

DEPARTMENT OF MEDICINE
HARTFORD HOSPITAL

RULES AND REGULATIONS

ARTICLE I

NAME; PURPOSE

Section 1

Par. 1. The name of the department is "The Department of Medicine of Hartford Hospital".

Par. 2. The Department is organized and shall be operated to foster patient care, to facilitate the practice of Medicine, and to promote educational and scientific programs subject to the provisions of the Hartford Hospital Medical Staff By-Laws.

ARTICLE II

MEMBERSHIP

Section 1

Par. 1. In accordance with staff By-Laws ARTICLE II, Section 2, and ARTICLE III, Section 10 and 11; candidates for appointment and reappointment to the Department of Medicine shall be reviewed by the Director of the Department and a recommendation be made for approval or disapproval.

Par. 2. Members include those physicians whose major professional activity is in the field of Internal Medicine and those specialty areas included in the certification procedures of the American Board of Internal Medicine and in Family Practice and Dermatology and Advanced Practice Registered Nurses, Physicians' Assistants and Integrative Medicine Practitioners who have acquired the appropriate credentials and experience to care for patients with medical illnesses.

Par. 3. Appointment to the Medical Staff Department of Medicine shall be divided into Active, University of Connecticut Affiliated, Honorary, Consulting, Teaching Affiliated, Courtesy, Adjunct and Housestaff in accordance with ARTICLE III of the By-Laws of the Medical Staff of Hartford Hospital.

Par. 4. The active (voting) staff candidates shall be divided into grades of Senior, Associate, Assistant and Clinical Assistant. Candidates shall be selected with consideration to proven professional ability, good moral and ethical character, previous achievements, demonstrated ability in and devotion to administrative duties and teaching, and participation in departmental meetings and educational conferences. In addition, consideration may be given to whether the candidate has designated Hartford Hospital as his or her primary active staff appointment where that designation is relevant to the individual's ability to discharge fully his responsibilities as an active staff member, or is relevant to the department's ability to carry out its roles and functions within the Hartford Hospital medical staff structure.

Par. 5. There shall be a Courtesy Staff who will not be voting nor dues paying members. Each member of the Courtesy Staff must follow the Rules and Regulations of the Department of Medicine. Each patient admitted by a

member of the Courtesy Staff must have a written consultation within the first 24 hours by a member of the Active Staff of the Department of Medicine to determine the appropriateness of the treatment planned. This requirement may be waived in certain instances by the Department Director or his/her designee.

Par. 6. The Consulting Staff in the Department of Medicine shall have no admitting or voting privileges. Each appointee shall have his/her specific area of consultative expertise designated at the time of appointment.

Par. 7. The Adjunct Staff has no voting or admitting privileges. Members of the Adjunct Staff will practice under the supervision of and in collaboration with physicians having Active Staff privileges in the Department of Medicine.

ARTICLE III

ORGANIZATION

Section 1

Par. 1. The Department of Medicine shall be organized into Divisions according to the specialties of Internal Medicine and such other Divisions as may be designated by the Director of the Department.

Par. 2. Each Division Chief shall be appointed by the Director of the Department for a one year term.

Par. 3. Each Division shall have written Rules and Regulations concordant with those of the Department which shall include a policy for delineation for privileges for procedures and any other activities the Department members or the Director of the Department of Medicine deemed necessary.

Par. 4. Membership in a Division will be granted and maintained by application to and appointment by the Director of the Department of Medicine.

Par. 5. Each Division will maintain a program for Quality Assurance.

ARTICLE IV

OFFICERS

Section 1

Par. 1. The Officers of the Department of Medicine shall be the Director, Associate Director(s), Assistant Director(s), and Secretary.

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Par. 2. The Director of the Department of Medicine will be appointed as described in ARTICLE VI, Section 1a, Pars. 1 and 2 of the Medical Staff By-Laws.

Par. 3. The Associate Director(s) and the Assistant Director(s) shall be appointed by the Director of the Department of Medicine.

Par. 4. The Secretary will be selected from and be elected by the membership of the Executive committee of the Department of Medicine, for a term of one year.

Par. 5. The duties of the Director of the Department will be according to the Staff By-Laws under ARTICLE VI. The duties of the Associate Director(s) and Assistant Director(s) of the Department of Medicine shall be outlined by the Director of the Department of Medicine. The chairperson of the Executive Committee of the Department of Medicine shall have the power to call a meeting of the Executive Committee and shall preside at such meetings. The Secretary of the Department of Medicine shall keep accurate and complete minutes of all meetings of the Department of Medicine.

