



**SANTA BARBARA COUNTY
ALCOHOL, DRUG, AND
MENTAL HEALTH SERVICES
DEPARTMENT**

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

April 5, 2011

**SANTA BARBARA COUNTY ALCOHOL, DRUG AND
MENTAL HEALTH SERVICES DEPARTMENT**

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MEDICAL STAFF**

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PREAMBLE

WHEREAS, The Santa Barbara County Alcohol, Drug and Mental Health Services Department operates the Psychiatric Health Facility, licensed under the laws of the state of California; and

WHEREAS, The Santa Barbara County Board of Supervisors is the Governing Body of the Psychiatric Health Facility; and

WHEREAS, as the Governing Body, the Santa Barbara County Board of Supervisors 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 Governing Body, and that the cooperative efforts of the Medical Staff, the Medical Director, and the Governing Body 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 Governing Body.

ARTICLE I: NAME

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

ARTICLE II: PURPOSES AND ORGANIZATION

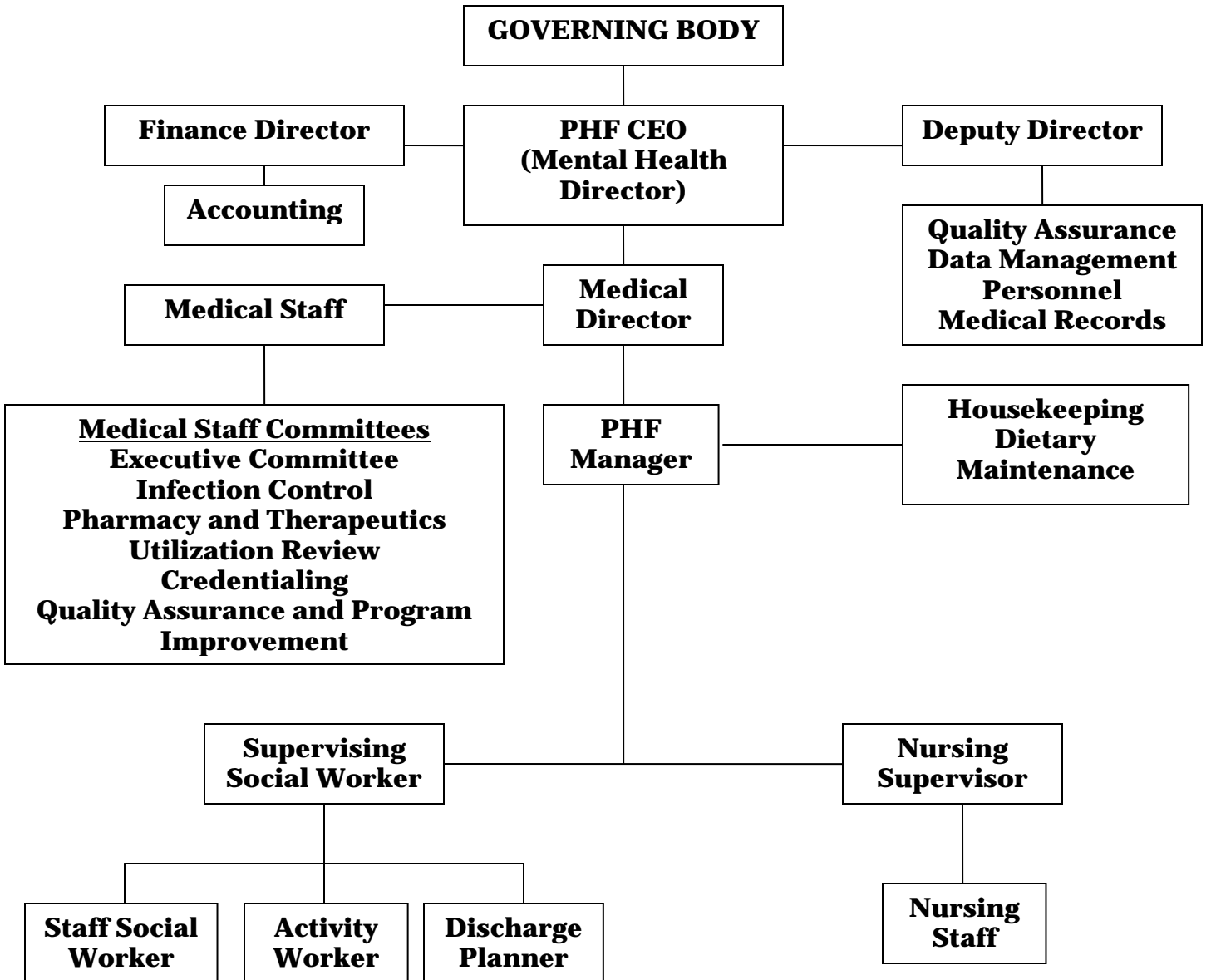
The purposes of the organization are:

