I. GENERAL ORGANIZATION

A. Composition: The Department of Psychiatry shall be composed of those physicians whose primary privileges are in psychiatry. Representations from the Departments of Surgery, Emergency Medicine, Diagnostic Imaging, OB-GYN/Pediatrics, Medicine and Family Practice and Orthopedics may be appointed. Only those physicians with Active staff status in the Department of Psychiatry shall be able to vote and make nominations. Only those physicians with Active staff status in the Department of Psychiatry shall be able to hold office. In addition, representatives from Nursing and Administration shall be invited to participate.

Psychologists who have been granted clinical privileges by the Medical Staff shall be invited to attend departmental meetings for the purpose of input into clinical psychology issues.

B. Department Chair: The Chair of the Department of Psychiatry shall be an Active member of the Department of Psychiatry whose qualifications and selection shall be in accordance with the Medical Staff Bylaws and whose duties and responsibilities are defined in the Medical Staff Bylaws, Article 9.6.

C. Quorum: The presence of 25% of the voting members of the department at any regular or special meeting shall constitute a quorum.

D. Attendance: Active members of the Department shall be required to attend at least fifty percent (50%) of the departmental meetings per year.

II. DUTIES AND RESPONSIBILITIES

A. Frequency and Reportability: The Department of Psychiatry shall meet twice per year and report to the Medical Executive Committee.

B. Functions, Duties and Responsibility: The functions, duties and responsibilities of the Department of Psychiatry shall be as set down in the Bylaws of the Medical Staff.

C. Emergency Equipment and Supplies: The Department of Psychiatry shall make recommendations for determination of what emergency equipment and supplies should be available in the hospital (excluding the Emergency Room, Surgical Suite, Labor and Delivery Rooms).

D. Emergency Room Call Panels: The Department is responsible for establishing and approving an Emergency Room Call Panel on this service. Physicians may not serve on the Emergency Room Call Panel until their proctoring and observation period is completed and approved by the Department. Preference shall be given to those members who are on the Active category. Physicians on the Call Panel shall be willing to serve patients regardless of their insurance status. It is the responsibility of call panel members to arrange for alternate coverage and notify the Emergency Room and Medical Staff Office.

III. PRIVILEGES

A. Jurisdiction: Requests for privileges in the Department of Psychiatry shall be reviewed by said Department or its Chair and recommendations pertaining to delineation of privileges shall be
made to the Medical Staff Executive Committee. All matters pertaining to privileges in the Department of Psychiatry, including, but not limited to, initial appointments, requests for reappointment, requests for additional privileges and the method of granting privileges shall be governed by the Bylaws of the Medical Staff and shall be the responsibility of the Department of Psychiatry and/or its Chair.

B. Responsibilities: Only psychiatrists may admit and discharge patients to the Geropsychiatric Unit. The psychiatrist shall assume responsibility for the overall aspects of the patient's care throughout the hospital stay including the psychiatric admission note and ensuring the completion of the medical history and physical. Psychiatry is an intimate personal experience and it is expected that the attending psychiatrist will see the patient on a frequent and regular basis while in the hospital. While it is recognized there will be occasions when the attending psychiatrist will be unavailable and coverage by another psychiatrist necessary, this will be the exception rather than the rule.

C. Determination of Privileges: Determination of privileges shall be based on documented background, experience, education and training and current competence demonstrated with sufficient adequacy to assure that any patient treated will receive the highest possible standard of professional care. In order to be granted privileges, physicians must have current 5150 designation.

D. Provisional Privileges - Focused Professional Practice Evaluation (FPPE): All privileges granted will be on a provisional basis for a minimum period of six (6) months in accordance with the Medical Staff Bylaws. During this period the physician shall be proctored and observed according to the proctoring and observation protocol section of these rules and regulations.

E. Delineation of Privileges: Privileges shall be delineated in accordance with established policy as stated on the physicians’ delineation of privileges form with respect to observation requirements and documentation of proficiency requirements.

F. Advancement of Privileges: Advancement or increase in privileges may be recommended for applicants who provide documented evidence of additional training or experience acceptable to the Department of Psychiatry and/or its Chair and shall be treated in the manner as set down above.

