

# RULES AND REGULATIONS

## DEPARTMENT OF EMERGENCY MEDICINE

2015 EDITION

Department of Emergency Medicine Chair 2015  
Mark Brown, M.D.

President, Medical Staff 2015  
Pramod Kadambi, M.D.

	Approved	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed
<b>Dept of EM</b>	09/09/97	11/14/00	03/12/02	06/10/03	01/13/04	04/11/06	01/09/07
<b>Credentials</b>	09/23/97	n/a	n/a	06/24/03	n/a	n/a	09/25/07
<b>MEC</b>	10/07/97	n/a	n/a	07/01/03	n/a	n/a	10/22/07
<b>Board</b>				07/30/03	n/a	n/a	10/31/07
	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed
<b>Dept of EM</b>	02/12/08	01/12/09	02/08/10	04/12/11	01/10/12	3/12/13	02/11/14
<b>Credentials</b>	02/26/08	01/27/09	02/23/10	04/26/11	01/24/12	n/a	n/a
<b>MEC</b>	03/04/08	02/03/09	03/02/10	05/03/11	02/07/12	n/a	n/a
<b>Board</b>	03/26/08	02/25/09	04/07/10	06/01/11	02/29/12	n/a	n/a
	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed
<b>Dept of EM</b>	04/14/15						
<b>Credentials</b>	n/a						
<b>MEC</b>	n/a						
<b>Board</b>	n/a						

**ANTELOPE VALLEY HOSPITAL  
DEPARTMENT OF EMERGENCY MEDICINE  
RULES AND REGULATIONS  
2015**

1. EMERGENCY MEDICINE DEPARTMENT:

A. Scope of Clinical Services Provided by the Department:

Members of the Department of Emergency Medicine provide continuing and comprehensive care to patients, attending to their healthcare needs in both ambulatory and inpatient settings. Consultative services are both provided and utilized by members of the Department in the care of their patients.

B. Specialties within the Department include Emergency Medicine.

C. Department Responsibilities (refer to Medical Staff Bylaws, Article VIII, Section 8.4):

- (1) To act as participants in educational activities at Antelope Valley Hospital.
- (2) Participate in appropriate peer review in quality management.

2. DEPARTMENT MEMBERSHIP:

A. Qualifications:

- (1) Graduate of an accredited school of medicine.
- (2) Successful completion of a three year residency in emergency medicine of which two years shall be at the same facility or currently a Diplomat of the American Board of Emergency Medicine or the American Osteopathic Association Board of Emergency Medicine .
- (3) Licensure by the Medical Board of California.
- (4) Documented current competence in performance of privileges requested.
- (5) Documentation of approved CME Category I credits as required by the Medical Board of California in meetings, courses or visiting fellowships during the preceding two years, with a majority of the topics of education pertaining specifically to emergency medicine.

3. GRANTING OF CLINICAL PRIVILEGES:

A. Privilege form:

B. Initial Appointment Privileging Standards.

C. Provisional Monitoring/Proctoring:

(1) Requirements:

**EMERGENCY MEDICINE** - The Emergency Department, being a contract service, shall provide proctoring for all applicants requesting clinical privileges in the Emergency Medicine Department as well as for any Emergency Medicine Physician being scheduled for duty at Antelope Valley Hospital. Proctoring shall apply to all Emergency Medicine Physicians, regardless of specialty or category of membership. The Emergency Medicine Department shall provide proctoring for all applicants requesting clinical privileges in the Emergency Department - Proctoring will commence with the applicant's first scheduled rotation and will proceed for a minimum of 16 consecutive hours and for a minimum of 30 cases and will proceed until the Department Chair/designee determines that competence has been demonstrated. Proctoring of patient management will include patient assessment, plus direct observation of procedures as previously noted and the monitoring of diagnostic and treatment techniques.

(2) Proctor's Qualifications:

Reference General Rules and Regulations, Section P, paragraph 3, page 43, Qualifications of Proctor.