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

As a component of Santa Barbara County Alcohol, Drug, and Mental Health Services Department's continuum of care, the mission of the Psychiatric Health Facility is to provide, within the limit of resources, psychiatric assessment or evaluation or crisis intervention oriented treatment to eligible persons, who, as a result of mental illness, are gravely disabled or a danger to themselves or others. Subject to the authority of the Governing Body, integrated with other community resources, the facility's clinical services will be monitored for effectiveness and efficiency and will be provided in an environment of safety and dignity for patients and staff.

2. To insure that all patients admitted to 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. To provide a means whereby issues and quality assurance activities concerning the Medical Staff and the facility may be discussed by the Medical Staff with the Psychiatric Health Facility CEO.
7. To provide for the proper utilization and supervision of allied Health Professionals.
8. The organization of the Medical Staff shall be in the organizational chart.

ORGANIZATIONAL CHART



ARTICLE III: MEDICAL STAFF MEMBERSHIP

Section 1 – Nature of Medical Staff Membership

Membership on the Medical Staff of Santa Barbara County Psychiatric Health Facility is not a right but a privilege which may be extended only to professionally competent physicians who continuously meet the qualifications, standards, and requirements set forth by these Bylaws. Only practitioners who are duly appointed shall have clinical privileges and the right to admit patients to the facility. The Santa Barbara County Psychiatric Health Facility operates with a closed Medical Staff. Only those with current employment or those on contract are entitled to membership. Membership automatically ceases with termination of employment and expiration or cancellation of contract.

Section 2 – Qualifications for Membership

- a. Only physicians licensed to practice in the State of California who can document their background, experience, training and demonstrated competence, their adherence to the ethics of their profession, their good reputation and their ability to work with others, with sufficient adequacy to assure the entire Medical Staff and the Governing Body that any patient who is treated by them in the facility will be given care of the generally recognized professional level established by the facility, shall be qualified for membership on the Medical Staff. No practitioner shall be entitled to Medical Staff membership or shall be entitled to exercise clinical privileges in the facility, merely by virtue of being a duly licensed practitioner, having the ability to practice medicine in this or any other state, or being a member of any professional organization, now or in the past, or currently having privileges at another facility.
- b. Sex, creed, race, age or national origin shall not be used in making decisions regarding the granting or denying of staff membership and privileges. The needs of the facility to provide certain services may be considered.

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 Governing Body.
- 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.

Section 4 – Conditions and Duration of Appointment

- a. Initial appointments and reappointments to the Medical Staff is a duty of the Governing Body. The Governing Body 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 Governing Body 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 Governing Body shall consider each member of the Medical Staff for additional periods not to exceed two years.
- c. 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 – 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 President of the Medical Staff and the Medical Director. Such written notice shall be presented to the Credentials Committee for action and recordation in the Medical Staff member's file.

ARTICLE IV: CATEGORIES OF THE MEDICAL STAFF

Section 1 – The Medical Staff

The Medical Staff shall be divided into Active, Consulting, and Provisional categories. Staff members categorized as Allied Health Professional Staff are not members of the Medical Staff as explained below.

