



# **Rules and Regulations**

**Department of  
Medicine and Family  
Practice**

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# Pacific Hospital of Long Beach

## DEPARTMENT OF MEDICINE/FAMILY PRACTICE

### Rules and Regulations

#### I. ORGANIZATION

1. Name:

The name of this organization shall be the Department of Medicine/Family Practice of the Medical Staff of Pacific Hospital of Long Beach. The Department is established as provided in the Medical Staff Bylaws.

2. Membership:

Physicians (MD, DO) and psychologists may be members of the Department of Medicine/Family Practice. Other sub-specialties may become members as determined by the Department, the Medical Executive Committee and the Board of Directors. Physician Assistants, Physical Therapists, Speech Therapists, MFCC's and other individuals may be appointed to the Allied Health Professional category of the Medical Staff and hold privileges in the Department of Medicine/Family Practice. Other non-physician/psychologist providers may be permitted to request membership in the Allied Health Professional category of the Medical Staff with privileges when deemed appropriate by the Department, Medical Executive Committee and Board of Directors.

All members must first qualify for privileges as defined in Article II of the Bylaws of the Medical Staff of Pacific Hospital of Long Beach.

#### II. CONDUCT

1. Ethics:

The professional ethics of the members of the Department of Medicine/ Family Practice shall be governed by the Bylaws, Rules and Regulation and Policies of the Medical Staff.

2. Discipline:

Evaluation of the care rendered patients by members of the Department of Medicine/Family Practice shall be the concern of the Department of Medicine/Family Practice. Matters involving discipline not satisfactorily resolved by the Department of Medicine/ Family Practice shall be as prescribed in the Medical Staff Bylaws.

3. Consultations:  
Consultation requirements will be as outlined in the Medical Staff Rules and Regulations.

### **III. MEDICINE/FAMILY PRACTICE ADVISORY COMMITTEE**

1. Establishment:  
The Department of Medicine/Family Practice may choose to appoint or elect an Medicine/Family Practice Advisory Committee composed of members of the Active Medical Staff from various specialty areas. This committee may be called upon to perform continuing performance improvement activities and other administrative responsibilities, which may, from time to time, be required.

Meetings:

The Medicine/Family Practice Advisory Committee will meet as needed as called by the Department Chair or Chief of Staff.

### **IV. PRIVILEGES**

1. Privileges:  
Privileges will be granted by the Medicine/Family Practice Department, in accordance with Article V of the Medical Staff Bylaws.

General/Family Practice privileges in Obstetrics shall be governed by the Rules and Regulations of the Department of OB/Gyn/Neonatal. Any and all complications must have a consultant by a qualified obstetrician.

### **V. OBSERVATION REQUIREMENTS**

1. Proctoring:  
Following accepted practice, the Medicine/Family Practice Department shall appoint a proctor for each physician/psychologist on provisional status, temporary privileges and those seeking a modification of their current clinical privileges. The applicant is responsible for arranging for his/her proctor to be available to observe the procedure/s when necessary. Proctoring guidelines are as follows:
  - (a) Proctoring shall be accomplished by direct concurrent observation if at all possible. Retrospective review may also be conducted. Peer reviews conducted by the department may also be considered as a proctored case.
  - (b) A minimum of three (3) major cases must be observed. An additional number of cases may be required if the proctor feels that additional proctoring is required.

- (c) The proctor shall observe a variety of cases, based upon the privileges requested by the physician/psychologist.
- (d) The proctor shall complete proctor/evaluation forms which include the type of case, as well as an evaluation of the performance of the individual being proctored and submit the forms to the Medical Staff Office
- (e) Proctors must have sufficient training and expertise to judge the quality of work being performed by the provisionee.
- (f) State or County medical societies should be consulted for guidance in obtaining a proctor if there are no members qualified to proctor the provisionee.
- (g) The utilization of more than one proctor shall be encouraged. Except in extraordinary circumstances, associates shall not proctor each other.
- (h) Proctor/evaluation forms shall be reviewed by the Chief of the Department who, in turn, will make a recommendation to the Medical Executive Committee to either discontinue or continue proctoring

## **VII. DUTIES AND RESPONSIBILITIES**

### **1. General rules:**

All members of the Department of Medicine/Family Practice shall comply with the Bylaws, Rules and Regulations and policies of the Medical Staff of Pacific Hospital of Long Beach.

## **VIII. SCOPE OF CARE AND SERVICE**

### **1. Intensive Care and Coronary Care:**

Medical direction is provided through the Department of Medicine/Family Practice. The medical staff includes a Medical Director of Intensive Care and Coronary Care. The unit ordinarily accepts any patient 13 years or older as the primary population with current or potential life-threatening medical-surgical or cardiac conditions. The Intensive Care and Coronary Care exists to provide 24 hour high-quality care to adult patients who are critically ill. These patients may be acutely ill in unstable or stable conditions, in need of skilled technological monitoring, or in need of a life-saving procedure that requires a high degree of monitoring.

The primary patient population for the Intensive Care and Coronary Care may include, but is not limited to patients with: acute or impending respiratory failure, shock, acute cardiac disease, gastrointestinal disease, endocrine/metabolic crisis, ingestion/inhalation, neurologic disorders, other medical conditions such as pulmonary embolus, uncontrolled bleeding, pulmonary edema, surgical problems, and monitoring or technical concerns.

2. Emergency Department:

Emergency patients are of all ages with diagnoses of varying complexity.

The Emergency Department scope of care involves the assessment, diagnosis, treatment, and evaluation of perceived, actual, or potential, sudden or urgent, physical or psychosocial problems that are primarily episodic or acute and occur in a variety of settings.

