

**ARIZONA STATE**

**Civil and Forensic  
Hospital**

**MEDICAL STAFF**

**RULES AND**

**REGULATIONS**

**2015-2017**

**I. INTRODUCTION**

**II. DEFINITIONS**

**III. GENERAL RULES REGARDING PRACTICE IN THE HOSPITAL**

Responsibility for Patient Care  
Continuous Physician Care/Handoff Process  
Call Procedure  
Provision of Current Physician Information  
Responsibility to Report  
Sexual Harassment Policy  
Consultations/Case Conferences  
Informed Consent  
Emergencies  
Patients' Rights  
Disasters  
Orientation for New Physicians/ Providers  
Compensation and Conflict of Interest  
Performance Improvement  
Rules Regarding Surgical Care  
Patients Refusing to Take Medical Advice  
Special Treatment Plans  
Special Precautions  
Resident Trainee Supervision  
Training/CEU

**IV. PATIENT ADMISSIONS, DISCHARGE, TRANSFERS, AND DEATHS**

Patient Admissions  
Patients Accepted  
Admission Order  
Provisional Diagnosis  
Utilization Review  
Transfers  
Discharge Planning  
Hospital Death  
Autopsies

**V. DO NOT RESUSCITATE (DNR)**

**VI. MEDICAL RECORDS**

The Medical Record  
History and Physical Examination  
Diagnostic and Therapeutic Orders  
Consultation  
Clinical Observations  
Access to Medical Information and Medical Records  
Completion of Medical Records

**VII. DRUGS AND MEDICATIONS**

Usual  
Investigational  
Medications of the Patient  
Patient Self-Medication  
Pain Management

**VIII. SPECIAL TREATMENT PROCEDURES**

Psychosurgery  
Electro-Convulsive Therapy  
Seclusion and Restraints

**IX. SECLUSION AND RESTRAINT**

**X. EMERGENCY SERVICES**

Medical Coverage  
Medical Record  
Transfer Policies

**XI. PODIATRY CARE**

**XII. PHYSICAL THERAPY CARE**

**XIII. DENTAL CARE**

**XIV. OFF-GROUND CARE**

**XV. INCORPORATION BY REFERENCE**

## **I. INTRODUCTION**

These Rules and Regulations of the MEDICAL STAFF of ARIZONA STATE HOSPITAL are adopted to implement some of the general principles found in the MEDICAL STAFF BYLAWS and the supporting manuals. They have the purpose of assuring the availability of quality medical care in keeping with currently recognized medical standards. The Rules and Regulations are an extension of the BYLAWS by reference and assist in establishing a framework for the self-government of Medical Staff activities as required by the Governing Body. These Rules and Regulations may be amended, replaced or supplemented at any regular Medical Staff Meeting without previous notice, by majority vote, or at any special meeting on notice, by majority vote, or by two-thirds vote, at the Medical Staff Executive Committee Meeting. Changes in the Rules and Regulations are effective upon approval by the Governing Body. The Bylaws, Rules and Regulations create a framework within which medical staff members can act with a reasonable degree of freedom and confidence in the provision of patient care services.

Observance of the Rules and Regulations, which have the same force as the Bylaws, is required of members of the MEDICAL STAFF or others who maintain any form of clinical PRIVILEGE. The Rules and Regulations are meant to work in concert with Hospital Policies and Procedures. When a conflict exists between these Rules and Regulations and current hospital (as opposed to unit) policies and procedures, the policy and procedure shall take precedence. A physician may bring the conflict to the attention of the Medical Executive Committee. Current copies of the Rules and Regulations shall be appended to the Bylaws and shall be kept in the Medical Staff Services Department and elsewhere as appropriate to be readily available to any members of the Hospital Medical Staff or Personnel.

## **II. DEFINITIONS**

1. "A.R.S." means Arizona Revised Statutes.
2. "ACTIVE MEDICAL STAFF" means Physicians, Nurse Practitioners, Dentists, Podiatrists and Physician Assistants who are appointed as members and privileged to attend patients or to provide other diagnostic, therapeutic, medical or surgical services at the Arizona State Hospital. Except when otherwise indicated, the use of the term MEDICAL STAFF will include both these members and members of the Associate Medical Staff. The Medical Staff is a self-governing organization.
3. "ASSOCIATE MEDICAL STAFF" means Pharmacists and Registered Dieticians who are credentialed to perform ancillary patient care duties by the MEDICAL STAFF under these Bylaws and the Credentialing Manual. Associate Medical Staff are exempt from the attendance requirements for Medical Staff meetings and do not have voting privileges within the Medical Staff.

