



DEPARTMENT OF PSYCHIATRY RULES AND REGULATIONS

I. PURPOSE

The Department of Psychiatry is organized for the purpose of developing and facilitating the professional activities of the Psychiatrists and Psychologists who attend patients in the various clinical services of Shady Grove Medical Center. Objectives are to secure the highest standards of care for psychiatric patients, to contribute to continuing professional education of the section members and to provide an organizational relationship between the medical staff of this Department and the medical staff of other departments of Shady Grove Medical Center and the Hospital and Nursing Administration.

The rules and regulation of the Department of Psychiatry must conform to the bylaws of the medical staff, and must be approved by both the MEC and the medical staff at a general meeting. The purpose of the Rules and Regulations is to promote high standards of medical care to patients of Shady Grove Medical Center. Furthermore these Rules and Regulations shall serve as a guide for accomplishing this purpose, as well as, to provide certain protection for the patient, the hospital and its personnel and physicians. Each staff member shall be required to abide by the bylaws of the medical staff of Shady Grove Medical Center, and to assist in achieving the standards set forth by the Joint Commission and other state and federal regulatory bodies.

The above purpose as well as all Rules and Regulations of The Department of Psychiatry are in accordance and superseded by The Bylaws of the Medical and Affiliate Staff of Shady Grove Medical Center.

II. ORGANIZATION OF THE DEPARTMENT

The Department of Psychiatry shall consist of Psychiatrists and Psychologists with a Ph.D. or PsyD. in Clinical Psychology.

A. Eligibility

Eligibility for membership in the Department of Psychiatry will be as stated in the Medical Staff Bylaws. Psychiatrists shall be either board certified by the American Board of Psychiatry and Neurology in psychiatry or neuropsychiatry or they shall be eligible to take the exam for the American Board of Psychiatry and Neurology. The members should obtain their board certification within Five years of joining the staff. All new psychiatry applicants will have completed an accredited psychiatric residency to PGY-4; except for physicians who were granted board eligibility status by the ABPN (American Board of Psychology & Neurology) after PGY-

3. (This usually applies to physicians trained from 1970 to 1976 when the ABPN only required PGY-3 training.)

Psychologists will be members of the allied health professional staff in the Department of Psychiatry. Psychologists shall show proof of undergraduate and graduate education at appropriately accredited institutions with attainment of a Ph.D. or PsyD in clinical psychology.

B. Selection of Members

Members are selected with duties and privileges defined according to The Bylaws of The Medical Staff of the Hospital.

The Medical Staff consists of the following divisions: Active, Courtesy, Community Staff Only, Consulting, and Emeritus.

C. Duties of Members

The Active Staff members of The Department of Psychiatry are responsible for the welfare of all service patients entrusted to their care. They also have the responsibility for performing all departmental organizational and administrative duties pertaining to The Medical Staff. The Members of the Active Staff are entitled to vote at all such meetings, unless otherwise specified at any time by the Bylaws. Members of the Active Staff may hold elective offices in The Department of Psychiatry as well as on the Medical Staff.

Members of the Community Staff shall consist of those physicians who are requesting medical staff membership with no delineated clinical privileges. They may not vote or hold elective office.

The Courtesy Staff members are not eligible to vote, or hold office and are not required to attend meetings or serve on committees.

Members of the Consulting Medical Staff shall not vote, hold office or serve on committees.

Members of The Emeritus Medical Staff are eligible to vote, hold office, serve on The Medical Staff and Departmental Committees, and may have assigned duties if they so desire.

Allied Health Practitioners - shall be Psychologists with Ph.D. or PsyD in clinical psychology or Psychiatric Nurse Practitioner They must have an agreement between them and an active member of the Department of Psychiatry who will supervise their actions. This agreement must be on file with the Medical Staff Office. The above delineations are in consonance with the Bylaws. Article IV, Sections 1 through 6. They are to be superseded by any future amendments to The Bylaws. Attendance requirements are as specified in The Bylaws, Article XII, Section 5.

