

JOINT RULES AND REGULATIONS

OF THE

MEDICAL STAFF OF MEMORIAL REGIONAL HOSPITAL,

MEMORIAL REGIONAL HOSPITAL SOUTH, AND

JOE DIMAGGIO CHILDREN’S HOSPITAL

AND

THE MEDICAL STAFF OF MEMORIAL HOSPITAL PEMBROKE

AND

THE MEDICAL STAFF OF MEMORIAL HOSPITAL MIRAMAR

AND

THE MEDICAL STAFF OF MEMORIAL HOSPITAL WEST

OF THE

SOUTH BROWARD HOSPITAL DISTRICT

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MEMORIAL HEALTHCARE SYSTEM

HOLLYWOOD, FLORIDA

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**MEMORIAL HEALTHCARE SYSTEM
JOINT MEDICAL STAFF AND ALLIED HEALTH STAFF
RULES AND REGULATIONS**

A. MEDICAL STAFF MEMBERSHIP

1. Board Certification. As a minimum requirement for appointment to the Medical Staff, any physician whether licensed to practice as a doctor of medicine or as a doctor of osteopathy, and any podiatrist applying for membership on the Medical Staff, must be Board Certified by the applicable American or Canadian Board in his or her chosen specialty at the time of his or her appointment or if not board certified the practitioner must be qualified to sit for board examination at the time of appointment to the Medical Staff in his or her chosen specialty and must become board certified within five (5) years of the practitioner's completion of his or her post graduate training in order to maintain staff membership.

If the applicant has been qualified to sit for board examination for more than five (5) years since completion of his or her post graduate training and has not obtained board certification, he or she will not be eligible for Medical Staff membership. The term "qualifying board" means with respect to doctors of medicine and doctors of osteopathic medicine, those boards recognized by either the American Board of Medical Specialists, the American Osteopathic Association, or the Royal College of Physicians and Surgeons of Canada; and with respect to podiatrists, the American Board of Foot and Ankle Surgery or the American Board of Podiatric Medicine. Only board certification by a qualifying board will meet these requirements. If the qualifying board applicable to the practitioner has not established a certification program, these requirements must be satisfied by the practitioner showing that he or she has completed a fellowship program approved by the Accreditation Council for Graduate Medical Education or The Fellowship Council, for those specialties in which an ACGME-approved program does not exist, or by the physician demonstrating current clinical experience and competence in that specialty, with experience and competence to perform all privileges sought.

Surgeons who only perform Cadaveric solid organ Procurement may be exempted from the requirements for medical staff membership and privileges. Solid Organ Transplant Surgeons shall meet the requirements for Board Certification as defined in these Rules and Regulations or, in place of current certification, must meet qualifications as per Organ Procurement and Transplantation Network Bylaws.

Dentists and oral maxillofacial surgeons shall meet the same board certification requirements to the extent that a board certification program is available or applicable to a given specialty.

For Memorial Regional Hospital, Memorial Regional South, and Joe DiMaggio Children's Hospital, this provision shall not be applied and shall have no effect on the reappointment of any physician who became a staff member on or before January 29, 1987.

For Memorial Regional Hospital, Memorial Regional South, and Joe DiMaggio Children's Hospital, this provision shall not be applied and shall have no effect on the reappointment of any podiatrist who became a staff member on or before July 1, 2009.

For Memorial Hospital Pembroke, this provision shall not be applied and shall have no effect on the reappointment of any practitioner who became a staff member on or before January 1, 1999.

For Memorial Hospital West, this provision shall not be applied and shall have no effect on the reappointment of any practitioner who was grandfathered on the Memorial Hospital West Medical Staff in May 1, 1992.

For practitioners seeking privileges to care for pediatric patients, the above requirements must be satisfied through one of the following:

- a. Board certified or board qualified in pediatrics;
- b. Board certified or board qualified in family practice;
- c. Board certified or board qualified in a specialty with demonstration of added clinical competence/experience or special expertise in the care of children in that specialty.

The following are exceptions to these requirements:

- a. Medical specialists who have not completed a general pediatric residency or fellowship in a pediatric specialty will be granted privileges, but will be required to limit their practice to patients thirteen (13) years of age and older.
- b. Medical specialties for which there are no applicable board certifications in pediatrics; however, the practitioner must be board certified in the applicable adult specialty. If a pediatric specialty becomes available, the practitioner must obtain pediatric board certification in accordance with this section.

As a condition of Medical Staff membership, each Medical Staff member who has obtained board certification in his or her chosen specialty is required to remain board certified according to the rules of the applicable board. Membership and privileges may be extended where there is evidence of diligent effort to obtain re-certification and where the practitioner remains eligible for re-certification without training. Medical Staff members whose membership was effective on or prior to June 28, 2006 are encouraged, but not required, to meet the requirement for maintaining board certification after obtaining board certification.

If Medical Staff membership lapses, the grandfather clause no longer applies.

2. New Application for Membership of Dentists. In the case of dentists, membership on the Medical Staff shall be limited to those who have completed approved residency training in maxillofacial surgery, trauma and fractures and, for advancement to the active staff, shall have demonstrated their competence in treating assigned patients by serving on the Emergency Room roster, and have accepted and properly performed these duties and fulfilled any board certification requirements. Such dentists shall be assigned to the appropriate Department of the applicable Hospital.

For all Hospitals and Hospital Divisions, surgical procedures performed by dentists shall be under the overall supervision of the respective Department Chairs and/or Section Chiefs, or his or her designee.

3. New Application for Membership of Podiatrists. In the case of podiatrists, membership on the Medical Staff shall be limited to those podiatrists who in addition to the requirements for state licensure for the practice of podiatry, shall also have completed post-graduate surgical podiatry training in an accredited program and who have presented for review a minimum of twenty-five (25) varied operative procedures performed in a hospital operating room and fulfilled any board certification requirements. Podiatrists who fulfill these requirements and are approved for privileges shall be assigned to the appropriate Department of the applicable Hospital.

For all Hospitals and Hospital Divisions, surgical privileges performed by podiatrists shall be reviewed by the respective Department Chairs and/or Section Chiefs, or his or her designee.

4. New Application for Membership of Psychologists. Psychologists admitted to the Medical Staff of Memorial Regional Hospital shall be members of the Department of Psychiatry. Psychologists admitted to the Medical Staff of any other Hospital shall be members of the Department of Medicine.

