anesthesia, sedatives or analgesics which constitute conscious sedation. A Court Order may be necessary in such situations.

Section 4. Emergency Treatment

A. If an emergency exists and a patient is in need of immediate medical/surgical attention, and an attempt to secure consent will result in delay of treatment, which will cause imminent harm to the patient, consent to necessary emergency care is implied.

B. The physician or practitioner shall document in the patient's medical record the facts of the emergency and any attempts to secure consent that were made. Hospital Administration should be contacted and advised of the situation before treatment is rendered, whenever possible.

Section 5. Refusal to Consent

A patient of legal age (over the age of eighteen (18) years), if competent, generally has the right to refuse any operation, procedure or treatment, emergency or otherwise, if he/she so desires. Unless otherwise required by law, no non-emergency operation, procedure or treatment will be performed on any patient who refuses to consent to such operation, procedure or treatment.

ARTICLE V:

REMOVAL OF SPECIMENS DURING SURGERY OR OTHER PROCEDURES

Section 1.
All tissues and/or specimens removed during surgical and diagnostic procedures shall be sent to the Department of Pathology with appropriately completed laboratory slip(s) and pre-operative diagnoses. All clinically relevant information about the patient, including rule-out diagnoses, must be provided to the pathologist on the request form.

Section 2.
The Department of Pathology shall make such examinations, as it may consider necessary to arrive at a pathological diagnosis. The pathologist making the diagnosis shall describe his findings in a report that shall be signed by an attending pathologist. A copy of the pathology report shall be filed with the patient's medical record.

Section 3.
The Tissue Committee will periodically update and define those cases that do not require specimen removal.

ARTICLE VI:

AUTOPSIES

Upon a patient's death, it is the responsibility of the treating physician to determine whether the death meets the criteria for reporting to the New York City Medical Examiner. The following are the types of deaths that must be reported to the Medical Examiner:

Section 1. Cases Reportable to the Medical Examiner

A. Deaths that occur during diagnostic or therapeutic procedures or from complications of such procedures

B. Sudden death of a person in apparent good health

C. All suicides

D. All deaths that are caused or contributed to by chemical overdose or poisoning

E. All accidents (motor vehicle, home, public place, etc.)

F. When there is an intent to cremate or dispose of the body in a fashion other than interment in a cemetery

G. All deaths resulting from forms of criminal violence or from an unlawful act or criminal neglect

H. Deaths that occur in a suspicious or unusual manner

I. When a fetus is born in the absence of a physician or midwife

J. Stillbirths, if there is a history of maternal trauma or drug abuse, or the case has some other unusual or suspicious circumstance

K. Neonatal deaths from prematurity and its complications, if the premature delivery was the result of maternal trauma or drug abuse

L. Deaths due to disease, injury or toxic agent resulting from employment

M. Deaths of all persons in legal detention, jails or police custody

    i. This category also includes any prisoner who is a patient in a hospital, regardless of the duration of the hospital confinement.

N. Dead bodies brought into the Hospital without proper medical certification, except where a treating physician present at the arrival, or shortly thereafter, will certify the death

O. Deaths that occur unattended by a physician and where no physician can be found to certify the cause of the death

    ii. In this case, "unattended by a physician" means not visited or treated by a physician within thirty-one (31) days immediately preceding the death

Section 2. Non-Medical Examiner Autopsies

Every member of the Medical Staff shall be actively involved in securing autopsies. No autopsy shall be performed without the consent of one of the following persons who, in the order of priority stated, is available at the time of death: (a) the spouse, (b) a child who is eighteen (18) years of age or older, (c) a grandchild who is eighteen (18) years of age or older, (d) a parent, (e) a brother or sister who is eighteen (18) years of age or older, (f) a grandparent, (g) a great-grandparent or uncle or aunt who is eighteen (18) years of age or older, or (h) such other persons who are eighteen (18) years of age or older and would be entitled to share in the estate of the decedent. Consent from any of the above representatives of the decedent must be in writing, or be received by facsimile, recorded telephonic, or other recorded message. All autopsies shall be performed by the Department of Pathology. Physicians who have met and discussed the patient's condition with the family are in the best position to obtain the consent for the autopsy.

No autopsy shall be performed if there is notice that the decedent or the next-of kin expressed an objection, religious or moral, to the performance of an autopsy. No autopsy consent shall be solicited if the death meets the criteria for cases reportable to the Medical Examiner as specified in ARTICLE VI:, Section 1.

ARTICLE VII:

CONSULTATIONS

Section 1.
Except in emergencies, a medical consultation with another qualified physician should be obtained in all cases in which: (i) the patient is not a good medical or surgical risk, (ii) the patient's diagnosis is unclear or not certain, or obscure, or (iii) there is doubt as to the best therapeutic measures to be utilized. In addition, a medical consultation is recommended when surgery is planned upon a patient who meets any of the following criteria:

A. Non-emergent surgery on a patient over the age of sixty (60) who is to receive general, regional, spinal or caudal anesthesia.

B. All pediatric patients.

C. All dental patients.

D. All patients with serious or potentially serious pre-existing medical conditions.

E. All patients with known significant abnormal pre-operative laboratory findings that cannot be accounted for by existing medical conditions.

F. Any patient who, in the opinion of the attending physician or anesthesiologist, has a medical condition that warrants a consultation.

Section 2.
The role of the physician consultant is advisory only. The attending physician of record is not bound by the plan of treatment prescribed by the consultant. If the attending physician of record chooses not to follow the consultant's plan of care for the patient, the attending physician should document in the patient's medical record the reasons for not following the consultant's recommended plan of care.

Section 3.
Non-emergent consultations for inpatients should be performed within twenty-four (24) hours of the request for such consultation. Emergency consultations should be performed as soon as possible after a request is made.

Section 4.
The Lenox Hill Hospital form entitled *Request for Consultation and/or Treatment* should be used for requests for all in-patient consultations, although it is acceptable to have consultations written on progress note paper. The request for consultation should include the following information:

A. Whether the request is for consultation and follow-up or consultation only;

B. Name of consultant;

C. Specialty of consultant;

D. Name of physician requesting the consultation;

E. Date and time of request;

F. Status of consultation, i.e. emergent or routine; and

G. Reason for consultation.

Section 5.
All consultations must be recorded as progress notes, or otherwise conspicuously identified as the entry of the consultant, in the patient's medical record. Consultations shall record evidence of a review of the patient's medical record by the consultant, pertinent findings on examination of the patient, the consultant's opinion and recommendations. This report shall be made a part of the patient's medical record. The consultant's note should include the following information:

A. Patient history and review of the medical record content;

B. Acknowledgement of available laboratory findings from Lenox Hill Hospital or outside laboratories;

C. Consultant's physical and mental examination findings, assessment and plan of treatment.

D. Signature of consultant with date and time of consultation.

ARTICLE VIII:

SEDATION AND ANALGESIA

This article describes the Rules and Regulations for sedation/analgesia of patients by non-anesthesiologists for diagnostic and therapeutic procedures.

