



Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT: GUIDELINES FOR SUPERVISION OF RESIDENTS

Policy No.: A257
Supersedes: September 28, 2006
Reviewed: June 7, 2013
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PURPOSE:

- 1.1 These guidelines regarding supervision of resident physicians are established to help ensure patient safety, enhance quality of patient care, and improve post-graduate education.

SCOPE:

- 1.2 These guidelines apply to any care rendered by a resident in a facility operated by the Los Angeles County Department of Health Services.

APPROVAL:

- 1.3 This policy is established based on a majority approval by the DHS Medical Director's Committee.

REVIEW:

- 1.4 These guidelines will be reviewed annually by the DHS Medical Directors' Committee.

Definitions

- 2.1 "Attending (staff) physician" is one who has completed an approved training program and has been granted privileges to perform, without supervision, relevant invasive or operative procedures, deliveries, or other special care unit activities.
- 2.2 "Supervising resident physician" is one who is enrolled in a training program and has, by virtue of demonstrated competence, been granted privileges to perform, without supervision, specific invasive or operative procedures, deliveries or other special care unit activities.
- 2.3 "Subordinate resident physician" is one who is enrolled in a training program but has not been granted privileges to perform, without supervision, invasive or operative procedures, deliveries, or other special care unit activities.
- 2.4 "Privileges" are granted by the relevant department chairman.
- 2.5 "Disposition" means discharge of a patient from the hospital or from a unit therein.

General Coverage

- 3.1 An attending (staff) physician or supervising resident physician is required to be available by phone to a subordinate resident physician 24-hours per day.
- 3.2 For hospitals with training programs in obstetrics, emergency medicine, or other programs where required by the Accreditation Council of Graduate Medical Education, an attending (staff) physician is required to be available in-house 24 hours per day.
- 3.3 For ambulatory/non-urgent care, an attending (staff) physician is required to be available on-site at the facility during hours of operation.

EFFECTIVE DATE: November 1997

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

Signature(s) on File.

Procedures Requiring Privileges (invasive and operative procedures, and deliveries)

- 4.1 An attending (staff) physician or supervising resident physician will be present with the patient for all operative or invasive procedures.
- 4.2 An attending (staff) physician or supervising resident physician will see and evaluate each patient prior to the procedure or delivery.
- 4.3 An attending (staff) physician or supervising resident physician will review with the subordinate resident physician, if any, the findings and plan for treatment before invasive or operative procedures.
- 4.4 An attending (staff) physician or supervising resident physician will assure documentation of a preoperative not prior to the procedure.
- 4.5 An attending (staff) physician or supervising resident physician will assure appropriate informed consent and proper documentation of the consent.
- 4.6 An attending (staff) physician or supervising resident physician will assure an operation or procedure note is written or dictated within 24 hours of the procedure and will sign or co-sign the note.

Emergency/urgent care

- 5.1 An attending (staff) physician will see and evaluate all unstable patients.
- 5.2 An attending (staff) physician or supervising resident physician will perform an independent evaluation for each emergency department visit.
- 5.3 An attending (staff) physician or supervising resident physician will review and sign the patient's record prior to disposition.

Ambulatory/non-urgent care

- 6.1 For each *new* patient, an attending (staff) physician will discuss with the resident physician the assessment and treatment plan and co-sign the resident physician's note within 24 hours, or the resident may follow a pre-established protocol which has been approved by the medical staff.

Inpatient admissions

- 7.1 An attending (staff) physician will document concurrence with discharge planning in the medical record prior to the patient's discharge, or the resident will document that the attending concurs with the discharge.
- 7.2 An attending (staff) physician will co-sign the resident physician's admission note within 24 hours after admission.
- 7.3 An attending (staff) physician will co-sign the resident physician's daily progress note, or the resident will include in his progress note that he has discussed the case with the attending, at least every 48 hours (every 72 hours on psychiatric or rehabilitation units).
- 7.4 An attending (staff) physician will document concurrence with discharge planning in the medical record prior to the patient's discharge, or the resident will document that the attending concurs with the discharge.

Intensive Care

- 8.1 An attending (staff) physician will see and evaluate the patient within 24 hours after admission to the Intensive Care Unit and at least daily thereafter.
- 8.2 An attending (staff) physician will co-sign the resident physician's assessment and treatment plan within 24 hours after admission to the Intensive Care Unit.
- 8.3 An attending (staff) physician will discuss every new patient with the resident physician within 8 hours of admission to the Intensive Care Unit.

Monitoring

- 9.1 The Facility Medical Director will monitor compliance with these guidelines and submit their results to the DHS Medical Director annually.
- 9.2 Medical Records Review Committees will include the documentation guidelines set forth in sections 4.3, 4.4, 4.5, 5.3, 6.1, 7.2, 7.3, 7.4, and 8.2 in their review of records.

REFERENCE: DHS Guidelines approved by the Medical Directors Committee 2-20-97

MA:gg