D. Emergency Room Call Schedule

Emergency psychiatric evaluations will be as per the contract with Adventist Healthcare Behavioral Health and Wellness Services (AHC BHWS) at Rockville and Shady Grove Medical Center. Adventist Hospital.

E. Appointment

Appointment and Reappointment to the Department of Psychiatry and the Medical and Allied Health Professional Staff in general are to be decided by Chair of the Department of Psychiatry, the Subsection Chairs as applicable, the Credentials Committee, and are to be operative as outlined in The Bylaws, Article V.

F. Promotion

In order to be promoted to or maintained on the active staff, each individual must have a minimum of 25 patient contacts per year.

G. Officers

Officers of the Department of Psychiatry shall be a Chair and Vice-Chair

In the event the Department Chair shall be unable to serve, the Department of Psychiatry Vice-Chair will serve as Acting Department Chair until a new Department Chair is elected.

H. Removal of Officers from their Position

The Department Chair may be removed at any regular meeting at which a quorum is present or at any special meeting on notice, by a two-thirds vote of those active members of the Department present. Such removal shall become effective when approved by the Governing Body.

The presence of 50% of the total number of active members of the Department at any regular or special meeting shall constitute a quorum, for the purpose of removal of the Chair.

I. CME Requirements

Each member of the Department of Psychiatry fulfills the continuing medical education requirements as specified by the Maryland Board of Physician Quality Assurance and agrees to abide by Maryland State Law regarding Continuing Medical Education (CME) requirements.

J. Board Certification Requirements

Effective May 21, 2000, new MD, DO, DPM, and DMD/DDS (Oral Surgeons only) applicants to the medical and affiliate staff must be board certified or board admissible. Effective June 27, 2005, all MD, DO, DPM, and DMD/DDS (Oral Surgeons Only) applicants who completed their residency program after January 1, 1990 must be board certified or board admissible by the appropriate Board recognized by the American Board of Medical Specialties or by the American

Board of Oral and Maxillofacial Surgery or by the American Board of Podiatric Surgery pertinent to their field of expertise and request for privileges. Effective August 30, 2006, the American Osteopathic Association Boards (AOA) are considered equivalent to the American Board of Medical Specialties (AMBS) Boards for the purposes of credentialing and are accepted for membership and privileges. Failure to achieve certification within the 5-year grace period will result in automatic termination of medical staff membership and clinical privileges at reappointment anniversary.

All new applicants must be board certified in their primary specialty with in 5 years of completion of their residency.

If fellowship trained, the applicant must be board certified in their sub-specialty within 5 years of fellowship completion in order to practice that sub-specialty in this institution.

Board Recertification: Effective January 1, 2006, all new applicants who have completed residency in the year 2005 or after must comply with the re-certification requirements of their Board in their primary area of practice.

III. DEPARTMENT MEETINGS

The Department of Psychiatry will hold meetings in accordance with the Medical Staff Bylaws. The

agenda of the departmental meeting shall be:

- A. Call to order;
- B. Acceptance of minutes of previous meeting;
- C. Old Business;
- D. New Business;
- E. Review and analysis of clinical work of department, and;
- F. Adjournment

IV. CRITERIA FOR ADMISSION

- A. Each practitioner must accept the criteria for admission to the hospital and to each program as approved by the medical staff and the Board of Trustees. These criteria are identified in the hospital's Utilization Review Plan and in each program narrative. Waiver of any of these criteria must be approved by the Medical Director.
- B. Physicians are responsible for giving such information prior to admission as may be necessary to establish that the patient meets all admission criteria and to promote the safety of the patient and that of other patients in the hospital.
- C. The hospital, through the Medical Director, AVP of Operations or designated Administrator on Call, reserves the right to refuse admission or to recommend to the Medical Staff member that a patient be referred to another facility because

his/her needs cannot be met and/or because treatment cannot be adequately provided by this facility.