Section 1. Definition

Combinations of sedative (e.g., benzodiazepines) and analgesic (e.g., narcotics) drugs reduce the anxiety and discomfort associated with diagnostic and therapeutic procedures and can help patients remain still during imaging examinations.

The desired Central Nervous System (CNS) depression should allow patients to respond purposefully to verbal commands or tactile stimulation and to maintain normal cardio-respiratory function and protective reflexes.

Further CNS depression can ensue quickly into deep sedation, when the only response is reflex withdrawal from a painful stimulus. Deep sedation is marked by a patient's significant respiratory depression, loss of protective reflexes, inability to handle airway secretions, and major risk of aspiration. Apnea and cardiac arrest are catastrophic complications that can be caused by sedative and analgesic drugs.

Section 2. Exclusions

These Guidelines do not apply to the use of sedatives or analgesics when used for:

A. Management of acute or chronic pain.

B. Anticonvulsant therapy.

C. Therapy for withdrawal symptoms.

D. Sedation of critically ill patients who require mechanical ventilation

E. Any procedure managed by the Department of Anesthesiology including those in Operating Rooms, Delivery Rooms, PACU, ECT, and Cardioversions.

Section 3. Locations Where Sedation/Analgesia May Be Administered

These guidelines apply to any area where sedation or analgesia is administered to a patient, including Endoscopy, Cardiac Cath Lab, Non-Invasive Cardiology, Invasive Radiology, CV ICU, Medical-Surgical ICU, CCU, NICU, Pediatric Acute Care Unit, Emergency Room, and all general patient care units.

Section 4. Personnel and Training

Physicians who administer sedation/analgesia for diagnostic and therapeutic procedures should be, by experience or training, familiar with the principles in "Practice Guidelines for Sedation and Analgesia by Non-Anesthesiologists" published by the American Society of

Anesthesiologists ("ASA"). Reprints of this document are available from the Department of Anesthesiology.

In addition to the physician conducting the procedure, an assistant must be available to monitor the event who is trained in basic life support and who can recognize and begin treatment for airway obstruction and hypoxemia. Personnel trained in Advanced Life Support should be immediately available to respond if called.

The assistant must provide a record of patient's vital signs and oxygen saturation at 5-10 minute intervals.

Section 5. Assessment of Patient Prior to Procedure

The physician must document relevant patient information prior to the administration of sedatives and/or analgesics, which shall include, at a minimum, the following:

A. Proposed procedure and present illness.

B. History relevant to cardio-pulmonary disease and previous reactions to sedatives and analgesics.

C. Physical exam focused on heart, lungs, and major organ system disease.

D. ASA physical status, as specified on medical record form.

ARTICLE IX:

PATIENT RESTRAINT AND SECLUSION

Section 1.
The application of restraints or seclusion, requires the written order of a physician, following his/her personal examination of the patient, for a specified and limited period of time, to protect the patient from injury to himself or to others. Other than in OMH licensed psychiatric units, physician assistants and nurse practitioners may also write orders for restraints. In an emergency, when the patient presents an immediate danger to himself or others and a physician (and, in a non-OMH licensed psychiatric unit, a physician assistant or nurse practitioner) is not immediately available, the restraint may be applied only by or under the supervision of and at the direction of a registered professional nurse, who should set forth in writing the circumstances requiring the use of restraints. In such an emergency, a physician, (or, in a non-OMH licensed psychiatric unit, a physician assistant or nurse practitioner) should be immediately summoned to examine the patient and write an order for restraint. Pending the arrival of the physician, or, as appropriate, the physician assistant or nurse practitioner, the patient shall be kept under continuous supervision, as warranted by the patient's physical condition and emotional state. At frequent intervals while restraints are in use, the patient's physical needs, comfort and safety shall be monitored. An assessment of the patient's condition shall be made at least once every thirty (30) minutes or at more frequent intervals if directed by a physician, or, as appropriate, a physician assistant or nurse practitioner.

Section 2.
The physician order for restraint or seclusion must be written on the Restraint or Seclusion Order Form. The form must be fully completed. PRN orders are not permitted under any circumstances. All restraint orders must be re-written within twenty-four (24) hours. The use of restraint or seclusion beyond a continuous twenty-four (24) hour period requires face-to-face reassessment of the patient by the physician, physician assistant or nurse practitioner and written renewal of restraint or seclusion order.

Section 3.
It is the responsibility of the physician, physician assistant or nurse practitioner who has ordered the restraint or seclusion to be able to staff in the event of an emergency. Accordingly, the physician, physician assistant or nurse practitioner shall advise appropriate staff where to contact him or her or an alternate physician during the period of the order.

Section 4.
For patients with primary behavioral diagnosis, the emergency psychiatrist on call will be the responsible physician when the primary physician is off duty. At the close of the primary therapist's work day, he or she will inform the psychiatrist on call of the names of patients in restraint or seclusion, the condition of the patient's medication regimen, and any complications or problems encountered during the period of restraint or seclusion.

ARTICLE X:

SUSPECTED VICTIMS OF CHILD ABUSE AND NEGLECT

All Medical Staff, including attending physicians and residents in all clinical services involved in cases of suspected child abuse and neglect must be familiar with New York State laws and with applicable Hospital policy and procedure. Responsibilities of the Medical Staff in the management of such cases include:

A. Ensuring that proper authorities are notified in cases of suspected abuse;

B. Performing a detailed history and complete physical examination; ordering all necessary laboratory tests, x-rays, color photographs and consultations; and clearly documenting the findings and activities which may be used as evidence in a legal proceeding;

C. Encouraging the parents or family to cooperate with the Hospital by permitting the child to be admitted to or remain in the Hospital for medical care or, when necessary, for protective purposes;

D. Directing parents who question the need to hold the patient and to refer the case to the Child Welfare Administration to the Social Work Department for further clarification and assistance;

E. Exploring all safety options, including Hospital admission, when no other immediate plan of safety can be identified;

F. Keeping up-to-date on the developments in the case through consultation with nursing staff, social worker and by reviewing the Social Work progress notes in the medical record;

G. Working closely with the Nursing and Social Work team in planning to maintain a consistent approach to the patient and parents based on the individual needs in each case;

H. Immediately communicating with Nursing and Social Work when parents show agitation or hostile behavior or threaten to remove a child from the Hospital who has not been cleared for medical and/or social discharge;

I. Consulting with Nursing and Social Work, as soon as possible, and contacting Security when the parents’ behavior is disruptive or threatening; and

J. Consulting with the Social Work Department prior to the discharge of any hospitalized child or adolescent suspected of having been abused or mistreated.

ARTICLE XI:

MEDICAL RECORDS

Section 1. Access

A. The Hospital owns the physical medical record, subject to the patient's interest in the information contained therein. The medical record is a confidential document and access to it generally should be limited to the patient or an authorized representative, the attending physician, and other Hospital staff members possessing legitimate interests in the record relating to the patient's care, as permitted by federal, state or local laws.

B. Medical records are maintained for the benefit of the patient, the Medical Staff, and the Hospital. It is the Hospital's responsibility to safeguard the information in the record against loss, defacement, tampering, or use by unauthorized persons. All patient medical records shall be accessible on a twenty-four (24) hour per day basis.