G. Consultation Requirements: Medical consultation shall be required:

1. In those cases where the diagnostic procedure or therapeutic measures to be carried out require special skills or training, unless the attending physician has been granted those privileges as recorded in the privileges control sheet.

2. When the department chief, or the chief of staff, determines that the patient will benefit from consultation.

H. Content of Psychiatric Admission Note: An acceptable psychiatric admission note shall include a chief complaint, history of present illness and reason for hospitalization, past psychiatric history, medical history, family history, social history, complete mental status examination, diagnostic assessment using DSMIV, AXESI-V, and initial treatment plan. The admission note will be recorded by the attending physician within twenty-four (24) hours of admission.
I. Medical History and Physical: The medical history and physical is the responsibility of the attending physician. Within twenty-four (24) hours of admission, a medical history and physical must be dictated.

J. Discharge Summary: The Discharge Summary shall be in conformity with the Medical Staff General Rules and Regulations.

K. Special Treatment Procedures: Policies and procedures for the use of special treatment procedures are outlined in the Psychiatric Policy and Procedure Manual. Documentation in the medical record is required.

L. Orders: Orders may be written by any physician formally involved in the patient's care. Any conflict regarding orders shall be resolved by the attending psychiatrist.

IV. PRIVILEGES FOR CLINICAL PSYCHOLOGISTS

A. Determination of Privileges: Determination of privileges shall be based on the following criteria:

   1. Currently licensed by the California State Board of Psychology at the independent practice level of psychology.

   2. A doctoral degree in psychology from a regionally accredited educational institution.

   3. Two years of supervised experience in health service in psychology, of which at least one year is in an organized health service training program, and one year is post doctoral.

B. Privileges to be Granted: Psychologists should be allowed to render health services within the scope of their licensure and practice. Application of said services shall include: Diagnosis, prevention, treatment and amelioration of psychological problems, emotional and mental disorders of individuals and groups.

V. TREATMENT PLAN

A. Every patient must have an identified Master Treatment Plan developed by a designated member of the treatment team within three (3) working days of admission. Every seven (7) days thereafter, a multi-disciplinary team will review the Master Treatment Plan.

   Attendance is required by the attending psychiatrist at all Master Treatment Plans and at 50% of the follow-up reviews of the Master Treatment Plans.

B. The attending psychiatrist shall be responsible for the diagnostic formulation, development, and implementation of the individual treatment plan.

C. The data for the Initial Treatment Plan will be provided by the attending psychiatrist and recorded by the physician or psychiatric nurse at the time the admitting orders are given. If a patient's stay exceeds three (3) working days, a multi-disciplinary team, directed by the attending psychiatrist, will develop a Master Treatment Plan.

VI. ADMISSION
A. All patients to be admitted to Geropsychiatry Unit must be admitted under the care of an attending psychiatrist on the Medical Staff.

B. All patients admitted to the Geropsychiatric Unit shall be at least 55 years of age, with rare exceptions, and meet admission criteria.

C. Patients may not be admitted to the Geropsychiatric Unit if in a coma, require life support systems and intensive medical care and patients referred for disposition only.

VII. PROCTORING AND OBSERVATION - Focused Professional Practice Evaluation (FPPE):

A. Definitions:

Proctor - A physician appointed by the Department chair to orient the appointee to hospital protocols and to review charts and observation reports completed by observers. The proctor must be an Active member of the Medical Staff, an ad hoc member of the Credentials Committee and have been granted, without restriction, the same or similar privileges as the physician being proctored.

Observer - A physician who observes procedures or management of a case. The Chair of the Department shall appoint members, subject to ratification by the Department, to serve as observers for the various specialties under the Department of Psychiatry. To be an observer the member must be on the Active category, an ad hoc member of the Credentials Committee and approved, without restriction, for the same or similar privileges as the physician being observed. A list of qualified observers shall be available in the Medical Staff Office.

B. Responsibilities:

Proctoring is the responsibility of the Chair of the Department. All Active members shall assist with departmental proctoring and observation.

