



Section	Psychiatric Health Facility (PHF)	Effective:	4-6-11
Sub-section		Version:	2.0
Policy	Credentialing, Privileging, Appointment, Reappointment, and Appraisal of Medical Staff	Last Revised:	DRAFT
Director's Approval	_____	Date	_____
	Alice Gleghorn, PhD		
PHF Medical Director's Approval	_____	Date	_____
	Ole Behrendtsen, MD		
QCM Manager's Approval	_____	Date	_____
	Jaimie Huthsing	Date	_____
PGB Approval	_____		_____
	Terri Maus-Nisich		
Supersedes:	Credentialing, Privileging, Appointment, Reappointment, and Appraisal of Medical Staff, eff. 4/6/2011		

1. DEFINITIONS

The following terms are limited to the purposes of this policy:

- 1.1. **Privileges** – are a specific scope and content of patient care services authorized for a physician by a health care organization based on the evaluation of the individual's credentials and performance.
- 1.2. **Credentialing** – a determination made by the Quality Care Management (QCM) division that the physician has received appropriate training, has graduated from an accredited medical school, has successfully completed an accredited medical residency program, and is appropriately licensed with the State of California, is registered with the Drug Enforcement Agency, and is free of criminal history that would prohibit appointment.
- 1.3. **Appointment and Re-appointment** – the decision made by the PHF Governing Board (PGB) to allow a physician to practice medicine at the Psychiatric Health Facility (PHF), either initially, or annually.
- 1.4. **Physicians** – A Psychiatrist or Primary Care Specialist (Internal Medicine and Family Medicine)

2. POLICY

- 2.1. It is the policy of the Department of Behavioral Wellness (hereafter, the Department) to: evaluate the credentials, qualifications, and competency and conduct periodic appraisals of all employed or contracted physicians providing patient care, treatment, or services at the PHF. It is the responsibility of the PGB to examine the recommendations **of the PHF Medical Practice Committee (MPC)** of the Department, through the PHF Medical Practice Committee (MPC) and PHF Medical Director, and appoint or reappoint physicians to duties at the PHF.
- 2.2. ~~The following physicians fall under this policy:~~
1. ~~Psychiatrist~~
 2. ~~Primary Care Specialist (Internal Medicine and Family Medicine)~~
- 2.3. ~~Individual privileging criteria shall be developed for each type of physician. No new category of physician shall be added until the privileging criteria for the category is developed and approved. The Medical Practice Committee (MPC) Medical Staff will have input into will review all potential grants of appointments and privileges. The approval of initial appointments and reappointments to the Medical Staff is a duty of the PGB.~~
- 2.4. ~~Physicians may be appointed and reappointed, within their scope of practice and in keeping with all applicable rules, policies and procedures, and/or by any formal written agreement between the physician and the Department of Behavioral Wellness, (hereafter "the Department") to the Medical Staff, only as permitted and privileged by the PGB, and ADMHS.~~

3. APPOINTMENT TO THE MEDICAL STAFF/NEW STAFF MEMBERSHIP

- 3.1. The physician shall complete **the Service Provider Identification Application (SPID) "Physician Application for Appointment to the Psychiatric Health Facility Medical Staff"** and application for employment as required of any clinical staff of the Department **by the Department's Human Resources.**
- 3.2. ~~In the application, the physician shall indicate the category of Medical Staff requested, prove compliance with Continuing Medical Education requirements,.~~
- 3.3. **The physician shall** and affirm acceptance of the PHF Medical Staff Bylaws **by signed attestation.**
- 3.4. The physician shall provide the **Medical Director** Credentials Committee with **two or more** ~~three~~ reference letters indicating that the applicant has the skills, training, and proficiency to safely practice at the PHF.
- 3.5. The physician shall complete annual TB skin test (or submit chest x-ray every 3 years if history of PPD positive skin tests).
- 3.6. The physician's criminal record check shall have successful clearance **from the Department of Justice on the pursuant to Section 5405 of Welfare and Institutions Code.**
- 3.7. Physicians may be appointed and reappointed **to the PHF Medical Staff**, within their scope of practice and in keeping with all applicable rules, policies and procedures, and/or by any formal written agreement between the physician and the Department of Behavioral

~~Wellness, (hereafter “the Department”) to the Medical Staff, only as permitted and privileged by the PGB, and ADMHS.~~

4. CREDENTIALING

- 4.1. Credentials verification shall be completed as stipulated by the ADMHS Department personnel and QCM policies.
- 4.2. A letter indicating QCM staff will notify the Medical Director when that the applicant or Medical Staff member has successfully completed the credentialing or recredentialing process. ~~shall be submitted Credentiaing Committee.~~

5. REQUEST FOR PRIVILEGES

- 5.1. Privileges shall only be granted to physicians currently employed by or contracted with the Department ADMHS.
- 5.2. ~~Individual privileging criteria shall be developed for each type of physician. No new category of physician shall be added until the privileging criteria for the category is developed and approved.~~
- 5.3. The physician shall complete the “Request for Privileges, Delineation and Criteria for Psychiatric Services” and/or “Request for Privileges, Delineation and Criteria for General Medical Services” (see Attachments A and B).
- 5.4. The Medical Practice Committee (MPC) ~~Medical Staff will have input into~~ will review all privileges.
- 5.5. The Medical Director shall provide a written report on the applicant with recommendations to grant initial privileges to MPC, PHF CEO, and PGB.
- 5.6. The PGB will ensure the selection criteria of Medical Staff is met in accordance with the Bylaws through a review of current Medical Practice staff's credentialing files.

