

DEPARTMENT OF PSYCHIATRY
RULES AND REGULATIONS

ARTICLE I - Name

The name of this clinical department shall be the "Department of Psychiatry" of the Medical Staff of Washington Adventist Hospital.

ARTICLE II - Purpose

- II-1 To maintain standards of professional medical care for patients at Washington Adventist Hospital and to provide a means of education, representation, and organization for physician specialists in Psychiatry within the general medical staff.
- II-2 To provide a means whereby issues of a medical or administrative nature within the department may be discussed by the department membership.
- II-3 To initiate and maintain rules and regulations for effective government of the department.
- II-4 To maintain the performance of all physician members through a comprehensive delineation of privileges and an on-going review and evaluation of the quality of patient care rendered by this department.

ARTICLE III - Membership

- III-1 Obligations
 - a. A member of the Department of Psychiatry is obligated to provide continuous care and supervision of his/her patients;
 - b. To abide by the departmental rules and regulations;
 - c. To accept and faithfully discharge departmental assignments as defined by the Bylaws of the Medical Staff;
 - d. To participate in fulfilling the requirements for providing emergency care as defined by the Bylaws of the Medical Staff.
 - e. If the patient is not admitted, to provide at least one office visit to patient referred by the emergency department when on call for the Department of Psychiatry. The

emergency department physician may refer the patient directly to the appropriate County Health Systems/Resources or Crisis Center.

- f. Orders for seclusion or restraints are to be time limited by the attending physician. (Nursing will be responsible for documenting indications in the progress notes.)
- g. A psychiatrist may not admit/transfer a patient to the Medical or Surgical Service. There is to be a transfer of care to a non-psychiatric physician with privileges to admit/transfer to the Medical or Surgical Service.

III-2 Qualifications of Membership

A practitioner applying for membership and clinical privileges in the Department of Psychiatry must be a Diplomate or have achieved an Active Candidate status with the American Board of Psychiatry and Neurology.

Effective December 13, 1991, a practitioner who has achieved an Active Candidate Status with the American Board of Psychiatry and Neurology at the time his/her initial membership and clinical privileges are granted by the Board of Directors must pass Part I of the certification examination within three (3) years from the date membership and clinical privileges are granted by the Board of Directors. Failure to pass Part I of the certification examination within the three (3) year time frame shall result in the immediate expiration of membership and clinical privileges, regardless of the duration of the current term of appointment, without any due process rights to challenge the expiration on these grounds.

The practitioner who has achieved an Active Candidate Status with the American Board of Psychiatry and Neurology at the time his/her initial membership and clinical privileges are granted by the Board of Directors, must attain board certification within five (5) years from that date.

Failure to attain board certification within the five (5) year time frame shall result in the immediate expiration of membership and clinical privileges, regardless of the duration of the current term of appointment, without any due process rights to challenge the expiration on these grounds.

A practitioner may reapply for membership and clinical privileges following evidence, as appropriate, of having passed Part I of the certification examination or attaining board certification by the American Board of Psychiatry and Neurology.

III-3 Membership Appointment Procedure

The applicant must:

- a. Submit Application for Privileges
- b. Submit signed Delineation of Privileges
- c. Be interviewed by the department chairman
- d. Be approved through standard Medical Staff procedures
- e. Meet, and continue to meet, the standards and requirements set forth in the Medical Staff Bylaws.

Peer recommendations shall be a part of the basis for the development of recommendations for membership and individual clinical privileges.

III-4 Reappointment Process

Members of the Department of Psychiatry must meet all the requirements of biennial reappointment as set forth in ARTICLE III, Section 6, of the Medical Staff Bylaws.

Peer recommendations shall be a part of the basis for the development of recommendations for reappointment and renewal of individual clinical privileges.

ARTICLE IV - Clinical Privileges

IV-1 Scope of Clinical Privileges

Appointment to the Department of Psychiatry shall confer on the appointee only such clinical privileges as have been recommended by the Medical Executive Committee and approved by the Board of Directors.

IV-2 Granting of Privileges

- a. Physicians requesting clinical privileges in the department shall so designate those privileges on the appropriate Delineation of Privileges form.
- b. Granting of Privileges shall be based on the following criteria:
 1. Education
 2. Training
 3. Experience
 4. Demonstrated Competence
 5. References

IV-3 Granting of Additional Privileges

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- a. Additional privileges may be requested by written application to the department chairman stating the privileges desired, relevant training and experience, and a resume of pertinent cases.
- b. Granting of additional privileges must follow standard Medical Staff procedure and be recommended by the Chair of the Department of Psychiatry and the Credentials Committee, and the Medical Executive Committee with ratification by the Board of Directors.

