



**SANTA BARBARA COUNTY
DEPARTMENT OF
BEHAVIORAL WELLNESS**

**BYLAWS OF THE PSYCHIATRIC
HEALTH FACILITY MEDICAL STAFF
& RULES AND REGULATIONS**

BARBARA COUNTY DEPARTMENT OF BEHAVIORAL WELLNESS

BYLAWS OF THE PSYCHIATRIC HEALTH FACILITY MEDICAL STAFF

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PREAMBLE

WHEREAS, The Santa Barbara County Department of Behavioral Wellness operates the Psychiatric Health Facility, licensed under the laws of the state of California; and

WHEREAS, The Psychiatric Health Facility Governing Board is the PHF Governing Board of the Psychiatric Health Facility; and

WHEREAS, the PHF Governing Board is required to appoint the Psychiatric Health Facility Chief Executive Officer; and

WHEREAS, the mental health services at the Psychiatric Health Facility are provided under medical supervision; and

WHEREAS, it is recognized that the Medical Staff is responsible for the quality of medical care in the facility and must accept and discharge this responsibility, subject to the ultimate authority of the PHF Governing Board, and that the cooperative efforts of the Medical Staff, the PHF Medical Practice Committee, the Medical Director, and the PHF Governing Board are necessary to fulfill the facility's obligations to its patients;

THEREFORE, the physicians practicing in this facility hereby organize themselves into a Medical Staff, in conformity with these Bylaws which have been approved by the PHF Governing Board.

ARTICLE I: NAME

The name of this organization shall be the Santa Barbara County Psychiatric Health Facility Medical Staff.

ARTICLE II: PURPOSES AND ORGANIZATION

The purposes of The Medical Staff are:

1. The Medical Staff of Santa Barbara County Psychiatric Health Facility is dedicated to the accomplishment of the facility's mission, stated as:

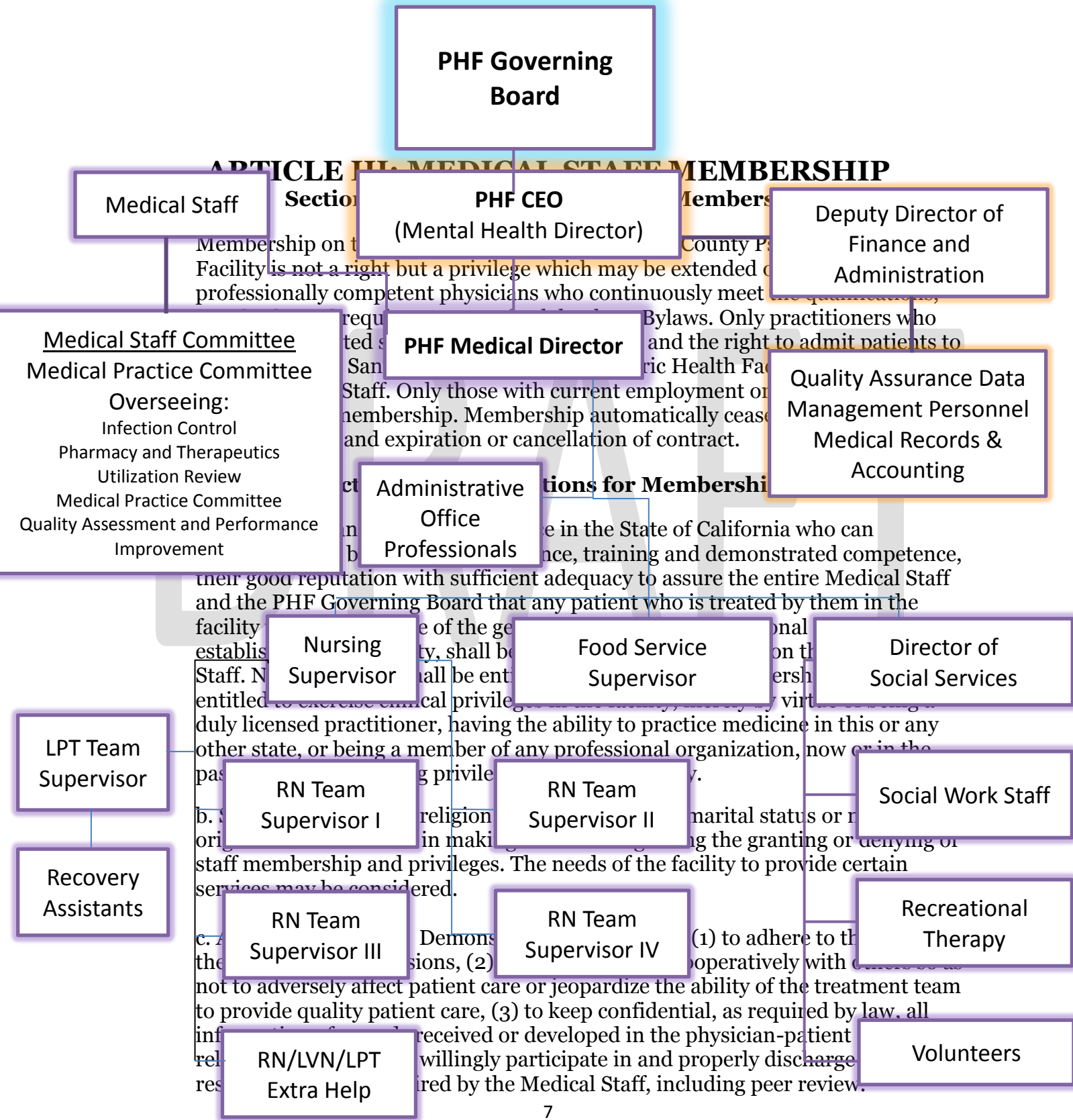
It is the mission of *The Psychiatric Health Facility* to respond to each mental health crisis with compassion and expertise: renewing hope for the individual,

healing relationships in the circle of support, and, thereby, strengthening the community.

- ~~2. To ensure that all patients admitted to, or treated in any component of the psychiatric health facility will receive appropriate medical care.~~
- ~~3. To serve as the primary means for accounting to the Governing Body that an adequate level of professional performance is maintained by all practitioners authorized to practice in the facility, through the appropriate delineation of the clinical privileges that each practitioner may exercise in the facility and through an ongoing review and evaluation of each practitioner's performance in the facility.~~
- ~~4. To provide an appropriate educational setting that will maintain scientific standards and that will lead to continuous advancement in professional knowledge and skill.~~
- ~~5. To initiate and maintain rules and regulations for the proper functioning of the Medical Staff.~~

6. The organization of the Medical Staff is reflected in the organizational chart.

ARTICLE III. MEDICAL STAFF MEMBERSHIP



d. Successful clearance from the Department of Justice on criminal record check pursuant to Section 5405 of Welfare and Institutions Code.

e. Complete annual PPD skin test (or submit chest x-ray every 3 years if history of PPD positive skin tests).

Section 3 – Basic Responsibilities of Staff Membership

Each member of the Medical Staff shall:

a. Provide patients with appropriate recognized professional level quality of care.

b. Abide by the Medical Staff Bylaws, Rules and Regulations and by all other lawful standards, policies and rules of the facility, established by the Medical Staff as approved by the PHF Governing Board.

c. Perform such staff, committee, and facility functions for which each member is responsible by appointment, election, or otherwise.

d. Prepare and complete in a timely matter the medical and other required records for which responsible.

e. Abide by professional ethical principles of the facility which include but are not limited to:

1.) Will not fee-split or accept other inducements relating to patient referral.

2.) Provide for continuous care of patients in the facility.

3.) Will not delegate the responsibility for diagnosis or care of admitted patients to a practitioner who is not known to be qualified to undertake this responsibility.

4) Seek consultations required by the Medical Staff Bylaws, Rules and Regulations and whenever warranted by a patient's condition.

f. Report unprofessional or substandard activities or conduct of fellow staff members.

g. Accept responsibility for emergency care of any patient at the facility.

h. Must undergo training requirements as mandated by facility.

i. To establish, maintain, and enforce sound professional practices, in accordance with national standards and best practices, and to initiate and pursue corrective action when warranted.

Section 4 – Conditions and Duration of Appointment

a. Initial appointments and reappointments to the Medical Staff is a duty of the PHF Governing Board. The PHF Governing Board shall act on appointments and reappointments only after there has been a recommendation from the Medical Staff as provided in these Bylaws; provided that, in the event of unwarranted delay on the part of the Medical Staff, the PHF Governing Board may act without such recommendation on the basis of documented evidence of the applicant's or staff member's professional and ethical qualifications obtained from reliable sources other than the Medical Staff.

b. Initial appointments and reappointments shall be made for a maximum period of two years. At the end of the second year of each appointment or reappointment, the PHF Governing Board shall consider each member of the Medical Staff for additional periods not to exceed two years, after undergoing a reappraisal process.

c. A reappraisal is conducted every twenty-four (24) months to evaluate the suitability of continuing the Medical Staff membership or privileges of each individual practitioner, to determine if that individual practitioner's membership or privileges should be continued, discontinued, or revised.

d. The reappraisal evaluates each individual practitioner's qualifications and demonstrated competencies to perform each task or activity for which he/she has been granted privileges. The evaluation addresses current work practice, special training, quality of specific work, patient outcomes, education, maintenance of continuing education, adherence to medical staff rules, certifications, licensure, and compliance with current licensure requirements.

e. Only practitioners employed by the County or operating under a properly executed contract with the County may be appointed to the Medical Staff. Termination of employment or contracts will automatically terminate membership in the Medical Staff of this facility.

Section 5 – Standards of Conduct

Members of the Medical Staff are expected to adhere to the Medical Staff Standards of Conduct including, but not limited to, the following:

5.1 General

a. It is the policy of the Medical Staff to require that its members fulfill their Medical Staff obligations in a manner that is within generally accepted bounds of professional interaction and behavior. The Medical Staff is committed to supporting a culture and environment that values integrity, honesty and fair dealing with each other, and to promoting a caring environment for patients, practitioners, employees and visitors.

b. Rude, combative, obstreperous behavior, as well as willful refusal to

communicate or comply with reasonable rules of the Medical Staff and the facility may be found to be disruptive behavior. It is specifically recognized that patient care and facility operations can be adversely affected whenever any of the foregoing occurs with respect to interactions at any level of the hospital, in that all personnel play an important part in the ultimate mission of delivering quality patient care.

c. In assessing whether particular circumstances in fact are affecting quality patient care or facility operations, the assessment need not be limited to care of specific patients, or to direct impact on patient health. Rather, it is understood that quality patient care embraces—in addition to medical outcome—matters such as timeliness of services, appropriateness of services, timely and thorough communications with patients, their families, and their insurers (or third Party payers) as necessary to effect payment for care, and general patient satisfaction with the services rendered and the individuals involved in rendering those services.

5.2 Conduct Guidelines

a. Upon receiving Medical Staff membership and/or privileges at the facility, the member enters a common goal with all members of the organization to endeavor to maintain the quality of patient care and appropriate professional conduct.

b. Members of the Medical Staff are expected to behave in a professional manner at all times and with all people—patients, professional peers, facility staff, visitors, and others in and affiliated with the facility.

c. Interactions with all persons shall be conducted with courtesy, respect, civility and dignity. Members of the Medical Staff shall be cooperative and respectful in their dealing with other persons in and affiliated with the hospital.

d. Complaints and disagreements shall be aired constructively, in a non-demeaning manner, and through official channels.

e. Cooperation and adherence to the reasonable Rules of the facility and the Medical Staff is required.

f. Members of the Medical Staff shall not engage in conduct that is offensive or disruptive, whether it is written, oral or behavioral.

5.3 Adoption of Rules

The PHF Medical Practice Committee may promulgate Rules further illustrating and implementing the purposes of this Section including, but not limited to, procedures for investigating and addressing incidents of perceived misconduct, and, where appropriate, progressive or other remedial measure. These measures may include alternative avenues for medical or administrative disciplinary

action, which in turn may include but are not limited to conditional appointments and reappointments, requirements for behavioral contracts, mandatory counseling, practice restrictions, and/or suspension or revocation of Medical Staff membership and/or privileges.

Section 6 – Resignation from the Medical Staff

When a Medical Staff member elects to resign from the Medical Staff, he or she shall provide written notice to the PHF Medical Director. Such written notice shall be presented to the PHF Medical Practice Committee for action and recordation in the Medical Staff member's file.

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ARTICLE IV: CATEGORIES OF THE MEDICAL STAFF

Section 1 – The Medical Staff

The Medical Staff shall be divided into Active, Consulting, Provisional and temporary (locum & extra help) categories.

Section 2 – Active Medical Staff

The Active Medical Staff shall consist of physicians who are employed or contracted to care for patients in the facility, in accordance with the privileges granted by the Medical Staff credentialing and privileging process. The Active Medical Staff assumes all the functions and responsibilities of membership on the Active Medical Staff, including, where appropriate, emergency service care and consultation assignments. Active staff must be located sufficiently close to the PHF to fulfill his/her patient obligations within the scope of their privileges. Members of the Active Medical Staff shall be eligible to vote, to hold office, and to serve on any Medical Staff committee, and shall be required to attend Medical Staff meetings at least quarterly.

