



Department of Family Practice Rules and Regulations

I. Introduction

- 1.1 The Department of Family Practice shall be an organized Department of the Medical Staff as authorized by the Medical Staff Bylaws and General Rules and Regulations.
- 1.2 The responsibilities of this Department shall be administrative and educational.
- 1.3 The Members of the Department of Family Practice may be granted clinical privileges in one or more Departments in accordance with their training and experience, subject to the Rules and Regulations of that Department and the defined authority by the Department Chair.
 - A. Physicians who feel they have experience or training and the clinical competence to assist in surgical procedures may apply to have such privileges under the auspices of the Department of Obstetrics and Gynecology and/or Surgery who will make the final decision on privilege delineation and the number of cases to be proctored.

II. Membership

- 2.1 Staff members of the Department of Family Practice shall be qualified by training, and demonstrated competence; and shall, upon request, be granted privileges by appropriate Medical Staff Department(s), commensurate with their individual abilities.
- 2.2 Applicants for the Medical Staff in Family Practice shall be required to:
 - 2.2-1 be Board Certified in Family Medicine or present evidence of eligibility, or
 - 2.2-2 have completed at least one year of an approved Residency in Family Medicine or Internal Medicine or Pediatrics or General Surgery, or
 - 2.2-3 present evidence of having been in practice as a General Practitioner in the United States for at least three years.
- 2.3 Due consideration will be given to those applicants with equivalent training and proven experience and proficiency upon the recommendation of the Department.
- 2.4 Privileges granted and appointment to the Medical Staff must be reviewed and appropriate individual reappointment to the categories of the Medical Staff, with privilege delineation, no less than once every two years.
 - 2.4-1 Physicians appointed to Active Staff care required to be involved in 24 patients per two-year reappointment period.

III. Organization

- 3.1 Officers
 - 3.1-1 Election and approval process for the Chair of the Department will be in accordance with the Medical Staff Bylaws.

- 3.1-2 The Chair shall be elected for a two-year term by a majority vote of those members of the Active Medical Staff present at the Department meeting held in November.
- 3.1-3 The Vice Chair will be appointed by the Chair, with the approval of the Department.
- 3.2 The Chair of the Department of Family Practice shall:
 - 3.2-1 Be accountable for all professional and administrative activities within the Department.
 - 3.2-2 Be a member of the Medical Executive Committee, giving guidance on the overall medical policies of the hospital and making specific recommendations and suggestions regarding the Department in order to assure quality patient care.
 - 3.2-3 Be responsible for the implementation within the Department of actions taken by the Medical Executive Committee.
 - 3.2-4 Report to the Credentials Committee the Department's recommendations concerning membership and the delineation of clinical privileges for all practitioners in the Department.
 - 3.2-5 Participate in every phase of administration of the Department through cooperation with the Nursing Service and the Medical Center Administration in matters affecting patient care. This would include making recommendations as to the planning of hospital facilities, equipment, routine procedures, and use of patient care areas and supplies.

IV. Departmental Meetings

- 4.1 The Department of Family Practice shall be composed of the Chair of the Department, Vice Chair, and members of the Family Medicine and General Practice staff.
 - 4.1-1 Members of other Departments of the Medical Staff and Medical Center who have a direct interest in the Department of Family Practice shall be ex-officio members of the Department of Family Practice. Ex-officio members shall include representatives of Administration and Nursing.
- 4.2 At least four meetings per year of the Family Practice physicians are devoted to the review and analysis of the clinical material from the preceding months. Morbidity and mortality are to be analyzed. Special cases having particular teaching value are discussed in detail and their evaluations and summaries are recorded and kept on file together with the attendance record. Departmental business matters and results of monitoring and evaluation activities, pharmacy and therapeutic functions, drug usage evaluation and blood transfusion review will be discussed.
- 4.3 Ongoing monitoring and evaluation of special procedures and related management shall be performed in accordance with the guidelines provided by The Joint Commission, California Medical Association, and California Department of Health Services.
- 4.4 Other activities of the Department include:
 - 4.4-1 Review of the professional performance of practitioners with clinical privileges in the Department report regularly thereon to the Medical Executive Committee.

