

BOARD OF TRUSTEES

Joint Conference Committee

Thursday, March 13, 2025
12:00 P.M.

The meeting will be conducted via Zoom and may be viewed online at:
<http://harrishealthtx.swagit.com/live>.

Mission

Harris Health is a community-focused academic healthcare system dedicated to improving the health of those most in need in Harris County through quality care delivery, coordination of care, and education.

AGENDA

I.	Call to Order and Record of Attendance	Ms. Sima Ladjevardian	2 min
II.	Approval of the Minutes of Previous Meeting	Ms. Sima Ladjevardian	2 min
	<ul style="list-style-type: none"> Joint Conference Committee Meeting – January 09, 2025 		
III.	Physician Leadership Reports	Ms. Sima Ladjevardian	25 min
	A. Medical Executive Board (MEB) Chair/Vice Chair	Dr. Kunal Sharma and Dr. Asim Shah	(5 min)
	B. Chiefs of Staff		
	<ul style="list-style-type: none"> Ben Taub Hospital LBJ Hospital 	Dr. Sandeep Markan Dr. Tien Ko	(5 min) (5 min)
	C. Assistant Chiefs of Staff		
	<ul style="list-style-type: none"> BCM UT 	Dr. Fareed Khan Dr. Mohammad Zare	(5 min) (5 min)
IV.	New Items for Discussion	Ms. Sima Ladjevardian	15 min
	A. Consideration of Recommendation for Approval of Revisions to the Harris Health Medical Staff Rules and Regulations – Dr. Kunal Sharma		
V.	Adjournment	Ms. Sima Ladjevardian	1 min

HARRIS HEALTH SYSTEM
MINUTES OF THE BOARD OF TRUSTEES
JOINT CONFERENCE COMMITTEE MEETING
Thursday, January 9, 2025
12:00 PM

AGENDA ITEM		DISCUSSION	ACTION/RECOMMENDATIONS
I.	Call to Order and Record of Attendance	Dr. Andrea Caracostis, Committee Chair, called the meeting to order at 12:02 p.m. It was noted there was a quorum present and the attendance was recorded. The meeting may be viewed online through the Harris Health website: http://harrishealthtx.swagit.com/live .	
II.	Approval of the Minutes of Previous Meeting	<ul style="list-style-type: none"> Joint Conference Committee Meeting – November 14, 2024 	Moved by Dr. Kunal Sharma, seconded by Ms. Sima Ladjevardian, and unanimously approved the minutes of the November 14, 2024 meeting.
III.	Physician Leadership Reports		
	A. Medical Executive Board Chair/Vice Chair	Dr. Caracostis welcomed Dr. Kunal Sharma, as the new Chair of the Medical Executive Board (MEB). Dr. Sharma shared the MEB report and conveyed his optimism about the future collaboration between the medical staff and Harris Health leadership. Dr. Asim Shah, Vice Chair of the MEB, expressed his gratitude to Dr. Martha Mims for her dedicated service as the former Chair of the Medical Executive Board. He also mentioned that the MEB will be holding a meeting in the coming week, so there are no reports to share at this time.	As Presented.
	B. Chief of Staffs <ul style="list-style-type: none"> LBJ Hospital Ben Taub Hospital 	Dr. Tien Ko, Chief of Staff at Lyndon B. Johnson (LBJ) Hospital, acknowledged Dr. Martha Mims, former Chair of the MEB, for her unwavering hard work and commitment throughout her tenure. He presented the MEB report, emphasizing that December was a time of celebration, marked by holiday festivities, sandwich making, sock donations, and Christmas stories, all aimed at engaging with the community. He also acknowledged the retirement announcement of Ms. Trish Darnauer, Executive Vice President and Administrator at LBJ, and expressed appreciation for her leadership and collaborative efforts with the medical staff. Dr. Sandeep Markan, Chief of Staff at Ben Taub Hospital (BTH), delivered a report on the medical staff and shared similar sentiments, commending Dr. Mims for her valuable contributions to the medical team. He also touched upon the ongoing safety and quality improvements at BTH, including education and training initiatives.	As Presented.

AGENDA ITEM		DISCUSSION	ACTION/RECOMMENDATIONS
	C. Assistant Chiefs of Staff <ul style="list-style-type: none"> • UT • BCM 	Dr. Fareed Khan, Assistant Chief of Staff at Baylor College of Medicine (BCM), presented a report on the expansion of facilities as a result of the bond passage. He highlighted Harris Health's ribbon-cutting celebrations at various health centers and food pharmacies across the Houston area, as well as an update on patient councils for ambulatory centers and strategic planning for the future of ambulatory care. Dr. Mohammad Zare, Assistant Chief of Staff at the University of Texas Health Science Center – Houston (UT), emphasized the collaborative efforts between Harris Health and the medical schools. He highlighted initiatives such as the patient satisfaction committee and engagement strategies aimed at fostering active listening, which have led to significant improvements in patient satisfaction and outcomes. He also noted improvements in A1C levels, encouraged medical staff engagement in community outreach, and provided highlights on the expansion of urgent care openings.	As Presented.
IV. New Items for Discussion			
	A. Presentation Regarding Harris Health's 2024 Medical Staff Engagement Summary	Ms. Jessey Thomas, Senior Vice President of Medical Affairs, presented Harris Health's 2024 Medical Staff Engagement Summary. She reported a response rate of 50.3% in 2024, up from 46.1% in 2023 and 36.8% in 2022. She attributed the significant improvement to the collective focus on outreach and engagement initiatives. During the presentation, Ms. Maxia Webb, Customer Service Manager at NRC Health, discussed the Workplace Experience Loyalty Measure, pavilion comparison charts, key drivers for 2024 (including the overall rating as a place to practice), positive comments from 2024, and identified themes for improvement opportunities. A copy of the presentation is available in the permanent record.	As Presented.
V.	Adjournment	There being no further business, the meeting adjourned at 12:37 p.m.	

I certify that the foregoing are the Minutes of the Meeting of the Joint Conference Committee of the Board of Trustees of the Harris Health System held on January 9, 2025.

Respectfully submitted,

Andrea Caracostis, MD, MPH, Committee Chair,

Recorded by Cherry Joseph, MBA

Thursday, January 9, 2025

Harris Health Board of Trustees Joint Conference Committee Attendance

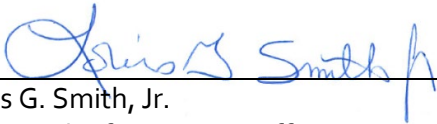
COMMITTEE MEMBERS PRESENT	COMMITTEE MEMBERS ABSENT	OTHER BOARD MEMBERS PRESENT
Dr. Andrea Caracostis (<i>Committee Chair</i>)	Dr. Matasha Russell, Chief Medical Executive (<i>ACS</i>)	Paul Puente
Sima Ladjevardian, Harris Health Board Member		
Dr. Sandeep Markan, Chief of Staff (<i>BT Hospital</i>)		
Dr. Tien Ko, Chief of Staff (<i>LBJ Hospital</i>)		
Dr. Fareed Khan, Assistant Chief of Staff (<i>BCM</i>)		
Dr. Mohammad Zare, Assistant Chief of Staff (<i>UT</i>)		
Dr. Kunal Sharma, Medical Executive Board Chair		
Dr. Asim Shah, Medical Executive Board Vice Chair		
Dr. Esmaeil Porsa, Harris Health Chief Executive Officer		
Louis Smith, Harris Health Chief Operating Officer		
Dr. Steven Brass, Harris Health Chief Medical Executive Officer		