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. Members of the Active Medical Staff shall be eligible to vote, to hold office, and to serve on the Medical Staff committees, and shall be required to attend Medical Staff meetings at least quarterly.

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.

Section 4 – Provisional Medical Staff

- a. The Provisional Medical Staff shall consist of physicians who are newly appointed to the Medical Staff. Excepting for Consulting Medical Staff, or as otherwise determined by the Medical Staff and approved by the Governing Body, 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.

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 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. They shall not have the rights of practitioners as delineated in Articles VII and VIII of these Bylaws except as described in Article VII, Section 4. 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.

Section 6 – Locum Tenens Staff

The Locum Tenens Staff shall consist of properly licensed physicians who will be granted the right to provide services to patients served by the Santa Barbara County Alcohol, Drug, and Mental Health Services Department for stated periods of time.

ARTICLE V: PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

Section 1 – Application for Appointment

- a. All applications for appointment to the Medical Staff shall be in writing, shall be signed by the applicant, and shall be submitted on a form prescribed by the Medical Staff. The application shall require detailed information concerning the applicant's personal qualifications, shall include the names of at least two persons who have had extensive experience in observing and working with the applicant and who can provide adequate references pertaining to the applicant's professional competence and ethical character, and shall include information as to whether the applicant's membership status has ever been revoked, suspended, reduced or not renewed at any other facility or institution, and as to whether membership in local, state or national medical societies, or licenses to practice in any jurisdiction, has ever been suspended or terminated.
- b. The applicant shall submit adequate information for proper evaluation of competence, character, ethics, and other qualifications. Applicants claiming board certification shall provide appropriate documentation demonstrating such qualifications. Applicants claiming board eligibility shall provide documentation of formal residency training leading to such eligibility.
- c. By applying for appointment to the Medical Staff, each applicant thereby signifies: i) a willingness to appear for interview in regard to the application; ii) authorization to the facility to consult with members of other facilities' medical staff with which the applicant has been associated and with others who may have information bearing on competence, character and ethical qualifications; iii) consent to the facility's inspection of all records and documents that may be material to an evaluation of professional qualifications and competence to carry out the clinical privileges requested as well as moral and ethical qualifications for staff membership; and iv) a release from any liability to all representatives from the facility and its Medical Staff for their acts performed in good faith and without malice concerning the applicant's competence, ethics, character, and other qualifications for staff appointment and clinical privileges, including otherwise privileged or confidential information.
- d. The application form shall include a statement that the applicant has received and read the Bylaws, Rules and Regulations of the Medical Staff and agrees to be bound by the terms thereof if the application is approved.

Section 2 – Appointment Process

- a. After receiving completed applications for new staff membership, the President of the Medical Staff and/or the Psychiatric Health Facility CEO may grant interim privileges to applicants to the Medical Staff while their applications are being considered by the Credentials and Executive committees. 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 facility committees and the Governing Body. Suspensions shall be imposed in all cases when any committee action is unfavorable to a practitioner, pending final reviews by other committees and approval by the Governing Body.
- b. Within ninety (90) days after receipt of the completed application for membership, the Credentials Committee shall make a written report of investigation to the Executive Committee. Prior to making this report, the Credentials Committee 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 to the committee, 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. Together with this report, the Credentials Committee shall transmit to the Executive Committee, 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.

