UM Baltimore Washington Medical Center

Medical Staff
Rules and Regulations

1. Special Training Privileges are clinical privileges extended for a short time to a practitioner who is neither a member of the Medical Staff nor intends to apply for Medical Staff membership, but is interested in training a UM BWMC medical staff member for a specific procedure.

   To be eligible for Special Training Privileges, the practitioner must hold a current license to practice his/her discipline in the State of Maryland, or in the case of a practitioner who resides in another jurisdiction, he/she shall otherwise satisfy the legal requirements of practicing medicine, dentistry, podiatry or psychology in this
   State as follows:

   (a) Hold a current license to practice medicine in another jurisdiction, in which case Special Training Privileges granted pursuant to this section shall be limited by the requirement that the physician's practice in the Medical Center be performed in conjunction with a member of the Active Medical Staff; and
   (b) Produce a certificate of professional liability insurance in accordance with limits agreed upon annually by the Board;
   (c) Provide the names of medical institutions where he/she holds current privileges;
   (d) Agree to abide by the Bylaws, Rules and Regulations of the Medical Staff
   Organization; and
   (e) Be in compliance with the Maryland Board of Physician Quality Assurance to Practice as requested.

2. If a medical staff member has delinquent medical records, a notice may be sent by mail and a phone call may be made to the physicians office that he or she is obligated to complete the delinquent medical records by the following week. If the medical staff member has not completed their medical records by the thirty first day after their patient has been discharged, then a $50 fine will be levied. After seven weeks a $100.00 fine will be levied and after nine weeks, a $150 fine will be levied.

3. NEW OR EXPERIMENTAL PROCEDURES: A practitioner may not perform or use a new, untried or unproven procedure, treatment, instrument or item of equipment ("New Procedures") until granted appropriate clinical privileges for the same. New Procedures are those that cannot easily be derived or extended from existing accepted procedures or skills. An untried, experimental activity (experimental drug, diagnostic procedure, test, operative procedure, therapy or so on) may be undertaken in the Hospital,

provided a specific and comprehensive experimental protocol for the experimental activity has been approved by the appropriate institutional Review Board, or equivalent body of the University of Maryland at Baltimore. All experimental activities are the responsibility of the Chief of Service.

4. A medical history and physical examination must be completed no more than 30 days before or 24 hours after admission or registration, but prior to surgery, an interventional diagnostic procedure, or a procedure requiring anesthesia services. The medical history and physical examination must be completed and documented by a physician, an oral/maxillofacial surgeon, or other qualified licensed individual in accordance with state law and hospital policy, and must include the minimum elements;
Chief complaint;
Details of present illness;
Relevant past, social and family histories;
Relevant inventory by body system
Report of relevant physical examination;
Conclusions or impressions drawn from the H&P examination; and
Treatment Plan/Plan of Care.
An updated examination of the patient, including any changes in the patient's condition, must be completed and documented within 24 hours after admission or registration, but prior to surgery, an interventional diagnostic procedure, or a procedure requiring anesthesia services, when the medical history and physical examination is completed within 30 days before admission or registration. The updated examination of the patient, including any changes in the patient's condition, must be completed and documented by a physician, an oral/maxillofacial surgeon, or other qualified licensed individual in accordance with state law and hospital policy.

5. All orders for treatment shall be in the EMR, and issued in accordance with this rule. For purpose of this rule, "attending physician" shall mean the physician with primary responsibility for the care and management of the patient, together with any physician consulting for or authorized to cover such physician upon his/her unavailability. An order shall be considered to be in the EMR when (a) dictated to licensed nursing personnel who are approved for dispensing medicines and signed by the attending physician, or (b) dictated to registered or certified respiratory therapists who are approved for providing respiratory medications and care and signed by the attending physician, or (c) dictated to registered pharmacists who are approved to receive medication orders and signed by the attending physician, or authorized provider; or acting under protocols approved by the Medical Executive Committee; or (d) dictated to physical, occupational, and speech therapists regarding performance of treatment within their various disciplines and signed by the attending physician or authorized provider; (e) dictated to social workers to arrange home health services: home nursing, home physical therapy, home occupational therapy, home speech therapy, durable medical equipment, home infusion, resumption of home care and arrange hospice services for patients and signed by the attending physician; (f) dictated to registered dieticians regarding

