Medical Staff Organization Rules and Regulations

Approved by Action of the Medical Staff Executive Committee on 5/15/19 and by Action of the Mental Health Board on 6/20/19

Attachments:

Approval Signatures

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MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
MEDICAL STAFF ORGANIZATION

RULES AND REGULATIONS

JUNE 2019

TABLE OF CONTENTS

1.0 ADMISSION, TRANSFER AND DISCHARGE OF INPATIENTS ........................................... Page 1
   1.1 Admission of Inpatients
   1.2 Transfer of Inpatients
   1.3 Discharge of Inpatients

2.0 MEDICAL RECORDS ....................................................................................................... Page 3
   2.1 Purpose
   2.2 Electronic Medical Records (EMR)
   2.3 Responsibility
   2.4 Legibility
   2.5 Medical Record Documentation and Content
   2.6 Authentication
   2.7 Amending Medical Record Entries
   2.8 Medical Record Deficiencies

3.0 GENERAL CONDUCT OF CARE .................................................................................... Page 9
   3.1 General Professional Responsibilities
   3.2 Medical Staff/Other Treatment Staff Relationships
   3.3 Treatment Orders
   3.4 Documentation
   3.5 Medications
   3.6 Consultations
   3.7 Corrective Measures and Reporting Responsibilities/Requirements to Appropriate Authority(es)

4.0 CONTINUING EDUCATION .......................................................................................... Page 16

5.0 REVIEW OF RULES AND REGULATIONS AND ....................................................... Page 17
MEDICAL STAFF POLICIES AND PROCEDURES

ADOPTION AND APPROVAL ............................................................................................... Page 18

REFERENCES / REVISION HISTORY ................................................................................ Page 19
MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
MEDICAL STAFF ORGANIZATION

RULES AND REGULATIONS

1.0 ADMISSION, TRANSFER AND DISCHARGE OF INPATIENTS

1.1 ADMISSION OF INPATIENTS

1.1.1 The Behavioral Health Division shall accept patients for diagnostic evaluation, care and treatment of psychiatric disorders, substance abuse disorders, and developmental disabilities.

1.1.2 The Behavioral Health Division or Medical Staff shall not exclude any particular diagnostic category of mental illness but will evaluate for possible admission any and all persons requesting or legally presented for admission.

1.1.3 Patients may be admitted to the Behavioral Health Division for treatment only by Medical Staff who are privileged to admit.

1.1.4 The admitting Medical Staff shall adhere to the established Behavioral Health Division admission criteria and policies and procedures.

1.1.5 All patients admitted shall be informed of their rights and afforded due process, when indicated under state statutes.

1.1.6 A provisional diagnosis and justification for admission are required at the time of admission for all inpatients.

1.1.7 A physician staff member shall be responsible for the medical care and treatment of each patient admitted to the Behavioral Health Division.

1.1.8 The admitting Medical Staff shall adequately assess and address the possibility that a patient presents a foreseeable source of danger to self or others, and if so, shall take reasonable steps to protect the patient and/or others from such danger.

1.1.8.1 Patients who are suicidal shall be placed on suicide observation status as per policy and procedure.

1.1.8.2 Patients who are violent shall be controlled and managed in the least restrictive manner consistent with safety, as per policy and procedure.
1.1.8.3 Patients admitted with suspected contagious diseases shall have an appropriate medical consultation, and appropriate infection control precautions shall be implemented, when indicated and appropriate. See "Infection Control Program Policy and Procedure Manual."

1.1.9 The treating Medical Staff shall provide documentation of the need for continued hospitalization in accordance with the Treatment Plan Guidelines and the current Utilization Review Plan.

1.2 TRANSFER OF INPATIENTS

1.2.1 The transfer of patients between health care facilities shall be based on an evaluation of the patient's needs. Patients with medical needs that exceed the Behavioral Health Division's capacity shall be transferred immediately to an appropriate health care facility, at the order of a physician.

1.2.2 No patient shall be transferred without the approval and order of the treating Medical Staff or his/her designee.

1.3 DISCHARGE OF INPATIENTS

1.3.1 Patients shall be discharged from the Behavioral Health Division only on order of the treating Medical Staff or designee, except for those patients discharged by court order.

