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DRAFT

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CONNECTICUT VALLEY HOSPITAL

RULES AND REGULATIONS

Preamble

Article ~~XI~~ **[XIII]** of the By-Laws of the Medical Staff states:

"The Medical Staff shall from time to time adopt such rules and regulations as may be necessary to implement more specifically any general principles found within these By-Laws."

Any Rule or Regulation that is inconsistent with appropriately approved revisions or amendments to the Medical Staff By-Laws shall be considered repealed once the change in Medical Staff By-Laws becomes effective.

Nothing in these Rules and Regulations shall prohibit the Hospital administration from establishing Policies and Procedures to facilitate the efficient management of patient care services, or from complying with government and departmental regulations, except that: (1) such policies shall occur only after consultation with the Medical Staff Executive Committee, (2) such policies shall be clearly communicated to the Medical Staff in writing, and revised texts of such shall be supplied, **[and]**

(3) such policies shall be consistent with **[ensuring professionally ethical conduct and competent clinical performance on the part of all members of the Medical Staff]** ~~the standards of care outlined in the Medical Staff Bylaws and Rules and Regulations, and (4) such policies shall allow members of the Medical Staff to continue to act with a reasonable degree of freedom and confidence in the care of their patients.~~ As a condition of employment and appointment to the Medical Staff, members agree to abide by the provisions set forth in the Medical Staff Bylaws, Rules and Regulations, and Hospital Policies and Procedures.

ARTICLE I: MEETINGS

As a condition of appointment to the Active Medical Staff, members also agree to actively participate in Medical Staff **[meetings and]** committees. as **[Participation in]** such committees help fulfill the Medical Staff's obligation to assure the quality of care to the patients of Connecticut Valley Hospital.

~~Medical Staff Meetings and all Medical Staff Committee Meetings shall be conducted in a manner consistent with Parliamentary Procedure.~~

[A. ATTENDANCE:

Attendance requirements for Medical Staff and committee meetings are in Article XII of the Connecticut Valley Hospital Medical Staff By-Laws.

B. PARTICIPATION:

Each full time member of the Medical Staff shall serve on at least two (2) Medical Staff in-hospital committees. Each part-time member of the Medical Staff (25 hours or less/week) shall serve on at least one (1) Medical Staff or Hospital committee.]

ARTICLE II: MEDICAL RECORDS

All medical records shall be the property of Connecticut Valley Hospital and shall not be removed from the Hospital. At the time of discharge, the attending physician shall be responsible for completeness of the clinical material in the patient's record, that the final diagnosis has been stated, and that all records have been duly signed within thirty (30) days of discharge. In the case of the readmission of a patient, all previous records on file shall be made available for the use of the attending physician. This shall apply whether the patient is being attended by his/her previous physician or another. All members of the Medical Staff shall familiarize themselves with and adhere to the Health Information Management service guidelines for timeliness of completion of required documentation.

ARTICLE III: PHYSICIAN ORDERS

All orders for medication and treatment shall be recorded in the chart. Except for Schedule II Drug orders (narcotics), orders may be given to a Registered Nurse by a physician (or independent medical practitioner when applicable) and then later signed and dated by the physician. Telephone or verbal orders given to a Registered Nurse shall be signed by the nurse with the name of the physician who gave the order duly noted. Physicians should sign and date all telephone and verbal orders as soon after they are written as possible but no later than thirty (30) days. Failure to sign and date verbal or telephone orders in a timely fashion may result in the loss of ability to give such orders. Physicians may countersign verbal/telephone orders of other physicians. Please note that orders for seclusion or restraint have specific requirements which are noted in the Operational Policy and Procedure Manual, Policies 3.17.1; 3.17.2.; 3.17.3.

ARTICLE IV: MEDICATION

1. Drug use shall meet the standard of the U.S. Pharmacopeia, National Formulary, or New and Non-Official Drugs, with the exception of drugs used in bona fide clinical investigations approved by the Research Committee. The Hospital formulary is a listing of drugs and dosage forms, selected by the Pharmacy and Therapeutics Committee and considered most useful therapeutically at this Hospital from among the numerous medicinal agents available. The formulary indicates to the Medical Staff, the nursing staff and the pharmacy

staff the therapeutic agents officially approved for use in the Hospital, together with the composition, strengths, and routes of administration. Drugs listed in the formulary are also listed by generic name. The Hospital Pharmacy is given permission by the Medical Staff to dispense the generic preparation whenever a staff member prescribes by the proprietary title, unless concurrently with the writing of the medication order the physician indicates that the brand name product only shall be dispensed. The Pharmacy and Therapeutics Committee shall approve every drug to be used at Connecticut Valley Hospital subject to the final approval of the medical staff. A copy of the Hospital formulary shall be maintained in the Hospital Pharmacy and at each nursing station and by each physician. Non-formulary medications may be ordered in accordance with policies established by the Pharmacy and Therapeutics Committee.