C. In cases involving the readmission of a patient, all previous records of such patient shall be made available for the use of the Medical Staff member who is presently the attending physician of such patient and the other professionals involved in the patient's care. However, appropriate confidentiality requirements shall be observed.

Section 2. Content

A. The medical record shall be clearly written, concise and promptly completed in order to provide comprehensive documentation of the patient's diagnosis and course of treatment.

B. Each entry must be signed, dated, timed, legible, and authenticated by the person completing such entry. Medical record entries should be made only by those actively involved in the professional treatment of the patient and only on the forms that are an authorized part of the medical record.

C. No entries in the medical record may be obliterated. Errors are corrected by placing a single line through the incorrect portion followed by the correct information and signature of the person making the correction and recording of the date. Dated and signed addenda are also acceptable methods of correcting errors.

D. An accurate, clear, and comprehensive medical record shall be maintained for every person evaluated or treated as an inpatient, ambulatory patient, emergency patient or outpatient of the Hospital. The medical record shall contain sufficient information to identify the patient, support the diagnosis, and justify the treatment as medically necessary, and document the results accurately. The record shall include:

   i. Patient Identification Data (Face Sheet)

   ii. Medical history of the patient, including:

      a) admitting diagnosis

b) chief complaint

c) present illness

d) relevant past, social and family history

iii. Physical examination of the patient including:

a) comprehensive current physical assessment, including review of systems

b) statement of conclusions or impressions drawn from the examination

c) statement of the course of action planned for the patient

iv. Diagnostic and therapeutic orders.

v. Evidence of properly executed informed consent forms for procedures and treatments (when appropriate).

vi. Clinical observations or progress notes to reflect the patient's condition and the results of treatment.

vii. Documentation of all complications, Hospital acquired infections, and unfavorable reactions to drugs and anesthesia.

viii. Consultation reports must include those elements noted in ARTICLE VII:, Section 5 of these Rules and Regulations.

ix. Reports of clinical laboratory, radiology, other tests and procedures and their results.

x. Medical or surgical treatment and related reports such as record of operation, record of anesthesia, and pathology reports.

xi. Nursing documentation and care plan.

xii. Medication records.

xiii. Vital signs and other information necessary to monitor the patient's condition.

xiv. Conclusions at termination of hospitalization (Discharge Summaries) to include:

a) provisional diagnosis

b) principal and additional diagnoses

c) principal and additional procedures performed

d) patient condition on discharge

e) provisions for follow-up plan of care

f) specific instructions given to the patient upon discharge, including instructions on diet and medications

g) clinical resume

h) autopsy report in case of death

xv. Final diagnosis

E. A complete history and physical shall be performed no more than seven (7) days prior to admission or within twenty-four (24) hours after admission. The documentation of such history and physical shall include a statement of the conclusion or impressions drawn from all pertinent findings resulting from an assessment of all the systems of the body and shall be documented in the medical record in the manner prescribed by these Rules and Regulations. In addition, when a history and physical examination, together with essential laboratory reports, are not recorded before the time stated for a surgical procedure, the surgical procedure shall be canceled or postponed unless the attending surgeon personally records in the medical record that such a delay would constitute a hazard to the patient. When resident physicians are involved in patient care, sufficient evidence shall be documented in the medical record to substantiate the active participation in, and supervision of, the patient's care by the attending physician responsible for the patient. Sufficient evidence shall include co-signature on resident notes, coupled with progress notes completed by the attending physician or notes by resident physicians which indicate active involvement in patient care decision making by the attending physician.

F. In surgical cases, the surgeon shall record and sign a pre-operative diagnosis prior to surgery. Pre-operative and post-operative notes on all patients having operative procedures must be recorded by a member of the anesthesiology staff in the progress notes. There shall be a pre-anesthesia evaluation and post-anesthesia evaluation, with findings recorded by an anesthesiologist. The recovery room record must describe the level of consciousness of the patient on entering and leaving the recovery area and any anesthesia-related complications shall be noted.

G. Operative reports dictated or written immediately after surgery shall include: the name of the primary surgeon and assistants, findings, technical procedures used, specimens removed, and postoperative diagnosis. The completed operative report shall be authenticated by the surgeon and filed in the medical record as soon as possible after surgery. When the operative report is not placed in the medical record immediately after surgery, a progress note is entered immediately. This progress note shall include: pre-operative and post-operative diagnosis, procedure performed, method of anesthesia, surgeons, findings, estimated blood loss and replacement, specimens removed and any

other information which would be medically significant in the care of the patient postoperatively prior to the final dictated operative report being available in the medical record.

H. Progress notes shall provide a pertinent chronological report of the patient's course in the Hospital and reflect any change in condition and the results of treatment. Progress notes shall be made as frequently as required by the patient's clinical course, with an entry every other day as an absolute minimum. All diagnostic and therapeutic procedures, important clinical changes and events, significant medications, transfusions and untoward reactions must be recorded and the rationale for treatments and procedures specified.

I. When patients are transferred from one physician to another or from one service to another, a signed and dated order shall be written on a physician's order sheet.

J. Symbols and abbreviations may be used in the medical record only when they have been approved by the Medical Board and are featured on a current list of symbols and abbreviations approved for use at the Hospital.

Section 3. Completion

A. Operative notes must be written immediately after surgery.

B. Discharge summaries must be completed and signed by the attending within thirty (30) days following the discharge of the patient.

C. All medical records are to be completed within thirty (30) days following discharge. The Medical Board may from time to time take such action as it may deem necessary in the event a Medical Staff member does not complete medical records in the manner and time required by Medical Staff Bylaws, Rules and Regulations and all other applicable standards, policies and rules of the Hospital.

D. The medical record shall be permanently filed when discharge summaries and operative reports have been dictated and signed by the responsible practitioner and the report of the history and physical examination recorded by the resident physician has been reviewed and signed by the attending. No Medical Staff member is permitted to complete a medical record on a patient unfamiliar to him in order to retire a record that was the responsibility of another staff member who is deceased or unavailable permanently. In any of these situations the record may be filed as incomplete by order of the Chairman of the Medical Records Committee.

Section 4. Removal

All medical records are the property of the Hospital. Original medical records may be removed from the Hospital only in accordance with a court order, subpoena requiring the production of an original medical record, or as directed by statute.

ARTICLE XII:

PATIENT CARE ORDERS

Section 1.
Diagnostic and therapeutic orders shall be permitted to be written by members of the Medical Staff, Allied Health Professional Staff, and by resident physicians, provided that the writing of such orders is within the scope of their license or other legal authorization to practice.

Section 2.
All orders for treatment shall be in writing, except that verbal orders of the foregoing authorized individuals may be accepted and transcribed only by registered professional nurses. The prescriber shall authenticate all verbal orders within forty-eight (48) hours by signing the order.

ARTICLE XIII:

DISPENSING OF MEDICATIONS

Section 1.
The dispensing of medications by the Lenox Hill Hospital Pharmacy Department shall be in accordance with the following Rules and Regulations.

