

THE BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON

RESOLUTION & ORDER: 96-9-18-8) IN THE MATTER OF ADOPTING
) MEDICAL STAFF BYLAWS/RULES
) AND REGULATIONS FOR LANE
) COUNTY PSYCHIATRIC HOSPITAL
) ATTACHED AS EXHIBIT A

WHEREAS, Lane County has approved entering into an agreement with Sacred Heart to manage and operate the Lane County Psychiatric Hospital (LCPH), (Board Order No. 93-6-30-4; and

WHEREAS, pursuant to said agreement, Sacred Heart/LCPH is charged with the responsibility of advising the County and recommending the acceptance, revision or rejection of proper operating procedures and documents such as medical staff bylaws/rules and regulations; and

WHEREAS, Sacred Heart/LCPH has presented for Board adoption revised medical staff bylaws/rules and regulations which Sacred Heart/LCPH has reviewed and recommends the County accept them; now therefore it is hereby

ORDERED that the Board of County Commissioners adopt the medical staff bylaws, rules and regulations attached hereto as Exhibit A.

DATED this 18th day of September 1996.

FILED

SEP 24 1996

COUNTY CLERK
BY Pam DeWelle

APPROVED AS TO FORM
Date 9-12-96 Lane County
Stephen J. Walker
OFFICE OF LEGAL COUNSEL

Bobby Green, Sr.
Bobby Green, Sr., Chair
Board of County Commissioners

IN THE MATTER OF ADOPTING MEDICAL STAFF BYLAWS/RULES AND REGULATIONS FOR LANE COUNTY PSYCHIATRIC HOSPITAL ATTACHED AS EXHIBIT A

LANE COUNTY PSYCHIATRIC HOSPITAL
MEDICAL STAFF BYLAWS

PREAMBLE

Recognizing that the Medical Staff is responsible for promoting and monitoring the quality of medical care in the hospital and must accept and assume this responsibility subject to the ultimate authority of the hospital Governing Board, and that the best interest of the patient is enhanced by the concerted effort, the physicians practicing their profession at Lane County Psychiatric Hospital will organize themselves in conformity with these bylaws and rules and regulations. The name of this medical staff shall be the Medical Staff of the Lane County Psychiatric Hospital.

ARTICLE I

PURPOSE

The purposes of this organization are:

- A. To provide a medical staff environment where all patients admitted or treated in the facility or receiving services of the hospital may obtain appropriate care.
- B. To promote a high level of professional performance of all physicians authorized to practice in the hospital through the appropriate delineation of the clinical privileges and monitoring of the clinical activity of the Medical Staff.
- C. To provide a means whereby problems of the medico-administrative nature may be discussed by the Medical Staff with the Administrator or the Governing Board.
- D. To initiate and maintain self-government.
- E. To maintain educational standards.

ARTICLE II

DEFINITIONS

- A. The term "Medical Staff" means all duly licensed medical physicians who have privileges to attend patients in the hospital.
- B. The term "Physician" means an appropriately licensed medical physician as defined in Oregon Statute 677.100
- C. The term "Governing Board" means the Board of Lane County Commissioners.
- D. The term "Hospital" means Lane County Psychiatric Hospital.
- E. The term "Administrator" means the individual appointed by the Governing Board to act in its behalf in the overall management of the Hospital.

ARTICLE III

MEDICAL STAFF MEMBERSHIP

SECTION 1. NATURE OF MEDICAL STAFF MEMBERSHIP

- A. Membership on the Medical Staff may be granted to qualified Medical Staff applicants. No physician shall be automatically entitled to membership on the Medical Staff or to the exercise of particular clinical privileges merely because of licensure to practice in this or in any other state, or because of membership on any professional organization, or because of certification by any clinical board, or because of Medical Staff membership or privileges at another health care facility or in another practice setting.
- B. Membership on the Medical Staff or the right to exercise clinical privileges shall be extended only to professionally competent physicians who continuously meet the qualifications, standards and requirements set forth in these Bylaws.
- C. Appointment to and membership on the Medical Staff shall confer on the appointee or member only such clinical privileges and prerogatives as have been granted by the Governing Board in accordance with these Bylaws.
- D. No physician shall admit or provide services to patients in the Hospital unless he or she is a member of the Medical Staff or has been granted temporary privileges in accordance with the procedure set forth in these Bylaws.

SECTION 2. QUALIFICATIONS FOR APPOINTMENT/REAPPOINTMENT

Only physicians licensed to practice in Oregon shall be qualified for membership on the Medical Staff. Applicants and appointees to the Medical Staff must continuously meet the following requirements:

- A. Document their experience, background, training, ethics and professional ability, physical and mental health status with sufficient adequacy to demonstrate to the Medical Staff and the Governing Board that any patient treated by them will receive care of the generally recognized professional level of quality. The applicants shall have the burden of producing adequate information to satisfy the Medical Staff credentialing bodies and the Governing Board.
- B. Demonstrate a desire and ability to work harmoniously within the Hospital setting with other Medical Staff members, hospital employees and the Hospital Administration.
- C. Agree to enter into Medical Staff activities including: monitoring the quality of patient care, participating in educational programs, attendance at staff and appropriate committee meetings, and compliance with medical record completion standards. Members with clinical privileges shall maintain qualification in CPR.
- D. Agree to comply with all laws and regulations applicable to the Governing Board, with the Bylaws and Rules and Regulations of the Medical Staff, and with the policies of the hospital.
- E. Medical Staff members have a responsibility to provide essential medical care to all patients regardless of their ability to pay.
- F. Professional liability insurance is a standing requirement for physicians holding clinical privileges. The minimal amounts will be determined by the Rules and Regulations of the Medical Staff. Physicians must notify the Medical Director immediately of any change resulting in noncompliance.
- G. Medical Staff members have the responsibility to provide an alternate physician with similar skill and privileges to provide medical care in their absence.

SECTION 3. DURATION OF APPOINTMENT/REAPPOINTMENT

- A. All initial appointments and modifications of membership status or privileges shall be for a period extending to the time at which the appointee or Staff member is to be considered for reappointment.

