

JOHN C. LINCOLN DEER VALLEY HOSPITAL
Phoenix, Arizona

DEPARTMENT OF MEDICINE RULES AND REGULATIONS

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JOHN C. LINCOLN DEER VALLEY HOSPITAL
Phoenix, Arizona

DEPARTMENT OF MEDICINE RULES AND REGULATIONS

I. AUTHORITY

The Department of Medicine is organized as specified in Article 8 of the Bylaws of the Medical Staff of John C. Lincoln Deer Valley Hospital.

II. ORGANIZATION OF THE DEPARTMENT

Organization

1. In accordance with the Bylaws of the Medical Staff of John C. Lincoln Deer Valley Hospital, the Department of Medicine is organized as a Department of the Medical Staff.
2. Membership in the Department of Medicine shall consist of members of the Medical Staff whose assignment to the Department by the Credentials Committee has been approved by the Medicine Department, the Medical Executive Committee, and the Board of Directors.

III. DUTIES OF CHAIRMAN AND VICE-CHAIRMAN

Chairman

A Chairman who shall be elected as specified in Article 8.5-2 of the Bylaws, shall direct the Department of Medicine. The Chairman may serve consecutive terms. In addition, the Chairman or Vice-chairman is responsible for initial review for all requests for medical staff appointment and reappointment to the Department.

Vice-Chairman

A Vice-Chairman shall be elected as specified in Article 8.5-2 of the Bylaws. The Vice-Chairman may also serve consecutive terms. The Vice-Chairman shall assume the duties of the Chairman in his/her absence or in the vacancy of the Chairman. The Vice-Chairman or designee is responsible for the educational programs for the Department of Medicine.

The duties of the Department Chairman and Vice-Chairman are defined in the Medical Staff Bylaws, Article 8.5-6.

IV. FUNCTIONS AND DUTIES OF THE DEPARTMENT

The functions and duties of the department are as defined in the Medical Staff Bylaws, Article 8.4

1. Conduct reviews to monitor and evaluate the quality and appropriateness of care and treatment provided by practitioners with privileges in the department and make recommendations based on the results of these reviews;

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2. Develop recommendations for the qualifications appropriate to obtain and maintain clinical privileges in the department;
3. Report and make recommendations regarding the applications for initial appointment and biennial reappointment of all members to the Executive Committee;
4. Establish and implement clinical policies and procedures, and monitor its members' adherence to them;
5. Adopt its own Rules and Regulations to clarify or expand the Medical Staff Bylaws to meet the needs of its particular area of practice. Department Rules and Regulations shall not conflict with the Medical Staff Bylaws and shall be subject to approval by the Executive Committee and the Board;
6. Review, on a regular basis, the mortalities within the Hospital, considering from the records of each mortality whether the case had adequate diagnostic evaluation and adequate care and whether the attending and consulting physicians recognized the critical nature of the case and its complications. Written minutes of all meetings shall be maintained;
7. Monitor and evaluate the results of the review for quality and appropriateness of patient care and any other review and evaluation activities, and to provide a forum for discussion of matters of concern to its members. Assist in establishing, with the approval of the Executive Committee, specific methods of patient care review which may include data displays of patient information; chart review of selected cases; consideration of deaths, extended morbidity, unimproved patients, patients with infections, complications, questionable diagnosis of treatment, inadequate consultations, tissue reports from Pathology, record quality, utilization of Hospital facilities including beds, diagnostic, nursing and therapeutic resources, and any other reports believed important for adequate patient care evaluation;
8. Report and make recommendations regarding clinical, quality review and administrative activities to the Executive Committee;
9. Be responsible for conducting and making recommendations regarding continuing medical education programs pertinent to departmental clinical practice;
10. Coordinate the professional services of its members with those of other departments and with the Hospital patient care and support services;
11. Osteopathic physicians shall subscribe to and utilize the distinctive osteopathic approach in the provision of patient care.

V. MEMBERSHIP AND PRIVILEGES

Physicians applying for Department membership and privileges shall apply in accordance with the Credentialing Procedures Manual of the Medical Staff Bylaws. Members of this Department may be granted privileges in other departments, subject to the Rules and Regulations of those departments. Members of other departments may be granted privileges in this Department, subject to evaluation of their experience and training and the Rules and Regulations of this Department.

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1. General qualifications for membership are outlined in Article 3 of the Medical Staff Bylaws.
2. Basis for privilege determination is outlined in Article 5 of the Medical Staff Bylaws.
3. It shall be the responsibility of the Department to establish specific prerogatives for Psychologists, and Allied Health Professionals assigned to the Department of Medicine;
4. Specific criteria for privileges shall be established for each specialty practice and will be attached to the privilege delineation form. The Medicine Department shall review the qualifications of the applicant and may at its discretion, interview the applicant. The Department Chairman shall then recommend to the Credentials Committee, in concurrence with the granting, withholding, or limiting of privileges to the applicant based on his/her training and or experience;
5. Staff members within the Department of Medicine requesting an increase in, or wider scope of medical privileges, must do so in writing to the Department chairman stating and including documentation of additional training or experience which might justify such privileges;
6. There shall be a biennial evaluation of all staff members whom have medical privileges as outlined in the Credentialing Manual of the Medical Staff. The biennial reappointment pertaining to the evaluation of one's privileges shall be forwarded to the Credentials Committee in accordance with the Medical Staff Bylaws.
7. Whenever medical privileges are recommended to be reduced or withdrawn, the physician may at his/her option, appeal the proposed action following the procedure as outlined in the Fair Hearing Plan in the Medical Staff Bylaws.
8. Any physician under concurrent review, may not request an increase in or additional privileges until the conclusion of the review.