Section 2.
The Pharmacy, Therapeutics and Nutrition Committee of the Medical Board is responsible for the development and maintenance of the Hospital Formulary. Only those medications listed in the Hospital Formulary may be used in the treatment of patients at Lenox Hill Hospital. Medications are approved by their generic names and the Lenox Hill Hospital Pharmacy is authorized by the Medical Staff to dispense generic equivalent medications, except in those situations governed by Section 3, below.

Section 3.
Whenever a drug is ordered by a proprietary, brand or trade name, the Lenox Hill Hospital Pharmacy shall dispense an equivalent non-proprietary/generic drug according to the Formulary, except in those instances in which (a) the Pharmacy, Therapeutics and Nutrition Committee has specifically directed that one brand is superior to another, or (b) the prescriber directs that the proprietary, brand or trade name prescription be dispensed exactly as such, in which case the prescriber shall be required to clearly indicate such desire on the prescription blank or in such other acceptable format as may be directed by the Pharmacy, Therapeutics and Nutrition Committee.

Section 4.
Medications that do not appear in the Hospital Formulary are classified as Non-Formulary. All Non-Formulary medication orders require the completion of the "Request for Non-Formulary Drug Form."

Section 5. Standard for Written Orders
All prescription orders must:

A. Be written on the patient's chart or record.

B. Be written clearly, legibly and on the appropriate Physician Order Form.

C. Include the date, time of order, physician's signature, and the physician identification number supplied to each physician by the Medical Board Office.

Section 6. Other Requirements

A. For each new admission, the physician must document on the Physician Order Form the patient's height, weight, any known allergies, and diagnosis.

B. All medication orders must include the name of the medication, route, dosage and frequency. There must be only one medication order per space. Dosage must be specific; dose ranges (e.g., 5-10 mg) are not allowed. The metric system shall be used in the writing of prescriptions.

C. Antineoplastic agents can only be prescribed by an attending physician or a hematology/oncology fellow.

D. The use of "renew", "continue", "repeat", or "PRN" without a designated dose and frequency is not acceptable.

E. All IV orders must be rewritten every twenty-four (24) hours. The IV order must include IV solution and volume, drug additives and dose, rate and frequency.

F. New orders must be written by the resident physician upon patient arrival to the unit or service when:

   i. The patient is a new admission.

   ii. The patient is transferred to a regionalized medical unit and has not been followed by the respective house officer.

   iii. The patient is transferred from the Emergency Room, ICU, CCU, and Cardiac Surgical ICU.

   iv. The patient is post-operative.

G. All orders for controlled drugs must be renewed every seven (7) days and rewritten.

H. Telephone and verbal orders for medication will only be accepted by a registered pharmacist and Registered Nurse in an emergency and for one dose only. The Registered Nurse who receives the order as per Hospital policy requires an immediate callback verification of the physician.

I. Pre-operative orders should be written the night before surgery, prior to 7:00 p.m.

J. All orders, excluding controlled drugs and IVs, must be rewritten every fourteen (14) days.

K. The use or dispensing of drug samples to treat inpatients or ambulatory patients is strictly prohibited.

L. A nurse may accept a verbal medication change order. The name of the Medical Staff member, Allied Health Professional Staff member or resident physician who dictates the verbal order, together with the name and signature of the individual who accepts and

transcribes the order, shall be indicated in the patient's medical record. The signature of the prescriber shall authenticate all verbal orders within twenty-four (24) hours.

Section 7. Use of Investigational Drugs

The Institutional Review Board must approve the use of investigative drugs.

ARTICLE XIV:

INFECTION CONTROL

Section 1.
The Hospital maintains an active infection control program under the authority of the Hospital Infection Control Committee and directed on an ongoing basis by the Epidemiology Department.

Section 2.
The attending professional staff of The Hospital is expected to support the goals of the program including all necessary measures to prevent the transmission of infection between patients and health care workers. Such measures include, but are not limited to, the institution of appropriate precautions for patient care including the use of isolation facilities, compliance with all policies and procedures for infection control, and monitoring the therapeutic and prophylactic use of antimicrobial agents.

Section 3.
The Medical Staff is expected to comply with any relevant regulatory requirements of governmental or other credentialing authorities regarding infection control, monitoring the therapeutic and prophylactic use of antimicrobial agents, infection control training, reporting of communicable diseases, and determination of immune status with respect to specific infectious diseases.

ARTICLE XV:

PATIENT RIGHTS

All members of the Medical Staff are required to deliver patient care in accordance with the Patient's Bill of Rights in accordance with New York State law. Specifically, Medical Staff members must:

A. Deliver treatment without discrimination as to race, religion, color, sex, national origin, disability, sexual orientation, source of payment, marital status or veteran status.

B. Deliver considerate and respectful care in a clean and safe environment free of unnecessary restraints.

C. Deliver emergency care as indicated by the patient's medical condition and if requested.

D. Identify his/her name, position and function to all patients he/she is treating and advise the patient of his/her role in their care.

E. Respect the patient's right to refuse treatment, examination or observation to the extent permitted by law, by any member of the staff.

F. Provide the patient with complete information about his/her diagnosis, treatment and prognosis.

G. Provide the patient with all information needed to obtain informed consent for any proposed procedure or treatment. This information must include the reasons, risks, benefits and alternatives of the procedure or treatment.

H. When appropriate, provide all information about the risks, benefits and alternatives to a Do Not Resuscitate Order either to the patient or, if the patient does not have capacity to consent, to the patient's surrogate.

I. Inform all patients who refuse treatment of the reasonably foreseeable consequences that the refusal may have on his/her health.

J. Provide patients who Medical Staff members wish to enroll in research or human experimentation projects with a full explanation of the research or human experimentation project and respect the patient's right to refuse to participate in research or human experimentation projects.

K. Provide privacy to patients and keep all information and records concerning the patient's care confidential, except as otherwise provided by law.

L. Include patients in all decisions about their treatment and discharge from the Hospital.

ARTICLE XVI:
ORGAN DONATION

Section 1.
The Medical Staff must assist in the routine referral of all deaths to the New York Organ Donor Network. In situations in which the patient has already died, the primary medical attending must ensure that the Admitting Department has been advised of the death. The Admitting Department will notify the Organ Donor Network. An Organ Donor Network representative will contact a Medical Staff member caring for the patient who will be responsible for providing relevant medical history that will assist the Donor Network in determining the patient's suitability for donation.

Section 2.
The Medical Staff must ensure the routine referral of all imminent deaths to the New York Organ Donor Network (telephone number (800) 443-8469). In all situations of imminent death (potential brain death), the primary attending physician caring for the patient is responsible for ensuring that the Donor Network is contacted.

Section 3.
The Donor Network will determine the patient's suitability for organ donation. All patients must be evaluated for donor suitability by the Donor Network prior to the patient's next-of-kin being approached about organ donation.

Section 4.
Medical Staff members are prohibited from approaching the patient's next-of-kin to obtain consent for organ/tissue donation. Only the Organ Donor Network representatives may approach the patient's next-of-kin for consent to organ/tissue donation.