1.3.1.1 A patient discharged by the court shall have a progress note entry written by a staff member of the Behavioral Health Division as to the results of that hearing. The treating Medical Staff shall be responsible for an entry on the Medical Staff Discharge Order form indicating "discharged by Court," with stipulation and order, if appropriate.

1.3.1.2 The Medical Staff Discharge Order form shall be completed by the discharging Medical Staff prior to discharge.

1.3.2 If a patient leaves the inpatient program on an unauthorized absence (U.A.), the incident shall be documented in the medical record and the Behavioral Health Division's U.A. policies and procedures shall be followed.

1.3.3 If a patient requests to leave Against Medical Advice (AMA), the incident shall be documented in the medical record and the Behavioral Health Division's AMA policies and procedures shall be followed.

1.3.4 The treating Medical Staff is responsible for the discharge of a committed patient. Although a commitment is time limited, the Medical Staff may choose to discharge or place the patient on Conditional Leave (CL) prior to the expiration of commitment. The Behavioral Health Division's policy and procedure regarding discharge from Commitment/Conditional Leave shall be followed.
1.3.5 The responsible physician shall make reasonable attempts to notify the patient of any abnormalities revealed in medical diagnostic reports received or reviewed after the patient is discharged from the Behavioral Health Division.

2.0 MEDICAL RECORDS

2.1 PURPOSE

2.1.1 to serve as a detailed database for planning patient care by all involved practitioners, nurses and ancillary personnel;

2.1.2 to provide a means of communication for the Medical Staff and all treatment personnel at the Milwaukee County Behavioral Health Division who contribute to the patient's care;

2.1.3 to furnish documentary evidence of all treatment and response to treatment;

2.1.4 to serve as a basis for review, study and evaluation of the care rendered to the patient and to identify opportunities to improve quality of patient care; and

2.1.5 to assist in protecting the legal interest of the patient, the facility, and practitioner responsible for the patient and to provide data used in the areas of quality and resource management, billing, education and research.

2.2 ELECTRONIC MEDICAL RECORDS (EMR)

2.2.1 Use of EMR – All medical record documents created after the patient is admitted will be created utilizing BHD electronic systems to allow for patient information to be exchanged and shared electronically among healthcare providers. This includes psychiatric/psychological assessments, discharge summaries, history and physicals, and progress notes.

2.2.2 Confidentiality of Patient's Medical Records – The medical records are confidential and protected by federal and state law. Medical record access to confidential materials by authorized individuals is only permissible when access is sought for patient care, payment, peer review, risk management, approved research, or other appropriate authorized activity. This requirement applies equally to information stored in hard copy form or electronically stored. In addition, the Behavioral Health Division safeguards patients' records against unauthorized disclosure and/or use, loss, defacement, and tampering. Unauthorized access or disclosure of confidential patient information or tampering, loss or defacement of medical records constitutes grounds for disciplinary action.
2.2.3 **Abbreviations** – Abbreviations shall be used only when they have been approved by the Medical Records Committee. Practitioners shall be responsible to use only approved abbreviations. See Behavioral Health Division approved abbreviation list.

2.3 **RESPONSIBILITY**

2.3.1 The attending physician is responsible for each patient’s medical record.

2.3.2 The medical record must identify who is primarily responsible for the care of the patient.

2.3.3 All transfers of primary responsibility shall require a physician order and acknowledgement by the physician accepting the transfer.

2.3.4 All clinical entries in the patient’s record must be accurately dated, timed, and individually authenticated by the responsible Medical Staff;

2.3.4.1 group signing of documentation is not permissible.

2.3.4.2 authentication means to establish authorship by written or electronic signature and shall consist of the practitioner’s name and professional title, indicating the professional credentials. Electronic authentication of medical records is standard practice.

2.4 **LEGIBILITY** – All practitioner entries in the record must be legible, pertinent, complete and current.