Active Medical Staff must participate, unless excused for good cause by the CEO, in on-call schedules developed by the PHF in order to ensure that patients who require emergency services located on-site receive evaluations and treatment necessary to stabilize their emergency conditions, in compliance with applicable regulatory requirements. When called the Appointee shall respond within the time periods established by applicable PHF or regulatory requirements and, if requested, shall respond in person on-site.

SUMMARY OF APPLICABLE PREROGATIVES, RESPONSIBILITIES, ETC.		APPLICABLE
Prerogatives		
Admits & consults on patients		Yes
Eligible for clinical privileges		Yes
Vote		Yes
Hold office		Yes
Serve as Committee Chair		Yes
Serve on Committee		Yes
Responsibilities		
Medical Staff functions		Yes
Consulting		Yes
On-call		Yes
Attend meetings		Yes
Additional Particular Qualifications		
Must first complete provisional		Yes
File application and apply for reappointment		Yes

Section 3 – Consulting Medical Staff

The Consulting Medical Staff consists of physicians who provide, on a consulting basis, direct clinical services. They may not attend Medical Staff meetings and may not vote on any Medical Staff matter.

SUMMARY OF APPLICABLE PREROGATIVES, RESPONSIBILITIES, ETC.	APPLICABLE
Prerogatives	
Admits & consults patients	Yes, with limitations ¹
Eligible for clinical privileges	Yes
Vote	No
Hold office	No
Serve as Committee Chair	No
Serve on Committee	Yes
Responsibilities	
Medical Staff functions	Yes
Consulting	Yes
On-call	Yes, with limitations ²
Attend meetings	No
Additional Particular Qualifications	
Must first complete provisional	No

Section 4 – Provisional Medical Staff

a. The Provisional Medical Staff shall consist of physicians and nurse practitioners who are newly appointed to the Medical Staff. Excepting for Consulting Medical Staff and Temporary Medical Staff, or as otherwise determined by the Medical Staff and approved by the PHF Governing Board, all initial appointments shall be made to this category. Provisional members shall attend staff meetings and may serve on committees unless otherwise limited by these Bylaws. They may vote at meetings of the committees to which they are assigned and at Medical Staff meetings.

b. Provisional appointments shall be for a period of six months. During provisional appointment periods, the professional and clinical performance of appointees shall be monitored and evaluated by assigned Medical Staff members.

¹ Limitations: may not admit; consult only

² Limitations: provide after-hours care within their specialty for current patients at PHF

SUMMARY OF APPLICABLE PREROGATIVES, RESPONSIBILITIES, ETC.	APPLICABLE
Prerogatives	
Admits & consults on patients	Yes
Eligible for clinical privileges	Yes
Vote	No
Hold office	No
Serve as Committee Chair	No
Serve on Committee	Yes
Responsibilities	
Medical Staff functions	Yes
Consulting	Yes
On-call	Yes
Attend meetings	Yes
Additional Particular Qualifications	
Must first complete provisional	N/A

Section 5 – Allied Health Professional Staff

The Allied Health Professional Staff shall consist of licensed nurse practitioners, physician’s assistants and psychologists, as defined by appropriate rules and regulations of the State of California. They shall not be eligible for appointment to the active Medical Staff. Their credentials shall be processed in the same manner as is required for Medical Staff members. They may serve by appointment, but not vote on Medical Staff committees. They shall not be appointed as committee chairmen. They shall not hold office in the Medical Staff organization. No provision of these Bylaws, Rules and Regulations shall be interpreted to provide privileges in excess of the statutory limitations of the State of California.

SUMMARY OF APPLICABLE PREROGATIVES, RESPONSIBILITIES, ETC.	APPLICABLE
Prerogatives	
Admits & consults on patients	Yes, with limitations ³
Eligible for clinical privileges	Yes
Vote	No
Hold office	No
Serve as Committee Chair	No
Serve on Committee	Yes
Responsibilities	
Medical Staff functions	No
Consulting	No
On-call	No

³ Limitation: approval of PHF medical director or designee

Attend meetings	No
Additional Particular Qualifications	
Must first complete provisional	No

Section 6 – Temporary Medical Staff

The Temporary Staff shall consist of properly licensed Locum Tenens & extra-help physicians who will be granted the right to provide services to patients served by the Santa Barbara County Psychiatric Health Facility for stated periods of time. The Temporary Staff will be periodically appraised by the Medical Director for continuation of their Medical Staff membership privileges.

SUMMARY OF APPLICABLE PREROGATIVES, RESPONSIBILITIES, ETC.	APPLICABLE
Prerogatives	
Admits & consults on patients	Yes
Eligible for clinical privileges	Yes
Vote	No
Hold office	No
Serve as Committee Chair	No
Serve on Committee	Yes
Responsibilities	
Medical Staff functions	No
Consulting	No
On-call	Yes (weekends and holidays only)
Attend meetings	No
Additional Particular Qualifications	
Must first complete provisional	Yes
Malpractice Insurance	Yes
File application and apply for reappointment	Yes

ARTICLE V: PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

Section 1 – General

The Medical Staff shall consider each application for appointment, reappointment and privileges, and the criteria and standards for membership set forth in the Bylaws and the Rules. The Medical Staff shall perform this function also for practitioners who seek temporary privileges and for Allied Health Professionals. The Medical Staff shall assess each applicant for appointment or reappointment and make an objective, evidence-based decision based upon assessment of the applicant before recommending action to the Governing Board. The Governing Board shall ultimately be responsible for granting membership and privileges. By applying to the Medical Staff for appointment or reappointment, the applicant agrees that regardless of whether he or she is appointed or granted the requested privileges, he or she will comply with the responsibilities of Medical Staff membership and with the Medical Staff Bylaws and Rules as they exist and as they be modified from time to time.

Section 2 – Overview of the Process

The following chart depicts the basic steps of the appointment, reappointment, and temporary privileges processes.

APPOINTMENT AND REAPPOINTMENT		
Person or Committee	Function	Report to:
Human Resources	Verify application information	PHF Medical Director
PHF Medical Director/PHF Medical Practice Committee	Review applicant’s qualification Vis-à-vis Medical Staff Bylaws general standards; recommend appointment	PHF Governing Board
PHF Governing Board	Review recommendations of the PHF Medical Director/PHF Medical Practice Committee	Final Action

REAPPOINTMENT AND PRIVILEGES		
Person or Committee	Function	Report to:
PHF Medical	Verify reappointment	PHF Governing Board

Director/PHF Medical Practice Committee	information	
PHF Governing Board	Review recommendations of the PHF Medical Director/PHF Medical Practice Committee; make decision	Final Action

a. After receiving completed applications for new staff membership, the PHF Medical Director and/or the Psychiatric Health Facility CEO may grant interim privileges to applicants to the Medical Staff while their applications are being reviewed by the PHF Medical Practice Committee, performing the function of Credentialing and Privileging. Clinical privileges shall be delineated and monitored in accordance with **Article VI** of these Bylaws. Interim privileges granted in this manner may be suspended at any time pending final action by PHF Board. Suspensions shall be imposed in all cases when committee action is unfavorable to a practitioner, pending final reviews by other committees and approval by the PHF Governing Board.

b. Within ninety (90) days after receipt of the completed application for membership, the PHF Medical Director shall make a written report of investigation to the **PHF Medical Practice Committee**. Prior to making this report, the PHF Medical Director shall examine the evidence of the character, professional competence, qualifications, and ethical standards of the practitioner and shall determine, through information contained in references given by the practitioner and from other sources available, whether the practitioner has established and meets all of the necessary qualifications for the category of staff membership and the clinical privileges requested by him/her. Together with this report, the PHF Medical Director shall transmit to the PHF Governing Board, the completed application and a recommendation that the practitioner either be appointed to the Medical Staff or rejected for Medical Staff membership, or that the application be deferred for further consideration. All recommendations to appoint must also specifically recommend the clinical privileges to be granted, which may be qualified by probationary conditions relating to such clinical privileges.

c. When the recommendation of the PHF Medical Director is favorable to the practitioner, it shall promptly be forwarded together with all supporting documentation through the Psychiatric Health Facility CEO for final approval by the PHF Governing Board.

d. When the recommendation of the PHF Medical Practice Committee is adverse to the practitioner either in respect to appointment or clinical privileges, the PHF Medical Director shall promptly notify the practitioner by certified mail, return receipt requested. No such adverse recommendation need be forwarded to the PHF Governing Board. However, the practitioner shall have the right to a hearing, as provided in **Article VIII** of these Bylaws.

e. If, after the PHF Medical Practice Committee has considered the report and recommendation of the hearing committee and the hearing record, the PHF Medical Practice Committee's reconsideration and recommendation is favorable to the practitioner, it shall be processed in accordance with paragraph "e" above. If such recommendation continues to be adverse, the PHF Medical Director shall promptly notify the practitioner of the adverse recommendation, by certified mail, return receipt requested, which adverse recommendation shall be final. The PHF Medical Director shall also forward such recommendation to the Psychiatric Health Facility CEO.

f. After receipt of a favorable recommendation from the PHF Medical Practice Committee, the PHF Governing Board shall act on the matter. Following favorable decisions by the PHF Governing Board, applicants shall be notified of their staff appointments by the PHF Medical Director. If the PHF Governing Board's decision is not favorable, the PHF Medical Director shall promptly notify the practitioner of such adverse decision by certified mail, return receipt requested, and such adverse decision shall be final.

1. Initial appointments to the Provisional Staff shall be provisional for a period of six months. During the provisional appointment period, the professional and clinical performance of appointees shall be constantly monitored and evaluated by assigned staff members. Such evaluations shall include personal observation, monitoring reports, chart reviews, and the appointee's reputation in the medical community and at other area facilities. At no later than six months, the Medical Director shall submit written recommendations to the Credentials Committee to: 1) advance members to permanent status,

2. Impose additional privilege restrictions,

3. Take any other action thought to be appropriate. The failure of Provisional Staff members to advance to permanent status at the end of 6 months shall result in termination of staff membership. Reports and actions unfavorable to provisionally appointed staff members shall be subject to committee reviews, and to the hearing provisions of these Bylaws, if so requested by provisional staff members.

ARTICLE VI: CLINICAL PRIVILEGES

Section 1 – Granting Clinical Privileges

a. Every practitioner practicing at this facility by virtue of Medical Staff membership or otherwise shall, in connection with any such practice, be entitled to only those clinical privileges specifically granted.

b. Every initial application for staff membership must contain a request for the specific clinical privileges desired by the applicant. The applicant shall have the burden of establishing qualifications and competency in the clinical privileges requested. The evaluations of privilege requests shall be done by the PHF Medical Director and shall be based on the applicant's education and training, experience, demonstrated competence in other facilities, references, reputation, and other relevant material. Final approval of privileges for staff members shall be the duty of the PHF Medical Director.

c. In each case where a new applicant is appointed to the Provisional Staff, assigned Medical Staff members shall continuously monitor and evaluate the Provisional Staff member in all patient care activities within the facility. Such overall monitoring and evaluation shall continue during the entire period of each provisional appointment. Overall monitoring and evaluation shall be terminated only upon the recommendation of the PHF Medical Director, PHF Medical Practice Committee and the Psychiatric Health Facility CEO. Thereafter, special restrictions and requirements for monitoring of specific privileges may continue to be required of the staff member.

d. Requests for additional privileges may be made by staff members at any time. Such requests shall be acted upon in the same manner as described for initial privilege requests.

e. Periodic redetermination of clinical privileges shall be made every two years at the same time that staff members are considered for reappointment to the Medical Staff. Determinations to maintain or to curtail current privileges shall be based upon the direct observation of care and review of the records of the Medical Staff which document the evaluation of the member's participation in the delivery of medical care. Decisions detrimental to staff members shall be subject to the hearing procedures of these Bylaws.

f. Privileges granted to Allied Health Professionals shall be based on their training, experience, and judgment as well as demonstrated competence in accordance with the Medical Staff Rules and Regulations.

g. Privileges granted to psychologists shall be based upon their training, experience, judgment and demonstrated competence. The scope and extent of privileges shall be specifically defined and recommended in the same manner as

for other staff members.

Section 2 – Locum Tenens Privileges

- a. Locum Tenens privileges may be granted to properly licensed practitioners who are applicants for staff membership and awaiting appointment.
- b. The PHF Medical Director and/or the Psychiatric Health Facility CEO may grant approved Locum Tenens privileges. Practitioners with Locum Tenens privileges shall be monitored and evaluated by members of the Medical Staff.
- c. Practitioners granted Locum Tenens privileges may have their privileges summarily suspended or further restricted at any time by the Psychiatric Health Facility CEO upon the recommendations of the PHF Medical Staff PHF Medical Practice Committee. Such suspensions or restrictions shall remain in effect pending review as described in **Article VII**.
- d. Practitioners granted such Locum Tenens privileges shall submit a signed acknowledgment that they have received and read a copy of these Bylaws, Rules and Regulations, and that they agree to abide by the provisions therein.