Section 5.
If a patient is a suitable candidate for donation and the next-of-kin consents to the donation, prior to the retrieval of any body parts, the primary attending physician caring for the patient must ensure that death has been pronounced and documented in the medical record. The primary attending is responsible for ensuring that the death certificate and Medical Examiner notification (if applicable) are completed and that the Admitting Office has been notified as to the time of the patient's death.

Section 6.
In situations of brain death, to facilitate vital organ retrieval, the primary attending physician must ensure that the patient is maintained on a ventilator and hemodynamically supported for organ perfusion until the organs are retrieved. A Donor Network representative will be at the Hospital to provide suggestions for optimal donor management. The Medical Staff must continue, after the patient's pronounced death, to order laboratory studies and medications requested by the Donor Network representative to continuously assess and maintain the suitability of organs for donation until an Operating Room becomes available and the organ retrieval team arrives.

Section 7.
Medical practitioners from outside organ procurement organizations designated by the Secretary, U.S. Department of Health and Human Services, engaged solely at the Hospital in the harvesting of tissues and/or other body parts for transplantation, therapy, research or educational purposes pursuant to the Federal Anatomical Gift Act and the requirements of applicable regulations governing organ donations, are exempt from the requirements of obtaining Lenox Hill Hospital Medical Staff membership and privileges for purposes of performing organ/tissue retrieval in the Lenox Hill Hospital Operating Room. Organ procurement organization practitioners are required to present proper photo identification (which identifies the Donor Network/Tissue or Eye Bank Organization of which they are employed) before being permitted in the Operating Room for organ/tissue retrieval.

Section 8.
The primary attending physician is also responsible for ensuring that the medical record reflects whether or not the Donor Network determined the patient to be a suitable candidate for donation and whether or not the next-of-kin gave consent for donation.

ARTICLE XVII:

ADVANCE DIRECTIVES

Section 1.
Lenox Hill Hospital Medical Staff must respect the right of every adult patient with capacity to make voluntary, informed decisions concerning their medical treatment and to execute Advance Directives. An Advance Directive is oral or written evidence of the patient's health care wishes to be followed when the patient loses capacity to make health care decisions for himself or herself. Examples of an Advance Directive include, but are not limited to, a Health Care Proxy form, a Living Will, A Do Not Resuscitate Order or a Durable Power of Attorney form which was executed prior to 7/l/91.

Section 2.
The Medical Staff may not condition the provision of care or otherwise discriminate against a patient based upon whether or not the patient has executed an Advance Directive.

Section 3.
If a patient loses capacity to make health care decisions, the Medical Staff, as appropriate, shall follow the Advance Directive(s) executed by the patient in providing care and treatment to the patient.

Section 4.
The Medical Staff should contact the Lenox Hill Hospital Ethics Committee to perform a consultation when a conflict or ethical concern regarding the execution of or following of an Advance Directive is identified.

Section 5. Acting on an Advance Directive

A. Before relying on and following a patient's Advance Directive, the attending physician must determine to a reasonable degree of medical certainty that the patient lacks capacity to make health care decisions.

B. The attending physician must document this determination in the patient's medical record and describe the cause, nature and extent and probable duration of incapacity.

C. A second physician must consult and confirm the patient lacks capacity and document this finding before the attending physician can act upon the patient's advance directive and withdraw or withhold life-sustaining treatment.

D. If a patient's incapacity is due to mental illness, the physician who makes that determination must be or must obtain a consult from a board eligible or board certified psychiatrist.

E. The attending physician must contact the Risk Management Department before following a patient's Advance Directive if the patient's incapacity is due to a developmental disability.

F. The Medical Staff is responsible for following all Hospital policies and procedures concerning Advance Directives.

ARTICLE XVIII:

CONFIDENTIALITY OF PATIENT INFORMATION

Section 1.
All information regarding a patient shall be preserved and protected by all Hospital personnel. The following guidelines are to ensure patient confidentiality:

A. The collection of any patient data, whether by interview, observation or review of documents shall be conducted in a setting, which provides maximum privacy and protects the information from unauthorized individuals.

B. Unless the patient waives the privilege, access to the patient's medical record shall be limited in the manner described in ARTICLE XI:, Section 1 of these Rules and Regulations.

C. Computer or electronic processed patient care information shall be protected with the same diligence as the original medical record.

D. Committee minutes which reflect discussion regarding a specific patient should use the medical record number only. The name of the patient shall never be used.

E. Any sensitive or confidential information regarding patients shall not be discussed in public settings, such as hallways, cafeteria, elevators, stairwells, telephone conversations, etc.

Section 2.
To ensure the confidentiality of patient records, original medical records, information from or copies of records shall be released only to Hospital personnel (including members of the Medical Staff, Allied Health Professional Staff and nursing staff) involved in treating the patient and such other individuals as are permitted by federal, state and local laws. Members of the Medical Staff requesting to review medical records of patients not previously treated by them at Lenox Hill Hospital shall present the patient's written authorization to do so before such records will be released.

ARTICLE XIX:

RESEARCH AND PUBLICATION

Section 1.
The Board of Trustees of Lenox Hill Hospital supports the conduct of basic and clinical research by members of the Medical Staff and Allied Health Professional Staff. To the extent that the cost of conducting research projects is able to be defrayed by the receipt of grants or funds that may be available from other sources, the Hospital supports acceptance of such monies for such purposes.

Section 2.
Permission to accept such funding for any research project shall be required from the Institutional Review Board, the Medical Board and the Board of Trustees. Resident physicians shall not be eligible to receive payment in any form, monetary or otherwise, for participation in research projects.

Section 3.
Any member of the Medical Staff or the Allied Health Professional Staff desiring to initiate or conduct a research project at Lenox Hill Hospital (or as to which Lenox Hill Hospital is to be mentioned) shall be required to seek the approval of the Institutional Review Board for such project, in accordance with the rules and policies of such committee, and these Rules and Regulations.

ARTICLE XX:

USE OF LENOX HILL HOSPITAL FACILITIES FOR THE CARE OF PRIVATE OUTPATIENTS

Except as may be specifically approved by Hospital Administration or by the appropriate Department Chairman, Hospital facilities (including Department space and outpatient space) shall not be used for the treatment of private patients, unless such patients become Lenox Hill Hospital patients by reason of their admission as inpatients or their registration as clinic or Emergency Room patients.

ARTICLE XXI:

USE OF PHYSICIAN ASSISTANTS AT LENOX HILL HOSPITAL

In addition to those provisions of the Medical Staff Bylaws that apply to the Allied Health Professional Staff, the following rules and regulations shall apply to physician assistants who are granted membership on the Allied Health Professional Staff.

Section 1.
Qualified Physician Assistants may be appointed to the Allied Health Professional Staff to function in a medical support role to physicians and work under the direction, supervision and responsibility of a Medical Staff member in the provision of medical care to patients at the Hospital. Qualified physician assistants may be employed either by the Hospital; a physician member of the Medical Staff; or a physician, professional corporation, or other licensed entity otherwise authorized by law to furnish the same professional service within the state.