HARRIS HEALTH EXECUTIVE LEADERSHIP, STAFF & SPECIAL INVITED GUESTS	
Alexander Barrie	John Matcek
Carolynn Jones	Maria Cowles
Cherry Pierson	Matthew Schlueter
Daniel Smith	Maxia Webb (<i>NRC Health</i>)
Ebon Swofford (<i>Harris County Attorney's Office</i>)	Micah Rodriguez
Elizabeth Hanshaw Winn (<i>Harris County Attorney's Office</i>)	Michael Hill
Dr. Esperanza "Hope" Galvan	Patricia Darnauer
Dr. Glorimar Medina	Patrick Casey
Dr. Jackie Brock	Patricia Darnauer
Dr. Jennifer Small	Sara Thomas (<i>Harris County Attorney's Office</i>)
Jennifer Zarate	Shawn DeCosta
Jessey Thomas	Tekhesia Phillips

Virtual Attendee Notice: If you joined as a group and would like to be counted as present, please submit an email to: BoardofTrustees@harrishealth.org before close of business the day of the meeting.

Thursday, March 13, 2025

Consideration of Recommendation for Approval of Revisions to the
Harris Health Medical Staff Rules and Regulations

A handwritten signature in blue ink, appearing to read "Louis G. Smith, Jr.", is written over a horizontal line.

Louis G. Smith, Jr.
Sr. EVP/Chief Operating Officer

Proposed Revisions to Medical Staff Rules and Regulations

Executive Summary

Preamble – A preamble was added to the document to explain the purpose and basis for the document.

Amendments – Language was added to provide the process for amending the Medical Staff Rules and Regulations; this language already exists in the Medical Staff Bylaws.

Conflict Management – Language was added to clarify that if there is a conflict between the Medical Staff Bylaws and the Medical Staff Rules and Regulations, then the Bylaws prevail.

Medical Staff Onboarding/Annual Education – Language was added to clarify the requirement that medical staff members complete onboarding and annual education and that failure to do so will result in administrative suspension of the member’s clinical privileges.

Patient Rights – Language was added to clarify the process for medical staff members to become qualified bilingual workforce members and the need to be qualified to speak to patients in a language other than English.

Privacy and Security of Patient Information (HIPAA) – Language was added to clarify “Break the Glass” functionality in Epic to further protect medical records flagged as “confidential”; Language was also added to address the risk of cyber breaches and to provide tips on good cyber practices.

Informed consent – Language was added to address recent changes in the law, notably the option to use two physicians to consent to a patient’s care when a surrogate decision maker cannot be located.

Advance Directives/Inpatient Do-Not-Resuscitate Orders – Language was added to address recent changes in the law, notably recognizing that there are many detailed legal requirements that must be considered prior to deciding not to honor a patient’s advance directive or treatment decision and that escalation of such a situation is required.

Medical Student Supervision and Documentation – Language was added to address recent guidance from CMS allowing reliance on medical student documentation for billing if certain requirements are met.

Observers – Language was added to recognize a new Harris Health policy related to who can observe patient care services at Harris Health.

Consultations – Language was added to clarify that the on-call/on-duty physician must respond to request for consultation from the emergency center via telephone or in person within thirty (30) minutes.

Discharge Planning – Language was added to clarify key points from Harris Health’s Discharge Planning process.

Managing Disruptive Behavior by Patients and Visitors – Language was added to clarify that Harris Health has a no tolerance policy for threats or acts of violence.

Patients Leaving Against Medical Advice/Elopement - Language was revised to clarify that Harris Health expects patients to remain in designated care areas during the course of their treatment and that Harris Health recognizes its obligation to protect vulnerable patients, especially patients lacking decision-making capacity.

Patients in Law Enforcement Custody – Language was added to recognize Harris Health’s policy about caring for patients in law enforcement custody.

Quality Improvement (QI) Projects – Language was added to recognize Harris Health’s new policy regarding approval of quality improvement projects.

Ambulatory Care Services (ACS) Documentation – Language was added to clarify that documentation of ACS encounters must be completed within forty-eight (48) hours.

Emergency Center Documentation – Language was added to clarify that emergency center encounters must be documented within forty-eight (48) hours.

Time-Out (Universal Protocol) – Language was added to clarify that the time-out process includes the: (1) pre-procedure verification; (2) time-out; and (3) debrief.

Drug Formulary – Detailed language about the formulary process was removed from the document as it resides in the pharmacy department’s policies and procedures.

Death/Autopsies – Language was revised to clarify that the Harris Health policy on this topic covers determination of death, post-mortem care, the death notification process, and death reporting requirements.

Termination of Pregnancy (Abortion) – Language was added to address recent changes in the law; namely that an abortion can only be performed when a medical emergency exists.

Harris Health System Medical Staff
Rules and Regulations

MISSION STATEMENT

It is the mission of Harris Health System's Medical staff to provide high quality and innovative health care to the residents of Harris County while training the next generation of healthcare providers.

PREAMBLE

The Harris Health System (Harris Health) Medical Staff Rules and Regulations (Rules and Regulations) are created pursuant to Article XXI of the Harris Health Medical Staff Bylaws (Bylaws).

The Medical Staff shall adopt such Rules and Regulations as may be necessary to implement more specifically the general principles found within the Bylaws. The Rules and Regulations shall relate to the proper conduct of Medical Staff organizational activities, as well as embody the level of practice that is to be required of each Practitioner in Harris Health.

AMENDMENTS

The Rules and Regulations may be amended or repealed without previous notice at any general Medical Staff meeting, or by the Medical Executive Board or at any special Medical Staff meeting on notice, provided a quorum is present. A two-thirds affirmative vote of those present shall be required for amendment or repeal. Such changes shall become effective when approved by the Governing Body.

If the voting members of the Medical Staff propose to amend the Rules and Regulations, they shall communicate the proposal to the Medical Executive Board prior to submission of the proposal to the Governing Body.

If the Medical Executive Board proposes to amend the Rules and Regulations, it first communicates the proposal to the Medical Staff. When the Medical Executive Board proposes to amend the Rules and Regulations, it shall thereafter report the change to the Medical Staff.

If the Medical Executive Board or Chief Executive Officer or their designee(s) identifies an urgent need for amendment to Rules and Regulations to comply with laws or regulations, the Medical Executive Board may provisionally adopt, and the Governing Body may provisionally approve, an urgent amendment without prior notification of the Medical Staff. In such cases, the Medical Staff shall be immediately notified by the Medical Executive Board. The Medical Staff shall have the opportunity for retrospective review of and comment on the provisional amendment. If there is no conflict between the Medical Staff and the Medical Executive Board, the provisional amendment shall remain in place. If there is conflict over the provisional amendment, the process for resolving conflict between the Medical Staff and the Medical Executive Board shall be implemented. If necessary, a revised amendment may be submitted to the Governing Body for action.

CONFLICT MANAGEMENT

If there is a conflict between these Bylaws and the Rules and Regulations, the Bylaws shall prevail.

Medical Staff Onboarding/Annual Education

Medical Staff members and APPs are required to complete onboarding and thereafter, annual education on key topics, some of which may also be described in the Medical Staff Rules and Regulations. To facilitate that process, the Medical Staff Onboarding/Annual Education [\(linked here\)](#) must be reviewed annually and a quiz to evidence competency must be completed with a passing score of at least 80%. You will receive email notification from Harris Health's Medical Staff Services Office when it is time to complete this annual requirement. Failure to complete this annual requirement will result in administrative suspension of your clinical privileges in accordance with the Bylaws.