3. Medical/Surgical:

The medical staff includes approved physicians under the direction of the Department of Medicine and Department of Surgery.

The department offers skilled, specialized nursing care to adult and geriatric inpatients with medical or surgical problems.

## IX. PSYCHIATRY SECTION

1. Mental Health:

The medical staff includes psychiatrists, psychologists, and other medical physicians who provide specialized care to the mentally ill patient. The unit accepts patients on Legal Holds applied to individuals who are a danger to self, danger to others, or who are gravely disturbed as well as voluntary admits. The mental health unit is a locked unit designed to offer comfort and promote a sense of well being for all patients, provide quality care, maintain patients' rights, and endeavor to maintain dignity of the patient.

2. Admission of patients

(a) Physicians shall admit only those patients suffering from psychiatric disorders.

(b) Admissions may be voluntary or involuntary.

(c) Refer to Hospital Policies and Procedures for a detailed description of the treatment planning process.

**3. Admissions criteria**

- (a) All physicians admitting patients shall be held responsible for giving such information to the nursing staff as may be necessary to assure the protection of the patient from the self harm and to assure the protection of other patients from those who are a source of danger.
- (b) All medical chronically ill Behavioral Health patients that are to be admitted should be discussed with the admitting medical physician prior to admission.
- (c) These patients should have a complete database prior to admission. Blood levels of medications that they are taking or supposed to be taking should be a part of this process, EKGs and x-rays should also be done on appropriate patients.
- (d) Patients that have arrhythmias are on Coumadin, require oxygen have had previous myocardial infarctions, on feeding tubes, are cachetic and are medically cleared for admissions should be admitted to either 1 South or 1 West.
- (e) Patients that have blood alcohol levels of greater than 250 and have mental status changes should be held until they are stable, especially if they have co-morbidities.
- (f) Patients with seizure disorders should be properly medicated with blood levels that would prevent them from having a break through seizure. Those whose levels are low but stable should also be admitted to 1 South or 1 West.
- (g) Patients that might require frequent medical attention or have multiple medical problems that might require the resources found in the main hospital should be admitted to main 1 South or 1 West.
- (h) Patient that might benefit from telemetry surveillance should be placed on 1 South or 1 West.
- (i) Patients that have medical emergencies on 1 South or 1 West should have assistance from both the ER physician and the house staff.
- (j) Patients requiring breathing treatments, IV medication and frequent wound care should be admitted to either 1 South or 1 West.

- (k) Medical physicians will follow the patients with major medical conditions for a minimum of two days a week or more frequently as dictated by the patient's condition.

4. Treatment Plans:

- (a) The attending physician shall be responsible to insure that comprehensive multi-disciplinary treatment plans are developed, reviewed, updated and are appropriate for each patient under his care. These include, but are not limited to, psychotherapy, miloeu therapy, chemotherapy, and recreation therapy.
- (b) The attending physician shall participate in the development of treatment plans for each patient under his care and will regularly attend all multidisciplinary team meetings to ensure care of his/her patients.
- (c) The attending physician shall authenticate each treatment plan for patients under his care demonstrating involvement and approval.
- (d) The attending physician's signature shall permit Allied Health Care Professionals to carry out their identified therapeutic assignments under supervision and within the scope of their licensure.
- (e) Refer to Hospital Policies and Procedures for a detailed description of the treatment planning process.

4. Special Treatment Procedures:

- (a) See hospital Seclusion & Restraint Policy
- (b) Electroconvulsive Therapy:  
Hospital does not offer Electroconvulsive Therapy
- (c) Psychosurgery:  
The hospital does not perform psychosurgery on adults, adolescents, or children or other surgical procedures for the intervention in or alteration of a mental, emotional, or behavior disorder.
- (d) Behavior Modification:  
The Hospital does not perform behavior modification procedures that use painful stimuli to adults, adolescents or children.

5. Within 24 hours after admission or immediately before, every patient shall have a complete history and physical examination and psychiatric evaluation performed.
6. **Psychiatric Evaluation:**  
The Psychiatric Evaluation will be completed within twenty-four(24) hours after the patient's admission and will include the following:
  - (a) Patient's name
  - (b) Medical record number
  - (c) Date of admission
  - (d) Chief complaint and/or reaction to hospitalization in patient's words, if possible
  - (e) History of present illness
  - (f) Past psychiatric history
  - (g) Medical history
  - (h) Substance abuse
  - (i) Medications
  - (j) Allergies
  - (k) Strengths/weaknesses
  - (l) Family and social history, educational, vocational, and occupational history
  - (m) Mental Status Exam – estimated intellectual functioning, and memory functioning:
    - 1) Orientation
    - 2) Cognitive functioning including ability to calculate, memory, vocabulary
    - 3) Thought content, pattern, and perception
    - 4) Mood and affect
    - 5) Insight
    - 6) Judgment
  - (n) Legal status
  - (o) Complete DMSIV diagnosis – all 5 axes
  - (p) Initial plan of care
7. All patients admitted to the Behavioral Health Units will be evaluated in the ER or seen by the psychiatrist immediately if the patient is new or unknown to the psychiatrist.
8. **Behavioral Health Unit Discharge**  
When a Pacific Hospital of Long Beach Behavior Health Unit patient is discharged to Pacific Hospital of Long beach Partial Hospitalization Program or Outpatient

Psychiatric services the "Discharge Summary to Partial Hospitalization Program or Outpatient Psychiatric Services" form may be substituted for the dictated discharge summary. The written discharge summary form documents the patient's outcome, condition at discharge, discharge instructions and required follow-up care.

Revised and approved:

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