2.5 **MEDICAL RECORD DOCUMENTATION AND CONTENT**

2.5.1 The medical record must identify the patient, support the diagnosis, justify the treatment, and document the course and results of treatment and facilitate continuity of care. The medical record is sufficiently detailed and organized to enable:

2.5.1.1 the responsible practitioner to provide continuing care, determine later what the patient’s condition was at a specified time, and review diagnostic/therapeutic procedures performed and the patient’s response to treatment;

2.5.1.2 a consultant to render an opinion after an examination of the patient and review of the health record;

2.5.1.3 another practitioner to assume care, at any time;

2.5.1.4 retrieval of pertinent information required for utilization review and/or quality assurance activities; and

2.5.1.5 accurate coding diagnosis.
2.5.2 All Programs - The patients' records shall contain:

2.5.2.1 identification data;

2.5.2.2 intake/initial assessment or evaluation, including mental status exam;

2.5.2.3 physical assessment and reports of other diagnostic procedures and examinations, as indicated;

2.5.2.4 diagnostic formulation and diagnosis(es); multidisciplinary assessments, as indicated; treatment plan, clinical interventions and progress recording, in accordance with current Treatment Plan Guidelines;

2.5.2.5 evidence of appropriate informed consent, when necessary;

2.5.2.6 diagnostic/therapeutic orders;

2.5.2.7 evidence of timely and comprehensive aftercare planning; and

2.5.2.8 conclusions at termination of hospitalization or evaluation/treatment.

2.5.3 Psychiatric Crisis Service -- The patient's record shall contain:

2.5.3.1 in compliance with provisions of COBRA/EMTALA, a medical screen/evaluation performed by the PCS physician on all patients entering PCS to identify acute medical problems and emergency medical conditions (EMC). The screen shall include, but not be limited to, current and past medical history, critical review of medical clearance at the referring institution, general physical condition, vital signs, level of consciousness, ambulation, coordination, assessment of toxidromes, visual inspection of the head, eyes, body, and limbs, and utilization of available lab tests (e.g., glucometer, pulse oximeter, breathalyzer, urine drug assay), as appropriate. This medical screen shall be documented in the Medical Screening section of the Crisis Service Assessment. When an acute medical problem (non-psychiatric emergency medical condition) is suspected or identified, the patient will be referred to the most appropriate medical emergency department on an emergency basis.

2.5.4 Inpatient Programs - The patient's record shall contain:

2.5.4.1 a psychiatric evaluation including an initial plan of treatment, mental status examination, an inventory of the patient's assets in descriptive, non-interpretive fashion, diagnosis, and estimated length of stay,
shall be completed and documented within 60 hours after admission of the patient;

2.5.4.2 a medical history and physical examination, as per Medical Staff policies and procedures (see Bylaws 3.9.1 for content requirements), shall be completed within 24 hours of admission (including all patients who are readmitted within 30 days of previous admission date*) for all patients who permit and as soon as possible for all others;

2.5.4.2.1 For patients whose length of stay approaches one (1) year, a new history and physical exam shall be scheduled and performed with subsequent exams performed annually thereafter, for as long as the patient remains under inpatient care;

2.5.4.2.2 If a physical examination was completed within 30 days of the patient’s admission (or readmission), an update examination to document any changes in patient’s condition is required within 24 hours of admission or re-admission. If the examining practitioner finds no change in the patient’s condition since the history and physical was completed, s/he shall indicate in the patient’s record that the H&P was reviewed, the patient was examined, and that “no change” has occurred in the patient’s condition, since the H&P was completed. However, any noted changes in the patient’s condition must be documented in an update note and placed in the patient’s record within 24 hours of admission [per DHS 124.14(3)c(2) and CMS 482.22[c][3][iii]*; also see Bylaws, 3.9.1];

2.5.4.2.3 Medical histories and physical exams completed by another hospital/healthcare facility may be accepted if completed less than 30 days prior to the patient’s admission but shall require an addendum as verification that all BHD medical history/physical exam requirements are included and to document any change in condition, since the date of the exam.

2.5.4.3 Diagnostic studies - diagnostic studies shall be ordered as appropriate to each patient’s medical need. Exceptions shall be specified on the order sheet or progress notes by the admitting physician or designee;

2.5.4.4 Medical orders shall be entered into the EMR;

2.5.4.5 Special reports - when appropriate, patient record shall contain the results of consultations, special diagnostics, etc.
2.5.5 Discharge Documentation.

