



Department of Medicine
Rules and Regulations

All the members of the Department of Medicine shall adhere to the Bylaws and General Rules and Regulations of the Medical Staff.

I. Membership

- 1.1 The Department of Medicine shall consist of members of the staff of Hollywood Presbyterian Medical Center (“HPMC”) who are in good standing and who have been granted privileges on the basis of individual training, experience, and capability.
- 1.2 Initial applicants for membership in the Department of Medicine shall be certified by the American Board of Internal Medicine or their respective specialty board or be eligible for certification by their respective specialty board.
- 1.3 Reappointment
 - 1.3-1 Reappointment shall be determined according to the last Governing Board approval date. In no case shall reappraisal and reappointment be greater than two years from the previous reappraisal and reappointment.
 - 1.3-2 Reappointments to Provisional status may not exceed one additional year beyond the initial one-year appointment for a total of two years.
 - 1.3-3 Medical Staff members granted Active Staff category must be involved in 24 patients per two-year reappointment period.

II. Organization

- 2.1 Department of Medicine – Sections and Specialties
 - 2.1-1 The Department of Medicine shall include an organized specialty section of physicians with Gastroenterology and Cardiology privileges. Members of the following subspecialties shall be assigned to the Department of Medicine:
 - A. Allergy and Immunology
 - B. Cardiology (Cardiac Electrophysiology, Cardiovascular Disease, and Interventional Cardiology)
 - C. Critical Care
 - D. Endocrinology, Diabetes, and Metabolism
 - E. Gastroenterology
 - F. Gerontology
 - G. Hematology
 - H. Infectious Disease

- I. Internal Medicine
- J. Nephrology
- K. Neurology
- L. Oncology
- M. Physical Medicine and Rehabilitation
- N. Psychiatry
- O. Pulmonary Disease
- P. Rheumatology

2.2 Officers of the Department of Medicine

- 2.2-1 The Department Chair shall be an Active member of the Medical Staff in good standing, be Board Certified by an appropriate specialty board or must demonstrate comparable competence, be willing and able to faithfully discharge the functions of his office and be approved by the Medical Executive Committee.
- A. Active members of the Department on the call of the Chair shall meet during the month of November for electing the Chair. Due notice in writing shall be given to the Active membership of the Department at least seven days preceding such meeting. The name of the elected Chair shall be presented to the Medical Executive Committee for approval. The Medical Executive Committee, in turn, will submit the name of the elected Chair to the Governing Board for final acceptance and approval.
 - B. In the event that the members of the Department fail to elect a Chair, because of lack of quorum or for any other reason, or in case of vacancy, the President of the Medical Staff shall appoint the Chair with the approval of the Medical Executive Committee for the full term or the balance of the vacated term.
 - C. The term of the office of the Department Chair will be two years or until resignation, illness of more than 60 days or by removal from office by vote of two-thirds majority of Active members of the Department or by vote of 75 percent of the Medical Executive Committee.
- 2.2-2 The Department shall also have a Vice Chair, who has the qualifications as stated in the Medical Staff Bylaws, and who is appointed by the Chair with the approval of the Department of Medicine.
- A. The Vice Chair shall assist the Chair in carrying out his duties, assume them in his temporary absence, and attend the Medical Executive Committee meeting at such time.
- 2.2-3 The selection of the Chair of the organized Sections shall be done in the same way as the selection of the Department Chair. The Department Chair must approve the selection, before it is presented to the Medical Executive Committee for approval. Should a Section fail to elect its

Chair because of a lack of quorum or other reasons or should there be a vacancy, the Chair of the Department shall appoint the Chair of the Section.