B. CLINICAL PRIVILEGES

1. New Applicants for Admitting Privileges. New applicants desiring active staff membership with admitting privileges or procedure privileges who have not had hospital experience or procedure experience in a hospital setting for more than one (1) year are required to obtain formal training from a recognized training program accredited by the Accreditation Council for Graduate Medical Education and subsequently obtain written documentation from the training program director that indicates that the applicant is currently competent to perform the privileges specifically requested.
2. Dentists. Clinical privileges granted to dentists shall be based on their training, experience, and demonstrated competence and judgment. The scope and extent of surgical procedures that each dentist may perform shall be specifically delineated and granted in the same manner as all other surgical privileges.
3. Podiatrists. Clinical privileges granted to podiatrists shall be based on their training, experience, and demonstrated competence and judgment. The scope and extent of surgical procedures that each podiatrist may perform shall be specifically delineated and granted in the same manner as all other surgical privileges.
4. Psychologists. Clinical privileges granted to psychologists shall be based on their training, experience, and demonstrated competence and judgment. The scope and extent of clinical privileges that each psychologist may perform shall be specifically delineated and granted in the same manner as all other clinical privileges. Psychologists shall not have admitting privileges, or privileges to order medications, or laboratory, radiology, EEG, or EKG testing. Without limitation of the foregoing, psychologists shall be eligible for granting of clinical privileges for the selection, administration, and interpretation of psychological tests, including personality, projective, neuropsychological, cognitive, educational, and vocational tests. Psychologists shall additionally be eligible for granting of clinical privileges for psychological consultations, psychological and/or psychosocial histories, mental status exams, individual, family, and group therapy, crisis intervention, initiation and

rescinding of 72-hour involuntary examination and evaluation under Chapter 394, Fla.Stat. formally known as the Baker Act, participation in treatment planning, discharge planning, and biofeedback.

This provision shall not be applied and shall have no effect on the reappointment of any psychologist who became a staff member of Memorial Regional Hospital or Joe DiMaggio Children's Hospital on or before October 24, 2001.

5. Locum Tenens. A locum tenens practitioner may only have temporary privileges for a period of not less than four (4) weeks or more than twenty-six (26) weeks. Upon written request to the Executive Committee, or Advisory Committee in the case of Memorial Regional Hospital Division or Joe DiMaggio Children's Hospital Division, from both the locum tenens and the practitioner temporarily being replaced, the period of time may be extended. In special circumstances, the Executive Committee or Advisory Committee may, on its own initiative, further extend the time period. All extensions of time with respect to locum tenens practitioners shall comply with all applicable laws, rules, and regulations.

C. ADMISSIONS AND DISCHARGES

These Rules and Regulations define the obligations of Medical Staff members and those practitioners with clinical privileges to Memorial Healthcare System and to the way care is delivered to patients at all System facilities. These Rules and Regulations are applicable to all System Medical Staffs and practitioners holding clinical privileges and set the parameters for Departmental Rules and Regulations. All practitioners should review specific Rules and Regulations pertaining to the Department in which they hold privileges for any additional requirements. All Practitioners are also required to comply with all System, Hospital, and Medical Staff Policies and Procedures.

1. All practitioners must comply with all System Policies and Procedures relating to admission and discharge of patients.
2. Patients may be admitted to a Hospital only by members of the Medical Staff who have admitting privileges to such Hospital. A Medical Staff member shall admit only those patients within the scope of the member's clinical privileges. Allied health professionals, practitioners with only emergency room privileges, dentists, podiatrists, and primary care practitioners with active staff privileges who do not meet the education requirements of Section 4.2.D of the Medical Staff Bylaws may not admit patients unless they meet additional requirements as may be proscribed in the Medical Staff Bylaws, Policies and Procedures, or these Rules and Regulations.
3. Except in emergencies, no patient shall be admitted to a Hospital until after a provisional diagnosis has been stated. In the case of an emergency, the provisional diagnosis shall be stated and included on the patient's chart as soon after admission as possible.
4. Except in the case of an emergency as addressed above in Section A(3), a provisional diagnosis must be on the chart at the time of admission on all patients admitted under all categories. On all admissions, the history and physical examination must be completed within twenty-four (24) hours of the admission of an inpatient. A statement with regard to the course of action planned for the patient must be included. In the event

that the admission is an emergency or urgent admission, the patient should be seen by a physician and a note placed in the record immediately. In the event of an elective admission, the patient shall be seen within a timely fashion as the clinical situation dictates, but no longer than twelve (12) hours from the time of the admission order, and a note recorded. Patients admitted or transferred to telemetry need to be seen in a timely fashion.

5. Practitioners shall commence discharge planning at the time of admission so that diets, prescriptions and other necessary services such as Social Services may be accomplished without delay. Patients will be discharged as soon as they are stable and no longer require hospitalization.
6. Patients shall be discharged by order from a practitioner holding appropriate clinical privileges. Within twenty-four (24) hours of discharge, the attending practitioner shall ensure that the record's face sheet is complete, the principal and other diagnoses and/or procedures performed are stated, the patient has been given discharge instructions and the record signed. Patients who sign out against medical advice may not necessarily have a discharge order written by the attending practitioner. In all cases, the face sheet (attestation) must be signed within twenty-four (24) hours of discharge. Allied health professionals, practitioners with only emergency room privileges, dentists, podiatrists, and primary care practitioners with active staff privileges who do not meet the education requirements of Section 4.2.D of the Medical Staff Bylaws may not discharge patients unless they meet additional requirements as may be proscribed in the Medical Staff Bylaws, Policies and Procedures, or these Rules and Regulations.
7. Following the routine uncomplicated delivery by an obstetrical patient who is deemed stable and ready for discharge on post-partum day one, but who must stay until the following day due to neonatal considerations (PKU testing at forty-eight (48) hours, etc.), a "discharge in the morning" order is acceptable. However, if within the following twenty-four (24) hours there is a significant change in the patient's clinical status, the patient must be seen prior to discharge.
8. If an obstetrician is not present, an obstetric registered nurse will check patients in the delivery room. The obstetric registered nurse must then notify a nurse midwife or obstetrician as to the patient's status. If the update is provided to a nurse midwife, the nurse midwife may notify the obstetrician.
9. An obstetrician is responsible for the final disposition of the patient (Admission/Discharge/Transfer). In the case of any conflict, the Chief of the Department should be contacted.

