These Rules and Regulations have been adopted by the Vanderbilt University Medical Center Medical Board which is a Medical Staff Peer Review Committee within the meaning of T.C.A. Section 63-1-150 and TCA 68-11-272. The functions of the board include, among other things, the evaluation and improvement of the quality of health care rendered by Vanderbilt University Medical Center and the determination that health care services were performed in compliance with appropriate standards of care. The findings, conclusions, and recommendations formulated pursuant to these Rules & Regulations are privileged under T.C.A. Section 63-1-150 and TCA 68-11-272, are not public records and receive all protection available under the law.
I. **DEFINITIONS:**

a. **Applicability of Definitions**

The definitions applicable to these Rules and Regulations of the Vanderbilt University Medical Center (“VUMC”) Medical Staff are those stated in the VUMC Medical Staff Bylaws and the definitions set forth below. In the event of any inconsistency between a definition in the Bylaws and a definition in these Rules and Regulations, the definition in the Bylaws shall control.

i. **House Staff:** All residents and clinical fellows who are in a postgraduate training program and under the supervision of a member of the Medical Staff who holds a faculty appointment with Vanderbilt University. House Staff are not granted independent practice privileges and require supervision by a member of the Medical Staff.

ii. **Program Director:** The individual responsible in a Clinical Department for the oversight of a particular residency training program. The Program Director must be certified in the particular medical specialty that is the subject of the training, or possess other qualification acceptable to the Residency Review Committee, and must be physically located at the primary program teaching site.

iii. **Residency Review Committee:** A committee composed of individuals from various institutions who have recognized expertise in residency education pertaining to a particular medical specialty. The Accreditation Council for Graduate Medical Education (“ACGME”) relies on specialty and subspecialty residency review committees for periodic review and improvement of ACGME standards for review of accredited residency training programs.

iv. **Nursing Staff:** all registered nurses and licensed practical nurses as defined by the Tennessee Board of Nursing employed by Vanderbilt University Medical Center.

v. **Professional Staff with Privileges:** Non-Physician clinical professionals who are granted privileges to provide direct patient care to patients of VUMC, exercising independent judgment within specific documented areas of professional competence, under a defined degree of supervision by a member(s) of the Medical Staff consistent with applicable law. Providers in this category are defined in Article VI of the Medical Staff Bylaws.

vi. **Medical Staff:** All duly licensed medical physicians and dentists who have an academic appointment in the Vanderbilt University School of Medicine, and are privileged to attend patients in the Vanderbilt University Hospital, the Vanderbilt Children’s Hospital, the Vanderbilt Psychiatric Hospital and Vanderbilt Clinics, as permitted by Medical Staff category and individual clinical privileges.

(a) **Physician:** Appropriately licensed medical physician (MD/DO) with an unlimited license to practice in accordance with the laws of the State of Tennessee.

(b) **Attending Physician (may also serve as Supervising Physician):** A member of the Medical Staff who has been identified as accepting the responsibility for supervising House Staff, Advanced Practice Nurses and Physician Assistants.

(c) **Attending Surgeon (may also serve as Supervising Surgeon):** A member of the Medical Staff who has been granted privileges for the performance of surgical procedures and who has been identified as accepting the responsibility for supervising House Staff, Advanced Practice Nurses and Physician Assistants.

(d) **Proceduralist:** The individual responsible for a diagnostic, therapeutic, or invasive procedure.

vii. **Responsibility of Attending Physician:**

(a) **General:** The Attending Physician is responsible for the care and treatment of each patient (within the scope of the Attending’s professional license and clinical privileges granted) that he/she admits to VUMC. Each Attending Physician of the Medical Staff shall provide, or arrange for, timely and professional quality care for his/her patients. Each Attending Physician or his/her supervisee is responsible for the prompt
completion and accuracy of the medical record for each of his/her patients, for obtaining informed consent, for necessary special instructions, and for communicating the patient’s condition and treatment plan to the patient, referring physician (as appropriate) and to the relatives of the patient.

(b) **Supervision:** Certain responsibilities of Attending Physicians set forth throughout these Rules and Regulations may be performed by an appropriately supervised member of the House Staff, or another appropriately qualified physician or by an appropriately qualified member of the Professional Staff with Privileges unless the responsibility is specifically described as the “direct responsibility” of the Attending Physician, in which case the responsibility must be personally performed by the Attending Physician. The Attending Physician is responsible for determining those responsibilities which are performed by the supervisees. For Advanced Practice Nurses and Physician Assistants, the Supervising Physician must be familiar with the specialty scope of practice of the Advanced Practice Nurse and Physician Assistant, and with the delineation of clinical privileges maintained in the supervisee’s credentials file. Regardless of the category of supervisee, the Attending Physician remains ultimately responsible for the quality of performance of the supervisee.

(c) **Coverage:** Each Attending Physician shall comply with his/her Clinical Service requirements regarding taking call. Each Attending Physician shall arrange for coverage by a covering Attending Physician who has all necessary privileges at VUMC. Attending Physician cross coverage may only be established with another physician who is a member of the Medical Staff and possesses the necessary privileges to properly care for the Attending Physician’s patient(s). Failure by an Attending Physician to arrange for appropriate coverage for his/her patients when necessary may result in loss of privileges.