- c. At its next regular meeting after receipt of the application and the report and recommendation of the Credentials Committee, the Executive Committee shall determine whether to recommend to the Governing Body that the practitioner be appointed to the Medical Staff, be rejected for Medical Staff membership, or that 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.
- d. When the recommendation of the Executive Committee is to defer the application for further consideration, it must be followed up within forty-five (45) days with a subsequent recommendation for appointment with specified clinical privileges, or for rejection for staff membership.
- e. When the recommendation of the Executive Committee is favorable to the practitioner, the President of the Medical Staff shall promptly forward it, together with all supporting documentation through the Psychiatric Health Facility CEO for final approval by the Governing Body.
- f. When the recommendation of the Executive Committee is adverse to the practitioner either in respect to appointment or clinical privileges, the President of the Medical Staff shall promptly notify the practitioner by certified mail, return receipt requested. No such adverse recommendation need be forwarded to the Governing Body. However, the practitioner shall have the right to a hearing, as provided in Article VIII of these Bylaws.
- g. If, after the Executive Committee has considered the report and recommendation of the hearing committee and the hearing record, the Executive 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 President of the Medical Staff shall promptly notify the practitioner of the adverse recommendation, by certified mail, return receipt requested, which adverse recommendation shall be final. The President of the Medical Staff shall also forward such recommendation to the Psychiatric Health Facility CEO.
- h. After receipt of a favorable recommendation from the Executive Committee, the Governing Body shall act on the matter. Following favorable decisions by the Governing Body, applicants shall be notified of their staff appointments by the President of the Medical Staff. If the Governing Body's decision is not favorable, the President of the Medical Staff shall promptly notify the practitioner of such adverse decision by certified mail, return receipt requested, and such adverse decision shall be final.
- i. 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.

Section 3 – Reappointment Process

- a. At least every two years, each member of the Medical Staff shall be provided with a reappointment application. Within thirty (30) days, the completed form shall be returned to the President of the Medical Staff. Failure, without good cause, to return the completed application shall be deemed a voluntary resignation effective at the expiration of the staff member's current appointment. The application shall include information necessary to update the Credentials file: a statement of agreement to abide by the Medical Staff Bylaws, Rules and Regulations; a photocopy of current Drug Enforcement Administration certificate; a review of the member's current privileges; and a statement concerning the member's desire to retain or change the current staff category.
- b. By applying for reappointment and accepting reappointment, the staff member signifies continuing acknowledgment and acceptance of the provisions of Article V, Section 1, and Article III, Section 3.
- c. The reappointment application shall be processed in substantially the same manner and subject to the same conditions as for new applications (Article V, Section 2). Application will be subject to approval of the Governing Body.
- d. Each recommendation concerning the reappointment of a Medical Staff member and the clinical privileges to be granted upon reappointment shall be based upon such member's professional competence and clinical judgment in the treatment of patients, ethics, conduct, attendance at Medical Staff meetings, and participation in staff affairs, compliance with the Medical Staff Bylaws, Rules and Regulations, cooperation with facility personnel, relations with other practitioners, and general attitude toward patients, the facility and the public.
- e. A staff member may request a modification of the staff category, or voluntarily relinquish any privileges at any time. Such requests shall be in writing and shall be processed in the same manner as are applications for reappointment. Requests for additional privileges may be made at any time, but must be requested separately, in writing, together with evidence demonstrating the candidate's qualifications for any additional privileges requested.

ARTICLE VI: CLINICAL PRIVILEGES

Section 1 – Clinical Privileges Restricted

- 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 Credentials Committee, and the Executive Committee, 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 Governing Body.
- 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 President of the Medical Staff, as ratified by the Credentials Committee, Executive 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, except that privileges may be granted only for certain examinations and treatments performed in the department's outpatient programs.
- 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 President of the Medical Staff 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 President of the Medical Staff. 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.