D. CONSENTS

1. A practitioner who has privileges to order or perform the treatment or service is responsible for obtaining informed consent in accordance with prevailing professional standards of care and applicable law. Informed consent shall be documented through an appropriate progress note or through a consent form.
2. All practitioners are responsible for providing information to patients or their legal representatives in accordance with the prevailing professional standards of care, about the patient's condition, medications, treatments, and care to minimize the risks of injury.

E. TRANSFERS AND DEATH

1. No patient will be transferred within the institution from one area to another without such transfer being approved by the attending physician.
2. When a patient is to be transferred to another institution, the System's Standard of Practice regarding transfers and all applicable laws must be adhered to by any involved practitioner(s).
3. Any practitioner initiating a transfer to a Hospital will be the attending physician at that Hospital, if applicable, or if not applicable, he or she will be responsible for the patient at the Hospital, to the extent of his or her privileges. Additionally, the System's Standard Practice regarding transfers and all applicable laws must be adhered to by the involved parties.
4. Whenever a patient is transferred from one practitioner to another practitioner, there must be two notes written in the medical record; one documenting the transfer from the transferring practitioner, and the second documenting acceptance by the receiving practitioner.
5. In the case of a death, the Office of the Medical Examiner shall be notified whenever appropriate or required - see System's Standard Practice.
 - a. Recognizing that performing an autopsy on every death may not be possible, and because of limited resources and to prevent dissemination of infectious material at autopsy from high risk infections and contagious diseases to personnel and the environment, it is urged that postmortem examinations on hospital patients be clinically oriented and performed for only clearly defined objectives.
 - b. After appropriate notification and with appropriate consent, in deaths not accepted or requested by the Medical Examiner, practitioners should attempt to secure autopsies for all deaths in which the cause of death or a significant major diagnosis cannot be determined within reasonable certainty on clinical grounds. The Hospital will inform the attending physician and consulting physicians of any request for autopsies that the Hospital intends to have performed.
 - c. When an autopsy is performed, the pathologist will communicate his or her findings with the attending practitioner and any consultants on the case.

F. ASSIGNED PATIENTS

1. All patients presenting themselves for admission and not having an attending practitioner on the Hospital's Medical Staff will be known as "assigned" patients and will be attended by practitioners concerned with the treatment of the condition which necessitated the admission. In instances when an attending physician or specialist cannot be reached or obtained for an admitted patient, the physician on call for the emergency room for that particular specialty will be contacted to handle the emergent matter. The specialist on call to the emergency room will be available for consultation on admitted assigned patients. The emergency room on-call rotation is considered the "safety net" for these types of situations.

2. Departments will establish a rotating list of practitioners responsible for the care of the assigned patients. It is this practitioner's responsibility to care for an assigned patient for up to thirty (30) days following hospital discharge (unless a Department specifically stipulates otherwise). Patients signing out of the hospital "against medical advice," either before or after admission, are no longer the responsibility of the practitioner to whom they were assigned. If they return to the hospital at a future date, they will be assigned to the practitioner on call.
3. Assigned patients who are treated by Emergency Department physicians, and who require follow-up care on an outpatient basis by a practitioner, will be referred to the practitioner on duty according to the schedule established for the follow-up care of assigned patients. Follow-up care must be provided within three (3) business days.
4. Consultations for assigned patients will be requested of the specialist on call when such specialty call rotation is available.

G. PHYSICIAN COVERAGE

1. All practitioners will assure that in their absence there is coverage for their patients by another practitioner who has the same or substantially the same privileges.
2. In the event of an uncovered absence, the Administrator or his or her designee will have the authority to notify the Chief of the practitioner's Department or his or her designee. The Chief will accept the responsibility for the care of the patient or name another practitioner to be responsible for the unattended patient.
3. All practitioners shall assure that they are available by telephone or other electronic access (which may include email, beeper, or answering service). When they are not so available, they must have obtained coverage for their patients as required by these Rules and Regulations. When contacted by Hospital staff through telephone or electronic access as specified above regarding a patient in the Hospital, the practitioner shall respond promptly.

H. ORDERS/CONSULTATIONS

1. General Orders

- a. All orders for treatment shall be entered into the electronic record by a practitioner who has clinical privileges to write orders. Telephone and/or verbal orders may be given by practitioners who have clinical privileges to write orders to those properly licensed to accept an order. Telephone and/or verbal orders are to be limited to emergency situations or when it is not possible for the ordering provider to enter the order. Telephone and/or verbal orders shall be signed. Within thirty (30) days after discharge, the responsible practitioner shall sign such telephone and/or verbal orders with the following exceptions:
 - i. Emergency psychiatric treatment orders must be signed within twenty-four (24) hours; and
 - ii. All orders for oncologic chemotherapy or antineoplastic medications shall

be in writing and may not be given as a verbal order or pre-printed order.

- b. All corrections, clarifications, late entries or amendments to the medical record must be signed and appropriately timed and dated. The time and date the correction was changed or clarification was made and added to the record should be clearly stated. This includes, without limitation, information about an order that has been completed.

2. Pharmacy Orders

- a. The System operates a Closed Hospital Formulary. Practitioners requesting non-formulary drugs must follow the process as described by the Pharmacy and Therapeutics Committee in the Pharmacy Policy and Procedure entitled Committee Formulary System.
- b. Drugs are included in the Formulary by their nonproprietary names, even though proprietary names will continue to be in common use in the System. Generically equivalent drugs will be dispensed for the brand name prescribed unless specifically indicated on the medication order. The Pharmacy and Therapeutics Committee may authorize the automatic therapeutic substitution of medications.
- c. Certain medications must be renewed after the timeframe set forth below as described by the Pharmacy and Therapeutics Committee under the Pharmacy Policy and Procedure entitled "Automatic Stop Orders for Medications":
 - i. Albumin - twenty-four (24) hours
- d. The policies and procedures regarding common abbreviations, available drugs, IV drugs administered by nurses, etc. are to be found in the current System Formulary, Pharmacy Policy and Procedure Manual and/or the Nursing Policy and Procedure Manual.
- e. Medication orders must clearly state the dosage and frequency. The use of "PRN" with medication orders must be qualified by stating administration times/intervals and the use of "on call" must be qualified by stating for which procedural area.
- f. Investigational drugs may be used only under the direct supervision of the principal investigator, with approval from the Institutional Review Board. Principal investigators will be required to flag the outside of the medical record of patients admitted to the hospital who are participating in an investigational study.