V. **ADMISSION**

- A. Patients may be admitted to the hospital only by physicians with Medical Staff privileges to do so. All admissions to the hospital must meet the hospital's admission criteria as defined in the hospital's Utilization Review Plan.
- B. No patient shall be admitted to the hospital until a provisional diagnosis has been made by the admitting Medical Staff member. The diagnosis may be established by the source of the referral or by the clinician performing the pre-admission assessment. Primary diagnoses are to be consistent with the Diagnostic and Statistical Manual of Mental Disorders (DSM - current edition) and should refer to an Axis I Psychiatric Condition
- C. Each patient admitted to the hospital or to the adolescent Partial Hospitalization Program (PHP) shall have a psychiatric and physical examination current within 30 days of admission. Admitting physician will review H&P for any changes; amend if necessary, then sign/date/time. Laboratory work shall be ordered according to the patient and medication protocol needs.
- D. The psychiatric evaluation shall be performed by the admitting or by the attending psychiatrist.
- E. The physical examination may be performed either by the hospital's designated staff internist/pediatrician, nurse practitioner or by another physician only if the latter can assume continuous medical responsibility for the patient and is a member of the Medical Staff.
- F. The complete history and psychiatric evaluation shall, in all cases, be completed within 24 hours after admission of the patient. If the patient requires a psychiatric evaluation must be completed within 60 hours of admission. Complete medical history and physical examination in all cases will be completed and recorded in the medical record within 24 hours. The attending psychiatrist shall review the admission history and physical examination within 24 hours of its completion.
- G. Patients admitted must be seen by the admitting psychiatrist at the time of admission or within 24 hours of admission.

VI. CARE AND TREATMENT OF PATIENTS

- A. The attending physician has the ultimate responsibility for providing each patient's diagnosis and treatment and for supervising the care of the patient in the hospital. The physician has the responsibility for prescribing medication. Nurse Practitioners (NP) employed by Shady Grove Medical Center and other clinically privileged Medical Staff appointees may write orders for medication and treatment within their scope of practice, as specified in **section 12** of these rules and regulations. However, such action by the Nurse Practitioner or other clinically privileged Medical Staff appointee should not be construed as a transfer of clinical responsibility of any aspect of a patient's care. Similarly, after the initial admission history and physical exam has been completed, the attending physician remains directly and ultimately responsible for ongoing somatic (physical symptoms, lab results) assessment and treatment.
- B. Each attending physician agrees to adhere to the design of the hospital's treatment programs and agrees to practice in accordance with the program model. Each physician will adhere to all written hospital policies, procedures, protocols, and guidelines.
- C. All patients must be seen within 24 hours of admission by the attending psychiatrist. The admission history and physical, including the psychiatric evaluation and mental status examination, as well as the initial plan of treatment and anticipated length of stay, are to be completed within 24 hours of admission.
- D. The attending physician is responsible for all treatment activities related to patient treatment. The physician is legally responsible for the patient throughout the course of hospitalization and is responsible for all final decisions.
- E. Discharge criteria and discharge planning is to begin at time of admission. Updates and changes in discharge criteria and planning are recorded as appropriate.
- F. The attending physician or designee will see each of his/her patients no less than six (6) days per week if the patients are admitted to acute hospital services. Residential patients will be seen weekly.
- G. The attending physician is expected to be present at treatment planning meetings on all of his/her patients. The physician shall document relevant interventions, review, and approve by signature all treatment plans.
- H. Within 24 hours of the patient's admission, the attending physician is expected to have a verbal or face to face meeting with the adolescent patient's legal guardian(s) and, with consent, the adult patient's family members.

- I. Special provisions with respect to treatment/coverage of child psychiatry patients:
 1. A member of the Medical Staff holding adult psychiatry privileges may provide night, weekend, and holiday coverage for child psychiatry patients for no more than 72 consecutive hours. However, in such cases a member of the medical staff who holds child psychiatry privileges must be available for telephonic consultation.
 2. Only members of the medical staff with privileges in child psychiatry may act as attending physician for child psychiatry patients. However, when necessary, member of the medical staff holding adult psychiatry privileges may provide care to such patients under supervision of a credentialed child psychiatrist.