I. DEFINITIONS

Any terms used in these Rules and Regulations shall have the meaning assigned in Harris Health System's Medical Staff Bylaws.

II. GENERAL REQUIREMENTS

A. Patient Rights

Harris Health informs patients or the patient's legal representative of the patient's rights and responsibilities in advance of furnishing or discontinuing care whenever possible.

See Harris Health Policy [4150, Patient Rights and Responsibilities](#) and the Patient Rights and Responsibilities [Flier](#) for more information.

For patients receiving voluntary or involuntary mental health services at Harris Health, See Harris Health Policy [4151, Psychiatric Patient Rights](#) for more information.

Harris Health complies with [Title VI of the Civil Rights Act of 1964](#) and [Section 1557 of the Affordable Care Act](#) by providing its limited English proficiency (LEP) patients [\(i.e. patients whose preferred language is not English\)](#) with meaningful access to services through qualified interpreters, translators, [and Harris Health employees](#) and medical staff members who have been deemed proficient to speak to their patients in a language other than English [\(referred to as a Qualified Bilingual Workforce Member\)](#). [Medical Staff members, including Advanced Practice Professionals and Housestaff members, may contact Medical Staff Services to be tested to become a Qualified Bilingual Workforce Member. Notes: \(1\) Qualified Bilingual Workforce Members are only permitted to speak with their patients in a language other than English and are not permitted to interpret for others; and \(2\) Testing to become a Qualified Bilingual Workforce Member is available in many languages, not just Spanish.](#)

See Harris Health Policy [4385, Interpretation and Translation Services](#) and Harris Health Policy 3.52, Non-Discrimination in Access to Services, Programs, and Facilities, for more information.

See Harris Health's Language Access Services' Department Page for information about how to utilize their services - <https://sp2019.hchd.local/acs/acsPages/Pages/Language-Access-Services.aspx>.

B. Privacy and Security of Patient Information (HIPAA)

Privacy

Patients' protected health information (PHI) may only be used in disclosed in accordance with federal and state privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA). Harris Health Medical Staff members must safeguard PHI at all times, which includes, but is not limited to:

- Not allowing unauthorized persons to view PHI;
 - Discard documents containing PHI in the appropriate marked recycling containers (shown below), which are located throughout the facilities, often near the nurses' station;



- ~~Log off or lock your computer screen before walking away;~~
 - ~~Ensure that you properly identify the patient by asking his or her name and date of birth before disclosing PHI.~~
- Not speaking about a patient's medical condition or treatment plan in front of the patient's friends or family members without first ~~asking~~ obtaining the patient's permission;
- Not viewing or accessing a patient's information unless you are caring for the patient or have another justifiable business reason (Note: snooping into a co-worker, friend, neighbor's medical record without a business need to do so violates the law and Harris Health policy); and
- Not taking pictures of patients, for purposes other than treatment, without the patient's written authorization.

Notes:

- Harris Health utilizes "Break-the-Glass" functionality in Epic to further protect patients whose medical records have been flagged as confidential (e.g., patients seeking treatment for substance abuse disorders or patients who are also Harris Health employees). If you are caring for the patient or have another justifiable business reason to access the patient's chart, please break the glass by selecting a reason for access and re-entering your password.

- If you have patient privacy related questions or concerns, email PatientPrivacy@harrishealth.org.

Cyber/Information Security

Electronic Protected Health Information (ePHI) must also be protected. Throughout the United States, bad actors (i.e. hackers) have successfully compromised healthcare systems, causing significant impact to the delivery of patient care. Harris Health Medical Staff members must also safeguard ePHI at all times, which includes, but is not limited to:

- Not sharing your login credentials (i.e. login name or password);
- Not clicking on unverified links in emails asking for information, such as your login credentials;
- Only uploading, transferring, or storing ePHI to or on a IT Information System approved application or database; and
- If you have cyber/information security related questions or concerns, email InformationSecurity@harrishealth.org.

In the event that Harris Health experiences a cyber/information security incident and our electronic medical record is unavailable, please refer to Harris Health Policy 4616, Electronic Medical Record Downtime Policy.

See Harris Health's Privacy and [Cyber Information Security Policies](#) [here](#).

C. Informed Consent

Harris Health recognizes the right of patients or when applicable, the patient's surrogate decision maker, to be informed of all treatment(s) and procedure(s) before giving consent. For certain treatment(s) and procedure(s), the Practitioner or Advanced Practice Professional (APP) must obtain written informed consent from the patient or the patient's surrogate decision maker, and Harris Health has specific forms which must be used in those situations.

In addition, special requirements apply to obtaining consent for the treatment of minors and incapacitated patients. Further, in certain circumstances when a surrogate decision maker is not reasonably available after a reasonably diligent inquiry, an Attending Physician who is not involved in the medical treatment of the patient at the time of consent may concur with the treatment as recommended by the treating physician.

Most Harris Health Informed Consent forms are electronic and must be completed in Epic. See the following link for more information on electronic consents - Informed Consent/Red Rules (hchd.local).

See the following Harris Health policies for more information:

Harris Health [Policy 4215 – Consent for Medical Treatment and Identification of a Surrogate Decision Maker](#)

Harris Health [Policy 4170 – Blood/Blood Component Administration](#)

Harris Health [Policy 4217 – Informed Consent, Sterilization](#)

D. Advance Directives/Inpatient Do-Not-Resuscitate Orders

Harris Health recognizes the fundamental right of a patient to consent to or refuse medical intervention, including withholding or withdrawing life sustaining treatment, by completing an Advance Directive, including a Directive to Physicians, Out-of-Hospital Do not Resuscitate Order, or Medical Power of Attorney, or providing directions for an Inpatient Do-Not-Resuscitate Order. Harris Health also recognizes the authority of a duly executed Advance Directive or a duly authorized surrogate decision-maker to make health care decisions on behalf of a patient who is incompetent or otherwise unable to communicate.

Although it rarely occurs, if you are considering not honoring a patient's advance directive or treatment decision, please request an Ethics consult pursuant to Harris Health Policy 4310, Ethics Committee. There are many detailed legal requirements that must be considered prior to making a decision not to honor a patient's advance directive or treatment decision.

~~If an attending physician refuses to honor a patient's advance directive or a health care or treatment decision made by or on behalf of a patient, the physician's refusal must be reviewed by the Ethics Advisory Committee of the Pavilion in which the person is a patient. The Ethics Advisory Committee of the Pavilion may also be consulted when there is a disagreement between family members, the patient, or the patient's legal representative and healthcare providers about the appropriate level of care for the patient or other ethical issues regarding the patient's care, including having Medical Staff members execute an Inpatient Do-Not-Resuscitate Order in certain circumstances.~~

See the following policies for more information:

Harris Health Policy 7.07, Advance Directives, Inpatient Do-Not-Resuscitate Orders, and End-of-Life Care Decisions ~~4128 – Advance Directives~~

~~Harris Health Policy 7.07 – End of Life Care Decisions~~

~~Harris Health Policy 7.07.02 – Inpatient Do-Not-Resuscitate Orders~~

~~Harris Health Policy 4315 – Identification of a Surrogate Decision-Maker~~

Harris Health Policy 4310 – Ethics Committee

E. Victims of Abuse or Neglect

Suspected or actual abuse, neglect, or exploitation of patients by anyone must be reported immediately to nursing and a consult to Forensic Nursing Services must be initiated. Forensic Nursing Services consists of a Sexual Assault Nurse Examiner (SANE) Program that provides medical forensic examinations to patients.

