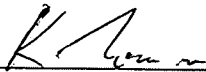


**EXHIBIT B**

**GRAND RIVER ENDOSCOPY CENTER, LLC  
FIRST AMENDED AND RESTATED MEDICAL STAFF BYLAWS**

These First Restated and Amended Medical Staff Bylaws have been approved on December 10, 2019.



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Kenneth S. Lown, M.D.  
Medical Director of Grand River Endoscopy Center, LLC

Approved by Governing Body of Grand River Endoscopy Center, LLC: December 16, 2019.

**GRAND RIVER ENDOSCOPY CENTER, LLC**

**FIRST AMENDED AND RESTATED MEDICAL STAFF BYLAWS**

**ARTICLE I - DEFINITIONS**

For purposes of these Bylaws, the following definitions apply:

“*Bylaws*” means these Medical Staff Bylaws for Grand River Endoscopy Center, LLC (“GREC”).

“*Operations Committee*” means the Operations Committee of GREC as defined in GREC’s operational bylaws.

“*Facility*” means the freestanding surgical outpatient facility/ambulatory surgery center operated by GREC.

“*Gender*” Any reference contained herein to the masculine gender is intended to refer equally to the feminine gender.

“*Governing Body*” means all of GREC’s managers.

“*Medical Director*” means the Practitioner appointed by the Governing Body as the chief medical officer of the Facility to act on its behalf in the day-to-day clinical management of the Facility.

“*Medical Staff*” or “*Staff*” means those persons who have been granted privileges pursuant to these bylaws.

“*Nonphysician Provider*” means licensed or certified professionals, other than Practitioners, who are approved by the Governing Body, following consultation with the Medical Staff, to provide services to patients at the Facility. “Nonphysician Providers” may include, but are not limited to, physician assistants, nurse practitioners, certified registered nurse anesthetists, and anesthesiologist assistants.

“*Practitioner*” means a medical physician or an osteopathic physician.

“*Rules and Regulations*” means the provisions concerning procedures, practices, and the professional conduct of the Medical Staff adopted by the Medical Staff and/or the Governing Body from time to time.

“*Staff Member*” means a Practitioner who has been granted privileges by the Governing Body to provide direct patient care in the Facility.

For purposes of these Bylaws, any written record or document referred to in these Bylaws may be submitted, stored, or otherwise maintained in an electronic format.

## ARTICLE II - NAME & PURPOSES

**2.1 Name.** The name of the organization shall be “The Medical Staff of Grand River Endoscopy Center, LLC.”

**2.2 Purposes.** The purposes of this organization are:

2.2.1 To promote quality medical care to the patients of the Facility;

2.2.2 To seek to attain a high level of professional performance of all Practitioners authorized to practice in the Facility through (i) appropriate delineation of the clinical privileges each Practitioner may exercise in the Facility; and (ii) an ongoing review and evaluation of each Practitioner’s performance in the Facility;

2.2.3 To provide a means whereby issues concerning the Medical Staff and the Facility may be discussed by the Medical Staff with the Governing Body and the Medical Director;

2.2.4 To provide rules and regulations for self-government of the Medical Staff pursuant to the directives of the Governing Body; and

2.2.5 To carry out the assignment which the Governing Body has made to the Medical Staff, its officers, its committees and their Staff Members, to review and appraise the professional practices of the Medical Staff and Nonphysician Providers practicing in the Facility for the purpose of reducing morbidity and mortality and improving the quality of care in the Facility, including the quality and necessity of care provided and the preventability of complications occurring at the Facility, pursuant to State law (including but not limited to Michigan Compiled Laws (“MCL”) 333.20175, 333.20813, and 331.531 et seq. as amended). Included in this assignment is review of the qualifications, training and experience of Practitioners who seek reappointment or admission to practice in the Facility.