(d) **Transfer of patient care to a different Attending Physician:** Whenever the responsibility for a patient’s care is transferred from one Attending Physician to another Attending Physician on a different service or to an Attending Physician on the same service outside a regularly scheduled clinical service requirement change, the transferring Attending Physician or his/her supervisee shall effect the transfer in the patient’s medical record. It is the responsibility of the transferring Attending Physician to identify an accepting Attending Physician prior to the initiation of the transfer.

viii. **Attending of Record:** Throughout a given encounter of a patient in the hospital environment (e.g., Emergency Department, Observation unit, inpatient bed), transfers of care among Attending Physicians may occur as defined by policy and as needed for optimal care of the patient. Other Attending Physicians may provide emergent or specialty care (consultative) care. However, given the complexities of care within the hospital environment, there can be only one “Attending of Record” at a time overseeing the care of the patient. On occasion, an Attending Physician credentialed to practice within the same or similar specialty of subspecialty of the Attending of Record may provide limited (e.g., overnight or over a weekend) responsibility for the care of the patient during this mutually agreed upon period of time.

ix. **Clinical Service Chief:** Individuals appointed upon recommendation of the Vice Chancellor for Health Affairs to serve as the administrator over each clinical service designated in Article VII of the Medical Staff Bylaws. The Chiefs of Service report to the Chief of Staff.

x. **Supervisee:** An individual involved in providing the care of the patient and who completes documentation in the course of his/her training, professional practice, or on behalf of the Attending Physician. Examples include fellows, residents, and non-physician providers (e.g., Members of the Professional Staff with Privileges as defined in the Medical Staff Bylaws).
II. GENERAL REQUIREMENTS
   a. Patient Admissions
      i. Admitting privileges required:
         A patient may be admitted to or discharged from a Vanderbilt University Medical Center (VUMC) hospital only by an Attending Physician. Certain work functions associated with the admission and discharge may be performed by a supervisee. The requirement set forth above does not prohibit the admission of obstetric patients by Certified Nurse Midwives who are credentialed members of the Professional Staff with Privileges.
      ii. Diagnosis required:
         Except in an emergency, no patient shall be admitted to VUMC until a provisional diagnosis or valid reason for admission has been determined and documented in the medical record. In an emergency, a provisional diagnosis shall be documented in the medical record within twenty-four (24) hours of admission. Relevant behavioral or mental health findings shall also be documented in the medical record.
      iii. Admitting Office:
         The Attending Physician or supervisee shall notify the Admitting Office of all patient admissions.
      iv. Categories of Admission:
         The Attending Physician or supervisee shall assign a category of admission, in accordance with Federal and State regulatory requirements, to each patient that is appropriate to the patient’s condition. Patients are admitted based on appropriate bed availability and in the following order of priority (see OP 10-20.02):
         (a) Emergency (Immediate non-elective care necessary consistent with EMTALA requirements and VUMC policies regarding patient transfers (see CL 30-03.07).)
         (b) Urgent (non-elective care necessary within forty-eight (48) hours)
         (c) Elective (care can be provided at a future/planned date)
         (d) Observation (observation is reasonable and necessary to evaluate an outpatient’s condition to determine the need for a possible admission as an inpatient. The observation service must be ordered by a physician and terminated by a physician and can be charged by the facility on an hourly basis (see OP 40-10.09).)
         (e) All other admissions are on an elective basis and are dependent upon bed availability.
      v. Utilization Management: The Attending Physician is responsible for adherence to Utilization Management guidelines related to admissions as outlined in Utilization Management policies and for documenting the medical necessity for admission and continued hospital stay for each of his/her patients as outlined in hospital policy regarding Utilization Management.
   b. Patient Transfers
      i. Initial orders and transfers:
         The Attending Physician or supervisee is responsible for initial orders necessary for a patient’s care when the patient is first admitted to a VUMC hospital in accordance with Federal and State regulatory requirements. When a patient’s needs are such that they can be better met by another physician or service, the patient is transferred to another appropriate physician. A patient may not be transferred from one service within VUMC to another or from VUMC to another facility without a documented order by the transferring

Note: Non-ACGME (Accreditation Council for Graduate Medical Education) fellows may be credentialed as faculty and credentialed for care within their training and practice. They may serve as supervisees to a senior faculty only in regard to procedures for which they are undergoing training.
physician or supervisee, and documented acceptance by the receiving physician or supervisee in the receiving service or facility.

ii. **Emergency screening and stabilization required:**
Each patient that presents to the Emergency Department shall receive a medical screening exam and appropriate stabilization in compliance with all applicable state and federal regulations and VUMC policy. Patient transfers from VUMC to another acute care facility, whether from the Emergency Department or from an inpatient unit are conducted in accordance with hospital policy. Documentation must include the reasons for the transfer, the risks and benefits to the patient, medical necessity of transfer, consent by patient when appropriate, acceptance by the receiving facility and accepting physician and any other documentation required by state and federal law.