4. **"CHAIRPERSON"** or **"CHAIR"** means the chairperson of a Medical Staff Committee.
5. **"CHIEF MEDICAL OFFICER," "CMO" OR "CHIEF"** means the Chief Medical Officer of the Arizona State Hospital. The CMO has the alternative title of "Medical Director of the Arizona State Hospital."
6. **"CHIEF EXECUTIVE OFFICER" or "CEO"** has the alternative title of the Superintendent of the Arizona State Hospital.
7. **"CLINICAL PRIVILEGES" or "PRIVILEGES"** means the permission granted to a Medical Staff member or Visiting Staff member to provide those diagnostic, therapeutic, medical or surgical services specifically delineated to him/her.
8. **"DENTIST"** means a person licensed under the provisions of A.R.S. §§ 32-1201 et seq.
9. **"DEPARTMENT"** means the Department of Health Services.
10. **"DEPUTY DIRECTOR"** means the Deputy Director of the Division of Behavioral Health in the Department of Health Services.
11. **"DIVISION"** means the Division of Behavioral Health in the Department of Health Services.
12. **"EMPLOYEE"** means an officer or employee of the State Hospital.
13. **"EX-OFFICIO"** means serves as a member of a body by virtue of a position and means without voting rights.
14. **"GOVERNING AUTHORITY"** means the Director of The Department of Health Services or the DIRECTOR'S designee.
15. **"GOVERNING BODY" OR "BODY"** consisting of the Deputy Director of the Division of Behavioral Health, an Arizona State Hospital physician and a community representative. This Body is responsible for the overall direction of the Hospital.
16. **"HOSPITAL" or "STATE HOSPITAL"** means Arizona State Hospital.
17. **"LICENSED INDEPENDENT PRACTITIONER"** is any individual permitted by law and by the organization to provide care and services without direction and supervision within the scope of the individual's license and consistent with individually-granted clinical privileges including resident physicians.
18. **"MEDICAL DIRECTOR"** of the Arizona State Hospital has the alternative title of

CHIEF MEDICAL OFFICER.

19. **"MEDICAL STAFF"** will be used to identify all members of the medical staff, including Associate and Active Medical Staff members. The Medical Staff is a self-governing organization.
20. **"MEDICAL STAFF EXECUTIVE COMMITTEE"** or **"MEC"** means a committee comprised of the officers of the Medical Staff and two elected members.
21. **"MEDICAL STAFF YEAR"** means the twelve-month period commencing July 1 of each year and ending on June 30th of the following year (state fiscal year).
22. **"NURSE PRACTITIONER"** means a person licensed under A.R.S. §§ 32-1601 et seq. to practice as a Registered Nurse Practitioner.
23. **"PERFORMANCE IMPROVEMENT"** means the system outlined in the PERFORMANCE IMPROVEMENT PLAN and associated department plans.
24. **"PHARMACIST"** means a person who holds either a Rh.P. or Pharm.D degree who is also licensed under the provisions of A.R.S. §§ 32-1901 et seq.
25. **"PHYSICIAN"** means a person licensed under the provisions of A.R.S. §§ 32-1801 et seq. or 32-1401 et seq.
26. **"PHYSICIAN TRAINEE"** means a Resident/Fellow in an approved graduate medical education training program.
27. **"PHYSICIAN ASSISTANT"** means a person licensed under the provisions of A.R.S. §§ 32-2501 et. seq. and who has in place a signed agreement with a supervising physician, in accordance with these bylaws and the requirements as outlined in the above referenced statutes.
28. **"PODIATRIST"** means a person licensed under the provisions of A.R.S §§ 32-801 et seq.
29. **"PRESIDENT"** means the elected President of the Medical Staff.
30. **"QUALITY IMPROVEMENT, QUALITY MANAGEMENT, QUALITY ASSURANCE"** means the system outlined in the Hospital's Performance Improvement Plan and associated departments.
31. **"REGISTERED DIETICIAN"** means an individual who holds certification as a Registered Dietician (R.D.) from the Commission on Dietetic Registration, and who meets the educational and training requirements of the American Dietetic Association.

32. "R.B.H.A." means Regional Behavioral Health Authority.
33. "STAFF MEMBERSHIP or "MEMBERSHIP" means appointment of an individual to the Active Medical Staff or the Associate Medical Staff. This is separate from clinical privileging.
34. "SUPERINTENDENT" means the Superintendent of the State Hospital. The Superintendent has the alternate title of Chief Executive Officer.
35. "VISITING STAFF" means practitioners who are privileged to consult on or manage patients on a limited basis. These are professionals who have applied for and been granted privileges through the credentialing process.