## ARTICLE III - MEDICAL STAFF MEMBERSHIP

**3.1 Nature of Medical Staff Membership; Qualifications.** Membership on the Medical Staff of the Facility is a privilege, which shall be extended only to professionally competent Practitioners who continuously meet the responsibilities, qualifications, standards and requirements set forth in these Bylaws. Only Practitioners licensed to practice in the State of Michigan who can document their background, physical and mental health, experience, training, demonstrated competence, adherence to the ethics of their profession, good reputation, and ability to work with others, so as to assure the Medical Staff and the Governing Body that any patients treated by them in the Facility will be given quality medical care, shall be qualified for membership on the Medical Staff. All applicants must have graduated from an approved residency and be Board Certified by their respective specialty board except that recent graduates of a residency have five (5) years from the

completion of their residency to obtain Board Certification or their appointment will terminate. No applicant may be excluded, suspended, or otherwise limited to participate with the Medicare or Medicaid programs. No Practitioner shall be entitled to membership on the Medical Staff or the exercise of particular clinical privileges in the Facility merely by being licensed to practice medicine in this or in any other state, by membership in any professional organization, or due to past or current privileges at any hospital or other surgical facility.

### **3.2 Conditions and Duration of Appointment.**

3.2.1 Initial appointments and reappointments to the Medical Staff shall be made by the Governing Body. Except as otherwise provided in these Bylaws, the Governing Body shall act on appointments, reappointments or revocation of appointments only after a recommendation from the Medical Staff as provided in these Bylaws.

3.2.2 Appointments to the Medical Staff shall be for a period of not more than three (3) years and shall confer on the Staff Member only such clinical privileges as have been granted by the Governing Body.

## **ARTICLE IV - PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT**

4.1 **Confidentiality, Immunity and Release.** Application for Staff Membership (whether an original application or an application for reappointment) shall be completed in writing and signed by each applicant. By submitting the signed application, the applicant:

4.1.1 Authorizes the Facility and its agents to request information from and consult other institutions, organizations, and individuals with whom the applicant has associated.

4.1.2 Releases the Facility and its agents from liability and waives all legal claims against any representative who acts in accordance with these Bylaws.

4.1.3 Releases from liability any individual or organization who provides information to the Facility's representatives concerning the applicant's qualifications or character.

4.1.4 Agrees to abide by these Bylaws, the Rules and Regulations, and all other policies of the Facility.

4.1.5 Agrees that the final decision of the Governing Body on this or any other application or proceeding concerning his appointment or privileges shall be final and binding.

4.1.6 Agrees to preserve the confidentiality of patient and peer review records.

Information submitted, collected, or prepared by any representative of the Facility or any other organization shall be confidential and shall not be disseminated to anyone other than a Facility representative or used in any way except as herein provided. This information shall not become part of any patient's record nor of the general Facility records. This confidentiality shall apply to all acts, communications, reports, recommendations, or disclosures made by this or any other institution's activities.

#### **4.2 Procedure for Appointment.**

4.2.1 An applicant shall complete and submit the application form and required documentation as specified therein to the Medical Director. The Medical Director or his designee shall obtain letters of recommendation from all references and primary source verification of the applicant's credentials either directly or from organizations performing primary source verification accredited by a nationally recognized body, including but not limited to medical school graduation, internship, post-graduate training, Drug Enforcement Agency ("DEA") registration, and licensure. Proof of medical liability coverage at the minimum level required by the Governing Body and information from the National Practitioner Data Bank shall also be verified. Other information regarding adverse actions against the applicant shall be considered, including but not limited to professional liability claims history, DEA and/or licensure action, refusal or cancellation of professional liability coverage, adverse action of professional privileges, Medicare/Medicaid sanctions, and conviction of criminal offenses other than minor traffic violations. The Medical Director or his designee shall evaluate the character, health, experience, training, academic standing, qualifications, current professional competence and judgment and ethical standing of the applicant to determine whether the applicant meets all of the necessary qualifications for Staff membership and for the clinical privileges requested. Current competence shall also be verified in writing by individuals personally familiar with the applicant's clinical, professional, and ethical performance, and when available, by data based on analysis of treatment outcomes.