- B. Initial appointments will be for a period of one (1) year.
- C. Reappointments to any category of the Medical Staff will be for a period not exceeding two (2) years.

SECTION 4. PROCEDURE FOR APPOINTMENT/REAPPOINTMENT

- A. Initial appointments and reappointments to the Medical Staff shall be by the Governing Board. The Governing Board shall act upon appointments, reappointments, denials or revocations of appointments after there has been a recommendation from the Medical Staff as provided by these Bylaws.
- B. The Medical Staff through its designated committees shall investigate and consider each application for appointment or reappointment to the Medical Staff and each request for modification of Staff Membership status or privileges and shall adopt and transmit recommendations to the Governing Board.
- C. The process of application for initial appointment, the responsibilities of the applicant, the processing and validation of the application, the review (evaluation) of the application, including all time periods, shall be specified in the Medical Staff Rules and Regulations, as appended to these Bylaws.

SECTION 5. LEAVE OF ABSENCE

- A. Request for a leave of absence from Staff membership should be submitted in writing to the Medical Staff stating the reason and anticipated duration of the leave.
- B. A leave of absence of up to one year may be granted by the Governing Board upon recommendation of the Medical Staff.
- C. Physicians absent from the Medical Staff for a period of more than one year will be required to submit a new application for reinstatement of Medical Staff membership.

SECTION 6. RESIGNATION

Resignation from the Medical Staff will automatically terminate all clinical privileges.

MEDICAL STAFF MEMBERSHIP STATUS**SECTION 1. STAFF STATUS**

The Medical Staff shall be divided into attending, consulting and affiliate.

SECTION 2. ATTENDING MEDICAL STAFF

- A. The Attending Medical Staff shall consist of physicians who regularly admit patients to the treatment center, who are located closely enough to the treatment center to provide continuous care to their patients and are obligated to assume all the functions and responsibilities of membership on the Attending Medical Staff, including peer review, medical education and Medical Staff organizational activities.
- B. Members of the Attending Medical Staff shall be appointed by the Governing Board, may vote and may be appointed to serve on Medical Staff committees.

SECTION 3. CONSULTING MEDICAL STAFF

- A. Consulting Medical Staff are physicians who consult for specific problems in their specialty and do not regularly attend patients.
- B. They must meet the qualifications and responsibilities specified by the Medical Staff.
- C. Consulting Medical Staff members shall be appointed by the Governing Board, may not vote and are not obligated to serve on committees.
- D. Consultants who see five (5) or less patients in any one year may be granted permission by the Medical Director to see patients as specified in Article V, Section 2.B.

SECTION 4. AFFILIATE MEDICAL STAFF

- A. The Affiliate Medical Staff shall consist of physicians who principally serve as alternates for the Attending Medical Staff. They are not obligated to assume all the functions and responsibilities of the Attending Medical Staff membership, peer review, medical education or Medical Staff organizational activities.
- B. Affiliate Medical Staff members shall be appointed by the Governing Board and may not vote.

CLINICAL PRIVILEGES

Each member of the Medical Staff will be entitled to exercise only those clinical privileges specifically recommended by the Medical Staff and granted by the Governing Board except as provided in Section 2 and Section 3 of this Article V. (See Article III, Section 4).

SECTION 1. APPLICATION

- A. Application for Medical Staff membership must contain a request for specific clinical privileges desired by the applicant. Action on such requests shall be based upon the applicant's education, training, experience, demonstrated competence, references and other relevant material. The applicant shall have the burden of establishing his or her qualifications and competency for the privileges requested.
- B. All requests for clinical privileges shall be processed pursuant to the procedures outlined in these Bylaws for appointment to the Medical Staff, Article III, Section 4.
- C. Applicants are to request clinical privileges in a defined specialty in one of four categories listed below:

CATEGORY I Physicians with these privileges either

- a) have received limited training beyond medical school; or
- b) infrequently use the Hospital for patient care activities.

They may render care and consultation commensurate with their training and experience. All patient records and performance of these practitioners will be reviewed by the Medical Director or designee.

CATEGORY II Physicians with these privileges have training and experience in Emergency Medicine. They render appropriate emergency care and request consultation when the diagnosis is unclear or when specialized treatment or procedures are contemplated. When admitting a patient to the Hospital, another physician is to be consulted to assume responsibility and care of the patient.

CATEGORY III Physicians with these privileges have completed a residency or have completed two or more years of residency training. They do not perform frequent consultation in the Hospital. They may act as consultants but are expected to request timely specialty consultation when doubt persists as to the diagnosis, when the expected improvement is not soon apparent or when specialized therapeutic or diagnostic techniques are indicated.

CATEGORY IV Physicians with these privileges will have completed an approved specialty or sub-specialty residency. They perform frequent consultations and/or extensive special procedures. In general, they care for the most critically ill patients and are involved with the most complex procedures. They must document their skill and experience to be granted this category and must demonstrate continued skill and experience at the time of reapplication for this category. They are expected to request consultation when diagnosis is in doubt, when unexpected complications arise or when another physician may be required for appropriate management.

SECTION 2. TEMPORARY PRIVILEGES

A. Medical Staff Applicant:

Upon receipt of an application for Medical Staff membership from an appropriately licensed physician, the Administrator or a designee with written concurrence of the Medical Director, may grant temporary privileges to the applicant. In exercising such privileges, the applicant shall act under the supervision of the Medical Director.

B. Visiting Physicians:

Temporary clinical privileges may be granted by the Medical Director or a designee for the care of a specific patient to the physician who is not an applicant for membership. Prior documentation of licensure, of malpractice insurance, of training acceptable to the Medical Staff and approval by the Medical Director must be obtained. Such temporary privileges may be granted for the treatment of up to five (5) patients, after which such physician shall be required to apply for membership on the Medical Staff before being allowed to attend additional patients. These privileges are not intended for repeated and regular use.