VII. MEDICAL RECORDS

A. Confidentiality/Release of Information

Information, written and/or verbal, is released under the direction of the Medical Records Department with written consent by the patient, or court order, or subpoena, or by statute. Release of mental health records and information contained therein are governed by the Maryland State Mental Health Code. The release of alcohol and drug records and information is governed by the Code of Federal Regulations Confidentiality of Alcohol and Drug Abuse Records, 42 CFR Part 2.

1. All medical records are the property of the hospital. Records may be removed from the hospital in accordance with a court order, a subpoena duces tecum (or subpoena for production of evidence), or pursuant to statutory authority. Written consent of the patient is required for the release of records to those not otherwise authorized to receive these records.
2. The release of a medical record that contains any reference to treatment for substance or alcohol abuse shall be in accordance with the stipulations of 42 CFR Part 2.
3. In the case of readmission of the patient, all previous records shall be available for the use of the attending physician or staff under his/her direction.
4. Access to medical record of patients shall be afforded to appointees to the Medical Staff in good standing for study and research under policies and procedures established by the hospital.
5. Patients may request to read their medical records. The specific guidelines for

this procedure as defined by state law and hospital policy and procedure should be obtained from the Medical Records Department.

VIII. PHYSICIAN RESPONSIBILITY FOR MEDICAL RECORDS

The attending psychiatrist is responsible for providing a complete medical record on each patient and shall be responsible for dating, timing, and documenting legibly and in chronological order admission information, orders for consultations, procedures, progress notes reflecting patient progress according to his/her signed treatment plan, responses to abnormal laboratory results, rationale and outcome of therapeutic passes and diagnosis at the time of discharge summary within 30 days of discharge. All attending psychiatrists are to follow the guidelines for medical records documentation distributed by the hospital's Medical Records Department.

IX. PHYSICIAN ORDERS

A. Standing and range orders shall not be utilized. PRN Orders that indicate the route can be either PO or IM must specifically state the criteria/rationale under which either route should be used.

B. The admitting psychiatrist will issue all initial orders; all succeeding orders, which must be in accordance with established general medical standards and in compliance with hospital regulations, will be issued by the attending psychiatrist. In certain circumstances, nurse practitioners or on-call psychiatrists may write orders for an attending psychiatrist's patient; in such case, the orders shall be reviewed and initialed by the attending psychiatrist.

The attending psychiatrist may write an order authorizing the hospital internist/pediatrician or certified nurse practitioner in consultation with the attending, to write medical orders as necessary according to the recommendations of their History and Physical Examination and/or consultation.

C. All orders shall be in writing. If the physician is absent from the hospital, an order shall be considered to be in writing if dictated over the phone by the individual to a licensed Registered Nurse or Pharmacist for clarification of medication order. The physician issuing the order should require that the Registered Nurse 'Read Back and Verify' that the correct order is noted. Orders dictated over the phone shall be signed by the person whom dictated, dated and timed within 48 hours, with the exception of seclusion and restraint orders which shall be signed within 24 hours.

D. In some instances, the ordering physician may not be able to authenticate the verbal order. In such cases, it is acceptable for a covering physician to co-sign the verbal order of the ordering physician. The signature

indicates that the covering physician assumes responsibility for his/her colleague's order as being complete, accurate and final.

- E. A physician's order shall be written clearly and legibly and shall be complete. Orders that are illegibly or improperly written will not be carried out until rewritten by the duly authorized person. The use of "renew", "resume", and "continue" will not be acceptable. It is necessary to fully discontinue a previous medication order and write an updated one.
- F. Orders are required for seclusion, restraint, medications, and restrictions of patient rights and shall be time limited pursuant to code and regulation.
- G. Orders are required to restrict patient rights to unimpeded, private, and uncensored communication by mail, telephone and visitation. These orders must document that the restriction is for therapeutic purposes, to protect the recipient or others from harm, harassment or intimidation.

X. SYMBOLS AND ABBREVIATIONS

Only symbols and abbreviations approved by the hospital and Medical Staff can be used in the medical record. Information is available in the Medical Records Department and on the units. Symbols and abbreviations may not be used in recording diagnosis.

