



**DEPARTMENT OF MEDICINE
SECTION OF EMERGENCY MEDICINE RULES AND REGULATIONS**

ARTICLE I ORGANIZATION OF THE EMERGENCY MEDICINE SECTION

THE SECTION OF EMERGENCY MEDICINE SHALL:

- 1.1 Include all members of the Medical Staff who have privileges in Emergency Medicine.
- 1.2 Shall meet at least quarterly.
 - 1.2-1 The presence of two (2) voting members of the Section shall constitute a quorum.
 - 1.2-2 A majority of Active members in attendance at the Section meeting may approve action.
- 1.3 Be directed by the Section Chief of Emergency Medicine or designate.
- 1.4 Be responsible for the general quality of all Emergency Medicine which is performed in this Hospital including the Observation Unit.
- 1.5 Be responsible for the general quality of all ancillary services requested of the Emergency Medicine physicians in which their specialized skills, training and experience are utilized.
- 1.6 Assist in the formulation and management in those areas of all Hospital policies and procedures, which relate to the services of Emergency Medicine.

ARTICLE II SECTION CHAIR ELECTION, REMOVAL, FUNCTIONS & DUTIES

- 2.1 The Chair of the Section will be elected by the Active members of the Section for a three-year term, in accordance with Section 8.4 of the Medical Staff Bylaws.
- 2.2 In future elections, the following process will be followed. A request for nominations will be sent to Section members prior to October of odd numbered years. Nominations may also be made at the Section meeting, so long as the nominee is qualified and has consented to the nomination. Following the Section meeting, the slate will be deemed finalized and ballots emailed or mailed out. Vacancies in elected Section offices due to any reason shall be filled for the unexpired term through a special election held for that purpose at a meeting of the Section.

- 2.3 The Chair's appointment will be approved by the Department of Medicine and the Medical Executive Committee.
- 2.4 The Chair will attend Medicine Department meetings, Emergency Medicine Section meetings and will be entitled to serve as a voting member of the Medical Executive Committee.
- 2.5 A Section Chair may be removed for failure to maintain the qualifications of the office as required by these Rules and Regulations and/or Medical Staff Bylaws. Removal must be initiated by petition signed by at least one-third of the active members of the Section. Such vote shall occur by written ballot conducted in the same manner as that used in the election of the section chair. Removal shall require a two-thirds vote of the active section members.
- 2.6 The Section Chair will assist the Department Chair for any quality management activities related to the specialists of the section.
- 2.7 The Section Chief of Emergency Medicine, or their designee, shall insure timely ongoing assessment of the quality of emergency medicine care (OPPE) through: routine quality review activities; investigation of referrals from the Chief of Medicine or members of the Medical Staff or Administration or from the Director of the Emergency Department. Routine quality review activities will include, but not be limited to, the following:
 - a. procedures review, medication usage evaluation, blood usage review, and medical records timeliness and clinical pertinence review;
 - b. other routine reviews of:
 - 1. infection control,
 - 2. risk management, including sentinel events;
 - 3. comparative outcome data;
 - 4. regulatory and accreditation results
 - 5. ethics considerations
 - 6. patient satisfaction feedback

ARTICLE III Focused Professional Practice Evaluation (FPPE)

- 3.1 Three to six months after a practitioner's initial appointment or initial granting of emergency medicine privileges, the Medical Staff Office will obtain a list of the practitioner's activity in the hospital. An emergency medicine evaluation form will be generated for three (3) randomly selected major surgical cases which will be reviewed and/or assigned for review by the Section Chairman as needed. Results of the review will be reported to the Department Chairman for review and action.

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- 3.2 The reviewer's report is confidential and for use of the Department only. The report, however, may be released to other hospitals pursuant to the Banner Sharing of Information policy or if requested in writing by the reviewed practitioner.
- 3.3 Active staff members of the Department are eligible to serve as reviewers for the retrospective review process.
- 3.4 The reviewer shall give a candid opinion on the report. The reviewer shall immediately notify the Department Chairman should concerns arise about a practitioner's competency or management of a particular case.
- 3.5 Following review of the completed review forms and of any reported concerns, additional cases may be required if deemed necessary by the Department Chairman.
- 3.6 If the practitioner has no activity within the facility to adequately evaluate his/her performance, the FPPE period will be extended for an additional three (3) month monitoring period(s) not to exceed twenty-four (24) months.
- 3.7 Practitioners must complete FPPE requirements within the first (24) months of appointment. Failure to complete FPPE requirements will result in a voluntary resignation from the Medical or Allied Health Staff.
- 3.8 For those practitioners with minimal activity during the initial FPPE period (practitioners who only provide occasional coverage at the hospital), the Department Chairman may recommend that 100% of his/her cases be reviewed during the initial period.

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