



DEPARTMENT OF MEDICINE RULES AND REGULATIONS

I. MEMBERSHIP

The Department of Medicine shall consist of those members of the Medical Staff of the Boswell Medical Center who have been appointed to the Department by the Board, as recommended by the Medical Executive Committee, in conformity with the Medical Staff Bylaws, and the Rules and Regulations Policy Manual of the Medical and Affiliate Staff of Boswell Medical Center.

A. ASSIGNMENT TO DEPARTMENT

The following specialties will be assigned to the Department of Medicine:

Acupuncture (Medicine)	Hospitalist
Allergy/Immunology	Infectious Disease
Audiology	Internal Medicine
Cardiology	Medical Imaging
Electrophysiology	Nephrology
Critical Care	Neurology
Dermatology	Pain Management (Medicine)
eICU Intensivist	Pediatric Cardiology
eICU Non-Intensivist	Physical Med/Rehabilitation
Emergency Medicine	Psychiatry
Endocrinology	Psychology
Family Practice	Pulmonary Medicine
Gastroenterology	Radiation Oncology
Hematology/Oncology	Rheumatology
Hospice/Palliative Care	Wound Care (Medicine)

II. OFFICERS

A Chairman of Medicine and a Vice Chairman of Medicine will be elected as outlined in the Rules and Regulations Policy Manual, Article V., Section 2.

III. DUTIES OF OFFICERS

A. CHAIRMAN OF MEDICINE

In addition to the duties outlined in the Rules and Regulations Policy Manual

1. The Chairman of Medicine shall preside at Department of Medicine and Medical Committee meetings and shall appoint chairs of all other department committees.
2. The Chairman of Medicine, with the approval of the Medical Executive Committee, shall appoint the members of the Medical Committee, the Critical Care Committee (in conjunction with the Chairman of Surgery) and any other ad hoc committees deemed necessary to conduct the business of the Department.
3. The qualifications, selection, term of office and removal of the Chairman are outlined in the Medical Staff Bylaws, Article V. Section 2.
4. The Chairman of Medicine shall insure timely ongoing assessment of the quality of services through routine quality review activities including; investigation of referrals from members of the medical staff, administration, routine quality review activities as determined by the Department of Medicine and subsequent Sections, risk management referrals including sentinel event and incident report summaries, comparative outcome data, ethics considerations and patient satisfaction feedback. The Department of Medicine will conduct these reviews in accordance with the Medical Staff and Hospital Performance Improvement plans.
5. The Chairman of Medicine shall be responsible for supervision of work by physicians in the Department and have the authority to intercede in any case where, in his/her judgment, it is necessary. The decision shall then be forwarded to the Medical Executive Committee, in writing. All disciplinary, ethical, moral and possible legal and criminal problems

shall be reported to the Medical Executive Committee for their review and action as necessary.

B. VICE CHAIRMAN OF MEDICINE

The Vice Chairman of Medicine shall assume the duties of the Chairman of Medicine in his/her absence.

IV. MEMBERSHIP/PRIVILEGES

A. MEMBERSHIP

Physicians applying for department membership and privileges will apply in accordance with the Medical Staff Bylaws.

B. PRIVILEGES

1. The privileges of all applicants and members of the Department shall be in conformity with the Medical Staff Bylaws, and the Rules and Regulations Policy Manual of Banner Boswell Medical Center.
2. A recommendation for a change in privileges shall be made as outlined in the Medical Staff Bylaws, and the Rules and Regulations Policy Manual of Banner Boswell Medical Center.
3. Classification of Privileges:

C. GENERAL PRIVILEGES

1. All physicians, excluding Emergency Medicine physicians, assigned to the Department of Medicine shall be granted general privileges for the examination, diagnosis and treatment of patients, as recommended by the Department Chair, the Credentials Committee, the Medical Executive Committee and approved by the Board.
2. The basis for granting privileges shall include, but not be limited to, considerations of education, post-graduate training, current competency and recent experience and when applicable acceptable outcomes and complication rates.

D. FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

1. A retrospective review of 3 (three) cases, performed at Banner Boswell Medical Center, must be completed. The 3 (three) cases must be inpatient admissions or consultations depending on the specialty.
2. Three to six months after a practitioner's initial appointment or initial granting of privileges, the Medical Staff Services Department will obtain a list of the practitioner's activity in the hospital. An evaluation form will be generated for 3 (three) randomly selected cases which will be reviewed and/or assigned for review by the Department Chairman or designee as needed. Results of the review will be reported to the Department Chairman or designee for review and recommendation. Following the Chairman review the report and any subsequent recommendations are forwarded to the Chief Medical Officer and Peer Review Committee. The 3 (three) cases are in addition to any specific concurrent or retrospective review requirements as listed in the procedure privilege eligibility criteria.
3. Monitoring of physician-specific data for the FPPE may include, as available and selected by the Department, the use of blood and blood products, medication usage, appropriate utilization of resources, timeliness of the completion of patient records, quality of patient records, outcome information related to morbidity and mortality, all available performance improvement data, outcome information pertaining to invasive procedures and other matters related to the physician's competency.
4. Clinical competency, technical skill, judgment, adherence to bylaws, cooperativeness and ability to work with others in a professional manner will be evaluated through the peer review and the professional conduct process. Generated variance reports are reviewed by the Chair or designee in accordance with policy.
5. If the practitioner has insufficient activity to adequately evaluate his/her performance, the FPPE period will be extended for an additional monitoring period not to exceed twenty-four (24) months.
6. A physician will not be removed from FPPE until all routine required concurrent or retrospective review requirements are successfully completed in addition to the FPPE case review requirements noted above.
7. For those practitioners with minimal activity during the initial FPPE period (practitioners who only provide occasional coverage at the hospital, i.e. attend to a patient when on call) the MEC may, on the recommendation of the Department Chairman or designee, modify or waive the FPPE requirements with the provision that his/her peer references at first reappointment attest to the practitioners competence in performing the privilege requested.

E. NON-PHYSICIAN PRACTITIONERS

1. Privileges may be granted to non-physician practitioners. This will be in accordance with the Medical Staff Bylaws and the Allied Health Professionals Policies and Procedures.

2. Non-Physician Practitioners are subject to all the requirements of FPPE (see above).
3. Supervision or case review may be required:
 - a. As required by established eligibility criteria.
 - b. As an evaluation tool to determine a practitioner's performance; or
 - c. As deemed appropriate pending completion of an investigation to determine if corrective action is warranted or pending exhaustion of due process rights.

F. SUPERVISION

1. A review of required cases (retrospective or concurrent) performed at Banner Boswell Medical Center must be completed in accordance with the requirements as stated in the privileges eligibility criteria for which the practitioner is requesting privileges before consideration can be given to granting unobserved privileges.
2. Results of the review will be reported to the Department Chairman for review and action.
3. The reviewer's report is confidential. The report, however, may be released to other hospitals if requested, in writing, by the reviewed physician for privileges at other hospitals.

G. THE PROCEDURE FOR OBTAINING UNOBSERVED PRIVILEGES IN A PROCEDURE(S) SHALL BE AS FOLLOWS:

1. No more than two (2) observations in any procedure may be provided by the same observer;
2. No more than two (2) observations for any one procedure by an associate;
3. Special circumstances may require all observations to be provided by the same observer or by an associate if the Department Chair grants an exemption to the above procedure.

G. REVIEWERS RESPONSIBILITY

1. The reviewer shall give a candid opinion on the report to the Department Chairman.
2. The reviewer shall immediately notify the Department Chairman should any questions arise concerning a physician's competency or management of a particular case.
3. The reviewer's report is confidential. The report, however, may be released to other hospitals if requested, in writing, by the reviewed physician for privileges at other hospitals.
4. Following review of the completed retrospective review forms, additional cases may be required if deemed necessary by the Department Chairman.

H. If an unsatisfactory observation report is submitted, the report must be reviewed by the Department Chairman. The recommendation of the Department Chairman shall be further reviewed and acted upon by the Medical Committee before forwarding to the Medical Executive Committee.

I. Additional observed cases may be required at Banner Boswell Medical Center if necessary in the opinion of Chairman of Medicine to establish the extent of privileges to be granted and also if deemed necessary on reapplication when records indicate a low level of clinical activity on the part of a particular physician.

J. Special diagnostic and therapeutic services which are provided in the Medical Center by the specialties represented in the Department of Medicine shall be the responsibility of the Department of Medicine. Diagnostic and therapeutic services provided by specialties represented in the Department of Medicine and other departments in the Medical Center shall be a joint responsibility of the departments involved.

K. Each Medical Director of a subspecialty section, which provides special diagnostic and therapeutic services, may recommend rules and regulations/eligibility criteria for the participation of other qualified physicians in that subspecialty section. Such rules and regulations must be approved by the Medical Department and then forwarded to the Medical Executive Committee.

V. SECTIONS

The Department of Medicine shall include those specialties as delineated in the Medical Staff Bylaws. Rules and Regulations of the Sections, shall be included as an addendum to these Rules and Regulations.

VI. MEETINGS

- A. The Department of Medicine shall meet at least quarterly.
- B. A quorum for the Medical Committee and Medical Department meetings is the majority of Active Staff present.

VII. ER CALL POLICY
ON-CALL RESPONSIBILITY

The members of the department shall respond to a life threatening emergency medical situation.