iii. **Transfer to a different bed:**
All transfers of patients to different beds must be approved by the Admitting Office.

iv. **Patient transfer priorities:**
The priorities for patient transfer are as follows:
(a) Patients being transferred from the Emergency Room to an appropriate patient bed, then
(b) Patients being transferred from Intensive Care Units to general care areas, and finally
(c) Patients being transferred from temporary placement in a non-service geographic or clinical service area to the appropriate area for that patient.

c. **Medical Records Documentation**
Medical Records documentation is required as outlined in hospital policy in compliance with CMS and Joint Commission requirements.

d. **Supervisory Duties:**
i. **House Staff:**
The nature and scope of the supervision is determined by the Program Director within the context of the relevant Residency Review Committee. Supervision of House Staff is appropriate to level of training, experience and competency. The Attending Physician is responsible for clinical supervision. The Program Director is responsible for educational supervision. In all cases, the Clinical Service Chief to whom the House Staff member is assigned is ultimately responsible for the supervision of each House Staff member in the teaching program.

ii. **Physician Assistants:**
A physician assistant (“PA”) is authorized to perform selected medical services under the supervision of an Active member of the Medical Staff. The following rules apply to services performed by a PA:
(a) Physicians who have accepted the responsibility for supervising a PA shall be available for consultation with the PA or shall make arrangements for a covering physician to be available. Supervision of a PA requires active and continuous oversight by the supervising physician.
(b) The nature and scope of services (including prescribing medications) that may be provided by each PA are set forth in their approved delineation of clinical privileges. Services provided by the PA must be within the supervising physician’s usual scope of practice.

iii. **Advanced Practice Nurses (this includes Nurse Practitioners (NP), Certified Nurse Midwives (CNM), Certified Registered Nurse Anesthetists (CRNA) and Clinical Nurse Specialists (CNS):**
An advanced practice nurse (“APN”) is authorized to perform selected medical services under the supervision of an Active member of the Medical Staff who is designated as a
Supervising Physician of the APN (“Supervising Physician”). The rules pertaining to supervision of services performed by an APN are as follows:

(a) Physicians who have accepted the responsibility of serving as a supervising physician for an APN shall be available for consultation with the APN or shall make arrangements for coverage by another Supervising Physician.

(b) APNs who manage the medical aspects of a patient’s care must have written protocols, jointly developed and approved by the APN and the Supervision Physician(s).

(c) Only APNs who hold required certification may prescribe and/or issue non-controlled legend drugs.

(d) Only APNs who hold the required certification to prescribe and/or issue controlled substances and who have jointly with the Supervising Physician developed supervisory rules concerning controlled substance prescription as required by Tennessee law, may prescribe and/or issue controlled substances.

(e) ⁴The Supervising Physician must review NP medical records for quality pursuant to Rules of Tennessee State Board of Medical Examiners Division of Health Related Board Chapter 0880-6.02.

iv. ⁵Professional Staff with Privileges (NP, PA, and CNS) who are members of the attending service in the Inpatient Setting (excluding Certified Nurse Midwives)

(a) A member of the Professional Staff with Privileges does not admit or serve as the attending provider for any patient, but may care for patients admitted by physicians who are members of the Active Medical Staff.

(b) Certified Nurse Midwives (CNM) who are credentialed members of the Professional Staff with Privileges may admit and serve as the Attending Provider for obstetrical patients.

(c) Members of the Professional Staff with Privileges may perform admission evaluations, daily visits, and discharge functions within their delineation of clinical privileges and approved protocol guidelines. They must enter admission notes, daily progress notes, and discharge summaries into the medical record on the day of the service.

(d) ⁶The Attending Physician must visit the patient within 24 hours of patient’s hospitalization (inpatient or observation).

v. Inpatient services provided by Professional Staff with Privileges of other consultative services

⁷Professional Staff with Privileges may provide consultative services as members of a consultative service in the inpatient setting at VUMC provided that a supervising physician consultant reviews and, via a countersignature, documents concurrence with the recommended plan of care within twenty-four (24) hours.

e. Consultations

i. Consult request and response time:

For assistance with patient care from another clinical service, an Attending Physician or supervisee can request a consultation through the consultation service. If the Attending Physician or supervisee requests an emergency consult, the consultant responds as soon as possible, subject to conflicting emergency situations. If the consultation request is non-emergent, the assisting consultation takes place and is documented within twenty-four (24) hours.

ii. Consult and response documentation:

The Attending Physician or supervisee is responsible for requesting a consultation. The request for the consult, the consultant’s note and the response to the consult is documented in the medical record.
iii. **Surgical consult:**
When a consult is requested in connection with an operative procedure, the consultation shall be performed and documented prior to the operation, except in emergency situations, which must be documented in the record.

iv. **Psychiatric consult required:**
The Attending Physician or supervisee is responsible for requesting a psychiatric consultation for any patient who is thought to be or has demonstrated a suicidal or homicidal risk.