See the following policies for more information:

Harris Health Policy 7.38 – Human Trafficking

Harris Health Policy 3001 – Abuse, Neglect, and Exploitation of Patients Occurring at Harris Health System Facilities

Harris Health Policy 4025 – Response to Family Violence, Abuse, Neglect, or Exploitation of Children, the Elderly, and/or Disabled

Harris Health Policy 447 – Care of the Sexual Assault Patient

F. Hospitalization (Admission/Observation)

Hospitalization of a patient in a Harris Health facility requires a Practitioner order for inpatient admission or outpatient observation services. The patient's hospitalization status shall be based on clinical documentation of the patient's severity of illness and documented plan of treatment (intensity of service).

Harris Health's Clinical Care Management (CCM) department and our medical staff members serving as Physician Advisors provides concurrent medical necessity review of all inpatient admissions, outpatient observation services, and day surgery patients.

See Harris Health Policy [4100 – Hospitalization](#) and [Harris Health Utilization Review Plan](#) for more information.

G. Patient Transfers – Accepting and Requesting Transfer

To comply with the Emergency Medical Treatment and Active Labor Act (EMTALA), Harris Health must accept all requests from external hospitals (not Free-Standing Emergency Centers) to transfer a patient in outpatient status if Harris Health has the capacity (i.e. a bed) and capability (i.e. Harris Health offers the service) to treat the individual, and the requesting hospital states that the patient has an emergency medical condition that the hospital does not have the capacity or capability to treat. Harris Health must also follow specific rules when requesting to transfer a patient to another hospital for emergency care.

Harris Health may also request and accept transfers of patients in inpatient status. An inpatient-to-inpatient transfer is not subject to EMTALA.

Harris Health's Transfer Center must be used to coordinate all patient transfers.

See Harris Health Policy [4600 – Transfer of Patients](#) for more information.

H. Transporting Patients Between Harris Health's Hospital Campuses

Although Harris Health has two (2) hospital campuses, Ben Taub Hospital and Lyndon B. Johnson Hospital, it operates as one single system and therefore, movement of patients between its hospital campuses are considered transports and not transfers. A memorandum of transfer is not required to transport a patient from one Harris Health hospital campus to another. However, coordination of transport of patients from one Harris Health hospital campus to another must occur prior to physically transporting the patient and must occur through Harris Health's Transfer Center. Harris Health's Medical Staff has approved principles governing the transport of patients between Harris Health's hospital campuses.

See Harris Health [Policy 7.39 – Transporting Patients Between Harris Health System Hospital Campuses](#) for more information

I. Supervision

Attending Staff are responsible for supervising the patient care provided by Trainees, and must be familiar and involved with patients for whom Trainees are providing patient care. Trainees include residents, fellows, and students. Each patient must be assigned to an Attending Staff. If a patient's assigned Attending Staff delegates his or her responsibility to another Attending Staff, it is the responsibility of the assigned Attending Staff to be sure that the Trainees involved in the care of the patient are informed of the delegation and can readily access an Attending Staff at all times.

Students are those individuals who have not obtained their clinical education degree and are not eligible to obtain a license in their field. Any clinical services provided by a student must be supervised. Student documentation is an educational exercise only and cannot be used as official medical record documentation.

Each clinical service is responsible for developing policies and procedures related to the supervision of and participation by Trainees in carrying out the service's patient care responsibilities, including, but not limited to, the expected competencies for each year of training. The policies and procedures must be in compliance with guidelines issued by the Accreditation Council for Graduate Medical Education and the policies of Harris Health's affiliated medical schools. These policies and procedures will be published on Harris Health's Medical Staff Services intranet site.

Supervision during Procedures and Surgeries Performed in the Operating Room and Invasive Procedural Labs/Suites (e.g. Cardiac Catheterization Lab, Gastroenterology Lab, Interventional Radiology Suite).

The primary Attending Staff is responsible for the procedure or surgery and MUST:

- Be physically present in the operating or procedure room OR be immediately available during the entirety of the procedure or surgery, including for all critical or key portions of the procedure or surgery; and
- Arrange for back-up coverage by another qualified Attending Staff if the primary Attending Staff is unable to be physically present in the operating or procedure room or immediately available for any portion of the procedure or surgery.

It is expected that for scheduled surgeries or procedures, the primary Attending Staff will be physically present in the operating or procedure room for, at a minimum, all critical or key portions of the procedure or surgery. For emergent unscheduled surgeries or procedures, the primary Attending Staff may not be physically present in the operating or procedure room, but is expected to be immediately available.

"Critical" or "key portions" are the parts of the procedure, as determined by the Attending Staff, that require essential technical expertise and surgical judgment in order to achieve an optimal patient outcome.

"Immediately available" means absent exigent circumstances, the Attending Staff is:

- For scheduled surgeries or procedures, able to return to the operating or procedure room in person if necessary, within a clinically appropriate and timely manner, but in no case more than thirty (30) minutes; and
- Reachable by telephone through a paging system or other electronic means within five (5) minutes for consultation.

Exigent circumstances include, but is not limited to, situations when a clinical need arises for an emergent unscheduled surgery or procedure and the Attending Staff is unable to be physically present. In these cases, it is expected that the Attending Staff will be immediately available for telephonic consultation and arrive at the hospital as expeditiously as possible. The Attending Staff may also designate another qualified Attending Staff to respond if necessary.

Note: An Attending Staff is not immediately available if he or she is involved and/or providing supervision in the critical or key portions of another procedure or surgery.

Concurrent and Overlapping Procedures and Surgeries:

The primary Attending Staff may NOT be involved and/or provide supervision in procedures or surgeries involving two different patients in two different rooms if ANY part of the critical or key portions of the procedures or surgeries will occur at the same time. However, the Attending Staff MAY become involved and/or provide supervision in a second procedure or surgery during a time when the critical or key portions of the initial procedure or surgery are not being performed, provided another qualified Attending Staff is immediately available during the remainder of the initial procedure.

The Attending Staff may also leave the operating or procedure room for a procedure- or surgery-related task, such as review of pertinent pathology and diagnostic imaging, a discussion with the patient's family, or breaks during long procedures or surgeries, during which the Attending Staff must be immediately available.

Note: These supervision requirements were developed for patient care purposes. Please refer to the medical schools' policies regarding payer supervision standards for billing purposes.

J. Medical Student Supervision and Documentation

Medical students are those individuals who participate in an accredited educational program that is not an approved GME program. A Medical Student is never considered to be a Resident or Fellow. Medical students do not include students in other program of study (e.g. Nurse Practitioner students, Physician Assistant students, etc.).

Any clinical services provided by a Medical Student must be supervised.

Subject to the approval of the Chief of Service, an Attending Physician Evaluation and Management (E/M) Service may be documented by a Medical Student if the following requirements are met:

A. Any contribution and/or participation of a Medical Student in the performance of a billable E&M service (other than the review of systems (ROS) and/or past family/social history (PFSH)) must be performed in the physical presence of an Attending, Resident, or Fellow Physician.