Section 3- Admissions; Responsibility for Care; History and Physical Requirements; and Other General Restrictions on Exercise of Privileges

3.1 Admitting Privileges

The following categories of licensees are eligible to independently admit patients to the hospital: Physicians (MDs or Dos)

3.2 Additionally, AHPs with admitting privileges may admit patients upon order of a member of the Medical Staff who has admitting privileges and who maintains responsibility for the overall care of the patients.

- a. Physician Assistants
- b. Nurse Practitioners

3.3 Responsibility for Care of Patients

- a. All patients admitted to the hospital must be under care of a member of the Medical Staff.

- b. The admitting member of the Medical Staff shall establish, at the time of admission, the patient's condition and provisional diagnosis.

3.4 History and Physicals

- a. Practitioners, with appropriate privileges, may perform history and physical examinations.
- b. The admitting member of the Medical Staff shall assure the completion of a physical examination and medical history on all patients within 24 hours after admission. This requirement may be satisfied by a complete history and physical that has been performed within the 30 days prior to admission (the results of which are recorded in the hospital's medical record) so long as an examination for any changes in the patient's condition is completed and documented in the hospital's medical record within 24 hours after admission.

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ARTICLE VII: Performance Evaluation and Monitoring

Section 1 – General Overview of Performance Evaluation and Monitoring Activities

The credentialing and privileging processes described in Bylaws, **Article 5**, Procedures for Appointment and Reappointment, and **Article 6**, Privileges, require that the Medical Staff develop ongoing performance evaluation and monitoring activities to ensure that decisions regarding appointment to membership on the Medical Staff and granting or renewing of privileges are, among other things, detailed, current, accurate, objective and evidence-based. Additionally, performance evaluation and monitoring activities help assure timely identification of problems that may arise in the ongoing provision of services in the hospital. Problems identified through performance evaluation and monitoring activities are addressed via the appropriate performance improvement and/or remedial actions as described in Bylaws, **Article?**, Performance Improvement and Corrective Action.

Section 2- Performance Monitoring Generally

- a. Except as otherwise determined by the PHF Medical Practice Committee and Governing Board, the Medical Staff shall regularly monitor all members' privileges in accordance with the provisions set forth in these Bylaws and such performance monitoring policies as may be developed by the Medical Staff and approved by the PHF Medical Practice Committee and the Governing Board.
- b. Performance monitoring is not viewed as a disciplinary measure, but rather is an information-gathering activity. Performance monitoring does not give rise to the procedural rights described in Bylaws, **Article 14**, Hearings and Appellate Reviews (unless the form of monitoring is Level III proctoring and its imposition becomes a restriction of privileges because procedures cannot be done unless a proctor is present and proctors are not available after reasonable attempts to secure a proctor).
- c. The Medical Staff shall clearly define how information gathered during performance monitoring shall be shared in order to effectuate change and additional action, if determined necessary.
- d. Performance monitoring activities and reports shall be integrated into other quality improvement activities.
- e. The results of any practitioner-specific performance monitoring shall be considered when granting, renewing, revising or revoking clinical privileges

of that practitioner.

Section 3 – Ongoing Professional Performance Evaluations

7.3-1 Methods that may be used to gather information for Ongoing Professional Performance. Evaluations include, but are not limited to:

- a. Periodic chart review;
- b. Direct observation;
- c. Monitoring of diagnostic and treatment techniques;
- d. Discussion with other individuals involved in the care of each patient including consulting physicians, nursing and administrative personnel.

7.3-2 Ongoing Performance reviews shall be factored into the decision to maintain, revise or revoke a practitioner's existing privilege(s).

Section 4- Proctoring

7.4-1 Overview of Proctoring Levels

- a. Level I proctoring shall be considered routine and is generally implemented as a means to review initially requested privileges in accordance with Bylaws **Section 7.4-3(a)**, above, and for review of infrequently used privileges in accordance with Bylaws, **Section 7.4-3(b)**, above.
- b. Level II proctoring is appropriate in situations where a practitioner's competency or performance is called into question, in accordance with Bylaws, **Section 7.4-3(c)**, above, but where the circumstances do not involve a "medical disciplinary" cause or reason or where the proctoring does not constitute a restriction on the practitioner's privilege(s) (i.e., the practitioner is required to participate in proctoring, and to notify either the proctor or other designated individual(s) prior to providing services, but is permitted to proceed without the proctor if one is not available).

- c. Level III proctoring is appropriate in situations where a practitioner's competency or performance is called into question due to a "medical disciplinary" cause or reason in accordance with Bylaws, **Section 7.4-3 (c)**, above, and where the form of proctoring is a restriction on the practitioner's privilege(s) (because the practitioner may not perform a procedure or provide care in the absence of the proctor). Upon imposition of Level III proctoring, the practitioner is afforded such procedural rights as provided at Bylaws, **Article 8**, Hearings and Appellate Reviews.

7.4-2 Overview of Proctoring Procedures

- a. Whenever proctoring is imposed, the number (or duration) and types of charts to be proctored shall be delineated.
- b. During the proctoring, the practitioners must demonstrate they are qualified to exercise the privileges that were granted and are carrying out the duties of their Medical Staff category.

7.4-3 Proctor: Scope of Responsibility

- a. All members who act as proctors of new appointees and/or members of the Medical Staff are acting at the direction of and as an agent for the department, the PHF Medical Practice Committee and the PHF Governing Board.
- b. The intervention of a proctor shall be governed by the following guidelines:
 - 1. A member who is serving as a proctor does not act as a supervisor of the member or practitioner he or she is observing. His or her role is to observe and record the performance of the member or practitioner being proctored, and report his or her evaluation to the department.
 - 2. A proctor is not mandated to intervene when he or she observes what could be construed as deficient performance on the part of the practitioner or member being proctored.
 - 3. In an emergency situation, a proctor may intervene, even though he or she has no legal obligation to do so.

7.4-4 Completion of Proctoring

The member shall remain subject to such proctoring until the PHF Medical Practice Committee has been furnished with a report signed by the PHF Medical Director with an evaluation of the member's performance and a statement that the member appears to meet all of the qualifications for unsupervised practice in the hospital.

a. Effect of Failure to Complete Proctoring

1. **Failure to Complete Necessary Volume.** Any practitioner or member undergoing Level I or Level II proctoring who fails to complete the required number of proctored cases within the time frame established in the Bylaws and Rules shall be deemed to have voluntarily withdrawn his or her request for membership (or the relevant privileges), and he or she shall not be afforded the procedural rights provided in Bylaws, **Article 8**, Hearings and Appellate Reviews. However, the department has the discretion to extend the time for completion of proctoring in appropriate cases subject to ratification by the PHF Medical Practice Committee. The inability to obtain such an extension shall not give rise to procedural rights described in Bylaws, **Article 8**, Hearing and Appellate Reviews.
2. **Failure to Satisfactorily Complete Proctoring.** If a practitioner completes the necessary volume of proctored cases but fails to perform satisfactorily during proctoring, he or she may be terminated (or the relevant privileges may be revoked), and he or she shall be afforded the procedural rights as provided in Bylaws, **Article 8**, Hearing and Appellate Reviews.

ARTICLE VIII: Performance Improvement and Corrective Action

Section 1- Peer Review Philosophy

8.1-1 Role of Medical Staff in Organization wide Quality Improvement Activities

The Medical Staff is responsible to oversee the quality of medical care, treatment and services delivered in the hospital. An important component of that responsibility is the oversight of care rendered by members and Allied Health Professionals practicing in the facility. The following provisions are designed to achieve quality improvements through collegial peer review and educative measures whenever possible, but with recognition that, when circumstances warrant, the Medical Staff is responsible to embark on informal corrective measures and/or corrective action as necessary to achieve and assure quality of care, treatment and services. Toward these ends:

- a. Members of the Medical Staff are expected to actively and cooperatively participate in a variety of peer review activities to measure, assess and improve performance of their peers in the hospital.
- b. The initial goals of the peer review processes are to prevent, detect and resolve problems and potential problems through routine collegial monitoring, education and counseling. However, when necessary, corrective measures, including formal investigation and discipline, must be implemented and monitored for effectiveness.
- c. Peers in the departments and committees are responsible for carrying out delegated review and quality improvement functions in a manner that is consistent, timely, defensible, balanced, useful and ongoing. The term “peers” generally requires that a majority of the peer reviewers be members holding the same license as the practitioner being reviewed, including, where possible, at least one member practicing the same specialty as the member being reviewed. Notwithstanding the foregoing, Dos and MDs shall be deemed to hold the “same licensure” for purposes of participating in peer review activities.

- d. The departments and committees may be assisted by the PHF CEO & QA staff members.

8.1-2 Informal Corrective Activities

The Medical Staff officers, departments and committees may counsel, educate, issue letters of warning or censure, or focused professional practice evaluation in accordance with Bylaws, **Section 7.4(a)(2)** in the course of carrying out their duties without initiating formal corrective action. Comments, suggestions and warnings may be issued orally or in writing. The practitioner shall be given an opportunity to respond in writing and may be given an opportunity to meet with the officer, department or committee. Any informal actions, monitoring or counseling shall be documented in the member's file. PHF Medical Practice Committee approval is not required for such actions, although the actions shall be reported to the PHF Medical Practice Committee. The actions shall not constitute a restriction of privileges or grounds for any formal hearing or appeal rights under Bylaws, **Article 14**, Hearings and Appellate Reviews.

8.1-3 Criteria for Initiation of Formal Corrective Action

A formal corrective action investigation may be initiated whenever reliable information indicates a member may have exhibited acts, demeanor or conduct, either within or outside of the hospital, that is reasonable likely to be:

- a. Detrimental to patient safety or to the delivery of quality patient care within the facility;
- b. Unethical;
- c. Contrary to the Medical Staff Bylaws or Rules;
- d. Below applicable professional standards;
- e. Disruptive of Medical Staff or hospital operations; or
- f. An improper use of hospital resources.

Generally, formally corrective action measures should not be initiated unless reasonable attempts at informal resolution have failed; however, this is not a mandatory condition, and formal corrective action may be initiated whenever circumstances reasonable appear to warrant formal action. Any recommendation of formal corrective action must be based on evaluation of applicant-specific information.

8.1-4 Initiation

- a. Any person who believes that formal corrective action may be warranted may provide information to the PHF Medical Director chair of any committee of Medical Staff, or PHF CEO. This information will be in writing.
- b. If the PHF Medical Director, chair of any committee of Medical Staff, or PHF CEO determines that formal corrective action may be warranted under Bylaws, **Section 13.1-3**, above, that person, entity, or committee may request the initiation of a formal corrective action investigation or may recommend particular corrective action. Such requests will be conveyed to the PHF Medical Practice Committee in writing.
- c. The PHF Medical Director shall notify the PHF CEO or his or her designee in his or her absence and the PHF Medical Practice Committee and shall continue to keep them fully informed of all action taken. In addition, the PHF Medical Director shall immediately forward all necessary information to the committee or person that will conduct any investigation, provided, however, that the PHF Medical Director or the PHF Medical Practice Committee may dispense with further investigation of matters deemed to have been adequately investigated by a committee pursuant to Bylaws, **Section 13.1-6**, below, or otherwise.

8.1-5 Expedited Initial Review

- a. Whenever information suggests that corrective action may be warranted, the PHF Medical Director or his or her designee may, on behalf of the PHF Medical Practice Committee, immediately investigate and conduct whatever interviews may be indicted. The information developed during the initial review shall be presented to the PHF Medical

Practice Committee, which shall decide whether to initiate a formal corrective action investigation.

b. In cases of complaints of harassment or discrimination involving a patient, etc., an expedited initial review shall be conducted on behalf of the PHF Medical Practice Committee by the PHF Medical Director or designee, or the PHF Medical Director, together with representatives of administration, or by an attorney for the hospital. In cases of complaints of harassment or discrimination where the alleged harasser is a Medical Staff member and the complainant is an employee, an expedited initial review shall be conducted by the Equal Employment Opportunity Manager or the facilities human resources director or their designee, or by an attorney for the hospital, who shall use best efforts to complete the expedited initial review within the time frame set out at Bylaws, **Section 13.1-8**, below. The PHF Medical Director shall be kept apprised of the status of the initial review. The information gathered from an expedited initial review shall be referred to the PHF Medical Practice Committee if it is determined that corrective action may be indicated against a Medical Staff member.

