CARROLL HOSPITAL CENTER

DEPARTMENT OF MEDICINE

RULES AND REGULATIONS

SECTION I: QUALIFICATIONS FOR MEMBERSHIP

A. After October 1, 1996, new applicants must fulfill the following criteria:

1. Satisfy the requirements for membership on the Active, or Affiliate, Emeritus and Telemedicine Staff of Carroll Hospital Center.

2. Submit the following documentation:

   a. Certification by the American Board of Internal Medicine or American Osteopathic Board of Internal Medicine for general internists.

   or

   b. Appropriate Board Certification for CRNPs and physician assistants

   or

   c. Certification in their respective subspecialty for medical sub-specialists.

   or

   d. Certification in a non-Internal Medicine based specialty within the Department of Medicine.

   or

   e. Certification by the American Board of Family Medicine or American Osteopathic Board of Family Physicians for family medicine physicians.

3. All candidates who are not board certified by an A.B.M.S. or A.O.A. Board or Allied Health Professional Board for reasons that include completing a residency/fellowship training within the last three years must meet one of the following criteria.

   a. All candidates applying for privileges as a general internist or family medicine physician must have proof of completing a post graduate training program and be eligible to take the Board in Internal Medicine or Family Medicine. The candidate will be required to become Board Certified in Internal Medicine or Family Medicine within the time required by the ABMS (American Board of Medical Specialties). If the candidate has not passed the exam by that time, he/she will be subject to immediate discontinuation of privileges.

   b. All subspecialists applying for privileges must already be Board Certified in Internal Medicine or in their subspecialty and have proof of completing a training program in that subspecialty or be eligible to take the Board in that subspecialty. Each sub-specialist must become Board Certified in his/her subspecialty as required by their specialty board or he/she will be subject to immediate discontinuation of privileges. Subspecialists will follow the same rules as for the internist with regards to board certification.

   c. All non-Internal Medicine specialists applying for privileges in the Department of Medicine must show proof of completing a residency in his/her specialty and be

board eligible to take the Board in their specialty. All non-Internal Medicine specialists must become Board Certified in their specialty as required by their specialty board or he/she will be subject to immediate discontinuation of privileges.

d. All Allied Health Professionals as applicable should complete their respective Board Certification per category within three years and provide proof of completing the appropriate training.

4. All new members of the Department must have approval submitted to the Credentials Committee by the Chief of the Department of Medicine, following an interview and/or review of the applications by the Chief or designee, recommending the applicant for membership.

5. All new members must have at least two letters of reference demonstrating current competence in the field of General Internal Medicine and/or the appropriate subspecialty, or non-Internal Medicine specialty.

B. After October 1, 1996, all members of the Department of Medicine must:

1. Maintain Board Certification in:

a. Internal Medicine for all practicing General Internists,
or
b. Family Medicine for all practicing Family Medicine Physicians,
or
c. His/her respective subspecialty for all Internal Medicine Sub-specialists,
or
d. His/her respective non-Internal Medicine specialty for the non-Internal Medicine specialists of the Department of Medicine;
or
e. His/her respective category for Allied Health Professionals

Physicians and Allied Health Professionals that fail to recertify shall be subject to immediate discontinuation of his/her privileges.

2. Members seeking a waiver of the requirement for Board recertification shall submit, in writing, a request for a waiver to the Chief of Medicine. The Chief will review all pertinent information, including quality data, to determine the physician's competency.

The Chief of Medicine may recommend to the Credentials Committee, a waiver for a period of time, not to exceed three (3) years and may recommend terms and conditions of such waiver, or may recommend a denial of the request.

The Credentials Committee shall consider the request and recommendation of the Chief of Medicine and make a recommendation to the Medical Executive Committee for the disposition of the request to the Board of Directors which shall decide whether and upon what terms, the request might be granted.

Any member holding a waiver will be subject to a Focused Professional Practice Evaluation (FPPE) on an ongoing basis.

C. To maintain membership in the department on the Active Staff or to advance to the Active staff after the Probationary period, the member must:

1. Attend (or consult on) at least 25 patients annually in the hospital.

SECTION II: CHIEF OF THE DEPARTMENT OF MEDICINE

A. The Chief of the Department of Medicine shall be a member of the Active Staff. The Chief shall be qualified by training, experience and leadership ability. The Chief shall be appointed by hospital administration.