Proctoring will be by a physician qualified and/or privileged in that same specialty whenever possible.

(3) Assignment of Proctors:

Members shall obtain their own proctor whenever possible. If the member is unable to obtain a proctor, it is the duty of the Department Chair to assist in this process.

(4) Proctor's Report:

A written report describing the case proctored will be completed by the proctor and submitted to the Medical Staff Services Department for consideration by the Department chair/designee. It is the responsibility of the applicant to ensure completed proctoring reports are received by the Medical Staff Services Department. Following review, the report will be maintained in the applicant's confidential file.

(5) The applicant for the requested clinical privileges/procedure may, under certain special circumstances, submit proctoring reports from other hospitals.

- (a) The proctor utilized must be a member in good standing of the Medical Staff of Antelope Valley Hospital.
- (b) Outside proctored cases/procedures may be accepted in lieu of proctored cases/procedures performed at Antelope Valley Hospital, provided that there are an insufficient number of cases performed at Antelope Valley Hospital. However, every attempt must be made to perform the required number of cases/procedures at Antelope Valley Hospital before submitting cases from other hospitals.
- (c) In no instance will cases/procedures proctored at other hospitals comprise more than 50 percent of the total proctoring reports required.
- (d) If procedures proctored at other hospitals are to be submitted, the applicant must release all proctored cases done at the other hospital(s) supplying those reports.

D. Reappointment Privileging Standards:

- (1) The physician will provide attestation of approved CME Category I credits as required by the Medical Board of California in meetings, courses, or visiting fellowships during the preceding two years, with the majority of the topics of education pertaining specifically to emergency medicine.
- (2) Evidence of proficiency in the area of delineated privileges in the Department of Emergency Medicine by a biannual review of clinical cases.

E. Requests for Additional Privileges:

- (1) Applications for increased clinical privileges must always be accompanied by appropriate documentation of training and experience to justify the additional privileges. It is the applicant's responsibility to provide acceptable documentation.
- (2) See Article VI in Credentials Policy and Procedure Manual for instructions on making application for additional privileges.

4. DEPARTMENT/SECTION CHAIR:

A. Qualifications for Department Chair (refer to Medical Staff Bylaws, Article VI, Section 6.3-1A):

Member of the Active Staff with willingness and ability to discharge the functions of the office. The Department Chair must be board certified by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine.

B. Term of Department Chair (refer to Medical Staff Bylaws, Article VII, Section 7.3-1, paragraph D):

The term of office is two years. The Department Chair may serve additional terms if so requested.

C. Roles and responsibilities of the Department Chair (refer to Medical Staff Bylaws, Article VII, Section 7.3-1, paragraph E).

D. Nomination/election process for the Department Chair (refer to Medical Staff Bylaws, Article VII, Section 7.3-1, paragraph B):

Each Department shall elect its own Chair. Each appointment must be approved by the Medical Executive Committee and Governing Board before it is effective.

5. DEPARTMENT MEETINGS:

A. When Held:

Emergency Medicine Departmental meetings will be held monthly at a time agreed upon by the Chair and communicated to the committee members. Departmental members may be called upon to participate on committees, task forces or in quality assessment activities to assist the Department in maintaining the standard of care.

B. Voting:

- (1) Only Active Staff members of the Department will be granted voting privileges regarding election of officers.
- (2) All members of the Department will have an equal vote regarding routine Department business.

6. CONSULTATIONS:

A. Responsibilities:

Arrangements for a consult are the responsibility of the attending physician. The attending physician shall at all times retain final authority and responsibility for the medical management of the patient. The physician or the physician's assigned delegate shall be available for call at all times regarding a patient the physician has admitted to the facility. Depending on the attending physician's privileges, consultation with co-management or referral of case may become necessary in some cases.

7. DEPARTMENT MONITORING AND EVALUATION PROGRAM.

- A. Indicators (on file in Quality Management Department).
- B. Practice parameters/standard of practice/department-specific criteria.
- C. Peer review system/forms.
- D. Ongoing and focused professional practice evaluations.