

**MEDICAL STAFF RULES & REGULATIONS
DEPARTMENT OF MEDICINE**

ARTICLE I. NAME

The name of this organization shall be the Department of Medicine of the Medical Staff of Providence Holy Cross Medical Center, Mission Hills ("PHCMC"). The Department is organized as provided in the Bylaws of the PHCMC Medical Staff.

ARTICLE II. DEFINITIONS

Board Certification: Certification by the American Board of Medical Specialties or American Osteopathic Board.

Hospitalist: A hospital-based practitioner whose primary professional focus is the management and coordination of care for a hospitalized patient (pediatric or adult).

ARTICLE III. PURPOSE

The Department of Medicine shall concern itself with the medical care performed within the hospital by members of the Department. It shall include the establishment of methods to ensure professional competence of members, basing delineation of privileges on training, experience, demonstrated ability, and integrity; the establishment of specific policy to facilitate and regulate the work of the department; promote the continuing education of all departmental members; and provide ongoing review and analysis of the clinical work performed in the department.

ARTICLE IV. MEMBERSHIP

The Department of Medicine is defined to include but not limited to the specialties of: Allergy/Immunology, Cardiology, Critical Care Medicine, Dermatology, Endocrinology, Emergency Medicine, Family Medicine, Gastroenterology, Internal Medicine, Hematology/Oncology, Infectious Disease, Nephrology, Neurology, Nuclear Medicine, Physical Medicine/Rehab, Psychiatry, Pulmonary Medicine, Radiology and Rheumatology.

A. Requirements for admission to the Department of Medicine

1. Internal Medicine

Membership and also clinical privileges in internal medicine will be limited to physicians who meet the following criteria:

- a. Be board certified in internal medicine, or be eligible to sit for the qualifying examination.

2. Sub-specialty in Internal Medicine

The internal medicine sub-specialty physician with application to the Medical Staff of PHCMC, Department of Medicine must:

- a. Have previously met the requirements for internal medicine; and
- b. Be board certified in his/her sub-specialty or be eligible to sit for the qualifying examination

3. Other Specialties

Physicians in other specialties organized under the Department of Medicine, including Family Practice, shall have completed training requirements for their respective specialties and/or have attained qualification to sit for the qualifying examination.

Sub-specialty rotations completed during a candidate's training in internal medicine which are used to meet the requirements for admission to a Certifying Examination of Internal Medicine cannot be credited toward the required sub-specialty training.

B. Current Clinical Competence Assessment in the Absence of Recent Inpatient Activity

1. Outpatient practice may be used as evidence of current competence for cognitive clinical privileges in the hospital setting.
2. Use of this pathway is subject to the following conditions:
 - a. Mandatory concurrent Internal Medicine, Sub-specialty, or Other specialty proctoring by an unsupervised member of the Department of Medicine or any other appropriate Department on at least the first six (6) cases.
 - b. This proctor will be someone who helps the applicant as s/he is oriented to hospital practice. A written report must be submitted to the Department of Medicine.
 - c. Practitioners are responsible for obtaining their own proctors and reports.
 - d. Associates will not be eligible to provide consultation.
3. Mandatory concurrent proctoring is in addition to the current proctoring protocol as outlined in these Rules & Regulations. The proctor will be asked to determine whether mandatory proctoring should continue.

ARTICLE V. ORGANIZATION

A. Department Meetings

1. The Department of Medicine shall meet at least six (6) times per year; to conduct its affairs. The Chair of the Department shall be chosen as defined in the Medical Staff Bylaws. The Chair may not serve more than three successive terms. Other officers shall be appointed by the Chair of the Department. The duties to be performed by the Chair with the assistance of the Medicine Committee are specified in detail in the Medical Staff Bylaws.
2. QUORUM: The presence of eight (8) Active Staff members of the Department of Medicine shall constitute a quorum.