8.1-6 Formal Investigation

a. If the PHF Medical Practice Committee concludes action is indicated but that no further investigation is necessary, it may proceed to take action without further investigation.

b. If the PHF Medical Practice Committee concludes a further investigation is warranted, it shall direct a formal investigation to be undertaken. The PHF Medical Practice Committee may conduct the investigation itself or may assign the task to an appropriate officer or standing or ad hoc committee to be appointed by the PHF Medical Director. The investigating body should not include partners, associates or relatives of the individual being investigated. Additionally, the investigating person or body may, but is not required to, engage the services of one or more outside reviewers as deemed appropriate or helpful in light of the circumstances (e.g. , to help assure an unbiased review, to firm up an uncertain or controversial review or to engage specialized expertise). If the investigation is delegated to an officer or committee other than the PHF Medical Practice Committee, such officer or committee shall proceed with the investigation in a prompt manner,

using best efforts to complete the expedited initial review within the time frame set out at Bylaws, **Section 13.1-8**, below, and shall forward a written report of the investigation to the PHF Medical Practice Committee as soon as practicable. The report may include recommendations for appropriate corrective action.

c. Prior to any adverse action being approved, the PHF Medical Practice Committee shall assure that the member was given an opportunity to provide information in a manner and upon such terms as the PHF Medical Practice Committee, investigating body, or reviewing committee deems appropriate. The investigating body or reviewing body may, but is not obligated to, interview persons involved; however, such an interview shall not constitute a hearing as that term is used in Bylaws, **Article 9**, Hearings and Appellate Reviews, nor shall the hearings or appeals Rules apply.

d. Despite the status of any investigation, at all times the PHF Medical Practice Committee shall retain authority and discretion to take whatever action may be warranted by the circumstances, including summary action.

e. The provisions of this Bylaws **Section 13.1-6** (including a determination to dispense with formal investigation and proceed immediately to further action pursuant to **Section 13.1-6(a)**) shall demark the point at which an “impending investigation” is deemed to have commenced within the meaning of Business & Professions Code Section 805(c).

8.1-7 PHF Medical Practice Committee Action

a. As soon as practicable after the conclusion of the investigation, the PHF Medical Practice Committee shall take action including, without limitation:

1. Determining no corrective action should be taken and, if the PHF Medical Practice Committee determines there was no credible evidence for the complaint in the first instance, clearly documenting those findings in the member’s file;
2. Deferring action for a reasonable time;
3. Issuing letters of admonition, censure, reprimand or warning, although nothing herein shall be deemed to preclude department

or Committee Chairs from issuing informal written or oral warnings outside of the mechanism for corrective action. In the event such letters are issued, the affected member may make a written response which shall be placed in the member's file;

4. Recommending the imposition of terms of probation or special limitation upon continued Medical Staff membership or exercise of privileges including, without limitation, requirements for co-admissions, mandatory consultation or monitoring;

5. Recommending reduction, modification, suspension or revocation of privileges. If suspension is recommended, the terms and duration of the suspension and the conditions that must be met before the suspension is ended shall be stated;

6. Recommending reductions of membership status or limitation of any prerogatives directly related to the member's delivery of patient care;

7. Recommending suspension, revocation or probation of Medical Staff membership. If suspension or probation is recommended, the terms and duration of the suspension or probation and the conditions that must be met before the suspension or probation is ended shall be stated;

8. Taking other actions deemed appropriate under the circumstances.

b. If the PHF Medical Practice Committee takes any action that would give rise to a hearing pursuant to Bylaws, **Section 9.?**, it shall also make a determination whether the action is a "medical disciplinary" action or an "administrative disciplinary" action. A medical disciplinary action is one taken for cause or reason that involved the aspect of a practitioner's competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care. All other actions are deemed administrative disciplinary actions. In some cases, the reason may involve either medical disciplinary and administrative disciplinary cause or reason, in which case, the matter shall be deemed medical disciplinary for Bylaws, **Article 9**, Hearings and Appellate Reviews, hearing purposes.

c. And, if the PHF Medical Practice Committee makes a determination that the action is medical disciplinary, it shall also determine whether the

action is taken for any of the reasons required to be reported to the Medical Board of California pursuant to California Business & Professions Code Section 805.01.

8.1-8 Time Frames

Insofar as feasible under the circumstances, formal and informal investigations should be conducted expeditiously, as follows;

- a. Informal investigations should be completed and the results should be reported within 60 days.
- b. Expedited initial reviews should be completed and the results should be reported within 30 days.
- c. Other formal investigations should be completed and the results should be reported within 90 days.

8.1-9 Procedural Rights

a. If, after receipt of a request for formal corrective action pursuant to Bylaws, **Section 13.1-4**, above, the PHF Medical Practice Committee determines that no corrective action is required or only a letter of warning, admonition, reprimand or censure should be issued, the decision shall be transmitted to the PHF Governing Board. The PHF Governing Board may affirm, reject or modify the action. The PHF Governing Board shall give great weight to the PHF Medical Practice Committee's decision and initiate further action only if the failure to act is contrary to the weight of the evidence that is before it, and then only after it has consulted with the PHF Medical Practice Committee and the PHF Medical Practice Committee still has not acted. The decision shall become final if the PHF Governing Board affirms it or takes no action on it within 70 days after receiving the notice of decision.

b. If the PHF Medical Practice Committee recommends an action that is a ground for a hearing under Bylaws, **Section 14.2**, the Chief of Staff shall give the practitioner special notice of the adverse recommendation and of the right to request a hearing. The PHF Governing Board may be informed of the recommendation, but shall take no action until the member has either waived his or her right to a hearing or completed the hearing.

8.1-10 Initiation by PHF Governing Board

a. The PHF Medical Staff acknowledges that the PHF Governing Board must act to protect the quality of medical care provided and the competency of its Medical Staff, and to ensure the responsible governance of the facility in the event that the Medical Staff fails in any of its substantive duties or responsibilities.

b. Accordingly, if the PHF Medical Practice Committee fails to investigate or take disciplinary action, contrary to the weight of the evidence, the PHF Governing Board may direct the PHF Medical Practice Committee to initiate an investigation or disciplinary action, but only after consulting with the PHF Medical Practice Committee. If the PHF Medical Practice Committee fails to act in response to that PHF Governing Board direction, the PHF Governing Board may, in furtherance of the PHF Governing Board's ultimate responsibilities and fiduciary duties, initiate corrective action, but must comply with applicable provisions of Bylaws, **Article 8**, Performance Improvement and Corrective Action, and **Article 9**, Hearing and Appellate Reviews. The PHF Governing Board shall inform the PHF Medical Practice Committee in writing of what it has done.

Section 2 – Summary Restriction or Suspension

8.2-1 Criteria for Initiation

a. Whenever a practitioner's conduct is such that a failure to take action may result in an imminent danger to the health of any individual, the PHF Medical Director, the PHF Medical Practice Committee, the PHF Medical Director & Medical Staff or the Chief Executive Officer may summarily restrict or suspend the Medical Staff membership or privileges of such a member.

b. Unless otherwise stated, such summary restriction or suspension (summary action) shall become effective immediately upon imposition and the person or body responsible shall promptly give special notice to the member and written notice to the PHF Governing Board, the PHF PHF Medical Practice Committee, and the PHF Chief Executive Officer. The special notice shall fully comply with the requirements of Bylaws, **Section 13.2-1 (d)**, below.

c. The summary action may be limited in duration and shall remain in effect for the period stated or, if none, until resolved as set forth herein. Unless otherwise indicated by the terms of the summary action, the member's patients shall be promptly assigned to another member by the Medical Director considering, where feasible, the wishes of the patient and the affected practitioner in the choice of a substitute member.

d. Within one working day of imposition of a summary suspension, the affected Medical Staff member shall be provided with verbal notice of such suspension; followed, within three working days of imposition, by written notice of such suspension. This initial written notice shall include a statement of facts demonstrating that the suspension was reasonable and warranted because failure to suspend or restrict the member's privileges summarily could reasonably result in an imminent danger to the health of any individual. The statement of facts provided in this initial notice shall also include a summary of one or more particular incidents giving rise to the assessment of imminent danger. This initial notice shall not substitute for, but is in addition to, the notice required under Bylaws, **Section 14.3-1** (which applies in all cases where the PHF Medical Practice Committee does not immediately terminate the summary suspension). The notice under Bylaws, **Section 14.3-1** may supplement the initial motive provided under this Section, by including any additional relevant facts supporting the need for summary suspension or other corrective action.

e. The notice of the summary action given to the PHF Medical Practice Committee shall constitute a request to initiate corrective action and the procedures set forth in Bylaws, **Section 13.1-3**, shall be followed.

8.2-2 PHF Medical Practice Committee Action

Within one week after such summary action has been imposed, a meeting of the PHF Medical Practice Committee or a subcommittee appointed by the PHF Medical Director shall be convened to review and consider the action. Upon request, the member may attend and make a statement concerning the issues under investigation, on such terms and conditions as the PHF Medical Practice Committee may impose, although in no event shall any meeting of the PHF Medical Practice Committee, with or without the member, constitute a "hearing" within the meaning of Bylaws, **Article 14**, Hearings and Appellate Reviews, nor shall any procedural Rules apply.

The PHF Medical Practice Committee may thereafter continue, modify or terminate the terms of the summary action. It shall give the practitioner special notice of its decision, within two working days of the meeting, which shall include the information specified in Bylaws, **Section 14.3-1** if the action is adverse.

8.2-3 Procedural Rights

Unless the PHF Medical Practice Committee promptly terminates the summary action, and if the summary action constitutes a suspension or restriction of clinical privileges required to be reported to the Medical Board of California pursuant to Business & Professions Code Section 805, the member shall be entitled to the procedural rights afforded by Bylaws, **Article 14**, Hearings and Appellate Reviews including, but not limited to, a right to a preliminary hearing as described at Bylaws, **Section 14.5**.

8.2-4 Initiation by PHF Governing Board

- a. If no one authorized under Bylaws, **Section 13.2-1 (a)**, above, to take a summary action is available to summarily restrict or suspend a member's membership or privileges, the PHF Governing Board (or its designee) may immediately suspend or restrict a member's privileges if a failure to act immediately may result in imminent danger to the health of any individual, provided that the PHF Governing Board (or its designee) made reasonable attempts to contact the Chief of Staff and the chief of the department to which the member is assigned before acting.
- b. Such summary action is subject to ratification by the PHF Medical Practice Committee. If the PHF Medical Practice Committee does not ratify such summary action within two working days, excluding weekends and holidays, the summary action shall terminate automatically.

Section 3 – Automatic Suspension or Limitation

In the following instances, the member's privileges or membership may be suspended or limited as described:

8.3-1 Licensure

a. **Revocation, Suspension or Expiration.** Whenever a member's license or other legal credential authorizing practice in this state is revoked, suspended or expired without an application pending for renewal, Medical Staff membership and privileges shall be automatically revoked as of the date such action becomes effective.

b. **Restriction.** Whenever a member's license or other legal credential authorizing practice in this state is limited or restricted by the applicable licensing or certifying authority, any privileges which are within the scope of such limitation or restriction shall be automatically limited or restricted in a similar manner, as of the date such action becomes effective and throughout its term.

c. **Probation.** Whenever a member is placed on probation by the applicable licensing or certifying authority, his or her membership status and privileges shall automatically become subject to the same terms and conditions of the probation as of the date such action becomes effective and throughout its term.

8.3-2 Drug Enforcement Administration Certificate

a. **Revocation, Suspension, and Expiration.** Whenever a member's Drug Enforcement Administration certificate is revoked, limited, suspended or expired, the member shall automatically and correspondingly be divested of the right to prescribe medications covered by the certificate as of the date such action becomes effective and throughout its term.

b. **Probation.** Whenever a member's Drug Enforcement Administration certificate is subject to probation, the member's right to prescribe such medications shall automatically become subject to the same terms of the probation as of the date such action becomes effective and throughout its term.

8.3-3 Failure to Satisfy Special Appearance Requirement

A member who fails without good cause to appear and satisfy the requirements of Bylaws, **Section 11.7-3** shall automatically be suspended

from exercising all or such portion of privileges as the PHF Medical Practice Committee specifies.

8.3-4 Medical Records

Medical Staff members are required to complete medical records within the time prescribed by the PHF Medical Practice Committee. For failure to complete medical records within fourteen (14) days after the patient is discharged, a practitioner's clinical privileges (except with respect to his or her patient's already in the hospital) and his/her rights to admit patients and to provide any other professional services shall be administratively suspended. With the exception of emergency care for which only the practitioner is qualified and available to render, and the care of patients already hospitalized at the time of suspension, such temporary suspension shall include all admitting and clinical privileges.

Failure to complete the medical records within two (2) months after the date a suspension became effective shall be deemed to be a voluntary resignation of the practitioner's medical staff membership and privileges.

Repeated failures to complete medical records in a timely manner shall be one of the factors considered for changing the member's staff category and denying reappointment, and shall be taken into consideration in connection with all other factors at the time of reappointment.

For purposed of this section, a failure to complete records will not be cause for administrative suspension if:

1. The member is ill, on vacation, or out of town for extended period of time, the member notifies the Medical Staff office of the absence in advance, and the member completes the medical record(s) in question within three (3) days of his/her return.
2. The practitioner has dictated the reports and is waiting for hospital personnel to transcribe them.
3. The Medical Records Department is unable or otherwise fails to make requested medical records available to the practitioner upon his/her request.