B. **Position Purpose**

The Chief of the Department of Medicine acts as the primary medical administrative officer of the department and is responsible for all medical administrative and clinical activities and accounts for department performance.

Duties include:

1. Coordinating departmental activities with those of other clinical departments.

2. Developing collaborative relationships with the board, administration and patient care services, so as to work through issues affecting the department;

3. Assisting in the operation of the credentialing program, quality assurance, and utilization review.

4. Providing input into the budget process and other fiscal matters.

C. **Position Functions**

1. The Chief shall report directly to the Medical Executive Committee concerning:

   a. Recommendations for maintaining and improving the quality of care provided in the department and the hospital.

   b. The implementation of any actions previously taken by the M.E.C. and/or Board, affecting the operations of the department.

2. Chair and meet regularly with the Department Steering Committee to develop and implement departmental programs for evaluation of patient care, ongoing monitoring of clinical practice, credentials and privileges review, utilization review, medical education and development of new programs and services.

3. Participate in every phase of administration within the department, such as coordinate with nursing services and administration in matters affecting patient care, including personnel, supplies, special regulations, standing orders and techniques.

4. Meet monthly with the Chief Medical Officer to resolve problems, reduce inefficiencies, and enact or suggest change policies.

SECTION III: DIVISIONS AND DIVISION CHIEFS

A. **General Organizational Principles**:

The Chief of Medicine, in conjunction with the Steering Committee, will establish divisions to divide up workload and supervision. The clinical Divisions are:

1) Gastroenterology
2) Cardiology
3) Pulmonary
4) Hematology/Oncology
5) All other subspecialties

The Chief of Medicine may create other divisions from time to time as required. Division Chiefs will be nominated by the Chief of Medicine every three years and ratified by a simple majority vote of the Department of Medicine. Each Division Chief will serve a three year term. A Division Chief may be re-nominated for additional terms at the option of the Chief of Medicine. A Division Chief may be replaced at any time during the three year term by a simple majority vote of the Department of Medicine at a quarterly meeting or special meeting; by the Board of Directors; or by the Chief for cause (including failure to properly discharge their duties). Division Chiefs must be Board Certified by an A.B.M.S. Board or A.O.A. Board in their respective specialties and have Active privileges within the Department.

The duties of the division chief shall include:

- Assisting the Chief of Medicine in the supervision of issues relating to the practice of their respective subspecialties in any of the inpatient units or outpatient services.
- Reviewing and interviewing applicants for privileges.
- Reviewing any Quality Improvement issue within his/her respective subspecialty and report to the Chief of Medicine.
- Develop and submit draft policies and procedures, including those related to Credentialing, to the Chief of Medicine for review and approval.

B. **Specific Division Responsibilities**:

1. **Cardiology**
The division of Cardiology shall include the EKG department, Echocardiography, cardiac rehabilitation, diagnostic outpatient cardiac services, Progressive Care Unit (telemetry), and

Cardiac Catheterization Laboratory. The division chief of cardiology cannot serve as the Medical Director of the Cardiac Catheterization Laboratory.

The Cardiac Catheterization Laboratory medical director will be designated by the Chief of Medicine, in consultation with the Chief of Cardiology. The medical director will be responsible for the oversight of clinical matters in the Catheterization laboratory and on operational issues work collaboratively with the Chief Operating Officer, as needed. The medical director will report to the Division Chief of Cardiology and the Chief of Medicine, any significant clinical issues.

2. **Gastroenterology**
The division of Gastroenterology shall include inpatient and outpatient endoscopy services within the hospital. The Chief will develop a quality improvement program for the endoscopy unit.

3. **Pulmonary**
The division of Pulmonary shall include Respiratory Care Services, Pulmonary and Sleep Lab. The division Chief must maintain quality improvement activities for Pulmonary Services.

4. **Hematology/Oncology**
The division of Hematology/Oncology will involve chemotherapy administration, policies of cancer related pain and interaction with the Hematology lab regarding issues of bone marrow biopsy, transfusion and tumor markers.

