



MEDICAL STAFF RULES AND REGULATIONS

Libertas Treatment Center

PURPOSE:

Rules and Regulations shall set standards of practice that are to be required of each individual exercising clinical privilege in the hospital, and shall act as an aid to evaluating performance under, and in compliance with, these standards. Rules and Regulations shall have the same force and effect as the Medical Staff Bylaws, the Medical Staff Credentialing Policy, Allied Health Professional Credentials Policy and the Medical Staff Organizational Manual.

The Rules and Regulations are established to:

- promote and maintain standards of medical care for patients treated by Medical Staff Members and Allied Health Professionals with clinical privileges and with the appropriate staff status per the Medical Staff Bylaws and Credentialing Policies; and
- initiate policies/directives for patient care, in keeping with Ethical and Religious Directives for Catholic Health Care Services

For this document hospital is in reference to HSHS Libertas Treatment Center

I. GENERAL:

1. The hospital shall accept all patients for care and treatment if appropriate service is available.
2. A patient may be admitted into the hospital only by a Medical Staff Member with clinical privileges and appropriate staff status per the Medical Staff Bylaws and Credentialing Policies. All practitioners will be governed by the admitting policies of the hospital.
3. Except in an emergency, no patient shall be admitted to the hospital until a provisional diagnosis or valid reason for admission has been stated. In the case of an emergency, such statement shall be recorded as soon as possible.
4. A Medical Staff Member or Allied Health Professional with clinical privileges and appropriate staff status per the Medical Staff Bylaws and Credentialing Policies, shall be responsible for the medical care and treatment of each patient in the hospital, for the prompt completion and accuracy of the medical record, for necessary special instructions, and for transmitting reports of the condition of the patient to the referring practitioner.
5. Each Medical Staff Member must assure continuous timely, adequate professional care for his/her patients in the hospital by being available or, in his/her absence, having available

through his/her office a Medical Staff Member who has clinical privileges in the hospital with whom prior arrangements have been made and who will assume responsibility for the care of his/her patients.

6. Be available on a continuous basis, either personally or by arranging appropriate coverage, to respond to the needs of inpatients and Emergency Department patients in a prompt, efficient and conscientious manner. (“Appropriate coverage” means coverage by another member of the Medical Staff with appropriate privileges equivalent to the practitioner for whom he or she is providing coverage.) Compliance with this eligibility requirement means that the practitioner must document that he or she is willing and able to: consistent with hospital and Medical Staff policies pertaining to response times:
 - a. respond within 30 minutes, via phone or in person
9. All Medical Staff Member and Allied Health Professionals with clinical privileges will abide by the Medical Staff Bylaws and Medical Staff and Allied Health Professional Credentialing Policy.

II. HOSPITAL MEDICAL ORDERS & MEDICAL RECORDS DOCUMENTATION:

1. Rules and Regulations Governing the Medical Record per the Health Information Management Policy Reference: Medical Records – Regulations MR-009 EWD

The medical record reflects standards of documentation, organization, format, and confidentiality to ensure that appropriate patient care is being provided by the medical staff and the hospital. The purposes of the medical record are to serve as a basis for planning patient care, to furnish documentary evidence of the course of the patient's hospital stay or visit, to serve as a communication tool for all health care personnel involved in the patient's care, to protect the legal interests of the patient, practitioners, and hospital, and to provide data for use in continuing education and Institutional Review Board approved research.

2. History and Physical Examination:

The monitoring for content and quality of the H & P's will be coordinated by the Health Information Management Department in conjunction with clinical staff and medical Staff Leadership and reported to the Utilization Review Committee with report to medical Executive Committee.

III. TYPES OF ADMISSION:

Admission status definitions vary from payer to payer. The definitions below are provided as general guidelines. Please refer any specific questions to the hospital Case Management staff for clarification.

The following are types of admissions for the continuum of care.

1. **Inpatient** – a person formally admitted to a hospital by a physician order.

- a. Emergency Admissions: includes a patient whose life is in immediate danger or whose condition is such that lack of immediate treatment could result in serious or permanent harm and any delay in admitting the patient for treatment would add to that harm or danger. The attending member shall perform History and Physical examination to document clearly, and justify the need for emergency admission, within twenty-four (24) hours after admission.
 - b. Urgent Admissions: includes a non-emergency patient whose admission is considered imperative by the attending member.
 - c. Scheduled/Elective Admission: an admission to the hospital for specific pre-arranged services or procedures that require an inpatient level of care. The expectation is that the patient will remain in the hospital at least overnight. A written explanation will appear in the initial progress note/History & Physical for the need to be admitted to an acute care setting.
2. **Outpatient** – a patient who receives diagnostic and minor therapeutic services with the expectation they will be discharged or return home on the same day.

Adult Outpatient:

- Potential clients must have chemical use history which meets the diagnostic criteria of the American Psychiatric Association's most current Diagnostic and Statistical manual of Mental Disorders (DSM) for alcohol abuse or other chemical dependency.
- Recommendations for a client's initial placement, continued stay, level of care, transfer and discharge recommendations will be determined through application of Wisconsin Uniform Placement Criteria (UPC).