ARTICLE V

COMMITTEES

Section 1 General Considerations

Par. 1. Standing Committees of the Department of Medicine shall include the Executive Committee.

Par. 2. Ad hoc Committees may be appointed by the Director as indicated.

Par. 3. The staff members of all committees shall function under the jurisdiction of the Director of the Department of Medicine and the Executive Committee of the Department of Medicine, to whom they shall report all action and from whom they shall obtain approval of policy.

Par. 4. Copies of the minutes of all such committee meetings shall be filed in the office of the Director of the Department of Medicine.

Section 2 Standing Committees

Par. 1. With the exception of the Executive Committee, the Director of the Department of Medicine shall appoint the members and chairperson of the Standing Committees, and shall determine the total membership of these committees.

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Section 3 Executive Committee

Par. 1. The Executive Committee shall consist of the Director and Associate Director(s) of the Department of Medicine and 19 elected representatives. Representatives shall be nominated in the following manner: 3 nominees by and from the Senior Staff; 2 nominees by and from the Associate Staff; 1 nominee by and from the Assistant Staff; 1 nominee by and from the salaried staff; 3 nominees by and from the Specialty Practice Group; and 6 nominees from the Department as a whole, of which 3 must be members of the Senior Staff. Election will be by closed ballot.
All representatives will be elected for three year terms.

Par. 1a. One-third of the voting members of the Executive Committee shall constitute a quorum.

Par. 2. The Director of the Department of Medicine shall serve as Chairperson of the Executive Committee.

Par. 3. The Director of the Department of Medicine shall designate a Vice-Chairperson of the Executive Committee from its membership to serve in the absence of the Chairperson.

Par. 4. The Executive Committee shall serve in an advisory capacity to the Director of the Department of Medicine. Its actions shall be reported by the Chairperson of the Executive Committee to the members of the Department at its next meeting for approval, but any action of the Executive Committee may at its discretion be presented directly to the Executive Committee of the Medical Staff Council without prior Department approval.

Par. 5. The Executive Committee shall vote on each appointment and reappointment to the Department of Medicine. Such vote shall be advisory to the Director.

Par. 6. The Executive Committee shall advise the Director on promotion of Active Staff yearly utilizing criteria for reappointment noted in Article II, Section 1, Paragraph 4. Each candidate shall remain at the clinical assistant level for at least 2 years, assistant level for at least 4 years and associate level for at least 5 years.

ARTICLE VI

MEETINGS

Section 1 Meetings

Par. 1. There shall be a minimum of ten meetings per year of the Department. The date, time and place of each meeting will be specified by the Director of the Department of Medicine.

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Par. 2. A special meeting may be called at anytime by the Director of the Department of Medicine or on written request from any member of the Active Staff, such meeting to take place within ten to thirty days after receipt of the request in the office of the Department of Medicine.

Section 2 Conduct of Business

Par. 1. Twenty-five percent of the voting members of the Active Staff shall constitute a quorum.

Par. 2. A simple majority vote, a quorum being present, shall be required to take final action on matters which have been recommended by the Executive Committee of the Department of Medicine except for amendments which require a two-thirds approval, a quorum being present.

Par. 3. A two-thirds vote, a quorum being present, shall be required to take final action on any matter which has not been recommended by the Executive Committee of the Department of Medicine.

Section 3 Obligations

Par. 1. Each member of the Active Staff of the Department of Medicine must attend a minimum of 25 meetings each year at Hartford Hospital at which there are reviews and discussions relevant to patient care in addition to any teaching and administrative duties that may be assigned at the discretion of the Department Director.

ARTICLE VII
AMENDMENTS

Section 1

Par. 1. These Rules and Regulations may be amended at any meeting of the Staff of the Department of Medicine. Proposals for such amendments may be initiated at a regular meeting of the Department of Medicine or by the Executive Committee of the Department of Medicine shall be sent to each member at least two weeks before the meeting at which it is to be represented. A two-thirds vote shall be required, a quorum being present. Any amendment so voted must have final approval of the Executive Committee of the Medical Staff Council of the Hartford Hospital.

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ARTICLE VIII
PARLIAMENTARY PROCEDURE

Section 1

Par. 1. In all matters of parliamentary procedure, the Staff of the Department of Medicine shall be governed by Robert's Rules of Order (revised), unless contrary to the Rules and Regulations herein stated. The Chairperson of the Executive Committee of the Department of Medicine shall appoint a parliamentarian.

Par. 2. The adoption of these Rules and Regulations replaces the former Rules and Regulations of the Department of Medicine when approved by the Executive Committee of the Medical Staff Council of the Hartford Hospital.

