

SAINT JOSEPH HOSPITAL RULES AND REGULATIONS FAMILY PRACTICE DEPARTMENT

1. Organization

The Department of Family Practice is composed of physicians of first contact who evaluate the patient's total health care needs while providing comprehensive and continuing inpatient and outpatient medical supervision. Where appropriate, consultation will be obtained with other medical experts.

2. Qualifications for Membership

New members of the Department of Family Practice shall be physicians who meet one of the following criteria:

- A. Applicant successfully completed three (3) years in a Family Medicine Residency program accredited by the ACGME or AOA and meets **one** of the following. Physicians in this qualifying category will be proctored on their first six (6) cases.
 - 1) Currently certified by the American Board of Family Medicine or the American Osteopathic Board of Family Physicians or the National Board of Physicians and Surgeons or
 - 2) Has completed at least 100 hours of American Academy of Family Practice (AAFP), American College of Osteopathic Family Physicians (ACOFP), American Osteopathic Board of Family Physicians (AOBFP) or American Medical Association (AMA) CME credits pertinent to primary care medicine over the past two years.
- B. Applicant successfully finished the equivalent of a Family Medicine internship or Medical flexible or rotating internship or surgical internship and
 - 1) Has three years or more of immediate Family Practice experience and
 - 2) Physicians in this qualifying category will be proctored on their first twelve (12) cases
- C. Successful completion of an Emergency Medicine residency program and/or certification in Emergency Medicine plus 12 months of recent practice experience in medicine. Physicians in this qualifying category will be proctored on their first twelve (12) cases.
- D. Office based physicians seeking to re-enter inpatient practice for inpatient privileges, excluding refer and follow privileges: In addition to meeting one of the qualifications above, the applicant must submit a list which includes the average number of patients seen per month and the top 5 diagnoses along with the average number of patients seen per month for each diagnosis. In addition, evidence of relevant CMEs, peer reference(s) attesting to competency, and board certification may be requested.
- E. Once membership within the Department of Family Practice is obtained, members must be Board Certified by the American Board of Family Medicine, the American Osteopathic Board of Family Physicians, the National Board of Physicians and Surgeons, or the American Board of Emergency Medicine at the time of reappointment, or submit documentation of a minimum of 100 hours of American Academy of Family Practice (AAFP), American College of Osteopathic Family Physicians (ACOFP), American Osteopathic Board of Family Physicians (AOBFP) or American Medical Association (AMA) CME credits pertinent to primary care medicine per two year reappointment cycle to maintain membership.

3. Department Officers

Officers of the Department shall consist of a Chair and Vice-Chair elected as defined in the Medical Staff Bylaws

4. Committees

A. Family Practice Committee

Family Practice Committee will meet at least quarterly. The Department Chair will serve as the committee chair. The committee will assist the Department Chair in carrying out the responsibilities assigned to the Department such as

- 1) Review of applicants for appointment, reappointment and clinical privileges and report to the Credentials Committee on such matters
- 2) Recommend professional criteria for clinical privileges within the department
- 3) Recommend educational programs to improve the quality of patient care
- 4) Formulation and review of policies and procedures related to the Family Practice Department

5. Privileges

As defined on the privilege delineation form.

6. Proctoring

- A. Depending on the category of training of the applicant as outlined in Section 2, Qualification for Membership, of these Rules and Regulations, the first six (6) or twelve (12) cases shall be proctored plus the number of cases specified for special privileges. In order for an admission to be eligible for proctoring the Class IA physician must manage the course of the patient's care from admission to discharge. Up to 50% of proctoring may be accepted from other facilities as outlined in the Medical Staff Bylaws.
- B. A physician who has Class I privileges within the Department of Family Practice must perform proctoring. At least two different physicians must proctor the member's cases.
- C. Concurrent proctoring and/or retrospective proctoring may be accepted toward advancement of privileges. It is the proctored physician's responsibility to notify the Medical Staff Office of each admission (preferably within 24 hours) to ensure the proctoring evaluation forms are assigned for proctoring. For procedural proctoring, it is the physician's responsibility to secure an eligible proctor as defined by the Medical Staff Bylaws, Rules and Regulations.
- D. After satisfactory completion of the minimum number of proctored cases as outlined above, the Family Practice Department will make a recommendation as to whether the physician will advance to Class I privileges or require a continued period of observation.

7. Emergency Room Call

Hospital call for unassigned patients requiring admission to the hospital: This panel is voluntary for the purposes of admitting unassigned patients who are not contractually assigned to a particular hospitalist group due to their insurance or PCP affiliation. This panel is for unassigned patients only and does not override the ability of primary care physicians to admit their own patients. Any physician/group in good standing in the Departments of Internal Medicine or Family Practice with admitting privileges may voluntarily participate. Those participating on the call must provide 24/7 coverage and evaluate and admit/consult on the patient in adherence with the Medical Staff Rules and Regulations, Rule 9 Call Panel. Should a panelist choose to resign from the unassigned hospital call panel, he/she is responsible for covering assigned days or arranging for coverage by a practitioner who meets the criteria for panel eligibility. The panelist shall inform the Hospital of the name of the practitioner who will provide back-up coverage.