

**ST. JOSEPH HOSPITAL
DEPARTMENT OF MEDICINE
RULES AND REGULATIONS**

I. ORGANIZATION

Department of Medicine shall be composed of the following specialties:

A. Specialties within the Department of Medicine:

- Allergy
- Cardiology
- Dermatology
- Endocrinology and Metabolism
- Gastroenterology
- Hematology and Oncology
- Infectious Disease
- Nephrology
- Neurology
- Occupational Medicine and Toxicology
- Pain Medicine, Non-Interventional
- Physical Medicine
- Pulmonary Disease
- Rheumatology

II. COMMITTEES

A. Medicine Core Committee:

1. Membership

- a. The Department's Chair, Vice Chair, and other department members appointed by the Department Chair representing the general membership of the Department, shall serve as this Department Committee.
- b. The Chair and Vice Chair of the Department of Medicine shall be elected for a term of two years by the Active members of the Department.
- c. In the event of the resignation or incapacity of the Chair, the Vice-Chair shall succeed as Chair.

2. Duties

The Medicine Core Committee shall assist the Department Chair to carry out the responsibilities assigned to the Department and the Department Chair, including the duty to recommend professional criteria for clinical privileges within the department, review applicants for appointment, reappointment, and clinical privileges.

3. Meetings

The Medicine Core Committee shall meet bi-monthly or as often as necessary.

B. Cardiology Committee:

1. Membership:

The Cardiology Section Chair shall serve as the Cardiology Committee Chair. The Cardiology Committee will be composed of six Active staff members of the Cardiology Section. The Chair of the Cardiology Section shall be elected for a term of two years by the Active members of the Cardiology Section.

2. Duties:

The Cardiology Committee reviews and makes recommendations regarding cardiology related issues, such as:

- Analysis and review of special procedures mortality and morbidity
- Use of new equipment and pharmaceuticals
- Interaction with nursing services
- Formulation of Policy and Procedures
- Other related subjects
- The Cardiology Committee shall report its findings and recommendations to the Medicine Core Committee

3. Meetings

The Cardiology Section shall meet bi-monthly or as often as necessary.

3.1. Cardiology Morbidity & Mortality (M&M)

The Cardiology M&M Conference is a forum in which members of the multidisciplinary health care team engage in objective review of adverse outcomes, care trends and other cardiology cases in an effort to improve the quality of care at St. Joseph Hospital. The conference will meet every other month. The M&M will be a safe, open and respectful atmosphere for discussion and learning. Proceedings of the M&M are confidential and subject to peer review protections.

GI Committee:

1. Membership:

The GI Section Chair shall serve as the GI Committee chair. The Chair of the GI Section shall be elected for a term of two years by the Active Staff members of the GI Section. Membership on the GI Committee shall include all members of the GI Section and colorectal surgeons. Membership may

also include a representative from general surgery. Voting rights in committee will be limited to those of the GI subspecialty and colon & rectal surgery. The General Surgery representative may vote only on issues pertaining to the General Surgery specialty.

2. Duties:

The GI Committee reviews and makes recommendations regarding GI related issues, such as:

- Use of new equipment and pharmaceuticals
- Interaction with nursing services
- Formulation of Policy and Procedures
- Other related subjects

The GI Committee shall report its findings and recommendations to the Medicine Core Committee

3. Meetings

The GI Committee shall meet on an as-needed basis.

III. PRIVILEGES WITHIN THE DEPARTMENT OF MEDICINE

A. Qualifications:

1. Clinical privileges shall be granted in accordance with education and training, experience, utilization practice patterns, current health status, and demonstrated competence and judgment to provide quality and appropriate patient care in an efficient manner as documented and verified in each practitioner's credentials file. Where appropriate, review of activity records of patients treated in other hospitals may also serve as the basis for privileges determination(s). In reappointment determinations, results of quality and performance improvement and utilization review, supervised cases, and where appropriate, practice at other hospitals may be considered. In review of requests for changes in privileges, evidence of appropriate training and experience and current clinical competence must be documented.
2. The applicant must be interviewed by the Medicine Department Chairman or his/her designee. If the applicant fails to attend the initial scheduled interview, or cancels it, a letter will be sent informing him/her that he has sixty (60) days in which to reschedule this appointment and that a failure to reschedule within sixty (60) will result in his application for staff privileges being filed as incomplete.