Admissions of adults to Libertas outpatient programs will be based on placement criteria for Level I (outpatient) and Level II (intensive outpatient) as defined by Wisconsin UPC or American Society for Addiction Medicine.

Adolescent Outpatient:

- Must have chemical use history which meets the diagnostic criteria of the American Psychiatric Association's most current Diagnostic and Statistical Manual of Mental Disorders (DSM) for alcohol abuse or other chemical dependency.
- Admission of adolescents to Libertas outpatient programs will be based on placement criteria for Level 1 (outpatient) and Level II (intensive outpatient) as defined by the American Society of Addiction Medicine (ASAM).

IV. PATIENT TRANSFERS

Rights to Treatment or Appropriate Transfer

Regardless of ability to pay, the sick or injured person receives, within the capabilities of the Hospitals' colleagues and facilities, the following:

- An appropriate medical Screening Examination (MSE);
- If necessary, an appropriate and safe transfer to another facility.

Medical Screening Examination (MSE):

The process required to determine within reasonable clinical confidence where EMC does or does not exist and where a women having contractions is in need of immediate medical attention. The MSE is an ongoing process and must be done within the facilities capabilities and the availability of qualified medical personnel. Reference: EMTALA HSHS Executive Policy and Medical Staff Bylaws Appendix C-Qualified Medical Personnel

Patient Transfers outside the Hospital:

1. Patients shall be admitted for the treatment of any and all conditions and diseases for which the hospital has facilities and personnel. When the hospital does not provide the services required by a patient, or for any reason the hospital cannot admit a particular patient who requires inpatient care, the hospital or the attending Medical Staff Member, or both, shall assist the patient in making arrangements for care in an alternate facility so as not to jeopardize the health and safety of the patient.
2. The patient's attending physician must determine and document the need for transfer and write the order. The referring physician contacts the physician accepting the care at the receiving hospital. All patients must be evaluated medically and given stabilization treatment within the capabilities of the hospital, and prior to any transfer. The physician informs the patient or responsible party of the reason for, the risks, and likely benefits of the transfer. The appropriate consent is obtained and documented in the medical record. If a patient refuses to be transferred to another facility, a consent and documentation of such shall be contained in the medical record. The patient will be admitted to the hospital and the referral to/acceptance by the on-call specialty physician and/or another physician of the patient's choice will proceed.
3. For purposes of the Hospital's Policy on Screening, Treatment and Transfer (EMTALA), "Qualified Medical Personnel" means the personnel who are to conduct the medical screening exam (MSE), which includes Medical Staff Appointees, physician assistants, advanced practice registered nurses, nurse practitioners, sexual assault nurse examiners and registered nurses trained for labor and delivery, and Libertas Treatment Center who have completed the comprehensive orientation and skills inventory in accordance with professional Standards and Practice Guidelines. Guidelines for transfer's reference: Screening, Treatment and Transferring Patients "EMTALA" GN-009 EWD Emergency Medical Treatment and Active Labor Act (EMTALA) – HSHS Executive Manual

V. KNOWN OR SUSPECTED SUICIDAL PATIENTS

Patients who verbally threaten or through actions demonstrate self-destructive or suicidal behavior will have suicidal precautions implemented as medically appropriate. Specific guidelines are followed for the detention of medically unstable psychiatric or drug/alcohol toxic patients.

Reference: Libertas Treatment Center Suicide Precautions/Emergency Detention Policy

VI. CONTINUED CARE:

1. The appropriate attending Medical Staff Member is required to provide ongoing documentation to support the appropriateness and necessity of inpatient hospitalization in accordance with the hospital's medical record regulations. Reference: Medical Records – Regulations, MR-009 EWD
2. Patients admitted to the hospital must be seen at least weekly by the attending Medical Staff Member or his/her alternate or by a credentialed & privileged Midlevel Provider (PA-C, APRN) working with the physician or physician group and working within their scope of practice. The patient is seen weekly and has an appropriate progress note documented in the record from the Medical Staff Member at that time.
3. A transfer of care order should be documented and signed in the patient's medical record when the attending Medical Staff Member transfers care to another attending Medical Staff Member.

VII. DISCHARGE:

1. Patients shall be discharged only by a written or verbal order by a Medical Staff Member involved in the care of the patient or his designee. Should a patient leave the hospital without proper discharge or against the medical advice of the attending practitioner, complete documentation of the incident shall be made in the patient's medical record in accordance with the hospital's medical record policies. Note: Psychologists do not discharge patients. Reference: Medical Records – Regulations, MR-009 EWD
2. It shall be the duty of the Medical Staff Members to secure autopsies whenever they may contribute to understanding the patient's disease process. An autopsy may be performed only with written consent, signed in accordance with Wisconsin law. All autopsies shall be performed by a pathologist delegated this authority. Provisional anatomic diagnosis shall be recorded in the medical record within 2 working days; the complete protocol and signed autopsy report shall be made a part of the record within 60 working days of completion of the anatomic autopsy. Reference: Autopsy MS-023 EWD and EWD MR-009

VIII. PATIENT RIGHTS:

Medical Staff members and the hospital will ensure and honor patient and family rights. Inpatients and outpatients are informed of their rights and responsibilities in writing upon admission. Reference: Patient/Family Rights Policy GN-008 EWD and Libertas LIB-004

IX. OTHER:

1. On-Call Rotation Responsibilities:

The Libertas inpatient unit has scheduled medical providers on Monday through Thursday. Medical providers are scheduled for weekends/holidays on a volunteer basis. Providers are available by phone for their scheduled calendar day.