VI. CLINICAL REVIEW

1. Upon the Executive Committee's approval of the applicant's requested privileges, the applicant is granted a "provisional" term as an Associate member of the medical staff to demonstrate his/her clinical and case management expertise. This requirement is mandated to:
 - a. Further the quality of patient care required of staff members prior to advancement from associate status.
 - b. Provide additional information regarding the applicants clinical ability before permanent privileges are considered or granted.
2. Should any question arise concerning a physician's competency in or management of a particular case, or if a reviewer finds any deficiencies, it is his/her responsibility to immediately bring it to the attention of the Chairman of the Medicine Department, who shall review the case and may request review by another reviewer.
3. The department does not have formal observation requirements; however, observation/retrospective review may be required if determined necessary for new procedures under development.

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- 4 The department reserves the right to require concurrent observation or retrospective review, if circumstances warrant such action, for a specified number of cases of a given type, to any member of the department of Medicine, pending re-evaluation of that member's privileges.

VII. MEETINGS AND ATTENDANCE

The Chairman of the Department of Medicine shall preside at all meetings. In his/her absence, the Vice-Chairman of the Department will preside. The Medicine Department shall meet as necessary to perform such functions and to carry out the business of the Department. The Department shall meet at a time and date designated by the Chairman and appropriate records shall be permanently maintained.

A quorum shall be present at all meetings to make recommendations and/or take actions. A quorum is defined as those voting members present. Attendance at all Department meetings shall be maintained and recorded by the Medical Staff Services Department.

Subcommittees and Ad Hoc Committees

The Chairman as deemed necessary to carry out specific functions, subject to approval of the Department may appoint subcommittees or Ad Hoc Committees. The Chairman of the Department or any subcommittees or ad hoc committees shall be responsible for maintaining a permanent record of meetings, actions, recommendations and attendance which, of the latter two, shall be submitted by the Department to the Executive Committee and maintained in the Medical Staff Services Department.

VIII. FAMILY PRACTICE SECTION

Organization

In accordance with the Bylaws of the Medical Staff of John C. Lincoln Deer Valley Hospital, the Family Practice Section shall be a Section of the Department of Medicine and shall consist of members of the Medical Staff whose assignment to the Family Practice Section by the Credentials Committee has been approved by the Medicine Department, the Medical Executive Committee, and the Board of Directors.

Chairman

A Chairman who shall be elected as specified in Article 8.5-2 of the Bylaws, shall direct the Family Practice Section. The term of office for a Chairman is two years and a chairman may serve consecutive terms. In addition, the Chairman or a Section designee is responsible for initial review for all requests for medical staff appointment and reappointment to the Department.

Responsibilities, Functions and Duties of the Family Practice Section

1. To ensure the scope and practice of Family Medicine within John C. Lincoln Deer Valley Hospital. This shall include pre-operative and post-operative care, and the welfare of the patient, the level of quality of service performed, the facilities, equipment and procedures permitted;
2. Develop recommendations for the qualifications appropriate to obtain and maintain clinical privileges in the Family Practice Section.

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3. To review the credentials and training of all new applicants for Family Practice privileges and to make recommendations to the Department of Medicine regarding appointments and privileges to be granted;
4. Establish and implement clinical policies and procedures, and monitor its members' adherence to them;
5. To review, biennially, the quality of Family Practice medicine given by the members of the Section and to make recommendations to the Department of Medicine regarding privileges to be given, withheld or limited for the ensuing two years in accordance with Medical Staff Bylaws;
6. When applicable, review, on a regular basis, the mortalities within the Hospital, considering from the record of each mortality, whether the case had adequate diagnostic evaluation and adequate care and whether the attending and consulting physicians recognized the critical nature of the case and its complications. Written minutes of all meetings shall be maintained.
7. When applicable, monitor and evaluate the results of the review for quality and appropriateness of patient care and any other review and evaluation activities, and to provide a forum for discussion of matters of concern to its members. Assist in establishing, with the approval of the Executive Committee, specific methods of patient care review which may include data displays of patient information; chart review of selected cases; consideration of deaths, extended morbidity, unimproved patients, patients with infections, complications, questionable diagnosis of treatment, inadequate consultations, tissue reports from Pathology, record quality, utilization of Hospital facilities including beds, diagnostic, nursing and therapeutic resources, and any other reports believed important for adequate patient care evaluation;
8. To conduct or participate in, and make recommendations regarding, the need for Continuing Medical Education programs pertinent to changes in state-of-the-art practice and to findings of review and evaluation of activities.
9. Coordinate the professional services of its members with those of other departments and with the Hospital patient care and support services;
10. To annually review all policies and procedures as related to Family Practice; and
11. Osteopathic physicians shall subscribe to and utilize the distinctive osteopathic approach in the provision of patient care.