- 4.4-2 Be responsible for the teaching and education of the Department, including proctoring and peer review.
- 4.4-3 Conduct concurrent and retrospective patient care monitoring and evaluation studies to determine the quality of care being rendered in the Department.
- 4.4-4 Setting Department policy, including the establishment of criteria for Department membership.

V. Consultations

- 5.1 It shall be the policy of the Department of Family Practice to encourage consultations in all cases where the diagnosis is obscure or in cases undergoing major surgery in which the risk is fair or poor.
- 5.2 Medical consultations are encouraged in all patients requiring admission to the Critical Care units.
- 5.3 In consultations requested by a surgeon, a statement of risk should be entered on the medical record in the consultant's own handwriting before surgery or dictated if time allows for the dictation to be returned to the chart before surgery. A note that this dictation has been made is to be entered by the physician on the patient's chart. In surgical cases where the prognosis or risk is less than excellent or good, the attending physician should be notified. In these cases, consultations should be requested in order that adequate studies and preparations may be accomplished prior to surgery.
- 5.4 Consultations shall be required on the following cases:
 - 5.4-1 Major obstetrical and gynecological surgery in women under the age of 50, especially hysterectomy and cesarean sections.
 - 5.4-2 Any operating that may interrupt a known, suspected, or possible pregnancy.

VI. Proctoring Procedures

- 6.1 Background:
 - 6.1-1 The Department of Family Practice is required to proctor all applicants and newly appointed members to the Department. In this case, the term "applicant" also includes those applicants who have been granted Temporary Privileges.
 - 6.1-2 Each applicant or newly appointed member is to have six cases proctored by physicians in the Family Practice Department, in addition to any special procedures. Special procedures will be monitored by the Departments governing them, such as Medicine, Obstetrics and Gynecology, or Surgery. A minimum of two proctors are required. Proctoring by associates will not be accepted.
 - 6.1-3 Initial appointments to the Department of Family Practice are at the Provisional Medical Staff status for one year.
 - 6.1-4 In the event that an applicant and/or newly appointed member is unable to admit sufficient patients or perform a sufficient number of procedures to be evaluated, an additional year at Provisional status may be granted as per Medical Staff Bylaws.

6.2 Procedure

- 6.2-1 Proctoring forms are available in the Medical Staff Office. The applicant or newly appointed staff member is responsible for obtaining the necessary number of forms from the Medical Staff Office.
- 6.2-2 The applicant or newly appointed staff member will contact anyone of the designated Active members in the Department for each admission and request to be proctored.
- 6.2-3 The applicant or new appointed staff member will provide the proctoring physician with the proctoring form and proper patient identification information.
- 6.2-4 The proctoring physician will complete the proctoring form and return it to the Medical Staff Office for incorporation into the physician's credential file.
- 6.2-5 Upon receipt of six (6) completed proctor forms, the Department of Family Practice will review the documentation to determine the physician's clinical capabilities and decide whether to remove the physician from further proctoring.

VII. Peer Review

- 7.1 An ongoing monitoring and evaluation of the performance of the members of the Department will be conducted. Results from monitoring and evaluation activities or if a trend is identified will be taken into consideration at the time of reappointment for each physician.

VIII. Patient Care

- 8.1 Each member of the Department of Family Practice shall be responsible for the care of their patients at all times.
- 8.2 In the event of illness, or absence from the immediate vicinity, a member shall name a staff physician, or qualified alternate who is acceptable to the Medical Center's Chief Executive Officer and the Chair of the Department of Family Practice. Upon failure to do so, the Chair of the Department may appoint an alternate physician to attend to the patient.
- 8.3 Surgical Assisting Privileges
 - 8.3-1 Physicians may request surgical assisting privileges; these will be reviewed and approved by the Department of Obstetrics and Gynecology and/or Surgery.

IX. Autopsies

- 9.1 A member of the Department of Family Practice shall request autopsy with the consent of the legal next of kin, or each case of death in which the physician has a reasonable doubt in the diagnosis, or where the science of medicine may thereby be advanced.

X. Adoption / Amendments

- 10.1 These Rules and Regulations of the Department of Family Practice shall become effective when adopted by the Department of Family Practice, subject to the approval of the Medical Executive Committee and the Governing Board.
- 10.2 These Rules and Regulations may be amended at any time by the Department of Family Practice, subject to the approval of the Medical Executive Committee and the Governing Board.