2. Peer Review:

- a. Ongoing Professional Practice Evaluation (OPPE) is a process whereby Libertas Treatment Center continually evaluates the current competence of practitioners (Medical Staff Member or Allied Health Professional) at Libertas Treatment Center who have been granted privileges. The OPPE process is utilized in order to assure all existing privileged practitioners are providing safe, high quality patient care and current competence. Focused Professional Practice Evaluation (FPPE) is a process whereby Libertas Treatment Center consistently evaluates the privilege-specific competence of a practitioner (Medical Staff Member or Allied Health Professional) who does not have documented evidence of competently performing requested privilege(s) at Libertas Treatment Center. The FPPE process can also be utilized when a question arises about an existing privileged practitioner's ability to provide safe, high quality, patient care. FPPE is a time-limited period in which Libertas Treatment Center evaluates and determines the practitioner's professional performance. The OPPE and FPPE process is utilized consistently with every credentialed practitioner who is granted privileges.
- b. Peer review will be conducted as an ongoing process throughout the year and recommendations will be made as the need arises. It is expected that members of the department will avail themselves of the information concerning present standards in hospital practice as determined by the Medical Staff. In the event there is failure to meet these standards, recommendations will be forthcoming from the Medical Staff Departments.
- c. Peer review is performed in accordance per the Medical Staff Bylaws and Credentialing Policy. Reference: Libertas Treatment Center Medical Staff Bylaws, Medical Staff Credentials Policy and AHP Credentials Policy, and Medical Staff Peer Review Policy MS-011 (SMG/SVG/SCO)

3. Emergency Management:

- a. Emergency management is the coordination of activities and personnel during a disaster or an emergency situation. It may require the mobilization and direction of the medical staff to ensure health and safety and to appropriately remedy problems. The hospital has emergency preparedness plans to ensure an effective response to disasters and emergencies.
Reference: Emergency Operations Plan and Emergency Preparedness Manual-Emergency Preparedness Manual RM-056 and Emergency Disaster Credentialing MS-015 EWD

4. Research Activities:

- a. Participation in research projects by Medical Staff Members is encouraged. To ensure adequate compliance with any applicable laws, regulations, ERD's or guidelines, Medical Staff Appointees shall consult with and obtain the approval of the Institutional Review Board regarding any research projects in which they propose to participate prior to conducting any of the proposed activities.
- b. It shall be the responsibility of the principal investigator to obtain approval from the hospital's Institutional Review Board before any research study may be undertaken at this hospital.

- c. Policy considerations pertaining to medical and/or scientific research projects of the medical staff shall be reviewed by the Institutional Review Board.
- d. The results of all research projects (clinical, statistical or otherwise) and all publications written or provided by Medical Staff Members using the name of this hospital, must be submitted to the Institutional Review Board or Chief Executive Officer or his/her designee for approval prior to any publication.
- e. Specific protocols shall be followed in the case of any pharmaceuticals to be used. Such protocols shall be submitted to the hospital's Institutional Review Board for review and approval.

5. Definitions:

The definitions contained in Article I of the Medical Staff Bylaws and Article I of the Medical Staff Credentials Policy are hereby incorporated by reference and shall apply to these rules and regulations as well.

X. AMENDMENTS:

Rules and Regulations may also be adopted, amended, repealed, or added as outlined in the Medical Staff Bylaws, Article 9.

XI. ADOPTION:

These rules and regulations are adopted and made effective upon approval of the Governing Body, superseding and replacing any and all previous medical staff rules and regulations, and henceforth all activities and actions of the medical staff and of each individual exercising clinical privileges in the hospital shall be taken under and pursuant to the requirements of these rules and regulations

Reference Documentation Location:

- Policies: HSHS EWD MCN Policy Management System, HSHS Policy Manager. hshs.ellucid.com
- Medical Staff Bylaws, Medical Staff Credentials Policy, Allied Health Professionals Credentials Policy, Medical Staff Organizational Manual: HSHS Libertas Treatment Center – Intranet – Departments – Medical Staff Services – (Select Document)
- Privilege or Provider Scope of Practice Confirmation: HSHS EWD Libertas Treatment Center/St. Mary's Hospital/St. Clare Memorial Hospital/St. Nicholas Hospital Intranet, Medical Staff Services Department – Physician and AHP Directory – Privilege or Scope of Practice Card

Medical Staff Executive Committee: Approval: February 21, 2018

Board of Directors: Approval: March 21, 2018

Review Responsibility: Medical Staff Services Department