B. Appointment/Reappointment Committee

The Chair of the Department may appoint an Appointment/Reappointment Committee, consisting of at least five (5) members of the Department to assist in the evaluation and recommendation of clinical privileges for new and reappointing members of the Department. The Appointment/Reappointment Committee will meet ad-hoc, as needed.

C. Peer Review Committee (Supervisory Committee)

The Chair of the Department of Medicine shall appoint a Peer Review Committee, which also shall constitute the Department's Supervisory Committee, to assist in quality assurance monitoring activities of all individuals who have delineated clinical privileges within the Department. The Peer Review Committee shall convene at least eight (8) times a year to review

and analyze on a peer-group basis the clinical work of the department, and shall prepare a written summary of its findings and recommendations for submission to the Department of Medicine. All such review activities as may be conducted by the Peer Review Committee shall be evaluative and advisory in nature the peer review committee will have no authority to take action requiring approval of the Department of Medicine, and/or the Medical Executive Committee. Proceedings of the Peer Review Committee are confidential and protected from discovery under California Evidence Code 1157.

D. Members' Responsibility for Performing Peer Review:

All members of the Department of Medicine, except provisional staff, are required to assist in quality review activities if requested. The criteria to be used in such review shall be approved by the Department of Medicine and shall be objective and reflect concurrent knowledge and clinical experience. A written summary of chart review findings shall be prepared and forwarded to the Peer Review Committee for inclusion in the Committee's quality assurance monitoring activity report which is forwarded monthly to the Department of Medicine for review and recommendations. All members of the Department who engage in quality assurance activities conducted under the authority delegated to the professional Medical Staff organization are protected under the malpractice insurance coverage of PHCMC.

E. Clinical Divisions

Upon approval of the Medical Executive Committee, the Department of Medicine may be divided, as appropriate, into clinical divisions which shall be directly responsible to the Department. Each such Division shall have a Chief, selected by the Department Chair. The Division Chief shall be an Active (category/staff status) member of the Medical Staff in the Department of Medicine, and be qualified by training, experience, and demonstrated current ability in the clinical area covered by the division. Each Division shall perform the functions assigned to it by the Department Chair which shall be related to issues relevant to the clinical area covered by the Division, and may include assistance with the development and implementation of programs to carry out quality assurance, evaluation and monitoring functions. Each Division Chief or designee shall be a member of the Supervisory Committee and shall attend the regular meetings of the Department to report on Division Committee activities. Division meetings shall be scheduled on an hoc basis in consultation with the Chair of the Department of Medicine.

ARTICLE VI. ADDITIONAL PRIVILEGES

- A. Requests for additional privileges shall be submitted in writing to the Department of Medicine; and
- B. Must be supported by documentation of requisite training, details of experience, qualifications, a list of pertinent cases and/or other pertinent information that supports current clinical competence for the exercise of such Clinical Privileges in accordance with the Medical Staff Bylaws.

ARTICLE VII. PROCTORING PROTOCOL

A. Proctoring Categories

- 1. All new Medical Staff members in the Department of Medicine.
- 2. Medical staff members requesting additional clinical privileges.
- 3. Medical staff members whose quality of care has been found to be questionable.

B. Assignment of Proctors

- 1. A proctor shall be an active or courtesy Medical Staff member in good standing in the Department of Medicine or any other Department as appropriate.

2. Two proctors may be appointed to each new Medical Staff member requiring proctoring, within his/her specialty, or the physician may select a proctor from the approved proctor list. If the physician is a sub-specialist at least one proctor will be of that sub-specialty.
3. Associates are not eligible to proctor each other – Exception: Radiology and Emergency Medicine Services Groups.
4. Full-time, Active Staff Radiologists and ED physicians shall serve as proctors for physicians within their respective specialty groups.