IV-4 Clinical Privileges for Clinical Psychologist Participating in the Multi-disciplinary Chronic Pain Program through the Rehabilitation Medicine Department

- a. Psychological Evaluations: Intellectual, personality, achievement, diagnostic interview, pain assessment (e.g. Chronic Pain Battery) and/or neuropsychological evaluation (for patients with concomitant trauma or neurological disorder).
- b. Individual and Group Psychotherapy for support, insight and/or to implement other approaches included herein.
- c. Marital and/or family therapy as these systems also are often affected by the patient's pain experience.
- d. Instruction in self management/self reinforcement pain management strategies such as distraction, relaxation exercise, guided imagery, and/or biofeedback for relaxation and/or instruction in muscle tension reducing exercise.
- e. Reinforcement of pain program goals such as monitoring of cause and effect cycles, pacing, importance of leisure, etc.

ARTICLE V - Officers & Duties

V-1 Officers of the Department are:

- a. The Chairman
- b. The Vice-Chairman
- c. The Secretary

V-2 Qualifications of Officers

- a. The chairman shall be a member of the Active Staff in good and regular standing, well qualified by training and experience, certified by his/her respective specialty board, with demonstrated ability for the position, and

shall be elected annually by the Active staff members of the department. The department chairman must be approved by the Medical Executive Committee and the Board of Directors. Election shall be by closed ballot.

- b. The vice-chairman must be a member of the Active staff in good and regular standing. He shall be elected annually by the Active staff members of the department through nominations from the floor and voted upon by either open or closed ballot.
- c. The secretary shall be a member of the Active staff in good and regular standing. He shall be elected annually by the Active staff members of the department through nominations from the floor and voted upon by either open or closed ballot.

V-3 Election of Officers

There shall be a department nominating committee, formed as follows:

- a. The two most immediate past chairmen of the department of whom the senior will be the chairman of the committee; or, if none are available the president of the Medical Staff may appoint a suitable substitute.
- b. Three Active attending physicians shall be elected at the July departmental meeting.

The departmental nominating committee shall meet and nominate one man whose name will be circulated to the Active members of the department at least four weeks prior to the September meeting of the department, at which time the election will be held.

Twenty percent of the Active members of the department may place another name in nomination by petition presented to the Medical Staff Office no less than two weeks prior to the date of the election. Thereafter, the nominations shall be closed. The name of the member off the department so nominated shall be posted and circulated to the Active members of the department no less than ten days prior to the election.

The term of service of the chairman of the department shall be limited to three consecutive years.

V-4 Duties of Officers

V-4.1 The duties of the chairman are as follows:

(See Medical & Dental Staff Bylaws, Article VII, Section 5, p.44, Responsibilities of Departmental Chairmen.)

V-4.2 The duties of the vice-chairman are as follows:

The vice-chairman shall serve as an alternate to the chairman of the department either when requested by the chairman or during the absence of the chairman. He shall assume the duties of the chairman and have his authority.

V-4.3 The duties of the secretary are as follows:

The secretary shall keep accurate and complete minutes of all departmental meetings and be responsible for initiating and recording official correspondence to the Department of Psychiatry. In addition, he shall perform such secretarial duties as may be delegated to him by the chairman.

V-5 Removal of Departmental Officers

The removal of departmental officers during their term of office may be initiated by a two-thirds majority vote of all Active Staff members of the department, but no such removal shall be effective until it has been ratified by the Medical Executive Committee and the Board of Directors.

ARTICLE VI - Departmental Committees

The chairman of the department shall appoint such committees as may be necessary to carry out the organization and functions of the department.

VI-1 Departmental Supervisory Committee

All disciplinary matters shall be brought before the departmental supervisory committee for consideration, action, and report to the membership.

The chairman, vice-chairman, and secretary of the department shall serve as a supervisory committee. The immediate past chairman of the department shall be an ex officio member of the supervisory committee.