3. Consultations

- a. Consultations shall be made by a practitioner communicating directly with the requested consultant. The medical record must contain documentation from the requesting physician indicating the need for consult. Allied health professionals

may respond to the initial request and/or participate in performing a consultation. The consulting physician must also see the patient within 24 hours of request or sooner if clinically necessary.

- b. Specific policies regarding consultation on patients in the Critical Care Units and mandatory consultations required by Department rules will be found in the rules and regulations of the specific Department.
- c. Except when consultation is precluded by emergency circumstances or is otherwise not indicated, the attending practitioner shall consult with another qualified practitioner in the following cases:
 - i. When the diagnosis is obscure after ordinary diagnostic procedures have been completed;
 - ii. When there is doubt as to the choice of therapeutic measures to be used;
 - iii. For high risk patients undergoing major operative procedures;
 - iv. In situations where specific skills of other physicians may be needed; or
 - v. When otherwise required by System policies.
- d. Any treating practitioner is responsible for assessment and evaluation of the patients admitted under his or her care. It is the practitioner's responsibility to request consultative service when the patient requires services beyond his or her scope of care. Any qualified practitioner with approved clinical privileges at the Hospital may be called for consultative services within his or her area of expertise. A stated reason for the consultation will be provided with the request for consultation.
- e. Under appropriate circumstances, the Chief of a Department may direct that a consultation be held.
- f. The attending physician may request a consultation from representatives of the Behavioral Health Program on a patient who has an admitting diagnosis or working diagnosis relating to alcoholism. Patients who are emotionally ill, become emotionally ill while in the hospital, or suffer from drug addiction may be referred for psychiatric consultation and appropriate treatment.
- g. The consultant shall record, sign, date, and time a record of his or her findings and recommendations in every case. The consultant shall sign his or her full name in a clear and legible manner.
- h. Requests for consultation must be responded to within twenty-four (24) hours of the request.

4. Conditional Discharge Orders

- a. Discharge orders that require a nurse to obtain clinical information and/or feedback from a consultant and make a judgment about readiness for discharge, e.g.

laboratory or imaging results, are prohibited. Discharge orders that contain a timing parameter are not considered conditional, e.g. “discharge after final dose of Cipro”. Consultative services and/or recommendations are not included in timing parameters.

I. SECLUSION AND RESTRAINT FOR ACUTE MEDICAL/SURGICAL AND BEHAVIORAL RESTRAINTS IN NON-BEHAVIORAL HEALTH SETTINGS:

Please refer to the Hospital’s Standard Practice.

J. MEDICAL RECORDS

1. General Requirements. The attending physician shall be responsible for a medical record containing sufficient information to identify the patient, support the diagnosis/condition, justify the care, treatment and services, document the course of treatment and results, and promote the continuity of care among healthcare providers for the patient. All entries in the medical record must be legible and complete. All entries in the medical record must also be dated, timed, and authenticated, in written or electronic form, by the person responsible for providing or evaluating the service provided.

2. History and Physical- Inpatient Services

a. An admission history and physical shall be completed within twenty-four (24) hours of admission. The patient’s medical history and physical examination, including updates, will be recorded within 24 hours after registration or inpatient admission but prior to surgery or a procedure requiring anesthesia services. A complete history shall include the chief complaint, details of the present illness, review of systems, and relevant past medical history.

Admission of a dental patient shall be a dual responsibility of the dentist and an active staff physician member of the Medical Staff. Patients admitted to the Hospital for dental care shall receive the same basic medical appraisal as patients admitted for other services. This includes the performance and recording of the findings in the medical record by a physician member of the Medical Staff of an admission history and physical examination and an evaluation of the overall medical risk, except in those cases where a qualified oral surgeon has been granted privileges to perform the history and physical examination and the patient has no known medical problems. The dentist shall take into account the recommendations of the consultant in the overall assessment of the specific procedure proposed and the effect of the procedure on the patient. The dentist is responsible for that part of the history and physical examination related to dentistry. A physician member of the Medical Staff shall be responsible for the care of any medical problem that may be present on admission or that may arise during hospitalization of dental patients.

A podiatric patient shall be admitted by an active physician member of the Medical Staff. Patients admitted to the hospital for podiatric care shall receive the same basic medical appraisal as patients admitted for other services. This includes the performance and recording of the findings in the medical record by a physician member of the Medical Staff of an admission history and physical examination,

and an evaluation of the overall medical risk. The podiatrist shall take into account the recommendations of the physician in the overall assessment of the specific procedure proposed and the effect of the procedure on the patient. The podiatrist is responsible for that part of the history and physical examination related to podiatry. The admitting physician and podiatrist shall each be responsible for the care of problems within their respective areas of care that may be present on admission or that may arise during hospitalization of podiatric patients. A physician member of the Medical Staff shall be responsible for the care of any medical problem that may be present on admission or that may arise during hospitalization of podiatric patients.

- b. Obstetrical records will additionally include all prenatal information. A durable, legible, original or reproduction of the office or clinical prenatal record is acceptable. An interval admission note is required to record any subsequent changes in condition or physical exam.
- c. Psychiatric records will include a psychiatric evaluation form or report. The evaluation will contain the chief complaint, history of present illness, past psychiatric history, mental status exam, past medical history and physical status, diagnosis, problem list, goals for hospitalization, treatment plan, estimated length of stay, and criteria for termination of inpatient treatment, post-discharge plans, and prognosis. Physician involvement in the multidisciplinary treatment plan shall be documented for patients admitted for psychiatric or substance-abuse services.
- d. A complete history and physical performed within thirty (30) days prior to the hospital admission may be utilized if:
 - i. A durable legible copy of the report is placed in the patient's hospital record;
 - ii. An appropriate assessment is recorded at the time of admission confirming that the procedure or care is still necessary and the history and physical is still current. An appropriate assessment includes a focused physical examination of the patient to update any components of the patient's current medical status that may have changed since the prior history and physical or to address any areas where more current data is needed; and
 - iii. The physician, oral maxillofacial surgeon, physician extenders, or other licensed individual qualified to perform the history and physical writes an update note.
- e. The physical examination will reflect a comprehensive current physical assessment. A statement of the conclusions or impressions drawn from the admission history and physical and a statement of the course of action planned for the patient is documented.
- f. The history and physical examination is completed prior to the performance of surgery or procedures requiring anesthesia services. Surgery will only be performed after a history, physical exam and preoperative diagnosis are recorded

in the medical record, except when the attending physician documents that a delay in surgery will be detrimental to the patient.

