

RULES AND REGULATIONS DEPARTMENT OF MEDICINE

2013 EDITION

Department of Medicine Chair 2013
Ranjiv Choudhary, M.D.

President, Medical Staff 2013
Pramod Kadambi, M.D.

	Approved	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed
Dept of Medicine	11/16/93	05/21/96	04/15/97	01/20/98	10/17/00	04/10/03	05/18/04
Credentials	12/15/93	07/27/96	05/27/97	03/24/98	n/a	n/a	05/18/04
MEC	01/04/94	08/06/96	06/03/97	04/07/98	n/a	n/a	06/01/04
Board							
	Approved	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed
Dept of Medicine	06/19/07	11/13/09	06/27/11	01/16/12	07/15/13		
Credentials	n/a	n/a	n/a	01/24/12	08/27/13		
MEC	n/a	n/a	n/a	02/07/12			
Board	n/a	n/a	n/a	02/29/12			

The master, signed original document is located in the Medical Staff Manual in Nursing Administration.

**ANTELOPE VALLEY HOSPITAL
DEPARTMENT OF MEDICINE
RULES AND REGULATIONS
2013**

1. MEDICINE DEPARTMENT:

A. Scope of Clinical Services Provided by the Department:

Activities include, but are not limited to the following:

- (1) To be the primary attending physician for patients admitted to the Critical Care Units and general medical floors of Antelope Valley Hospital, whose primary diagnosis falls under the specialties within the Department.
- (2) To be consultants for inpatients at Antelope Valley Hospital in areas related to general internal medicine, medicine subspecialties, dermatology, allergy & immunology and neurology.
- (3) To perform procedures appropriate to the general internist and subspecialists including, but not limited to placement of central venous catheters, thoracentesis, paracentesis, lumbar puncture, flexible sigmoidoscopy with biopsy, placement of intra-arterial catheters, delivery of intravenous chemotherapy agents, endoscopic procedures and bronchoscopies.

Deleted: (4) Radiology services.

B. Specialties within the Department include Internal Medicine, Cardiology, Pulmonary Medicine, Gastroenterology, Nephrology, Neurology, ~~Dermatology, Allergy & Immunology, Rheumatology, Oncology, Hematology, Endocrinology~~ and Infectious Diseases.

Deleted: Radiology, Nuclear 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: As defined in Article III of the Medical Staff Bylaws.

B. Call panel:

- (1) Individuals or their designee are required to provide a telephone number to Medical Staff Services where they may be reached when on call, which will be listed on the online call schedule for all to access..
- (2) Participation in the various call panels is voluntary and a contractual arrangement at the discretion of the Chief Executive Officer of Antelope Valley Hospital, or as requested by the Medical Executive Committee pursuant to General Rules and Regulations section I.1. page 17.
- (3) Individuals participating in the call panel(s) must be able to respond to the Emergency Department within 30-minutes.

3. GRANTING OF CLINICAL PRIVILEGES:

A. Privilege form.

B. Initial Appointment Privileging Standards.

C. Provisional Monitoring/Proctoring:

(1) Requirements:

The Medicine Department shall provide proctoring for all applicants granted clinical privileges in the Medicine Department. Proctoring shall apply to all applicants to the Medicine Department and to all Medical Staff members requesting additional privileges in the Medicine Department, regardless of specialty or category of membership. Proctoring will commence with the admission of the applicant's first patient and will proceed until the proctors, in consultation with the Medicine Department Chair/designee, agree that competence has been demonstrated. Attention will be given to the appropriateness of the procedure, technique, area of the Hospital in which the procedure is performed and follow up care rendered. Proctoring of patient management may include

concurrent or retrospective chart review, or 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. 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 accredited hospitals.

- (a) Outside proctored cases/procedures may be accepted in lieu of proctored cases/procedures performed at Antelope Valley Hospital, at the discretion of the Department Chair. 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:

- (1) The physician will attest to the completion 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 preferably pertaining to their specialty.
- (2) Evidence of proficiency in the area of delineated privileges in the Department of Medicine shall be reviewed during the peer review, ongoing professional practice evaluation and reappointment processes.

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) Instructions on making application for additional privileges are outlined in the appropriate credentials policy.

F. Additional Credentialing Requirements:

FLUOROSCOPY - Physicians who operate fluoroscopic equipment must be certified by the State of California, Department of Health Services, as Certified Supervisors and Operators. Copies of the Supervisors and Operators Certificates are kept on file in the Medical Staff Services Office. Information on Certification is available by contacting the Radiology Department.

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 Internal Medicine.

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B. Term (refer to Medical Staff Bylaws, Article VII, Section 6.3-1, paragraph D):

The term of office is two years. The Department Chair may serve additional terms as elected.

C. Roles and responsibilities (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/SECTION MEETINGS:

A. When Held:

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.

C. Attendance Requirements:

Active members of the Department of Medicine are required to attend a minimum of three (3) Department meetings each calendar year. Remote attendance via teleconference is accepted.

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.