

Providence LCM Medical Center San Pedro
DEPARTMENT OF EMERGENCY MEDICINE
RULES AND REGULATIONS

ARTICLE I. ORGANIZATION OF THE DEPARTMENT

Section A. Name:

The name shall be the Department of Emergency Medicine of the Medical Staff of Providence Little Company of Mary Medical Center San Pedro. The department is established as provided in the Medical Staff Bylaws, Rules and Regulations of the Medical Staff of Providence LCMMC San Pedro.

Section B. Membership of the Department

Membership in the department shall be limited to those practitioners who are either certified by the American Board of Emergency Medicine; or who are qualified for certification by the American Board of Emergency Medicine.

Fulfillment of qualifications for initial appointment and reappoint as outlined in the Medical Staff Bylaws including but not limited to geographic boundaries for practice, payment of dues, discharge of functions, maintenance of professional liability coverage, attendance at meetings, and provision of on-call coverage (as applicable to specialty). Ongoing membership criteria will be assessed at the time of reappointment.

The professional conduct of members under the jurisdiction of the department shall be governed by the Medical Staff Bylaws and, if necessary, referred to the Medical Executive Committee.

Section C. Direction of the Department

The direction of the Department is the responsibility of a staff member under contract with the Hospital.

The director shall be primarily responsible for the day to day quality of medical practice and patient care provided within by members. The director shall maintain liaison with other hospital departments, the hospital staff, the press and police, paramedic program, and other medical or community organizations as indicated.

The Providence LCM MC San Pedro Medical Staff Bylaws and Rules and Regulations shall serve as a guide for the professional conduct of members of the Department.

ARTICLE II. FUNCTIONING OF THE DEPARTMENT

Section A. Department Responsibilities and Functions

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SEE MEDICAL STAFF BYLAWS FOR DETAILS

Section B. Department Chair and Vice Chair Selection & Responsibilities

SEE MEDICAL STAFF BYLAWS FOR DETAILS

Section C. Meeting Frequency and Attendance Requirements

SEE MEDICAL STAFF BYLAWS FOR DETAILS

Section D. Quorum

Three (3) Active Staff members of the Department shall constitute a quorum for the conduct of business at any meeting of the Department.

Section E. Voting Privileges

Active members of the Department may vote on all department matters including election of department chair and vice chair positions.

Section F. Department Representation

As provided in the Medical Staff Bylaws, a member of the Department may be appointed to other standing Medical Staff departments and committees.

Ex officio members of the Department (non-voting) shall consist of, but not limited to representatives from Hospital Administration, Performance Improvement, and Patient Care Services (Nursing). Other members shall be at the discretion of the chair.

Section G. Divisions

The department chair may appoint division chairs to conduct business at his/her discretion.

ARTICLE III. CLINICAL PRIVILEGES

Section A. Assignment of and Granting of Clinical Privileges

At the time of initial appointment and reappointment, a privilege delineation form shall be completed by applicants and members outlining those privileges being requested. During the reappointment cycle, members requesting privilege modifications shall provide supporting written documentation of training (certificate of course completion or letter from program director attesting to training) and experience (number of procedures done in the prior 2 years).

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Privileges in the Department are granted by the Board of Directors of the Hospital, upon the recommendation of the Medical Executive Committee. The Department is responsible for the evaluation of each member of the Department, and of each applicant for membership in the Department, with regard to privileges, and makes recommendations in this regard to the Medical Executive Committee, consistent with the Medical Staff Bylaws.

Once approved, an approved privilege listing will be sent to the member and to the appropriate hospital departments. The original privilege request form shall be maintained in the member's credential file in the Medical Staff Services Department.

Any limitations imposed will be waived for a member caring for a patient having an urgent life threatening condition. In this situation, the member's right to employ any medical or surgical method deemed necessary to save a life or limb should not be impaired.

Section B. Special Privileges

SEE MEDICAL STAFF BYLAWS FOR DETAILS

Section C. Focused Professional Practice Evaluation (Proctoring)

Policy: All Provisional Staff members initially granted privileges shall complete a period of proctoring (minimum 6 months and maximum 24 months). All practitioners granted special/interim privileges during the time final action is pending concerning their application, during a probationary period, shall be proctored. Practitioners granted special privileges may be required to be supervised as required by the department chair or Chief of Staff.

Additional proctoring may be required for Provisional members to adequately evaluate their practice. This additional proctoring shall not constitute grounds for a hearing. Additional proctoring may be required for members requesting new privileges. This shall not constitute grounds for hearing.

Proctoring may be required for members whose clinical department determines that additional or continued proctoring is necessary or desirable. This additional proctoring shall constitute grounds for a hearing.

Number of Required Proctored Cases: See Privilege Delineation Form.

Assignment of Proctor: The proctor shall be coordinated through the department chair and/or director.

The chair or director shall provide written documentation of the analysis of proctoring review of the Provisional member and forward it to the Medical Staff Services Department as soon as is practicably possible.

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Proctoring Duration: Each Provisional member granted clinical privileges must be proctored on the minimum number of cases/hours identified on the privilege delineation form. The proctoring period shall be for a minimum of 6 months and a maximum of 24 months.