- g. The history and physical performed by the emergency room physician does not fulfill the requirements of this section, except when the procedure is part of the emergency department plan of care.

3. History and Physical – Outpatient, Observation, and Ambulatory Services

- a. A pertinent, abbreviated history and physical may be recorded for outpatient services, which include: (1) ambulatory surgical, (2) endoscopy, (3) special outpatient procedures (including but not limited to, cardiac catheterizations), (4) patients undergoing conscious sedation, and (5) observation cases. The following procedures do not require a history and physical: (1) debridements and evaluations performed at the Wound Healing Center, (2) minor incision and drainage, (3) patients requiring a venipuncture, and (4) breast biopsies performed on an outpatient basis in any of the System's Breast Centers and/or Imaging Centers and/or Radiology Departments. For outpatient services not listed in these Rules and Regulations, the practitioner may consult with the Chief Medical Officer with respect to history and physical requirements.
- b. A pertinent abbreviated history and physical examination shall be recorded prior to an outpatient service. An abbreviated history and physical shall include the chief complaint, details of present illness, significant past medical history, medications, allergies, relevant physical examination to include a minimum of heart and lung exam, the diagnosis or impression, and the plan of treatment.
- c. An abbreviated history and physical performed within thirty (30) days prior to the hospital admission may be utilized if:
 - i. A durable, legible copy of the report is placed in the patient's hospital record;
 - ii. An appropriate assessment is recorded on the day of an ambulatory encounter after registration (for ambulatory patients only) confirming that the procedure or care is still necessary and the history and physical is still current. An appropriate assessment includes a focused physical examination of the patient to update any components of the patient's current medical status that may have changed since the prior history and physical or to address any areas where more current data is needed; and
 - iii. The physician or other individual qualified to perform the history and physical writes an update note on the day of the procedure (for ambulatory patients only).

4. Orders

- a. All orders shall be signed, dated, and authenticated within 30 days following discharge. Please refer to Section H in these Rules and Regulations regarding authentication of telephone and/or verbal orders. It is also recommended that practitioners print their name.

5. Progress Notes

- a. Pertinent progress notes shall be recorded at the time of observation, sufficient to permit continuity of care and transferability of the patient. All patients shall be reassessed by the responsible practitioner daily and a progress note shall be written by the responsible practitioner.

6. Consultations

- a. Consultants shall show evidence of a review of the medical record and the patient through the recording of pertinent findings on examination, opinions and recommendations in the medical record.

7. Operative Reports

In every case, inpatient and outpatient operative reports shall be promptly entered and signed in the electronic health record upon completion of the procedure. The operative report (Op Note) will contain the following seven elements: name of the primary surgeons and assistants, procedure performed, a description of the findings, a description of procedure, estimated blood loss, any specimens removed, and the post-operative diagnosis. The Op Note shall be signed by the surgeon. If the Op Note cannot be entered into the electronic health record upon completion of the procedure, or has been dictated for transcription, a brief note (Brief Op Note) must be entered into the electronic health record before the patient is transferred to the next level of care. This Brief Op Note must contain the following six elements: name of the primary surgeons and assistants, procedure performed, a description of the findings, estimated blood loss, any specimens removed, and the post-operative diagnosis. If the Op Note is entered and signed in the electronic health record upon completion of the procedure, the Brief Op Note is not required.

8. Delivery Notes

- a. A delivery note will be recorded for all vaginal deliveries. All C-sections require a dictated or written operative report that includes a description of the findings, any specimens removed, the technical procedures used, estimated blood loss, the post-operative diagnosis, and the name of the primary surgeon and any assistants.

9. Discharge Summary

- a. A discharge summary shall be written or dictated at the time of discharge or no later than thirty (30) days post-discharge for all patients hospitalized over forty-eight (48) hours, except for normal newborns and normal, uncomplicated obstetrical cases. Summaries shall be written or dictated on all expirations and complicated obstetrical cases regardless of the length of stay. A final progress note may be substituted for the discharge summary for normal newborns, uncomplicated obstetrical cases and those cases of a minor nature hospitalized for 48 hours or less.

- b. The discharge summary will concisely state the indication for hospitalization, hospital course, significant findings, procedures performed and treatment rendered, the condition of the patient on discharge, and any specific instructions at discharge relating to diet, activity, medications and follow-up care. The condition of the patient at discharge is stated in terms that permit measurable comparison with the condition on admission. The attending practitioner shall authenticate all summaries.
- c. A transfer summary may be substituted for the discharge summary in the case of the transfer of a patient to a different level of hospitalization.

10. Symbols and Abbreviations

- a. Symbols and abbreviations may be used according to the Standard Practice, Common Abbreviations.

11. All Clinical Entries

- a. All clinical entries to the medical record shall be complete, legible and recorded in black permanent ink or the System's electronic medical records system within thirty (30) days after the patient contact, unless otherwise specified in this Section I.
- b. In order to be considered "complete," entries must be accurately dated, timed and authenticated by the responsible practitioner and shall contain the practitioner's professional title or credential.
- c. Authentication is defined as establishing authorship by written signature, identifiable initials or electronic computer key signature.
- d. If a signature is handwritten, it is also recommended that the practitioner print his or her name.
- e. The individual practitioner whose signature the electronic computer key represents shall be the only one who possesses it and the only one who uses it; it shall not be shared with any other practitioner or staff.