Reporting

If required by Business and Professions Code, Section 805, an administrative suspension for failure to complete medical records will be reported under that section if:

- The suspension is for more than a cumulative total of thirty (30) days in any twelve (12) month period;

AND

- The Chief of Staff has determined that the failure to complete the records constitutes conduct reasonably likely to be detrimental to patient safety or to the delivery of patient care.

8.3-5 Failure to Comply with Government and Other Third Party Payor Requirements

The PHF Medical Practice Committee shall be empowered to determine that compliance with certain specific third party payor, government agency, and professional review organization Rules or policies is essential to hospital and/or Medical Staff operations and that compliance with such requirements can be objectively determined. The Rules may authorize the automatic suspension of a practitioner who fails to comply with such requirements. The suspension shall be effective until the practitioner complies with such requirements.

8.3-6 Automatic Termination

If a practitioner is suspended for more than six months, his or her membership (or the affected privileges, if the suspension is a partial suspension) shall be automatically terminated. Thereafter, reinstatement to the Medical Staff shall require application and compliance with the appointment procedures applicable to applicants.

8.3-7 PHF Medical Practice Committee Deliberation and Procedural Rights

- a. As soon as practicable after action is taken or warranted as described in Bylaws, **Section 13.3-1, Section 13.3-2, or Section 13.3-3**, the PHF Medical Practice Committee shall convene to review and consider the facts and may recommend such further corrective action as it may deem appropriate following the procedure generally set forth commencing at Bylaws, **Section 13.1-6**, Formal Investigation. The PHF Medical Practice Committee review and any subsequent hearings and reviews shall

not address the propriety of the licensure or Drug Enforcement Administration action, but instead shall address what, if any, additional action should be taken by the hospital. There is no need for the PHF Medical Practice Committee to act on automatic suspensions for failures to complete medical records (Bylaws, **Section 13.3-4**), or comply with government and other third party payor Rules and policies (Bylaws, **Section 13.3-8**, above).

- b. Practitioners whose privileges are automatically suspended and/or who have been deemed to have automatically resigned their Medical Staff membership shall be entitled to a hearing only if the suspension is reportable to the Medical Board of California or the federal National Practitioner Data Bank.

8.3-8 Notice of Automatic Suspension or Action

Special notice of an automatic suspension or action shall be given to the affected individual, and regular notice of the suspension shall be given to the PHF Medical Practice Committee, Chief Executive Officer and Governing Board, but such notice shall not be required for the suspension to become effective. Patients affected by an automatic suspension shall be assigned to another member by the PHF Medical Director or Department Medical Director. The wishes of the patient and affected practitioner shall be considered, where feasible, in choosing a substitute member.

Section 4 – Interview

Interviews shall neither constitute nor be deemed a hearing as described in Bylaws, **Article 14**, Hearings and Appellate Reviews, shall be preliminary in nature, and shall not be conducted according to the procedural Rules applicable with respect to hearings. The PHF Medical Practice Committee shall be required, at the practitioner's request, to grant an interview only when so specified in these Bylaws, **Article 14**. In the event an interview is granted, the practitioner shall be informed of the general nature of the reasons for the recommendation and may present information relevant thereto. A record of the matters discussed and the findings resulting from an interview shall be made.

Section 5 – Confidentiality

To maintain confidentiality, participants in the corrective action process shall limit their discussion of the matters involved to the formal avenues provided in these Bylaws for peer review and discipline.

Section 6 – Corrective Action for Allied Health Professionals

- a. The PHF Medical Practice Committee, the PHF Medical Director, or supervising practitioner's may initiate corrective action for Allied Health Professionals. Should such action result in a reduction or suspension of privileges, the nurse practitioner or physician's assistant may request a hearing from the PHF Medical Practice Committee. Following such hearing, a recommendation shall be made to the Psychiatric Health Facility CEO whose action shall be final.
- b. Procedures for a hearing are set forth in **Article VIII** of these Bylaws of the Psychiatric Health Facility Medical Staff.

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Article IX Hearing and Appellate Reviews

Section 1- General Provisions

9.1-1 Review Philosophy

The intent in adopting these hearings and appellate review procedures is to provide for a fair review of decisions that adversely affect practitioners (as defined below), and at the same time to protect the peer review participants from liability. It is further the intent to establish flexible procedures which do not create

burdens that will discourage the Medical Staff and Governing Board from carrying out peer review.

Accordingly, discretions is granted to the Medical Staff and Governing Board to create a hearing process which provides for the least burdensome level of formality in the process and yet still provides a fair review and to interpret these Bylaws in the light. The Medical Staff, the Governing Board, and their officers, committees and agents hereby constitute themselves as peer review bodies under the federal Health Care Quality Improvement Act of 1986 and the California peer review hearing laws and claim all privileges and immunities afforded by the federal and state laws.

9.1-2 Exhaustion of Remedies

If an adverse action as described in Bylaws, Section 14.2 is taken or recommended, the practitioner must exhaust the remedies afforded by these Bylaws before resorting to legal action.

Section 2- Right to Hearing and to Appellate Review

- a. When any practitioner receives notice of recommendation of the Practice Committee that, if ratified by decision of the PHF Governing Board, will adversely affect appointment to, or status as a member of, the Medical Staff or exercise of clinical privileges, the practitioner shall be entitled to a hearing before an ad hoc committee of the Medical Staff so appointed to hear the issue. Such ad hoc committee shall make its recommendation to the PHF Medical Practice Committee of the Medical Staff. If the recommendation is adverse to the affected practitioner, an appellate review by the PHF Governing Board may be requested. The decision of the PHF Governing Board is final.
- b. All hearings and appellate reviews shall be in accordance with the procedural safeguards set forth in these bylaws to assure that the affected practitioner is accorded all rights to which entitled.

Section 3- Request for Hearing

- a. The PHF Medical Director shall be responsible for giving prompt written notice of an adverse recommendation or decision to any affected practitioner who is entitled to a hearing or to an appellate review by certified mail, return receipt requested. The practitioner may, be written notice to the Medical Director delivered through the PHF CEO, by certified mail, return receipt requested, request a hearing.
- b. The failure of a practitioner to request a hearing, to which entitled by these bylaws, within a period of fourteen (14) days following the date

of written notice of an adverse recommendation or decision and in the manner herein provided shall be deemed a waiver of the right to such hearing and to any appellate review to which might otherwise have been entitled on the matter. The failure of a practitioner to request an appellate review, to which entitled by these bylaws, within the time and in the manner herein provided shall be deemed a waiver of the right to such appellate review on the matter.

Section 4- Notice of Hearing

- a. Within seven (7) days after receipt for hearing from a practitioner entitled to the same, the Practice Committee or the PHF Governing Board, whichever is appropriate, shall schedule and arrange for such a hearing and shall, through the PHF Medical Director, notify the practitioner of the time, place and date so scheduled, by certified mail, return receipt requested. The hearing date shall be not less than fourteen (14) days nor more than forty-five (45) days from the date of receipt of the request of hearing; provided, however, that a hearing for a practitioner who is under suspension, which is then in effect, shall be held as soon as arrangements therefore may reasonably be made, but no later than fifteen (15) days from the date of receipt of such practitioners request for hearing.
- b. The notice of hearing shall state in concise language the acts or omissions which the practitioner is charged with, a list of specific or representative charts being questioned, and other reasons or subject matter that was considered in making the adverse recommendation or decision.

Section 5- Composition of Hearing Committee

- a. When a hearing specifically related to an adverse recommendation of the Practice Committee, such hearing shall be conducted by an ad hoc hearing committee of not less than three (3) members of the Medical Staff in consultation with the PHF Medical Practice committee, and one of the members so appointed shall be designated as chair. No staff member who has actively participated in the consideration of the adverse recommendation shall be appointed as a member of this hearing committee unless it is otherwise impossible to select a representative group due to the size of the Medical Staff.
- b. When a hearing related to an adverse decision of the PHF Governing Board that is contrary to the recommendation of the PHF Medical Practice Committee, the PHF Governing Board shall appoint a hearing committee to conduct such hearing and shall designate one member of

this committee to serve as chair. At least one representative from the Medical Staff shall be included on this committee.

Section 6- Conduct of Hearing

- a. There shall be at least a majority of the members of the hearing committee present when the hearing takes place, and no member may vote by proxy.
- b. An accurate record of the hearing must be kept. The mechanism shall be established by the ad hoc committee, and may be accomplished by the use of a court reporter, electronic recording unit, detailed transcription, or by taking adequate minutes.
- c. The personal presence of the practitioner for whom the hearing has been scheduled shall be required. A practitioner who fails, without good cause, to appear and proceed at such a hearing shall be deemed to have waived rights and to have accepted the adverse recommendation or decision involved, and the same shall thereupon become and remain in effect.
- d. Postponement of hearings beyond the time set forth in these bylaws shall be made only with the approval of the ad hoc hearing committee. Grants of such postponements shall only be for good cause shown and in the sole discretion of the hearing committee.
- e. The affected practitioner shall be entitled to be accompanied by, and represented at the hearing by, a member of the Medical Staff in good standing or by a member of the local professional society.
- f. Either a hearing officer, if one is appointed, or the chair of the committee or designee, shall preside over the hearing to determine the order of procedure during the hearing, to assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence, and to maintain decorum.
- g. The hearing need not be conducted strictly according to the rules of law relating to examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs shall be considered, regardless of the existence of any common law or statutory rule which might make evidence inadmissible over objection in civil or criminal action. The practitioner for whom the hearing is being held shall, prior to or

during the hearing, be entitled to submit memoranda concerning any issue of procedure or of fact and such memoranda shall become part of the hearing record.

- h. The PHF Medical Practice committee, when its action has prompted the hearing, shall appoint one of its members or some other Medical Staff member to represent it at the hearing, to present the facts in support of its adverse recommendation, and to examine witnesses. The PHF Governing Board, when its action has prompted the hearing, shall appoint one of its members to represent it at the hearing, to present the facts in support of the adverse decision, and to examine witnesses. It shall be the obligation of such representatives to present appropriate evidence in support of the adverse recommendation or decision, but the affected practitioner shall thereafter be responsible for supporting the challenge to the adverse recommendation or decision by an appropriate showing that the charged or grounds involved lack any factual basis, or that such basis or any action based thereon is either arbitrary, unreasonable, or capricious.
- i. The affected practitioner shall have the following rights: to call and examine witnesses, to introduce written evidence, to cross-examine any witnesses on any matter relevant to the issue of the hearing, to challenge any witnesses and to rebut any evidence. If the practitioner does not testify on his or her own behalf, the practitioner may be called and examined as if under cross-examination.
- j. The hearing provided for in these bylaws is for the purpose of resolving, on an intra-professional basis, matters bearing on professional competency and conduct. Accordingly, neither the affected practitioner, nor the PHF Medical Practice Committee or the PHF Governing Board, shall be represented at any phase of the hearing procedure by an attorney at law unless the hearing committee, in its discretion, permits both sides to be represented by counsel. The foregoing shall not be deemed to deprive the practitioner, the PHF Medical Practice Committee, or the PHF Governing Board, to the right to legal counsel in connection with preparation for the hearing or for a possible appeal. If a hearing officer is utilized, an attorney at law who is acceptable to both sides may be used.
- k. The hearing committee may, without special notice, recess the hearing and reconvene the same for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence, the

hearing shall be closed. The hearing committee may thereupon, at any time convenient to itself, conduct its deliberations outside the presence of the practitioner for whom the hearing was convened.

1. Within Fifteen (15) days after final adjournment of the hearing, the hearing committee shall make a written report and recommendation and shall forward the same together with the hearing record and all other documentation to the PHF Medical Practice Committee or to the PHF Governing Board, whichever appointed it. The report may recommend confirmation, modification, or rejection of the original adverse recommendation of the PHF Medical Practice Committee or decision of the PHF Governing Board.

Section 7 - Appeal to the PHF Governing Board

- a. Within fifteen (15) days after receipt of a notice by an affected practitioner of an adverse recommendation or decision made or adhered to after a hearing as above provided, the practitioner may, by written notice to the PHF Governing Board delivered through the PHF CEO, by certified mail, return receipt requested, request an appellate review by the PHF Governing Board, held only on the record on which the adverse recommendation or decision is based, as supported by the practitioner's written statement, provided for below or may also request that oral argument be permitted as part of the appellate review.
- b. If such appellate review is not requested within fifteen (15) days, the affected practitioner shall be deemed to have waived the right to same, and to have accepted such adverse recommendation or decision, and the same shall become effective immediately.
- c. Within twenty (20) days after receipt of such notice of request for appellate review, the PHF Governing Board shall schedule a date for such review, including a time and place for oral argument if such has been requested, and shall, through the PHF CEO, by written notice sent by certified mail, return receipt requested, notify the affected practitioner of the same, the date of the appellate review shall not be less than fourteen (14) days, nor more than sixty (60) days, from the date of the receipt of the notice of request for appellate review, except that when the practitioner requesting the review is under a suspension which is then in effect, such review shall be scheduled as soon as the arrangements for it may reasonably be made, but not more than forty-five (45) days from the date or receipt of such notice.