6. APPLICATION REVIEW AND RECOMMENDATION

- 6.1. ~~The Credentials Committee MPC shall review the credentials verification as completed ADMHS Human Resources Division.~~
- 6.2. ~~The Credentials Committee shall review the applications for appointment and privileges and provide the Executive Committee written recommendation on the action to be taken.~~
- 6.3. ~~The Executive Committee MPC shall review the credentials verification completed by QCM and if approved forward the recommendation and forward to the PGB for a decision.~~
- 6.4. The PGB will review a report from the Medical Director on medical staff applications, credentialing, appointment, re-appointment and period appraisal, and shall make the final decision on granting privileges. The PGB will ensure the selection criteria of Medical Staff is met in accordance with the Bylaws through a review of each applicant.

7. PERIODIC INITIAL APPRAISAL OF MEDICAL STAFF

7.1. ~~Periodic Initial~~ Reappraisal of initial appointment will be conducted within six months of the initial appointment by the Medical Director and MPC, and approved by the PGB, Credentials Committee utilizing the following sources of information where pertinent such as:

1. Employee Performance Assessments ~~Reviews~~ (EPR's)
2. Results of periodic peer reviews
3. Results of utilization reviews
4. Results of contract performance reviews
5. Results of PHF staff query

8. REAPPRAISAL OF MEDICAL STAFF

8.1. Ongoing reappraisals of Medical Staff is conducted annually by the Medical Director and MPC, and approved by the PGB, using the same pertinent criteria as Section 7.1. The reappraisal shall evaluate the suitability of each Medical Staff member to determine if the member's privileges should be continued, discontinued, or revised. ~~continuing the Medical Staff membership or privileges of each individual practitioner, to determine if that individual practitioner's membership or privileges should be continued, discontinued, or revised.~~

ASSISTANCE

Ole Behrendtsen, Medical Director

ATTACHMENTS

Attachment A - Request for Privileges, Delineation and Criteria for Psychiatric Services

Attachment B - Request for Privileges, Delineation and Criteria for General Medical Services

REFERENCE

Code of Federal Regulations
Title 42 482.12, 482.22

Bylaws of the Psychiatric Health Facility Medical Staff & Rules and Regulations

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
11/5/2019	2.0	Revised to reflect current processes, add attachments, and match language to the bylaws.

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).

DRAFT



DEPARTMENT OF BEHAVIORAL WELLNESS

PSYCHIATRIC HEALTH FACILITY (PHF)

**REQUEST FOR PRIVILEGES, DELINEATION AND CRITERIA
PSYCHIATRIC SERVICES**

PHYSICIAN'S NAME: _____

<u>PRIVILEGES REQUESTED</u>	<u>CRITERIA</u>
<p>1. ADMISSION & DISCHARGE: Admit and discharge clients at the PHF.</p> <p>REQUESTED () YES () NO</p>	<p>a. Board eligible/certified in Psychiatry b. Current privileges, training or peer reviewed experience with admitting and discharging clients.</p>
<p>2. PSYCHIATRIC EVALUATION: Conduct complete mental status examinations, perform complete psychiatric interviews leading to a psychiatric diagnosis, make appropriate diagnostic changes over hospital course, order appropriate testing related to the diagnosis and/or treatment.</p> <p>REQUESTED () YES () NO</p>	<p>a. Board eligible/certified in Psychiatry b. Current privileges, training or peer reviewed experience in the provision of psychiatric care for hospitalized clients.</p>
<p>3. PSYCHOPHARMACOLOGY: Prescribe psychotropic medications to clients according to Medical Staff guidelines and PHF policies & procedures.</p> <p>REQUESTED () YES () NO</p>	<p>a. Board eligible/certified in Psychiatry b. Current privileges, training or peer reviewed experience in the utilization of psychotropic medications for the treatment of psychiatric conditions.</p>
<p>4. FORENSIC PSYCHIATRY: Clinical assessment, treatment, reporting of evaluations, diagnostic impressions, and recommendations for forensic clients.</p> <p>REQUESTED () YES () NO</p>	<p>a. Board eligible/certified in Psychiatry b. Current privileges, training or peer reviewed experience with forensic clients.</p>
<p>5. CO-OCCURRING CONDITIONS: Clinical assessment and treatment of clients requiring inpatient care for psychiatric conditions with co-occurring substance abuse problems.</p> <p>REQUESTED () YES () NO</p>	<p>a. Board eligible/certified in Psychiatry b. Current privileges, training or peer reviewed experience in the clinical assessment and treatment of clients with co-occurring mental health and substance abuse problems.</p>
<p>6. GERIATRIC PSYCHIATRY: Evaluation, diagnosis and treatment of patients over the age of 65.</p> <p>REQUESTED () YES () NO</p>	<p>a. Board eligible/certified in Psychiatry b. Current privileges, training or peer reviewed experience in the treatment of geriatric clients.</p>
<p>7. PSYCHOTHERAPY (Check all that apply): <u>INDIVIDUAL</u> <u>GROUP</u> <u>FAMILY</u> () Dynamic () Dynamic () Supportive () Supportive () Cognitive () Cognitive ()</p> <p>REQUESTED () YES () NO</p>	<p>a. Board eligible/certified in Psychiatry b. Current privileges, training or peer reviewed experience with requested type of psychotherapy.</p>
<p>8. SECLUSION AND RESTRAINT: Use of seclusion and restraint, according to PHF policy and applicable law, for clients who are evaluated dangerous to self or others.</p> <p>REQUESTED () YES () NO</p>	<p>a. Board eligible/certified in Psychiatry b. Current privileges, training, or peer-reviewed experience in use of restrictive procedures.</p>