v. **Consultant responsibility limited:**
Consultants do not assume overall responsibility for the patient. Consultants may document orders consistent with the patient's current plan of care and limited to the consultant's area of special expertise within the scope of the consultation.

vi. **Authority to provide consults:**
In general, only physicians who are members of the Medical Staff of VUMC, and Nurse Practitioners or Physician Assistants who are members of the Professional Staff with Privileges of VUMC, and within the scope of their approved written protocols and clinical privileges, are permitted to serve as consultants. In special situations, other qualified physicians may be granted temporary or single case privileges to serve as consultants on a patient upon request.

vii. **Consultation necessary/Quality of Care:**
If any physician or other licensed health care professional believes that consultation is needed for a particular patient and has not been obtained, or has any reason to doubt or question the care provided to any patient, (s)he shall call this to the attention of Chief of Staff. If warranted, the supervisor, Chief Nursing Officer or the Chief of Staff may bring the matter to the attention of the Attending Physician. If the Attending Physician fails to appropriately respond, the matter shall then be reported to the Attending's Clinical Service Chief. The Clinical Service Chief, or Chief of Staff, may request the consultation directly, or may otherwise order or provide necessary care for the patient.

f. **Informed Consent**
Informed consent must be obtained from each patient or the patient’s legally authorized representative prior to any invasive diagnostic, therapeutic, or operative procedure, or any procedure or treatment which presents a significant risk to the patient. Obtaining informed consent is a process by which the nature of the treatment or procedure, the risks, possible complications, expected benefits or effects, risk of no treatment, as well as alternatives to the treatment or procedure, and other information as may be required, are explained to the patient in terms understandable to the patient. The Physician or proceduralist (as defined in hospital policy) is responsible for providing the patient with all information regarding the proposed treatment or procedure necessary for the patient to understand the risks and potential benefits of the proposed treatment or procedure in order to be able to make an informed decision, for documenting the specific risks, benefits and alternatives explained during the informed consent discussion, and for obtaining the patient’s signature on consent forms. If a patient is to receive preoperative medication, the patient must sign the consent form prior to administration of the preoperative medication. The responsibility for obtaining the patient’s signature on the consent form may be delegated by the Attending Physician to a member of the House Staff, Nursing Staff or other Professional Staff with Privileges provided there is documentation in the medical record that the Attending has obtained informed consent. The consent form must be signed by the Physician or Proceduralist who is performing the operation or procedure.
g. Emergency Exception to Informed Consent
   In the event that a patient, due to his/her medical or mental condition, is unable to give consent for
   a necessary special procedure, treatment or a surgical procedure, and there is no legal
   representative or surrogate decision maker immediately available to give consent, treatment may
   be undertaken to avoid death or serious harm or pain to the patient. These circumstances must be
   fully documented in the patient’s medical record. A consultation in such instances is desirable
   before the emergency procedure is undertaken, if time permits.

h. Discharges
   i. Discharge by Attending Physician:
      Patients shall be discharged only pursuant to the order of the Attending Physician. Certain
      work functions and documentation associated with the discharge may be performed by a
      supervisee in accordance with hospital policy. The provision above does not prohibit the
      discharge of obstetric patients admitted by Certified Nurse Midwives from being discharged
      by the admitting Certified Nurse Midwife.
   ii. AMA Discharge:
      Prior to a potential Against Medical Advice (AMA) discharge, the physician must explain, or
      attempt to explain, to the patient the risk and benefits of leaving the hospital. When the
      patient leaves the hospital against the advice of his/her Attending, the Attending Physician
      or his/her supervisee must make a notation of the incident in the patient’s medical record.
      The Attending Physician or supervisee shall document a patient’s AMA discharge in
      accordance with hospital policy.

III. MEDICAL RECORDS
   a. Attending Physician Responsibility
      The Attending Physician is responsible for documenting his/her own examination, opinion and
      recommended treatment in each patient’s medical record, and assuring that a complete and legible
      medical record is prepared for each patient and that it contains sufficient information to identify
      the patient, support the diagnosis, justify the treatment, document the course and results of
      treatment and promote continuity of care among healthcare providers.
   b. Documentation Requirements
      i. Legible handwriting and pager number required:
         Attending Physicians, Professional Staff with Privileges and House Staff and shall legibly
         sign, or electronically enter, entries in the medical record. House Staff and Professional Staff
         with Privileges shall sign all entries in the medical record legibly and include their pager
         number following their signature
         (a) Medical Record Completion:
         Procedures for appropriate documentation and other matters pertaining to medical
         records are contained in the VUMC Medical Records Manual. This manual is
         incorporated herein by this reference and members of the Medical Staff and
         Professional Staff with Privileges are hereby required to comply with the hospital policy
         regarding documentation.
      ii. Progress Notes:
         Pertinent progress notes shall be recorded at the time of observation, sufficient to permit
         continuity of care and appropriate and safe patient transfer. Each of the patient’s known
         clinical problems must be clearly identified in the progress notes and correlated with
         specific orders as well as results of tests and treatment. Inpatient progress notes shall be
         documented at least daily. All clinical entries in the patient’s medical record shall be
accurately dated and signed. Whenever possible, documents placed in a patient's medical record should be originals.