2.5.5.1 Patients shall be discharged only on a given order of the discharging physician.

2.5.5.2 Discharge summary - required on all patients hospitalized. All discharge summaries shall be completed within 14 days. It shall include the final primary and secondary psychiatric diagnoses, and physical diagnoses according to the current DSM nomenclature and format. All diagnoses are to be recorded in full, without abbreviations, using acceptable diagnostic nomenclature. The summary shall include the reason for hospitalization; assessment (mental status); physical findings; allergies; lab/diagnostic findings; radiology findings and any other procedures performed; care, service, treatment course and results; final assessment, including observations and understanding of the patient's condition initially, during treatment, and at discharge; type of separation; discharge medications; continuing care plan; special risks and treatment considerations; dietary and activity restrictions; and patient/family education. In the event of patient death, the discharge summary must include the events leading to the death;

2.5.5.3 When an autopsy is performed and report is available, provisional anatomic diagnoses are recorded in the medical record, as per guidelines of the Medical Examiner's Office and/or the agency performing the autopsy. The Medical Records Director or designee upon receiving an autopsy report shall enter it into the medical record and notify the Chief Medical Officer or designee.

2.6 AUTHENTICATION

2.6.1 All entries in the record shall be accurately dated, timed and authenticated by authorized health care personnel.

2.6.2 The professional degree of the author shall be indicated on all entries.

2.6.3 Medical Staff and Allied Health Professionals shall authenticate by signature/initiais and professional degree the following reports, as applicable:

2.6.3.1 All acute inpatient and crisis observation service verbal and telephone orders shall be counter-signed, dated and timed within 48 hours by the authorized member of the Medical Staff that originated the order. (Requested variance to DHS 124.12[b][6]b11 approved 09/04/2012 per letter from DHS dated 10/02/2012);

2.6.3.2 Physical Examination, diagnostic reports, and/or Health History Profile;
2.6.3.2.1 the attending physician shall counter-authenticate the health history and physical exam results for all acute inpatients;

2.6.3.3 Initial Psychiatric/Psychological Data Base, orders and progress notes by medical students, resident physicians, graduate level nursing students and physician assistant students according to Medical Staff policy and procedure:

2.6.3.3.1 resident physicians may write patient care orders; the resident or Medical Staff member shall authenticate all verbal orders as per 2.6.3.1

2.6.3.3.2 medical students may not write orders

2.6.3.3.3 advanced practice nurse practicum students may not write orders

2.6.3.3.4 physician assistant practicum students may not write orders

2.6.3.4 Hospital Discharge Summary.

2.6.4 Psychology trainee supervisors shall authenticate by signature all record entries of psychology trainees.

2.6.5 All signatures in the medical record must be recognizable; the use of rubber stamp signatures is not permitted.

2.6.6 The Medical Record Department shall maintain a signature log of previously employed and presently employed Medical Staff members, residents and Allied Health Professionals, to assist in identification.

2.6.7 Sufficient evidence shall be documented in the medical record to substantiate the active participation of a Medical Staff member in the management of patient care rendered by medical students in the undergraduate program; by medical interns and residents in the graduate medical program; and by psychology trainees; and by a privileged advanced practice nurse and/or Medical Staff member for graduate nurse students and physician assistant students in an approved clinical practicum.

2.7 AMENDING MEDICAL RECORD ENTRIES:

2.7.1 Electronic Documents (structured, text and images).

2.7.1.1 Any individual who discovers his/her own error or omission prior to the authentication of the entry shall immediately, upon discovery,
2.7.1.2 Once an entry has been authenticated and an error is found, the EMR will force the author to record his/her comments in the form of an electric addendum in which the individual will document the erroneous information, authenticate the entry and the system will date and time stamp the entry.

2.7.1.3 If information is found to be recorded on the wrong patient, regardless of the status of the entry, the EMR will not allow deletion of entries. The entry recorded in error must be documented as such by the author and the information re-entered on the correct patient.

2.7.2 Paper-Based Documents.

2.7.2.1 Any individual who discovers his/her own error or omission prior to the authentication of the entry shall immediately, upon discovery, correct the error by drawing a single line through the erroneous entry, but not obliterating it, and initialing and dating the error.

2.8 MEDICAL RECORD DEFICIENCIES

2.8.1 Medical Staff and allied health professionals are advised of incomplete records via the physician inbox. The Medical Records Department shall advise Medical Staff by fax, mail or electronic notice of incomplete medical records.

2.8.2 If an inpatient medical record remains incomplete after 14 days, it shall trigger the delinquency notification process. In such cases, it shall be the policy of the Milwaukee County Behavioral Health Division that Medical Staff members who are delinquent in completing medical records shall be subject to progressive discipline, which may include administrative suspension of clinical privileges, when records still remain incomplete after 21 days. The Chief Medical Officer, or designee, shall notify the Medical Staff member in writing about delinquencies and of impending disciplinary action, as per policy and procedure.