- 2.2-4 The Chair of the Department and Vice Chair with the assistance of the Departmental meetings shall:
- A. Be accountable for all professional and administrative activities within the Department.
 - B. 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.
 - C. Review the professional performance of practitioners with clinical privileges in the Department and report regularly thereon to the Medical Executive Committee.
 - D. Conduct Department meetings to implement the Departmental functions required by the Medical Staff Bylaws, Rules and Regulations pertaining to the Department.
 - E. Be responsible for the implementation within the Department of actions taken by the Medical Executive Committee of the Medical Staff.
 - F. Transmit to the Credentials Committee the Department's recommendations concerning membership and the delineation of clinical privileges for all practitioners in the Department.
 - G. Be responsible for the teaching and education of the Department, including proctoring.
 - H. Participate in every phase of administration of the Department in cooperation with the Nursing Service and the Hospital Administration in matters affecting patient care.
 - I. Assist in the preparation of an annual report as may be required by the Medical Executive Committee or Chief Executive Officer.
 - J. Conduct concurrent and retrospective patient care monitoring and evaluation activities to assure the quality of care being rendered in the Department of Medicine.
- 2.3 The Department of Medicine shall have a Department meeting composed of the following:
- 2.3-1 Representatives from the major sub-specialties in the Department, Chair of the organized Sections, representatives from Administration, Nursing and others as deemed appropriate by the Department of Medicine. The Chair shall appoint the Department Committee. Section Chairs must be in attendance at the Department of Medicine meetings to present their reports. The Department will not act on any recommendations or material from sub-specialties unless there is a representative in attendance.
 - 2.3-2 The Department of Medicine is to assist the Chair in carrying out his functions and to implement functions required by the Medical Staff Bylaws and these Rules and Regulations.
 - 2.3-3 The Department of Medicine has the responsibility for evaluating the credentials, qualifications, proctoring and current competency of members of the Department and applicants. It shall make recommendations to the Credentials Committee.

2.4 Department Meetings

- 2.4-1 Members of the Department shall conduct at least four Departmental meetings per year.
- 2.4-2 Peer review of the quality of medical care will be conducted on an ongoing basis by routine collection of information concerning important aspects of care.
- 2.4-3 The meetings will include assessment of the collected information to identify important problems and opportunities to improve the medical services.
- 2.4-4 The Department of Medicine will develop the criteria that reflect current knowledge and clinical experience. These criteria are used in the monitoring and evaluation of the care and services provided by members of the Department.
- 2.4-5 The Department of Medicine takes action and evaluates the actions taken when important problems or the opportunities to improve care are identified.
- 2.4-6 The findings from and conclusions of the monitoring, evaluation, and problem-solving activities are documented and, as appropriate, are reported to the Quality Management Committee. These are evaluated as part of the Hospital Annual Reappraisal of the Quality Assurance Program as required by the Joint Commission.
- 2.4-7 Morbidity and mortality statistics and care evaluations are to be analyzed and evaluations and summaries are recorded and kept in file together with attendance record of each meeting.
- 2.4-8 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 State Department of Health Services.

III. Privileges

- 3.1 Category I (A): Full medical privileges within the physician's specialized field.
- 3.2 Category II (B): Supervised (proctored) privileges.
 - 3.2-1 Any new staff member in the Department of Medicine shall be subject to supervision of his work by the Chair of the Department or his designee. The proctor must complete an evaluation form promptly after each case proctored and after each special procedure proctored, and forward it to the Medical Staff Office; this form will become a part of the physician's credentials file.
- 3.3 Following approval of the requested privileges, a copy of the Privileges Form will be on file with appropriate Nursing Supervisor. The list of privileges will be reviewed at the time of each reappointment.
- 3.4 Physicians who wish to perform a procedure not initially requested on the procedure form shall obtain approval from the Department of Medicine and the privilege form will be updated. Approval of additional privileges is contingent upon training / education and/or demonstrated competence. Appropriate privilege forms will be kept in the member's credentials file after privileges are granted,

with the forms being signed by the Department Chair. The Department will provide the Nursing Department with a copy of granted privileges as deemed appropriate.

3.5 Special Procedure Privileges

- 3.5-1 Special Procedure Privileges refer to those privileges delineated in the Surgical and Special Procedure Privilege Form.
- 3.5-2 Granting of privileges within the physician's specialty will be determined by the appropriate Medical Staff Department upon review of training and experience, as will any request to increase or curtail such privileges and the periodic re-determination of privileges.
- 3.5-3 Physicians granted privileges shall undergo a period of direct observation of care provided (proctoring), and a review of the records of the Medical Staff which document the evaluation of the member's participation in the delivery of medical care.