Each

- 3.1 The practitioner who has agreed to provide coverage must be a member of the Medical Staff, hold privileges within the same specialty and or sub-specialty if applicable, and be available for patients in the hospital, or who may present at the Emergency

Department

4. Pediatric trained sub specialists may be granted privileges in the Department of Medicine; however, they must be a member of the Pediatric Department at St Joseph Hospital with privileges in their respective specialty. Requests for these privileges will be reviewed by the Medicine Department Chair and a recommendation made based on the practitioner's training and current clinical competence.

B. Proctoring:

1. Each member of the Department shall complete proctoring as described in the Medical Staff Rules & Regulations. The first six (6) admissions or inpatient consultations 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. 50% of proctoring may be accepted from other facilities as outlined in the Medical Staff Bylaws.
 - a. In the specialty of Dermatology and Allergy & Immunology, the practitioner will be required to complete three (3) acceptable cases for proctoring.
2. A physician who has Class I privileges within the Department of Medicine must perform proctoring. At least two different physicians must proctor the member's cases.
3. Concurrent proctoring and/or retrospective proctoring may be accepted toward advancement of privileges. It is the proctored physician's responsibility to secure a proctor for concurrent proctoring of procedures and to ensure that the proctoring evaluation forms are submitted to the Medical Staff Office.
4. After completion of proctoring of the applicant's first six admissions or consults and/or the minimum required number of procedural proctoring, the Medicine Department Chair, with input from the Medicine Core Committee as necessary, will make a recommendation as to whether the physician will advance to Class I privileges or require a continued period of observation.

IV. SUBSPECIALTY PRIVILEGES

A. Qualifications:

1. All applicants must have completed an accredited training program in an appropriate medical or surgical subspecialty.
2. All applicants will be required to submit suitable evidence of their training and current competency in each of the procedures requested.

b. Nephrology

1. Specific Privileges

(a) **Acute and Chronic Hemodialysis**

Documentation of competency in dialysis procedures must be provided by the Director of the applicant's training program and/or by his/her direct clinical supervisor.

(b) **Therapeutic Plasma Exchange (Apheresis)**

Must meet one of the following criteria:

- Provide letter from fellowship training program director verifying program's inclusion of specific training in Apheresis and specifically documenting applicant's successful completion of that aspect of training within 24 months.
- Provide documentation of successful completion of formal training in Apheresis within the past 24 months.
- Provide documentation of at least four (4) Apheresis cases in the past 24 months performed at an accredited hospital and a letter of reference from the Department Chair from the facility where privileges performed

c. **Gastroenterology**

1. **Privileges:**

- (a) Each applicant must, for all gastroenterology procedures, have successfully completed a recognized Gastroenterology fellowship or have completed formal endoscopy training as part of a surgical or colorectal surgical fellowship; this training must be documented with a letter from the head of the training program. The Principles of Training in Gastrointestinal Endoscopy as revised from time to time by the American Society for Gastrointestinal Endoscopy serves as a basis for granting gastrointestinal endoscopy privileges.
- (b) Applicants for Liver Biopsy privileges must document successful completion of gastroenterology fellowship training to obtain Class IA privileges. A letter from the program director must be provided attesting to the applicant's ability to perform liver biopsy. If a physician has been out of training for several years, a letter from the Section or Department Chair of a hospital where they have recently performed this procedure documenting that they have performed a minimum of 10 liver biopsies at that facility and attesting to his/her ability to perform this procedure may be submitted.

