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I. INTRODUCTION

These Rules and Regulations of the Medical Staff of the 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.

Ob servance 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


2. "ACTIVE MEDICAL STAFF" means Physicians, Nurse Practitioners, Dentists, Podiatrists, Physician Assistants, Pharmacists, Psychologists and Registered Dieticians 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. The Medical Staff is a self-governing organization.

3. "BHMP" means Behavioral Health Medical Practitioner, which is a duly credentialed and privileged psychiatrist or psychiatric mental health nurse practitioner.

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.

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.


9. "DENTIST" means a person licensed under the provisions of A.R.S. §§ 32-1201 et seq.

10. "DEPARTMENT" means the Department of Health Services.

11. "DIRECTOR" means the Director of 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 Director of the Department of Health Services, 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 STAFF" will be used to identify all members of the Medical Staff. The Medical Staff is a self-governing organization.

19. "MEDICAL STAFF EXECUTIVE COMMITTEE" or "MEC" means a committee comprised of the officers of the Medical Staff and two elected members.

20. "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. “PCP” means a Primary Care Provider (or Practitioner); a physician, certified physician’s assistant or nurse practitioner who is credentialed and privileged at the Arizona State Hospital to provide medical care.

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. “PSYCHOLOGIST” means a person who holds either a Ph.D or Psy.D in psychology or Ed.D in education psychology who is licensed under the provisions of A.R.S §§ 32-2601 et seq.

31. “QUALITY IMPROVEMENT, QUALITY MANAGEMENT, QUALITY ASSURANCE” means the system outlined in the Hospital’s Performance Improvement Plan and associated departments.

32. “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.

34. "STAFF MEMBERSHIP" or "MEMBERSHIP" means appointment of an individual to the Active Medical Staff. This is separate from clinical privileging.

35. "SUPERINTENDENT" means the Superintendent of the State Hospital. The Superintendent has the alternate title of Chief Executive Officer.

36. "VISITING STAFF" mean 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, consistent with the Medical Staff member’s training, experience, and privileges granted pursuant to the Medical Staff Bylaws transfer of responsibility for the case to another Medical Staff member shall be entered by order on the patient’s health record, whereupon the Medical Staff member to whom the patient was transferred shall be responsible for the care of that patient. There is communication amongst all Medical Staff members involved in a patient’s care, treatment and services.

Psychologists may be granted privileges under the Medical Staff Bylaws to be the primary Behavioral Health Professional for individual patients. In such cases, the individual patient will always have both an assigned BHMP and a PCP who are credentialed and privileged to provide these services under the Medical Staff Bylaws. The assigned BHMP and PCP will retain oversight of the treatment of the patient’s medical and psychiatric conditions, and will remain members of the patient’s treatment team.

The Psychologist, upon credentialing and privileging under the Medical Staff Bylaws, may provide the patient’s primary psychological services, which include performing behavioral health admission assessments, treatment team leadership, preparation of necessary reports for the Psychiatric Security Review Board and executing non-medical orders (such as passes, grounds privileges, behavioral plan implementation, and Constant Observation).

C. Continuous Physician Coverage: The Medical Staff members at the Arizona State Hospital shall provide for and participate in a mechanism that insures continuous medical staff coverage for the patients in the hospital. The hospital shall maintain a
Medical Officer of the Day M-F, not including holidays. The Medical Officer of the Day shall carry a work-issued cell phone. Psychiatric coverage during regularly scheduled work days will be handled by assigned cross coverage for the BHMP, with the Chief Medical Officer being available to manage practice gaps. After hours and holiday coverage ("On Call") will be managed by the Psychiatry Staff and coordinated through the office of the Medical Staff Coordinator. The On Call Psychiatry Staff member will be contacted through their hospital issued pager or cell phone. Handoff communication will occur daily at 5:00 pm and 8:00 am between the Medical Officer of the Day and night On Call 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 medical staff. For weekends and holidays, the exiting BHMP On Call staff will review pertinent issues with the on-boarding BHMP On Call Staff. All Medical Staff have access to this log, and the log allows email notification to providers for important items maintained in the log.

In addition to the Psychiatry On Call Staff, a medical On Call staff 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.

Medical Staff members 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. Medical Staff members 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 CMO and the President of the Medical Staff 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.

F. **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.

G. Consultations/Case Conferences: The use of appropriate consultations or case conferences are 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.

H. 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. For patients receiving Court Ordered Treatment under A.R.S. Title 36, informed consent may not be appropriate for enforced medication pursuant to the Court Order.