3.6 Permission to Perform Special Procedures

- 3.6-1 There must be no doubt in the patient's mind as to who is to perform the procedure. The consent for performance of a procedure must clearly establish to whom the patient gives this authority. In every instance, the doctor(s) who performs the procedure must be listed on the consent as the physician doing the procedure. He is to inform the patient and/or the family of any inordinate risk involved, and to obtain an informed consent. This information and the decision are to be documented in the physician's note of the patient's chart.
- 3.6-2 The wording of the consent for operation must be ordered by the physician. If multiple procedures are being considered, each procedure must be listed on the consent. The consent must be signed by the patient.
- 3.6-3 The witness to the signature must sign the consent in the presence of the patient or the one giving permission for the procedure. The exact time and date the consent is signed is to be recorded.
- 3.6-4 The consent for a procedure on any mentally incompetent or minor patient must be signed by a parent or legal guardian. The consent for a mentally incompetent adult must be signed by the individual legally authorized to give consent for the patient.
- 3.6-5 When the circumstances warrant an emergency or urgent procedure and there is no one to sign the consent for procedure, the patient's physician and another physician may take complete responsibility by documentation in the Progress Notes.

IV. Proctoring Procedures

4.1 Background

- 4.1-1 The Department of Medicine is required to proctor all applicants and newly appointed members of the Department. In this case, the term "applicant" means those applicants who have been granted Temporary Privileges.

- 4.1-2 Within a period of one year, each applicant or newly appointed member must have six cases reviewed in the Department of Medicine, in addition to any procedures. The Departments governing them, such as Medicine, Obstetrics/Gynecology or Surgery will monitor the special procedures. A minimum of two proctors are required. Proctoring by associates will not be accepted.
 - 4.1-3 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 during this one year, an additional year at Provisional status may be granted (in accordance with the Medical Staff Bylaws).
 - 4.1-4 In special circumstances the Department of Medicine may accept copies of the proctoring reports (or summaries of those reports) from another medical facility, if a staff member of HPMC has proctored the physician at that facility.
- 4.2 Procedures
- 4.2-1 Proctoring forms are available in the Medical Staff Office or in the Surgery Department. The applicant and/or newly appointed staff member is responsible for obtaining the necessary forms from the Medical Staff Office and for assuring his/her cases are proctored.
 - 4.2-2 The applicant and/or newly appointed staff member will contact the Department Chair, or designed Active physician in the Department for each admission and request to be proctored.
 - 4.2-3 The applicant and/or newly appointed staff member will provide the proctoring physician with the proctoring form and proper patient identification information.
 - 4.2-4 The proctoring physician will complete the proctoring form and return it to the Medical Staff Office for incorporation into the physician's credentials file.
 - 4.2-5 Upon receipt of six completed proctor forms, the Department of Medicine will review documentation to determine if the evaluations meet criteria to judge the physician's clinical capabilities. This review will be documented in the Minutes of the Department meeting, at which it was discussed, including the determination of whether or not additional proctoring will be required.

V. Participation in the ER On Call Panel

- 5.1 Physicians interested in joining the ER On Call Panel must fulfill the following requirements:
 - 5.1-1 Completed proctoring (unless waived by MEC for extenuating circumstances).
 - 5.1-2 Active, Courtesy, Associate, or Provisional staff status (unless waived by MEC for extenuating circumstances).
 - 5.1-3 Able to respond in accordance with the on-call agreement.
 - 5.1-4 Maintains active backup for emergency situations.

- 5.1-5 Concurrent call at other hospitals requires seamless back-up to ensure HPMC patients are responded to in a timely manner.

VI. Consultants

- 6.1 It shall be the policy of the Department of Medicine to encourage consultations in all cases where the diagnosis is obscure, or in cases undergoing major surgery in which the risk is fair to poor.
- 6.2 A qualified consultant shall be a member of the Medical Staff of HPMC who has been granted consulting privileges in their own specialty.
- 6.3 Qualified physicians of outstanding reputation who are not members of the staff may be called in consultation for care of an individual patient with the approval of the Chair of the Department of Medicine, President of the Medical Staff, and Chief Executive Officer and/or designee.
- 6.4 If the consultant requested is unable to provide the consultation within a reasonable time, especially in the case of an acutely ill patient or other emergency, he will notify the referring physician immediately.
- 6.5 In consultations requested by a surgeon, a statement of risk shall be entered on the medical record in the consultant's own handwriting before surgery.