The Resident or Fellow Physician cannot use the Medical Student's documentation as his/her own note and the Resident or Fellow Physician must document their own H&P, exam, and medical decision making.

The Resident or Fellow Physician is not allowed to copy and paste or use any function within the EMR to use the Medical Student's documentation other than the ROS and/or PFSH.

B. Medical Students may document the patient care they render in the medical record. The Attending Physician (not a Resident or Fellow Physician) must verify all Medical Student documentation or findings in the medical record.

C. If the Medical Student has performed any portion of the history of present illness, physical exam and/or medical decision making, the Attending Physician must personally re-perform the exam and medical decision-making portions but can use the verified Medical Student documentation rather than personally re-documenting those components of the E/M service.

D. The Attending Physician must add a teaching physician attestation to the E/M note documented by the Medical Student.

K. Observers

Individuals wishing to observe patient care activities or "shadow" Harris Health medical staff members at Harris Health facilities must receive prior approval from Harris Health.

See Policy XXX, Clinical Observation [add correct title here]

L. Consultations

In exercising any clinical privileges granted, Medical Staff members and Advanced Practice Professionals (APP) should give special consideration to obtaining consultations for difficult diagnoses, conditions of extreme severity, and for procedures and conditions which are beyond the Medical Staff member or APP's area of training, specialization, and current competence and experience, except on an emergency basis and by such special policies as may from time to time be adopted.

In addition, to comply with the Emergency Medical Treatment and Active Labor Act (EMTALA), Harris Health must maintain a list of on-call ~~/on-duty consulting~~ physicians to timely respond to requests for consultation in ~~-provide treatment to stabilize patients, who after an initial medical examination in-~~ a Harris Health Emergency Center (EC), for patients who have or may

have ~~are found to have an~~ an emergency medical condition. “Timely” means the on-call/on-duty physician must response via telephone or in person to a consult request within thirty (30) minutes of receiving the request.

See Harris Health [Policy 4619 – Emergency Center Consultation Response ~~and Admission Standards~~](#) for more information.

M. Discharge Plannings

As part of a coordinated interdisciplinary approach to patient care and patient discharge, Harris Health will assess and reassess a patient's needs during the patient's admission. This process ensures that a patient’s admission does not exceed what is medically necessary and facilitates the patient’s continuum of care following his or her discharge.

~~Patients shall be discharged only with an order by the attending practitioner. However, no patient desiring to have treatment discontinued and requesting release from the hospital shall be held against his or her will, except those who have been committed to the care of the hospital by legal proceedings or who are in the custody of law enforcement.~~

See the following Harris Health policies for more information:

Harris Health Policy [7.06 – Discharge Planning](#)

~~Harris Health Policy 4205 – Absences from Nursing Unit, Against Medical Advice (AMA), Elopement, Requests to Leave the Unit~~

N. Adoption

Harris Health assists parents wishing to place their child, who is a Harris Health patient, for adoption, either through a licensed adoption agency or through a private adoption.

See Harris Health Policy [4125, Adoption of Inpatients at Harris Health Facilities](#)

O. Managing Disruptive Behavior by Patients and Visitors/ ~~Psychiatric Emergency Response Team (Code Green)~~Crisis Intervention Response

Harris Health is committed to providing a safe and secure environment for its patients and their families, visitors, and workforce members and has a NO TOLERANCE policy for actual or threats of violence, including verbal threats or abuse. Harris Health has developed a process for managing disruptive behavior by patients and visitors. When a psychiatric emergency exists, ~~Code Green~~[Crisis Intervention](#) may be activated.

See the following policies for more information:

Harris Health Policy ~~TBD-4201~~ – ~~Management of ing-~~Disruptive ~~Behavior by~~ Patients and Visitors [Behavior](#)

Harris Health Policy ~~TBD-4202~~ – [Crisis Intervention: ~~Psychiatric~~ Psychiatric Emergency Response Team \(Code Green\)](#)

P. Patients Leaving Against Medical Advice/Elopement

~~Harris Health respects a patient or legal representative's right to refuse any and all medical treatment. State law does not allow health care providers or staff to detain a patient against the patient's will, regardless of the patient's decision-making capacity, without a court order (i.e. Emergency Detention Order, Order of Protective Order, or involuntary commitment order, or other court order admitting the patient to the hospital).~~

Harris Health expects patients to remain in designated care areas during the course of their treatment to facilitate optimal care and patient safety. Harris Health respects a patient or the patient's legally authorized representative to make decisions about the patient's care. However, Harris Health also recognizes its obligation to protect vulnerable patients and to protect a patient's emotional and physical health and safety, especially when the patient has been deemed to lack decision-making capacity.

When a patient chooses to leave against medical advice or attempts to elope, Harris Health expects its Workforce to use their professional and clinical judgment and all reasonable efforts to keep patients and others safe.

See Harris Health Policy 4205, Patients Leaving ~~Harris Health Facilities or Refusing or Requesting Discontinuation of Treatment Against Medical Advice.~~Against Medical Advice and Patient Elopement

Q. Patients in Law Enforcement Custody

Harris Health provides care for patients in law enforcement custody at Harris Health facilities. It is critical that Harris Health ensure effective and respectful care and treatment for patients in law enforcement custody while also providing a safe environment for all patients, visitors, and workforce members.

If you have a concern about a patient in law enforcement custody, please immediately contact Harris Health's Department of Public Safety.

See Harris Health Policy 466, Patient in Law Enforcement Custody

R. Research/Quality Improvement

A. Research

Harris Health values the search for new knowledge and uses new knowledge to improve patient care. Harris Health is guided by the principles and guidelines of the *Belmont Report* and the *Patient's Rights and Responsibilities* statement. The research approval process requires a rigorous review for each research protocol to protect the rights of the patients and staff, ensures compensation to Harris Health for the use of resources, and delineates the methods by which principal investigators can access Harris Health's facilities, staff, patients, and information. All research to be conducted at or in conjunction with any Harris Health facility must be approved by Harris Health's President/CEO, or designee, prior to data collection or subject recruitment.

B. Quality Improvement (QI) Projects

In addition to research, Harris Health also supports quality improvement (QI) projects. Harris Health must identify and distinguish QI projects from research and has established an approval process for QI projects. Harris Health approval is required prior to the initiation of a QI project.

See the following policies for more information.

Harris Health Policy [3.05 - Research](#)

Harris Health Policy [3.05.08 – Institutional Review Board](#)

[Harris Health Policy XXX \(TBD\) – Quality Improvement \(QI\) Project Review](#)

~~a. Vaccinations~~

~~All Medical Staff members must utilize all appropriate measures to prevent the spread of infectious and communicable diseases through vaccination and by utilizing personal protective equipment, if applicable. It is the each Medical Staff member's responsibility to submit their vaccination records, as well as any requests for a medical or religious exemption, to Medical Staff Services office in a timely fashion to avoid a temporary administrative abeyance of clinical privileges. Harris Health offers vaccinations to Medical Staff members, for a fee, at any of its Community Health Centers or Same Day Clinics. Medical Staff members may also obtain vaccinations at their medical school or from a private clinic or pharmacy of their choosing. Harris Health's Employee Occupational Health Department does not offer vaccinations for Medical Staff members.~~

~~If a Medical Staff member is placed on temporary administrative abeyance of clinical privileges for failure to comply with vaccination requirements, the Medical Staff member must comply with vaccination requirements prior to reappointment of clinical privileges.~~

~~See Harris Health Policy 3.55 – Vaccine Preventable Disease for more information.~~

S. Emergency Management – Disaster Plan

In the event of an internal or external disaster, Harris Health will follow its Emergency Operations Plan, located [here](#).