- C. The Medical Director may permit a physician to attend patients without applying for membership on the Medical Staff for a period of not to exceed thirty (30) days, providing all of the physician's credentials have first been approved by the Medical Director.
- D. Special requirements of supervision and reporting may be imposed by the Medical Director or designee on any physician granted temporary privileges. Temporary privileges shall be immediately terminated by the Medical Director upon notice of any failure by the physician to comply with such special conditions.
- E. Locum Tenens:

Hospital privileges for locum tenens will not be granted unless there are unusual or extenuating circumstances. An application must be made and processed as per Article III, Section 4.
- F. Restrictions and/or Termination of Temporary Privileges:

Special requirements of supervision and reporting may be imposed by the Medical Director on any physician granted temporary privileges. Temporary privileges shall be immediately terminated by the Administrator upon notice of any failure by the physician to comply with the special conditions.

SECTION 3. EMERGENCY PRIVILEGES

In the case of emergency, any physician member of the Medical Staff, to the degree permitted by licensure and regardless of service or staff status, or lack of it, shall be permitted and assisted to do everything possible to save the life of a patient, using every facility of the Hospital necessary or desirable. When an emergency situation no longer exists, such privileges are automatically terminated.

ARTICLE VI

APPOINTMENT AND REAPPOINTMENT FOR MEMBERSHIP AND PRIVILEGES

SECTION 1. EVALUATION REQUIREMENTS FOR APPOINTMENT

- A. All initial appointments to Medical Staff membership which include clinical privileges shall be subject to a period of evaluation by the Medical Director or a designee to determine eligibility for continued appropriate Medical Staff status and for exercising the clinical privileges initially granted.

- B. After the designated period of evaluation, the Medical Director will recommend to the Medical Staff that the appointee be reappointed or not be reappointed.
- C. The evaluation period for initial appointment is one (1) year.

SECTION 2. REAPPOINTMENT

- A. Review for reappointment and reappraisal of privileges will be based on patient care activities, conformance with hospital and Medical Staff Bylaws, Rules and Regulations and with the policies of the hospital; physical and mental health status, continuing medical education, attendance at Medical Staff and committee meetings and compliance with medical record completion standards.
- B. An application for reappointment shall be sent to each Medical Staff member ninety (90) days prior to the termination of current membership. Specifics of the procedure are outlined in the Rules and Regulations.
- C. The completed application is reviewed by the Medical Director, Medical Staff and the Governing Board according to the sequence and provisions as outlined for the review of an application for initial Medical Staff membership, Article III, Section 4.
- D. Reappointment to Medical Staff membership and privilege categories shall be for a period of not more than two (2) years. Reappointment at age 65 and over will be for a maximum of twelve (12) months.

SECTION 3. MODIFICATIONS - MEMBERSHIP STATUS AND/OR PRIVILEGES

- A. A Medical Staff member may, either in connection with reappointment or at any other time, request modification of Medical Staff category or clinical privileges by submitting a written request to the Medical Director.
- B. Requests for modification for clinical privileges must include documentation of appropriate training, certification and/or experience. A change in clinical privileges may result in a period of evaluation as determined by the Medical Director. Performance appraisal will be conducted and reported as specified in Article VI, Section 1.

ARTICLE VII

LIMITATIONS AND/OR SUSPENSION OF PRIVILEGES/MEDICAL STAFF STATUS

SECTION 1. CHANGES IN HEALTH STATUS

- A. Clinical privileges will be temporarily limited or suspended by the Administrator on the recommendation of the Medical Director whenever a change in the physical or mental status adversely affects the ability of a physician to perform his or her clinical privileges.
- B. The Medical Staff will review such suspension and/or limitations at their next meeting or within 30 days and make appropriate recommendations.
- C. Reinstatement of clinical privileges must be requested by the affected Medical Staff member.

SECTION 2. IMMEDIATE SUSPENSION

- A. Whenever a physician's conduct requires that immediate action be taken to protect the life of any patient(s) or to reduce the substantial likelihood of immediate injury or damage to the health or safety of any patient, employee or other person present in the Hospital, the Medical Director, Hospital Administrator or the Governing Board shall have the authority to suspend the Medical Staff membership status and all or any portion of the clinical privileges of such physicians.
- B. Such suspension shall become effective immediately upon the imposition and the Hospital Administrator shall promptly give special notice of the suspension to the physician. In the event of any such suspension, the physician's patients then in the Hospital whose treatment by such physician is terminated by the suspension shall be assigned to another physician by the Medical Director.
- C. Within ten (10) days after such suspension, a meeting of the Medical Staff shall be convened to review and consider the action taken. The Medical Staff may recommend modification, continuation or termination of the terms of the suspension.
 - 1. Unless the Medical Staff recommends immediate termination of the suspension and cessation of all further corrective action, the physician shall be entitled to the procedural rights provided in the Bylaws and the matter shall be processed in accordance with the provisions of Article IX. The terms of the suspension, as originally imposed, shall remain in effect pending a final decision.

2. The Medical Staff recommendation to terminate the suspension and to cease all further corrective action shall be transmitted immediately, together with all supporting documentation, to the Governing Board for review and final decision. The terms of the suspension as originally imposed shall remain in effect pending a final decision of the Governing Board.

SECTION 3. AUTOMATIC SUSPENSION

- A. **LICENSE** - A Medical Staff member whose license, certificate or other legal credential authorizing him or her to practice in this state is revoked or suspended shall immediately and automatically be suspended from practicing in the Hospital. If a physician is placed on probation by the Oregon State Board of Medical Examiners, the physician is required to notify the Medical Staff in writing within ten (10) days.
- B. **DEA NUMBER** - A Medical Staff member whose DEA (Drug Enforcement Administration) registration number is revoked and suspended shall immediately and automatically be divested of his or her right to prescribe medications covered by the number.
- C. **MEDICAL RECORDS** - An automatic suspension shall, after warning of delinquency, be imposed for failure to complete medical records as specified in the Rules and Regulations.
- D. **PROFESSIONAL LIABILITY INSURANCE** - A physician whose professional liability insurance coverage does not meet the requirement as set forth in Article III, Section 2, will have his or her clinical privileges automatically suspended pending evaluation of the Medical Staff.