### III. GENERAL RULES REGARDING PRACTICE IN THE HOSPITAL

- A. Every member of the MEDICAL STAFF shall be subject to the Bylaws, Policies and rules of the HOSPITAL and the Bylaws, manuals and Rules and Regulations of the MEDICAL STAFF. Violation of these documents shall subject the MEDICAL STAFF member to appropriate disciplinary action.
- B. Responsibility for Patient Care: Each member of the MEDICAL STAFF shall be responsible for the treatment of each patient assigned to his/her care in the HOSPITAL. Transfer of responsibility for the case to another physician shall be entered by order on the patient's health record, whereupon the physician to whom the patient was transferred shall be responsible for the care of that patient. There is communication amongst all practitioners involved in a patient's care, treatment and services.
- C. Continuous Physician Coverage: The Physicians/ Providers at the ARIZONA STATE HOSPITAL shall provide for and participate in a mechanism that insures continuous physician coverage for the patients in the HOSPITAL. A Day and Night Officer on Duty (OD) will be designated and carry a cell phone during OD hours. Handoff communication will occur daily at 5:00 PM and 8:00 AM between the day and night OD staff to discuss follow-up patient care issues/needs. Furthermore, an "OD log" is maintained on the intranet where all patient care related actions or communications which occur during after hours, weekend or holiday OD coverage are documented by the OD physician. All medical staff have access to this log, and the log allows email notification to providers for important items maintained in the log.

The HOSPITAL with the help of the Physicians/ Providers shall provide an "ON CALL" system for continuous hospital wide coverage. The night psychiatric OD physician shall serve as the "ON CALL" physician. A medical OD will also be designated and will respond telephonically to any requests from the psychiatric "ON CALL" physician. The monthly "ON CALL" schedule will be completed by the

Medical Staff Services Coordinator and distributed monthly to all hospital staff. Any cross coverage needs will be negotiated between Physicians/ Providers and provided to the Medical Staff Services Coordinator for HOSPITAL distribution.

Physicians'/ Providers' PTO/ CEU requests will be submitted in writing to the Medical Staff Services Coordinator. The Medical Staff services Coordinator will record and monitor all PTO/ CEU requests. Physicians/ Providers requiring time off during scheduled hours to attend meetings, trainings, and /or other appointments will arrange for cross coverage with a peer during the hours they will be unavailable.

- D. Provision of Current Physician Information: Each member of the MEDICAL STAFF shall be responsible for providing the HOSPITAL with current information as to the address and telephone numbers where the member can be reached. The member shall also keep the HOSPITAL informed (in writing) of the expected duration of any prolonged absence from the city.
- E. Responsibility to Report : It shall be the responsibility of each member of the MEDICAL STAFF to report in writing to the CHIEF MEDICAL OFFICER any conduct, acts or omissions by members of the MEDICAL STAFF, the member in good conscience believes to be detrimental to the health and safety of the patient, which violates the Bylaws or Rules and Regulations of the MEDICAL STAFF, violates the Hospital's policies and procedures, or which interferes with the proper functions of the Hospital.
- G. Sexual Harassment Policy: Sexual harassment is defined as unsolicited and unwelcome sexual advances, requests for sexual favors, and/or verbal or physical conduct of sexual nature in the work place. If a complaint of sexual harassment is lodged against a MEDICAL STAFF member, it will initially be investigated through the Office of Special Investigations, ADHS. The report of that investigation will be directed to the PRESIDENT of the MEDICAL staff for review as a possible "Grounds for Corrective Action" under Article IX of the Bylaws. In the case of employed Physicians/ Providers, state rules will also be followed. Resolution by agreement or apology is encouraged and is not considered to be an "adverse action." Failure to curtail the activity will result in formal corrective action
- H. Consultations/Case Conferences : The use of appropriate consultations or case conferences is encouraged in cases where:
1. the diagnosis is obscure;
  2. there is doubt as to the best therapeutic measures;
  3. there are complex legal questions;
  4. it is an unusually complex case;
  5. requested by the patient or his/her family;
  6. potentially risky or controversial procedures are contemplated; and/or
  7. a patient's rights may undergo additional restrictions, i.e., "special treatment plans";

8. barriers to discharge are identified.

I. Informed Consent: It is the responsibility of the MEDICAL STAFF to obtain and document informed consent for:

1. procedures known to have significant risk;
2. procedures considered atypical;
3. all major or minor surgery which involves an injury into the body either incision or through natural openings (with the exception of dental fillings);
4. any procedure involving any anesthesia other than local infiltration;
5. any non-operative procedure which involves more than a slight risk of harm to the patient or which involves risk of change in the patient's body structure;
6. release of information to press or media and the taking of photographs, films, or televised pictures or tapes for teaching or research purposes;
7. participation in clinical research protocols;
8. administration of medications;
9. diagnostic, invasive procedures such as thoracentesis, lumbar puncture, etc.; and,
10. HIV testing.

Informed consent for habituating medication, hazardous medications, or alternate use of conventional medicines may be documented by a note in the record signifying the extent of the discussion of the ability to consent by the patient and the fact that consent was obtained.

Many of our patients are not able to give informed consent and in such cases when a guardian is not already appointed, it shall be the obligation of the physician to facilitate the appointment of a guardian or legal patient representative.

