

RULES AND REGULATIONS

DEPARTMENT OF FAMILY PRACTICE

2015 EDITION

Department of Family Practice Chair 2015
Manuel Arroyo, M.D.

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

	Approved	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed
Dept of Family Practice	05/29/97	06/05/03	03/09/06	01/11/07	01/08/09	02/22/12	02/27/13
Credentials	06/24/97	n/a	n/a	n/a	01/27/09	03/27/12	n/a
MEC	08/05/97	n/a	n/a	n/a	02/03/09	05/01/12	n/a
Board					05/25/09	05/30/12	n/a
	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed
Dept of Family Practice	04/22/15						
Credentials	n/a						
MEC	n/a						
Board	n/a						

**ANTELOPE VALLEY HOSPITAL
DEPARTMENT OF FAMILY PRACTICE
RULES AND REGULATIONS
2015**

1. FAMILY PRACTICE DEPARTMENT:

A. Scope of Clinical Services Provided by the Department:

Members of the Department of Family Practice 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 Family Practice.

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: As defined in Article III of the Medical Staff Bylaws. Membership shall be limited to practitioners who specialize in Family Practice or General Practice.

3. GRANTING OF CLINICAL PRIVILEGES:

A. Privilege form:

B. Initial Appointment Privileging Standards.

C. Provisional Monitoring/Proctoring:

(1) Requirements:

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.

(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) Reciprocal Proctoring:

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

- (a) Outside proctored cases/procedures may be accepted in lieu of proctored cases/procedures performed at Antelope Valley Hospital, provided that there is 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.
- (b) In no instance will cases/procedures proctored at other hospitals comprise more than 50 percent of the total proctoring reports required.
- (c) 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 for Family Practitioners:

- (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 family practice.
- (2) Evidence of proficiency in the area of delineated privileges in the Department of Family Practice through the ongoing professional practice evaluation process.

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.

F. Additional Credentialing Requirements:

4. DEPARTMENT CHAIR:

A. Qualifications for Department Chair (refer to Medical Staff Bylaws, Article VII, Section 7.3-1A):

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 Family Practice.

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

5. DEPARTMENT MEETINGS:

A. When Held:

Family Practice 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 Performance Improvement Department).
- B. Practice parameters/standard of practice/department-specific criteria.
- C. Peer review system/forms.
- D. Ongoing and focused professional practice evaluations.