2. Antipsychotic drugs shall be used only when clearly indicated, at the lowest dosage producing the desired effect, and only as long as clinically indicated. Each patient, and/or conservator, if applicable, will be fully informed about all medications and must participate in discussion concerning medications. Each patient receiving antipsychotic medication should be regularly observed for tardive dyskinesia, as well as more familiar complications of such therapy. If early signs of tardive dyskinesia occur, the risk benefit ratio for continuing use should be considered and then appropriate steps taken. Clinical benefits versus risks of the continued use of antipsychotic medication in the face of signs of tardive dyskinesia, whenever occurring, should be clearly documented in the medical record. Consultation from a peer may be requested if any question of risk/benefit exists. AIMS forms will be repeated every six months until thirty (30) days after the medication is discontinued. Weekly blood monitoring is required in the Clozapine protocol.
3. To implement the Controlled Substances Act of 1970, and its Amendments, Schedule II, narcotic drugs, (e.g. morphine, codeine, dilaudid, methadone, demerol, percodan, etc.) shall be ordered for not longer than seventy-two (72) hours. If the drug is required beyond this time, the order must be rewritten.
4. Schedule II, non-narcotic drugs, (e.g. stimulants -- amphetamine, and ritalin, and sedatives -- amytal, secanol, nembutal, quaaludes) and Schedule III drugs (such as paregoric, combinations of opioids/non-opioids, some short acting barbiturates) shall be ordered for a period up to seven (7) days, and be reordered in increments of seven (7) days if needed.
5. Corticosteroids, oxytocics, and anticoagulants, shall be automatically discontinued after forty-eight (48) hours, unless the order indicates the exact number of times it is to be administered or the exact period of time is specified or unless the physician reorders the medication. In no event would the order be written for longer than thirty (30) days.
6. Orders for antibiotic drugs will be recorded on an order form for that purpose and instructions for that form will be followed.

7. Birth control tablets shall be reordered every cycle.
8. All other drugs (antiparkinsonian drugs, phenothiazines, anti-depressants, etc.) will terminate after thirty (30) days, at which time the order must be rewritten to be continued.
9. Acetaminophen (Tylenol) 650 mg po q four hours for mild pain, headaches, and Maalox 30 cc po, for gastro-intestinal upset may be ordered on a PRN basis for up to 30 days. Milk of Magnesia 30 cc may be ordered p.o. at bedtime PRN for constipation for up to 30 days.

ARTICLE V: EMERGENCY CARE

In life-threatening situations, personnel on the scene, if appropriately trained, will initiate life-sustaining treatment pending the arrival of the emergency team. A physician will assume responsibility for the assessment and treatment until the paramedics arrive or the emergency ends.

Connecticut Valley Hospital provides Level IV emergency care, offering reasonable care in determining whether an emergency exists, renders lifesaving first aid, and makes appropriate referral to the nearest organizations that are capable of providing needed services.

ARTICLE VI: SPECIAL PROCEDURES

1. Patients who are scheduled or selected to have electroconvulsive therapy, in addition to the routine laboratory studies, shall have an X-ray of the spine, an electrocardiogram and a recent physical examination. Electroconvulsive therapy necessitates the informed consent of the patient or legal guardian, if applicable. If the informed consent of the patient and/or guardian is not available, administration of electroconvulsive therapy will be in conformity with the relevant section of the General Statutes of the State of Connecticut. Arrangements will be made with contracted outside providers for the procedure to be carried out on their premises by their staff. The procedure will be performed on an outpatient basis. Transportation to and from the contracted outside providers will be arranged by Connecticut Valley Hospital.
2. The use of restraints and seclusion shall be only in accordance with Connecticut Valley Hospital policies and procedures in effect at the time of its application. The use of restraints and seclusion shall be strictly in conformity with relevant Connecticut General Statutes, federal regulations and Commissioner's Policies on restraint and seclusion. The use of behavior modification procedures that use painful stimuli shall not be employed at Connecticut Valley Hospital.
3. Surgical procedures, except for certain minor surgical and dental surgical procedures, are not performed at Connecticut Valley Hospital. Arrangements for patients to undergo

surgery shall be made with the appropriate community-based facilities. Psychosurgery is not performed at Connecticut Valley Hospital.

4. Every member of the Medical Staff is expected to be actively interested in securing an autopsy when the death of an inpatient occurs. No autopsy shall be performed without the written consent of a relative or legally authorized agency. Autopsies shall be performed by a pathologist on the staff of one of the community hospitals or the Medical Examiner's office.