J. Emergencies:

1. In an emergency, treatment may be given with implied consent if securing or attempting to secure further consent would result in delay and if delay would increase the risk to the person's life and health, as outlined in A.R.S. § 36-3231. The treating physician and a peer physician should agree and document in the patient's medical record the treatment decision. Notification to the ARIZONA STATE HOSPITAL CHIEF MEDICAL OFFICER should also occur and documented in the patient's medical record. Written consent should be obtained before treatment if to do so does not cause harmful delay. If written consent is not feasible, oral consent may be obtained, witnessed, and documented.
2. In incompetent or unconscious patients with whom there is not the ability to obtain consent of guardian or legal representative, the CHIEF MEDICAL OFFICER of the ARIZONA STATE HOSPITAL should be

notified as long as such notification does not delay treatment to the point where it would risk life or health. (A.R.S. § 36-512 Emergency Treatment).

#### K. Patients' Rights

##### Obligations of the Physician:

1. The patient is entitled to know the names of the Physicians/ Providers who see him; to know which physician is primarily responsible for his/her care; and to know the professional relationships of the Physicians/ Providers who see him.

2. A patient is entitled to be informed about his/her condition and treatment by the physician at a level concurrent with the patient's ability to understand, as long as that information would not risk worsening the patient's condition.

The patient may also have access to his/her record or secure copies of parts as required in compliance with Hospital procedures except in the cases where that information might be harmful to the patient.

3. A patient is entitled to as much information about a proposed treatment as he may need in order to give informed consent or to refuse, providing the patient is capable of informed consent. If not capable, alternative decision-makers must be pursued.

#### L. Disasters

Each member of the staff shall be aware of the Hospital's "Fire/Safety Awareness Program and Emergency Preparedness Plan" and his/her role within that plan.

#### M. Orientation for New Physicians/ Providers

Each new member of the MEDICAL STAFF shall:

1. be placed in contact with the MEDICAL STAFF office to obtain an orientation;
2. be oriented by the PRESIDENT or CHIEF MEDICAL OFFICER;
3. be introduced in Hospital-wide meetings; and,
4. be oriented to the Health Records Department, Nursing Services' procedures, admission and discharging procedures, legal procedures, and Performance Improvement processes within the Hospital and Specialty Clinic services and procedures.

#### N. Compensation and Conflict of Interest

Physicians/ Providers at ARIZONA STATE HOSPITAL shall not charge patients or their families for services performed while the patient is in the Hospital. All Physicians/ Providers must sign a Conflict of Interest Statement upon hire and

annually.

O. Performance Improvement

All Physicians/ Providers are required to be involved in activities to measure, assess, and improve organizational performance.

P. Rules Regarding Surgical Care

General Rules on Surgical Procedures:

ARIZONA STATE HOSPITAL does not consider invasive surgical care within its scope of practice; rather, referrals will be made to appropriate facilities. Only those procedures which are generally accepted to entail very little risk and require only limited technical skill may be performed.

Follow-Up Care:

When a patient has had surgery at another Hospital and requires follow-up, the attending physician shall provide such orders as are required for effective follow-up care within the Hospital and shall arrange and monitor post surgical follow-up as recommended by a surgeon.

Q. Patients Refusing to Take Medical Advice

A patient who is mentally competent to do so may refuse medical procedures or treatment, except when ordered by the court, ordered by the guardian, or as outlined in A.R.S. § 36-3231. If the patient leaves the Hospital against medical advice, he or she is asked to sign a special release form. If a patient refuses a procedure or diagnostic intervention such as that his/her or her life may be endangered thereby, he or she may be asked to sign a special release. Appropriate notation is entered into the medical record by the physician of any of these events. This section does not apply to "Special Treatment Plans" or emergencies where there is an immediate danger to self or others.

R. Involuntary Medication Treatment Plan

An Involuntary Medication Treatment Plan is a written, individualized treatment plan utilized to enforce medication (any form) treatment deemed necessary by the Treating Physician in an attempt to stabilize the patient's physical, emotional, and behavioral status. (For Title 13 Restoration to Competency patients with a court order specifying the use of medication(s), an Involuntary Medication Treatment Plan is not required.) The policy governing this plan is detailed in the hospital policy ClinSvsTxPlanSvs018, "Involuntary Medication Treatment Plan".

S. Circumstances which Require Intensive Patient Monitoring

There are circumstances when individual patients may require more intensive supervision than that normally provided by the nursing staff. The hospital recognizes two (2) distinct protocols depending on what the presenting clinical need is.

For patients who are acutely suicidal, or are in imminent risk of self harm, Suicide Watch, Levels One and Two are available. The indications and procedure for ordering these levels are detailed in the hospital policy ClinSvsSpecTx024.