ARTICLE VIII

DUE PROCESS AND CORRECTIVE ACTION

SECTION 1. DUE PROCESS RELATIVE TO ASSIGNMENT OF MEDICAL STAFF STATUS AND GRANTING OF CLINICAL PRIVILEGES

A Medical Staff member has recourse to the Article IX Hearing Procedures when an adverse judgement has been rendered concerning assignment of Medical Staff status and/or the granting of clinical privileges.

SECTION 2. PROCEDURE FOR CORRECTIVE ACTION

Whenever the activity of a Medical Staff member appears to be detrimental to patient safety or disruptive to Hospital operation, request for corrective action against such member may be initiated by any member of the Medical Staff.

- A. All requests for corrective action, where preliminary investigation indicates, shall be submitted to the Medical Staff.
- B. The Medical Staff shall forward, without discussion, the request for corrective action to the Medical Director or to a physician or physician appointed by the Medical Staff for investigation. The Medical Director or appointed physician(s) shall immediately investigate the matter, notify the involved Staff member in writing and report the findings to the Medical Staff.
- C. As soon as practical after receipt of the report, the Medical Staff shall reject the charges or take one of the following actions:
 - (1) Issue a warning, letter of admonition or reprimand.
 - (2) Recommend terms of probation or individual requirements of consultation.
 - (3) Recommend alteration of clinical privileges.
 - (4) Recommend suspension or revocation of Medical Staff membership and clinical privileges.
- D. Any action by the Medical Staff pursuant to subparagraph C or any combination of such action shall entitle the affected member to the procedural rights and the matter shall be processed in accordance with the provisions of Article IX Hearing Procedures.
- E. If the Medical Staff takes any action other than rejecting the charges, such action should be transmitted immediately with all supportive evidence to the Governing Board.

SECTION 3. INVESTIGATION DURING SUSPENSION

A suspension or restriction of clinical privileges, for a period of not longer than fourteen (14) days, during which an investigation is being conducted to determine the need for professional action, shall not require the hearing or appellate procedures under Article IX.

ARTICLE IX

HEARING PROCEDURES AND APPELLATE REVIEW

SECTION 1. RIGHT OF HEARING PROCEDURES

A physician has recourse to this Hearing Procedure when a decision has been made adversely effecting that physician's Medical Staff status or clinical privileges.

SECTION 2. REQUEST FOR HEARING BOOK 158 PAGE 0351

- A. The Administrator shall be responsible for written notice to the physician of an adverse decision regarding application, membership or privileges within ten (10) days. The notice shall also state that the physician has the right to request a hearing under these Bylaws and that the physician has thirty (30) days within which to request a hearing. Such notice shall be delivered by certified mail, return receipt requested.
- B. If the physician desires to have a hearing, he or she shall request a hearing in writing to the Administrator within thirty (30) days of notification. Failure to request within this time period and in the manner provided shall constitute a waiver of the right to such a hearing and to any further appeal.

SECTION 3. NOTICE OF HEARING

Within ten (10) days after receipt of a request of hearing from an applicant or member, the Administrator shall schedule and arrange for a hearing and shall notify the individual in writing of the time, place and date by certified mail, return receipt requested. The Notice of Hearing shall contain a concise statement of the physician's alleged acts or omissions, a list by number of the specific or representative patient records in question and/or the other reasons. The hearing date shall be not less than thirty (30) days from the date of receipt of the request for hearing unless both parties agree to a continuance.

SECTION 4. COMPOSITION OF HEARING COMMITTEE AND CONDUCT OF HEARING

- A. At the election and discretion of the Medical Director, the hearing entity shall consist of one of the following:
- 1) A panel of three (3) individuals appointed by the Medical Director and who are not in direct economic competition with the physician involved;
 - 2) A hearing officer appointed by the Medical Director and who is not in direct economic competition with the physician involved; or
 - 3) An arbitrator mutually acceptable to the physician and the Medical Director.

The Medical Director may request the Oregon Board of Medical Examiners appoint a hearing officer or panel under this Paragraph A.

- B. The right to hearing is forfeited if the physician fails, without good cause, to appear.
- C. In the hearing, the physician has the right to:
- 1) representation by an attorney or other person of the physician's choice;
 - 2) have a record made of the proceedings, copies of which may be obtained by the physician upon payment of any reasonable charges associated with the preparation thereof;
 - 3) call, examine and cross-examine witnesses;
 - 4) present evidence determined to be relevant by the hearing officer, regardless of the admissibility in a court of law; and
 - 5) submit a written statement at the close of the hearing.
- D. Upon completion of the hearing, the physician involved has the right to receive:
- 1) the written recommendation of the arbitrator, officer or panel, including a statement of basis for the recommendations; and
 - 2) a written decision of the Hospital, including a statement of the basis for the decision.

SECTION 5. HEARING PROCEDURE

- 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. A sworn, accurate record of the hearing shall be kept. The mechanism shall be established by the Hearing Committee and may be accomplished by use of a court reporter, an electronic recording unit or detailed transcription.
- C. The personal presence of the physician for whom the hearing has been scheduled shall be required. A physician who fails without good cause to appear and proceed at such hearing shall have waived rights to the hearing in the same manner as provided in Section 2 of this Article and shall have accepted the adverse recommendation or decision involved.
- D. A hearing officer, arbitrator or the chairperson of the Hearing Committee shall preside over the hearing to determine the order of procedure during the hearing, to assure that all participants have a reasonable opportunity to present relevant oral and documentary evidence.