I. 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, or § 36-512 (for those patients covered under § 36-501, et al). 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 CMO 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 CMO 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).

J. Patients’ Rights

Obligations of the Physician:

1. The patient is entitled to know the names of the Medical Staff members who provide care; to know which Medical staff member is primarily responsible for his/her care, and to know the professional relationships of the Medical Staff members who see them.

2. A patient is entitled to be informed about his/her condition and treatment by the Medical Staff member 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 policies and 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 they 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.

K. 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.

L. Orientation for New Medical Staff members

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 CMO;
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.

M. Compensation and Conflict of Interest

Medical Staff members at Arizona State Hospital shall not charge patients or their families for services performed while the patient is in the hospital. All Medical Staff members must sign a Conflict of Interest Statement upon hire.

N. Performance Improvement

All Medical Staff members are required to be involved in activities to measure, assess, and improve organizational performance.

O. 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 assigned PCP 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.
P. 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, pursuant to A.R.S. § 36-512 or as outlined in A.R.S. § 36-3231. If the patient leaves the Hospital against medical advice, then the hospital policy ClinSvsDischg 001 applies. 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.

Q. Involuntary Medication Treatment Plan

For those patients receiving care pursuant to § 36-501 et al, an Involuntary Medication Treatment Plan is a written, individualized treatment plan utilized to enforce routine psychotropic medication deemed necessary by the Treating BHMP in an attempt to stabilize the patient’s 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”.

R. Resident Trainee Supervision:

The details of the Psychiatric Residency Program rotation are contained as an addendum to these rules and regulations.

S. Medical Staff members mandatory training will be coordinated by the Medical Staff Services Coordinator annually.

IV. PATIENT ADMISSIONS, DISCHARGE, TRANSFERS, AND DEATHS

A. Patient Admissions:

Patients may be admitted to the Arizona State Hospital by BHMPs or Psychologists with admitting privileges. Non-psychiatric Physicians/Providers, podiatrists, and dentists do not have admitting privileges. In the event that a Psychologist admits a patient to the Arizona State Hospital, the patient will have an assigned BHMP who will be responsible for assessing, documenting, and treating the psychiatric problems identified.

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. **Initial Diagnosis:**

Except in an extreme emergency, no patient shall be admitted to the Hospital until an initial 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 Medical Staff member 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 Medical Staff member or designee. If the patient’s primary attending is a psychologist, then the patient will only be discharged upon written clearance from both the BHMP and PCP. If the patient leaves against medical advice, this should be documented in the record in accordance with Hospital policy ClinSvsDischg 001. Medical Staff members 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 PCP or his/her designee within a reasonable time. The Hospital Policy ClinSvsDeath 001 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 assigned PCP 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 the 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 PCP’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:

Is maintained principally as an electronic health record, but with the capacity of the Medical Staff to use transcription services for admission assessments, annual updates, and discharge summaries. When possible, and as the evolution of the health record advances, all progress note and assessment data will be maintained within the electronic record, and transcriptions will be electronically signed by Medical Staff. The content and specifics of documentation are contained within hospital policies, which for Medical Staff include:
It is expected that all Medical Staff are familiar with these policies.

B. Diagnostic and Therapeutic Orders:

1. The Arizona State Hospital utilizes a computerized physician order entry system. It is expected that all orders are entered into this system, save for the rare occasions when the system is off line. Orders then may be written, but entered into the CPOE system as soon as possible.

2. 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 given over the telephone shall be electronically validated by the ordering provider as soon as practicable, but must be within seventy-two (72 hours). Verbal orders are appropriate only in emergency situations when the physician is unable to complete a written order. Verbal orders must be authenticated as soon as possible within the time guidelines outlined for phone orders. When allowed by hospital policy, certain orders for biologics 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 pharmacy orders are entered into the CPOE as having a one year expiration, except for Schedule II agents. Schedule II agents are entered as thirty (30) day orders. All pharmacy orders must be reviewed monthly during the monthly medication review. Other orders for DEA scheduled agents may have limited duration as decided by the hospital Pharmacy and Therapeutics Committee. The Medical Staff member should check for expiring orders in the EHR weekly to avoid unnecessary medication discontinuation.

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 Credentia ling 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 practitioner.

5. Consultants should not write therapeutic orders unless specifically privileged to do so.

C. Consultations:

The attending physician must specify the reasons for a consultation. In most cases the CMO 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.