T. Medical Records

a. History and Physical Examination

History and Physical Examinations (H&P) must be performed and documented in the patient's medical record by a Practitioner or APP.

Inpatient

An H&P must be performed and recorded by a Practitioner or APP for each patient no more than 30 days prior to admission or within 24 hours after an admission or registration, but prior

to surgery or other procedure requiring anesthesia services. The H&P must be placed in the patient's medical record within 24 hours after admission.

If the H&P was completed within 30 days before admission, an examination for any changes in the patient's condition must be completed and documented in the patient's medical record, either as an addendum to the H&P or as a progress note, within 24 hours after admission and prior to any surgical, invasive, or interventional procedure. In the case of an emergency surgical, invasive, or interventional procedure, the Practitioner or APP must, at a minimum, document in the medical record regarding the patient's condition, and a complete H&P must be performed and documented following the emergency surgery or procedure.

Content of H&P

At a minimum, the H&P must include a: (1) chief complaint; (2) history of present illness; (3) past medical history; (4) physical examination; and (5) assessment and plan. The physical examination must consist of an appropriate examination pertinent to the patient's current admission or visit.

b. Progress Notes

Progress Notes must document the course of the illness accurately and facilitate continuity of care among healthcare providers. Whenever possible, each of the patient's clinical problems should be clearly identified in the progress notes and correlated with specific order and results of tests and treatment. Progress notes can include documentation such as: pathological findings; consultations; reports of clinical laboratory, radiology, and other services; final diagnosis; and condition on discharge to include any limitations such as for work, school, etc.

c. Anesthesia

Anesthesia must be administered only by:

- (1) A qualified anesthesiologist;
 - A medical resident trainee in anesthesia when under appropriate supervision of a qualified anesthesiologist
- (2) A doctor of medicine or osteopathy appropriately credentialed (other than an anesthesiologist);
- (3) A dentist, oral surgeon, or podiatrist who is appropriately credentialed and qualified to administer anesthesia under Texas law;
- (4) A certified registered nurse anesthetist (CRNA)
 - A student nurse anesthetist enrolled in an accredited nurse anesthesia program when under appropriate supervision of a qualified anesthesiologist or CRNA

A pre-anesthesia evaluation, intraoperative anesthesia record, and post anesthesia evaluation must be documented for each patient receiving anesthesia. A pre-anesthesia evaluation must be performed, completed and documented within 48 hours before administration of the first dose of anesthesia. While the review of the medical history, including anesthesia, drug and allergy history and the interview and examination of the

patient need to be completed within 48 hours before administration of anesthesia, the additional pre-anesthesia evaluation elements must be performed no earlier than 30 days prior to the surgery or procedure. With respect to inpatients, a post-anesthesia evaluation for proper anesthesia recovery shall be performed within 48 hours after surgery. With respect to outpatients, immediately prior to discharge, a post-anesthesia evaluation for proper anesthesia recovery shall be performed.

Content of Pre-Anesthesia Evaluation

At a minimum, a pre-anesthesia evaluation must contain the following information: (1) A review of the medical history, including anesthesia, drug and allergy history; (2) An interview, if possible given the patient's condition, and examination of the patient; (3) A documented airway examination; (4) An anesthesia risk assessment according to established standards of practice (e.g., ASA classification of risk); (5) Identification of potential anesthesia problems, particularly those that may suggest potential complications or contraindications to the planned procedure (e.g., difficult airway, ongoing infection, limited intravascular access); (6) Additional pre-anesthesia data or information, if applicable and as required in accordance with standard practice prior to administering anesthesia (e.g., stress tests, additional specialist consultation); and (7) Development of the plan for the patient's anesthesia care, including the type of medications for induction, maintenance and post-operative care and discussion with the patient (or patient's representative) of the risks and benefits of the delivery of anesthesia.

Content of Intraoperative Anesthesia Record

At a minimum, an intraoperative anesthesia record must contain the following information: (1) Name and hospital identification number of the patient; (2) Name(s) of practitioner(s) who administered anesthesia, and as applicable, the name and profession of the supervising anesthesiologist or operating practitioner; (3) Name, dosage, route and time of administration of drugs and anesthesia agents; (4) Techniques(s) used and patient position(s), including the insertion/use of any intravascular or airway devices; (5) Type and amounts of IV fluids, including blood or blood products if applicable; (6) Timed-based documentation of vital signs as well as oxygenation and ventilation parameters; and (7) Any complications, adverse reactions, or problems occurring during anesthesia, including time and description of symptoms, vital signs, treatments rendered, and patient's response to treatment.

Content of Post Anesthesia Evaluation

At a minimum, a post anesthesia note must contain the following information: (1) Evaluation for recovery from anesthesia; (2) Level of activity; (3) Respiratory function, including respiratory rate, airway patency, and oxygen saturation level; (4) Cardiovascular function, including pulse rate and blood pressure; (5) Mental status including level of consciousness; (6) Temperature; (7) Pain; (8) Nausea and vomiting; and (9) Postoperative hydration.

d. Ambulatory Care Services~~Outpatient Encounter~~ Documentation

~~An out-patient~~Ambulatory Care Services documentation ~~progress note in the electronic medical record must be documented within 48 hours. The visit encounter must be documented be complete must be closed within fourteen (14) days~~ forty-eight (48) hours of the encounter.

Elements/Content of an Ambulatory Care Services Out-Patient Encounter documentation:

At a minimum, an Ambulatory Care Services outpatient ambulatory encounter must contain the following elements/information: chief complaint; diagnosis; and level of service.

Other documentation elements that may also be documented in the Ambulatory Care Services encounter: history obtained; physician examination performed; any change in therapy; ordered test and procedures; ordered consultations; planned follow up and education provided.

e. Operative Reports

An operative report must be dictated or documented and authenticated by the Practitioner or APP immediately following all surgeries or invasive procedures that require anesthesia services (excluding minimal or moderate sedation or topical analgesics).

The operative report must be dictated or documented and authenticated in its entirety before the patient is transferred to the next level of care (e.g., before the patient leaves the Post-Anesthesia Care Unit).

In the event that the operative report cannot be dictated and placed on the patient's chart before the patient is transferred to the next level of care, an immediate postoperative/post procedure note (i.e., Brief Operative Note) is required to be documented and authenticated in its entirety. In these situations, the operative report must be dictated or documented and authenticated in its entirety within 24 hours of the surgery or procedure.

Content of Operative Report

At a minimum, the operative report must contain the following information: (1) name and hospital identification number of the patient; (2) date/time of surgery; (3) name(s) of surgeon(s) and assistants or other practitioners who performed surgical tasks (even when performing those tasks under supervision); (4) pre-operative diagnosis; (5) post-operative diagnosis; (6) name of the specific surgical procedure(s) performed; (7) type of anesthesia administered; (8) complications; (9) a description of techniques, findings, and tissues/specimens removed or altered; (10) surgeons or Practitioners or APPs name(s) and a description of the specific significant surgical tasks that were conducted by Practitioners other than the primary surgeon/Practitioner (significant surgical procedures include: opening and closing, harvesting grafts, dissecting tissue, removing tissue, implanting devices, altering tissues); (11) Prosthetic devices, grafts, tissues, transplants, or devices implanted; and (12) estimated blood loss.