- E. The hearing need not be conducted strictly according to the rules of law relating to the examination of the witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs shall be considered. The petitioner for whom the hearing is being held shall, prior to or during the hearing, be entitled to submit memoranda concerning issues of procedure or of fact and such memoranda shall become part of the hearing record.
- F. The Medical Director shall appoint a member to represent the Medical Staff at the hearing to present the facts in support of it's recommendation or decision and to examine witnesses. If the Medical Director, member or petitioner will be represented by an attorney at the hearing, the party so represented shall notify the others of this fact at least ten (10) days before the hearing.
- G. When a hearing relates to the denial of initial staff appointment, reappointment, requested advancement of staff category or to a suspension of privileges, the physician shall come forward initially with the evidence. In all other cases in which the hearing is conducted under this Article, the body whose action or decision prompted the hearing shall come forward initially with the evidence in support of it's action or decision.
- H. In all cases in which a hearing is conducted under this Article, after all the evidence has been submitted by both parties, the Hearing Committee shall find against the physician unless it finds that such person has proved, by a preponderance of the evidence, that the factual allegations are untrue in total or in substantial part or unless it concludes, based on it's findings of fact, that the action which prompted the hearing was arbitrary or unreasonable.
- I. Each side shall have the following rights: to call and examine witnesses; to introduce evidence; to cross-examine any witness on any matter relevant to the issue of the hearing; to challenge any witness and to rebut any evidence. If the physician does not testify in his or her own behalf, the physician may be called and examined as if under cross-examination.
- J. 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 the evidence, the hearing shall be closed. The Hearing Committee may thereupon, at a time convenient to itself, conduct it's deliberations outside the presence of the physician for whom the hearing was convened.

- K. Within ten (10) days after final adjournment of the hearing, the Hearing Committee shall make a written report and recommendations, including a statement of the basis for the recommendations, and shall forward the same, together with the hearing record and all other documentation, to the Medical Staff. The report may recommend confirmation, modification or rejection of the original adverse recommendation of the Medical Staff.
- L. Within fifteen (15) days of receipt of the Hearing Committee's report and recommendations, the Medical Staff shall either accept, reject or modify the Hearing Committee's recommendations and shall forward its recommendations and statement of basis therefore, along with the hearing record, the Hearing Committee's report and recommendation and all other documentation to the Governing Board.
- M. Within thirty (30) days of receipt of the Medical Director's recommendations, the Governing Board shall consider the same, together with the hearing record, the hearing documentation and affirm, modify or reverse the recommendation of the Medical Director. The decision shall be in writing, including the basis for the decision.
- N. The Administrator shall promptly give notice of the decision of the Governing Board to the Medical Director. The Administrator shall also promptly send a copy of the written recommendation of the hearing officer, arbitrator or panel to the physician, including the statement of the basis therefore, as well as a copy of the written decision of the Governing Board, including the statement of the basis for the decision, by certified mail, return receipt requested.

SECTION 6. APPELLATE REVIEW TO THE GOVERNING BOARD

Within fifteen (15) days of notification of the Governing Board's decision, if the physician desires to initiate Appellate Review, he or she shall request Appellate Review in writing to the Administrator. Failure to request within the time period and in the manner provided shall constitute a waiver of any further appeal.

Upon receipt of a timely request for Appellate Review, the Administrator shall deliver such request to the Governing Board. As soon as practicable, the Governing Board shall schedule and arrange for an Appellate Review which shall be not less than fifteen (15) days from the receipt of the Appellate Review request; provided, however, that an Appellate Review for a physician who is under a suspension then in effect shall be held as soon as the arrangements for it may reasonably be made, but not later than thirty (30) days from the date of receipt of the request for review. At least fifteen (15) days prior to the Appellate Review, the Administrator shall send the physician special notice of the time, place and date of the review. The time for the Appellate Review may be extended by the Governing Board for good cause and if the request therefore is made as soon as is reasonably practical.

- A. The proceedings by the Governing Board shall be in the nature of an Appellate Review based upon the record of the hearing before the Hearing Committee, that committee's report and all subsequent results and actions thereon.
- B. The physician seeking the review may submit a written statement detailing the findings of fact, conclusions and procedural matters with which he or she disagrees, and his or her reasons for such disagreement. This written statement may cover any matters raised at any step in the hearing process and legal counsel may assist in its preparation. The statement shall be submitted to the Appellate Review body through the Administrator at least fifteen (15) days prior to the scheduled date of the Appellate Review, except if such time limit is waived by the Appellate body. A written statement in reply may be submitted by the Medical Staff or by the Governing Board, and if submitted, the Administrator shall provide a copy thereof to the physician at least fifteen (15) days prior to the scheduled date of the Appellate Review.
- C. The Governing Board, in its sole discretion, may allow the parties or their representatives to personally appear and make oral statement of their positions. Any party or representative so appearing shall be required to answer questions put to him or her by any member of the Appellate Review body.
- D. New or additional matters or evidence not raised or presented during the original hearing or in the hearing report and not otherwise reflected in the record shall be introduced at the Appellate Review only at the discretion of the Governing Board, following an explanation by the party requesting the consideration of such matter or evidence as to why it was not presented earlier.
- E. The Governing Board shall have all the powers granted to the Hearing Committee, and such additional powers as are reasonably appropriate to the discharge of its responsibilities.
- F. The Governing Board may affirm, modify or reverse the adverse result or action taken by the Medical Staff or by the Governing Board, or, at its discretion, may refer the matter back to the Hearing Committee for further review and recommendation to be returned to it within fifteen (15) days and in accordance with its instructions. Within fifteen (15) days after receipt of such recommendations after referral, the Governing Board shall make its final decision.

ARTICLE X

COMMITTEES

SECTION 1. MEDICAL STAFF

SEE RULES AND REGULATIONS

SECTION 2. JOINT CONFERENCE COMMITTEE

A. Composition/Selection:

The Joint Conference Committee shall consist of two representatives each from the Governing Board, Medical Staff and Administration. The Chairmanship of this Committee will be alternated among these three groups.