iii. **Surgical Reports:**
Operative reports shall include a detailed account of the findings at surgery as well as the details of the surgical technique in accordance with hospital policy.

iv. **Obstetrical Record:**
The current obstetrical record shall include a complete pre-natal record. For patients transferring to VUMC from another facility, as much pertinent information as can be obtained from the transferring facility is included in the record.

v. **Symbols and Abbreviations:**
Symbols and abbreviations on the “Do Not Use” list approved by the Medical Record Committee are not used in the medical record. The official “Do Not Use” list is maintained in the Medical Record Department and in the Medical Record Manual.

vi. **Discharge Summary for deceased patient:**
A complete summary is required on all cases in which the patient expired, regardless of the length of time the patient was hospitalized.

c. **Ownership of Medical Records**
i. **Medical Records are Property of VUMC:**
All records relating in any way to the performance of provider’s professional responsibilities to patients of VUMC, including without limitation all clinical, medical or business records and related patient information, patient records and patient lists (“VUMC Records”), shall be and remain the sole property of VUMC to the extent permitted by law.

ii. **Removal of Records from VUMC Premises:**
The medical record may be removed from VUMC only with the permission of the Vice Chancellor for Health Affairs or his/her supervisee, or in accordance with a valid court order, subpoena, or statute, or other purpose required by law. Unauthorized copying or removal of medical records from VUMC is grounds for suspension of the provider.

iii. **Patient Requests for Records:**
Patients, or their authorized representative, may obtain copies of the information in the medical record in accordance with VUMC policy.

iv. **Return of Records Upon Termination:**
Upon termination of Medical/Professional Staff Membership, a provider shall immediately return to VUMC all copies and duplicates of VUMC Records, including without limitation VUMC Records on computer disks, printouts, paper copies or electronic means of storage, that provider has under his/her direction or control and shall not make or retain any copies. Only upon signed authorization by the patient or patient’s legal representative may a copy of the patient’s records be sent to the provider.

d. **Access for Research**
With the approval of the Attending Physician, clinical staff in good standing performing bona fide study and research conducted under research protocols approved by the Institutional Review Board shall have free access to all medical records of appropriate patients, with the understanding that they will protect the confidentiality of personal information.

e. **Information System /Electronic Medical Record Access**
Access to the VUMC Information System is provided to members of the Medical/Professional Staff in accordance with the VUMC Confidentiality Agreement. Each member of the Medical Staff is required to enter into the Confidentiality Agreement, arrange for system access, and maintain the confidentiality of the information accessible through the system.
f. **Confidentiality of Information**
   Protected patient information may not be accessed, disclosed or released to any person other than individuals involved in caring for the patient, the patient’s legally authorized representative(s), individuals authorized by the patient to receive his/her patient information, or in accordance with federal and state law and VUMC OP 10-40.01: Confidentiality of Protected Patient Information.

  g. **Emergency Service Documentation**
   An Emergency Department Attending Physician initially serves as the Attending Physician of Record for each patient admitted to the Emergency Department. The patient’s care may be transferred to the patient’s personal Attending Physician or an Attending Physician with another service who is physically present and personally assumes primary responsibility for the patient. An Attending Physician may assume care of an admitted patient through the physical presence of his or her House Staff member or Professional Staff with Privileges in the Emergency Department. The patient’s Attending Physician at the time of disposition is responsible for documenting disposition of the patient in the Medical Record. Advance Practice Nurses and Physician Assistant’s may complete medical screenings pursuant to approved written protocols in accordance with hospital policy.

  h. **Failure to Complete Medical Records**
   i. **Written and Phone Notification:**
      Medical/Professional Staff Members who fail to meet the medical records documentation requirements in this Article III above and in the VUMC Medical Record Manual are notified by a representative of Medical Information Systems by phone call and/or email of the need to complete delinquent documentation, and are given an opportunity to complete the delinquent documentation within twenty-four (24) hours of this notification.

   ii. **Administrative Actions for Failure to Complete Medical Records:**
      See Documentation Policy IM 10-20.13

   iii. **Corrective Action:**
      Any Medical/Professional Staff member, who fails to correct deficiencies in medical record documentation after the informal problem resolution actions set forth in Article X of the VUMC Medical Staff Bylaws, shall be subject to Corrective Action, including suspension of privileges under Article XII of the VUMC Medical Staff Bylaws.