2.8.3 Medical Staff members shall complete all records prior to leaving on any planned absence and prior to termination of employment and/or privileges with the Division.

3.0 GENERAL CONDUCT OF CARE

3.1 GENERAL PROFESSIONAL RESPONSIBILITIES

3.1.1 At the time of joining the Medical Staff and/or applying for Medical Staff privileges, an agreement shall be signed to abide by the Bylaws, the Rules and Regulations and policies and procedures of the Medical Staff.
3.1.2 All Medical Staff and Allied Health Professionals shall be credentialed and privileged in accordance with state and federal requirements and according to mechanisms and requirements, as defined by the Credentialing and Privileging Review Committee of the Medical Staff.

3.1.3 Patient treatment in all programs shall be under the direction of members of the Medical Staff. Allied staff will be assigned patient care intervention responsibilities, as departmental job descriptions and/or licensure permits. All medical and allied staff shall abide by Treatment Plan Guidelines and policies and procedures established by the Behavioral Health Division, which outline intake assessment, and treatment planning responsibilities for all members of the Treatment Team in each program.

3.1.3.1 Patient care and treatment for all inpatient programs after hours, on weekends and holidays shall be under the direction of the Crisis Service and Chief Medical Officer on-call.

3.1.4 Each member of the Medical Staff and Allied Health Professional Staff shall arrange coverage of his/her patients and/or service for any planned absence, in accordance with program and/or clinical department procedures. In instances of emergent absence or illness, the Medical Staff supervisor, the Chief Medical Officer or the Chief Psychologist shall, upon notification, designate a member of the Medical Staff to serve in this capacity.

3.1.4.1 Each member of the Medical Staff and Allied Health Professional Staff shall ensure that s/he is easily accessible to treatment teams, other members of the Medical Staff, professional staff, administration and medical support services during all times that s/he is on duty or on call.

3.1.4.2 If a cell phone is utilized, meaningful Milwaukee County and BHD business shall not be conducted by text messaging (a formal County-wide policy is under development).

3.1.4.3 Each member of the Medical Staff and Allied Health Professional Staff shall maintain a pager and/or cell phone for prompt communication regarding patient care, whenever on duty or on call. It shall be expected that Medical Staff and Allied Health Professional Staff shall respond to all pages, calls or texts in a timely fashion [generally within 20 minutes] based on acuity of the situation. Medical Staff Members and Allied Health Professional Staff shall promptly notify the Medical Staff Office of any change in cell phone or pager number.

3.1.4.4 Email is an expedient means of communication used to conduct hospital and Medical Staff business. Each member of the Medical Staff (Active and Affiliate) and Allied Health Professional Staff shall maintain and utilize a County email account for communications regarding patient care, Behavioral Health Division, and Medical Staff Organization business. If using email for communications regarding
patients, appropriate HIPPA and confidentiality protocols and policies shall be followed. A County email account is required to access the Behavioral Health Division’s electronic policy and procedure system, which links to the educational training module and acknowledgement system. All Active and Affiliate Medical Staff and Allied Health Professional Staff are required to establish and utilize a County email account for hospital and Medical Staff business.

3.1.5 Recommendations of the Medical Staff committees shall, on approval of the Medical Staff Executive Committee, be implemented as appropriate.

3.1.6 All Medical Staff members shall abide by policies and procedures of the Behavioral Health Division, which outline approved use of and documentation required when special treatment procedures are employed.

3.1.7 All Medical Staff members and Allied Health Professionals shall take an active role in the development of policies and standards of patient care. All Medical Staff should recognize their obligation to continuously update their professional knowledge. They shall regularly attend Medical Staff Organization meetings as required in the Bylaws, and they shall serve on Medical Staff and Behavioral Health Division committees, as appointed.

3.1.8 All Medical Staff members shall furnish written or verbal information, as required by third party payors. This shall be done as expeditiously as possible to facilitate reimbursement.

3.1.9 Medical Staff members shall not promote among patients either their own private practice or that of a particular community practitioner except under terms of a contract with the Milwaukee County Behavioral Health Division and in accordance with Medical Staff private practice policy and procedure.