- d. The appellate review shall be conducted by the PHF Governing Board or by a duly appointed appellate review committee of the PHF Governing Board of not less than two (2) members.
- e. The affected practitioner shall have access to the report and record (and transcription, if any) of the ad hoc hearing committee and all other material, favorable or unfavorable, that was considered in making the adverse recommendation or decision against him or her. The practitioner shall have ten (10) days to submit a written statement in his or her own behalf, in which those factual and procedural matters with which there is disagreement, and the reason for such disagreement shall be specified. This written statement also may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the PHF Governing Board, through the PHF CEO, by certified mail, return receipt requested, at least ten (10) days prior to the scheduled date for the appellate review. A similar statement may be submitted by the PHF Medical Practice Committee or by the chair of the hearing committee appointed by the PHF Governing Board, and if submitted, the PHF Medical Director shall provide a copy thereof to the practitioner at least ten (10) days prior to a hearing date of such appellate review by certified mail, return receipt requested.
- f. The PHF Governing Board or its appointed review committee shall act as an appellate body. It shall review the record created in the proceedings, and shall consider the written statements submitted pursuant to paragraph “e” above for the purpose of determining whether the adverse recommendation or decision against the affected practitioner was justified and was not arbitrary or capricious. If oral argument is requested as part of the review procedure, the affected practitioner shall be present at such appellate review, shall be permitted to speak against the adverse recommendation or decision, and shall answer questions put to him or her by any member of the appellate review body.
- g. New or additional matters not raised during the original hearing or in the hearing committee report, not otherwise reflected in the record, shall only be introduced at the appellate review under unusual circumstances, and the PHF Governing Board or the committee thereof appointed to conduct the appellate review shall in its sole discretion determine whether such new matter shall be accepted.
- h. If the appellate review is conducted by the PHF Governing Board, it

may affirm, modify, or reverse its prior decision or, at its discretion, refer the matter back to the PHF Medical Practice Committee for further review and recommendation within thirty (30) days. Such referral may include a request that the PHF Medical Practice Committee arrange for a further hearing to resolve specified disputed issues.

- i. If the appellate review is conducted by a committee of the PHF Governing Board, such committee shall, within fifteen (15) days after the scheduled or adjourned date of the appellate review, either make a written report recommending that the PHF Governing Board affirm, modify, or reverse its prior decision, or refer the matter back to the PHF Medical Practice Committee for further review and recommendation within thirty (30) days. Such referral may include a request that the PHF Medical Practice Committee arrange for a further hearing to resolve disputed issues. Within thirty (30) days after receipt of such recommendation after referral, the committee shall make its recommendation to the PHF Governing Board as above provided.
- j. The appellate review shall not be deemed to be concluded until all of the procedural steps provided in this Section 7 have been completed or waived.

Section 8 – Final Decision by the PHF Governing Board

- a. Within fourteen (14) days after the conclusion of the appellate review, the PHF Governing Board shall make its final decision in the matter and shall send notice thereof to the PHF Medical Practice Committee and, through the PHF CEO, to the affected practitioner, by certified mail, return receipt requested. If the decision is in accordance with the PHF Medical Practice Committee's last recommendation in the matter, it shall be immediately effective and final, and shall not be subject to further hearing or appellate review. If this decision is contrary to the PHF Medical Practice Committee's last such recommendation, the PHF Governing Board shall refer the matter to a Joint Conference Committee for further review and recommendation within fourteen (14) days, and shall include in such notice of its decision a statement that a final decision will not be made until the Joint Conference Committee's recommendation has been received. At its next meeting after receipt of the Joint Conference Committee's recommendation, the PHF Governing Board shall make its final decision, with like effect and notice as first above provided in this Section 8.
- b. Notwithstanding any other provision of these Bylaws, no practitioner

shall be entitled as a right to more than one hearing and one appellate review on any matter which shall have been the subject of action by the PHF Medical Practice Committee or by the PHF Governing Board, or by a duly authorized committee of the PHF Governing Board, or by both.

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ARTICLE X: OFFICERS

Section 1 – Officers of the Medical Staff

The officers of the Medical Staff shall be: PHF Medical Director and Medical Director.

Section 2 – Qualifications of Officers

Officers must be members of the Active Medical Staff at the time of nomination and election and must remain members in good standing during their term of office. Failure to maintain status shall immediately create a vacancy in the office involved.

Section 3 – Election of Officers

- a. After adoption of these Medical Staff Bylaws by the PHF Medical Staff, the PHF Medical Director shall be elected. Nomination shall be made from the floor. Only members of the Medical Staff shall be eligible to vote.
- b. Thereafter, the PHF Medical Director shall be elected every two (2) years at the annual meeting of the Medical Staff. Only members of the Active Medical Staff shall be eligible to vote.
- c. Nominations shall be made from the floor at the time of the annual meeting.
- d. In the event one candidate does not receive a majority on the first ballot, the candidate receiving the fewest votes will be eliminated from each processing state until a majority of votes is obtained by one candidate.
- e. The Medical Director shall be appointed by the Psychiatric Health Facility CEO.
- f. The Medical Director shall not hold the office of PHF Medical Director

Section 4 – Term of Office

All officers excepting the Medical Director shall serve a two (2) year term from their election date or until a successor is elected, with the exception of officers elected following the first time approval of these Bylaws, who shall serve the two (2) year term and the additional months until the annual meeting is held. Officers shall take office on the first day of the Medical Staff year. The Medical Director shall serve as long as the Psychiatric Health Facility CEO continues the appointment.

Section 5 – Vacancies in Office

Vacancies in elective office during the Medical Staff year shall be filled through election by the Medical Staff.

Section 6 – Duties of Officers

a. The PHF Medical Director shall:

1. Act in coordination and cooperation with the Medical Director and Psychiatric Health Facility CEO in all matters of mutual concern within the facility.
2. Call, preside over, and be responsible for the agenda of all general meetings of the Medical Staff.
3. Serve as Chair of the PHF Medical Practice Committee.
4. Serve as ex-officio member of all other Medical Staff committees without vote.
5. Be responsible for the enforcement of Medical Staff Bylaws, Rules and Regulations, for implementation of sanctions where these are indicated, and for the Medical Staff's compliance with procedural safeguards in all instances where corrective action has been requested against a practitioner.
6. Represent the views, policies, needs and grievances of the Medical Staff to the Medical Director and the Psychiatric Health Facility CEO.
7. Receive and interpret the policies of the Department to the Medical Staff and report to the Psychiatric Health Facility CEO on the performance and maintenance of quality with respect to the Medical Staff's delegated responsibility to provide medical care.
8. Be responsible for the educational activities of the Medical Staff.
9. Act as a spokesman for the Medical Staff in its external professional responsibilities.
10. Appoint chairs and members of all Medical Staff Committees.
11. Establish and appoint members to special committees.

b. The Medical Director shall:

1. Act on behalf of the Psychiatric Health Facility CEO in the overall professional management of the facility.
2. Advise the Psychiatric Health Facility CEO and the facility administration concerning professional management of the facility.

3. Attend standing committee meetings as defined in Article X of these Bylaws and coordinate the activities of the committee.
4. Enforce all Medical Staff Bylaws, Rules and Regulations.
5. Enforce disciplinary actions against members of the Medical Staff after proper consideration of such actions according to these Bylaws, Rules and Regulations.

Section 7 – Removal of Elected Officers

Removal of elected Medical Staff officers may be initiated by a two-thirds majority of voting members of the Medical Staff. Such removal shall not be effective unless ratified by the PHF Medical Practice Committee and by the Psychiatric Health Facility CEO.

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ARTICLE XI: STANDING COMMITTEES

Section 1 – Committee Structure

- a. There shall be two (2) basic types of standing committees of the Medical Staff: permanent and special.
- b. Standing committees are those committees established by these Bylaws, which function throughout the year and automatically continue to function during each Medical Staff year. The standing committees are the PHF Medical Practice Committee (which performs the Utilization Review function, Pharmacy and Therapeutics function, Credentialing/Privileging function, and the Infection Control function) and Quality Assessment and Performance Improvement Committee.
- c. Special committees are those committees established by the PHF Medical Director to serve such functions and perform such duties as the PHF Medical Director may direct. Special committees shall report to the PHF Medical Practice Committee, and they shall automatically be dissolved upon completion of their duties and functions. Members of special committees shall be appointed by the PHF Medical Director.

Section 2 – Committee Meetings and Reports

- a. **Regular Meetings** – Committees may, by resolution, provide the time for holding regular meetings without notice other than such resolution.
- b. **Special Meetings** – A special meeting of any committee may be called at the request of the chair of the committee, by the PHF Medical Director, or by one-third of the committee's members, but not less than two members.
- c. **Notice of Meetings** – Written or oral notice stating the place, day, and hour of any special meeting or of any regular meeting not held pursuant to resolution shall be given to each member of the committee not less than twenty-four (24) hours before the time of such meeting, by the person or persons calling the meeting.
- d. **Quorum** – Fifty (50) percent of a committee, but not less than two members, shall constitute a quorum at any meeting. Ex-officio members of a committee shall not be counted in determining the existence of a quorum.
- e. **Minutes** – Minutes of each regular and special meeting of a committee shall be prepared. Minutes shall include: a record of the attendance of members, findings, conclusions, recommendations and actions taken on each matter. The minutes shall be approved and signed by the chair and are available in the Administrative Office for review. After approval has been obtained, contents of minutes shall be forwarded to the PHF Medical Practice Committee. Each committee shall maintain a permanent file of the minutes of each meeting.

f. **Attendance Requirements** – Committee members are expected to attend all committee meetings, unless excused for an acceptable cause by the committee chair. Each committee member shall be required to attend not less than fifty (50) percent of all committee meetings in each year. The failure to meet the foregoing annual attendance requirements, unless excused by the committee chair for good cause shown, shall be grounds for corrective action.

g. **Procedural Rules** – Robert’s Rules of Order shall be used as the guideline for rules of procedure in all Medical Staff meetings.

h. **Annual Report** – Each standing committee shall prepare an annual report detailing its goals and accomplishments, in a format determined by the PHF Medical Director, to be submitted to the PHF Medical Director for presentation at the annual meeting of the Medical Staff and the PHF Medical Practice Committee.

Section 3 – PHF Medical Practice Committee

a. **Composition:** The Medical Practice Committee shall function as the PHF Executive Committee. Membership in the PHF Medical Practice Committee shall consist of the, PHF Medical Director, and one additional member of the Medical Staff. Physicians must be in the majority. The PHF Medical Director shall serve as chair.

b. **Duties:**

1. To represent and to act on behalf of the Medical Staff regarding issues of importance to the provision and quality of patient care.
2. To coordinate the activities and general policies of the facility.
3. To receive and act upon **committee reports**.
4. To implement policies of the Medical Staff.
5. To provide liaison between the Medical Staff and the Psychiatric Health Facility CEO.
6. To make recommendations on facility management matters to the Psychiatric Health Facility CEO.
7. To fulfill the Medical Staff’s responsibility to the PHF Governing Board for the medical care rendered to patients in the facility.
8. To ensure the Medical Staff is informed of the accreditation status of the facility.
9. To review the credentials of all applicants for staff membership and delineation of clinical privileges, and make recommendations to the PHF Governing Board about appointments and privileging .

10. To periodically review all information available regarding the performance and clinical competence of staff members and other practitioners with clinical privileges and as a result of such reviews, to make recommendations for reappointments and renewal or changes in clinical privileges.

11. To take reasonable steps to ensure professional ethical conduct and competent clinical performance on the part of all members of the Medical Staff, including the initiation of, and participation in, Medical Staff corrective or review measures when warranted.

12. To report a summary of its activities at the general Medical Staff meetings.

13. To initiate and pursue corrective action when warranted in accordance with these Bylaws, Rules and Regulations.

14. To ensure an effective assessment and performance improvement program.

15. To act on behalf of the Medical Staff between Medical Staff meetings.

c. **Meetings:** The PHF Medical Practice Committee shall meet at least quarterly.

Section 4 – Utilization Review Function

The Utilization Review function will be conducted by the PHF Medical Practice Committee. Duties of this function include:

1. Conducting routine utilization review studies designed to evaluate the appropriateness of admissions to the facility, length of stay, discharge practices, use of medical and facility services and all related factors, which may contribute to the effective utilization of facility and physician services. Specifically, there will be analysis of how under-utilization and over-utilization of each of the facility's services affects the quality of patient care and obtain criteria relating to average or normal lengths of stay by specific disease categories, and shall evaluate systems of utilization review employing such criteria. Consideration also will be given toward the assurance of proper continuity of care upon discharge through, among other things, the accumulation of appropriate data on the availability of other suitable health care facilities and services outside the facility. In performing this function, the PHF Medical Practice Committee shall communicate the results of its studies and other pertinent data to the entire Medical Staff and shall make recommendations for the optimal utilization of facility resources and facilities commensurate with quality of patient care and safety.