B. Functions and Responsibilities

1. To provide a formal means of medico-administrative liaison among the Governing Board, Administration and Medical Staff.
2. To suggest joint solutions toward problem solving.
3. To consider plans and programs to meet future needs.
4. To review utilization of support services, including studies of the capability of the services to respond to the demand of the medical practice, such as space needs, personnel and equipment.
5. The Committee shall meet quarterly and additional meetings may be called as needed. Minutes of the meeting shall be recorded and reported to the Governing Board and to the Medical Staff. This Committee will also have the responsibility for reviewing hospital-wide quality assurance activities and recommending any necessary changes to the Governing Board.

SECTION 3. COMMITTEES

SEE RULES AND REGULATIONS

MEETINGS

SECTION 1. RULES OF ORDER

Meetings will be conducted according to the Sturgis Standard Code of Parliamentary Procedure.

SECTION 2. GENERAL MEDICAL STAFF

A. Regular Meetings:

The general Medical Staff meetings will be held on a monthly schedule, with no less than nine (9) meetings per year.

B. Additional Meetings:

Additional general Medical Staff meetings may be called by the Medical Director, the Administrator, the Governing Board or by 25% of the voting Medical Staff members. The Medical Staff shall be notified in writing at least ten (10) days prior to any such additional meeting. The notice shall specify the date, time, place and the business to be transacted.

C. Agenda:

The agenda at a regular meeting shall be determined by the Medical Director and must include:

1. Approval of minutes of previous regular and special meetings.
2. Review of Medical Staff activities.
3. Report of Medical Director.
4. Committee reports.
5. Proposed revisions of Bylaws and Rules and Regulations.

SECTION 3. COMMITTEES

A. Regular Meetings:

Committees shall meet as necessary as determined by the Chair.

B. Additional meetings:

Additional meetings may be called at the request of the Medical Director or the Committee Chair.

C. Agenda:

The agenda shall include, when appropriate:

1. Review of the quality of patient care.
2. General business.

SECTION 4. QUORUM**A. General Medical Staff Meetings:**

The presence of at least 51% of the voting members at any regular or special meeting shall constitute a quorum.

B. Committee Meetings:

The presence of at least 51% of the voting members of Committees shall constitute a quorum.

SECTION 5. MINUTES

Minutes of all meetings shall be recorded, including the vote taken on each matter, in accordance with the format described in the Rules and Regulations. A permanent file of minutes of each meeting will be maintained.

SECTION 6. ATTENDANCE REQUIREMENTS

All members of the Attending Medical Staff shall be required to attend at least 50% of the General Medical Staff meetings and 50% of the Committee meetings to which appointed each year unless excused. The Medical Staff will evaluate the attendance record of each member and this evaluation will be taken into account during the reappointment process as specified in Article VI, Section 2A.

CONFIDENTIALITY AND IMMUNITY

To the fullest extent allowed by law, each report, information, complaint or accusation made and evidence given, and each recommendation under the article on membership or the article on hearing and appeals of these Bylaws shall be deemed a privileged communication. Each member of the Medical Staff waives and releases all rights of personal redress against the Medical Staff, the Governing Board and each person and entity thereon or involved with disciplinary or evaluation action taken under these Bylaws and each person and entity providing information in connection therewith. The Hospital shall comply with state and federal reporting laws.

No representative of the Hospital or Medical Staff shall be liable in any judicial proceeding for damages or other relief for any action taken or statement or recommendation made within the scope of duties as a representative. Regardless of any provisions of state law to the contrary, truth shall be an absolute defense for a representative in all circumstances. Such immunity shall apply to all acts, communications, reports, recommendations or disclosures performed or made in connection with this or any other health care institution's activities concerning, but not limited to:

1. Applications for appointment or clinical privileges
2. Periodic reappraisals for reappointment of clinical privileges
3. Corrective action, including summary suspension
4. Hearings and appellate reviews
5. Quality assessment activities
6. Utilization reviews
7. Other hospital departmental, service, committee or subcommittee activities related to monitoring and maintaining the quality of patient care and appropriate professional conduct
8. Other Medical Staff functions provided for in these Bylaws

The acts, communications, reports, recommendations, disclosures and other information referred to in this article may relate to a physician's professional qualifications, clinical competency, judgement, character, physical and mental health, professional ethics, ability to work cooperatively with others, economic efficiency or any other matter that might directly or indirectly affect patient care or the efficient functioning of an institution or organization.

ARTICLE XIII

RULES AND REGULATIONS

The Medical Staff shall adopt such Rules and Regulations as may be necessary for proper conduct of it's work. Such Rules and Regulations shall be a part of the Bylaws, except that they may be amended at any Medical Staff meeting, without previous notice, by a two-thirds vote of the Medical Staff members present. Such amendments shall become effective when approved by the Governing Board.

ARTICLE XIV

REVIEW AND AMENDMENTS

These Bylaws shall be regularly reviewed to assure their conformity to applicable law. These Bylaws may be amended after notice given at any regular meeting of the Medical Staff. The proposed amendment shall be referred to the Bylaws Revision Committee who shall report at the next regular Medical Staff meeting and shall require a two-thirds majority of the Medical Staff members present for adoption. Amendments so made shall be effective when approved by the Governing Board.

ARTICLE XV

ADOPTION

These Bylaws, together with the appended Rules and Regulations, shall be adopted at any regular Medical Staff meeting and shall become effective when approved by the Governing Board. They shall, when adopted and approved, be equally binding on the Governing Board and the Medical Staff.

ADOPTED BY THE MEDICAL STAFF OF LANE COUNTY PSYCHIATRIC HOSPITAL

Date:

Medical Director

Revised:

Medical Director:

APPROVED BY THE GOVERNING BOARD OF LANE COUNTY PSYCHIATRIC HOSPITAL

Date:

Administrator:

Revised:

Administrator:

LANE COUNTY PSYCHIATRIC HOSPITAL
MEDICAL STAFF RULES AND REGULATIONS

SECTION 1. ADMISSION AND DISCHARGE OF PATIENTS

- A. A patient may be admitted to the Hospital only by a member of the Medical Staff. All practitioners shall be governed by the official admitting policy of the Hospital.
- B. A provisional diagnosis shall be made before a patient is admitted. In the case of an emergency the diagnosis shall be stated as soon as possible after admission.
- C. Physicians admitting patients will provide necessary, available information to the hospital staff on duty.
- D. Patients will be transferred on the order or notification of the responsible physician.
- E. Patients shall be discharged only on an order of a physician unless a patient leaves the hospital against medical advice. In that case, a discharge summary will be required.
- F. Referrals for diagnostic outpatient services will be accepted from physicians, surgeons and dentists licensed by the Board of Medical Examiners or the Board of Dental Examiners. A report of the test will be forwarded to the patient's referring physician.