C. Mechanism for Proctoring

1. Proctoring continues until the applicant demonstrates proficiency. Minimum cases proctored will be as follows:
 - a. Admissions/Consultations: At least six (6) cases, which may be retrospectively reviewed, unless otherwise required. Concurrent proctoring is recommended for ICU cases.
 - b. Procedures: Concurrent observation is required at least once for each procedure as indicated on the Privilege Control Sheet, unless otherwise specified. . It is the responsibility of the physician to arrange for an approved proctor at the time the procedure is scheduled.
 - c. If the Committee/Division determines that proctoring needs to be extended for more than six (6) cases for basic proctoring and/or for procedures beyond the number as indicated on the Privilege Control Sheet, the reason/decision will be communicated to the applicant.
 - d. Under special circumstances, to enhance patient safety and care, proctoring requirements may be temporarily waived by the Department Chairman on a case by case basis.
2. Each Privilege Control Card is an addendum to these Rules & Regulations; Therefore, any amendment to the Privilege Control Card shall be approved by the appropriate Committee or Division, Department of Medicine, and Medical Executive Committee, as required by the Medical Staff Bylaws.
3. Written proctoring evaluations will be completed by the proctor(s) and submitted to the Medical Staff Coordinator, who will present them to the appropriate Committee or Division for review and recommendation to the Department of Medicine.
4. Reciprocal proctoring may supplement proctoring for admissions, consultations and/or procedures. The proctor in such case may be an associate and must be eligible to serve as a proctor in the second hospital.
5. Proctoring reports will be maintained in the physician's credentials file. Copies will not be released to other facilities without specific written request/authorization by the physician being proctored.

D. Proctor Responsibilities

1. To perform an objective evaluation of the physician being evaluated.
2. To complete the evaluation form and provide a written summary of the physician's clinical and diagnostic competence.

E. Emergency Medicine Division – Proctoring Protocol

1. Proctoring will consist mainly of direct, concurrent observation by a proctor with monitoring of diagnostic and treatment techniques. In addition, chart review and case discussion may be utilized in the process.

At least twenty (20) patient visits will be proctored before a successful completion of proctoring can be considered.

ARTICLE VIII. ADMISSION TO ACUTE REHABILITATION SERVICE

- A. All patients admitted to the acute rehabilitation unit will have an attending physiatrist. All attending physiatrists will have appropriate qualifications and privileges in accordance with the Medical Staff Bylaws.
- B. All admissions, continued stays and discharges on the acute rehabilitation unit must be approved by the medical director.
- C. For inpatient services, general medical management by and liaison with the previous physician of record (when one exists) or arrangements for general medical management by another appropriately qualified physician will be arranged by the Medical Director.
- D. When a patient is referred by a physician who is not on the medical staff of PHCMC, appropriate referrals will be coordinated by the Medical Director utilizing a panel of Internists and Family Practitioners.
- E. The attending (referring) physician has the option of following the patient or choosing another specialist to consult and manage the care as required by the patient's condition. Should the attending (referring) physician choose not to follow the patient, or if the patient is referred without an attending physician who is eligible or interested in following the case, a physician will be designated by the Medical Director of Rehabilitation Services. The designated physician will be selected on a rotating basis from an established panel of physicians, who meet the qualifications as outlined in these Rules and Regulations.

ARTICLE IX. CONSULTATION POLICY

The Medical Staff Consultation Policy, contained in the Medical Staff Rules and Regulations shall be observed by all members of the Department of Medicine.

ARTICLE X. FREQUENCY OF PATIENT VISITS

- A. Patients admitted by members of the Department of Medicine must be seen and evaluated within twenty-four (24) hours of admission by their primary care physician or a designee thereof who accepts the responsibility. Thereafter, these patients must be seen daily by their primary care physician or such designee.

- B. Frequency of Visits in Acute Rehabilitation Unit:

Patients on the Acute Rehabilitation Unit will be seen at least three (3) days each week by the Medical Director of Rehabilitation or a designee, and on an as-needed basis by a family physician/internist as dictated by the patient's medical status. In rare circumstances, if well documented by the Medical Director of Rehabilitation, a patient who is medically stable and destined for long-term care may be seen once per week by the Medical Director of Rehabilitation and as needed by the family physician/internist.