ARTICLE IX
PATIENT CARE

Section 1

Par. 1. Interns, residents and fellows enrolled in training programs in the Department of Medicine will assist in the care of patients admitted to the hospital under the supervision of the attending staff, according to published Department of Medicine Housestaff Guidelines.

Par. 2. Members of the Adjunct Staff may have independent clinical responsibilities consistent with their licensure, certification and experience and as accorded them be their supervising physician(s) and the Director of the Department of Medicine. These independent responsibilities will be outlined in individual job descriptions, delineation of privileges and protocols, as applicable.

Par. 3. There shall be one standard of care for all patients admitted to Medicine.

Par. 4. An admitting note must be placed on the patient's chart by the admitting physician no more than 24 hours after admission. Complete history and physical examination must be recorded on the chart within 24 hours of admission. Daily progress notes must be written by or under the supervision of an attending physician. Patients awaiting placement need periodic progress notes (at least every 3 days) to identify ongoing care until transfer has been made.

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REVISIONS APPROVED DEPARTMENT OF MEDICINE 5/18/00
APPROVED MEDICAL STAFF COUNCIL 11/7/00

Rules and Regulations of the Division of Hospital Medicine

Department of Medicine, Hartford Hospital

Article I

NAME; PURPOSE

The name of the organization is “The Division of Hospital Medicine of the Department of Medicine.”

The Division is organized and shall be operated to foster patient care, to facilitate the practice of Hospital Medicine, and to promote educational and scientific programs, as a Division of the Department of medicine, subject to the Rules and Regulations of the Department of Medicine and the Hartford Hospital Medical Staff By-Laws.

Article II

MEMBERSHIP; PRIVILEGE DELINEATION

The membership of the Division of Hospital Medicine includes those members of the active medical staff in the Department of Medicine whose primary professional focus, with supporting credentials and privileges, will be the general medical care of hospitalized patients.

Should the American Board of Internal Medicine or the American Board of Family Medicine offer a Certificate of Added Qualifications in Hospital Medicine or other demonstration of expertise in hospital medicine, successful completion of the requirements for such certification, and maintenance of primary board certification, will be required for new and continued membership in the Division of Hospital Medicine.

Membership is conferred upon application to and appointment by the Director of the Department of Medicine.

Members of the Division of Hospital Medicine (“hospitalists”) will be members of the active medical staff within the Division of Hospital Medicine in the Department of Medicine with all the associated responsibilities and

privileges as provided by the Rules and Regulations, By-Laws and Credentials Policy of the Department of Medicine and the Hartford Hospital Medical Staff.

Privileges in the Division shall be delineated pursuant to the following policy.

Article III

DIVISION CHIEF

The Division Chief will be selected by and serve at the discretion of the Director of the Department of Medicine.

The Division Chief will appoint an Associate Chief who will assume the duties of the Division Chief in his/her absence or incapacity to serve, with the advice and consent of the Director of the Department of Medicine.

Article IV

COMMITTEES

The Division of Hospital Medicine will maintain an Executive Committee, Quality and Patient Safety Committee, Communication Committee and Education Committee. Each member of the Division of Hospital Medicine will actively participate in at least one of four standing committees:

- a. Executive Committee – this committee will oversee the membership, goals and policies of the Division of Hospital Medicine, and shall report to and be accountable to the Department Director.
- b. Research, Quality and Patient Safety Committee – this committee, in consultation with the Department Director, will focus on forwarding the hospital wide patient safety and quality agenda (including but not limited to CORE measures, Patient Satisfaction measures, Service Excellence measures, length of stay and other traditional quality markers) while developing systems and practice guidelines to standardize and promote excellence in care. This committee will also review

any failures or breakdowns in patient safety and quality of care. Committee members will review the literature and ongoing research to develop, disseminate and speak on evidenced based guidelines pertinent to the practice of hospital medicine.

- c. Communication Committee – this committee, in consultation with the Department Director, will focus on issues of communication between hospitalists and patients/families, the hospitalists and the patient’s primary outpatient physician, the hospitalists and consultants, the hospitalists and members of other departments/divisions and the hospitalists and others providing patient care. The committee will be responsible for devising, testing, implementing and revising systems of communication in a manner that optimize patient safety and quality across the entire spectrum of patient care (from before admission to after discharge). This committee will also review any failures or breakdowns in communication between the hospitalists and any of the customers.
- d. Education Committee – This committee will focus on making the Hartford Hospital Division of Hospital Medicine the primary and preferred site for the hospital care education of medical residents, medical students, physician assistant students and advanced practice nurse practitioners (and others). This committee will also work to advance the education of others regarding hospital medicine by developing a cadre of speakers on topics pertinent to the field who will be available to deliver grand rounds or other sessions at Hartford Hospital as well as other facilities.