SECTION 2. MEDICAL RECORDS

- A. All records and files shall be the property of the Hospital. Medical records shall not be removed from the Hospital's jurisdiction without a subpoena, court order or statute.
- B. Free access to medical records shall be afforded to physicians in good standing for bona fide study and research in conformity with the guidelines established by the Research Committee.

- C. The attending physician shall be responsible for the preparation of a complete medical record. The entire medical record, including all signatures, shall be completed within fifteen (15) days following discharge. However, medical charts lacking sufficient information for medical record coding shall be considered delinquent seven (7) days from the date of discharge. Any physician who has delinquent records shall be denied hospital privileges until his records have been properly completed.
- D. A medical history and physical examination shall be written or dictated within 24 hours after admission of the patient. The medical record shall at all times reflect the appropriate clinical information. If a patient is readmitted within 30 days and the previous history and physical is available, an interval note will be adequate.
- E. Consultations shall be done within 24 hours of the request and recorded in the medical record as soon as possible.
- F. At the time of discharge, a final or discharge diagnosis shall be recorded in full, without the use of abbreviations, on the front sheet of the medical record.
- G. A discharge summary shall be required on cases hospitalized over 48 hours. A final progress note will be adequate on minor cases hospitalized under 48 hours. A discharge summary shall be recorded for all patients who expire.
- H. All clinical entries in the patient's medical record shall be dated and signed.
- I. **ORDERS:**
 - 1. All orders for treatment shall be in writing. All verbal orders can be accepted and transcribed by a Registered Nurse or Licensed Practical Nurse II. Orders dictated over the telephone shall be signed by the person to whom dictated along with the name of the physician who dictates the order. Verbal orders, regardless of the mode of transmission, shall be signed by the ordering physician or his or her alternate within 24 hours whenever possible.
 - 2. All drug orders for narcotics shall be automatically discontinued at an interval specified by the appropriate committees and approved by the Medical Staff unless the order indicates an exact number of doses to be administered, an exact period of time for the medication is specified or the attending physician reorders the medication.

SECTION 3. CONSULTATIONS

- A. Timely consultation with another qualified physician shall be required:
 - 1. When the diagnosis seems obscure; or
 - 2. If there is doubt as to the best therapeutic measures to be utilized.
- B. Twenty-four (24) hours after the consultation is requested, it should be accomplished and a note placed in the medical record.
- C. A consultant must be well qualified to give an opinion in the field in which his or her opinion is sought. The consultant must examine the patient, review the record and write his or her opinion in the medical record.

SECTION 4. TWENTY-FOUR HOUR STAFFING

The Hospital will be staffed twenty-four (24) hours per day by the physicians. Medical Staff will at all times have an Attending or Affiliate member of the Staff promptly available. Physicians, or their alternates, on call shall be immediately available by telephone or paging service and shall be able to be in the Hospital within a thirty (30) minute period.

SECTION 5. GENERAL RULES REGARDING MEDICAL STAFF RESPONSIBILITIES

- A. The Medical Staff will meet monthly.
- B. Each member of the Medical Staff shall personally arrange for an alternate member(s) of the Medical Staff who agrees to attend his or her patients in an emergency. In case of failure to obtain the physician or his or her alternate, the Administrator of the Hospital shall have the authority to call any member of the Medical Staff should this be considered necessary.
- C. A member of the Attending Medical Staff shall not be required to be on more than three committees nor Chairman of more than one.
- D. Rules and Regulations shall be adhered to by the members of the Medical Staff.

SECTION 6. APPOINTMENT/REAPPOINTMENT PROCEDURE:

A. APPOINTMENT PROCEDURE:

1. **Application form:** Each application for appointment to the Medical Staff shall be in writing, submitted on the prescribed form and signed by the applicant. When the applicant requests an application form, he or she shall be given a copy of, or access to a copy of, these Bylaws, the Medical Staff Rules and Regulations and a letter of instructions.
2. **Applicant's burden:** The applicant shall have the burden of producing adequate information for a proper evaluation of his or her experience, background, training, demonstrated ability, physical and mental health status, malpractice insurance information and of resolving any doubts about these or any of the other basic qualifications.
3. **Verification of Information:** The applicant shall deliver a completed application to the Administrator or Designee who shall, in a timely manner, seek to collect or verify the references, licensure and other qualification evidence submitted. The Hospital administration shall promptly notify the applicant of any problems in obtaining the information required and it shall then be the applicant's obligation to obtain such information. When collection and verification is accomplished, the Administrator shall transmit the application and all supporting materials to the Medical Staff Director:
4. Upon receipt of the completed application, the Medical Director will review the application and supporting documentation and make a recommendation to the Medical Staff.
5. The Medical Staff will review the application, supporting documentation, and the Medical Director's recommendation. The Medical Staff will make a recommendation based on a vote of a quorum of voting members. This recommendation will be forwarded to the Governing Board.

Effect of Action:

- a. **Deferral:** Action by the Medical Staff to defer the application for further consideration must be followed up at the next regularly scheduled Medical Staff meeting, with a subsequent recommendation for initial appointment with specified clinical privileges, or for rejection of Medical Staff membership.