For those patients who require intensive supervision, and who need a special level of nursing intervention to achieve a therapeutic outcome, the hospital uses a procedure called Special Therapeutic Intervention (). The indications and procedure for implementing this level of care is contained in the hospital policy ClinSvsSpecTx025.

T. Resident Trainee Supervision:

All Resident Trainees are assigned to a MEDICAL STAFF member who is privileged to provide direct patient care services. All patient care activities of the Resident Trainee shall be provided under the supervision of the assigned MEDICAL STAFF members.

All Resident Trainees shall be provided a special orientation which is relative to their specific areas of assignment at the ARIZONA STATE HOSPITAL.

All patient assessments, patient progress notes and patient treatment orders which are written by Resident Trainees will be reviewed and co-signed by the assigned supervising MEDICAL STAFF member. All patient treatment orders MUST be reviewed and co-signed prior to implementation. At the conclusion of each Resident Trainee's rotation at ARIZONA STATE HOSPITAL the supervising MEDICAL STAFF member shall complete all necessary evaluation reports.

U. Physicians/ Providers mandatory training will be coordinated by the Medical Staff Services Coordinator annually.

**IV. PATIENT ADMISSIONS, DISCHARGE, TRANSFERS, AND DEATHS**

A. Patient Admissions:

Patient may be admitted to ARIZONA STATE HOSPITAL only by psychiatrists with admitting privileges. Non-psychiatric Physicians/ Providers, podiatrists, and dentists do not have admitting privileges.

B. Patients Accepted:

The Hospital will accept those patients referred for services that have been screened by the admissions process and either approved by the Chief Medical Officer or directly ordered into the hospital by a court order.

C. Admission Order:

Patients may be admitted to the Hospital only on authorization by a member of the MEDICAL STAFF who has been granted privileges to admit to the Hospital.

D. Provisional Diagnosis:

Except in an extreme emergency, no patient shall be admitted to the Hospital until a provisional diagnosis has been entered in the record. In the case of an emergency admission, a provisional diagnosis shall be entered into the record as soon as possible.

E. Utilization Review:

Patient appropriateness for Hospitalization and need for continuous treatment shall be documented in the record. The physician is expected to participate and cooperate with Utilization Management on all patients within the Hospital.

F. Discharge Planning:

Patients will be discharged only upon the order of the attending physician or designee. If the patient leaves against medical advice, this should be documented in the record in accordance with Hospital policy. Physicians/ Providers should initiate the discharge planning process from the beginning of Hospitalization and work in cooperation with the community mental health representatives in this process.

G. Hospital Death:

In the event of a Hospital death, the deceased will be pronounced dead by the attending physician or his/her designee within a reasonable time. Hospital policies and procedures will govern the procedures used in handling deceased persons. A death/discharge summary shall be dictated.

H. Autopsies:

It shall be the duty of the MEDICAL STAFF to secure meaningful autopsies when possible. Autopsies shall be performed in accordance with State law. The results of autopsies are used as a source of clinical information for education and performance improvement activities.

1. All deaths with unknown diagnosis as cause of death are considered coroner's cases.
2. All non-coroner cases (i.e., death certificate is signed) will be evaluated for need of autopsy with the following criteria.
  - a. Need for elaboration of mechanisms of disease process for educational purposes of Medical Staff.
  - b. Hereditary implications for family.

Autopsies require permission from an appropriate family member, guardian, or authorities. The attending physician should be notified of the results of all autopsies through the Quality Resource Management Department.

#### **V. DO NOT RESUSCITATE (DNR)**

- A. The MEDICAL STAFF of ARIZONA STATE HOSPITAL will comply with the State and National "Advance Directives" Guidelines. When Advance Directives are consistent with the patient's clinical condition, they should be reflected in the physician's orders concerning resuscitation or extraordinary means of preserving life.
- B. If the patient does not have a Living Will and is competent, and has a condition which is terminal, the physician and patient should discuss the level of intervention that the patient wishes. The agreement should be reflected in the record.
- C. If the patient is not competent and does not have a designated person with medical power of attorney, the family should be consulted and guardianship should be considered. Further consultation can be obtained through the Bioethics Committee and ARS § 36-3231.

#### **VI. MEDICAL RECORDS**

##### **A. The Medical Record:**

All entries in the medical record will be dated and authenticated. The attending physician will be responsible for the preparation of the complete and legible record for each patient. The medical record content will be pertinent and current. The record will include at least the following identified data:

1. chief complaint;
2. history of present illness;
3. relevant past history;
4. mental status examination;

5. social and family histories;
6. medical history;
7. inventory of body systems;
8. physical examination;
9. clinical, laboratory, diagnostic imaging, and other reports;
10. diagnostic and therapeutic orders;
11. special reports such as consultations, appropriate informed consents, provisional diagnosis, any medical and surgical treatment given in the course of the Hospitalization;
12. progress notes including clinical observations results of therapy;
13. a multidisciplinary treatment plan;
14. legal papers relating to court orders;
15. condition on discharge;
16. discharge summary; and,
17. autopsy report when performed.