dietary orders, and signed by the attending physician. (g) dictated over the telephone, as described below; or (h) given verbally in emergencies or when entering into the EMR is not possible i.e. during a procedure. Attending physicians reordering treatments or medications must specify the treatment modality by name and dosage. Orders dictated by telephone shall be entered into the EMR by the person to whom dictated, noting the name of the attending physician who issued the order; these orders will then be read back immediately to the physician to ensure accuracy. All telephone and verbal orders shall be authenticated by the person who issued them. Either the attending or the covering physician may authenticate the verbal or telephone orders of the other, within 48 hours, but the physician authenticating these orders shall have participated in the care or management of the patient. Allied health providers orders shall be countersigned consistent with applicable state law.

6. In certain cases, a final progress note may be substituted for the discharge summary provided the note contains the outcome, disposition of the case, and provisions for follow up. These cases include but are not limited to: (a) exclusively outpatient encounters not involving hospitalization (i.e. outpatient emergency department visits, outpatient surgeries, on-campus clinic visits, laboratory visits, radiology visits, etc.); (b) all hospitalizations (inpatient and outpatient) with total length of stay under 48 hours; (c) all hospitalizations entirely within a status of Outpatient or Observation; (d) Normal Vaginal Deliveries (for the mother as patient); (e) Normal Newborn admissions with length of stay of 4 days or less; (f) any other cases where permitted by regulatory and accreditation bodies. No final progress note or discharge summary shall be required for any encounter not involving a face-to-face, in person evaluation by a licensed independent provider. For cases in which a brief operative note is required, if the brief operative note contains the elements required by a final progress note (i.e. such as a BRIEF OP NOTE, it shall satisfy the requirements of a final progress note.)

7. Except in cases of emergency, out patient chemotherapy orders must be received and accepted by the pharmacy two business days prior to the anticipated treatment date in the infusion center.

8. According to the following guidelines, outpatient services may be ordered by licensed independent practitioners who are not on the UM BWMC medical staff:

    a. Affected outpatient services include, but are not limited to, the wound care center, vascular center, laboratory, radiology/nuclear medicine, cardiology, rehabilitation services, sleep center, respiratory, cardiac rehabilitation and radiation oncology.
    b. Orders for infusion therapy are limited to members of the medical staff.
    c. The LIP is ordering on a patient under his/her care.

d. Validation is performed to ensure that the LIP holds current licensure in the jurisdiction where he/she sees the patient.
e. If any medications are to be administered to a patient for a test/procedure, a member of the medical staff must order and manage any adverse effects.

9. If a patient is admitted within 30 days they will be assigned back to their original physician. This applies to the Department of medicine only.

10. All licensed independent practitioners must document for all patients under involuntary status on their admission note, the criteria for involuntary confinement, and in their daily progress notes the rationale for their continuing to require involuntary confinement.

11. All patients, excluding cardiology patients, admitted to the Intensive Care Unit (ICU) are to be admitted to the Intensivist Team. All orders in the ICU are expected to be written by the Intensivist. Exceptions include orders provided in emergent situations, predetermined specialty-specific orders, and when the intensivist acknowledges but is otherwise unavailable to place the order him/herself. The primary care physician, surgeon, and other consultants are encouraged to see their patients and document their interactions in the ICU. All recommendations should be communicated directly to the Intensivist Team. The Intensivist Team will continue to work closely with the consulting team, and on transfer from the unit will provide a verbal and written transfer summary to the accepting team.

    For all unassigned patients that were admitted to the ICU, the on-call internist will be given the option to accept the patient. If the on-call internist does not want to accept the patient, the patient will be assigned to the Inpatient Team. The Intensivist team will follow the patient after transfer from the ICU until an internist has evaluated the patient, but no longer than 24 hours after transfer.