ARTICLE XI. CALL PANELS

- A. Identification of Call Panels – The Department of Medicine Call Panels are:

1. Emergency Department (“ED”) Call Panel: contracted hospitalist providers
2. EKG Panel;
3. Primary Care Post-Acute (“PCPA”) Panel;
4. Medical Sub-specialty Panels
5. Rehabilitation Services Panel
6. STEMI Panel
7. Stroke Panel

B. General Requirements for Call Panel Membership

1. Members of the Department interested in participating on any Call Panel must:
 - a. Be appointed to the Active, Provisional, or Courtesy staff, and be in good standing thereon;
 - b. Have been granted admitting and clinical privileges appropriate to the panel on which they intend to participate;
 - c. Have satisfied basic proctoring requirements for admissions and/or consultations;
 - d. Admit a minimum of twelve (12) elective cases or provide twelve (12) consults annually;
 - e. Accept the care of all patients referred without discrimination of race, creed, sex, age, financial status, or ability to pay for medical services, consistent with the philosophy Providence Holy Cross Medical Center;
 - f. Accept any patient requiring admission and who otherwise is not transferable, regardless of the patient's ability to pay, insurance status, or managed care insurance status;
 - g. If patient is readmitted, the PCPA Panel and Medical Sub-specialty Panel physicians may consult the appropriate sub-specialist of his/her choice when a consultation is needed on an ED panel patient. The PCPA Panel physician is encouraged to use the ED panel consultant scheduled for the particular week; and
 - h. Have full access to the Electronic Medical Record.
 - i. Not schedule concurrent service on multiple panels providing direct patient care.
 - j. Be compliant with all clinical quality initiatives including greater than or equal to 100th percentile compliance with Core Measures (e.g. Acute Myocardial Infarction, Congestive Heart Failure, Pneumonia, Surgical Site Infection Prevention) and IHI Bundles, (e.g. Central Line and Ventilator Bundle), and will work collaboratively with the Quality Resource Specialists and Nursing Staff on quality improvement initiatives.
 - k. Will maintain compliance at or greater than 100% with all regulatory documentation requirements (e.g. dating, timing, signing of medical records).

- l. Agree to document the appropriate Severity of Illness (SI) and Intensity of Service (IS) consistent with the acuity of the patient and services provided to justify the appropriate Level of Care, working collaboratively with Hospital Staff, including Case Management, throughout the Continuum of Care.
 - m. Agree to conduct him or herself in a professional manner consistent with the hospital Code of Conduct guidelines including, Respectful Treatment, Language, Behavior, Confidentiality and Feedback and Ethical Responsibilities.
 - n. Will maintain clinical performance standards according to the Ongoing Professional Practice Evaluation (OPPE) guidelines for all Panel Services.
 2. Once proctoring of admissions and/or consultations is complete, new Medical Staff members will have a grace period of twelve (12) months from the date of initial staff appointment to meet the requirement of twelve (12) elective admissions or consultations annually.
- C. Specific Requirements for Call Panel Membership
1. Cardiology subspecialty Call Panel
 - a. Must be able to fully, remotely access the EMR to include electrocardiogram (ECG) and echocardiogram images for interpretation.
 2. EKG Panel
 - a. Must be a cardiologist who is either Active staff or covering the ED Call Panel.
 3. PCPA Panel and Multispecialty Panels: Medical subspecialists may participate on both the PCPA Panel and applicable Sub-specialty Panel.
- D. Call Panel Schedule and Rotation
1. The physicians assigned to each Call Panel will rotate on a daily or weekly basis, as set forth in any procedure governing the applicable call panel, or as determined by the individual responsible for preparing the panel schedule.
 2. Each physician who participates on a Call Panel will receive an equal distribution of days or weeks.
 3. Once the Call Panel schedules are prepared and distributed, it is the responsibility of the assigned physician to make any changes first with other physicians on the panel; notify the Emergency Department, and the individual responsible for preparing the panel schedule.
- E. Removal from a Call Panel
- A physician's failure to comply with panel requirements and/or schedule may result in removal from the panel(s) in which the physician participates.
- F. PCPA Panel
1. Patients who do not have a primary care physician ("PCP") and are not assigned to a particular medical group at the time they are admitted to the Medical Center from the ED will be assigned a PCP from the PCPA Panel for follow up care after discharge.
 2. PCPA Panel members must be willing and able to schedule and see each patient within one week of discharge to home, or as soon thereafter as the patient's condition dictates.