Proctor. The role of the proctor is to review charts and observation reports and discuss them with the new member when necessary in the proctor's opinion. It is not necessary for the proctor to serve as the observer during the initial observation period; however, the proctor MAY serve as the observer. It will be the responsibility of the proctor to review a representative number of the new physician's charts and observation reports. A written evaluation and recommendation shall be prepared by the proctor which will be used by the department to determine the appointee's eligibility for regular medical staff membership and privileges.

Observer. An observer shall observe, review and prepare a written report concerning the applicant or new staff member's professional performance during medical invasive procedures.

Whenever possible observers are to be arranged by the applicant from at least three (3) qualified observers (refer to Section VII-A). If such an observer has not been obtained prior to a procedure, the Chair of the Department of Psychiatry, in his/her discretion, may appoint such an observer or cancel the proposed procedure.

C. Obligation of the Applicant/New Staff Member:
It shall be the responsibility of the applicant or new staff member to notify his proctor of each admission or consultation until such time that his proctoring and observation period has been completed. It shall also be his/her responsibility to arrange for an observer for each procedure.

D. **Proctoring Protocol:**

Proctoring will consist of concurrent and retrospective chart review of at least five (5) cases of the applicant or new member. In all cases proctoring will be completed when the Department and/or the Chair concurs with the proctor.

Psychologists shall have a minimum of three of their first five consultations rendered in the hospital reviewed by a psychologist who has been granted hospital privileges. A psychiatrist who is a member of the Active Medical Staff will finalize the proctoring in accordance with departmental protocol.

E. **Observation Protocol:**

1. Observations shall cover a number of cases deemed sufficient by the Chair of the department for the scope of clinical privileges requested.

2. Procedures listed on the Psychiatry and Psychology Delineation of Privileges form will be granted on an individual basis, determined upon the applicant's documented training and/or concurrent observation.

3. For those procedures referenced in item 2 above, the following, without limitation, is considered acceptable documentation of training:
   a. A letter which specifically states that the applicant or new member has been trained and attained competency in the privilege(s) requested. The letter shall be written by the Chief of Service where the applicant or new member trained and where possible include the number or procedures performed; and/or
   b. For specific privileges, additional requirements may be determined to be necessary by the Chair of the department. Where this is the case, the applicant or new member will be notified and must satisfy the additional requirements.

4. An observer or proctor shall not receive a fee for the time spent observing or reviewing charts.

F. **Observer's Report**

1. The observer/proctor shall prepare a written report (Medical Observation Report) for the Department which describes the procedure observed and an evaluation of the applicant's performance. Blank report forms will be available in the Medical Staff Office, nursing stations and Medical Records Department. Completed reports should be handled in a confidential manner and sent to the Medical Staff Office.

2. The observer/proctor's report shall be maintained in the physician's confidential file and shall be taken into consideration at the time the new staff member is considered for
promotion from the Provisional Staff category and/or granting additional privileges and/or reappointment.

3. It is the responsibility of the provisional staff member to assure that observation reports are submitted for evaluation.

4. If observation indicates variations of established standards, the observer shall document same in his report, with recommendation specific to the problem, which may include consultation requirements, education, or additional training.

G. Proctor's Report:

Proctoring and observation must be completed within one year from the date of initial appointment to the medical staff. Completion of sufficient proctoring will be at the discretion of the proctor and the Department of Psychiatry. A minimum of five (5) cases must be available for review during this time period. Physicians who do not complete their proctoring within this time period will automatically be considered inactive and may be terminated from the Medical Staff. Termination from the Medical Staff is done without prejudice and those physicians who wish to re-apply may do so at a later date.

H. Reciprocal Observations

Concurrent or retrospective observation reports of a new member's performance may be accepted from another facility if the:

1. Observing physician is an active member in the Department of Psychiatry of Los Alamitos Medical Center Staff.

2. Same range and level of privileges sought at Los Alamitos Medical Center have been granted by the other facility.

3. The reports are sufficiently recent in the opinion of the Chair of the Department of Psychiatry.

At least one (1) observation must be performed at Los Alamitos Medical Center. Copies of reciprocal observation/proctoring reports will be requested only with the written authorization of the physician being observed.

Reciprocal observation reports may also, upon the approval of the Chair of the Department of Psychiatry, be supplied to other facilities, upon request accompanied by the written authorization of the physician.

Reviewed: 10/08, 10/09, 10/11