

# Vermont State Hospital

## Medical Staff Rules and Regulations

### Preamble

These Rules and Regulations of the Medical Staff of Vermont State Hospital (VSH) shall be applicable to all members of the Medical Staff and to all persons with delineated clinical privileges.

All members of the Medical Staff will comply with the standards of the Joint Commission on Accreditation of Health Care Organizations, other appropriate regulatory agencies, and the Bylaws of the Medical Staff of Vermont State Hospital. All members of the Medical Staff shall abide by the VSH Staff Access to Patient Information and Confidentiality Policy and the Patients' Rights Policy.

“Attending psychiatrist” refers to that physician with primary responsibility for the care and treatment of the patient.

- I. **Admissions and Admitting/Responsible Physician Responsibilities**
  - A. Patients may only be admitted only by members of the VSH Medical Staff.
  - B. Each patient who is admitted to the hospital shall receive, at a minimum, a provisional diagnosis given by the admitting physician.
  - C. Each patient's care and treatment shall be overseen by the attending psychiatrist.
  - D. The attending psychiatrist or designee shall be available to the patient daily and attend the patient as indicated.
  
- II. **Coverage**
  - A. There is a physician on site at VSH available to patients 24 hours/day, 7 days/week, 365 days/year.
  - B. During the normal course of patient care, it is recognized that the Attending Psychiatrist may designate another psychiatrist to assure the care of the patient.
  - C. In the case of an emergency, the Medical Director shall have the authority to call any member of the staff, if it should be considered necessary.
  - D. The Medical Director shall be responsible for the adequate professional coverage of VSH patients.
  
- III. **Advance Directives**

Attending Psychiatrists shall be familiar with and abide by the VSH Advance Directive Policy, which is available in the VSH Policy Manual, accessible on any VSH computer.

**IV. Autopsies and Medical Examiner Cases**

- A. Every member of the Medical Staff is responsible for securing autopsies for the death of any individual while a patient at VSH.
- B. Medical Examiner Cases – If a death occurring at VSH is even remotely associated with violence, accident, trauma, suicide, or is a result of injury or poisoning or if the patient is in police custody or an inmate of a jail, or if the death is in any way unusual, unnatural, or suspicious, or occurs in circumstances hazardous to public health, safety, or welfare, then the Medical Examiner MUST be called. *See VSH Patient Death Policy.*

**V. Consent**

All members of the Medical Staff will comply with any VSH policies regarding informed consent.

**VI. Consultation**

- A. It is the responsibility of the Attending Psychiatrist to:
  - 1. Acquire any and all needed consultation.
  - 2. See that the consultation is performed.
- B. The Consultant must be appropriately qualified to perform the consultation.
- C. It is the responsibility of the Consultant to:
  - 1. Communicate directly with the Attending Psychiatrist both verbally and in a written note, in a timely manner.
  - 2. Consultations must be documented in the medical record.

**VII. Discharges**

- A. All discharges shall be the responsibility of the attending psychiatrist.
- B. Discharge planning shall be an integral part of the hospitalization of each patient and shall commence upon admission. When patients refuse discharge planning and the patient can be safely discharged without it, that conclusion shall be noted on the medical record of the patient. Discharge planning shall include, but need not be limited to, the following:
  - 1. Appropriate referral and transfer plans.
  - 2. Methods to facilitate the provision of follow-up care.
  - 3. Information to be given to the patient or the patient's family or other persons involved in caring for the patient on matters such as the patient's condition; health care needs; the amount of activity that should be engaged in; any necessary medical regimens including drugs, diet, or other forms of therapy; sources of additional help from other agencies; and procedures to follow in case of complications. This information should be provided by the Attending Psychiatrist and designees.
- C. The attending psychiatrist shall be familiar with and abide by VSH policies regarding discharges.

**VIII. Medications**

Medications shall only be used for appropriate clinical indication in keeping with the Attending Psychiatrist's judgment. Medications selected for inclusion in the hospital formulary shall be on the basis of clinical efficacy, safety, and cost as determined by the Pharmacy and Therapeutics Committee. Non-formulary medications may be ordered as long as VSH procedures are followed.

**IX. Educational Programs**

- A. VSH shall provide educational programs for the Medical Staff as deemed necessary by the Medical Staff.
- B. As required by JCAHO standards, the Medical Director shall define the guidelines under which residents and medical students shall be supervised. The guidelines will be written and located in the Medical Director's Office.