3.1.10 Medical Staff members and Allied Health Professionals shall report promptly (within two business days) to the chairperson of the Credentialing and Privileging Review Committee via the Medical Staff Office any of the following:

3.1.10.1 Any and all notices of investigation or challenge to any licensure or registration, any discipline or voluntary or involuntary limitation or relinquishment of such licensure or registration.

3.1.10.2 Any and all voluntary or involuntary terminations of Medical Staff membership or voluntary or involuntary limitations, reductions, or losses of clinical privileges at any facility.

3.1.10.3 The circumstances surrounding any and all involvements in professional liability actions, including notice of injury, claim or intent to file and all final judgments, settlements, or dismissals, even if not resulting in monetary damages.
3.1.10.4 Any arrest, indictment, pending charges or conviction to a felony, a serious or gross misdemeanor, any crime or municipal violation involving dishonesty, assault, sexual misconduct or abuse, or abuse of controlled substances or alcohol.

3.1.10.5 Any and all notices of reprimand, censure, exclusion, sanction, suspension, or disqualification by Medicare, Medicaid, CLIA or other health care program or any notice of investigation that could lead to such an action.

3.1.10.6 Any other change in status of information maintained in the credentials file, including but not limited to, change in name, address, contact information, Board certification attainment or lapse, provider enrollment certification, etc.

3.1.11 Each treating Medical Staff member shall review and implement patient advance directives, as appropriate, and/or to the extent permitted by law and hospital policy and procedure.

3.1.12 In an emergency, any Medical Staff member who has clinical privileges is permitted to provide any type of patient care necessary as a life-saving measure or to prevent serious harm, regardless of his or her Medical Staff status or clinical privileges, provided that the care provided is within the scope of the individual’s license.

3.2 MEDICAL STAFF/Others TREATMENT STAFF RELATIONSHIPS

3.2.1 The Medical Staff Organization is self-governing and has the primary responsibility for oversight of the quality of care, treatment and services delivered by practitioners who are credentialed and privileged through the medical staff process.

3.2.1.1 The Medical Staff Organization is also responsible for ongoing evaluation of the competency of practitioners who are privileged and for providing leadership in performance improvement activities within the organization.

3.2.1.2 In those clinical areas where allied or other treatment staff provide patient care, all clinical disciplines (Psychology [non-Medical Staff], Social Work, Nursing, Rehabilitation Services, Clinical Nutrition Services, Pharmacy, etc.) shall be guided by their respective departmental policies and procedures, licensure, and principles of practice germane to the clinical situation.

3.2.2 Medical students in undergraduate programs, medical interns and residents in graduate programs, psychology trainees, graduate nurse students and physician assistant students affiliating on a regular or temporary basis shall be under the direct supervision of a member of the Medical Staff or Advanced Practice
Nurse, when permitted, and their entries in the medical record shall be authenticated by their supervisors as specified in 2.6.3.3 through 2.6.4.

3.2.3 Each Allied Health Professional privileged by the Medical Staff to provide physical or psychiatric care and/or prescribe medication shall practice in collaboration and/or under the direct supervision of a physician member of the Medical Staff. The collaborating or supervising physician shall be fully privileged within the same or a related/similar medical specialty to the Allied Health Professional’s area of dependent or independent practice and Medical Staff privileging (e.g., a Family Nurse Practitioner shall practice under the supervision of a Family Practice Physician or Internist, a Psychiatric/Mental Health Advance Practice Nurse shall practice in collaboration with a Psychiatrist).

3.3 TREATMENT ORDERS

3.3.1 Members of the Medical Staff, Allied Health Professionals, and interns and residents in the graduate medical program may write orders except as specified in 3.3.4 and 3.3.10.

3.3.2 Recording - All orders for treatment or diagnostic studies shall be in the computerized physician order entry system of the EMR, unless on approved downtime whereupon they should be in writing.

3.3.3 Verbal and Telephone Orders - Registered nurses, dietitians and pharmacists are authorized to accept Medical Staff's and Allied Health Professionals' verbal orders. All verbal and telephone orders not entered directly into the EMR shall be transcribed in the proper place in the medical record and shall include the date, time of order, name and signature of the person transcribing the order, the name of the practitioner issuing the order and documentation that the order had been read back to the practitioner. The Medical Staff member or Allied Health Professional, or his/her Medical Staff designee who has knowledge of the patient, shall sign such orders within 48 hours of issuance. Verbal and telephone orders for medications and diet orders must be authenticated, dated and timed, by the prescribing practitioner.