The duties of the supervisory committee shall be to advise in the adoption and supervision of the general technique of the department, make suggestions to the Medical Executive Committee, consider disciplinary issues, receive suggestions from the staff and investigate complaints made by the staff members or the Board of Directors.

VI-2 Patient Care Review Committee

A committee comprised of Active/Associate physician members of the department shall be elected yearly to review patient care. This committee shall meet monthly and present its findings, conclusions, and recommendations to a full meeting of the department the following month.

VI-3 Departmental Nominating Committee

(See Article V-3, Election of Officers, of these Rules & Regulations)

ARTICLE VII - Consultations

VII-1 Consultations

(See Medical Staff Bylaws, General Section, Item #19, for Consultation requirements.)

ARTICLE VIII - Departmental Meetings

VIII-1 Frequency of Meetings

The department shall meet at least quarterly. Special meetings may be called by the department chairman or by four voting members submitting written requests to the department chairman.

VIII-2 Order of Business

- a. Call to Order
- b. Reading/approval of minutes of previous departmental meeting
- c. Candidates for membership and clinical privileges
- d. Report of Committees for Patient Care/Peer Review
- e. Unfinished Business
- f. New Business
- g. Adjournment

VIII-3 Presiding Officer

The chairman of the department shall preside at departmental meetings. The vice-chairman shall preside at any departmental meeting in the absence of the chairman or his designee.

VIII-4 Purpose of Meeting

- a. To review and evaluate ongoing quality of patient care. A record shall be maintained that shall include resultant recommendations, conclusions, and actions instituted.
- b. To discuss administrative and ethical matters that relate to the welfare or operation of the department.
- c. To provide a means of education, representation, and organization for the specialists of Psychiatry within the Medical Staff structure.

VIII-5 Quorum

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- a. A quorum is defined as those present and voting. Active, Associate and Provisional members of the staff shall be defined as eligible voting members at a departmental meeting.
- b. The action of a majority of the voting members present at a meeting at which a quorum is present shall constitute proper authorization powers of the department.

VIII-6

Attendance at Meetings

- a. Attendance requirements for Active, Associate and Provisional staff members is 50% of all regular departmental meetings.
- b. A request for an excused absence will be considered if submitted in writing to the Medical Staff Office, approved by the department chairman and the Credentials Committee.
- c. A member of the department who has attended a case that is to be presented for discussion at any meeting of the department shall be notified and shall be required to be present. Failure to attend, on receipt of such notice, shall involve forfeiture of Medical Staff membership.

ARTICLE IX - Emergency Department On-Call Coverage

IX-1

On-Call Roster Coverage for the Emergency Department

- a. The chairman of the department is responsible for the Emergency Department On-Call roster.
- b. The Emergency Department On-Call roster shall be prepared monthly.
- c. The Emergency Department On-Call roster rotation shall be daily.
- d. Associate/Active and Provisional physician members of the department shall be eligible for inclusion on the Emergency Department On-Call roster.
- e. The Emergency Department On-Call roster shall be the exclusive source of referrals for Emergency Department patients needing coverage.
- f. On-call physicians are obligated to provide at least one office visit to a patient referred by the Emergency Department.
- g. A physician who fails to fulfill his obligations when on-call may be removed from the Emergency Department On-Call roster by the chairman of the Department and will not be reinstated until the chairman is satisfied that this will not recur.

ARTICLE X - Justification for the Use of Restraints or Seclusion

The nursing staff on Unit 2100 are responsible for documenting the justification for the use of restraints or seclusion in the progress notes.

ARTICLE XI - Appeal

Appeal of a decision made by the Department Chairman must be submitted in writing by the complainant through an orderly chain of command consisting of: The Chairman of the Department, the Supervisory Committee, and then the Medical Executive Committee. The appeal process is outlined in ARTICLE V of the Medical Staff Bylaws.

ARTICLE XII - Rules of Order

Any parliamentary questions not specifically resolved by the provisions set forth in these rules and regulations shall be subject to Sturgis' Standard Code of Parliamentary Procedure, second edition.

ARTICLE XIII - Amendments

The rules and regulations of the Department of Psychiatry may be amended or repealed at any regular meeting in which a quorum is present or at any special meeting on notice, by two-thirds of the vote of those voting members of the department present.

The rules and regulations of the Department of Psychiatry of Washington Adventist Hospital shall not conflict with the Bylaws of the Medical Staff of Washington Adventist Hospital in fact, purpose or intent.

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