**X. Medical Records**

A. General Rules

- 1. The Attending Psychiatrist shall be responsible for the preparation of a complete and accurate medical record for each patient under his/her care. The contents shall be pertinent and current and shall be sufficient to justify the medical necessity of admission, treatment provided, length of stay, and diagnosis.
- 2. A single physician of record shall be identified in the medical record as being responsible for the patient at any time.

B. Authentication

All entries in the medical record shall be legible, dated, timed, and authenticated by the person making the entry. The Attending Psychiatrist shall sign or countersign the history and physical examination, requests for consultations, and the discharge summary.

C. Contents

A complete inpatient medical record shall include:

- 1. Identifying information
- 2. Legal Status of the patient.
- 3. History and Physical – See Section E below
- 4. Diagnostic and therapeutic orders
- 5. Evidence of patient education / information related to medications
- 6. Treatment Plans
- 7. Full documentation for all restrictive interventions
- 8. Results of all consultations, tests, and other measures.
- 9. Discharge Summary
- 10. Autopsy permission and report, if applicable

#### D. History and Physical Examination (“H&P”) Requirements

##### 1. Admissions

A complete H&P (and update if applicable) must be performed and documented within twenty-four (24) hours of an inpatient admission. When a patient refuses complete H&P, due diligence to obtain H&P must be exercised and documented. In addition, risk benefit analysis must be documented in order to override refusal.

##### 2. Updated H&P

A History and Physical Examination that was performed up to thirty (30) days prior to an admission or procedure may be used if:

- The H&P is reviewed and updated as needed and changes in the patient’s condition, the patient’s course of care during the interim period, or the physical/psychosocial status of the patient are made within twenty-four (24) hours of the admission;
- The updated information is authenticated by a clinician who has been granted clinical privileges to perform H&Ps at VSH.

#### E. Contents – History and Physical (H&P):

The minimum elements of an H&P are:

- Patient name
- Chief complaint/indications for treatment/procedure
- Vital signs, weight and height
- Co-morbid conditions/Past Medical History
- Allergies
- Medications
- Tobacco use, alcohol use, substance abuse
- Social History as pertinent
- Family History as pertinent
- Review of Systems as pertinent
- Complete Physical Examination
- Assessment and Plan – Provisional diagnosis; goals of treatment, treatment plan, and discharge planning

#### F. Progress Notes

Progress notes should provide a pertinent, chronological report of the patient’s course of treatment and contain sufficient content to ensure continuity of care. Progress notes should be recorded, dated, timed, legible, and signed at the time of observation. Progress notes should contain documentation of discharge planning, requests for consultation and updating of the treatment plan and response to treatment.

Progress notes must be recorded and/or countersigned by the Attending Psychiatrist.

G. Discharge Summary

A discharge summary shall be recorded for all patients. The discharge summary shall include the reason for the hospitalization, all relevant diagnoses established during the admission, complications, procedures performed, treatment rendered, condition upon discharge, reconciled medication list, and any specific instructions provided to the patient and/or family. Discharge summary must also include any referrals and communications made to external care providers and to community agencies.

H. Chart Completion, Deficiency Notification and Suspension

After discharge, medical records shall be completed in a timely manner, not to exceed thirty (30) days.

Medical records are deemed “delinquent” at thirty (30) days post discharge. A Medical Staff member’s privileges will be temporarily suspended after thirty (30) days if the provider has not completed all required dictation and/or handwritten reports as well as required signatures within 30 days of discharge at the discretion of the Medical Director.

**XI. Policies and Procedures**

All policies and procedures created at VSH shall follow the VSH policy development process.

If the policy affects physician practice in patient care, it must be approved by the Medical Staff.

- A. Determination of whether a policy, or a part of a policy affects physician practice in patient care, and therefore requires approval by the Medical Staff, will be made by the Medical Director.
- B. Any changes to a policy affecting physician practice made after initial approval will be evaluated by the Medical Director for consideration of the necessity for approval by the Medical Staff.

**XII. Adoption and Amendment**

- A. These Rules and Regulations and any amendments thereto shall be adopted under the procedures established under articles XV of the Bylaws and Rules and Regulations of the Medical Staff. These Rules and Regulations take effect upon approval by the Governing Body.
- B. The Medical Staff on the recommendation of the Medical Director is authorized to amend the Rules and Regulations of the Medical Staff as necessary for immediate compliance with the Center for Medicare & Medical Services Conditions of Participation.

- C. It shall be the duty of the Medical Director to furnish each member of the Medical Staff with a current copy of these Rules and Regulations along with other policy statements relevant to the Medical Staff.