B. History and Physical Examination:

1. complete history and physical examination will be attempted upon admission and recorded on the current Hospital History and Physical form as patient's condition will allow and completed as soon as possible thereafter; a medical history and physical examination must be completed and documented for each patient within twenty-four (24) hours of admission;
2. any patient in the Hospital for more than one year will have a psychiatric annual and medical annual update within the month of the admission anniversary. For those patients to be discharge within thirty (30) days of the annual review, the discharge summary will serve as the annual review; and
3. all patients on antipsychotic medication will have an examination for involuntary movement at least yearly.

C. Diagnostic and Therapeutic Orders:

1. Legibility: The physician's orders, when written outside of a Physician Order Entry System, must be written clearly, legibly and completely. Orders which are illegible or improperly written will not be carried out until rewritten or understood by the nurse.
2. Written, phone and verbal orders: All orders for treatment will be in writing and whenever possible should be written directly by the Medical Staff member, save when such orders are entered through a Physician Order Entry system. All phone or verbal orders will be accepted only by a licensed nurse and if such orders are taken by a licensed practical nurse, they shall be reviewed and countersigned by a registered nurse prior to

implementation. Orders should be repeated back to the Medical Staff member by the nurse. All orders for biologicals given over the telephone shall be **signed** and authenticated by the ordering provider within **FORTY EIGHT (48) HOURS**. Verbal orders are appropriate only in emergency situations when the physician is unable to complete a written order. Verbal orders must be authenticated ASAP within the time guidelines outlined for phone orders. When allowed by hospital policy, certain orders for biologicals may be given directly to the hospital pharmacists. Such orders might include changing the name of a medication from trade to generic, adding indications, or substitutions for medications not on formulary or which present significant drug – drug interactions.

3. Automatic stop orders: All orders except for Schedule II agents are entered into CPOE as opened ended orders. Schedule II agents are entered as thirty-one (31) day orders. All orders must be reviewed monthly during the monthly medication review.
4. In this facility Physician Assistants- Certified (PA-C's) may write treatment orders on patient charts, if the following conditions are satisfied:
  - a. Physician Assistant-Certified has been granted privileges through the Credentialing and Privileging processes outlined in the Bylaws.
  - b. It is the responsibility of the supervising medical attending Physicians/ Providers to assure that all treatment orders are acceptable and within the specific privileges authorized by the medical staff for the individual practitioner.
5. Consultants should not write therapeutic orders unless specifically privileged to do so.

D. Consultations:

The attending physician must specify the reasons for a consultation. In most cases the CHIEF MEDICAL OFFICER should directly contact the consultant to explain the reasons for consultation but may do so in writing provided that adequate information is provided to the consultant. Consultations will show evidence of review of the patient record by the consultant, pertinent findings on examination of the patient and the consultant's opinion and recommendations.

E. Clinical Observations:

1. Progress Notes

Pertinent progress notes shall be recorded in a timely manner, sufficient to permit continuity of care, documentation of treatment progress, and transferability. Progress notes will reflect the acuity of the patient and the duration of the patient's treatment in the Hospital. As a guideline, this generally means "at least" every day for the first three days, every week for eight weeks, and then at least twice monthly. In all cases, progress notes must be at least as frequent as required to monitor the condition of the patient. Physician progress notes should reflect an awareness of the treatment being carried out by other members of the treatment team. They should reflect abnormal laboratory conditions when appropriate and should reflect reasons for changes in orders if those reasons are not directly reflected in the order itself. The current Electronic Medical Record is configured so as not to allow post-dated or redacted notes. Should information need to be amended, a new progress must be entered to reflect these changes.

2. Authentication

The current Electronic Medical Record progress notes, assessments and CPOE accurately dates and times all entries and requires an electronic signature before filing. Should notes or orders need to be handwritten (as in the case of an outage of power or EMR functionality), all entries into patients' clinical records will be accurately dated and timed, and authenticated with the physician's or practitioner's signature "All physician's orders and documentation are to be signed consistent with the master signature list maintained in Pharmacy of the physician and the degrees held" and "all physician's orders and documentation are to be written with black pen." All Diagnostic and Therapeutic orders will follow the rules outlined in Section C.2.

3. Multi-disciplinary Treatment Plans/ Medication Profile

Each patient shall have a completed initial/preliminary multidisciplinary treatment plan and Medication Profile within 24 hours and a master version being completed within ten days and reviewed every thirty days. The physician shall actively participate in the psychiatric multidisciplinary treatment plan and oversee the treatment planning function and operation of the treatment team.

4. Symbols and Abbreviations

Symbols and abbreviations may be used only when approved by the

MEDICAL STAFF through the Health Records Committee. The Health Records Department will keep an official record of approved symbols and abbreviations, and prohibited abbreviations.