2. The Utilization Review function shall also formulate a written utilization review plan for the facility. Such plan, as approved by both the Medical Staff and the Psychiatric Health Facility CEO, must be in effect at all times and must include all of the following elements:

- .
- Frequency of meetings.
- The types of records to be kept.
- The method to be used in selecting cases on a sample or other basis.
- The definition of what constitutes the period of extended duration.
- The relationship of the utilization review plan to the claims administration by a third party.
- Arrangement for committee reports and their dissemination.
- Responsibilities of the facility's administrative staff in support of utilization review.

The Utilization Review function shall be reviewed at least quarterly.

Section 5 – Pharmacy and Therapeutics Function

The Pharmacy and Therapeutics function will be conducted by the PHF Medical Practice Committee. Duties of this function include:

1. Development and surveillance of all drug utilization policies and practices within the facility in order to assure optimum clinical results and a minimum potential for hazard. Additional responsibilities include assisting in the formulation of broad policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, safety procedures and all other matters relating to drugs in the facility. It shall also:

- ◇ Serve as an advisory group to the facility Medical Staff and the pharmacist on matters pertaining to the choice of available drugs.
- ◇ Make recommendations concerning drugs to be stocked on the nursing unit.
- ◇ Develop and review periodically, a formulary or drug list for use in the facility.
- ◇ Prevent unnecessary duplication in stocking drugs and drugs in combination having identical amounts of the same therapeutic ingredients.

- ◇ Evaluate clinical data concerning new drugs/preparations requested for use in the facility.
- ◇ Establish standards concerning the use of, and control of, investigational drugs and research in the use of recognized drugs.
- ◇ Conduct an ongoing antibiotic utilization review including specific record reviews referred to the committee by the Infection Control Officer, and to take corrective actions as indicated.
- ◇ Review all serious untoward drug reactions which have had a detrimental impact on patients.
- ◇ A pharmacist shall review the drug regimen of a minimum of six (6) patients monthly and prepare a report to be submitted to the PHF Medical Practice Committee.

The Pharmacy and Therapeutics function shall be reviewed at least quarterly.

Section 6 – Infection Control Function

a.

The Infection Control function will be conducted by the PHF Medical Practice Committee. Duties of this function include:

- ◇ To define, classify, and report nosocomial infections.
- ◇ To evaluate, record, and report infection among patients and employees.
- ◇ To develop, review, and enforce written policies and procedures defining specific indications for the isolation of patients.
- ◇ To perform concurrent and retrospective patient care evaluation studies relating to infections, including specific case reviews.
- ◇ To develop, and periodically revise, a facility-wide infection control manual.
- ◇ To develop, revise, and conduct an employee health program.
- ◇ To provide for the orientation of new employees to the facility procedure for infection control and personal hygiene.
- ◇ To provide, document, and review in-service education relating to infection.
- ◇ To periodically review cleaning procedures, agents, and schedules and approve any major changes.

- ◇ To review and evaluate all aseptic and sanitation techniques used in the facility.
- ◇ To conduct surveillance, preventive, and control procedures relating to the inanimate facility environment.
- ◇ To provide and revise forms for the collection and collation of relevant data.
- ◇ To provide for necessary laboratory support of microbiological and serological nature.
- ◇ To coordinate with staff supporting the Pharmacy and Therapeutics function regarding antibiotic utilization reviews.
- ◇ To periodically evaluate facility systems for disposal of liquid and solid wastes.
- ◇ To evaluate ventilation patterns in all areas of the facility especially seclusion areas.
- ◇ To take corrective action as indicated by its own reviews and by the Quality Control Management Program of the facility.

The Infection Control function will be reviewed at least quarterly.

Section 7 – Quality Assessment and Performance Improvement Committee

a. Composition: Voting membership shall include one member of the Active Medical Staff, PHF Medical Director, PHF Facility Manager, Medical Records Supervisor, PHF Nursing Supervisor, Quality Control Manager, Patient's Rights Representative, PHF Director of Social Services, PHF Team Supervisor and a Quality Control Coordinator.

b. Duties:

- ◇ To assure coordination and integration of all quality assessment activities.
- ◇ To identify, assess, and prioritize problem areas which have potential for improvement.
- ◇ To suggest solutions for problems to appropriate facility authorities, committees, and staff overseeing functions.
- ◇ To monitor and evaluate the results of problem solving activities.
- ◇ To perform certain special reviews, in a search for recurring problems of patient care delivery, as required by the Quality Control

Management Program such as: liability claims, adverse effects, incident reports, complaints and suggestions.

- ◇ Peer review.
- ◇ To evaluate the Quality Assessment Program annually.
- ◇ To report on quality assessment activities to the PHF Medical Practice Committee, and the Psychiatric Health Facility CEO.

c. **Meetings:** The Quality Assessment and Performance Improvement Committee shall meet at least monthly.

Section 8 – Medical Staff Committee

a. The members of the Medical Staff Committee shall be every member of the Active Medical Staff and shall be chaired by the PHF Medical Director . All members of this committee are voting members.

b. The purpose of this committee shall be to problem solve for all areas of concern regarding medical or psychiatric treatment of patients in the facility, to review policy and procedure, and recommend adoption by the PHF Medical Practice Committee, and to conduct other duties as determined pertinent by the Committee.

c. Meetings:

1. The Medical Staff Committee shall meet at least quarterly.

2. The Medical Staff Committee meeting preceding the close of the Medical Staff year shall be the annual meeting at which election of officers for the ensuing period shall be conducted. The Medical Staff year shall begin on July 1st of each year and end on June 30th of the following year.

ARTICLE XII: MEETINGS OF THE COMMITTEES OF THE MEDICAL STAFF

Section 1 – Regular Meetings

Regular general Medical Staff Services Committee meetings shall be held quarterly to review and evaluate the performance of staff and to consider and act upon committee reports. The Services Committees of the Medical Staff are: PHF Medical Practice Committee and Quality Assessment and Performance Improvement Committee.

Section 2 – Special Meetings

a. The PHF Medical Director or the PHF Medical Practice Committee may call a special meeting of a Medical Staff Services Committee at any time. The PHF Medical Director must call a special meeting within fourteen (14) days after a receipt of a written request for same signed by not less than one-fourth of the Active Medical Staff and stating the purpose of such meeting. The PHF Medical Practice Committee shall designate the time and place of any special meeting.

b. Written or printed notice stating the place, day, and hour of any special meeting shall be delivered, either personally, by regular mail, or by e-mail to each member of the Active Staff not less than five (5) nor more than fifteen (15) days before the date of such meeting by, or at the discretion of, the PHF Medical Director or other persons authorized to call the meeting. If mailed, the notice of the meeting shall be deemed delivered when deposited, postage paid, in the United States mail addressed to each staff member's address as it appears on the records of the facility. Notice may also be given to members of other Medical Staff categories who have so requested. The attendance of a member of the Medical Staff at a meeting shall constitute waiver of notice of such meeting. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

Section 3 – Agenda

- a. The agenda at any regular general Medical Staff Committee Meeting may:
1. Call to Order.
 2. Approval of the agenda.
 3. Approval of minutes of previous regular meeting and any special meetings held since previous regular meetings.

4. Communications.
5. Old Business.
6. Medical Director's report.
7. PHF Medical Director's report.
8. Reports of Medical Staff Services Committees.
9. New business (including elections when appropriate).
10. Summary of the Continuous Quality Improvement activities.
11. Adjournment.

b. The agenda at special meetings shall be:

1. Reading of the notice calling the meeting.
2. Transactions of business for which the meeting was called.

3. Adjournment.

c. The agenda at Medical Staff Services Committee meetings may:

1. Call To Order.
2. Approval of Agenda.
3. Approval of Minutes of past meetings.
4. Communications.
5. Old Business.
6. New Business.
7. Adjournment.

Section 4 – Special Attendance Requirements

A practitioner whose patient's clinical course is scheduled for discussion at a regular Medical Staff meeting shall be notified and shall be expected to attend such meeting. Whenever apparent or suspected deviation from clinical practice is involved, the notice to the practitioner shall so state, shall be given by certified mail, return receipt requested, and shall include a statement that attendance at the meeting, at which the alleged deviation is to be discussed, is mandatory.

Failure by a practitioner to attend any meeting when given notice that attendance was mandatory, unless excused by the PHF Medical Practice Committee upon showing of good cause, shall result in an automatic suspension of all, or such portion of, the practitioner's clinical privileges as the PHF Medical Practice Committee may direct, and such suspension shall remain in effect until the matter is resolved through any mechanism that may be appropriate, including corrective action, if necessary. In all other cases, if the practitioner shall make a timely request for postponement supported by an adequate showing that absence will be unavoidable, such presentation may be postponed by the President of the Medical Staff or by majority vote of the PHF Medical Practice Committee if the PHF Medical Director is the practitioner involved, until not later than the next meeting; otherwise the pertinent clinical information shall be presented and discussed as scheduled.

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ARTICLE XIII: RULES AND REGULATIONS

The Medical Staff shall adopt each Rule and Regulation as may be necessary to implement more specifically the general principles found within these Bylaws, subject to the approval of the PHF Governing Board. These shall relate to the proper conduct of Medical Staff organizational activities as well as embody the level of practice that is to be required of each practitioner in the facility. Such Rules and Regulations shall be a part of these Bylaws, except that they may be amended or repealed at any regular meeting at which a quorum is present and without previous notice or at any special meeting on notice, by a two-thirds vote of those present of the active Medical Staff. Such changes shall become effective when approved by the PHF Governing Board.

ARTICLE XIV: AMENDMENTS

These Bylaws may be amended after submission of the proposed amendment at any regular or special meeting of the Medical Staff. A proposed amendment shall be referred to a special committee which shall report on it at the next regular meeting of the Medical Staff or at a special meeting called for such purpose. To be adopted, an amendment shall require a two-thirds majority vote of the Active Medical Staff members present. Amendments so made shall be effective when approved by the PHF Governing Board.

ARTICLE XV: ADOPTION

These Bylaws, together with the appended Rules and Regulations, shall be adopted at any regular or special meeting of the Active Medical Staff and shall replace any previous Bylaws, Rules and Regulations. These Bylaws, Rules and Regulations shall become effective when approved by the PHF Governing Board of the facility.

ARTICLE XVI: CONFLICT WITH LAWS

In the event of a conflict between the provision of these Bylaws and any other County ordinance or state or federal law or regulation, the provision with the higher standard of care will prevail. No provision of these Bylaws shall be construed as to supersede any Personnel Policy of the County of Santa Barbara.

SANTA BARBARA COUNTY DEPARTMENT OF BEHAVIORAL WELLNESS

Rule 1 – Medical Staff of the Psychiatric Health Facility Rules and Regulations

1. All orders for treatment shall be in writing. An order shall be considered to be in writing if dictated to a licensed staff member and signed within 24 hours by the physician ordering the treatment or the next physician assuming care of the patient. Orders dictated over the telephone shall be signed by the licensed staff to which it was dictated and shall be counter-signed within 24 hours and dated by the physician ordering the treatment or the next physician assuming care of the patient.
2. Only those symbols and abbreviations which have been approved by the Medical Staff and have an explanatory legend shall be used.
3. Patients may be admitted only by physicians who have been duly appointed to the Medical Staff.
4. Each patient admitted to Psychiatric Health Facility shall have a completed medical history and physical examination within 24 hours of admission. This requirement may also be met if a medical history and examination was completed within 30 days prior to admission and the documentation of that medical history and examination is in the patient's chart within 24 hours of admission. An interim note must be placed in chart outlining any changes since prior exam.
5. A Psychiatric Evaluation shall be completed within 24 hours of admission, utilizing the approved Psychiatric Evaluation format.
6. Preliminary Interdisciplinary Treatment Plan shall be prepared within 24 hours of admission to Psychiatric Health Facility, and shall be signed and dated by the appropriate disciplines. The Master Interdisciplinary Treatment Plan shall be prepared within 72 hours of admission to Psychiatric Health Facility, and shall be signed and dated by the appropriate disciplines.
7. Psychiatric progress notes shall be written on each patient daily. Patients on administrative status require a psychiatric progress **not at least weekly**.
8. A Discharge Summary utilizing the currently approved format shall be dictated and signed by the discharging physician within 14 days of discharge from Psychiatric Health Facility.
9. Restraint and Seclusion procedures and documentation shall be conducted as defined in the current Restraint and Seclusion policy and procedure.

10. A member of the Active Medical Staff shall be available by telephone at all times for emergencies as defined in current policy and procedure.

11. Discharge Planning is initiated at the time of admission. The Medical Staff and Social Service staff shall be involved collaboratively.

12. Physicians will take call as assigned, consistent with the Policy and Procedures governing weeknight on-call Psychiatrists.

13. Prior to transfer, the admission of all patients must be approved by a member of the Active Medical Staff.

14. The Medical Staff shall code all diagnoses with the appropriate, most recent edition, DSM numeric code and narrative, and shall designate the primary diagnosis.