12. Completion of Medical Records

- a. Records of discharged patients shall be completed within thirty (30) days of each discharge. A medical record is considered delinquent when it remains incomplete for 30 days or more following the patient's discharge.
- b. A medical record is considered complete if it contains sufficient information to identify the patient, support the diagnosis/condition; justify the care, treatment and services; document the course and results of care, treatment, and services; and promote continuity of care among providers.
- c. A 30-day, limited, automatic restriction of the Medical Staff member's clinical privileges for incomplete medical records shall be imposed when at any point in time a medical staff member has four (4) or more delinquent medical records and

he or she has been notified of the delinquent records by HIM or hospital Medical Staff Services via standard MHS communication channels. For the purpose of this section, "limited, automatic restriction: means the restriction of the following abilities: on-call service for the Emergency Department, scheduling surgery, assisting in surgery, consulting on Hospital cases, and providing professional services within the Hospital for future patients. Failure to comply with these conditions while under limited automatic restriction may result in corrective action.

- d. Limited automatic restriction imposed during the 30-day correction period shall not give rise to the process and rights granted to Medical Staff members under Article VIII of the Bylaws of the Medical Staff
- e. The restriction shall continue until the Member has completed his/her delinquent records. Failure to complete the records within 30 days of restriction may result in corrective action under Article VII of the Bylaws of the Medical Staff, including, but not limited to, termination of membership and privileges from the Medical Staff.
- f. The chief of Staff, or his or her designee, may grant a reasonable exemption from these provisions if the practitioner is out of town, disabled due to illness or has some other valid, similar reason for not completing the medical records.

13. Confidentiality of Medical Records and Information

- a. Original records may not be removed from the System's care and custody except by court order, subpoena, or statute. Copies of medical records will be made available to practitioners who have cared for such patients when release is permitted by applicable law and when there is a demonstrated need for the copy of the medical record. In the case of a readmission of a patient, all previous records shall be made available for use of the attending practitioner and consultants. Unauthorized removal of medical records from the hospital is grounds for disciplinary action by the Medical Staff.
- b. All Practitioners must comply with applicable law and System policies, including but not limited to the System's HIPAA Compliance Program, regarding access, use, and disclosure of medical information. Practitioners who fail to comply with System policies shall be subject to corrective action. (Bylaws Section 7.2c)

K. Organized Health Care Arrangement (OHCA)

- 1. The System recognizes that all practitioners with clinical privileges participate in an Organized Health Care Arrangement ("OHCA" as defined by 45 CFR 164.501 with respect to care rendered in all System Hospitals).
- 2. All practitioners have agreed to comply with all requirements of these Rules and Regulations. Compliance with the System HIPAA Compliance Program with regards to all System Hospital records is expressly required under these Rules and Regulations.

L. Reading Panels

1. In order to qualify as a member of a reading panel, including but not limited to panels for EKG, echocardiography, pulmonary, EEG, sleep lab, and any other areas, the panel member must enter into a written contract with the Memorial Healthcare System.

M. Medical Staff Dues

1. Annual Medical Staff dues are payable at the start of each fiscal year, May 1st and shall be set by the Executive Committee. The Director of Medical Staff Services will send notices to each practitioner on or about that date. Final reminder notices will be sent during the month of August. Practitioners appointed on or after January 1 of the same year will be exempt from paying dues for that year. Medical Staff dues will be used to further the purposes of the Medical Staff, which may include donations to the Foundations of the System.
2. Any practitioner who has not paid his or her dues in full by October 1st will automatically be suspended from the Medical Staff. Immediately upon full payment of his or her dues, the suspension will automatically be rescinded and previous privileges reinstated. This automatic reinstatement applies only for suspensions that are less than thirty (30) days.
3. Any action by the Executive Committee to assess the Medical Staff more than One Hundred Dollars (\$100) per year in an emergency can be made only by a majority vote of the entire Medical Staff. Such special assessment must be paid within thirty (30) days of the mailing of the notice.

N. Medical Staff Departments

The following is a list of all Departments for each respective Hospital.

1. For the Memorial Regional Hospital Division: Each of the following Departments shall be organized as a separate part of the Memorial Regional Hospital Medical Staff within the Memorial Regional Hospital Division and will have a Chief who will be responsible for the overall supervision of the work within the Department.
 - (1) Anesthesiology
 - (2) Cardiac Services
 - (a) Clinical Cardiology
 - (b) Interventional Cardiology
 - (c) Cardiac Surgery
 - (3) Critical Care Medicine
 - (4) Emergency Medicine
 - (5) Family Practice
 - (6) Oncology/Hematology Services
 - (7) Internal Medicine
 - (a) General Internal Medicine

- (b) Allergy and Immunology
- (c) Dermatology
- (d) Endocrinology and Metabolism
- (e) Gastroenterology
- (g) Infectious Diseases
- (g) Nephrology
- (h) Pediatrics
- (i) Pulmonary Medicine
- (j) Rheumatology
- (8) Neurosciences
 - (a) Neurological Surgery
 - (b) Neurology
 - (c) Radiology (with special interest in neuro-interventional and neuro-diagnostic radiology)
 - (d) Physical Medicine and Rehabilitation
- (9) Obstetrics/Gynecology
 - (a) Perinatology
 - (b) Gynecology Oncology
 - (c) Reproductive Endocrinology
- (10) Ophthalmology
- (11) Orthopaedic Surgery
- (12) Otolaryngology/Head and Neck Surgery
- (13) Pathology
- (14) Plastic Surgery
- (15) Podiatry
- (16) Psychiatry
- (17) Radiology
- (18) Surgery
 - (a) General
 - (b) Thoracic
 - (c) Oral and Maxillofacial Surgery
 - (d) Pediatric Surgery
 - (e) Trauma and Acute Care Surgery
- (19) Vascular Services
 - (a) Vascular Surgery
 - (b) Interventional Cardiology (with endovascular privileges)
 - (c) Interventional Radiology
- (20) Urology

2. For Joe DiMaggio Children's Hospital Division: Each of the following Departments shall be organized as a separate part of the Memorial Regional Hospital Medical Staff within the Joe DiMaggio Children's Hospital Division and will have a Chief who will be responsible for the overall supervision of the work within the Department.