3.3.4 Questioned Orders - All orders shall be entered into the EMR. Orders that are written on the “Physician's Order Sheet” shall be written legibly and completely. Orders which are illegible, possibly incorrect or improperly written shall not be executed until rewritten or clarified in a verbal order.

3.3.5 Medication Order Renewals - Renewal orders shall be in compliance with State and Federal standards and shall follow the guidelines within the Pharmacy Policy and Procedure Manual. Medications shall be discontinued in accordance with Pharmacy and Therapeutics Committee policy and procedure.

3.3.5.1 Automatic Stop Orders - Automatic stops are used to protect patients against excessive medications, potential adverse effects, and continuation of therapy that is no longer necessary. The
specific policy, medication categories and maximum duration are
noted within the policy "Automatic Stop Orders VI-B"

3.3.5.2 Timed Orders - Antibiotics, cough medication, cold medication,
cortisone and antidiarrheals must be ordered for an exact period of
time by the physician or Allied Health Professional.

3.3.6 Specific Orders - The use of "renew" or "continue" orders are not acceptable in lieu of specific orders.

3.3.7 Standing Orders - Standing Orders shall be developed by the Medical Staff and
approved by the Medical Staff Executive Committee at any regular or special
meeting. These orders shall be carried out on the specific patient population
designated in those orders. The Chief Medical Officer or his/her Medical
Director designee shall notify all concerned programs and personnel of these
orders or their revisions, as they are made.

3.3.8 Medical Orders-Physician Specific and Allied Health Professional, as delineated
by Medical Staff privileges:

3.3.8.1 Medical Diagnostic Examination
3.3.8.2 Medical Consultation
3.3.8.3 Physical Examination
3.3.8.4 Medication
3.3.8.5 Medical Treatment
3.3.8.6 Activity Level - medically related
3.3.8.7 Physical Restraint (physicians only)
3.3.8.8 Medical/Supportive Restraint (physicians only)
3.3.8.9 Diet-Special Situations (physicians and APNPs in collaboration with a Dietitian)

3.4 DOCUMENTATION

3.4.1 All Medical Staff and Allied Health Professionals shall document according to
treatment plan guidelines, medical record policy and procedure, Medical Staff
policy and procedure, and Professional Review Organization standards.

3.4.2 Whenever a treatment order is made, a relevant diagnosis shall be entered on
the appropriate form by the Medical Staff Member or designated staff
member.
3.5 MEDICATIONS

3.5.1 The hospital or contracted pharmacy agent shall operate under a modified (brand and generic) formulary system. All drugs listed shall meet the standards of the United States Pharmacopoeia, National Formulary. Under the hospital's modified system, drugs shall routinely be filled generically unless otherwise specified.

3.5.2 Investigational drugs are used only under the direct supervision of the authorized principal investigator and must have the approval of the Institutional Review Board of the Behavioral Health Division and the Pharmacy and Therapeutics Committee. The Institutional Review Board shall notify the Pharmacy and Therapeutics Committee of any approved uses of investigational drugs or when approval is for populations or uses not approved for a specific drug.

3.5.2.1 Investigational drugs are administered in accordance with approved protocol that includes any requirement for a patient's appropriate informed consent.

3.5.3 Psychotropic medications require appropriate patient informed consent for all patients prior to initiation of therapy unless medication is court-ordered.

3.5.3.1 Court-ordered psychotropic medications are administered in accord with appropriate protocol that includes the requirement for informing the patient but consent is not required. Continued attempts will be made to obtain consent prior to the initiation of each dose for any patient refusal.

3.6 CONSULTATIONS

3.6.1 Medical/specialty consultations may be requested by the treating Medical Staff.

3.6.2 Consultations should be obtained when:

3.6.2.1 The diagnosis is obscure; or

3.6.2.2 There is doubt as to the best therapeutic measure to be utilized; or

3.6.2.3 High risk and/or high profile elements are present; or

3.6.2.4 Response to treatment results in a higher than expected length-of-stay.

3.6.3 Consultations shall be requested via an order in the electronic health record noting the reason for the consultation.
3.6.4 Medical Staff requesting a consultation shall personally contact the consultant
to notify them of the request (routine history and physical and routine medical
consults exempt), the reason for the consultation and any other clarification
the consulting staff needs to address the request.