4.2.2 The Medical Director shall make a written report to the Governing Body recommending that the application be deferred, accepted or rejected within ninety (90) days after receipt of the completed application and all required documentation specified therein unless special circumstances delay verification within such timeframe. The Medical Director may require the applicant to provide a medical report of his physical condition.

4.2.3 The applicant shall have the burden of resolving any doubts regarding his qualifications for membership on the Medical Staff.

**4.3 Final Decision Regarding Appointment of Applicants.** Final authority for all appointments and privileges shall be held by the Governing Body. The Governing

Body shall approve or reject the recommendation of the Medical Director within sixty (60) days after receipt thereof. If the Governing Body makes any preliminary adverse decision regarding an individual's appointment, the Medical Director shall notify the applicant of the proposed decision in writing prior to taking final action in accordance with Article VII. No final action may be taken with respect to an applicant who has received a preliminary adverse decision and who has not either waived or completed the hearing process set forth in Article VII.

#### **4.4 Procedure for Reappointment.**

4.4.1 Membership on the Medical Staff and clinical privileges for each Staff Member shall be reviewed at least every three (3) years for the purpose of reappointment and continuance, modification or termination of clinical privileges for the ensuing reappointment term. Each Staff Member shall be required to complete an application form for reappointment and failure to do so by the established deadline will constitute voluntary resignation from the Medical Staff.

4.4.2 The Medical Director or his designee shall review the credentials of applicants for reappointment. In making his review, the Medical Director or his designee shall utilize the qualifications for Medical Staff membership set forth in Section 3:1, the criteria for initial appointment set forth in Section 4:2 of these Bylaws, and verification of current competence based on analysis of treatment outcomes through the quality assurance and peer review processes of the Facility including direct observation by the Medical Staff and patient record review. Reappointment shall be based on all relevant factors including the Staff Member's use of the Facility, compliance with these Bylaws and the Rules and Regulations, cooperation with other Staff Members, compliance with standards for licensure and accrediting agencies and with all applicable codes of ethics and professional practice.

4.4.3 At least ninety (90) days prior to the expiration of a Staff Member's appointment, the Medical Director shall present to the Governing Body his written recommendations for reappointment or termination of appointment, and for the extension, modification or termination of privileges to be granted to the Staff Member for the following three (3) years. If the Medical Director does not recommend a person for reappointment or recommends a modification to such person's privileges, the reasons for such recommendation shall be specified in writing.

4.4.4 If the Governing Body makes a preliminary adverse decision with respect to a Practitioner's Staff membership or clinical privileges as defined in Section 7:1, the Medical Director shall notify the applicant of the proposed decision in accordance with Article VII.

4.4.5 The Governing Body shall take final action on reappointments and privileges, except that no final action may be taken with respect to any Staff Member who

has received a preliminary adverse decision and who has not either waived or completed the hearing process set forth in Article VII.

## **ARTICLE V - CLINICAL PRIVILEGES**

**5.1 General Privileges.** Every Staff Member shall be entitled to exercise only those clinical privileges specifically granted by the Governing Body.

**5.2 Initial Application.** Every initial application for Medical Staff appointment must contain a request for clinical privileges desired by the applicant. The evaluation of such request shall be based upon the criteria outlined in Section 4:4:2 of these Bylaws. The applicant shall have the burden of establishing his qualifications and competency to exercise the clinical privileges requested.

**5.3 Reappointment.** Reappointment with clinical privileges and the increase or curtailment of same shall be based on the criteria outlined in Section 4:4:2 of these Bylaws. Determination of reappointment with extension, reduction or termination of privileges shall be based upon the criteria outlined in Article IV of these Bylaws.

## **ARTICLE VI - CORRECTIVE ACTION**

### **6.1 General Action.**

6.1.1 Whenever the activities, performance, competence or professional conduct of a Staff Member are considered to be lower than the standards or aims of the Medical Staff or to be disruptive to the operations of the Facility, corrective action against such Staff Member may be requested by any Staff Member or the Medical Director. All requests for corrective action shall be in writing to the Medical Director and supported by references to the specific activities or conduct, which constitute the grounds for the request. When acting on such a request for corrective action, the Medical Director may, in his sole discretion, request information by written communication from or personal appearance of individuals. Initiation of corrective action pursuant to 6:1 shall neither preclude nor require immediate action or imposition of summary suspension as provided in 6:2.