XI. ADMISSION DOCUMENTATION

A. An admission psychiatric history should include the following elements:

1. Chief Complaint
2. History of Present Illness
 - a. Precipitating event
 - b. Circumstances leading to admission
 - c. Recent symptoms as well as pertinent negatives
3. Justification for inpatient level of care
4. Past Psychiatric History
 - a. Hospitalizations and other episodes of treatment
 - b. Longitudinal course of symptoms
5. Past Medical History
6. Current Medications
7. History of medications taken and clinical response
8. Mental Status Exam
9. Strengths/Weaknesses
10. Formulation
11. Summary of positive findings

- 12. DSM (current version) Diagnoses
- 13. Initial Treatment Plan
- 14. Estimated Length of Stay
- 15. Criteria for Discharge

- B. The history and physical examination should include history of somatic illness, review of systems, and physical exam of organ systems according to established standards. Both the admission psychiatric evaluation and history and physical examination are to be completed and in the record within 24 hours after the patient's admission.
- C. It is recognized that given the patient population, often history is difficult to obtain. In this case, any attempt to obtain history and the reason for the failure to do so should be noted.
- D. The Medical Executive Committee will periodically review data on Admission for Documentation quality and adherence to required elements.

XII. PROGRESS NOTES

- A. Pertinent progress notes related to diagnosis and to treatment plan goals and objectives, sufficient to permit continuity of care shall be recorded at the time of observation.

Wherever possible, each of the patient's clinical problems/goals should be clearly identified in the progress note and correlated with specific orders, as well as results of tests and treatments.

- B. Physicians shall document:
 - 1. Abnormal laboratory values and their response to such;
 - 2. Therapeutic pass goals and patient's response to passes.
- C. Consultants must make dated and timed recorded entries whenever they see a patient.

XIII. THERAPEUTIC PASSES

- A. Therapeutic passes are defined as times away from the hospital in order to provide an opportunity to work toward therapeutic objectives critically necessary to patient recovery and leading to discharge. They may be used

during hospitalization to permit orderly transition from the hospital to a less restrictive level of care. Passes may also be subject to approval from 3rd party payers.

- B. Therapeutic passes shall be integrated into the patient's written treatment plan.
- C. The psychiatrist shall write an order specifying the date and length of the pass, therapeutic goals and the identity of any person to accompany the patient. The order will indicate any medication to be taken by the patient during the pass by a specific order.
- D. The order shall include whether search procedures and/or toxicology screens are clinically indicated upon a patient's return from pass.

The psychiatrist shall document the therapeutic outcome of each pass in the medical record.

XIV. DISCHARGE DOCUMENTATION

- A. Patients shall be discharged only on written order of the attending psychiatrist. AMA discharges must be written by the attending psychiatrist or covering psychiatrist if the AMA occurs on the weekend or when the attending psychiatrist is on extended leave. The attending psychiatrist shall complete the discharge summary according to the approved guidelines, state final DSM5 diagnosis and sign and date the record.
- B. All discharge summaries and signatures not specified in 5.4.3 of this section will be completed within 30 days following the patient's discharge. Incomplete records as defined above will be considered delinquent. The following disciplinary measures may be instituted against the psychiatrist who fails to complete medical records within the specified time frame:
 - 1. Fines as outlined in the medical staff delinquent records policy as approved by the MEC.

XV. MEDICATION USAGE

- A. The prescribing of medication is limited to physicians, dentists, and podiatrists with appropriate qualifications, licenses and clinical privileges and to nurse practitioners credentialed by Shady Grove Medical Center.
- B. Licensed Nurses/Pharmacist are the only individuals allowed to accept telephone medication orders from a physician or nurse practitioner.

