

JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL  
Phoenix, Arizona

**DEPARTMENT OF MEDICINE RULES AND REGULATIONS  
2008**

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**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 North Mountain Hospital.

**II. ORGANIZATION OF THE DEPARTMENT**

**A. Membership**

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 Committee, the Medical Executive Committee, and the Board of Directors. Members of this Department may be granted privileges in other departments, subject to the Rules and Regulations of that department. 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.

**B. Officers**

The Department of Medicine shall be directed by the Chairman, who shall be elected as specified in Article 8.4-2 of the Bylaws. The Chairman may serve a maximum of two consecutive terms. Vice Chairman shall be elected as specified in Article 8.4-2 of the Bylaws. The Vice Chairman may also serve a maximum of two consecutive terms.

**C. Committees**

1. **Medicine Committee**: The Chairman of the Department of Medicine, in concurrence with the Chief of Staff, shall appoint to the Medicine Committee at least eight Active Staff members representing the Department subspecialties one of which shall be an Emergency Medicine Physician. 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 Committee shall meet no less than quarterly to perform such functions and shall carry on the business of the Department. The Medicine Committee shall meet at a time and date designated by the Chairman and appropriate records shall be permanently maintained. The Committee shall:

- a. Observe the clinical work of the members of the Department of Medicine, making appropriate recommendations or taking actions to improve the quality of patient care within the Department;
- b. Formulate Policy and Procedures for the day-to-day operation of the Department;
- c. Make recommendations to the Medical Executive Committee regarding staff appointments, reappointments, and staff privileges and related matters, as appropriate; and
- d. Establish indicators to monitor and evaluate peer review of professional practice of the members of the Department of Medicine at the meetings.

2. **Family Practice Section**

All physicians with a Family Practice specialty will be members of the Family Practice Section within the Department of Medicine. The Chief of Staff, in concurrence with the Chairman of the Department of Medicine, shall appoint a Chairman of the Family Practice Section. Active staff status is required for this

chairmanship. Members of the Family Practice Section, including the Residents, may attend the Department of Medicine Committee meetings.

3. **Cardiovascular Thoracic (CVT) Section:** The Chief of Staff, in concurrence with the Chairmen of the Departments of Medicine and Surgery, shall appoint a Chairman of the CVT Section. The chairman of the CVT Section shall alternate biennially between members of the Departments of Medicine and Surgery. The CVT Section will be an open meeting to all members of the cardiovascular program. The Section shall:
  - a. Develop and review all policies and procedures for the Cardiac Service Line.
  - b. Establish indicators for and perform peer review of professional practice of the participants in the Cardiovascular Program. Attendance of peer review sessions will be mandatory of the practitioners with cases being reviewed. The practitioner must attend the peer review session to address his/her case no later than three months from the request for attendance or corrective action could be initiated in accordance with the Medical Staff Bylaws;
  - c. Develop and recommend for approval, criteria for granting privileges for special procedures as related to the Open Heart Program. The Departments of Medicine and Surgery have the responsibility to act on these recommendations, subject to approval by the Medical Executive Committee and the Board of Directors, and
  - d. Report to the Departments of Medicine and Surgery Committees.
4. **Subcommittees and Ad Hoc Committees:** Subcommittees or Ad Hoc Committees may be appointed by the Chairman as deemed necessary to carry out specific functions, subject to approval of the Department. 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 to the Department, to the Executive Committee, and kept in the Medical Staff Services Department.

**D. Meetings and Attendance:**

The Department of Medicine Committee shall hold regular meetings, of which the time and place shall be determined by the Chairman of the Department of Medicine. A quorum shall be present to make recommendations, and/or take actions. A quorum is defined as those voting members present. Attendance at all Department and Committee meetings shall be maintained and recorded by the Medical Staff Services Department.

### III. DUTIES OF CHAIRMAN AND VICE-CHAIRMAN

The duties of the Department Chairman and Vice-Chairman are defined in the Medical Staff Bylaws, Article 8.4-5.

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. In addition, the Vice-chairman is responsible for initial review for all requests for medical staff appointment and reappointment to the Department.

### IV. FUNCTIONS AND DUTIES OF THE DEPARTMENT

The functions and duties of the department are as defined in the Medical Staff Bylaws, Article 8.3.

1. Develop recommendations for the qualifications appropriate to obtain and maintain clinical privileges in the department;
2. Establish and implement clinical policies and procedures, and monitor its members' adherence to them;

3. Adopt its own Rules and Regulations to clarify or expand the Bylaws to meet the needs of its particular area of practice. Department Rules and Regulations shall not conflict with these Bylaws and shall be subject to approval by the Executive Committee and the Board;
4. 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;
5. Be responsible for the conducting of continuing education, within the department;
6. Coordinate the professional services of its members with those of other departments and with the Hospital nursing and support services;
7. Report and make recommendations regarding clinical, quality review and administrative activities to the Executive Committee;
8. Establish a department committee and any subcommittees as are necessary to perform functions required of it. The composition and method of selection of the department committees and subcommittee members shall be defined within the Department Rules and Regulations;
9. Review and act on all reports from the Critical Care Committee, and the Emergency Medicine Committee;
10. Formulate Policy and Procedures for the day-to-day operation of the Department; and
11. Establish indicators to monitor and evaluate patient care at its meetings, to identify problems and subsequent resolution.

