Vermont Psychiatric Care Hospital Policy	
Governance	
Revised: X	Date: 04/07/14

POLICY STATEMENT

The Vermont Psychiatric Care Hospital (VPCH) is operated by the Vermont Department of Mental Health under the control and supervision of the Commissioner of Mental Health. Pursuant to 18 V.S.A. § 7205, VPCH is responsible for providing care for the residents of the state with major mental illness for whom no adequate, less restrictive alternative can be found.

PURPOSE

- The purpose of this policy is to describe and define the scope of authority for the governance of The Vermont Psychiatric Care Hospital (hereinafter "VPCH"), the sole public inpatient psychiatric facility for the State of Vermont.

Governance at VPCH

The Commissioner of the Department of Mental Health (hereinafter "Commissioner") is legally responsible for the conduct of the Vermont Psychiatric Care Hospital. As such, the Commissioner is responsible for the following:

A) **Chief Executive Officer**. The Commissioner must appoint a chief executive officer who is responsible for managing the hospital.

B) **Medical Staff**. The Commissioner must:
   (1) Determine, in accordance with Vermont law, which categories of practitioners are eligible candidates for appointment to the medical staff;
   (2) Appoint members of the medical staff after considering the recommendations of the existing members of the medical staff;
   (3) Assure that the medical staff has bylaws;
   (4) Approve medical staff bylaws and other medical staff rules and regulations;
   (5) Hold the medical staff accountable for the quality of care provided to patients;
   (6) Ensure the criteria for selection are individual character, competence, training, experience, and judgment; and
   (7) Ensure that under no circumstances is the accordance of staff membership or professional privileges in the hospital dependent solely upon certification, fellowship, or membership in a specialty body or society.

C) **Care of Patients**. In accordance with hospital policy, the Commissioner must ensure that the following requirements are met:
   (1) Every Medicare patient is under the care of a doctor of medicine.
   (2) Patients are admitted to the hospital only by a licensed doctor of medicine permitted by the State to admit patients to a hospital.
   (3) A doctor of medicine is on duty or on call at all times.

D) **Institutional Plan and Budget**. The Commissioner must ensure that VPCH has an overall institutional plan that meets the following conditions:
   (1) The plan must include an annual operating budget that is prepared according to generally accepted accounting principles.
   (2) The budget must include all anticipated income and expenses.
   (3) The plan must provide for capital expenditures for at least a 3-year period including the current year.
   (4) The plan must include and identify in detail the objective of, and the anticipated sources of financing for, each anticipated capital expenditure in excess of $600,000 that relates to any of the following:
      (a) Acquisition of land;
      (b) Improvement of land, buildings, and equipment; or
      (c) The replacement, modernization, and expansion of buildings and equipment.
   (5) The plan must be reviewed and updated annually.
   (6) The plan must be prepared under the direction of the Commissioner with input from the Chief Executive Officer and Medical Director.

E) **Contracted Services.** The Commissioner must ensure that hospital services are provided in compliance with state and federal law and according to acceptable standards of practice, irrespective of whether the services are provided directly by the hospital employees or by contract. In addition, the Commissioner must ensure that:
   (1) The services performed under a contract are provided in a safe and effective manner, and:
   (2) VPCH maintains a list of all contracted services, including the scope and nature of the services provided.

F) **Emergency Services**. The Commissioner must ensure that the medical staff has written policies and procedures for appraisal of emergencies, initial treatment, and referral when appropriate.

G) **Grievances.** The Commissioner must approve and be responsible for the effective operation of the grievance process. The Commissioner delegates the responsibility for effective operation of the grievance process to the VPCH Grievance Committee comprised of the Chief Executive Officer, the Medical Director, the Director of Nursing and the Director of Quality. The Grievance Committee conducts its affairs pursuant to the VPCH Grievance and Appeal Policy and Procedure.

H) **Quality Assessment.** The Commissioner must ensure that the hospital has an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program. The Commissioner must also ensure that the program reflects the complexity of the hospital's organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors. To that end, the Commissioner will review the quality of patient care at a minimum by receiving regular reports of activities from the VPCH Director of Quality and the VPCH Chief Executive Officer. The Chief Executive Officer will take responsibility for ensuring that there are reports informing the public regarding the quality and effectiveness of services at VPCH.

I) **Nutritional Services.** The Commissioner shall ensure that nutritional services are provided in compliance with state and federal law and according to acceptable standards of practice.

J) **Utilization Review (UR).** The Commissioner delegates the authority and responsibility to carry out the UR function to the UR committee.

Approved by	Signature	Date
Frank Reed, Commissioner of DMH	Frank Reed	11/29/16