SAINT JOSEPH HOSPITAL
DEPARTMENT OF BEHAVIORAL HEALTH SCIENCE
RULES AND REGULATIONS
January 2024

1. ORGANIZATION

A. Sections:

The Behavioral Health Services (BHS) Department is divided into three sections:
(1) Psychiatry
(2) Psychology
(3) Addiction Medicine

Members of the BHS Department will be placed into one or more of the above sections based on their training and qualifications.

B. Behavioral Health Services Executive Committee

1. Composition:

The BHS chair will serve as Chair of the Committee. Membership shall be comprised of a Core Committee of a minimum of 6 Active staff members which will include the BHS Vice Chair and any Medical Directors within the BHS Department. Representatives from Administration, Social Work, Nursing, Addiction Medicine Services, Outpatient Services and Quality Management will also be included.

2. Duties:

The Behavioral Health Services Executive Committee shall meet bi-monthly or as often as necessary. The committee will assist the Department Chair in carrying out the responsibilities assigned to the BHS Department, such as:

(a) Review of applicants for appointment, reappointment and clinical privilege requests
(b) Recommend professional criteria for clinical privileges within the department
(c) Recommend educational programs to improve the quality of patient care
(d) Formulation and review of policies and procedures related to the BHS Department
(e) Review of quality data within the BHS Department
(f) Make recommendations for hospital equipment and resources necessary to improve patient care

2. QUALIFICATIONS AND MEMBERSHIP

Membership and clinical privileges shall be granted in accordance with education and training, experience, Current health status, and demonstrated competence and judgment to provide quality and appropriate patient care in an efficient manner as documented and verified in each practitioner's credentials file. Where appropriate, review of activity records of patients treated in other hospitals may also serve as the basis for privileges determination(s). In reappointment determinations, results of quality and performance improvement and utilization review, supervised cases, and where appropriate, practice at other hospitals may be considered. In review of requests for changes in privileges, evidence of appropriate training and experience and current clinical competence must be documented.

A. Psychiatry Section Basic Qualifications

1. The applicant must have successfully completed an ACGME or AOA accredited residency in Psychiatry.
2. Board certification or active participation in the examination process leading to certification in psychiatry by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry is required. New members who are not board certified must obtain certification within seven (7) years of completion of training. Failure to become board certified by the above-mentioned boards within seven (7) years of completion of formal training will be deemed a voluntary withdrawal of privileges.

B. Addiction Medicine Detoxification Privileges by non-psychiatrists

1. To be eligible for privileges in addiction medicine detoxification, the applicant must meet the following qualifications:
    a. Be a member of the St. Joseph Hospital Medical Staff with privileges in Psychiatry, Internal Medicine or Family Practice.
    b. Require documentation of board certification in Addiction Medicine by ASAM or in Addiction Psychiatry by the ABPN or certification by the California Society on Alcohol and Other Drug Dependency or certification by the American Medical Society of Alcohol and Other Drug Dependency or documentation of six (6) cases within the last 24 months at St. Joseph Hospital or demonstrate substantive clinical service during the past 24 months.
    c. All detox patients require a psychiatric consult within 60 hours of admission.

C. Psychology Section Basic Qualifications

1. The applicant must have a doctorate in psychology from an education institution accredited by a regional accreditation board or its equivalent.
2. The applicant must document two years (3,000) hours of supervised professional experience, at least 1,500 of which must be completed post-doctorally (Section 2914 of the Code and Section 1387 of the CCR).

3. PROCTORING

A. All Class IA members of the Behavioral Health Services Department will be proctored by Class I staff members. Class IA psychiatrists must be proctored by Class I psychiatrists; Class IA psychologists must be proctored by Class I psychiatrists or psychologists.
B. At least two proctors must be used, one of whom may be the Department Chair. A non-associate must proctor 50% of the cases.
C. Proctoring shall consist of a minimum of four (4) cases for psychiatrists and psychologists. Privileges requiring additional training will need to be proctored on one case as part of the four (4) cases requiring advancement unless otherwise denoted on the privilege form.
D. Addiction Medicine Detoxification Privileges for non-psychiatrists require proctoring on a minimum of four (4) cases by a Class I Psychiatrist or physician holding Class I Addiction Medicine Detoxification privileges. Proctoring shall include at least one case involving each of the following: alcoholism detox, opiate detox, benzodiazepine detox, and a combination of two or more of the above.
E. Upon admission of a patient by a Class IA practitioner, that practitioner shall contact a Class I staff member or the Department Chair within 24 hours.
F. Written proctoring evaluations shall be completed by the proctor and submitted to the Medical Staff Office. If the proctor feels that a serious medical, ethical or professional problem exists, the Chair of the Department of BHS will be notified immediately.
G. Retrospective chart review can supplement, but concurrent observation is mandatory. Direct observation is required for electroconvulsive treatment (ECT) and diagnostic and therapeutic testing.
H. The proctored practitioner shall have had enough involvement in the case so that a thorough review of the practitioner's clinical ability can be conducted.
I. After completion of the minimum required number of proctored cases, the BHS Department Chair will make a recommendation as to whether the practitioner shall advance to Class I privileges or require a continued period of observation.