6.1.2 Whenever corrective action could result in a reduction or suspension of clinical privileges, the Medical Director or his designee shall conduct an immediate investigation. Upon initiation of the investigation, the Medical Director shall meet with the affected Staff Member. At such meeting, the Staff Member shall be informed of the specific nature of the charges against him and shall be encouraged to discuss, explain or refute them. This meeting shall be preliminary in nature. The Medical Director shall make a written report of his investigation to the Governing Body within thirty (30) days after the receipt of the request to make such investigation.

6.1.3 The Governing Body shall hear the report of the Medical Director, and shall, after due consideration of the charges, dismiss or modify the request for action; issue a

warning letter, a letter of admonition, or a letter of reprimand; impose terms of probation or a requirement for consultation; recommend reduction, suspension, or revocation of clinical privileges; or recommend that the Medical Staff membership be suspended or revoked. Any preliminary decision of the Governing Body in response to a request for corrective action of a Staff Member that will adversely affect a Staff Member's status as a Staff Member or his exercise of clinical privileges shall entitle the affected Staff Member to the procedural rights provided in Article VII of these Bylaws.

6.1.4 The Medical Director shall promptly notify the Operations Committee in writing of all requests for corrective action received by the Medical Director and shall continue to keep the Operations Committee informed of all action taken in connection therewith.

## **6.2 Summary Action.**

6.2.1 When, in the best interest of patient care in the Facility, immediate action must be taken, the Operations Committee or the Medical Director may temporarily prevent a Staff Member from exercising all or any portion of the clinical privileges granted by the Governing Body. As soon as the patient or the situation which prompted the action is provided for, the individual taking such action must then notify the Staff Member in person and confirm in writing within three (3) days, or notify immediately in writing if the Staff Member is not present. Such notice shall conform with the requirements of Article VII. The Medical Director and the Operations Committee shall be informed promptly in person whenever immediate action is taken.

6.2.2 When any restrictions are summarily imposed on a Staff Member, as soon as practical, but no later than fifteen (15) days from the date of the suspension decision, the Governing Body shall determine whether the suspension should be sustained, modified or voided. If the Governing Body modifies or sustains the restriction regarding the clinical privileges of the Staff Member, the Governing Body shall issue a preliminary adverse decision which shall trigger the affected Staff Member's right to request a hearing, pursuant to Article VII.

## **6.3 Automatic Action.**

6.3.1 A temporary suspension in the form of withdrawal of a Staff Member's clinical privileges shall be imposed automatically after warning of delinquency for failure to complete medical records and remain effective until medical records are completed.

### **6.3.2 Automatic Summary Suspension/Termination.**

(a) If a Practitioner's license to practice shall be revoked, suspended or limited by the appropriate State Board, such Staff Member shall immediately and automatically have the same suspension, limitation and conditions at the Facility.



(b) If a Practitioner's federal narcotics license number is revoked or suspended or voluntarily relinquished, such Staff Member shall immediately and automatically be divested of his right to prescribe medications covered by such number.

(c) If a Practitioner is excluded or suspended from a federal health care program, such Staff Member shall immediately and automatically have his Medical Staff membership and clinical privileges at the Facility terminated.

(d) It shall be the duty of the Medical Director to enforce all automatic suspensions. There shall be no right of hearing in connection with automatic action taken pursuant to section 6:3:2. The Operations Committee shall be informed in writing of automatic suspensions.

## **ARTICLE VII - HEARING REQUEST AND HEARING PROCEDURES**

**7.1 Right to Hearing.** When the Governing Body makes any preliminary decision that will adversely affect an individual's Medical Staff membership or privileges, the affected individual shall be entitled to a hearing in accordance with the provisions of this Article. "Adversely affect" means a denial, termination, suspension or material limitation. A decision that will adversely affect an individual's Medical Staff membership or privileges shall be referred to in these Bylaws as a "Preliminary Adverse Decision" or "PAD."