Non-Provisional members granted clinical privileges must be proctored on the minimum number of cases identified on the privilege delineation form.

Extension of Proctoring: If the Provisional member has reached the 24 month time period and has not satisfied the proctoring requirements of the department, there is nothing derogatory related to his or her clinical practice, and on a going of good faith attempts to complete proctoring, in the opinion of the department chair, the Medical Executive Committee may extend the proctoring period for one (1) year.

Proctoring Review: The proctored member shall be notified initially of the proctoring requirements and updated at 18 months via Certified Mail with regard to the number of proctored cases/hours necessary to complete the requirements.

When the department is considering whether to terminate proctoring requirements, and grant the member unsupervised privileges, it shall have the department chair or his/her designee review the proctored member's file to assure that the necessary completed proctoring forms/documentation are in order and the member is in good standing. The department chair may recommend release from proctoring or additional proctoring for reasons as outlined by the chair.

Provisional Staff members may be allowed to advance from the Provisional Staff if admissions/consultations proctoring reports are judged to be appropriate, however, they may still be held responsible for procedural proctoring requirements as outlined on the privilege delineation form.

ARTICLE IV. CLINICAL PRACTICE

Section A. Responsibility of the Attending Physician

Not applicable.

Section B. Consultations

PRIVATE PATIENTS: The traditional right of private staff members to treat their own patients in the Emergency Department will be respected while the member is in the Department. Written or verbal orders from the member will be carried out in these cases consistent with current standards of practice in Emergency Department, and it is understood that the member retains legal responsibility for these patients. Unless the patient is also treated by an emergency medicine physician member, the medical record (chart) will be the responsibility of the staff member.

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SPECIALISTS: When patient care demands a level of specialization for which the emergency physician member is not qualified, consultation will be sought from an appropriate specialist chosen by (a) the patient, (b) the patient's family, (c) the patient's private physician, or (d) the on-call roster of specialists.

PATIENTS HAVING NO PRIVATE PHYSICIAN: The emergency medicine physician member will refer patients without a private physician according to the roster of on-call physicians available in the Emergency Department and the Medical Staff Services Department. No self-referral of patients between emergency medicine physician members will take place. If, however, adequate follow-up care cannot be assured, or a private physician cannot be contacted for follow-up care, a patient previously treated in the Emergency Department may be seen as an outpatient in that department to insure follow-up, but not ongoing care.

Section C. Service to the Emergency Department

Not applicable.

Section D. Use of Diprivan in the Emergency Department

Propofol (Diprivan) may be used in the ED, under the appropriate manufacturer's guidelines.

ARTICLE V. GENERAL RULES

Section A. Records

A medical chart will be prepared on each patient treated in the Emergency Department.

Section B. Review

Complete charts should be documented so that appraisal of the quality of medical care can be readily reviewed by the Department, performance improvement reviewers, or other designated individuals and/or groups.

Ongoing performance improvement reviews will be the responsibility of the Department and will be carried out in a manner consistent with current standards of practice in the specialty and the community.

Criticism of professional care or over/under utilization of diagnostic procedures, as practiced in the Emergency Department, shall be the concern primarily of the Department. If not satisfactorily resolved, problems will be referred to the Medical Executive Committee.

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Section C. Medical Screening Examinations

All patients who present to the Emergency Department shall be offered a medical screening examination and evaluation by a Physician or a Physician's Assistant or a Nurse Practitioner under the supervision of a physician, to determine if any emergency medical condition exists. If an emergency medical condition is determined to exist, such patients will be provided the care, treatment, and surgery by a physician necessary to relieve or eliminate the emergency medical condition within the capability of the facility.

Patients who are evaluated and determined not to have emergency medical conditions will either be treated in the Emergency Department or referred elsewhere for appropriate care.

ARTICLE VI. ADOPTION

The Department shall review these rules and regulations on a regular basis to incorporate new methods and procedures, diagnostic and treatment advances. Approval of new or changed rules and regulations shall be by the Department with a quorum present.

APPROVED BY:

DEPARTMENT OF EMERGENCY MEDICINE: 3/6/98

MEDICAL EXECUTIVE COMMITTEE: 4/6/98

BOARD OF DIRECTORS: 4/21/98

REVISED:

DEPARTMENT OF EMERGENCY MEDICINE: 1/22/01

MEDICAL EXECUTIVE COMMITTEE: 1/25/01

BOARD OF DIRECTORS: 2/27/01

REVISED:

DEPARTMENT OF EMERGENCY MEDICINE: 9/13/04

MEDICAL EXECUTIVE COMMITTEE: 9/20/04

BOARD OF DIRECTORS: 10/14/04

REVISED:

DEPARTMENT OF EMERGENCY MEDICINE: 11/01/04

MEDICAL EXECUTIVE COMMITTEE: 11/15/04

BOARD OF DIRECTORS: 1/20/05

REVISED:

DEPARTMENT OF EMERGENCY MEDICINE: 1/25/10

MEDICAL EXECUTIVE COMMITTEE: 2/15/10

BOARD OF DIRECTORS: 3/23/10