Section 2.
The supervising Medical Staff member may delegate to the physician assistant any medical procedures or tasks for which the physician assistant is appropriately trained, qualified and credentialed to perform and that are performed within the scope of the Medical Staff member's own clinical privileges at the Hospital. Privileges granted to physician assistants shall be based upon their licensure, education, training, experience and demonstrated competence and judgment.

Section 3.
The approval of the Department Chairman, the Medical Board, the Credentials Committee, and the Board of Trustees is required prior to the initial utilization of Hospital-Employed, Physician-Employed, or Third-Party-Employed Physician Assistants in a clinical department.

A. For each physician assistant employed by the Hospital, the appropriate Department Chairman shall complete a "Delineation of Privileges Physician Assistant" which shall set forth the specific medical acts, duties and responsibilities authorized to be performed by that individual physician assistant.

B. For each physician assistant employed by a physician member of the Medical Staff, the medical staff member shall submit to the Department Chairman a "Delineation of Privileges Physician Assistant" which shall set forth the specific medical acts, duties and responsibilities for which approval is sought for the individual physician assistant.

C. For each physician assistant employed by a physician, professional corporation, or other legally authorized medical practice entity, the employer shall submit to the Department Chairman a "Delineation of Privileges Physician Assistant" which shall set forth the specific medical acts, duties and responsibilities for which approval is sought for the individual physician assistant.

D. The Department Chairman must approve the “Delineation of Privileges Physician Assistant”. The medical acts, duties and responsibilities performed by a physician assistant must be within the scope of practice of the supervising physician. Physician assistants’ activities shall be in accordance with Medical Staff policies, and such Medical Staff Rules and Regulations that govern the relationship and responsibility that exists between the Medical Staff and physician assistants.

Section 4. Hospital-Employed Physician Assistants

Hospital-employed physician assistants shall be assigned to a clinical department and may perform medical services in the Hospital, but only when under the supervision of a Medical Staff member. The Chairman of the Department shall appoint a licensed physician in the Department to be the primary supervisor of each physician assistant. Other physicians in the Department may also be designated by the Chairman to supervise the performance of the physician assistant. Supervision shall be continuous, but shall not necessarily require the physical presence of the supervising physician at the time and place where the services are performed. The supervising physician remains responsible for the physician assistant. Supervising physicians shall be required to maintain a signed statement on file with the Department, entitled “Delineation of Privileges Physician Assistant”, affirming his or her understanding and acceptance of these supervisory responsibilities. Hospital-Employed Physician assistants shall also be subject to the regular personnel policies and conditions of employment of the Hospital.

Section 5. Physician-Employed Physician Assistants

Physician-employed physician assistants shall be assigned to a clinical department and may perform medical services in the Hospital, but only when under the supervision of the physician employer of the physician assistant. Supervision shall be continuous, but shall not necessarily require the physical presence of the supervising physician at the time and place where the services are performed. The employing physician remains responsible for the physician assistant. If the employing physician is a member of a group practice, and is unavailable to supervise the physician assistant, then only another member of the employing physician group practice, previously designated on the application form, may provide the required supervision. If the employing physician is a physician in solo practice, and is unavailable to supervise the physician assistant, the physician assistant may not practice at the Hospital during such time. Supervising physicians shall be required to maintain a signed statement on file with the Department, entitled “Delineation of Privileges Physician Assistant”, affirming his or her understanding and acceptance of these supervisory responsibilities.

Section 6. Third-Party-Employed Physician Assistants

Third party-employed physician assistants shall be assigned to a clinical department and may perform medical services in the Hospital, but only (i) pursuant to a signed, written agreement between the Hospital and the Employer of the Third-Party-Employed Physician Assistant (whether such employer is a physician, a professional corporation, or other legally authorized medical practice entity), and (ii) when under the supervision of a Medical Staff member. Supervision shall be continuous, but shall not necessarily require the physical presence of the supervising physician at the time and place where the services are performed. The supervising physician remains responsible for the physician assistant. Supervising physicians shall be

required to maintain a signed statement on file with the Department, entitled "Physician Agreement to Supervise Third Party-Employed Physician Assistants", affirming his or her understanding and acceptance of these supervisory responsibilities.

Section 7.
Physician Assistants may write orders for hospital admission but may not admit patients to the Hospital under their own name. The physician appointed as the primary supervisor of the physician assistant shall be responsible for the care of any medical problem that may exist or arise during hospitalization of a patient to whom the physician assistant provides medical care while working under the physician's supervision.

Section 8.
No physician may supervise more than six (6) physician assistants who are employed by the Hospital. No physician may supervise more than two (2) physician assistants who are employed by such physician.

Section 9.
Medical orders, including prescriptions for drugs and treatments as may be specifically approved for use by the individual physician assistant, may be issued in accordance with the delineation of privileges of the physician assistant and in accordance with applicable laws and regulations.

Section 10.
It is not required for the supervising physician to countersign medical orders and prescriptions issued by the physician assistant for activities within the Hospital or when the physician assistant is issuing orders and/or prescriptions related to patient discharge.

Section 11.
All Hospital-Employed Physician Assistants shall undergo employee performance appraisals in accordance with Hospital Personnel Policies and Procedures. Each Clinical Department shall develop a Quality Assurance program that provides for continuous monitoring of physician assistant practice and supervision.

Section 12.
Records pertaining to Hospital-Employed Physician Assistants shall be maintained by Human Resources, Medical Affairs, and the Clinical Department. Specific records that shall be maintained by the Human Resources Department and the Clinical Department in each physician assistant's file may be set forth in the Policy and Procedure Manual of the Hospital.

Section 13.
A Physician Assistant is privileged to practice in the Hospital as either (i) a Hospital-Employed Physician Assistant, (ii) a Physician-Employed Physician Assistant, or (iii) a Third-Party-Employed Physician Assistant. A Physician Assistant is not privileged to practice in Lenox Hill Hospital in the dual employment of both the Hospital and a Physician Private Practice. Hospital-Employed Physician Assistants who are also employed in a physician private practice may only

practice in the physician's private office and may not be assigned to cover the private physician in the Hospital.

ARTICLE XXII:

USE OF CERTIFIED NURSE PRACTITIONERS AT LENOX HILL HOSPITAL

In addition to those provisions of the Medical Staff Bylaws that apply to the Allied Health Professional Staff, the following rules and regulations shall apply to certified nurse practitioners who are granted membership on the Allied Health Professional Staff.

Section 1.
Each Hospital-Employed or Physician-Employed Certified Nurse Practitioner shall be licensed as a registered professional nurse in New York State, and shall have been issued a nurse practitioner certificate, which specifically reflects the specialty area of nurse practitioner academic preparation.

Section 2.
Certified Nurse Practitioners may be appointed to the Allied Health Professional Staff and employed by either the Hospital or by a physician member of the Medical Staff to work in collaboration with a licensed Medical Staff member in the provision of medical care to patients at the Hospital.