Ad Hoc committees may be appointed by the Division Chief, in consultation with the Department Director, for the investigation of special projects, procedures or other reasons of special interest to the Division. These committees will be discharged upon completion of their assigned task.

Article V

MEETINGS

Each member of the Division of Hospital Medicine will be required to attend at least 50% of scheduled meetings of the Division. Meetings will be held on a monthly basis. The Division meetings will focus on issues related to membership, quality and safety of care, communication issues and education opportunities. Any relevant business may be brought up by any member for discussion at these meetings. Special meetings may be called by the Division Chief or by a majority of the Division members. Attendance at these meetings shall count towards the attendance requirements under the Department Rules and Regulations.

Article VI

GENERAL POLICIES FOR MEMBERS

1. Hospitalists will collaborate with house staff and mid level practitioners with regard to patient management along with other clinical and non-clinical issues.
2. Hospitalists will develop and strengthen collaborative relationships with all our customers including our patients, their families, their primary care providers, consultants and others involved in the delivery of patient care and demonstrate commitment to anticipating, meeting and exceeding their expectations.
3. The hospitalist's focus will always be on patient centered care. The patients' needs are the guiding force for the hospitalists' endeavors.
4. The hospitalist will pursue activities of continuous learning and support and participate in programs of education benefiting patients, families, professional trainees and all others involved in patient care.
5. The hospitalist will partner with others in the Hartford Hospital community and beyond the hospital to ensure informed and dignified care of all patients.
6. The hospitalist will ensure communication as per the separate Communication Policy.
7. Pursuant to a call list established by the Division Chief in consultation with the Department Director (when multiple hospitalist groups exist, each will maintain a call schedule), the hospitalist service(s)

will be available (in house or on call) 24 hour a day and 7 days a week to discuss cases and admit patients from the emergency department or directly from a physician's office or outside facilities. The determination of need for admission will be made through collaborative discussions between the hospitalist and the emergency department attending, the Admissions Officer of the Day, if any, or outpatient primary care physician.

8. Pursuant to a call list established by the Division Chief in consultation with the Department Director, the hospitalist service(s) will be available (in house or on call) 24 hour a day and 7 days a week to provide consultative services to other departments and divisions within Hartford Hospital.
9. The hospitalist will recognize, respect and actively support differences (diversity) among individuals and demonstrate this philosophy through words and actions. The hospitalist's approach will be guided by ethical values that emphasize honesty, fairness, dignity and respect for the individual.

Article VII

SPECIFIC POLICIES FOR MEMBERS

1. The hospitalist will be responsible for entering or directing and overseeing the entry of orders pertinent to the care of the patient at the time of admission and throughout the patient's hospitalization.
2. The hospitalist will document, or directly supervise the documentation, of the admission or consultation by dictating or writing a complete history and physical. The hospitalist will evaluate each patient on her/his service on a daily basis and document such information in the chart at the time of evaluation. Patients on whom the hospitalist is consulting will be reevaluated as required. The hospitalist will complete, or directly supervise, discharge paperwork and documentation and complete the medical record in a timely fashion in accordance with the rules as established by Health Information Services and approved by the Medical Staff.

3. The hospitalist will adhere to practice guidelines as established by the Department of Medicine and Hartford Hospital.
4. The hospitalist will collaborate with nursing, discharge planning, social services, and all others involved in patient care.

Article VIII

AMENDMENTS

These rules and regulations may be amended at any meeting of the Division of Hospital Medicine. Proposals for such amendments will be initiated at the regular meetings of the Division and will be sent to each member for review at least two weeks prior to the meeting at which the amendment is to be presented. A two thirds vote of the members of the Division will be required to carry the amendment. Any amendment so voted must be approved by the Director of the Department of Medicine before becoming part of the rules and regulations of the Division.

Article IX

OTHER CONSIDERATIONS

The Rules and Regulations of the Department of Medicine and the By-Laws of the Medical Staff of Hartford Hospital will apply and, when in conflict, will take precedence over the Rules and Regulations of the Division of Hospital Medicine.

Members of the Division of Hospital Medicine will adhere to the attached *Communication Policy*.

Division of Hospital Medicine

Communication Policy

Purpose:

Timely and accurate communication with all involved in patient care before, during and after the hospitalization is paramount to the success of a hospitalist service. The parties involved include, but are not limited to, the referring primary care physician, the consulting sub-specialist, the in-hospital health care team (including nursing, mid-level providers, house staff, care coordinators, social workers, and others), the patient and family. Standardizing methods to assure the proper capture and exchange of information between all parties is paramount in assuring the consistency, safety and quality of care. The following Policy generally assumes that the hospitalist is the inpatient attending of record; where that is not the case, the Policy will be interpreted accordingly.