- (1) Medicine
 - (a) Emergency Medicine
 - (b) Family Practice
 - (c) All Medical Subspecialties
 - (d) Pediatrics
 - (f) Radiology
- (2) Surgery

3. For Memorial Hospital Pembroke:

- (1) Medicine
 - (a) Allergy and Immunology
 - (b) Cardiovascular Diseases
 - (c) Dermatology
 - (d) Emergency Medicine
 - (e) Endocrinology and Metabolism
 - (f) Family Practice
 - (g) Gastroenterology
 - (h) General Practice
 - (i) Hematology
 - (j) Infectious Diseases
 - (k) Internal Medicine
 - (l) Medical Oncology
 - (m) Nephrology
 - (n) Neurology and Psychiatry
 - (o) Pediatrics
 - (p) Pulmonary Diseases
 - (q) Radiology
 - (r) Rheumatology
- (2) Surgery
 - (a) Anesthesiology
 - (b) Colon Rectal Surgery
 - (c) General Surgery
 - (d) Gynecology
 - (e) Neurological Surgery
 - (f) Ophthalmology
 - (g) Oral and Maxillofacial Surgery
 - (h) Orthopedics
 - (i) Otolaryngology
 - (j) Pathology
 - (k) Pediatric Surgery
 - (l) Plastic Surgery
 - (m) Podiatry
 - (n) Thoracic/Cardiovascular Surgery
 - (o) Urology
 - (p) Vascular

4. For Memorial Hospital Miramar:

- (1) Surgery
 - (a) Anesthesiology
 - (b) General Surgery
 - (c) Neurosurgery
 - (d) Orthopedics
 - (e) Otolaryngology
 - (f) Pathology
 - (g) Plastic Surgery
 - (h) Podiatry

- (i) Pediatric Ophthalmology
- (j) Pediatric Orthopedic Surgery
- (k) Pediatric Surgery
- (l) Pediatric Urology
- (m) Urology
- (2) Medicine
 - (a) Cardiology
 - (b) Emergency Medicine
 - (c) Family Practice
 - (d) Gastroenterology
 - (e) Internal Medicine
 - (f) Nephrology
 - (g) Neurology
 - (h) Pulmonary Medicine
 - (i) Radiology
- (3) Obstetrics and Gynecology
 - (a) Gynecology Oncology
 - (b) Perinatology
 - (c) Reproductive Endocrinology
- (4) Pediatrics
 - (a) Pediatric Medicine
 - (b) Pediatric Medical Subspecialties

5. For Memorial Hospital West:

- (1) Anesthesiology
- (2) Emergency Medicine
- (3) Family Practice
- (4) Internal Medicine
 - (a) General Internal Medicine
 - (b) Allergy and Immunology
 - (c) Cardiology
 - (d) Dermatology
 - (e) Endocrinology and Metabolism
 - (f) Gastroenterology
 - (g) Hematology and Oncology
 - (h) Infectious Disease
 - (i) Nephrology
 - (j) Neurology
 - (k) Psychiatry
 - (l) Pulmonary Medicine
 - (m) Rheumatology
 - (n) Physical Medicine and Rehabilitation
- (5) Obstetrics-Gynecology
 - (a) Gynecology Oncology
 - (b) Neonatology
 - (c) Pediatrics
 - (d) Perinatology
 - (e) Reproductive Endocrinology
- (6) Pathology
- (7) Radiology

- (8) Surgery
 - (a) General
 - (b) Cardiac and Thoracic
 - (c) Neurosurgery
 - (d) Ophthalmology
 - (e) Oral and Maxillofacial
 - (f) Orthopedics
 - (g) Otolaryngology and Head Neck Surgery
 - (h) Plastic and Reconstructive
 - (i) Podiatry
 - (j) Urology
 - (k) Vascular Surgery

6. Formation of New Department With Admitting Privileges. Practitioners specializing in a particular discipline may petition the Executive Committee, or applicable Advisory Council in the case of Memorial Regional Hospital Division or Joe DiMaggio Children's Hospital Division, to form a separate Department. The proposed Department must meet the following qualifications:

- a. The Department must consist of a specialty recognized as a distinct discipline or number of specialties in related disciplines;
- b. There must be at least five (5) Medical Staff members who are board certified or board qualified for certification in their specialty.
- c. At least one (1) Medical Staff member must be an active Medical Staff member.
- d. The practitioners requesting the formation of the new Department must demonstrate that they admit a combined total of at least three hundred and fifty (350) patients per year to the Hospital in that specialty, except for those clinical Departments, which are excluded from any admitting privileges.
- e. The request for the formation of a new Department shall be sent to the Executive Committee or Advisory Council. They will investigate the need, desirability, advantages, and disadvantages of providing such a Department to the patients and the Hospital. A decision regarding the request will then be made by a majority vote.
- f. Any adverse ruling from the Executive Committee or Advisory Council will result in rejection of the request. A favorable ruling will be sent on to the Board for final approval.

7. Formation of New Department Without Admitting Privileges.

- a. The Executive Committee or applicable Advisory Council, de novo or in response to a request from the Medical Staff, the Administrator, or the Board, shall consider the advisability of forming such a Department.
- b. If the Executive Committee or Advisory Council agrees that such a step is warranted, it shall direct the Bylaws Committee to draw up the necessary documents and present them to the Executive Committee for inclusion in the Rules and Regulations.

8. Formation of a New Section.

- a. A Section may be formed when there are at least five (5) active staff members who are board certified in the specialty. New Sections must then be approved by the Department and the Executive Committee and Advisory Council, as applicable.

O. Crew Resource Management

The System has implemented Crew Resource Management (“CRM”), a safety system designed to help ensure positive outcomes in high-risk situations, at its Hospitals. As part of this initiative, the System will make CRM training available to all members of the Medical Staff and those practitioners with clinical privileges. All Medical Staff members and practitioners with clinical privileges will be expected to timely complete CRM training within six (6) months of its deployment in a clinical area, and will be expected to comply with those skills acquired through CRM training. Failure to complete such training will be considered by the Credentials Committee and Executive Committee, or applicable Advisory Council, and may result in a recommendation for corrective action.

P. Allied Health Professional (AHP) Certification

AHP Certification. Any Allied Health Professional (“AHP”) applying for clinical privileges must be certified in his or her licensed profession and/or designated profession at the time his or her application is granted or, if not certified, the AHP must be qualified to sit for examination at the time his or her application is granted and must become certified within five (5) years of the date of issuance of his or her professional degree. If the applicant has been qualified to sit for examination for more than five (5) years since of the issuance of his or her professional degree and has not obtained certification, he or she will not be eligible for AHP clinical privileges.