ARTICLE VII: CORRECTIVE ACTION

Section 1 – Procedure

- a. Whenever the professional conduct or activities of any practitioner with clinical privileges are considered to be lower than the standards or aims of the Medical Staff or to be disruptive to the operations of the facility, corrective action against such practitioner may be requested by any officer of the Medical Staff, by the chair of any standing committee of the Medical Staff, by the President of the Medical Staff, or by the Psychiatric Health Facility CEO. All requests for corrective action shall be in writing, shall be made to the Credentials Committee, and shall be supported by reference to the specific activities or conduct which constitute the grounds for the request.
- b. Within thirty (30) days after the Credentials Committee's receipt of the request for corrective action, the Credentials Committee shall make a report of its investigation to the Executive Committee. Prior to the making of such report, the practitioner shall be informed of the general nature of the charges against him or her, and shall be invited to discuss, explain or refute them before the Credentials Committee. This interview shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in these Bylaws, with respect to hearings, shall apply thereto. A record of such interview shall be made by the Credentials Committee and included with its report to the Executive Committee.
- c. Within thirty (30) days of the receipt of a report from the Credentials Committee, following its investigation of a request for corrective action involving reduction or suspension of clinical privileges, or a suspension or expulsion from the Medical Staff, the affected practitioner shall be permitted to make an appearance before the Executive Committee prior to its taking action on such request. This appearance shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in these Bylaws with respect to hearings shall be made by the Executive Committee.
- d. The action of the Executive Committee on a request for corrective action may be to reject or modify the request for corrective action, to issue a warning, a letter of admonition, or a letter of reprimand, to impose terms of probation, requirement for consultation, to recommend education, suspension or revocation of clinical privileges, to recommend that an already imposed summary suspension of clinical privileges be terminated, modified or sustained, or to recommend to the Psychiatric Health Facility CEO that the practitioner's staff membership be suspended or revoked.
- e. After the Executive Committee has made its recommendation in the matter, the procedure to be followed shall be as provided in Article VIII, if applicable, of these Bylaws.
- f. Any recommendation by the Executive Committee to the Psychiatric Health Facility CEO for reduction, suspension, or revocation of clinical privileges, or for suspension or expulsion from the Medical Staff, shall entitle the affected practitioner to the procedural rights provided in Article VIII of these Bylaws.
- g. The chair of the Credentials Committee shall promptly notify the President of the Medical Staff and Psychiatric Health Facility CEO, in writing, of all requests for corrective action received by the Credentials Committee and shall continue to keep the President of the Medical Staff and the Psychiatric Health Facility CEO fully informed of all action taken in connection herewith.

Section 2 – Summary Suspension

- a. The Medical Director in consultation with the Psychiatric Health Facility CEO shall have the authority, whenever action must be taken immediately in the best interest of patient care, to summarily suspend all or any portion of the clinical privileges of a practitioner, and such summary suspension shall become effective immediately upon imposition.
- b. A practitioner whose clinical privileges have been summarily suspended shall be entitled to request that the Executive Committee hold a hearing on the matter, within such reasonable time period thereafter as the Executive Committee may be convened, in accordance with Article VIII of these Bylaws.
- c. The Executive Committee may recommend modification, continuance or termination of the terms of the summary suspension. If, as a result of such hearing, the Executive Committee does not recommend immediate termination of the summary suspension, the affected practitioner shall, also in accordance with Article VIII, be entitled to request a hearing, but the terms of the summary suspension, as sustained or as modified by the Executive Committee, shall remain in effect pending a final decision thereon by the Psychiatric Health Facility CEO.
- d. Immediately upon the imposition of a summary suspension, the chair of the Executive Committee or the Psychiatric Health Facility CEO shall have the authority to provide for alternative medical coverage for the patients of the suspended practitioner still in the facility at the time of such suspension. The wishes of the patients shall be considered in the selection of such alternative practitioner.

Section 3 – Automatic Suspension

Notification from the appropriate agency of the revocation or suspension of a Medical Staff member's license, drug enforcement agency registration, or being placed on probation, shall automatically constitute sufficient grounds for the Executive Committee to recommend to the Psychiatric Health Facility CEO the suspension or revocation of such member's Medical Staff membership, or to recommend the placement of such member on probation for the period, and to the same extent, imposed by the agency. There shall be no right for a hearing from any actions taken by the Psychiatric Health Facility CEO in such cases.

Section 4 – Corrective Action for Allied Health Professionals

- a. The Credentials Committee, the President of the Medical Staff, or supervising practitioners 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 Executive 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.