**7.2 Notice of Preliminary Adverse Decision.** The Medical Director shall give the affected individual written notice, within seven (7) business days, of a Preliminary Adverse Decision of the Governing Body, which notice shall: (1) advise the individual of the nature of the adverse action that has been proposed; (2) provide a statement of the reasons for the PAD; (3) advise the individual of his right to request a hearing in accordance with Section 7:3; and (4) provide a copy of this Article of the Bylaws, which describes the individual's rights in the hearing process.

**7.3 Request for a Hearing; Waiver.** An affected individual shall have thirty (30) days following his receipt of notice of a PAD to submit a written request for a hearing to the Medical Director either in person or by certified mail. Failure to request a hearing within such time period shall constitute a waiver of the individual's right to a hearing. The written request for a hearing shall include a written response to the statement of reasons for the PAD and a list of individuals who may be called as witnesses in support of the affected individual's position at the time of hearing.

**7.4 Scheduling of Hearing and Notice Thereof.** The Medical Director shall schedule a hearing no less than thirty (30) days and no more than sixty (60) days after receipt of notice of a request for a hearing under Section 7:3. The Medical Director shall provide written notice to the affected individual at least thirty (30) days before the hearing date as to: (a) the composition of the Ad Hoc Hearing Committee ("Ad Hoc"); (b) the time,

place and date of the hearing; (c) the list of witnesses (if any) that the Governing Body may call as witnesses to testify in support of the PAD; and (d) notice that failure to appear at the scheduled hearing without just cause will waive the right to such a hearing. The notice shall be sent to the affected individual by certified mail.

**7.5 Ad Hoc Hearing Committee.** The hearing under this Article shall be conducted by an Ad Hoc composed of three (3) individuals appointed by the Governing Body or its designee in accordance with the policies and procedures approved by the Governing Body. The Ad Hoc shall not include any individual who (a) actively participated in the consideration of the matter at issue at a previous level; (b) is in direct economic competition with the affected individual; or (c) is professionally associated with or related to the affected individual. Alternatively, the Governing Body may elect to have a single Hearing Officer in lieu of the Ad Hoc. In the event this alternative is selected by the Governing Body, any reference in these Bylaws to "Ad Hoc Hearing Committee" or "Ad Hoc" should be replaced with "Hearing Officer."

**7.6 Amendment.** The Governing Body's statement of reasons for the PAD, the affected individual's response, and/or the list of witnesses of either party may be amended at any time by the party furnishing them, provided that the opposite party is given written notice of the amendment at least seven (7) days prior to the hearing date.

**7.7 Report and Recommendation of the Ad Hoc Hearing Committee.** Within fifteen (15) days after the conclusion of the hearing, the Ad Hoc shall make a written report and recommendation and shall forward the same with the hearing record and all other documentation to the Governing Body. If a Staff Member is placed under Summary Suspension pursuant to Article VI, the time limits stated in this section may be shortened by mutual agreement. The report may recommend the confirmation, modification or rejection of the original PAD. The Ad Hoc shall confirm the PAD unless the Committee finds that the affected individual has proven that the charges or grounds for the PAD lacked sufficient factual basis or that the decision is arbitrary or capricious.

**7.8 Final Decision of the Governing Body.** The Governing Body, at its next regular meeting, shall consider the Ad Hoc's report and shall issue a final decision in the matter. In any case in which a Staff Member is placed under summary suspension pursuant to Article VI, the time limits stated in this Article may be shortened by mutual agreement. The Medical Director shall provide the affected individual with written notice of the Governing Body's decision.

**7.9 One Hearing as of Right.** Notwithstanding any other provision of these Bylaws, no applicant or Staff Member shall be entitled to more than one hearing on any matter which shall have been the subject of action by the Governing Body.