IV. **TREATMENT AND THERAPEUTICS**
      a. **Patient Orders**
         i. **Authority to initiate orders:**
            Only Medical Staff members, House Staff, and Professional Staff with Privileges have the authority to order treatment, tests and procedures for patients.

         ii. **Blanket reinstatement of orders:**
            Blanket reinstatement of previous orders (or a summary order to resume all previous orders) for medication are not acceptable.

         iii. **Orders automatically cancelled:**
            All previous orders are automatically canceled when a patient goes to the operating room, is transferred to another clinical service, or changes level of care. New orders must be documented for such patients after transfer or other change in level of care. (See Section II References - DNR Policy OP 20-10.05)

         iv. **Documentation required:**
            All orders for treatment shall be documented in writing or electronically through the electronic order entry system.
v. **Verbal/phone orders:**
Verbal communication of orders and test results should be limited to situations where immediate written or electronic communication is not feasible. Members of the Medical Staff, Professional Staff with Privileges and House Staff may communicate verbal orders or phone orders only to authorized recipients. The recipient of a verbal order shall document the order verbatim and shall read the order back to the ordering provider. After confirming the accuracy of the order, the recipient of the order shall sign the order as the transcriber and shall record the date and time and name of the dictating provider. The prescribing/ordering provider shall authenticate each verbal/phone order for an in-patient within forty-eight (48) hours of issuing the order, and at the time of service or the end of business day for outpatient services, but no later than within forty-eight (48) hours when a delay is necessary. Individuals authorized to receive verbal/phone orders may be found in hospital policy.

b. **Drugs**

i. **Approved drugs:**
All drugs and medications administered to patients are US Pharmacopoeia, National Formulary, and FDA approved with the exception of investigational new drugs (IND) which are approved by The Committee for Protection of Human Subjects (Health Sciences). Any drug, not included in the categories above, must be approved by the Pharmacy & Therapeutics (P&T) Committee before it may be prescribed for a VUMC patient.

ii. **Metric system:**
The metric system is used in prescriptions and drug orders.

iii. **Formulary:**
VUMC maintains an official Formulary, which is available in each patient care area. The formulary is approved by the Medical Staff. The drugs included in the formulary satisfy VUMC’s therapeutic requirements, are appropriate for a teaching and research environment, and are cost effective. There are four (4) tiers of drugs in the Formulary:

(a) **Tier One:**
These items are approved for use broadly, by any provider with prescriptive authority, without monitoring or requiring consensus of another provider with prescriptive authority.

(b) **Tier Two:**
These medications and other pharmaceuticals are approved for use by any provider with prescriptive authority, but the use of these items will be monitored as part of the P & T Committee’s ongoing requirement to provide drug use evaluation. Examples of items, which will be monitored, include those that are high cost, high risk, and/or high use. The evaluation criteria for monitoring and methods of reporting is determined by the Medical Staff with input from pharmacy and nursing.

(c) **Tier Three:**
These medications and pharmaceuticals are extremely toxic, extremely costly or rarely used. Use of these medications is limited to specific physicians because of extreme expense (i.e. TPA) because of extreme risk (i.e. unusual antidotes) because of specialized use (i.e. botulism antitoxin for treatment or unusual hormones for treatment of endocrine disorders) or specialized indication (i.e. investigational drugs). Every agent proposed for Tier Three is in a consensus developing process with the prescribing physicians.

(d) **Tier Four:**
Tier Four items are not on the VUMC formulary. Tier Four medications and other pharmaceuticals are not approved for use at VUMC and are not stocked in the
Pharmacy. Tier Four items can be made available for unique individual patient situations. A physician who wishes to obtain a Tier Four item for a particular patient must complete a non-Formulary request form and forward it to a pharmacist. A twenty-four (24) hour wait is usually necessary for acquisition of a Tier Four product. The P & T Committee will perform appropriate monitoring of non-Formulary agents.

iv. **Abbreviations:**
Drugs should be prescribed by full name. Abbreviations for drug names are discouraged. However, drug abbreviations listed in the VUMC Formulary, may be used in prescribing medications.

v. **Schedule II drugs:**
Selected medications may have an automatic stop order deemed appropriate by the P & T Committee and Medical Center Medical Board. Continuation of medication after automatic discontinuation/stop requires a new order.

vi. **Formulary:**
Refer to the VUMC Formulary for further information regarding drugs selection, dosage and administration.

c. **Rules for Procedures that Require Anesthesia Support**

i. **Supervising Anesthesiologist:**
The Clinical Service Chief for Anesthesiology or supervisee shall assign a supervising anesthesiologist for all surgical cases that require anesthesia support and monitoring.

ii. **Attending surgeon to be present prior to administration of anesthesia:**
Except in emergencies, anesthesia will not be initiated until the attending surgeon is present at VUMC.

iii. **Anesthesia Ready Time policy:**
The attending surgeon should be ready to begin the operation after initiation of anesthesia and in accordance with the Anesthesia Ready Time and other policies as established by the Operating Room Committee.

iv. **Preoperative documentation:**
The preoperative diagnosis, required laboratory tests, and a history and physical exam must be recorded in the patient's medical record prior to any surgical procedure, except in the event of an emergency, in which case the surgeon shall certify in the medical record that a delay incurred for this purpose constituted a hazard to the patient in accordance with hospital policy.