ARTICLE VIII: HEARING

Section 1 – Right to Hearing

- a. When any practitioner receives notice of a recommendation of the Executive Committee that, if ratified by decision of the Psychiatric Health Facility CEO, 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 Executive Committee of the Medical Staff.
- b. All hearings 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 2 – Request for Hearing

- a. The President of the Medical Staff shall be responsible for giving prompt written notice of an adverse recommendation or decision to any affected practitioner, who is entitled to a hearing, by certified mail, return receipt requested.
- 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.

Section 3 – Notice of Hearing

- a. Within seven (7) days after receipt of request for hearing from a practitioner entitled to the same, the Executive Committee shall schedule and arrange for such a hearing and shall, through the President of the Medical Staff, 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 not 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 4 – Composition of Hearing Committee

When a hearing specifically relates to an adverse recommendation of the Executive 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 Executive 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.

Section 5 – 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 the 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 a local health care 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 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 Executive Committee 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. It shall be the obligation of such representative 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 charges 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 in his own behalf, the practitioner may be called and examined as if under cross-examination.
- j. The hearings provided for in these Bylaws are for the purpose of resolving, on an intra-professional basis, matters bearing on professional competency and conduct. Accordingly, neither the affected practitioner, nor the Executive Committee, 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, or the Executive Committee, 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.
- l. 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 Executive Committee. The report may recommend confirmation, modification, or rejection of the original adverse recommendation of the Executive Committee. Thereafter, the procedure to be followed shall be as provided in Article V, Section 2 of these Bylaws.

Section 6 – Final Decision

- a. If the hearing committee's recommendation continues to be adverse, the President of the Medical Staff shall promptly so notify the practitioner, by certified mail, return receipt requested. The President of the Medical Staff shall also forward such recommendation to the Psychiatric Health Facility CEO. If the Psychiatric Health Facility CEO's decision is not favorable, the President of the Medical Staff shall promptly notify the practitioner of such adverse decision by certified mail. The decision of the Psychiatric Health Facility CEO is final.
- b. Notwithstanding any other provision of these Bylaws, no practitioner shall be entitled as a right to more than one hearing on any matter which shall have been the subject of action by the Executive Committee, or the Psychiatric Health Facility CEO, or by both.

ARTICLE IX: OFFICERS

Section 1 – Officers of the Medical Staff

The officers of the Medical Staff shall be: President of the Medical Staff 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 Medical Staff President shall be elected. Nomination shall be made from the floor. Only members of the ADMHS Medical Staff shall be eligible to vote.
- b. Thereafter, the Medical Staff President 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. Nomination 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 President of the Medical Staff.

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 president of the Medical Staff 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 Executive 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 ADMHS 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 Executive Committee and by the Psychiatric Health Facility CEO.

ARTICLE X: 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 Medical Staff Committee, Executive Committee, Credentials Committee, Utilization Review Committee, Pharmacy and Therapeutics Committee, Infection Control Committee, and Quality Assurance and Program Improvement.
- c. Special committees are those committees established by the President of the Medical Staff to serve such functions and perform such duties as the President of the Medical Staff may direct. Special committees shall report to the Executive Committee, and they shall automatically be dissolved upon completion of their duties and functions. Members of special committees shall be appointed by the President of the Medical Staff.

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 President of the Medical Staff, 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 Medical Staff Coordinator's office for review. After approval has been obtained, contents of minutes shall be forwarded to the Executive Committee. Each committee shall maintain a permanent file of the minutes of each meeting, and copies shall be transmitted to the Quality Assurance and Program Improvement through the Quality Assurance Manager.
- 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 President of the Medical Staff, to be submitted to the President of the Medical Staff for presentation at the annual meeting of the Medical Staff and the Executive Committee.

Section 3 – Executive Committee

- a. Composition: The Executive Committee membership shall consist of the President of the Medical Staff, Medical Director, and three additional members of the Medical Staff. Physicians must be in the majority. The president of the Medical Staff 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 Governing Body 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.
 - 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 each general Medical Staff meeting.
 - 13. To initiate and pursue corrective action when warranted in accordance with these Bylaws, Rules and Regulations.
 - 14. To ensure an effective quality assurance program.
 - 15. To act on behalf of the Medical Staff between Medical Staff meetings.
- c. Meetings: The Executive Committee shall meet at least quarterly.

