



COUNTY OF SAN BERNARDINO
STANDARD PRACTICE

NO 3-3.10

Revised ISSUE 7/97

PAGE 1 OF 3

BY N. Belen, MD

EFFECTIVE 7/1/94

DEPARTMENT **BEHAVIORAL HEALTH**
SUBJECT **DBH CREDENTIALLING OF
PSYCHIATRIST**

APPROVED

James McReynolds
James McReynolds, Director

I. PURPOSE

To insure that all psychiatrists employed by the department meet the credentialling requirement approved by JCAHO standards. This will include performance based appraisal system from which will be based the approval for privileges and reappointment to the medical staff.

II. POLICY

There will be two categories of psychiatrists that will be credentialed.

Category I will be outpatient psychiatrists who have no admitting privileges to the inpatient unit. The following are the criteria that have to be met for granting of privileges under Category I:

1. Attendance at all medical staff meetings unless excused.
2. Medication Monitoring Cases.
3. Proof of continuing medical education - 100 hours Category I credits in past three years.
4. Absence of delinquent records.
5. The following minimum number of cases in two years available for review:
 - a. Psychotic Disorders - 60 cases
 - b. Affective Disorders - 30 cases
 - c. Suicidal Cases - 20 cases
6. Timeliness, reliability and appropriate patient care.
7. Committee memberships
8. Availability and flexibility in providing coverage as requested by Deputy Director, Medical Services (Chair, Department of Behavioral Health).
9. Maintaining valid California license and DEA certificate.

Category II would include psychiatrists who have admitting privileges to the Inpatient Unit (Ward B). These psychiatrists will be credentialed through County Medical Center and criteria for performance will include:

1. Attendance at all medical staff meetings unless excused.
2. Medication Monitoring cases
3. Dictated psychiatric admission note must meet over 90% compliance rate.
4. Inpatient utilization review participation.
5. Proof of continuing medical education - 100 hours Category I credits in the past three years.
6. Absence of delinquent records.

7. The following minimum number of cases in two years available for review:
 - a. Psychotic Disorder - 60 cases
 - b. Affective Disorder - 20 cases
 - c. Organic Brain Syndrome - 10 cases
 - d. Adjustment Disorder - 20 cases
 - e. Suicidal Cases - 20 cases
8. Timeliness, reliability and appropriate patient care.
9. Committee memberships
10. Availability and flexibility in providing coverage as requested by Deputy Director, Medical Services (Chair, Department of Behavioral Health).
11. Maintaining valid California license and DEA certificate.

III. PROCEDURES

A. For Category I psychiatrists:

A minimum of 12 medication cases will be monitored by their peers. The psychiatrist will be graded according to the meds monitoring criteria for meds cases. A passing grade of 90% or higher is required on each quarter. Included in this medication monitoring requirement are assessment of the medication visit documentation, evidence of adequate physician direction of the treatment, overall quality of care especially if patient has concomitant medical problems. Special focus of attention on the side effects of medication and documentation whether tardive dyskinesia and other side effects are present or not and legibility of the medical records.

B. For Category II physicians additional monitoring requirements will be required and this will include

1. Assessment of psychiatric admission note - A minimum grade of 90% is required.
2. For treating psychiatrists the HCFA requirement of treating psychiatrists will also be monitored - A passing grade of 90% is expected.
3. Documentation of discharge planning. This is evidenced by signature of all aftercare plans.
4. Documentation of overall quality of care in the patient's chart.
5. Legibility of the medical record.
6. Peer Review Cases will not have trend or patterns that reflect Scores of 3 or 4.

Other items that are being monitored:

1. Timeliness in reporting to designated clinic or job assignment.
2. Availability for staff consultation and chart reviews. The psychiatrist should be available on patient's scheduled appointment as well as emergency referrals from staff.
3. Physician should make himself or herself available whenever medical staff needs arise to provide additional coverage per request of the Chair, Department of Behavioral Health.

NCB:jp
a:3-3.10