Content of Brief Operative Note

At a minimum, the brief operative note must contain an identification or description of the following: (1) the surgeon and assistants; (2) pre-operative and post-operative diagnosis; (3) procedures performed; (4) specimens removed; (5) estimated blood loss (blood administered as needed – may indicate where to find detail in chart); (6) complications (if any encountered); (7) type of anesthesia administered; and (8) grafts or implants (may indicated where to find detail in chart).

f. Procedure Notes

A procedure note must be documented and authenticated by the Practitioner or APP for all procedures.

For procedures requiring moderate sedation outside of the surgical setting, a procedure note must be documented and authenticated in its entirety by the Practitioner or APP before the patient is transferred to the next level of care or is discharged home.

Content of Procedure Note

At a minimum, the post-procedure note must contain the following elements: (1) name and hospital identification number of the patient; (2) date/time of procedure; (3) name(s) of surgeon(s) and assistants or other practitioners who performed the procedure (even when performing those tasks under supervision); (4) pre-procedure diagnosis; (5) post-procedure diagnosis; (6) name of the specific procedure(s) performed; (7) type of anesthesia administered (i.e. moderate sedation); (8) complications; (9) a description of techniques, findings, and tissues/specimens removed or altered; (10) Prosthetic devices, grafts, tissues, transplants, or devices implanted; and (11) estimated blood loss.

g. Discharge Summary

Discharge summaries must be dictated or documented and authenticated by the Practitioner or APP within 48 hours of the patient's discharge.

Content of Discharge Summary

At a minimum, a discharge summary must contain the following information: (1) admitting diagnosis/reason for hospitalization; (2) final diagnosis at discharge; (3) summary of significant findings/outcome of hospitalization; (4) condition on discharge; (5) discharge orders and instructions; and (6) provisions for follow-up care.

h. Death Summary

Death summaries must be dictated or documented by the Practitioner or APP within 12 hours of the patient's death.

Content of Death Summary

At a minimum, a death summary must contain the following information: (1) admitting diagnosis; (2) reason for hospitalization; (3) final diagnosis at death; and (4) summary of significant findings/outcome of hospitalization.

i. Orders

All orders must be dated, timed, and authenticated within 96 hours by the ordering Practitioner or APP.

~~j. Anesthesia~~

~~A pre-anesthesia and post-anesthesia evaluation, as well as an intra-operative anesthesia record, must be documented for each patient receiving anesthesia by an individual qualified and privileged to administer anesthesia, which may include trainees if determined to be qualified by his or her attending physician. This requirement does not apply to patients receiving moderate sedation. The pre-anesthesia evaluation must be documented no more~~

~~than 48 hours before the patient's inpatient or outpatient surgery or procedure. The post-anesthesia evaluation must be documented as soon as possible, but no more than 48 hours after the patient's inpatient or outpatient surgery or procedure.~~

Content of Pre-Anesthesia Note:

~~At a minimum, a pre-anesthesia note must contain the following information: (1) a review of the patient's medical history; (2) an interview and examination of the patient; (3) a documented airway assessment; (4) an anesthesia risk assessment; and (5) an anesthesia, drug, and allergy history.~~

Content of Post-Anesthesia Note

~~At a minimum a post-anesthesia note must contain the following information: (1) respiratory function, including respiratory rate, airway patency, and oxygen saturation; (2) cardiovascular function, including pulse rate and blood pressure; (3) mental status; (4) temperature; (5) pain; (6) nausea and vomiting; and (6) postoperative hydration.~~

Content of Intra-Operative Anesthesia Record:

~~At a minimum, an intra-operative anesthesia record must contain the following information: (1) name and hospital identification number of the patient; (2) name(s) of practitioner(s) who administered anesthesia, and as applicable, the name and profession of the supervising anesthesiologist or operating practitioner; (3) name, dosage, route and time of administration of drugs and anesthesia/sedation agents; (4) techniques used and patient position(s), including the insertion of any intravascular or airway devices; (5) name and amount of IV fluids; (6) blood or blood products, if applicable; (7) time-based documentation of vital signs as well as oxygenation and ventilation parameters; (8) any complications, adverse reactions, or problems occurring during anesthesia, including time and description of symptoms, vital signs, treatments rendered, and patient's response to treatment.~~

kj. Emergency Center

~~For patients seen in the Emergency Center who are discharged home, the documentation must include, at a minimum: (1) chief complaint; (2) assessment; and (3) disposition. the encounter must be documented within seventy-two (72) hours of the patient's disposition.~~

Content of Emergency Center Practitioner or APP clinical documentation:

At a minimum, Emergency Center Practitioner or APP clinical documentation must contain the following elements: history of present illness, physical examination, and clinical impression.

U. Treatment and Therapeutics

a. Patient Care Orders

In the environment of an electronic medical record (EMR), there is a need for "orders" to be placed to cause actions to occur. In an EMR, "orders" may be placed by a variety of healthcare professionals to initiate specific activities (e.g. an order for a warming blanket initiates a refill of the warming blanket station by Harris Health's environmental services staff; an order for a Spiritual Care consultation initiates a visit by Spiritual Care.) There is a difference between an EMR order solely to initiate an activity and an order originated by a Practitioner or Advanced

Practice Professional (APP) for medical treatment. The placement of an order for medical treatment is the responsibility of the ordering Practitioner or APP, with the exception of emergency situations that may require an order to be issued verbally or by telephone so that patient treatment can begin immediately. All orders for medical treatment must be entered in the medical record and, where required, signed by a Practitioner or APP.

See Harris Health Policy [7.31 – Patient Care Orders](#) for more information.

Verbal Orders

Verbal orders are orders that are communicated from the Practitioner or APP to a licensed independent practitioner (LIP) (e.g. RN, LVN, Clinical Pharmacist) face-to-face when the Practitioner or APP cannot enter the order him or herself because he or she is involved in a patient interaction that cannot be interrupted without risk to the patient (e.g. scrubbed in surgery, managing a trauma). Verbal orders are to be used infrequently. The LIP who receives the verbal order will enter the order into the electronic medical record and read the order back to the ordering Practitioner or APP. The Practitioner or APP who initiated the verbal order, or another Practitioner responsible for the care of the patient, must authenticate (sign) the verbal order within 96 hours.

Telephone Orders

Telephone orders are verbal orders initiated via telephone, and the guidelines for verbal orders apply. A telephone order is only acceptable when it is the only option available for obtaining direction from a Practitioner or APP to meet a patient need.

b. Standing Orders

All Standing Orders (Standing Delegation Orders and Standing Medical Orders) must comply with the requirements set out in the Texas Administrative Code and be approved in accordance with Harris Health policy.

Standing Delegation Orders (SDOs) provide direction to appropriate clinical staff in order to manage clinical issues for patients prior to the patient being evaluated by a Practitioner.

Standing Medical Orders provide direction to appropriate clinical staff for the management of patients after evaluation by a Practitioner who require specific treatment for which there is not an active order.

Note: Dentists and Podiatrists may not generate Standing Orders.

c. ~~Moderate Sedation~~ Sedation Administered by Non-Anesthesia Personnel

~~Moderate and Deep Sedation~~ Anesthesia may only be administered by ~~Practitioners or APPs~~ Non-Anesthesia Personnel who have been granted the clinical privilege to do so in accordance with the ~~Medical Staff~~ Bylaws.