I. EMERGENCY ROOM COVERAGE

For maintenance of medical staff privileges in the department of Behavioral Health Services, service on the Emergency Department Backup Call Roster is mandatory and will be provided solely by the ECDU Team, and in accordance with the Medical Staff Rules

II. GUIDELINES FOR CHANGING ATTENDING PSYCHIATRISTS

A. If patients indicate the desire to change their attending psychiatrist, addictionist or psychologist, they should be advised to tell their attending psychiatrist, addictionist or psychologist. Staff members wishing to transfer the care of a patient should tell the patient. If both the staff member and the patient agree on the transfer, and to whom, the attending should approach the new staff member and if he/she accepts the patient, and the order to transfer is then written.

B. If there is a conflict between the attending staff member and the patient regarding the transfer of care, the Department Chair will mediate.

III. MANAGEMENT OF THE PATIENT ON SUICIDAL PRECAUTIONS

A. Daily visits by the staff member without exception while the patient is on high or moderate precautions.

B. Daily case discussions with staff in addition to reading nursing notes in order to share information and reassessed daily the degree of suicidal risk.

C. Daily progress notes without exception to include estimated degree of suicidal risk; i.e., high, moderate, or low.

D. Information may be obtained from visiting family, friends, and significant others (minister, etc.) who might be able to provide information that will help to assess possible changes in the risk of suicide during the course of treatment. Information thus obtained should be recorded on the patient's chart.

E. Where questions exist as to the degree of dangerousness, consultation by another member of the BHS Department should be sought. If there is a disagreement between nursing staff and attending in the treatment of the suicidal patient, the matter will be referred to the Medical Director, BHS.

IV. PATIENT CARE AND DOCUMENTATION

A. All patients admitted to the BHS Unit must have a psychiatrist, physician with Addiction Medicine privileges, or psychologist with co-admitting psychiatrist as an attending or co-attending physician.

B. All patients admitted to the BHS unit (except for chemical dependence patients) must have a dictated psychiatric evaluation within 24 hours of admission.

C. Attending staff are required to have an initial interdisciplinary staffing within 72 hours, and weekly thereafter. This staffing must include at least three of the following:

1) Physician;
2) Registered Nurse;
3) Social Worker;
4) Psychologist;
5) Counselor;
6) Case Manager

D. All patients must be seen by the attending or co-attending staff member daily or more often as the patient's condition requires. Progress notes shall be made daily.

E. If a patient has reached maximum clinical benefit and awaiting structured long term placement, the attending will attest on a daily basis with the required custodial care documentation form.

F. The following items must be included in the patient's medical record:

1. A brief statement either in the dictated admission summary or in the discharge summary stating the patient's family and personal history as well as any previous psychiatric history, and current emotional status.
2. Medical history and physical examination (Emergency Room work-ups do not qualify as admission medical history and physical).
3. All provisional diagnoses in the admission history and physicals and all discharge summaries shall contain the use of current DSM diagnoses.
4. Response to calls from the BHS Unit and/or the Emergency Room (if on call) are expected to be responded to in a timely manner relative to the urgency of the call.

V. PROCEDURE FOR MAINTENANCE OF QUALITY OF CARE

A. The Medical Director(s) is/are responsible for consulting with members of the Medical Staff and Allied Health Professional staff when necessary, regarding potential quality of care issues.

B. When consultative communication is insufficient, the matter will be referred to the Chair of the BHS Department who may appoint an ad-hoc committee to review the matter and make recommendations to the BHS Executive Committee.

C. The BHS Executive Committee will determine whether to recommend any action to the Medical Executive Committee.

A. The Department of Psychiatry is responsible for the quality of care and OPPE (Ongoing Professional Practice Evaluation) of its members.

B. OPPE for the psychiatrists will be measured by the following indicators:
1. Documentation of justification for multiple antipsychotics
2. 30 day readmission rates
3. Medical Record suspensions

C. In addition, chart reviews will be performed using the approved BHS audit form. The following process will be adopted for the chart review: One chart per psychiatrist per month will be reviewed. Charts will be selected at random with the help of the Medical Records department. Reviews will be randomly assigned to the members in the Department of Psychiatry using the audit form. As an alternative, the BHS Executive Committee may assign one member to do the audits. No member will review his or her own charts. Review of findings will be presented to the BHS Executive Committee.

D. The completed audit form and OPPE reports will be kept in the Medical Staff Office and utilized for purposes of peer review.