v. **Removed tissue:**
All tissue or other material removed during an operation (except hardware or teeth and tissues removed during routine dental extractions in the outpatient department) shall be sent to the Surgical Pathology Laboratory. A completed "Pathology Examination Request Form", including appropriate clinical data, shall also be sent following every operative procedure involving removal of tissue from the patient. The pathologist is responsible for examination and interpretation of specimens and for consultation with the Surgical Case Review Committee when indicated. No specimen may be removed from VUMC premises without review and documentation by a VUMC pathologist.

vi. **Informed consent:**
A surgical procedure shall be performed only with the informed consent of the patient or the patient's surrogate decision maker. However, in an emergency or when informed consent cannot reasonably be obtained from the patient, the responsible surgeon shall document on the consent form the reasons why the operation must proceed immediately to protect the health and safety of the patient and that delay to obtain consent would constitute an unacceptable detriment to the patient in accordance with hospital policy.
vii. **Operative note/report required:**
A brief operative note or a final operative report must be recorded in the progress notes immediately after the procedure is performed in accordance with hospital policy. If a final operative report is not completed and available in the patient’s medical record immediately after the procedure, it must be completed and available in the patient’s medical record within twenty-four (24) hours of the procedure.

viii. **Confirmation of tissue diagnosis:**
When a relevant tissue diagnosis has been made by a pathological laboratory of another hospital, the diagnostic material must be reviewed and the diagnosis confirmed by a VUMC pathologist before the patient receives treatment at VUMC. This requirement may be waived if, in the judgment of the Attending Physician, circumstances indicate the need for immediate treatment.

ix. **Confirmation of tissue diagnosis not feasible:**
If confirmation of a tissue diagnosis is not feasible before radiation therapy, chemotherapy and/or surgery is instituted, a consultation is obtained from a member of the appropriate clinical service to determine the procedure to be followed before instituting therapy. (Reasonable efforts shall be made to obtain a tissue or hematological diagnosis for the medical record of the patient.)

x. **Clinical Policies and Procedures:**
Medical/Professional Staff are responsible for adherence to all clinical policies and procedures, including without limitation, Identification of Correct Patient, Procedure, Site and Side (CL 30-04.16).

**d. Other Procedures**

i. **Pre-procedure documentation:**
The diagnosis, required laboratory tests, and a history and physical exam must be recorded in the patient's medical record prior to any invasive procedure, except in the event of an emergency, in which case the proceduralist shall certify in the medical record that a delay incurred for this purpose constituted a hazard to the patient in accordance with hospital policy.

ii. **Removed tissue:**
All tissue or other material removed during a procedure except Exempt Tissue/Material described in the Submission of Surgical Specimens to Pathology, in accordance with hospital policy, shall be sent to the Pathology Department for examination. Each submission to the Pathology Department shall include completion of a pathology examination request form to provide appropriate clinical data to the pathologist. The pathologist is responsible for examination and interpretation of specimens and for consultation with the appropriate case review committee when indicated. No specimen may be removed from VUMC premises without review and documentation by a VUMC pathologist unless the tissue is sent for examination to an outside pathology laboratory approved by the VUMC Pathology Department.

iii. **Informed consent:**
An invasive procedure shall be performed only with the informed consent of the patient or the patient’s surrogate decision maker. However, in an emergency or when informed consent cannot reasonably be obtained from the patient, the responsible proceduralist shall document on the consent form the reasons why the procedure must be undertaken immediately to protect the health and safety of the patient and that delay to obtain consent
would constitute an unacceptable detriment to the patient in accordance with hospital policy.

iv. **Procedure note/report required:**
A brief operative note or a final operative report must be recorded in the progress notes immediately after the procedure is performed in accordance with hospital policy. If a final operative report is not completed and available in the patient’s medical record immediately after the procedure, it must be completed and available in the patient’s medical record within twenty-four (24) hours of the procedure.

v. **Confirmation of tissue diagnosis:**
When a relevant tissue diagnosis has been made by a pathological laboratory of another hospital, the diagnostic material must be reviewed and the diagnosis confirmed by a VUMC pathologist before the patient receives treatment at VUMC. This requirement may be waived if, in the judgment of the Attending Physician, circumstances indicate the need for immediate treatment. VUMC Board certified dermatopathologists are included within the term “VUMC pathologists” for the purposes of reviewing and interpreting tissues obtained from the skin and mucosa. Likewise, fellowship-trained dermatological surgeons appointed within the Division of Dermatology are recognized as having the training and expertise to review and interpret skin specimens obtained during the usual and customary practice of cutaneous surgery, including Mohs Surgery. Non-VUMC pathology reports will be considered adequate for the initiation of skin surgeries for patients referred for dermatological procedures although the original tissue blocks or slides may be reviewed as considered necessary by the performing dermatologist.

vi. **Confirmation of tissue diagnosis not feasible:**
If confirmation of a tissue diagnosis is not feasible before radiation therapy, chemotherapy and/or invasive procedure is instituted, a consultation is obtained from a member of the appropriate clinical service to determine the procedure to be followed before instituting therapy. (Reasonable efforts shall be made to obtain a tissue or hematological diagnosis for the medical record of the patient.)

vii. **Clinical Policies and Procedures:**
Medical/Professional Staff are responsible for adherence to all clinical policies and procedures, including without limitation, Identification of Correct Patient, Procedure, Site and Side (CL 30-04.16).