See Harris Health Policy [7.03 – Administration of Anesthesia by Non-Anesthesia Personnel](#) ~~Moderate Sedation for Elective Procedures~~ for more information.

d. Restraint/Seclusion

Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others, and it must be discontinued at the earliest possible time based on the individualized patient assessment and re-evaluation. Any restraint or seclusion ordered must be the least restrictive intervention for the patient's behavior or condition. Only physicians may order violent restraint or seclusion. No Harris Health patient shall be treated with chemical restraint.

See Harris Health Policy [7.02 – Restraint and Seclusion](#) for more information.

e. Time-Out (Universal Protocol)

Through the Time-Out (Universal Protocol) process, Harris Health is committed to improving patient safety by preventing, reducing, and striving to eliminate the occurrence of wrong site/side; wrong procedure; and/or wrong person surgery/procedure.

The Time-Out process must be followed for all surgical procedures and invasive procedures, whether in an operating or procedure room or at the bed-side, and includes the: (1) Pre-procedure verification; (2) Time-Out; and (3) Debrief. ~~of the surgical or procedure site will occur for all patients undergoing surgical intervention and/or invasive procedures performed at Harris Health. During the "Time-Out", while involves active communication among all members of the surgical or procedure team, the correct patient, procedure, position, side, and site are confirmed, as well as the availability of implants, special equipment, or other special requirements.~~

See Harris Health Policy [7.20 – Universal Protocol \(Preventing Wrong Site, Wrong Procedure, or Wrong Person Surgery\)](#)

Drug ~~Pharmacy and Medications~~Formulary

To assure the availability of quality pharmaceuticals at a reasonable cost, the Harris Health Pharmacy, in collaboration with the Pharmacy and Therapeutics (P&T) Committee, shall maintain a formulary. Any proposed changes to the formulary shall be submitted to the P&T Committee, who will review and provide recommendations to the Medical Board.

~~For Harris Health pharmacies licensed by the state as Class C (Institution, Hospital, and Ambulatory Surgery Center Pharmacies), the following medication substitutions are permitted:~~

- ~~• Substitution of a brand-name drug for the equivalent generic drug;~~
- ~~• Substitution of one strength for an equivalent strength and dose (for example, if a provider prescribes atenolol 100mg – take 1 tab PO daily, the pharmacist may dispense atenolol 50mg – take 2 tabs PO daily); and~~
- ~~• Substitution of a drug to another therapeutically comparable drug and dose in the same class, if approved by the Medical Staff Pharmacy and Therapeutics Committee and the Medical Executive Board (for example, fluticasone for mometasone). The Pharmacy shall maintain and publish a list of therapeutic comparable substitutions approved by the Medical Staff Pharmacy and Therapeutics Committee and the Medical Executive Board.~~

See the following policies for more information:

Harris Health Policy [500.00 – Drug Formulary](#)

~~Harris Health Policy 500.02 – Notification Process for Automatic Substitution~~

V. Death/Autopsies

a. Determination of Death

Harris Health ~~has guidelines and procedures to be used in the event of a patient death, including determination/declaration of death, post-mortem care, the death notification process, and death reporting requirements. follows the standard used in determining death set forth in Tex. Health & Safety Code §671.001.~~

See the following policies for more information:

~~————~~Harris Health Policy ~~499280, Death Notification Process~~[Post Mortem, Death Notification, Patient Death and Reporting Requirements](#)

Harris Health Policy ~~TBD~~[7.07.01](#), Determination of Death by Neurological Criteria ([Brain Death](#))

~~b. Death Notification Process~~

~~In the event of a patient death, Harris Health follows notification and processing guidelines established by the Texas Department of Health, Harris County Medical Examiner's Office, and LifeGift (Organ Procurement Organization), as well as guidance and consent, when appropriate, from the family.~~

~~See Harris Health Policy 4280, Death Notification Process, for more information.~~

~~c.b.~~ [Organ, and Tissue, and Eye Donation](#)

Harris Health supports organ, ~~and~~ tissue, ~~and~~ eye donation for transplantation and respects the rights, values, and beliefs of the patient and his or her family regarding organ and tissue donation. Harris Health currently has an affiliation with LifeGift, an organ procurement organization. ~~, and~~ Harris Health ~~must~~ [notify](#) ~~ies~~ LifeGift in a timely manner of all individuals who have died or whose death is imminent.

See Harris Health Policy [4500, Organ/Tissue Donation, Identification and Referral](#)

~~d.c.~~ [Electronic Death Certificate Registration](#)

The Texas Department of State Health Services established a web-based Death Registration System and requires that the system be used to file death certificates.

All physicians should proactively enroll in the Texas Electronic Death Certification Registration if it is possible that he or she will be required to sign a death certificate.

If a physician receives notification (usually via e-mail) to sign a death certificate, the physician only has five (5) days to do so through the electronic system, and enrolling in the Death Registration System may take longer than five (5) days.

If a physician receives notification (usually via e-mail) to sign a death certificate, the physician only has five (5) days to do so through the electronic system.

The Texas Medical Board may take action against you if you fail to respond to a request to sign a death certificate within the required time frame.

Fetal deaths are not processed through the electronic system. Harris Health's HIM Department manages the process of preparing death certificates for fetal deaths.

Visit <https://ter2.dshs.state.tx.us/edeath/> to register for the electronic death certification registration system. It is important that you designate your Chief of Service as the person who can complete a death certificate for you if you are not available to do so.

d. Autopsies

When a death occurs under certain circumstances, as identified in Harris Health policy, Harris Health immediately reports the death to the medical examiner at the Harris County Institute of Forensic Sciences ("IFS") or to the Houston Police Department, Harris County Sheriff's Office or Harris County Constable's Office, and in those cases, the medical examiner will perform an autopsy. Harris Health's Registration staff facilitates the communication with these third-parties.

When a patient death occurs under circumstances which do not require the death to be reported, and with the decedent's family's consent, the Attending Physician may request that an autopsy be performed by Harris Health.

See Harris Health [Policy 4210 – Autopsy](#) for more information.

e. Termination of Pregnancy (Abortion)

In accordance with [state law](#), ~~the Texas Health & Safety Code §285.202, as a hospital district, physicians on Harris Health's medical staff may only performs a therapeutic termination of pregnancy (abortion)ies at Harris Health~~ in the event of a medical emergency, [as determined by the physician's reasonable medical judgment, and](#) which is specifically ~~limited to those situations where~~ defined as: A life-threatening physical condition aggravated by, caused by, or arising from a pregnancy that, as certified by a physician, places the woman in danger of death or a serious risk of substantial impairment of a major bodily function unless an abortion is performed. ~~:(1) a condition exists that, in a physician's good faith clinical judgement, complicates the medical condition of the pregnant woman and necessitates the immediate abortion of her pregnancy to avert her death or to avoid a serious risk of substantial impairment of a major bodily function; or (2) the fetus has a severe fetal abnormality, which is defined as a life threatening physical condition that, in reasonable medical judgment, is incompatible with life outside the womb.~~

In addition, [approval must be obtained before performing a termination of pregnancy, as outlined in](#) ~~each time a therapeutic termination of pregnancy is performed, the physician who performs the procedure must submit a specific form to the Texas Department of State Health Services.~~

~~See Harris Health Policy [4030 – Induced Therapeutic Termination of Pregnancy \(Abortion\)](#) for more information and for the form that must be submitted to the Texas Department of State Health Services.~~