Section 3.
Privileges granted to Certified Nurse Practitioners shall be based upon their licensure, education, training, experience and demonstrated competence and judgment. The approval of the Chief Nursing Officer, the Department Chairman, the Medical Board, the Joint Conference Committee, and the Board of Trustees is required prior to the initial utilization of either Hospital-Employed or Physician-Employed Certified Nurse Practitioners in a clinical department.

A. For each Certified Nurse Practitioner employed by the Hospital, the appropriate Department Chairman shall complete a "Certified Nurse Practitioners Privilege List" which shall set forth the specific medical acts, duties and responsibilities authorized to be performed by that individual Certified Nurse Practitioner.

B. For each Certified Nurse Practitioner employed by a physician member of the Medical Staff, the medical staff member shall submit to the Department Chairman a "Certified Nurse Practitioners Privilege List" which shall set forth the specific medical acts, duties and responsibilities for which approval is sought for the individual Certified Nurse Practitioner.

The Department Chairman and the Chief Nursing Officer must approve the "Certified Nurse Practitioners Privilege List". Certified Nurse Practitioners' activities shall be in accordance with Medical Staff policies, and the Medical Staff Rules and Regulations that govern the relationship and responsibility that exist between the Medical Staff.

Section 4.
Hospital-Employed and Physician-Employed Certified Nurse Practitioners shall be assigned to a clinical department and may perform medical services in the Hospital, but only in collaboration

with a Medical Staff member in accordance with a written practice agreement and written practice protocols.

A. The Chairman of the Department shall appoint a licensed physician in the Department to be the collaborating physician of the Hospital-Employed Certified Nurse Practitioners.

B. The employing physician member of the Medical Staff will be the collaborating physician of the Physician-Employed Certified Nurse Practitioner.

Section 5.
Certified Nurse Practitioners may not admit patients to the Hospital. The Certified Nurse Practitioner's collaborating physician shall be responsible for the care of any medical problem that may exist or arise during hospitalization of a patient to whom the Certified Nurse Practitioner provides medical care while working in collaboration with the physician

Section 6.
The practice of registered professional nursing by a Hospital-Employed or Physician-Employed Certified Nurse Practitioner may include the diagnosis of illness and physical conditions and the performance of therapeutic and corrective measures within a specialty area of practice, in collaboration with a licensed physician qualified to collaborate in the specialty involved and in accordance with the written practice agreement and written practice protocols. The written practice agreement must include explicit provisions for the resolution of any disagreement between the collaborating physician and the Certified Nurse Practitioner regarding a matter of diagnosis or treatment that is within the scope of practice of both. To the extent the practice agreement does not so provide, the collaborating physician's diagnosis or treatment shall prevail.

Section 7.
Prescriptions for drugs, devices, and immunizing agents may be issued in accordance with the practice agreement and practice protocols, by a Hospital-Employed or Physician-Employed Certified Nurse Practitioner who has fulfilled relevant requirements under New York State and federal law.

Section 8.
No physician shall enter into practice agreements with more than four (4) certified nurse practitioners who are not located on the same physical premises as the collaborating physician.

Section 9.
Practice agreements and practice protocols shall be maintained in the practice setting(s) of the Hospital-Employed or Physician-Employed Certified Nurse Practitioner and collaborating physician and shall be available to appropriate New York State agencies for inspection.

Section 10.
The names of the Hospital-Employed or Physician-Employed Certified Nurse Practitioner and the collaborating physician shall be clearly posted in the practice setting of the Certified Nurse Practitioner.

Section 11.
Practice agreements of Hospital-Employed or Physician-Employed Certified Nurse Practitioners shall include the following:

A. Provisions for referral and consultation;

B. Coverage for emergency absences of either the Certified Nurse Practitioner or collaborating physician;

C. Resolution of disagreements between the Certified Nurse Practitioner and collaborating physician regarding matters of diagnosis and treatment;

D. The review of patient records at least every three (3) months by the collaborating physician; and

E. Such other provisions as determined by the Certified Nurse Practitioner and collaborating physician to be appropriate.

Section 12.
The protocols shall be filed with the New York State Education Department within ninety (90) days of the commencement of the practice and may be updated periodically.

Section 13.
Protocols shall identify the area of practice to be performed by the CNP in collaboration with the physician and shall reflect accepted standards of nursing and medical practice. Protocols shall include provisions for case management, including diagnosis, treatment, and appropriate record keeping by the Certified Nurse Practitioner, and may include such other provisions as are determined by the CNP and collaborating physician to be appropriate.

Section 14.
Hospital-Employed Certified Nurse Practitioners shall be subject to the regular personnel policies and conditions of employment of the Hospital. Hospital-Employed Clinical Nurse Practitioners shall undergo employee performance appraisals in accordance with Hospital Personnel Policies and Procedures.

Section 15.
Each Clinical Department shall develop a Quality Assurance program that provides for continuous monitoring of Certified Nurse Practitioner's' practice and supervision.

Section 16.
Records pertaining to Certified Nurse Practitioners shall be maintained by Medical Affairs and by the Clinical Department to which the Nurse Practitioner belongs. In addition, Human Resources shall maintain records pertaining to Hospital-Employed Certified Nurse Practitioners. Such records maintained by Human Resources and the Clinical Department Office regarding Certified Nurse Practitioner may be set forth in the Policy and Procedure Manual of the Hospital.

Section 17.

A Nurse Practitioner is privileged to practice in the Hospital as either a Hospital-Employed Nurse Practitioner or a Physician-Employed Nurse Practitioner. A Nurse Practitioner is not privileged to practice in Lenox Hill Hospital in the dual employment of both the Hospital and a Physician Private Practice. Hospital-Employed Nurse Practitioners who are also employed in a physician's private practice may only practice in the physician's private office and may not be assigned to cover the private physician in the Hospital.

ARTICLE XXIII:

USE OF CERTIFIED NURSE MIDWIVES AT LENOX HILL HOSPITAL

In addition to those provisions of the Medical Staff Bylaws that apply to the Allied Health Professional Staff, the following rules and regulations shall apply to midwives who are granted membership on the Allied Health Professional Staff.

Section 1.
Qualified midwives may be appointed to the Allied Health Professional Staff and employed by either the Hospital (Hospital-Employed Midwives) or by a physician member of the Medical Staff (Physician-Employed Midwives) to work in collaboration with a licensed Medical Staff member, in the provision of medical care to patients at the Hospital.

Section 2.
Privileges granted to midwives shall be based upon their licensure, education, training, experience and demonstrated competence and judgment. The approval of the Chief Nursing Officer, the Department Chairman, the Medical Board, the Joint Conference Committee, and the Board of Trustees is required prior to the initial utilization of either Hospital-Employed or Physician-Employed midwives in the Department of Obstetrics and Gynecology.

Section 3.
Midwives' activities shall be in accordance with Medical Staff policies, and such Medical Staff Rules and Regulations that govern the relationship and responsibility that exists between the Medical Staff and midwives. Each Hospital-Employed or Physician-Employed Midwife shall be licensed as a registered professional nurse in New York State and shall have been issued a nurse midwife certificate. Hospital-Employed Midwives shall be subject to the regular personnel policies and conditions of employment of the Hospital.