V. **DEATH/AUTOPSIES**

a. **Deaths**

i. **Inpatient death:**
In the event of an inpatient death, a physician or supervisee in accordance with State law shall make the official pronouncement of death within two (2) hours of learning of the patient’s death, and shall document the patient’s death in the medical record. It is the responsibility of a physician or supervisee to inform the decedent’s next of kin.

ii. **Release of body:**
A decedent’s body shall not be released from the patient unit until the Physician or supervisee has documented the death in the medical record and signed it. Exceptions can be made in those instances of incontrovertible and irreversible terminal disease wherein the patient’s course has been adequately documented within a few hours of death. VUMC complies with all applicable state and local law regarding certification of death, release of dead bodies from VUMC, and the reporting of deaths to the medical examiner under circumstances required by state law to facilitate the performance of inquests in accordance with hospital policy.
iii. Report of Death form:
14 A Report of Death form is completed in Star panel by a physician or supervisee. The Medical Examiner will assume the responsibility for signing the Death Certificate when the case has been accepted by their office.

b. Autopsies
i. Autopsies performed when possible:
Autopsies provide valuable information to assist with evaluating healthcare quality, teaching, continuing medical education, and research. In furtherance of its education mission, VUMC seeks permission to perform an autopsy in connection with a death of the following types of patients:
(a) Outpatients who have been followed regularly at VUMC.
(b) Patients recently hospitalized at a VUMC hospital.

ii. Authorization from the Pathologist-On-Call:
After approaching the patient’s family and obtaining permission for an autopsy, the clinician must contact the Pathologist-On-Call or the bereavement liaison who then contacts the Pathologist regarding performing the autopsy.

iii. Pathologist to perform autopsies:
A VUMC Pathologist or his/her supervisee shall perform all autopsies.

iv. Attending Physician to seek permission for autopsy:
It is the responsibility of the Attending Physician or his/her supervisee to discuss the benefits of an autopsy with the patient’s legal representative, and to obtain written permission prior to performance of the autopsy. Autopsies are not performed, and permission for an autopsy is not discussed with a patient’s family, when the patient’s death may be reportable to the Medical Examiner under section V.C. below.

v. Autopsy consent form:
Written consent for an autopsy is documented on the VUMC autopsy consent form, which may be obtained at the nursing stations or in the Admitting Office. It is the responsibility of the Attending Physician or his/her supervisee to complete the autopsy consent form in duplicate and to obtain all necessary signatures including the signature of a witness. Any questions concerning the proper completion of the form should be referred to the Department of Pathology in accordance with hospital policy.

vi. Verbal consent to an autopsy:
Verbal consent for an autopsy may be obtained by telephone with a witness listening on an interconnected line. A physician who obtained telephone consent to an autopsy also requests that the telephonic consent be confirmed by telegram or other form of written documentation. The date, time, and signature of the witness to the telephone consent for an autopsy must be included on the consent form.

vii. Provisional anatomic diagnosis:
When an autopsy is performed, a provisional anatomic diagnosis is recorded in the electronic medical record within two (2) business days, and the Final Anatomic Protocol is made a part of the electronic medical record within ninety (90) days.

viii. Medical Examiner Cases
(a) 15 The physician or supervisee in charge of the patient’s care for the illness or condition that resulted in the patient’s death shall report any death due to, apparently due to, admitted in accordance with hospital policy, regardless of the interval between event and time of death to the Davidson County Medical Examiner’s Office.
(b) In Medical Examiner Cases, permission for autopsy is not solicited from the patient’s family. In addition to the responsible physician’s report to the Davidson County medical
Examiner’s Office, the death is also reported to the family under appropriate circumstances.

VI. **EMERGENCY PREPAREDNESS PLAN**
A copy of the VUMC Emergency Preparedness Plan (“PLAN”) is available in all departments of the medical center. Members of the Medical/Professional Staff designated to take responsibilities pursuant to the PLAN are expected to be familiar with their role under the PLAN in the event that it is necessary to implement its provisions (see Vanderbilt University Medical Center Safety and Disaster Manual and SA 110-15).

VII. **AMENDMENTS**
Amendments to these Rules and Regulations are accomplished in accordance with Article XVI of the Medical Staff Bylaws.

**ENDNOTES**

1. Entire document overhauled and modified as approved October 2013
2. Section reworded and modified as approved in June 2014
3. Section reworded and modified as approved in June 2014
4. Modified as approved in December 2010
5. Reworked as approved in July 2012
6. Modified as approved in December 2010
7. Modified as approved in December 2010
8. “Attending” removed as approved in June 2014
9. “Attending” removed as approved in June 2014
10. Modified as approved in May 2011
11. Modified as approved in May 2011
12. Modified as approved in November 2014 and May 2015
13. Modified as approved in June 2014
14. Modified as approved in June 2009
15. Modified as approved in June 2009
16. Section reworded and modified as approved in June 2014