D. 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. There are other requirements outlined in hospital policy for specialized circumstances, such as upon return of a patient from an inpatient medical facility. In all cases, progress notes must be at least as frequent as required to monitor the condition of the patient. Medical Staff progress notes should reflect an awareness of the treatment being carried out by other members of the treatment team. As appropriate to the discipline, Medical Staff progress notes 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. These elements are further specified in hospital policies which include governing medication management, assessment of the patient, admission of the patient, and the physician's responsibility for documentation.
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 per hospital policy ClinSvsTxPlanSvs 001. The assigned Medical Staff members shall actively participate in the multidisciplinary inpatient treatment plan reviews and the attending BHMP or Psychologist shall 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 entered into the electronic health record or dictated on all medical records of patients. Discharge summaries will be completed within fifteen days of the patient's discharge and must follow the format contained within the Electronic Health Record. The specific dictation formats are stored in the group drive in the Medical Staff folder, and are held in Medical Records. All diagnosis and treatment procedures in the patient's medical record shall be recorded in standard nomenclature using the DSM-5 (for behavioral health-ICD-10) or ICD 10 for medical diagnoses.
E. Access to medical information and medical records are governed through hospital policies ClinSvsDocument002, AdminLegalEthic020 and other relevant policies.

F. Completion of Medical Records

1. All patient medical records will be completed within thirty (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. A record is considered complete when the contents required by hospital policies are assembled and authenticated and all final diagnoses and complications are recorded. The assigned Medical Staff member shall be deemed out of compliance with the completion of the medical records unless:
   
   a. they are ill or otherwise unavailable for a period of time due to circumstances beyond his/her control.
   
   b. they are 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. they have dictated the report and is waiting for Hospital personnel to transcribe it.

2. The Chief Medical Officer may consult with the Department of Human Resources and the CEO to develop a performance plan due to persistent and repeated failure of the Medical Staff Member 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 Medical Staff member fails to complete the medical records within the required time periods the medical staff member may be subject to disciplinary action under both the Medical Staff Bylaws and the Department of Human Resources.

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 Institutional Review Board and the CMO prior to use in this Hospital.

C. **Medications of the Patient**
Medications brought into the Hospital by the patient will be managed pursuant to the Hospital policy ClinSvsMedUse011.

D. **Patient Self-Medication**
Patients within selected programs of the Hospital may, as part of their clinical program, participate in self-medication under the Hospital policy ClinSvsMedUse011.

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. Management of pain is described in Hospital Policy ClinSvsPhyMed021.

**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 the Arizona State Hospital. However, patients may be referred for this treatment pursuant to the policy ClinSvsSpecTx001, “electroconvulsive therapy (ECT)”.

**IX. SECLUSION AND RESTRANINT**

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.

Medical Staff are required to understand and remain compliant with the Hospital’s policy on Seclusion or Restraint, ClinSvsSpecTx011, “Seclusion or Restraint”. This policy describes the hospital’s requirements for the use of seclusion or restraint, the documentation necessary, and the follow-up required.
X. EMERGENCY SERVICES

A. Medical Coverage
The hospital will have twenty-four (24) hour medical staff coverage. The psychiatry staff will provide first coverage between 5pm and 8am, weekdays, 24 hours on weekends and state holidays.

Any Medical Staff Member is expected to carry out appropriate 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 process of documentation and responsibilities during a medical emergency are contained within the Hospital's policy, ClinSvsPhyMed006, "Medical Alert/Code Blue Procedures". Medical Staff are expected to be familiar and compliant with this policy.

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 Medical Staff members should be given sufficient information to provide adequate continuity of care. The Hospital’s policy, ClinSvsSpecTx027, “Outside Clinics/Medical Facilities: Referral and Continuity of Care” governs the process and documentation required. Medical Staff are expected to be aware and compliant with this policy.

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. 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.

XIII. 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 the Arizona State Hospital, therapeutic orders must be completely rewritten. The Hospital's
policy, ClinSysPhyMed004, “Patients Returning from Medical Treatment Facilities: Placement”, governs this process. Medical Staff are expected to be familiar and compliant with this policy.

XIV. 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.

DIRECTOR, DEPARTMENT OF HEALTH SERVICES

CHIEF EXECUTIVE OFFICER, ARIZONA STATE HOSPITAL

CHIEF MEDICAL OFFICER, ARIZONA STATE HOSPITAL

PRESIDENT, MEDICAL STAFF, ARIZONA STATE HOSPITAL

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