SIGNATURE OF PHYSICIAN REQUESTING PRIVILEGES:

Date: _____

RECOMMENDATIONS TO THE GOVERNING BODY AND ACTION:

POSITION/TITLE	ACTION	SIGNATURE AND DATE
Manager, Behavioral Wellness Quality Care Management Division	<input type="checkbox"/> Approve <input type="checkbox"/> Approve with Provisions <input type="checkbox"/> Defer <input type="checkbox"/> Disapprove	
Chair, Behavioral Wellness PHF Medical Practice Committee	<input type="checkbox"/> Approve <input type="checkbox"/> Approve with Provisions <input type="checkbox"/> Defer <input type="checkbox"/> Disapprove	
PHF Governing Board	<input type="checkbox"/> Approve <input type="checkbox"/> Approve with Provisions <input type="checkbox"/> Defer <input type="checkbox"/> Disapprove	



**DEPARTMENT OF BEHAVIORAL WELLNESS
PSYCHIATRIC HEALTH FACILITY (PHF)**

**REQUEST FOR PRIVILEGES, DELINEATION AND CRITERIA
GENERAL MEDICAL SERVICES**

PHYSICIAN'S NAME: _____

PRIVILEGES REQUESTED	CRITERIA
1. MEDICAL CARE: Perform physical examinations, order tests, diagnose and treat general medical conditions. REQUESTED () YES () NO	a. Board eligible/certified in Primary Care Specialty b. Current privileges, training or peer reviewed experience in the evaluation and treatment of general medical conditions.
2. PHARMACOLOGY: Prescribe medications and treatment to clients according to Medical Staff guidelines and PHF policies & procedures. REQUESTED () YES () NO	c. Board eligible/certified in Primary Care Specialty d. Current privileges, training or peer reviewed experience in the evaluation and pharmacologic treatment of clients with co-occurring medical and psychiatric conditions.
3. OBSTETRICS & GYNECOLOGY: Examine & treat gynecological problems of minor to moderate complexity (e.g. vaginitis; vaginal bleeding), and monitor uncomplicated pregnancy and/or STD infections. REQUESTED () YES () NO	a. Board eligible/certified in Primary Care Specialty b. Current privileges, training or peer reviewed experience in treating clients with gynecological problems of minor to moderate complexity or uncomplicated pregnancy and/or STD infections.
4. MINOR SURGERY: Examine and treat minor surgical problems/conditions (e.g. removal of small cysts, small biopsies, management of abscesses, hemorrhoids, ingrown toenails, repair small lacerations in non-vital areas, etc.). REQUESTED () YES () NO	a. Board eligible/certified in Primary Care Specialty b. Current privileges, training or peer reviewed experience in the treatment of minor surgical condition(s).
5. MEDICAL CONSULTATION: Perform medical consultation on clients when requested by other physicians. REQUESTED () YES () NO	a. Board eligible/certified in Primary Care Specialty b. Current privileges, training or peer reviewed experience in specific aspects of primary care medicine.

SIGNATURE OF PHYSICIAN REQUESTING PRIVILEGES:

Date: _____

RECOMMENDATIONS TO THE GOVERNING BODY AND ACTION:

POSITION/TITLE	ACTION	SIGNATURE AND DATE
Manager, Behavioral Wellness Quality Care Management Division	<input type="checkbox"/> Approve <input type="checkbox"/> Approve with Provisions <input type="checkbox"/> Defer <input type="checkbox"/> Disapprove	
Chair, Behavioral Wellness PHF Medical Practice Committee	<input type="checkbox"/> Approve <input type="checkbox"/> Approve with Provisions <input type="checkbox"/> Defer <input type="checkbox"/> Disapprove	
PHF, Governing Body	<input type="checkbox"/> Approve <input type="checkbox"/> Approve with Provisions <input type="checkbox"/> Defer <input type="checkbox"/> Disapprove	