5. **All other subspecialties**
The Subspecialty Chief will assist the Chief of Medicine in obtaining appropriate subspecialty review of new applications to the Department and QA issues as they may arise, reporting directly back to the Chief of Medicine and Steering Committee. The Subspecialty Chief will represent the interests and will be a conduit for all of the subspecialty interests not represented by the three specific Division Chiefs.

C. **Assistant Chief of Medicine**

The Assistant Chief of Medicine must be Board Certified per Section I, A2. The Assistant Chief of Medicine will be nominated by the Chief of Medicine and ratified by a simple majority vote of the whole department. The term of office will be three years. The assistant Chief may be replaced at any time during the three year term by a simple majority vote of the Department of Medicine at a quarterly meeting or special meeting to be ratified by the MEC; or by the Board of Directors.

1. **Duties of the Assistant Chief of Medicine**
The Assistant Chief of Medicine will assume all duties and responsibilities of the Chief if the Chief is absent, temporarily disabled, suspended or have resigned. If the chief resigns a special election will be held within 6 months. The Assistant Chief may also be asked to assist the Chief of Medicine in the review of new general internal medicine candidates. In the absence of a chief, the assistant chief will name one of the division chiefs (subject to

ratification by the MEC) to be next in line in case the assistant chief cannot discharge the duties of his/ her office.

SECTION IV: STEERING COMMITTEE

A. **Composition**

The ***Steering Committee*** of the Department of Medicine will be composed of the Chief of Medicine, the Chief Hospitalist, the Chief Intensivist, all Division Chiefs, the Assistant Chief of Medicine and the CMO.

Proposals for new additional specific Division Chiefs will be considered by the Steering Committee on a yearly basis and ratified by the Department by a simple majority vote. New Division Chiefs will become members of the Steering Committee with duties as outlined in Section I.

Quorum will consist of a simple majority of the physician voting members, with the Chair voting only in the case of a tie.

B. **Functions**

The Medical Steering Committee will serve as the decision making body of the department. Decisions and policy changes affecting clinical operations within any division will be voted on by the Steering Committee by a simple majority vote and subject to review by the whole department at the next meeting. A decision will stand until amended or revoked by the department at their next meeting by a simple majority vote. Decisions of the Steering Committee will be reported quarterly at Department meetings by the Chief. The Steering Committee shall meet as often as deemed necessary by the Chair.

SECTION VI: QUALITY IMPROVEMENT SECTION

A. The Department of Medicine shall be responsible for the quality of the care rendered by its members, in cooperation with the Organizational Performance Improvement Plan of the hospital and the medical staff peer review process as directed by the Medical Executive Committee.

1. Members will participate in the quality review process as requested by the Chief, Vice-Chief, President of the Hospital, President of the Medical Staff, Chief Medical Officer or the Director of PI,

2. Criteria for specific Department of Medicine reviews will be determined periodically as directed by the Medical Staff Quality process and submitted to the Medical Executive Committee,

3. Tracking and trending information will be reviewed regularly by the Chief and individual physicians as directed through the Medical Staff Quality process, and

4. Individual data will be included in the data reported to the Medical Staff office for reappointment as required by that process.

SECTION VII: FUNCTIONS AND GENERAL RULES

A. Departmental meetings shall be held at least four times a year, designated by the Chief and/or Steering Committee. Special meetings may be called at the request of the Chief or upon receipt of a request signed by ten voting members of the department. The Chief shall be obligated to call a meeting within 30 days.

B. Unless otherwise provided herein, ten members eligible to vote shall constitute a quorum.

C. The Department of Medicine requires that all physicians with clinical privileges provide 24 hour coverage of their inpatients and outpatients, either individually or by means of a coverage group arrangement. Under no circumstances, shall a Department member sign out his/her patients to a physician without privileges. Such violations shall be considered a failure of coverage, and the physician may be subject to immediate suspension of admitting privileges pending further review by the Medical Executive Committee.

D. The Emergency Room coverage for unassigned patients is provided by the Adult Hospitalists. The Chief of Medicine will ensure a sub-specialist on call schedule exists for the ER.

E. All physicians with patients in the Critical Care Unit must respond (by phone or physical presence) within thirty minutes if an emergency situation so warrants.

F. All admissions require a discharge summary.

REVIEWED AND APPROVED BY:

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