Membership and Privileges

Physicians applying for Family Practice Section membership and privileges shall apply in accordance with the Credentialing Procedures Manual of the Medical Staff Bylaws. Members of this Section may be granted privileges in other departments, subject to the Rules and Regulations of those departments. Members of other departments may be granted privileges in this Department, subject to evaluation of their experience and training and the Rules and Regulations of this Department.

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1. General qualifications for membership are outlined in Article 3 of the Medical Staff Bylaws.
2. Basis for privilege determination is outlined in Article 5 of the Medical Staff Bylaws.
3. Specific criteria for privileges shall be established as warranted and will be attached to the privilege delineation form;
4. The Family Practice Section shall review the qualifications of the applicant and may at its discretion, interview the applicant. The Section shall recommend to the Medicine Department, who shall then recommend to the Credentials Committee, the granting, withholding or limiting of privileges to the applicant based on his/her training and/or experience.
5. Staff members within the Family Practice Section requesting an increase in, or wider scope of privileges, must do so in writing to the Section stating and including documentation of additional training or experience which shall justify such privileges as required by established criteria;
6. There shall be a biennial evaluation of all staff members who have Family Practice privileges as outlined in the Credentialing Manual of the Medical Staff Bylaws.
7. Whenever Family Practice privileges are recommended to be reduced or withdrawn, the Family Practitioner may at his option, appeal the proposed action following the procedure as outlined in the Fair Hearing Plan of the Medical Staff Bylaws.
8. Any physician under concurrent review may not request an increase in or additional privileges until the conclusion of the review.

Consultations

- A. Consultation is appropriate in cases in which the patient is not a good medical and surgical risk; cases in which the diagnosis is obscure; cases in which there is doubt as to the best therapeutic measures to be utilized; upon request, or whenever it appears the quality of medical service may be enhanced. In every consultation, the benefit to the patient is of first importance.
- B. The attending physician (family practitioner) has the primary responsibility for the selection of other consultant's participation in the patient's care.
- C. The Family Practitioner is required to have pediatric consultation whenever the care is outside or beyond that required for normal, healthy child.

Clinical Review

Upon the Executive Committee's approval of the applicant's requested privileges, the applicant is granted a "provisional" term to demonstrate his/her clinical and case management expertise. This requirement is mandated to:

1. Further the quality of patient care required of staff members prior to the advancement from Associate (provisional) status.
2. Provide additional information regarding the applicant's clinical ability before permanent privileges are considered or granted.

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Observation Requirements

1. The Department does not have formal observation requirements; however, observation/retrospective review may be required if determined necessary for new procedures under development.
2. The Department reserves the right to require concurrent observation or retrospective review, if circumstances warrant such action, for a specified number of cases of a given type, of any member of the Department of Family Practice pending reevaluation of that member's family practice privileges.

Meetings and Attendance

The Chairman of the Family Practice Section shall preside at all meetings. The Family Practice Section shall meet on an as-needed basis to perform such functions as deemed necessary. The Section shall meet at a time and date designated by the Chairman and appropriate records shall be permanently maintained.

A quorum shall be present at all meetings to make recommendations, and/or take actions. A quorum is defined as those voting members present. Attendance at all Section meetings shall be maintained and recorded by the Medical Staff Services Department.

IX. SPECIFIC POLICIES AND PROCEDURES

A. Admitting Privileges

Members of the Family Practice Section shall be granted admitting privileges with the following exception: those who have requested Affiliate staff category.

B. Affiliate Staff Category

Affiliate Staff category is available for those members of the Family Practice Section who wish to have a relationship with the hospital; yet due to practice patterns, do not admit or consult on hospitalized patients. These physicians continue to pay dues, are invited to staff meetings and may refer patients to physicians with admitting privileges. Members of the Affiliate Staff category may not vote on Medical Staff matters.

C. Emergency Department Call Requirements

There are no mandatory Emergency Department Call Requirements within the Family Practice Section.

X. MISCELLANEOUS PROVISIONS

Recognizing that all possible situations cannot be foreseen and addressed within these Rules and Regulations, the Chairman of the Family Practice Section or designees is authorized to take any action in an emergency, which is indicated by the circumstances.

XI. AMENDMENTS

These Rules and Regulations shall be reviewed biennially by the Family Practice Section and must be approved by the Medical Executive Committee of the Medical Staff and the Board of Directors of John C. Lincoln Deer Valley Hospital. Amendments to these Rules and Regulations will require approval by the Medical Executive Committee and the Board of Directors of John C. Lincoln Deer Valley Hospital.

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