ARTICLE VII: PATIENT RIGHTS/CONFIDENTIALITY

The Medical Staff complies with the relevant Section of the General Statutes of Connecticut. All restrictions are applicable to individual privileges and based on clinical appropriateness.

ARTICLE VIII: LABORATORY SERVICES

Clinical laboratory services shall be provided by an approved clinical laboratory as per present and future agreements.

ARTICLE IX: RULES AND REGULATIONS REVIEW AND REVISION

The Medical Staff of Connecticut Valley Hospital shall review its Rules and Regulations at least biannually, and shall review and/or modify them whenever the results of Quality Assessment activities or changes in the accepted standards of care suggest such a need. Any member of the medical staff may propose a review of the By-Laws and Rules and Regulations during a regular Medical Staff meeting or by a written request to the Medical Staff Executive Committee.

The Medical Staff Executive Committee shall from time to time review Hospital policies and procedures that pertain to medical care and shall review and/or suggest modifications of them whenever the results of Quality Assessment activities or changes in the accepted standards of care suggest such a need. Any member of the Medical Staff may propose a review of the Hospital policies and procedures during a regular Medical Staff meeting or by a written request to the Medical Staff Executive Committee.

ARTICLE X: PROFESSIONAL DEVELOPMENT

There shall be a working medical library and journal file. All members of the Active Medical Staff shall be encouraged to continue their professional development through in-house training opportunities, recognition and pay incentive for passing their specialty boards, and an opportunity

to receive additional training in areas found deficient through peer review mechanisms; educational leaves to attend courses, and conferences related to clinical or administrative work. It is expected that each Medical Staff member earn fifty (50) continuing education credits per two-year period, at least twenty (20) credits being category one credits.

ARTICLE XI: IMMUNITY FROM LIABILITY

Section 4-165, Immunity of State Officers and Employees from Personal Liability, of Connecticut State Statutes, reads as follows: No State officer or employee shall be personally liable for damage or injury, not wanton, reckless or malicious, caused in the discharge of his duties or within the scope of his employment. Any person having a complaint for such damage or injury shall present it as a claim against the state under the provisions of this chapter. For the purposes of this section "scope of employment" shall include, but not be limited to, representation by an attorney appointed by the public defender services commission as a public defender, assistant public defender or deputy assistant public defender or any attorney appointed by the court as a special assistant public defender of an indigent accused or of a child on a petition of delinquency, representation by such attorneys, referred to in section 4-141, of state officers and employees, in action brought against such officers and employees in their official and individual capacities, the discharge of duties as a trustee of the state employees retirement system, the discharge of duties of a Commissioner of Superior Court hearing small claims matter or acting as a fact-finder, arbitrator or magistrate or acting in any other quasi-judicial position, and the discharge of duties of a person appointed to a committee established by law for the purpose of rendering services to the judicial department; provided such actions arise out of the discharge of the duties or within the scope of employment of such officers or employees. For purposes of this section members or employees of the soil and water district boards established pursuant to section 22a-315 shall be considered state employees."

ARTICLE XII: DISASTER PLAN

The Hospital maintains at all times an external and internal disaster plan in which members of the Medical Staff actively participate. Members of the Medical Staff are required to be familiar with their duties and roles in the disaster plan. Selected members of the Medical Staff participate on the Connecticut Valley Hospital Safety Committee. This committee periodically updates the plan.

ARTICLE XIII: SELECTION OF NEW MEDICAL STAFF

1. When a position for a physician becomes available, either through vacancy or through the creation of a new position, the Medical Staff shall play an active role in the selection of new members of the Medical Staff. The Executive Committee of the Medical Staff shall have the right to interview any applicant for membership on the Medical Staff and to make

recommendations about the appropriateness of candidates for membership and for particular clinical positions. The names of approved applicants will be sent to the administration of the Hospital for further consideration and personnel action.

2. Once approved, the completed application file will be forwarded to the Credentialing and Privileging Committee for review regarding credentials and privileges and to make recommendations to the Executive Committee of the Medical Staff. A copy of the applicant file, the recommendations by the Executive Committee of the Medical Staff, and the recommendation made by the Psychiatrist-In-Chief and Chief of Professional Services would then be forwarded to the Chief Executive Officer as a representative of the Governing Body for final approval of employment, appointment to the Medical Staff, and/or approval of delineated privileges.

No physician may be employed at Connecticut Valley Hospital in a clinical capacity without the Executive Committee of the Medical Staff first recommending appointment to the Medical Staff. Interim privileges may then be granted by the Chief Executive Officer until privileges are approved by the Governing Body.

APPROVED BY THE TOTAL MEDICAL STAFF ON _____

President of Medical Staff
Connecticut Valley Hospital

APPROVED BY THE GOVERNING BODY ON _____

Chairman, Governing Body
Connecticut Valley Hospital

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