- C. In conservative medical practice, medications are to be used only for standard indications as published in the United States Pharmacopeia, DI, of the Physician's Desk Reference, current edition. However, it is recognized that in psychiatry medications are often used for other than the approved indication. Use of medications in this manner must be consistent with established psychiatric practice. In doubtful situations, it is recommended that the use of medications in this manner be supported by such measures as (1) consultation of another member of the medical staff or (2) appending to the clinical record peer reviewed articles or letters (or established secondary sources referencing such) describing the successful , outcomes associated with this intervention.
- D. Medications prescribed will specify dosage, frequency, route of administration, and rationale. Medication prescribed for PRN administration will indicate a maximum dosage over a stated period of time and will identify the symptoms for which the medication should be administered. You must have an indication for PRN use.
- E. Stop Orders: For the following classes of medications, the physician will order medications for a specified number of days or for a specified number of dosages: Narcotics, Antibiotics, Hypnotics, Steroids, and Anticoagulants. If this is not done, reorders will be necessary as follows: Narcotics = 3 days, Anticoagulants (Heparin and Coumadin) = 5 days, Antibiotics = 10 days, Sleep medications (Dalmane, Restoril, Chloral Hydrate) = 7 days, Steroids = 10 days.
- F. The maximum duration of any medication order is 30 days. The medication orders will not be continued without being reviewed and rewritten at least every 30.
- G. The attending physician must be notified before any medication is discontinued.
- H. When drugs are prescribed that are known to involve a substantial risk or to be associated with undesirable side effects, the appropriate protocols or guidelines must be observed. These include guidelines for the use of Schedule II drugs for maintenance use, Lithium Carbonate, Antabuse, MAO Inhibitors, Neuroleptics, Droperidol, and Schedule II and Schedule IV drugs used in polypharmacy. This list of drugs is for illustrative purposes only, and is not intended to be all inclusive.
- I. Physicians shall discuss fully with patients and appropriate relatives the indications and side effects of prescribed medications with documentation as established by hospital policy and procedure.

- J. When prescribing Schedule II drugs for maintenance use, the physician should inform the patient (and guardian if appropriate) of the risks and benefits of the medication. The patient/guardian must be provided with sufficient information to make an informed decision regarding the proposed medication. A progress note detailing the benefits, risks and any alternate treatment(s) will be entered into the medical record by the physician.

XVI. SECLUSION AND/OR RESTRAINT

A. Definitions:

- 1. Restraint is used to limit or restrict the movement of the whole, or a portion of, patient's body for the purpose of preventing intentional harm to self or others. Mechanical restraints shall not be utilized.
- 2. Seclusion is the involuntary confinement of a patient alone in a room in which a patient is physically prevented from leaving. This activity may only be initiated by the order of a physician as specified in the seclusion and restraint policy subject to the exception specified in paragraph 7.4 below.

XVII. TREATMENT UNDER THE LEAST RESTRICTIVE CONDITIONS

- A. Each patient shall be treated under the least restrictive conditions consistent with his/her condition and shall not be subjected to unnecessary restraint and seclusion. In no event shall seclusion and/or restraint be utilized to punish or discipline a patient or for the convenience of the staff.
- B. Seclusion and/or restraint may be ordered as a therapeutic measure to prevent a patient from causing physical harm to him/herself.
- C. Documentation in the progress notes for seclusion/restraint shall be in accordance with approved hospital policy and procedures.

XVIII. ORDERS FOR SECLUSION AND/OR RESTRAINT WILL:

- A. be time limited and include the date and time of order;
- B. include the emergency safety intervention ordered, including the length of time for which the physician ordered it;
- C. not exceed the approved time limits per age-specific populations;