All of the following policies shall be administered and followed subject to all federal and state laws and regulations, including without limitation, HIPAA.

Communication at the Time of Patient Admission:

- Upon notification by the Emergency Department attending or outpatient attending of a potential admission, the hospitalist will determine the need for and level of care required for the patient at the time of admission.
- The hospitalist, or his/her representative, will contact the patient's primary care physician within 24 hours of admission, preferably as early in the admission as possible. The goal of this call will be to notify the primary care physician of the patient's admission and to obtain the outpatient physician's input and medical records pertinent to the care plan.

- The hospitalist will document in the medical record his/her initial and subsequent contacts with the patient's primary care physician.
- The hospitalist will assure a copy of the admission history and physical examination is forwarded to the primary care physician.
- The hospitalist will inform the patient and family representative (when appropriate) of the role the hospitalist plays in the providing care during the hospitalization.
- The hospitalist will provide the patient and family representative (when appropriate) with information regarding the admission diagnosis and plan of care. The hospitalist will discuss all patient care issues in a manner readily understandable by the patient and the patient's family and will utilize translators when needed.

Communication During the Inpatient Stay:

- The hospitalist, or his/her representative, will communicate with the primary care physician as needed or requested.
- The hospitalist will adhere to practice guidelines as established by the Department of Medicine and Hartford Hospital.
- The hospitalist will legibly document every patient encounter and family discussion/meeting in the medical record.
- The hospitalist, or his/her representative, will use all reasonable efforts to assure that the patient and family representative (when appropriate) understand the diagnosis, prognosis and treatment plan and relay test results and updates in a timely manner. Communication with the family during the hospitalization is the responsibility of the hospitalist. The hospitalist will discuss all patient care issues

in a manner readily understandable by the patient and their family and will utilize translators when needed.

- The hospitalist will communicate in a timely manner and work very closely with the health care team (including nursing, mid-level providers, house staff, care coordinators, social workers, and others).
- The hospitalist will provide teaching and education to medical house staff, medical students, physician assistant students and others.
- When a patient is transferred from one hospitalist to another, it is the responsibility of both to provide written and verbal information pertinent to the care of the patient so there is no compromise of patient care or decline in quality of care.

Communication at the Time of Discharge:

- The hospitalist will work closely with the health care team (including nursing, mid-level providers, house staff, care coordinators, social workers, and others) to provide safe and timely discharge. If the hospitalist is not the admitting physician, this Policy will be interpreted accordingly.
- The hospitalist will provide the patient and family representative (when appropriate) with anticipated discharge plans in advance of the discharge date.
- The hospitalist will work closely with the patient and family representative (when appropriate) to provide safe and timely discharge.
- The hospitalist, or his/her representative, will notify the primary care physician of the patient's discharge plan, location and follow-up needs.
- The hospitalist will dictate the discharge summary at the time of discharge and make certain a copy is forwarded to the primary care physician.

- The hospitalist, or his/her representative, will complete all necessary discharge paper work at the time of discharge including, but not limited to, the W-10, Ambulance Transfer Form, Discharge Instructions Sheet(s), Medication List and other.
- The hospitalist will use all reasonable efforts to discuss the discharge plan, location, treatment needs and follow-up requirements with the patient and family representative (when appropriate) at the time of discharge. The hospitalist will discuss all patient care issues in a manner readily understandable by the patient and family and will utilize translators when needed.
- The hospitalist will provide initial orders (written and signed) for home care required for safe discharge.

Communication After Discharge and Other Issues:

- The hospitalist will be available to the primary care physician to discuss aspects of the patient's hospital care and further management needs.
- The hospitalist will seek out, accept and incorporate feedback on all levels of care provided and interpersonal interactions. Such feedback may come from, but not be limited to, Patient Relations, the Department of Medicine, Medical Staff Office, the primary care physician, nursing, VNA, the patient, a patient family member or advocate.
- The hospitalist (and the hospitalist groups) will make every effort to develop and maintain a profile and preferences of each primary care physician for reference. Included in the profile will be preferred method of communication, desired documentation to be received, and other expectations for the successful transfer of information and care of the patient across health care settings.
- The individual hospitalists and hospitalist groups will work in a collegial manner to assure the improvement of patient care, patient safety, communication, education and research at Hartford Hospital.

Approved Medical Executive Com. 1/21/08

Approve Board of Directors 2/5/08