5. Discharge Summary and Discharge Release Form

A discharge summary will be written or dictated on all medical records of patients. Discharge summaries will be completed within fifteen days of the patient's discharge and must include:

- a. circumstances of admission;
- b. pertinent medical, ancillary services, and laboratory procedures and findings;
- c. course in the Hospital (summarize psychiatric target symptoms, medication trials, behavioral management issues, and response to treatment);
- d. discharge mental status;
- e. AIMS exam;
- f. discharge diagnoses;
- g. condition at discharge;
- h. prognosis; and
- i. discharge plans (patient needs, discharge medication, housing and living arrangements, and medical and psychiatric follow up).

All diagnosis and treatment procedures in the patient's medical record shall be recorded in standard nomenclature and Psychiatric Diagnoses according to the current DSM classification system and shall include all five AXES.

F. Access to Medical Information and Medical Records

1. Patient Consent/or Legal guardian  
Written consent of the patient or legal guardian is required for release of medical information to persons not otherwise authorized to receive this information.
2. Record Removal  
Copies of records may be removed from the Hospital's jurisdiction and safe keeping only in accordance with a court order, subpoena or statute. The records are the property of the Hospital and shall not otherwise be removed.
3. Free Access  
Free access to all medical records of patients will be afforded to members of the MEDICAL STAFF for bonafide approved study and research consistent with preserving the confidentiality of personal information. All such projects will be approved by the CHIEF MEDICAL OFFICER.

## G. Completion of Medical Records

1. All patient medical records will be completed within 30 days of discharge including progress notes, final diagnosis and signatures. All discharge/release summaries must be completed within fifteen (15) days of date of release. Where this is not possible for justifiable reasons, the health record will be available in the Health Records Department for completion. A record is considered complete when the contents required by these Rules and Regulations are assembled and authenticated and all final diagnoses and complications are recorded. The physician shall be deemed out of compliance with the completion of the medical records unless:
  - a. a physician is ill or otherwise unavailable for a period of time due to circumstances beyond his/her control.
  - b. a physician is waiting for the results of a late report and the record is otherwise complete except for the discharge summary which requires that vital piece of information.
  - c. the physician has dictated the report and is waiting for Hospital personnel to transcribe it.
2. Automatic suspension may occur due to persistent and repeated failure to complete medical records. When a medical record is available and there are no justifications for delay, it is the practitioner's responsibility to complete the record as soon as possible, but in no case later than thirty days after the patient's discharge. If the physician fails to complete the medical records within the required time periods he shall be, at the discretion of the CHIEF MEDICAL OFFICER, suspended from patient care activities.

## VII. DRUGS AND MEDICATIONS

### A. Usual

The medical staff will participate in the review and implementation of the formulary through the Pharmacy and Therapeutics Committee. In this process, the efficacy, side effects, contraindications, costs, sentinel event advisories and approved indications will be considered.

All drugs and medications administered to the patients will be listed in the latest edition of the United States Pharmacopeia National Formulary, American Hospital Formulary Service, PDR, or AMA Drug Evaluations. Physicians/ Providers will prescribe from the Hospital Formulary unless there are specific clinical reasons to use alternative medications.

- B. Investigational  
Drugs for bonafide clinical investigations may be exceptions. All investigational drugs must be reviewed and approved by the Pharmacy and Therapeutics Committee, appropriate IRB and the CHIEF MEDICAL OFFICER prior to use in this Hospital.
- C. Medications of the Patient  
Medications brought into the Hospital by the patient will not be used during the patient's stay in the Hospital unless specifically ordered by the physician and ordered and used according to Pharmacy and Nursing policies.
- D. Patient Self-Medication  
Patients within selected programs of the Hospital may, as part of their clinical program, participate in self-medication under the policies and procedures of the Hospital and policies and procedures of the program involved. This will occur only with a specific order from the physician.
- E. Comfort Measures/ Pain Management  
Patients in the hospital are entitled to treatment sufficient to relieve terminal pain. This may require significant and/or increasing narcotic medications. Long term, non-terminal pain also requires intensive treatment but should normally not involve prolonged use of narcotic agents.

#### **VIII. SPECIAL TREATMENT PROCEDURES**

- A. Psychosurgery or adverse behavior modifications are not used at ARIZONA STATE HOSPITAL
- B. Electro-Convulsive Therapy is not performed on the grounds of ARIZONA STATE HOSPITAL. However, patients may be referred for this treatment providing:
  - 1. a second opinion is obtained;
  - 2. alternative treatments have been of limited success or deemed more risky than ECT;
  - 3. proper informed consent is obtained; and,
  - 4. a pre-ECT work up as described in Hospital policy and procedure is obtained.

