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RULES AND REGULATIONS

1. The monthly meeting of the medical staff shall be held the last Thursday of the month unless otherwise designated.

2. Except in emergency, no patient shall be admitted to the hospital until after a provisional diagnosis has been stated and the consent of the administrator secured. In case of emergency, the provisional diagnosis shall be stated as soon after admission as possible.

3. Physicians admitting private 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.

4. All free patients shall be attended by members of the active medical staff, and shall be assigned to the service concerned in the treatment of the disease which necessitated admission. No physician shall receive compensation for attendance in the case of any patient who is admitted free by the hospital. Pay patients shall be attended by their own physicians. In the case of a pay patient applying for admission who has no attending physician, he shall be assigned to the members of the active medical staff on duty in the service to which the illness of the patient indicates assignment.

5. Laboratories shall be provided in the hospital so that all types of laboratory examinations may be done.

6. Standing orders shall be formulated by conference between the medical staff and the administrator. These orders shall be followed insofar as proper treatment of the patient will allow, and where specific orders are not written by the attending physician, they shall constitute the orders for treatment. Standing orders shall not, however, replace or cancel those written for the specific patient.

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7. All orders for treatment shall be in writing. Verbal orders shall not be accepted or carried out. An order shall be considered to be in writing if dictated to a senior nurse or other authorized person, and signed by the attending physician. Orders dictated over the telephone shall be signed by the person to whom dictated with the name of the physician per his or her own name. At his next visit, the attending physician shall sign such orders, and neglect to do so shall be considered as acknowledgment of their correctness.

8. The attending physician shall be held responsible for the preparation of a complete medical record for each patient. This record shall include identification data, complaint, personal history, family history, history of present illness, physical examination, special reports such as consultations, clinical laboratory, x-ray, and others, provisional diagnosis, medical or surgical treatment, pathological findings, progress notes, final diagnosis, condition on discharge, follow-up, and autopsy report when available. No medical record shall be filed until it is complete, except on the order of the Medical Records Committee.

9. A complete history and physical examination shall in all cases be written within twenty-four (24) hours after admission of the patient.

10. When such history and physical examinations are not recorded before the time stated for operation, the operation shall be canceled, unless the attending surgeon states in writing such delay would be detrimental to the patient.

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11. All medical records not completed by the attending physician within seventy-two (72) hours after discharge of a patient must be completed before the physician concerned will have the privilege to admit additional patients to the hospital. Any chart not completed ten (10) days after discharge of a patient will be an automatic resignation of the physician from the medical staff. During this period of ten (10) days, the physician will be notified three times with the second time being in writing.

12. All records are the property of the hospital and shall not be taken away without permission. In case of readmission of a patient, all previous records shall be available for the attending physician, whether the patient be attended by the same physician or by another.

13. Except in cases of emergency, the patients for operation shall be admitted not later than four o'clock the day previous to operation.

14. All operations performed shall be fully described by the attending surgeon. All tissues removed at operation shall be sent to the hospital pathologist who shall make such examination as he may consider necessary to arrive at a pathological diagnosis.

15. In all cases where a patient is admitted in a condition of abortion, she or her representative, shall sign a statement certifying that neither any employee of the hospital nor the attending physician was directly or indirectly responsible for its production.

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16. Except in emergency, consultation with a member of the consulting, or of the active medical staff shall be required in all major cases in which the patient is not a good risk and in all curettages or other operations which may interrupt a known, suspected, or possible pregnancy. The consultant shall make and sign a record of his findings and recommendations in every such case. In all cases where a rule of the hospital requires consultation and in the case of free patients, the consultant shall give his services without charge.

17. Each member of the courtesy medical staff, not resident in the city, or immediate vicinity, shall name a member of the medical staff who is a resident in the city, who may be called to attend his patients in emergency. In case of failure to name such associate, the administrator of the hospital shall have the authority to call any member of the staff should he consider it necessary.

18. Patients shall be discharged only on written order of the attending physic ian. At the time of discharge, the attending physician shall see that the record is complete, state his final diagnosis, and sign the record.

19. At the monthly meeting of the medical staff, the medical records librarian shall submit a report of the professional work of the hospital for the previous month. This shall show patients discharged and the results, deaths (the cause being stated as given by the attending physician), autopsies, consultations, and infections of all kinds. The discussion at the meeting shall be based on this report and at no meeting shall abstract discussion of scientific medical subjects be permitted.

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20. Every member of the medical staff shall be actively interested in securing autopsies whenever possible. No autopsy shall be performed without written consent of a responsible relative or friend. All autopsies shall be performed by the hospital pathologist or by a physician to whom he may delegate the duty.

21. Surgeions must be in the operating room and ready to commence operation at the time scheduled, and in no case will the operating room be held longer than fifteen minutes after the time scheduled.

22. The hospital shall maintain an "on call" roster of the active medical staff in order that medical services are available at all times.

Recommendations for amending or revising these Rules and Regulations may be made at any meeting of the Active Medical Staff, and if made, shall be transmitted to the Board of Directors by the administrator. The Board of Directors reserves the right to amend and revise these Rules and Regulations when such action is considered advisable or desirable.

President, Board of Directors

Revised July 18, 1955