3. Post-discharge arrangements, including the patient's (a) being assigned a new PCPA physician, (b) being referred to a PCPA physician to whom the patient previously was assigned, or (c) referral to the Community Clinic, will be discussed with the patient and documented as part of post discharge care in the electronic medical record by the applicable Panel member and/or the Case Manager.
4. Joining the PCPA
 - a. Participation on the PCPA Panel is not a prerogative of Medical Staff membership or a clinical privilege, and shall be permitted or not permitted at the discretion of the Department Chair.
 - b. Participation is voluntary. Eligible physicians wishing to participate on the Panel shall submit a written request to be added to the rotation schedule.
 - c. A physician who previously was removed from the Panel may request to be reinstated by submitting a written request to be added to the rotation schedule. Such request shall include documentation showing that the reason for the physician's removal from the Panel has been resolved.
 - d. All requests to join the PCPA Panel shall be submitted to the Medical Staff Office, to the attention of the Department Chair.
 - e. If the Department Chair determines that a requesting physician shall not be permitted to join PCPA Panel, the Chair shall provide written notice of that decision, and the reasons therefore.
5. The Medicine Peer Review Committee will assess the performance of each PCPA Panel member as follows:
 - a. An initial evaluation will occur within ninety (90) days of the physician's first assigned rotation on the PCPA Panel. Subsequent evaluations will occur every six (6) months.
 - b. Physicians participating on the panels will be evaluated on an individual basis and not by association with a group practice.
 - c. Performance Evaluation Factors shall include the physician's:
 - Compliance with these Rules and Regulations;
 - History of availability to patients post-discharge;
 - Active participation on the rotation schedule, without excessive rescheduling;
 - Value Based Purchasing Score
 - Total Variance of Observed/Expected Patient Days shall be equal to or less than 130% of the DRG Medicare and/or Medi-Cal Expected Patient Days (CMS).
6. Removal from the Panel
 - a. PCPA Panel members may be removed from the Panel for any period of time at the discretion of the Department Chair.
 - b. Voluntary resignation, or involuntary suspension or termination, of Medical Staff membership or relevant clinical privileges shall result in immediate removal from the PCPA Panel.

- c. If the Medicine Peer Review Committee determines that a PCPA Panel member is not in compliance with the Performance Evaluation Factors, it shall recommend to the Department Chair that written notice of such determination be given to the panel member.
7. Requests for Reconsideration
- a. Whenever a physician has received notice that (i) the physician will not be permitted to join the PCPA Panel, or (ii) the physician's participation on the Panel has been suspended for noncompliance with the Performance Evaluation Factors, the physician may request reconsideration by the Peer Review Committee or Department Chair, as applicable.
 - b. Requests for reconsideration shall be in writing, submitted to the Medical Staff Office to the attention of the Department Chair. Such requests shall set forth the physician's position as to why he or she should be permitted to participate in the panel, and may request an opportunity to meet with the Peer Review Committee.
 - c. The Peer Review Committee shall invite a physician requesting an opportunity to meet with the Committee to its next regularly scheduled meeting for further discussion
 - d. Following the receipt of a request for reconsideration and, if applicable, an in-person meeting with the requesting physician, the Department Chair shall provide the physician with written notice of its final determination.
 - e. Such decisions are not a denial, termination, or limitation of clinical privileges, and shall not require that a report be filed with any regulatory agency.

APPROVALS:

Revised Entire Document & Added PCPA Panel Language

Department of Medicine	11/17/2014
Medical Executive Committee	12.01.2014

Revised Section Article XI

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