VII. Other General Guidelines

- 7.1 Patient Responsibility
 - 7.1-1 Each member of the Department of Medicine shall be responsible for the care of his patients at all times.
 - 7.1-2 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 Chair of the Department and the Medical Center's Chief Executive Officer and/or designee.
 - 7.1-3 Upon failure to do so, the Chair of the Department of Medicine may appoint an alternate to attend the patient.
- 7.2 Medical Records
 - 7.2-1 History and Physical reports will be completed within twenty-four (24) hours of admission.
 - 7.2-2 Failure to complete, the medical records within 14 days of the patient's discharge is subject to medical records suspension of admitting and clinical privileges as provided in the Medical Staff Bylaws.
 - 7.2-3 The reports of special medical procedures shall be dictated immediately.
- 7.3 Tissues
 - 7.3-1 All tissues removed in the performance of special procedures must be sent to the Department of Pathology for study and disposal.

7.4 Autopsy

7.4-1 A member of the Department of Medicine shall request an autopsy with the consent of the legal next of kin, on each case of death in which he/she, as attending physician has a reasonable doubt in the diagnosis or causes of death, or where the science of Medicine may thereby be advanced.

7.5 Outpatient Blood Transfusion

7.5-1 All outpatient blood transfusion patients are required to have a pre-transfusion hemoglobin and hematocrit (“H&H”) result on the chart prior to the blood transfusion. If this is not available, it will be drawn at the hospital prior to the blood transfusion. A post H&H should also be obtained.

7.6 Peer Review

7.6-1 An on-going monitoring and evaluation of the performance of the members of the Department will be conducted. Results from monitoring and evaluation activities or if trending is identified will be taken into consideration at the time of reappointment for each physician.

VIII. New Procedures and Appliance

8.1 Any physician who plans to perform a new procedure shall explain the procedure to the Department of Medicine and obtain approval to perform the new procedure with appropriate monitoring and evaluation of the procedure.

8.2 The Department of Medicine must approve applications for the use of major medical equipment.

8.3 Permission for all experimental and investigational procedures must comply with all State and Federal regulations, and in addition, be requested, in writing, for approval by the Department of Medicine and the Institutional Review Board.

IX. House Proceduralist Rules and Regulations

9.1 The Hospitalist Program may include an individual who may function 24 hours / 7 days a week as a designated House Proceduralist. This individual may be available to the Medical Staff to perform the following procedures and to respond to the following situations:

9.1-1 The House Proceduralist may respond to all “Code Blues”, acute respiratory compromise, severe sudden chest pain, acute bleeding or any other condition that is a potentially life threatening event where immediate physician evaluation is essential to prevent sudden death or irreparable disability.

9.1-2 The House Proceduralist may be available to do emergency intubations as appropriate and at the request of the attending physician or pulmonologist.

9.1-3 The House Proceduralist may be available to place central lines at the request of the attending physician.

9.1-4 The House Proceduralist may be available to pronounce deceased patients at the request of the attending physician or nursing staff.

- 9.1-5 The House Proceduralist may see emergency admissions if requested by the attending physician directly and agreeable to the House Proceduralist. They may write a brief admission note and five necessary orders pending the arrival of the staff physician. These patients will be admitted to the attending physician's service and not to the hospitalist service. If hospitalist care is necessary then the attending physician should indicate to the House Proceduralist that a hospitalist consult is being requested. Appropriate hospitalist care and follow up will be arranged by the House Proceduralist. The staff physician must see and evaluate the patient as soon as possible after the patient has been admitted. All routine History and Physicals are to be handled by the attending physician as per the Medical Staff Rules and Regulations.
- 9.1-6 The House Proceduralist may be requested to draw blood samples (venous and arterial) if the appropriate staff is unable to perform the task.
- 9.1-7 The House Proceduralist may see patients on an emergency basis or for serious unexpected incidents such as falls at which time they will record the details of the episode, examine the patient and call the attending.
- 9.2 The House Proceduralist must maintain ACLS certification if not Board Certified in Emergency Medicine.

X. Adoption / Amendments

- 10.1 The Rules and Regulations of the Department of Medicine shall become effective when adopted by the Department of Medicine, subject to the approval of the Medical Executive Committee and the Governing Board.
- 10.2 These Rules and Regulations may be amended at anytime by a majority vote of the Department of Medicine subject to the approval of a majority of the Active members of the Department, the Medical Executive Committee, and the Governing Board.