## **ARTICLE VIII - MEDICAL STAFF MEETINGS**

**8.1 Annual Meetings.** An annual meeting of the Medical Staff shall be held each year on such day and at such hour as the Medical Director shall designate in the call and notice of the meeting.

**8.2 Regular and Special Meetings.** The Medical Director or Operations Committee may establish a schedule for regular meetings of the Medical Staff and may call a special meeting of the Medical Staff at any time. Written notice stating the place, day and hour of any regular or special meeting of the Medical Staff shall be mailed to each Staff Member not less than seven (7) days before the date of such meeting, except that such notice requirement will be deemed waived if a quorum of the Medical Staff attends any such meeting and does not object to any defects with such notice. No business shall be transacted at any special meeting except that stated in the notice of the meeting, except with the approval of two-thirds (2/3) of the Staff.

**8.3 Quorum.** The presence of a majority of the Medical Staff at any regular or special meeting shall constitute a quorum. The action of a majority of the Staff Members present at a meeting where a quorum is present shall be the action of the Medical Staff.

## **ARTICLE IX - COMMITTEES**

**9.1 Committees.** As a condition of Medical Staff membership, the Medical Staff shall support and participate in committees as requested and as necessary and appropriate for safe and effective Facility operations, including a Quality Assurance/Assistant and Utilization Review Committee and an Infection Control Committee. The charge and purpose of such committees shall be as described in GREC's operational bylaws.

**9.2 Regular and Special Meetings.** Committees may by resolution provide dates and times for regular meetings without notice other than such resolution. Each committee shall be responsible, and report in writing, to the Medical Director. A special meeting of any committee may be called by or at the request of the Committee Chair, by the Medical Director, or by one-third (1/3) of the committee Staff Members, but not less than two (2) Staff Members.

**9.3 Notice of Meetings.** Written or oral notice stating the place, day and hour of any special meeting or of any regular meeting not held pursuant to resolution shall be given to each Staff Member of the committee not less than ten (10) days before the time of such meeting, by the person or persons calling the meeting, except that such notice requirement will be deemed waived if a quorum of the committee of Staff Members attends any such meeting and does not object to any defects with such notice.

**9.4 Manner of Action.** The presence of a majority of the committee Staff Members at any regular or special meeting shall constitute a quorum. The action of a

majority of the Staff Members present at a meeting where a quorum is present shall be the action of a committee or department.

### **ARTICLE X - RULES AND REGULATIONS**

**10.1** The Medical Staff may adopt such Rules and Regulations as may be necessary to implement more specifically the general principles found within these Bylaws.

**10.2** Such Rules and Regulations shall be appended to these Bylaws and may be amended or repealed with immediate effect by recommendation of the Medical Director. Such changes shall become finally effective upon approval by the Governing Body.

**10.3** Any Staff Member who shall violate the Rules and Regulations shall be subject to corrective action as indicated in Article VI.

### **ARTICLE XI - AMENDMENTS**

**11.1** These Bylaws may be amended by a two-thirds (2/3) vote of the majority of Staff Members. Such amendments shall become effective only when approved by the Governing Body.

### **ARTICLE XII - NONPHYSICIAN PROVIDERS**

**12.1** **Nonphysician Providers.** The Governing Body will determine which categories of Nonphysician Providers may request authorization to perform clinical services at the Facility. Each professional shall perform only those clinical services which are authorized by the Governing Body and are within the scope of his or her license or certification. Nonphysician Providers are not Staff Members of the Medical Staff and thus not entitled to the rights, privileges, and responsibilities of Medical Staff membership. The credentials of Nonphysician Providers shall be reviewed by the Medical Director. The Medical Director shall provide his written recommendation to the Governing Body, which shall take final action on the Nonphysician Provider's request for authorization to perform clinical services at the Facility. Nonphysician providers shall be supervised by a designated Staff Member. The Governing Body, following consultation with the Medical Director, may modify or terminate a Nonphysician Provider's authorization to provide clinical services at the Facility. Written notice of such action shall be sent to the Medical Director and the Nonphysician Provider involved.