Section 4 – Credentials Committee

- a. **Composition:** The Credentials Committee shall be composed of three Active Medical Staff members.
- b. **Duties:**
 1. To review the credentials of all applicants and to make recommendations for membership and delineation of clinical privileges.
 2. To make a report to the Executive Committee on each applicant for Medical Staff membership or clinical privileges.
 3. To periodically review all information available regarding the competence of staff members and, as a result of such reviews, to make recommendations for the granting of clinical privileges and reappointments.
 4. To investigate any break of ethics that is reported to it, and to investigate any request for corrective action, and report its findings to the Executive Committee.
- c. **Meetings:** The Credentials Committee shall meet at least quarterly.

Section 5 – Utilization Review Committee

- a. **Composition:** Voting membership shall consist of at least one active member of the Medical Staff, Medical Director, at least one of whom is a psychiatrist; Utilization Review Nurse, Quality Assurance Manager, Psychiatric Health Facility Manager, Supervising Social Worker and Medical Records Administrator.
- b. **Duties:**
 1. The Utilization Review Committee shall conduct 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, it shall analyze 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. It shall also work 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. The 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 Committee 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:
 - The organization and composition of the committee, which will be responsible for the utilization, review function.
 - 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.
- c. Meetings: The Utilization Review Committee shall meet at least quarterly.

Section 6 – Pharmacy and Therapeutics Committee

- a. Composition: Membership shall consist of at least two representatives of the Medical Staff, Medical Director, consulting pharmacist, pharmacist in charge, Psychiatric Health Facility Manager, Nursing Supervisor, and Quality Assurance Manager.
- b. Duties: This committee shall be responsible for the 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. The committee shall assist 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:
1. Serve as an advisory group to the facility Medical Staff and the pharmacist on matters pertaining to the choice of available drugs.
 2. Make recommendations concerning drugs to be stocked on the nursing unit.
 3. Develop and review periodically, a formulary or drug list for use in the facility.
 4. Prevent unnecessary duplication in stocking drugs and drugs in combination having identical amounts of the same therapeutic ingredients.
 5. Evaluate clinical data concerning new drugs/preparations requested for use in the facility.
 6. Establish standards concerning the use of, and control of, investigational drugs and research in the use of recognized drugs.
 7. 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.
 8. Review all serious untoward drug reactions which have had a detrimental impact on patients.
 9. A pharmacist shall review the drug regimen of a minimum of six (6) patients monthly and prepare a report to be submitted to the Pharmacy and Therapeutics Committee.
- c. Meetings: The Pharmacy and Therapeutics Committee shall meet at least quarterly.

Section 7 – Infection Control Committee

- a. **Composition:** Membership shall include one active member of the Medical Staff (preferably a Primary Care Provider), the Medical Director, Infection Control Officer, Psychiatric Health Facility Manager, Nursing Supervisor, and the Quality Assurance Manager.
- b. **Duties:**
 1. To define, classify, and report nosocomial infections.
 2. To evaluate, record, and report infection among patients and employees.
 3. To develop, review, and enforce written policies and procedures defining specific indications for the isolation of patients.
 4. To perform concurrent and retrospective patient care evaluation studies relating to infections, including specific case reviews.
 5. To develop, and periodically revise, a facility-wide infection control manual.
 6. To develop, revise, and conduct an employee health program.
 7. To provide for the orientation of new employees to the facility procedure for infection control and personal hygiene.
 8. To provide, document, and review in-service education relating to infection.
 9. To periodically review cleaning procedures, agents, and schedules and approve any major changes.
 10. To review and evaluate all aseptic and sanitation techniques used in the facility.
 11. To conduct surveillance, preventive, and control procedures relating to the inanimate facility environment.
 12. To provide and revise forms for the collection and collation of relevant data.
 13. To provide for necessary laboratory support of microbiological and serological nature.
 14. To coordinate with the Pharmacy and Therapeutics Committee regarding antibiotic utilization reviews.
 15. To periodically evaluate facility systems for disposal of liquid and solid wastes.
 16. To evaluate ventilation patterns in all areas of the facility especially seclusion areas.
 17. To take corrective action as indicated by its own reviews and by the Quality Assurance Program of the facility.
- c. **Meetings:** The Infection Control Committee shall meet at least quarterly.