#### **IX. SECLUSION AND RESTRAINT**

It is the policy of the Arizona State Hospital that the use of Seclusion or Restraint is limited to emergency situations when a patient poses a likelihood of serious physical harm to self and/or others and other less restrictive alternatives have been attempted and/or were determined to be inadequate to prevent physical harm to self and/or others.

All procedures as outlined in this policy will be in compliance with standards set forth by the Joint Commission; the Centers for Medicare and Medicaid Services; and all federal, state and local laws, rules and regulations, including the Health Insurance Portability and Accountability Act.

1. Seclusion – Restricting a patient to a room or area through the use of locked doors or any other device or method which precludes a patient from freely exiting the room or area, or which a patient reasonably believes precludes his/her unrestricted exit.

**NOTE:** This does not include confinement on a locked unit where the patient is with others.

2. Restraint - Physically limiting a patient's mobility, freedom of movement, physical activity or normal access to his/her body.
  - a. Mechanical Restraint - The process of restraint through the use of leather restraints or other approved non-metal restraint devices.
  - b. Physical Restraint - The employment of any hands on intervention with the intent to impede the movement of a resistive patient, regardless of the duration of time the intervention is employed.

**NOTE:** The following clinical situations are examples of using hands-on interventions that may **not** be considered physical restraint:

- Placing hands on a patient for the purpose of re-directing or escorting a **non-resistive** patient.
- Providing comfort or support.
- Hands-on to steady a **non-resistive** patient for the administration of medications.
- Guiding a patient out of a dangerous situation.

## X. EMERGENCY SERVICES

- A. Medical Coverage  
The hospital will have twenty-four (24) hour on-site physician coverage. The physician shall have privileges to render emergency care.

Any physician is expected to carry out appropriate emergency procedures, within the parameters of basic life support, in case of cardiac arrest or similar circumstances until more qualified or medical transport personnel arrives and initiates transfer to a general Hospital facility.

- B. Medical Record  
The medical record shall reflect any emergency condition. It shall reflect the

initial actions taken by Nursing Services' Personnel and the first physician(s) on the scene and shall reflect sufficient detail of emergency treatment as to allow subsequent providers to understand the care provided. Generally, this should include times or events, pertinent interval history, diagnostic and therapeutic orders, emergency care given, clinical observations (including the results or treatments), reports of procedures, a diagnostic impression, and the condition of the patient upon transfer.

C. Transfer Policies

Most emergency conditions in ARIZONA STATE HOSPITAL will require transfer to a comprehensive general medical facility. In that case, Hospital policies and procedures outline the process for transfer. Receiving Physicians/Providers should be given sufficient information to provide adequate continuity of care.

**XI. PODIATRY CARE**

Licensed podiatrists directly employed or contracted by the hospital serve within the MEDICAL STAFF at ARIZONA STATE HOSPITAL. Podiatry services may also be provided through a master contract with another accredited facility or provider. Podiatrists are responsible for the part of their patients' history and physical examination that relates to podiatry care.

**XII. PHYSICAL THERAPY CARE**

Licensed physical therapists directly employed or contracted by the hospital serve within the ALLIED HEALTH PROFESSIONALS at ARIZONA STATE HOSPITAL. Physical Therapy services may also be provided through a master contract with another accredited facility or provider. Physical Therapists are responsible for the part of their patients' history and physical examination that relates to their care.

**XIII. DENTAL CARE**

Licensed dentists directly employed or contracted by the Hospital serve within the MEDICAL STAFF at ARIZONA STATE HOSPITAL. Dental services may also be provided through a contract with another accredited facility or provider. Dentists are responsible for the part of their patients' history and physical examination that relates to dentistry.

**XIV. OFF-GROUND CARE**

Significant numbers of ARIZONA STATE HOSPITAL patients are treated in the specialty clinic at the Hospital or are seen in facilities off-grounds. It is the physician's obligation to insure that adequate information goes to those facilities and to insure that findings from those facilities are incorporated into the patient's treatment in this Hospital, as appropriate. When a patient has had an admission at another hospital and returns to ARIZONA STATE HOSPITAL, therapeutic orders should be completely rewritten.

**XV. INCORPORATION BY REFERENCE**

The Arizona State Hospital Medical Staff Bylaws are incorporated in these Rules and Regulations by reference in their entirety as if fully set forth herein.

  
\_\_\_\_\_  
DEPUTY DIRECTOR, DIVISION OF BEHAVIORAL HEALTH  
(REPRESENTING GOVERNING BODY)

7/13/15  
DATE

  
\_\_\_\_\_  
CHIEF EXECUTIVE OFFICER, ARIZONA STATE HOSPITAL

7-13-15  
DATE

  
\_\_\_\_\_  
CHIEF MEDICAL OFFICER, ARIZONA STATE HOSPITAL

7/13/15  
DATE

  
\_\_\_\_\_  
PRESIDENT, MEDICAL STAFF, ARIZONA STATE HOSPITAL

07/15/15  
DATE