### **ARTICLE XIII - PEER REVIEW**

**13.1** **Procedure.** The Governing Body will adopt and from time to time amend appropriate policies and procedures for peer review activities to review information or data relating to the physical condition of a person receiving treatment at the Facility, the necessity, appropriateness, or quality of health care rendered to a person receiving

treatment at the Facility, or the qualifications, competence, or performance of a Practitioner or Nonphysician Provider who performs services at the Facility.

**13.2 Confidentiality.** Staff Members who engage in peer review activities in connection with the Facility are entitled to preserve the confidentiality of their activities from disclosure to reviewed Practitioners, Staff Members, Nonphysician Providers, other persons responsible for patient care, and third parties to foster candid and complete assessments of professional qualifications and activities. Practitioners, Staff Members, Nonphysician Providers, and others whose professional qualifications and activities are reviewed are likewise entitled to confidentiality and to disclosure of information about them only in the manner permitted by law and by these Bylaws. Staff Members and Nonphysician Providers are forbidden to disclose peer review information except as expressly provided in this Article. Peer review matter may be disclosed only as permitted or required by law or by a court of competent jurisdiction or as specifically authorized in a written consent by both the person being reviewed and the unanimous approval of the committee engaged in the review.

**13.3 Immunity.** By applying for membership in the Facility's Medical Staff, each Practitioner, Staff Member, Nonphysician Provider, and other practitioner specifically releases each person who provides information to a Facility representative for peer review activities; each Facility representative who participates in or assists with peer review activities; and each person to whom a Facility representative releases information. These immunities are cumulative and do not limit or restrict immunities that are otherwise available under law.

**GRAND RIVER ENDOSCOPY CENTER, LLC**  
**MEDICAL STAFF RULES AND REGULATIONS**

**R:1. Admission, Continuing Care and Discharge of Patients**

1:1 This Facility shall not deny appropriate care on the basis of race, religion, color, national origin, gender, age, disability, marital status, or source of payment.

1:2 All patients admitted to the Facility will have an attending Practitioner and an admitting diagnosis.

1:3 It is the responsibility of the attending Practitioner to discharge the patient as soon as clinical conditions permit. Discharge orders will be in writing.

**R:2. Medical Records**

2:1 The attending Practitioner is responsible for the preparation of a medical record for each patient which contains sufficient information to identify the patient, justify the treatment planned and rendered, tests and exams performed, document observations and the course and results accurately, and facilitate the continuity of care among health care providers. Specifically, each medical record will contain at least the following:

- a. The patient's name, address, date of birth, sex, marital status, identification number, and the name of any legally authorized representative and/or responsible party, if applicable;
- b. Preoperative diagnostic studies (entered before surgery), if performed;
- c. Medical history and physical examination;
- d. The reason(s) for admission or treatment;
- e. Evidence of informed consent for procedures and treatments for which informed consent is required;
- f. Diagnostic and therapeutic orders;
- g. All diagnostic and therapeutic procedures and tests performed and results;
- h. All operative and other invasive procedures performed, using acceptable disease and operative terminology that includes etiology, as appropriate;

- i. Clinical observations and response to the care provided;
- j. Every medication ordered for and dispensed to the patient;
- k. Any allergies and report of any adverse drug reaction;
- l. All relevant diagnoses established during the course of care;
- m. Entries related to any anesthesia administration and recovery therefrom.

2:2 The history and physical examination assessment will be completed upon admission to the Facility. If a complete history and physical has been recorded prior to the patient's admission to the Facility, a legible copy of these reports may be used in the patient's medical record in lieu of admission history and physical examination, provided these reports were recorded by a physician or Staff Member of the Medical Staff within 30 days before admission. The Practitioner may also dictate by telephone a complete history and physical examination and this shall be incorporated into the patient's chart.