3.6.5 A consultation report/written opinion signed by the consultant shall be entered
into the electronic health record progress notes.

3.6.6 Consultations shall have evidence of review, as noted by signature of the
attending practitioner on the written opinion. A relevant progress note by the
attending practitioner shall be written and follow-up order(s), as appropriate.

3.7 CORRECTIVE MEASURES AND REPORTING RESPONSIBILITIES/REQUIREMENTS TO
APPROPRIATE AUTHORITY(IES)

3.7.1 INFECTIOUS DISEASES - The treating practitioner shall be responsible for
treatment of and reporting of infectious diseases, as required by state law and in
accordance with Infection Control policies and procedures;

3.7.1.1 The Infection Prevention Chairperson, the Infection Control
Preventi onist and the Infection Prevention Committee shall have the
authority to make necessary decisions, to take action by directing
changes to facility practice and to formulate and implement
policy/procedures related to infections or infection control in order to
reduce the risk and prevent the spread of communicable diseases or
infections within the Division subject to Medical Staff and
Administrative approval, as applicable.

3.7.2 The Chief Medical Officer or designee shall be responsible for reporting all other
matters pertaining to patient care issues, as required by law, e.g., suicides, other
patient deaths, certain infectious diseases, epidemics, COBRA violations, sexual
misconduct, caregiver misconduct, gunshot wounds, etc.

4.0 CONTINUING EDUCATION

4.1 All Members of the Medical Staff and privileged Allied Health Professionals shall
participate in continuing education activities that relate to privileges and, as per Medical
Staff policy and procedure.

4.2 All continuing education activities shall be reported, in writing, to the Medical Staff
Office for inclusion in credentials files for consideration in decisions about:
reappointment or renewal or revision of individual clinical privileges. Minimum
reporting for each discipline shall be as required by Wisconsin law and/or as
recommended by the Credentialing and Privileging Review Committee.

4.3 Hospital sponsored educational activities shall be offered that relate, at least in part, to
the type and nature of care offered by MCBHD and the findings of performance-
 improvement activities.
4.4 The Credentialing and Privileging Review Committee, Medical Staff Executive Committee, Medical Director or Discipline Chief may recommend specific continuing education requirements for individual Medical Staff and Allied Health Professionals or for disciplines as a whole, when based on findings of performance improvement activities or whenever deemed to be appropriate to maintaining clinical skills and current competence within a specific area of practice.

5.0 REVIEW OF RULES AND REGULATIONS & MEDICAL STAFF POLICIES AND PROCEDURES

5.1 The Executive Committee of the Medical Staff shall review the Rules and Regulations, as necessary, but at least every two years, and they shall review all Medical Staff Organization policies and procedures at least every three years and revise, as deemed to be necessary.

5.2 Such reviews shall be documented in the minutes of the Executive Committee.
RULES AND REGULATIONS
OF THE
MEDICAL STAFF ORGANIZATION
OF THE
MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION

Approved by the Executive Committee of the Medical Staff Organization
of the Milwaukee County Behavioral Health Division
in accordance with existing Rules and Regulations and Bylaws
May 15, 2019

06/19/19
Date

Shane V. Moisio, M.D., President of the Medical Staff
Milwaukee County Behavioral Health Division

And

Approved and Adopted by the Milwaukee County Mental Health Board as Governing Authority
of the Milwaukee County Behavioral Health Division
in accordance with existing Rules and Regulations and Bylaws
June 20, 2019

6/20/19
Date

Thomas Lutzow, PhD, MBA, Chairperson
Milwaukee County Mental Health Board
References:
- Joint Commission CAMH, Refreshed Core
- CMS Conditions of Participation, Regulations and Interpretive Guidelines for Hospitals
- Wisconsin State Statutes: 146.37, 146.38
- DHS 124
- DHS 124.12(5)(b)11 - October 2, 2012 Variance Request & Approval (see 2.6.3.1)

Dates Revised/Approved
(Previous revision dates not kept):
January, 1987
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December, 1991
October, 1992; Addenda Added March, 1994
July, 1994
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October, 2010
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February 2016
January/February 2018
January/February 2019
May/June 2019