15. The Medical Staff shall participate in the Quality Assurance monitoring of this facility.

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Rule 2 – Standards of Conduct

Section 1- Purpose

The purpose of this Rule is to clarify the provisions of Section 3.5 of the Medical Staff Bylaws, regarding expectations of all practitioners during any and all interactions with persons at the PHF, whether such persons are colleagues, other health care professionals, Santa Barbara County employee, patients and/or other individuals. The Rule is intended to address conduct which does not meet the professional standards expected of Medical Staff members. In dealing with incidents of inappropriate conduct, the protection of patients, employees, practitioners and other persons at the hospital is the primary concern. In addition, the well-being of a practitioner whose conduct is in question is also of concern, as is the orderly operation of the hospital.

Section 2 - Examples of Inappropriate Conduct

Examples of common inappropriate conduct include, but are not limited to, the following:

2.2-1 Verbal Abuse: Verbal abuse is usually in the form of vulgar, profane or demeaning language, screaming, sarcasm or criticism directed at an individual, having the intent or effect of lowering the recipient's reputation or self-esteem. It is often intimidating to the recipient, and often causes the recipient or others around him or her to become ineffective in performing their responsibilities (e.g., the individuals become afraid or unwilling to question or to communicate concerns, or to notify or involve either the involved practitioner or others when problems occur). This kind of conduct becomes disruptive at the point where it reaches beyond the bounds of fair professional comment or where it seriously impinges on staff morale.

2.2-2 Noncommunication: Refusal to communicate with responsible persons can be extremely disruptive in the patient care setting. This kind of behavior often results from individual fighting or feuding, or lack of trust. It becomes disruptive at the point where important information should be communicated, but is not. Closely related are incomplete or ambiguous communications. This becomes disruptive when it diverts patient care resources into having to devote substantial and unnecessary time obtaining follow-up clarification.

2.2-3 Refusal to return calls: Refusing to return telephone calls from the facility staff can be another form of the problem. Often this type of behavior is a result of what a practitioner feels are repeated, inappropriate phone calls from the facility's staff. However, unless a phone call is returned, the practitioner cannot know the urgency of the matter. The problem becomes disruptive at the point where patient care is placed in unnecessary jeopardy, or when matters that were not initially urgent, and needn't have become urgent, become so as a result of a refusal to return calls.

2.2-4 Inappropriate communication: It is inappropriate to criticize the facility, its staff, or professional peers outside of official problem-solving and peer review channels. This includes written or verbal derogatory statements to an inappropriate audience, such as patients and families, or statements placed in the medical records of patients. These kinds of communications indiscriminately undermine morale and reputation of the facility and its staff, and contribute to inaccurate perceptions of facility quality.

2.2-5 Failure to comply: Failure to comply with the bylaws, policies and procedures of the Medical Staff and the facility can be inadvertent, or it can be willful. Willful failure to comply – i.e., refusal to comply – with rules becomes disruptive at the point that it places the Medical Staff or the facility in jeopardy with respect to licensing or accreditation requirements, complying with other applicable laws, or meeting other specific obligations to patients, potential patients and facility staff. Specific examples include:

- a. Refusing to provide information or otherwise cooperate in the peer review process (e.g., refusing to meet with responsible committee members, refusing to answer reasonable questions relevant to the evaluation of patient care rendered in the facility, especially when coupled with an attitude that the responsible committee has no right to be questioning or examining the matter at hand).
- b. Refusing to provide information necessary to process the facility's or a patient's paperwork. The facility, its patients and their families have a right to expect timely and thorough compliance with all requirements of the facility, third party payors, regulators, etc., as necessary to assure smooth functioning of the facility and that patients receive the benefits to which they are entitled.

- c. Violating confidentiality rules – e.g., disclosing confidential peer review information outside the confines of the formal peer review process.⁴ This has the effect of undermining the peer review process, and jeopardizing important protections that often serve as inducements to assuring ongoing willingness to participate in peer review activities
- d. Refusing to comply with established protocols and standards, including, but not limited to, utilization review standards. Here, it is recognized that from time to time established protocols and standards may not adequately address a particular circumstance, and deviation is necessary in the best interests of patient care. However, in such circumstances, the member will be expected to account for the deviation, and in appropriate circumstances, to work cooperatively and constructively toward any necessary refinements of protocol or standards so as to avoid unnecessary problems in the future.
- e. Refusing to participate in or meet Medical Staff obligations can be disruptive when it reaches the point that the individual's refusal obstructs or significantly impairs the ability of the Medical Staff to perform its delegated responsibilities – all of which, in the final analysis, are aimed at facilitating quality patient care.
- f. Repeatedly abusing or ignoring scheduling policies, or reporting late for scheduled appointments resulting in unnecessary delays in or hurrying of patient care services being rendered to any patient of the facility.
- g. Sexual harassment – unwelcome comments or contacts of a sexual nature or characterized by sexual overtones, whether overt or covert, are both illegal and disruptive.

⁴ This is not to suggest that individual staff members should not speak up if they feel there are shortcomings in other's performance or in the quality of care being rendered in the facility that are not being effectively responded to by the individual(s) in charge. In such instances, the proper reporting would be to the next higher step in the process (e.g., if a supervisor is not effectively dealing with a matter, the Medical Director or facility administrator should be notified; if the Medical Director is not effectively dealing with a matter, the PHF Governing Board's designated representative (usually the CEO) should be contacted; if the CEO is not effectively dealing with a matter, the Chair of the PHF Governing Board should be contacted. All contacts should be factual and professional.

2.2-6 Physical abuse: Offensive or nonconsensual physical contact would generally be deemed disruptive, as would intentional damage to facility premises or equipment.

2.2-7 Threatening behavior: Threats to another's employment or position, or otherwise designed to intimidate a person from performing his or her designated responsibilities or interfering with his or her well-being are generally disruptive. Examples include threats of litigation against peer review participants or against persons who report concerns in accordance with established reporting channels, and threats to another's physical or emotional safety or property.

2.2-8 Combative behavior: Combative behavior refers to that which is constantly challenging, verbally or physically, legitimate and generally recognized authority or generally recognized lines of professional interaction and communication. It becomes disruptive at the point that it results in an inability to acknowledge or to deliver constructive comments and criticism.

Section 3 - Procedures

2.3-1 Reporting: Any person may report potentially disruptive conduct in accordance with the PHF's usual reporting procedures. The recipient of a disruptive conduct complaint shall submit each report to the PHF Medical Director for assessment. The PHF Medical Director may agree to delegate the assessment and any action to an appropriate committee.

2.3-2 Assessment

- a. The PHF Medical Director, or designated committee, shall ensure that appropriate documentation of each incident of disruptive conduct is acquired in order to facilitate the assessment process. Such documentation shall include:
 1. Date, time and location of the reported disruptive behavior.
 2. A statement by the reporting individual of whether the behavior involved a patient in any way, and, if so, information identifying the patient involved.
 3. The reporter's account of the circumstances that precipitated the situation.

4. A factual and objective description of the reported disruptive behavior.
 5. To the extent known to the reporter, the consequences, if any, of the disruptive behavior as it relates to patient care or hospital operations.
 6. The names of other witnesses to the incident.
 7. A record of any action taken to address the situation, prior to the Medical Staff's assessment as required by the Code of Conduct, including the date, time, place, action and name(s) of those taking such an action.
 8. Name and signature of the individual reporting the complaint.
- b. The PHF Medical Director or designated committee shall conduct an appropriate assessment for each matter reported.
 - c. If the report of inappropriate conduct is anonymous, then, the PHF Medical Director or designated committee shall exercise discretion as to whether or not to assess the matter.
 - d. The assessment shall take place within 21 calendar days from receipt of a report of inappropriate conduct.
 - e. The practitioner shall be advised that any retaliation against the reporting person, whether the identity is disclosed or not, will be grounds for immediate disciplinary action pursuant to these Bylaws.

2.3-3 Action

- a. **Unfounded Report:** Based on the assessment, the PHF Medical Director or designee shall dismiss any unfounded report by providing a written explanation of the evidence supporting this conclusion. The report shall be maintained in the Medical Staff member's file with the original complaint. The individual who initiated the report of the decision shall be

notified of the decision.

- b. **Confirmed Report:** A confirmed report will be addressed as follows: PHF Medical Director, or designee, shall consider a number of variables to determine how best to address each incident of disruptive behavior. These variables shall include, but not be limited to:

1. Degree of disruptiveness
2. Number of incidents (i.e., pattern of disruptive behavior over time)
3. Length of time between incidents of disruptive behavior, if multiple incidents have occurred.
4. A single, confirmed incident warrants a discussion with the offending practitioner, the PHF Medical Director or designee shall initiate such discussion and emphasize that such conduct is inappropriate and must cease. The initial meeting should be an attempt to be educational and helpful to the practitioner.

- c. **Plan for Addressing Disruptive Behavior:** Relying on the variables described above as well as the overall intent of Bylaws, **Section 2.7**, Standards of Conduct, The PHF Medical Director or the designated committee, shall document a plan for addressing the disruptive behavior. The copy of the plan shall be included in the individual's file. The plan shall include item (1) below and may include any portion or all of items (2) and (3) below:

1. The PHF Medical Director, or designee, shall send a letter to the offending individual that describes the inappropriate conduct, explains that the behavior is in violation of Bylaws, **Section 2.7**, Standards of Conduct, notes any patient care or operations implications, explains why the behavior in question is inappropriate, encourages the individual to be more thoughtful or careful in the future, invites the individual to respond, and makes clear that attempts to confront, intimidate, or otherwise retaliate against the individuals who reported the behavior in question is a violation of this Rule and grounds for further disciplinary action. A copy of Bylaws, **Section 2.7**, Standards of Conduct, and this

Rule should be included with the letter. Documentation of both the letter and the individual's response should be included in the individual's file.

2. The PHF Medical Director or the designated committee, and any other number of appropriate participants from the Medical Staff and PHF Governing Board, shall initiate and discussion with the offending individual to discuss the inappropriateness of his or her behavior and require that such behavior cease. A copy of Bylaws, **Section 2.7**, Standard of Conduct, and this Rule may be hand delivered to the offending individual and he or she should be advised that the Medical Staff requires compliance with the Bylaws, Each individual or a designated member of a group, (if the group meets with the offending individual), shall send a follow-up letter documenting the content of the discussion and any specific action that offending individual has agreed to perform. The offending individual should be invited to respond. This letter and any response will be included in the individual's file.
3. The plan may incorporate additional components, including, but not limited to:
 - i. Warning the offending individual that failure to abide by the terms of this Standards of Conduct shall be grounds for disciplinary action including, but not limited to, suspension and/or actual termination of Medical Staff membership.
 - ii. Notifying one or all of the following individuals of the member's disruptive behavior and any relevant history relating to the member: PHF Medical Director, PHF Medical Practice Committee and Chief Executive Officer.
 - iii. Requiring the offending individual to agree to specific corrective actions aimed at eliminating that individual's disruptive behavior. Suggested actions are counseling, leave of absence, written apologies, courses or programs specific to the behavior trait (i.e., anger management), or

requiring the offending individual to sign a behavior modification contract. The PHF Medical Director or designated committee shall document any corrective action and require the offending individual to sign his or her acceptance of this plan. The plan may clearly delineate the consequences for the offending individual not successfully completing the agreed upon corrective action.

- iv. In appropriate circumstances, the plan may provide for immediate suspension and/or action to terminate Medical Staff membership without need of further warning or counseling.

2.3-4 Final Warning: If the PHF Medical Director or designated committee determines that the plan has been unsuccessful, the PHF Medical Practice Committee shall be informed in writing of the offending individual's disruptive behavior, including any relevant history regarding this behavior, and advise the PHF Medical Practice Committee to proceed with a final warning. If the PHF Medical Practice Committee determines that the offending individual deserves a final warning, the PHF Medical Director/designees or PHF Medical Director/designee shall meet with and advise the offending individual that the disruptive behavior in question is intolerable and must stop. The PHF Medical Director/designee or PHF Medical Director/designee will inform the individual that a single recurrence of disruptive behavior shall be sufficient cause to result in his/her suspension and/or termination of Medical Staff membership. This meeting shall not be a discussion, but rather will constitute the offending individual's final warning. The offender will also receive a follow-up letter that reiterates the final warning and the consequence of suspension and possible termination of Medical Staff membership and privileges.

2.3-5 Suspension: If after the final warning the offending individual engages in disruptive behavior that is deemed to require intervention, the individual's Medical Staff membership and privileges shall be subject to suspension consistent with the terms of the Medical Staff Bylaws and policies and procedures. Additional action may also be taken at this time. Action may be taken to revoke the individual's membership and privileges. The individual may also be found ineligible to reapply to the Medical Staff for a period of at least two years.

2.3-6 Consequences of a Member's Failure to Comply with the Standards of Conduct: Members who do not act in accordance with the Standards of Conduct shall be subject to corrective action and/or disciplinary action, up to and including termination of membership and privileges, pursuant to the Bylaws. Any recommendation to restrict or restriction of Member's membership or privileges shall entitle the member to the medical disciplinary or administrative hearing procedures set for the Bylaws.

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