- A. THERE IS NO MANDATORY EMERGENCY DEPARTMENT ON-CALL COVERAGE FOR THE DEPARTMENT OF MEDICINE: This is in accordance with the Medical Staff Bylaws Article V, Section 5.
- B. DEFINITION OF AN UNASSIGNED PATIENT
 - 1. Who has no preference for or current relationship with a BBWMC specialist or attending physician (e.g., hospitalist or hospitalist group); or
 - 2. Whose BBWMC treating physician has no preferred BBWMC hospitalist or hospitalist group;
 - 3. Whose health plan has no exclusive BBWMC hospitalist or hospitalist group, or
 - 4. For whom the determination of whether the patient is assigned would delay the medical screening exam or necessary stabilizing treatment.
- C. Internal Medicine and Family Physicians who wish to participate on the Internal Medicine Outpatient Referral Schedule must have a primary office in the Medical Center's primary or secondary service area. Subspecialists may serve on the Internal Medicine ED rotation for a two-year period starting from their initial Medical Staff appointment date. After the two-year period, the subspecialist may only serve on their respective subspecialty call, if available.
- D. Changes to the Internal Medicine Outpatient Referral Schedule must be submitted to the Medical Staff Services Department. The assigned physician must indicate in the letter who will be responsible for assuming his/her assigned referral day and ensure the replacement physician is aware of the call change. The Emergency Department should not be contacted for changes to the schedule. If there is change to the weekend schedule during a time when the Medical Staff Services Department is not available, the Emergency Department will ensure this information is forwarded to Medical Staff Services.
- E. All physicians in the specialty of Cardiology who participate in call must:
 - 1. Have interventional coverage available immediately.
 - 2. Be a member of the medical staff in good standing.
 - 3. Have performed 5 major procedures or have 50 encounters. (as consultant, proceduralist or attending)
 - 4. Attend at least 3 cardiology related meetings per year. (Cardiology Section, Endovascular Committee, Cath Conference, Facility Cardiac Team meetings, and Cardiology CCG meetings). Telephonic meeting attendance for Cardiology Section meetings will not be counted towards annual meeting attendance requirements for participation in Unassigned Patient Cardiology Call.
 - 5. Meet 90 minute door to balloon time for STEMI. 2 fallouts, as reviewed independently by the STEMI team, will result in loss of call for that individual for three months.
 - 6. Perform 3 major procedures or have 25 encounters every 6 months after initial eligibility for call to continue call eligibility inclusion on subsequent schedules.
 - 7. Physicians who are not on the call schedule may cover call for a physician with assigned call days, but the covering physician may not have call assigned. The covering physician will be required to meet the following criteria:
 - Have interventional coverage available immediately.
 - Be a member of the Medical Staff in good standing.
 - Meet 90 minute door to balloon time for STEMI. Two fallouts in a rolling quarter, as reviewed independently by the STEMI team, will result in loss of call for that individual for three months.
 - 8. All physicians with privileges in the specialty of Cardiology, without interventional privileges, must obtain a back-up physician on-call for the Emergency Room for each specific day of coverage.

- F. All Neurologists are eligible for participation on the Neurology ED Call Schedule. Each Neurologist will receive equal days of call assignment.

VIII. COMMITTEES

A. MEDICAL COMMITTEE

For the purpose of conducting departmental business, the Chief of Staff, in conjunction with the Chairman of Medicine, may appoint a Medical Committee. The Chief of Staff and the Chairman of Medicine may, at their discretion, appoint more than two members of the department to this committee. Ex-officio members without vote may include the Chief of Staff, the Chief Executive Officer, Chief Nursing Officer and the Director of Medicine/Surgery.

B. CRITICAL CARE COMMITTEE

Members of this multi-disciplinary committee shall be appointed by the Chairman of Medicine and Chairman of Surgery in conjunction with the Chairman of Staff.

1. The Committee will oversee the functioning of the critical care areas considering staffing, policies and equipment matters.
2. The committee will meet at least quarterly.
3. The committee will establish written policies for operation of the unit to meet requirements of accrediting bodies and the Departments of Surgery and Medicine.
4. The Committee will evaluate the quality of care and make recommendations to the Medical Committee in cases where the standard of care is thought by the Critical Care Committee to be questionable.

IX. REVISIONS

The Rules and Regulations of the Department of Medicine and the Sections of Medical Imaging and Emergency Medicine will be reviewed at least every two years.

APPROVED:	Medical Department	06/05/03, 3/3/04, 12/1/05, 3/1/07, 8/20/09, 8/19/10, 5/11, 3/13, 09/14, 11/14, 01/15, 06/15, 07/15, 11/15
	Medical Executive Committee	09/02/03, 4/5/04, 1/3/06, 7/1/08, 9/1/09, 9/7/10, 10/7/14, 11/04/14, 02/03/15, 07/07/15, 08/04/15, 12/01/15
	Joint Conference Committee	09/11/03, 4/14/04, 1/12/06, 7/17/08, 6/11, 4/13
	Board of Directors	09/18/03, 4/21/04, 1/19/2006, 3/15/07, 7/17/08, 09/02/08, 9/9/09, 9/9/10, 6/11, 6/12, 4/13, 10/14, 11/14, 02/15, 07/15, 08/15, 12/15