2. GI Emergency Department Call Panel

- (a) All members of the GI section are required to take emergency department call with the exception of those excluded by the Medical Staff Bylaws
- (b) Call starts at 7:00 a.m. on the date of assignment and last until 7:00 a.m. the following morning
- (c) The physician on call will be responsible for all new consults and GI admissions, this includes new consultations called on your assigned date for patients admitted prior to your assigned date.
- (d) The physician on call is responsible for providing coverage for the assigned date. If physician is not on call for his/her group on the assigned date, he/she must make arrangements for coverage.
- (e) Consultations or new admission of patients previously established with another gastroenterologist participating in the call panel (or on staff at SJH) will be assigned to that GI physician and not the physician assigned on that date unless the patient or patient's proxy states otherwise. Consultations are defined as in-person physical examination, excluding telephonic advice.
- (f) Failing to be available for your assigned date without arranging appropriate coverage, not promptly answering pages or call to the ER or for inpatient consultations such that another physician must be called, or purposely avoiding consultations or admissions thereby delaying them to the following day will result in the following penalties:
 - 1. Physician will assume the next call date on the panel for the physician who had to cover for call
 - 2. First offense will be subject to a fine of \$1,000. Each additional fine will increased by \$1,000.

d. Cardiology:

All members within the Cardiology Section are required to maintain current Advanced Cardiac Life Support (ACLS) Provider Recognition from an ACLS training program of the American Heart Association (AHA).

All invasive and interventional cardiologists are required to maintain a current California fluoroscopy license which shall be kept on record in his/her file in the Medical Staff Office. Failure to maintain this documentation may result in suspension of Cath Lab/OR privileges.

1. **Congenital Heart Disease in Adults**

Requests for these privileges will be reviewed on a case by case basis and

granted at the discretion of the Cardiology Committee based on an applicant's training and demonstration of current clinical competence.

It is recommended to obtain a dedicated consultation by the ACHD team for patients with complex congenital heart disease once a year.

2. Cardiac Cath Lab Requirements

All necessary pre-cardiac cath requirements, including but not limited to, Medicare mandated implant forms, must be completed prior to the patient being brought to the procedure room. For elective procedures, a non-handwritten H&P must be on the electronic medical record. A handwritten or short form H&P will not be accepted for elective cases. A handwritten report may only be accepted in the case of a life-threatening emergency. Should a dictated H&P not be on the chart of the scheduled elective case prior to the patient readiness for pick up for transfer to the cardiac catheterization lab the case will be cancelled. A dictated H&P, however, will not be required for elective TEE and cardioversion. In these cases, a handwritten short form may be accepted.

3. Guidelines for Echo Interpretation and EKG readings

3.1. Active board certification in Cardiology

3.2. Full, unrestricted Class I Cardiology Core privileges.

3.3. Documentation of a minimum of 150 Echo interpretations every two years at St. Joseph Hospital.

3.4. As outlined by ICAEL criteria, Echo interpretation includes at least the following results, which include all four valves, all four chambers, interatrial, pericardium & aorta. *Subject to a periodic chart audit.

3.5. If unable to read, must find coverage and notify director of the panel and Cardiology Supervisor.

3.6. If a reading is not performed and there is no back up coverage, you will be excused from the reading panel after four occurrences per year.

3.7. Must attend three (50%) Cardiology Committee meetings per year.

3.8. Must be the attending or consulting physician on at least 200 cases per two years at St. Joseph Hospital.

3.9. As outlined by ICAEL criteria, must document at least 15 hours of CME relevant to echocardiography over a period of three years. CME credits must be earned within the three-year period.

3.10. The reader will do both Echo and EKG interpretations and is obligated to be available until 6:00 PM Monday-Thursday and 5:00 PM Friday.

3.11. Non-panel cardiologists may perform stress echos on their own

patients.

V. EMERGENCY ROOM CALL

All eligible members within the Department of Medicine, as outlined in the Medical Staff Bylaws, will be required to take E.R. call regardless of their practice affiliation; however, the Department Chairman will be exempt from mandatory E.R. Call during his/her term as Chairman.

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.

VI. ACUTE CARE COUNCIL

This is a multidisciplinary committee with the purpose to evaluate and improve the quality of care in the hospital. Recommendations from the Acute Care Council shall be reported through the Medicine Core Committee as appropriate.