Only certification by a qualifying board will meet the requirements contained in this section. The term “qualifying board” with respect to AHPs means those boards recognized as nationally accredited professional organizations.

As a condition for AHP clinical privileges, each AHP who has obtained certification for their licensed profession and/or designated profession is required to remain certified according to the rules of the applicable certifying board. Clinical privileges may be extended, in MHS’s sole discretion, where there is evidence of diligent effort to obtain re-certification and where the practitioner remains eligible for re-certification.

The requirement for obtaining certification shall not be applied and shall have no effect on any AHP who was granted clinical privileges on or before May 1, 2019.

If AHP clinical privileges lapse for an AHP who was granted clinical privileges prior to May 1, 2019, the grandfather clause no longer applies.

Q. Medical Staff and Allied Health Professional Orientation

The System has implemented a Medical Staff and Allied Health Professional Orientation to orient and educate members about their required adherence to Memorial Healthcare System's culture, quality and safety initiatives, behavioral and privacy policies, as well as other resources.

As part of this initiative, the System will make the Medical Staff and Allied Health Professional Orientation available to all members of the Medical and Allied Health Professional Staff.

All Medical Staff and Allied Health Professionals staff are required to timely complete the Medical Staff and Allied Health Professional Orientation within four (4) months of appointment to the Medical or Allied Health Professional staff.

Failure to attend and complete the MHS Medical Staff and Allied Health Professional Orientation within four (4) months of appointment will be addressed during the period of Focus Professional Practice Evaluation (FPPE).

FPPE will become part of a provider's credentials file and will be considered by the Credentials Committee and Executive Committee, or applicable Advisory Council, at the time of reappointment and may result in a recommendation for corrective action.

MHS employed providers are required to participate in new employee orientation as part of their on-boarding process and shall be excluded from this requirement.

These Rules and Regulations are adopted by the Medical Staff of Memorial Regional Hospital and Joe DiMaggio Children's Hospital at its meeting of April 2st, 2021 held at Memorial Regional Hospital.

Gerald Lavandosky, MD
President of the Medical Staff of
Memorial Regional Hospital and Joe DiMaggio Children's Hospital

These Rules and Regulations are adopted by the Medical Staff of Memorial Hospital Pembroke at its meeting of April 8th, 2021 held at Memorial Hospital Pembroke.

Blane Shatkin, MD
Chief of Staff, Memorial Hospital Pembroke

These Rules and Regulations are adopted by the Medical Staff of Memorial Hospital Miramar at its meeting of April 14th, 2021 held at Memorial Hospital Miramar.

Pablo E. Uribasterra, MD
Chief of Staff, Memorial Hospital Miramar

These Rules and Regulations are adopted by the Medical Staff of Memorial Hospital West at its meeting of May 10th, 2021 held at Memorial Hospital West.

Douglas Smith, DO
Chief of Staff, Memorial Hospital West

Approval of Joint Rules and Regulations, Policies & Procedures

WHEREAS Article 16 of the Joint Bylaws of the Medical Staff of Memorial Regional Hospital, Memorial Regional Hospital South, and Joe DiMaggio Children's Hospital; and the Medical Staff of Memorial Hospital Pembroke, and the Medical Staff of Memorial Hospital Miramar; and the Medical Staff of Memorial Hospital West of the South Broward Hospital District dba Memorial Healthcare System, Hollywood, Florida provides the procedure for adoption and amendment of the Joint Rules and Regulations and Joint Policies and Procedures of the Medical Staff of Memorial Regional Hospital, Memorial Regional Hospital South, and Joe DiMaggio Children's Hospital; and the Medical Staff of Memorial Hospital Pembroke; and the Medical Staff of Memorial Hospital Miramar; and the Medical Staff of Memorial Hospital West of the South Broward Hospital District dba Memorial Healthcare System, Hollywood, Florida {"Joint Rules and Regulations and Joint Policies and Procedures"};

WHEREAS the amended Joint Rules and Regulations and Joint Policies and Procedures were presented and approved at the Medical Executive Committees of Memorial Regional Hospital, Memorial Regional Hospital South, and Joe DiMaggio Children's Hospital on April 18, 2022;

WHEREAS the amended Joint Rules and Regulations and Joint Policies and Procedures were presented and approved at the Medical Executive Committee of Memorial Hospital Pembroke on April 14, 2022;

WHEREAS the amended Joint Rules and Regulations and Joint Policies and Procedures were presented and approved at the Medical Executive Committee of Memorial Hospital Miramar on April 13, 2022; and

WHEREAS the amended Joint Rules and Regulations and Joint Policies and Procedures were presented and approved at the Medical Executive Committee of Memorial Hospital West on April 11, 2022;

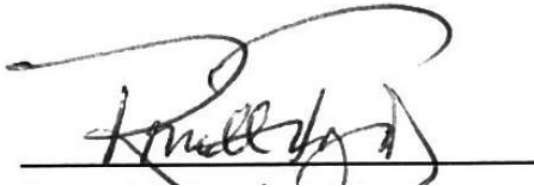
NOW THEREFORE, the amendments to the Joint Rules and Regulations and Policies and Procedures as described in the March 18, 2021 Bylaws Committee minutes are approved by the Chief Medical Officers of each Hospital and Hospital

Division, and the Chief Medical Officer of Memorial Healthcare System as set forth by their signatures below:



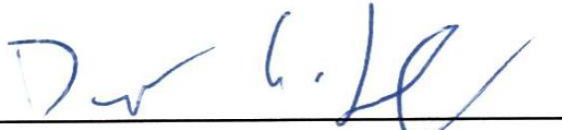
Date: April 18, 2022

Donald Kim, MD
Chief Medical Officer, Memorial Regional Hospital/Memorial Regional Hospital South



Date: April 18, 2022

Ronald Ford, MD
Chief Medical Officer, Joe DiMaggio Children's Hospital



Date: April 14, 2022

Dexter Sereda, MD
Chief Medical Officer, Memorial Hospital Pembroke



Date: April 11, 2022

Eric Freling, MD
Chief Medical Officer Memorial Hospital West



Date: April 13, 2022

Todra Anderson-Rhodes, MD
Chief Medical Officer, Memorial Hospital Miramar



Date: April 18, 2022

Marc Napp, MD
Senior Vice President, and Chief Medical Officer, Memorial Healthcare System