2:3 Surgery and invasive procedures shall be performed only after a history, physical examination, any indicated diagnostic tests, and the preoperative diagnosis have been completed and recorded in the patient's medical record. In emergency situations in which there is inadequate time to record the history and physical, a brief note, including the preoperative diagnosis is recorded before surgery. Additionally, there shall be a pre-anesthesia assessment of each patient for whom anesthesia is contemplated to determine that the patient is an appropriate candidate to undergo the planned anesthesia.

An invasive procedure shall be defined as a procedure with significant risk involving puncture or incision of the skin or insertion of an instrument or foreign material into the body, including, but not limited to percutaneous aspirations and biopsies, and endoscopies.

2:4 Immediately after surgery, an operative report shall be dictated or written in the medical record which describes the findings, the technical procedures used, the specimens removed, the postoperative diagnosis, and the name of the primary physician or surgeon and any assistants. Failure to dictate or write a complete operative report within seven (7) days of the operative procedure shall cause a telephone warning to be issued to the Practitioner or his office stating that unless the delinquent operative reports are dictated within twenty-four (24) hours after the telephone notice, he shall not be permitted to perform surgery.

2:5 All clinical entries in the patient's medical record shall be accurately dated and authenticated with the Practitioner's signature, initials or computer key.

2:6 Upon discharge a final summation-type progress note shall be written or dictated on all medical records of patients. The discharge note shall concisely summarize

the patient's condition on discharge and any specific instructions given to the patient and/or family regarding further follow up and treatment.

2:7 The patient's medical record is the property of the Facility and shall not be taken from the medical record office without permission of the Medical Director or his designee. No medical records are to be removed from the Facility under any circumstances except in accordance with a court order, subpoena or statute.

2:8 A medical record shall not be permanently filed until it is completed by the responsible Practitioner or is ordered filed by the Medical Director.

2:9 The attending Practitioner is responsible for the completion of the medical record. If the medical record is incomplete at the time of discharge from the Facility, all essential reports will be placed on the record and it will be made available to the Practitioner for completion in the designated area. Except as provided in R:2:9, a record will be considered delinquent when it has not been completed within thirty (30) days of the patient's discharge. A Practitioner who fails to complete his delinquent records shall not have clinical privileges until such records are completed.

2:10 Significant medical advice given to a patient by telephone shall be entered in the patient's record and appropriately signed, including medical advice provided by after-hours telephone patient information or triage telephone services, as applicable.

### **R:3. General Conduct of Care**

3:1 Consent Form. Prior to performing a procedure and/or administering anesthesia, a consent form must be signed by the patient or on behalf of the patient for all surgical, special diagnostic or treatment procedures, and for the administration of an anesthetic, if applicable, after the Practitioner has discussed the procedure and the inherent nature and risks with the patient, as well as discussions of treatment alternatives.

#### **3:2 Orders.**

3.2.1 Verbal orders shall be considered to be in writing if dictated to a nurse. Such orders will be signed by the licensed person per the Practitioner. The Practitioner, or his Practitioner designee, shall authenticate such orders by his signature as soon as possible following the order.

3.2.2 Orders are to be clearly, legibly and completely written. Orders not legible or improperly written will not be carried out by the nurse until clarification has been obtained from the Practitioner. This clarification may be oral but shall be subsequently verified and signed by the Practitioner. The terms "renew," "repeat," and "continue orders" are unacceptable.



3.2.3 There shall be a list of approved abbreviations that may be used at the Facility. These shall be published and made available to the Medical Staff and to the various nursing personnel.

3:3 Drugs and Medications

3.3.1 All medications administered to patients shall meet the standards of the United States Pharmacopeia.

**R:4. General Rules Regarding Surgical Care**

4:1 The Practitioner or CRNA responsible for the administration of anesthesia shall maintain a complete anesthesia record to include evidence of pre-anesthetic evaluation, progress of the anesthetized patient and post-anesthetic follow-up of the patient's condition.

4:2 Tissues removed at the operation shall be sent to a clinical laboratory where a certified pathology service shall make such examination as necessary to arrive at a pathologic diagnosis and describe its findings in a signed report. Such report shall be part of the patient's medical record.

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