

REGULATIONS GOVERNING THE BOARD OF THE VERMONT STATE HOSPITAL**1. General Provisions**

1.1. Purpose: The purpose of these rules is to describe and define the scope of authority for the governance of Vermont State Hospital (hereinafter “VSH”), the sole public inpatient psychiatric facility for the state of Vermont. VSH, pursuant to Chapters 173 and 177 of 18 V.S.A. § 7205, is responsible for providing care for the residents of the state with major mental illness for whom no adequate, less restrictive alternative can be found. VSH operates under Vermont law within the Department of Mental Health of the Agency of Human Services.

1.2 Authority: This rule is adopted under the authority of 18 VSA § 7401(2), 3 VSA § 3003(a) and 3 VSA § 801(b)(11).

2. Board of Directors, Composition and Terms

2.1. The Board of Directors of VSH (hereinafter “the Board”) is composed of the Secretary of the Agency of Human Services or designee; the Commissioner of Mental Health or designee; the Commissioner of Corrections or designee; the Commissioner of the Department of Disabilities, Aging and Independent Living or designee, the Medical Director of the Department of Mental Health, and three public at-large members appointed by the Governor.

2.2. Appointment to the Board is automatic upon assumption of the positions referenced above and remains in effect for the length of time that the incumbent serves in the position. Appointment of public members is at the sole discretion of the Governor and shall be for a period of no less than two years. Initial terms shall be staggered so that no more than one member’s term expires each year.

2.3. The Commissioner of Mental Health serves as chairperson at all meetings of the Board.

3. Board of Directors, General Duties and Responsibilities

3.1. Oversight. The Board is responsible for the following:

3.1.1. Reviewing the effectiveness of management operations of VSH;

3.1.2. Overseeing institutional planning; and

3.1.3. Ensuring a consistent level of care throughout the hospital.

3.2. Adopt by-laws. The Board shall adopt and amend by-laws as necessary to implement the authority and responsibility provided by these regulations and for the conduct of their meetings, which shall be consistent with law and these regulations.

4. Specific Duties of the Board:

- 4.1. **Executive Director.** The Board shall approve the appointment of an Executive Director who shall be responsible for managing the hospital.
- 4.2. **Emergency Services.** The Board must assure that the medical staff has written policies and procedures for appraisal of emergencies, initial treatment and referral when appropriate.
- 4.3. **Care of Patients.** The Board shall ensure that consistent and quality care is provided throughout the hospital. Specifically, the Board shall ensure that the following requirements are met:
 - 4.3.1. Every patient is under the care of a qualified doctor and other qualified medical staff.
 - 4.3.2. Patients are admitted to the hospital only on the recommendation of a licensed practitioner permitted by the State to admit patients to a hospital.
 - 4.3.3. A doctor is on duty or call at all times.
 - 4.3.4. A doctor is responsible for the care of each patient with the respect to any medical or psychiatric problem that is present on admission or develops during hospitalization, except where the problem is specifically within the scope of practice of a dentist, podiatrist, optometrist, chiropractor or clinical psychologist.
- 4.4. **Medical Staff.** The Board shall:
 - 4.4.1. Determine which categories of practitioners are eligible candidates for appointment the medical staff;
 - 4.4.2. Appoint members of the medical staff after considering the recommendations of the existing members;
 - 4.4.3. Ensure that the criteria for selection are individual character, competence, training, experience and judgment; and
 - 4.4.4. Ensure that under no circumstances is the accordance of staff membership or professional privileges in the hospital dependent solely upon certification, fellowship or membership in a specialty body or society.
 - 4.4.5. Assure that the medical staff has bylaws, and approve those by-laws and other medical staff policies; and
 - 4.4.6. Ensure that the medical staff is accountable for the quality of care provided to patients.
- 4.5. **Institutional Plan.** The Board shall ensure that the hospital has an annual budget and capital plan that meets the following conditions:
 - 4.5.1. The annual operating budget is prepared according to generally accepted accounting principals;
 - 4.5.2. The budget includes all anticipated income and expenses;

- 4.5.3. The plan provides for capital expenditures for at least a 3-year period and includes and identifies in detail the objective of, and the anticipated sources of financing for, each anticipated capital expenditure in excess of \$600,000 relating to: the acquisition of land; improvements to land, buildings, or major equipment; or the replacement, modernization and expansion of buildings and major equipment.
- 4.5.4. The budget and capital plan are prepared under the direction of the Board and by a committee consisting of members of the Board, the administrative staff and the medical staff of the hospital; and
- 4.5.5. The budget and plan is reviewed and updated annually.

- 4.6. **Contracted Services.** The Board shall monitor the hospital's contracts for services and ensure that a contractor of services furnishes services that permit the hospital to comply with all applicable regulations and standards for the contracted services. In addition, the Board shall ensure that the services performed under any contract are provided in a safe and effective manner.

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