## V. DELINEATION OF PRIVILEGES

In order to maintain appropriate standards in the practice of medicine, and in order to maintain quality care for patients, the Department of Medicine shall establish and maintain, and routinely review criteria for granting privileges to members of the Department of Medicine.

### **A. Criteria For Granting Privileges:**

1. All new applicants being considered for membership in the Department shall be reviewed for the performance of his/her clinical abilities. All new applicants shall be considered only if they are Board Certified or currently Board admissible for examination by the American Board of Medical Specialists, American Osteopathic Association, the Royal College of Physicians and Surgeons of Canada. For purposes of this section, "Board Admissible" means the applicant has applied for and been accepted to become an active candidate for certification as determined by the applicable board. All applicants who initially apply to staff after 6/1/2006 must become board certified within the time frame specified by the Board or 5 years from completion of residency if no time limit is defined. If the applicable Board requires a period of practice prior to submitting an application for certification, the applicant will be deemed "admissible" during the time period if the director of his training program certifies that he has met all training requirements for qualification by the applicable board. Failure to obtain certification within this time period will result in the automatic loss of membership and clinical privileges, without the procedural rights afforded by the Fair Hearing Plan.

Exceptions may be granted for an applicant, whose privileges are limited to surgical assisting only.

2. It shall be the responsibility of the Department to establish specific prerogatives for Psychologists, or other Health Professional Affiliates assigned to the Department of Medicine;
3. After receiving an application from the Credentials Committee, the Medicine Committee shall review the qualifications of the applicant and may at its discretion, interview the applicant. The Committee shall then

recommend to the Medical Executive Committee, in concurrence with the granting, withholding, or limiting of privileges to the applicant based on his/her training and or experience;

4. Staff members within the Department of Medicine requesting an increase in, or wider scope of medical privileges, must do so in writing to the Committee stating and including documentation of additional training or experience which might justify such privileges;
5. There shall be a biennial evaluation of all staff members who 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 Executive Committee in accordance with the Medical Staff Bylaws.
6. 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.

**B. Special Procedures:**

The criteria for granting and observing special procedures shall be reviewed by the Department and be provided to any new applicant upon request of specific special procedure privileges.

## VI. CONSULTATIONS

- A. Consultation may be 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 has the primary responsibility for the selection of other consultant's participation in the patient's care.

## VII. 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 current 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 provisional status;
2. Provide additional information regarding the applicant's clinical ability before permanent privileges are considered or granted; and

**A. Observation Requirements:**

1. Observation requirements for all members of the Department appointed to staff have been eliminated.
2. Concurrent/retrospective review may be required if determined necessary for new procedures under development.
3. The Department of Medicine reserves the right to require concurrent observation or retrospective review if circumstances warrant such action.

**B. Critical Care Physician**

In order for an Emergency Medicine physician to be granted Critical Care privileges, they must be concurrently observed and provide documentation of one swan-ganz insertion and one arterial line insertion, preferably by two different observers. The physician also is to provide verification of 20 swan-ganz cases having been performed.

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**VIII. SPECIFIC POLICIES AND PROCEDURES**

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**A. Admitting Privileges**

All members of the Department of Medicine shall be granted admitting privileges including Interventional Radiologists with the following exceptions: Diagnostic Radiologists, Psychologists, Critical Care, and Emergency Medicine physicians. Diagnostic Radiologists may place a patient under observation status for management of post-procedural care. Psychiatrists will be granted admitting privileges for patients with a psychiatric diagnosis only.

**B. Emergency Department Call Requirements**

Any member, regardless of staff status or Hospital utilization, of the Department of Medicine may serve on the General Medical Emergency Call schedule. However, all general internists and family practitioners are required to serve on the General Medicine Emergency Department call schedule, except a physician age 60 and older and Internists contracted as managed care providers whose contract prohibits them from treating patients outside of their respective managed care plan. Participation in the ED call schedule of all other members of the Department of Medicine is strictly on a voluntary basis.

**C. Clinical Psychologists**

To meet the minimal requirements for appointment to the Ancillary staff as a Clinical Psychologist an individual must:

1. Be currently licensed by the State of Arizona of Psychologist Examiners at the practice level of psychology;
2. Have completed one year of full-time experience (or its equivalent) in a psychiatric inpatient setting either pre or post-doctoral.

The practice of clinical psychologists shall be limited to consultations requested by any Medical Staff member with admitting privileges.

The clinical psychologist will utilize the patient's progress sheet in the medical record to document recommendations, comments, and progress reports. The clinical psychologist is not authorized to write orders.

**D. Miscellaneous Provisions**

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

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**IX. AMENDMENTS**

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These Rules and Regulations shall be reviewed biennially by the Department of Medicine Committee and must be approved by the Medical Executive Committee of the Medical Staff and the Board of Directors of John C. Lincoln Hospital-North Mountain. Amendments to these Rules and Regulations will require approval by the Medical Executive Committee and the Board of Directors of John C. Lincoln North Mountain Hospital .

**APPROVALS:**

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Chairman, Department of Medicine

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Date

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Chairman, Executive Committee

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Date

\_\_\_\_\_  
Board of Directors

\_\_\_\_\_  
Date

APPROVED: 9/6/01

APPROVED: 10//04 (CVT Section elimination)

APPROVED: 1/08 (Addition of F/P and CVT, Board Certification Criteria)