- D. be STAT orders only;
- E. specify the reason for utilization;
- F. be signed by the physician within 24 hours of initiation;
- G. indicate whether restraint or seclusion is being used;
- H. identify special precautions, if any, to safeguard the patient; and,
- I. indicate criteria for release of restraint or discontinuation of seclusion.
- J. Each patient placed in seclusion or restraint shall have his/her physical condition and psychiatric condition monitored by qualified personnel as per hospital policy.
- K. The attending physician performs a face to face assessment of the patient within one hour of the seclusion or restraint order and documents, signs, times and dates said assessment in the medical record. Alternatively, in the absence of the attending physician, a qualified nurse shall perform a face to face assessment of the patient within one hour of seclusion or restraint order and shall document, sign, date and time findings of his/her face to face assessment.
- L. The physician will review and sign seclusion/restraint progress note written by nursing within 24 hours.
- M. In case of an emergency, a Registered Nurse, specifically trained, upon the assessment of the need for seclusion and restraint may initiate seclusion and/or restraint. Physician's order must be obtained within one hour and the order must be countersigned by the physician within 24 hours. A face to face assessment of the patient must still be made by a physician within one hour of the initiation of the emergency seclusion or restraint.
- N. The Medical Director or his/her designee will review cases of multiple seclusion and restraint cases daily. On the weekends or in the absence of the Medical Director, an on-call member of the medical staff will review cases of multiple seclusion and restraint. Unusual or unwarranted patterns or utilization will be investigated by the Risk Manager and reported to the Safety, Performance Improvement and Medical Executive Committees.

- O. Repetitious use of restraint and/or seclusion, as defined by hospital policy and procedure, must be justified by the physician in the progress notes and must be integrated into the patient's treatment plan.

XIX. RESTRICTIONS

A patient placed on a behavior modification program as part of his/her treatment plan may be restricted but not physically confined to a given area or room for a reasonable period of time and such restriction shall not constitute seclusion. The approved hospital guidelines must be followed in the use of this procedure and/or any other restrictions.

XX. MEDICAL ALTERNATE

- A. When the attending physician is not at the hospital, he/she will notify the hospital of an alternate member of the medical staff who has agreed to provide care of his patients during his absence. The information should be transmitted to the Medical Director through the Medical Staff executive assistant who will disseminate notice by email.
- B. In an emergency when the attending physician or his /her designee is unavailable, the Medical Director must be contacted and shall have the authority to make provisions for caring for the patients.

XXI. PATIENT HAND-OFF

- A. Hand-off between physicians refers to an event in which clinical responsibility for a patient is transferred from one physician to another. This includes coverage for weekends, vacations, illness or absence from the hospital. Any time nursing staff is instructed, by order, memo, or call schedule, to consider a different doctor responsible for a patient's care, a hand-off has occurred.
- B. When a patient-hand off, as defined above, has occurred. The transferring physician will communicate to the receiving physician clinical information relevant to the immediate management of the patient. Such communication can take place verbal-- in person or by telephone-- or as a

written sign-out report. If a written sign-out report is used, the transferring physician will be available until an agreed upon time by phone to allow for questions or a discussion to take place

- C. The hand-off communication should consist of the following elements:
 - 1. Patient's name
 - 2. Psychiatric and medical diagnoses
 - 3. Current clinical status, including active psychiatric and medical problems
 - 4. Medications
 - 5. Pending lab tests or values of immediate clinical relevance
 - 6. Assessment of state and current needs
 - 7. Recommendation for management during the coverage time.

- D. In the case of an on-call physician transferring newly admitted patients according to the redistribution procedure, the required hand-off communication would be expected to be brief and to include such information as the patient's name, diagnoses, medical concerns, and any medications that have been ordered.

XXII. ON-CALL

- A. The AVP of Operations and the Medical Director shall be administratively responsible for maintaining the hospital's on-call roster.

- B. Each attending physician is responsible for arranging adequate medical /psychiatric coverage in his/her absence.

- C. Physicians routinely attending acute hospital patients are expected to participate in the Doctor of the Day rotation for admissions. Guidelines for this rotation system are to be addressed by the Department of Psychiatry.

- D. Physicians are expected to be fully compliant with COBRA regulations; patients who meet commitment criteria, as defined by COMAR regulations, are expected to be admitted and attended by physicians regardless of the patient's financial resources.

XXIII. CONSULTATIONS

- A. Consultations must be requested by the attending psychiatrist or nurse practitioner.