Section 4.
Hospital-Employed and Physician-Employed Midwives shall be assigned to the Department of Obstetrics and Gynecology and may perform medical services in the Hospital, but only in collaboration with a Medical Staff member in accordance with a written practice agreement and written practice protocol and only when such services fall within the definition of the practice of midwifery under New York State law. The practice of the profession of midwifery includes the management of normal pregnancies, childbirth and postpartum care, as well as primary preventive reproductive health care of essentially healthy women, as specified in the written practice agreement, and also includes newborn evaluation, resuscitation, and referral for infants.

Section 5.
Midwives may not admit patients to the Hospital. The physician appointed as the collaborating physician with the midwife shall be responsible for the care of any medical problem that may exist or arise during hospitalization of a patient to whom the midwife provides medical care while working in collaboration with the physician.

Section 6.
Midwifery shall be practiced in accordance with a written agreement between the midwife and (i) a licensed physician who is board certified as an obstetrician-gynecologist by a national certifying body; or (ii) a licensed physician who practices obstetrics and has obstetric privileges at a general hospital; or (iii) a hospital that provides obstetrics through a licensed physician having obstetrical privileges at such institution.

Section 7.
The written agreement shall provide for the following: physician consultation, collaboration, referral and emergency medical obstetrical coverage, including written guidelines and protocols; guidelines for the identification of pregnancies that are not considered normal and address the procedures to be followed; and a mechanism for dispute resolution, including a provision providing that the judgment of the appropriate physician shall prevail as to whether the pregnancy, childbirth or postpartum care is normal and whether the woman is essentially healthy in the event the practice protocols do not provide otherwise.

Section 8.
A licensed midwife who has fulfilled relevant requirements under New York State and federal law shall have the authority, as necessary, and limited to the practice of midwifery, and subject to limitations in the written agreement, to prescribe and administer drugs, immunizing agents, diagnostic tests and devices, and to order laboratory tests.

Section 9.
All Hospital-Employed Midwives shall undergo employee performance appraisals in accordance with Hospital Personnel Policies and Procedures. The Department of Obstetrics and Gynecology shall develop a Quality Assurance program that provides for continuous monitoring of midwives' practice and supervision.

Section 10.
Records pertaining to midwives shall be maintained by the Medical Affairs Office and the Clinical Department. Additionally, records pertaining to Hospital-employed midwives shall be maintained by the Human Resources Department.

Section 11.
Nurse Midwives are privileged to practice in the Hospital as either a Hospital-Employed Nurse Midwife or a Physician-Employed Nurse Midwife. They are not credentialed to practice in Lenox Hill Hospital in the dual employment status of both the Hospital and a Physician's Private Practice. Hospital-Based Nurse Midwives who are also employed in a physician's private practice may only practice in the physician's private office and may not be assigned to cover the private physician in the Hospital.

ARTICLE XIV:

USE OF CERTIFIED REGISTERED NURSE ANESTHETISTS AT LENOX HILL HOSPITAL

In addition to those provisions of the Medical Staff Bylaws that apply to the Allied Health Professional Staff, the following rules and regulations shall apply to Certified Registered Nurse Anesthetists ("CRNAs") who are granted membership on the Allied Health Professional Staff.

Section 1.
CRNAs may be appointed to the Allied Health Professional Staff and employed by the Hospital or, if the Hospital has entered into an agreement with a professional corporation responsible for the provision of anesthesia services at the Hospital, by an anesthesiologist or the anesthesiology professional corporation, to work under the supervision of an anesthesiologist, in the provision of medical care to patients at the Hospital. The Chairman of the Department of Anesthesiology shall appoint a licensed anesthesiologist who is a member of the Medical Staff to be the primary supervisor of each CRNA.

Section 2.
Privileges granted to CRNAs shall be based upon their licensure, education, training, experience and demonstrated competence and judgment. The approval of the Chief Nursing Officer, the Chairman of the Department of Anesthesiology, the Medical Board, the Joint Conference Committee, and the Board of Trustees is required prior to the initial utilization of CRNAs in the Department of Anesthesiology. For each CRNA employed by the Hospital or by the professional corporation responsible for the provision of anesthesia services at the Hospital, the Chairman of the Department of Anesthesiology shall ensure completion of a "Certified Registered Nurse Anesthetist Privilege List" which shall set forth the specific medical acts, duties and responsibilities authorized to be performed by that individual CRNA. CRNAs' activities shall be in accordance with Medical Staff policies, and such Medical Staff Rules and Regulations that govern the relationship and responsibility that exists between the Medical Staff and CRNAs. Hospital-Employed CRNAs shall be subject to the regular personnel policies and conditions of employment of the Hospital.

Section 3.
CRNAs shall be assigned to the Department of Anesthesiology and may perform medical services in the Hospital, but only when under the supervision and responsibility of an anesthesiologist member of the Medical Staff. Specifically, CRNAs must function under the supervision of an anesthesiologist who is immediately available as needed. The supervising anesthesiologist remains responsible for the CRNA. Supervising anesthesiologists shall be required to maintain a signed statement on file with the Department, entitled "Physician Agreement to Supervise Certified Registered Nurse Anesthetist Employed by Lenox Hill Hospital", affirming his or her understanding and acceptance of these supervisory responsibilities.

Section 4.
CRNAs may not admit patients to the Hospital. The anesthesiologist appointed as the primary supervisor of the CRNA shall be responsible for the care of any medical problem that may exist or arise during hospitalization of a patient to whom the CRNA provides medical care while working under the anesthesiologist's supervision.

Section 5.
Each CRNA shall be licensed as a registered professional nurse and registered with the New York State Education Department. In addition, each CRNA must:

A. Have satisfactorily completed a prescribed course of study in a school of nurse anesthesia accredited by the Council on Accreditation of Nurse Anesthesia Education Programs/Schools or other accrediting body which the commissioner of the New York State Education Department (the "Commissioner") finds to be substantially equivalent;

B. Have passed the national certifying examination given by the Council on Certification of Nurse Anesthetists or other certifying examination which the Commissioner finds to be substantially equivalent; and

C. Be currently certified by the Council on Certification of Nurse Anesthetists or by the Council on Recertification of Nurse Anesthetists or other accrediting body, which the Commissioner finds to be substantially equivalent.

Section 6.
All Hospital-Employed CRNAs shall undergo employee performance appraisals in accordance with Hospital Personnel Policies and Procedures. The Department of Anesthesiology shall develop a Quality Assurance program that provides for continuous monitoring of CRNA practice and supervision.

Section 7.
Records pertaining to CRNAs shall be maintained by the Medical Affairs Office and the Department of Anesthesiology. Additionally, records pertaining to Hospital-Employed CRNAs shall be maintained by the Human Resources Department.

Section 8.
CRNAs are privileged to practice in the Hospital as either a Hospital-Employed CRNA or a Physician-Employed CRNA. They are not privileged to practice in Lenox Hill Hospital in the dual employment status of both the Hospital and a Physician's Private Practice. Hospital-Employed CRNAs who are also employed in a physician's private practice may only practice in the physician's private office and may not be assigned to cover the private physician in the Hospital.