Section 8 – Quality Assurance and Program Improvement Committee

- a. Composition: Voting membership shall include one member of the Active Medical Staff, Medical Director, Psychiatric Health Facility Manager, Medical Records Administrator, Nursing Supervisor, Quality Assurance Manager, Patient's Rights Representative, Social Services Practitioner, PHF Nurse and the Quality Assurance Analyst.
- b. Duties:
 1. To assure coordination and integration of all quality assurance activities.
 2. To identify, assess, and prioritize problem areas which have potential for improvement.
 3. To suggest solutions for problems to appropriate facility authorities and committees.
 4. To monitor and evaluate the results of problem solving activities.
 5. To perform certain special reviews, in a search for recurring problems of patient care delivery, as required by the Quality Assurance Program such as: liability claims, adverse effects, incident reports, complaints and suggestions.
 6. Peer review
 7. To evaluate the Quality Assurance Program annually.
 8. To report on quality assurance activities to the Executive Committee, and the Psychiatric Health Facility CEO.
- c. Meetings: The Quality Assurance and Program Improvement Committee shall meet at least quarterly.

Section 9 – 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 President of the Medical Staff. 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 by the facility, to review policy and procedure, and recommend adoption by the Executive 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 staff meeting at which election of officers for the ensuing period shall be conducted. The Medical Staff year shall begin July 1st of each year and end on June 30th of the following year.

ARTICLE XI: 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: Executive, Continuous Quality Improvement, Morbidity and Mortality, Utilization Review, Infection Control, Pharmacy and Therapeutics, and Credentials.

Section 2 – Special Meetings

- a. The President of the Medical Staff Committee or the Executive Committee may call a special meeting of a Medical Staff Services Committee at any time. The President of the Medical Staff 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 Executive 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 President of the Medical Staff 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 shall be:
 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 meeting.
 4. Communications.
 5. Old business.
 6. Medical Director's report.
 7. President of the Medical Staff's report.
 8. Reports of Medical Staff Services Committees.
 9. New business (including elections when appropriate).
 10. Summary of the Quality Assurance and Program Improvement activities.

11. Adjournment.
- b. The agenda at special meetings shall be:
 1. Reading of the notice calling the meeting.
 2. Transaction of business for which the meeting was called.
 3. Adjournment.
 - c. The agenda at Medical Staff Services Committee meetings shall be:
 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 Executive 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 Executive 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 Executive Committee if the President is the practitioner involved, until not later than the next meeting; otherwise the pertinent clinical information shall be presented and discussed as scheduled.

Section 5 – Morbidity and Mortality Conferences

At the request of the Psychiatric Health Facility CEO, the Medical Director, or the President of the Medical Staff, a special meeting to evaluate special cases shall be held. The review shall be a function of the Quality Assurance and Program Improvement Committee as part of that committee's peer review function.

ARTICLE XII: 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 Governing Body. 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 Governing Body.

ARTICLE XIII: 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 Governing Body.

ARTICLE XIV: 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 Governing Body of the facility.

ARTICLE XV: 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 ALCOHOL, DRUG, AND MENTAL
HEALTH SERVICES DEPARTMENT**

**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 whom 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 7 days prior to admission and the documentation of that medical history and examination is in the patient's chart within 24 hours of admission.
5. A Psychiatric Evaluation shall be completed within 60 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 at least weekly.
8. A Discharge Summary utilizing the currently approved format shall be dictated by the discharging physician within 60 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 shall be responsible for ensuring that the on-call coverage assigned to them is provided.
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.