- b. **Favorable recommendation:** When the recommendation of the Medical Staff is favorable to the applicant, the Administrator shall promptly forward it, with all supporting documentation, to the Governing Board.
 - c. **Adverse recommendation:** When the recommendation of the Medical Staff is adverse to the applicant, the Administrator shall promptly forward such recommendation, with all supporting documentation, to the Governing Board.
6. **Governing Board action:**
- a. **On favorable Medical Staff recommendation:** The Governing Board shall, in whole or in part, adopt or reject a favorable recommendation of the Medical Staff or refer the recommendation back to the Medical Staff for further consideration; stating the reasons for such referral back and setting a time limit within which a subsequent recommendation shall be made. If the Governing Board's action is adverse to the applicant, the Administrator shall promptly so inform the applicant by special notice. If an applicant is granted Medical Staff Status but feels his or her privileges are adverse, the physician is entitled to the procedural rights provided in these Bylaws.
 - b. **Without benefit of Medical Staff recommendation:** If the Governing Board does not receive a Medical Staff recommendation within the time period specified in 6.a., it may, after notifying the Medical Staff, take action on its own initiative. If such action is favorable, it shall become effective as the final decision of the Governing Board. If such action is adverse, the Administrator shall promptly so inform the applicant by special notice. If an applicant is granted Staff Status but feels his or her privileges are adverse, the practitioner is entitled to procedural rights provided in these Bylaws.
7. **Conflict resolution:** Whenever the Governing Board's proposed decision will be contrary to the Medical Staff's recommendation, the Governing Board shall submit the matter to a Joint Conference of equal numbers of Medical Staff and Governing Board Members for review and recommendation before making its final decision and giving notice of final decision.

8. Notice of final decision:
 - a. Notice of the Governing Board's final decision shall be given through the Administrator to the Medical Director and to the applicant.
 - b. A decision and notice to appoint shall include:
 - 1) the staff status to which the applicant is appointed,
 - 2) the clinical privileges he or she may exercise, and
 - 3) any special conditions attached to the appointment.

B. REAPPOINTMENT PROCEDURE:

1. Reappointment to the Medical Staff shall be for a period not exceeding two years.
2. Ninety (90) days prior to the expiration of the present Medical Staff appointment, each member will receive a reappointment form from the Medical Director.
3. Each Medical Staff member must complete the form and return it to the Medical Director within forty-five (45) days.
 - a. Failure to return the form without good cause shall be deemed a voluntary resignation from the Medical Staff at the member's expiration of the current term. A physician whose membership is so terminated shall be entitled to the procedural rights provided in the Bylaws.
4. Reappointment form: The applicant must reapply for clinical privileges as specified in the Bylaws, Category I, II, III or IV, and the specific procedures. The physician may apply for a modification of privileges, indicating appropriate training and education for additional privileges requested. Applicants must document their physical and mental health status. Continuing education documentation may be included.
5. Medical Staff action and Governing Board actions will be in accordance with the appointment procedure outlined in these Rules and Regulations.

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6. Bases for recommendations: 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 ability and the clinical judgement in the treatment of patients, professional ethics, discharge of Staff obligation, compliance with the Medical Staff Bylaws and Rules and Regulations and cooperation with other physicians.

SECTION 7. COMMITTEES

A. MEDICAL STAFF

1. The Medical Staff is made up of those individuals providing medical care to patients at the Lane County Psychiatric Hospital.
2. The Medical Staff Meeting quorum is based on the number of psychiatrists who provide daily patient care and does not include psychiatrists who take call only, psychiatrists who provide only occasional coverage and consulting staff. These physicians are invited, but not required to attend.

B. JOINT CONFERENCE COMMITTEE - See Bylaws, Article X, Section 2.

C. OTHER COMMITTEES

1. Due to the small size of the Medical Staff, many committees and their activities are assumed by the Medical Director.
2. Quality Improvement Committee is made up of the Medical Director and one (1) member of the Attending Medical Staff, serving on a rotating basis. The committee will address relevant issues of medical quality assurance and improvement.
3. Bylaws Committee will be appointed by the Medical Director and will include the Medical Director and two (2) members of the Medical Staff. They will meet on an as-needed basis but no less than every two (2) years.

SECTION 8. MALPRACTICE INSURANCE

Members of the Medical Staff will maintain malpractice insurance at least in the amounts of \$1,000,000/\$3,000,000. Failure to maintain coverage will result in termination of privileges.

THE BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON

RESOLUTION AND ORDER:

96-9-18-9

-) IN THE MATTER OF EXPANDING THE
-) METHADONE PROGRAM AND
-) ESTABLISHING A 1.0 FTE MENTAL
-) HEALTH SPECIALIST IN THE
-) DEPARTMENT OF HEALTH AND HUMAN
-) SERVICES WITH APPROPRIATIONS TO BE
-) APPROVED THROUGH SUPPLEMENTAL #1
-) OF THE BUDGET PROCESS FOR FY 96/97

WHEREAS, the Lane County Department of Health and Human Services' Methadone Program did not expend \$18,816 of FY95/96 General Funds; and

WHEREAS, there is a waiting list for the Lane County Department of Health and Human Services' Methadone; and

WHEREAS the \$13,007 of General Funds could leverage an additional \$23,690 for an additional mental health specialist and support services to add 25 patient slots to the current Methadone Program; now therefore it is hereby

RESOLVED and ORDERED that the Board of County Commissioners approve the creation of a 1.0 FTE mental health specialist position within the Lane County Department of Health & Human Services Methadone Program contingent upon appropriation of funds through supplemental budget #1 for FY 96/97.

DATED this 18th day of September, 1996.

FILED

SEP 24 1996

COUNTY CLERK
BY Pam DeWelle



Bobby Green, Sr., Chair
Board of County Commissioners

APPROVED AS TO FORM

Date 9-11-96 Lane County


OFFICE OF LEGAL COUNSEL

IN THE MATTER OF EXPANDING THE METHADONE PROGRAM AND ESTABLISHING A 1.0 FTE MENTAL HEALTH SPECIALIST IN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES WITH APPROPRIATIONS TO BE APPROVED THROUGH SUPPLEMENTAL #1 OF THE BUDGET PROCESS FOR FY 96/97