- B. Progress notes must indicate the reason for the consultation and requests are by written order, specifying reasons for consultation request.
- C. Emergency consultation requests must be requested by the attending psychiatrist directly to the consulting clinician. A verbal order may be dictated in the case of an emergency.
- E. Initiation of a request for consultation by the patient or, if the patient is incompetent, by next of kin, must be accompanied by an order. The Medical Director may initiate a requested consultation in the absence of the attending psychiatrist or designee.
- F. Psychiatric consultations are required in cases in which:
 - 1. The patient's diagnosis is obscure;
 - 2. There is a doubt as to the best therapeutic measures to be utilized;
 - 3. There are unusual treatment risks for the patient;
 - 4. The case has been determined by Utilization Review to require consultation. Requests for consultation may be made by the attending psychiatrist, or the Medical Director.

XXIV. UTILIZATION REVIEW

The attending physician is required to document the need for admission and for continued hospitalization. Utilization reviews are scheduled on a systematic basis according to the Utilization Review Plan of the Hospital as approved by the Medical Staff and the Board of Trustees. Willful or continued failure to furnish such required documentation is cause for a request to the Medical Executive Committee for corrective action and can be initiated by the Utilization Review Department.

XXV. PATIENT REQUEST TO CHANGE PHYSICIAN

A patient may request to change attending physician. In the event of controversy, the Medical Director should be contacted to investigate and, if appropriate, to facilitate the change.

XXVI. HOSPITAL DISASTER AND EXPOSURE CONTROL PLAN

- A. All members of the medical staff of the hospital agree to follow the

outlined hospital's Infection Control policies and procedures as approved by the medical staff.

B. Medical Staff Participation during Disaster Plan Implementation

Physicians are expected to understand their role in the hospital's disaster plan and will perform their duties as assigned. The Chief of Psychiatry and the AVP of Operations will work as a team to coordinate activities and directions. In cases of evacuation of patients from the hospital to another, or evacuation from the hospital premises, the Medical Director will authorize the movement of patients. All policies concerning patient care will be a joint responsibility of the Medical Director and the President/Chief Operating Officer.

XXVII. MEDICAL SERVICES PAYMENT

Each attending physician shall communicate to his/her patient (and family where appropriate) the financial terms of the treatment relationship including the applicable compensatory services provided by all professionals under the attending physician's supervision.

XXVIII. PATIENT DEATH AND AUTOPSY

In the event of a patient's death, The attending physician or his designee shall notify the family. Completion of death pronunciations and certificates shall be governed by the applicable state regulations and reporting requirements. It

shall be the duty of the attending physician to secure an autopsy, whenever appropriate. A provisional anatomic diagnosis shall be requested from the coroner and recorded in the medical record within 72 hours. All autopsies shall be performed by a licensed Pathologist or his designee, and with written consent signed in accordance with State law. In all cases, the guidelines established in the hospital's autopsy policy and procedures shall be followed. Please refer to Death of a Patient Policy and Autopsy Policy.

XXIX. ANNUAL DOCUMENTATION REVIEW

These By-laws, rules and regulations shall be reviewed at least every three years for changes in regulatory compliance and approved by the Medical Staff

XXX. PROCEDURE TO AMEND OR REPEAL THE RULES AND

REGULATIONS OF THE DEPARTMENT OF PSYCHIATRY

The rules and regulations of the Department of Psychiatry may be amended or repealed at any regular meeting at which a quorum is present or at any special meeting on notice, by a vote of the majority of those active members of the department present. Such changes shall become effective when approved by the Governing Body.

The presence of 50% of the total number of active members of the department at any regular or special meeting shall constitute a quorum, for the purpose of amending or repealing the rules and regulations of the Department. Proxy Vote via email or fax is also acceptable.

These rules and regulations may be amended or repealed after submission of a proposal at any regular or special meeting of the department.

To be adopted, amendments and repeals shall require a two-thirds vote of the active members present and representing a quorum.

XXXI. CARE OF RELATIVES

As per the Medical Staff Rules and Regulations, no member of the Medical Staff shall serve as attending physician, perform procedures, or act as an official consultant for members of his or her immediate family at Shady Grove Medical Center Medical Center..

XXXII. ANNUAL MEDICAL STAFF DUES

All medical staff members are required to pay annual/ medical staff and department dues (with the exception of Emeritus and Community Status members). Please note there is no refund of medical staff dues.

Board Approved: 2/28/18