

**HUNTINGTON MEMORIAL HOSPITAL
DEPARTMENT OF MEDICINE
RULES AND REGULATIONS**

I. SCOPE OF CARE

Members of the Department of Medicine provide primary and specialty medical care for adult and geriatric patients. Service is provided to this patient population 24 hours a day, seven days a week. In addition to general acute care members, the Department of Medicine provides specialty and sub-specialty care in the following medical specialties:

Allergy/Immunology	Infectious Disease
Cardiology	Internal Medicine
Dermatology	Nephrology
Diagnostic and Interventional Radiology	Neurology
Emergency Medicine	Nuclear Medicine
Endocrinology	Pathology
Family Practice	Physical Medicine
Gastroenterology	Psychiatry
Geriatric Medicine	Rheumatology
Hematology/Oncology	Sleep Medicine

Patient care is rendered by Licensed Independent Practitioners (LIP) who are either Board Certified in their specialty or have demonstrated equivalent education, competence and experience to that required by the applicable specialty board.

II. DEPARTMENT RESPONSIBILITIES

Department Responsibilities are outlined in §11.04 of the Bylaws.

III. MEETINGS

A. Frequency

Department meetings are convened at least four (4) times annually. The Department may meet more frequently at the discretion of the chair.

B. Quorum Requirements

Issues important to the Medical Staff are submitted to a mail ballot.

IV. OFFICERS

The Chair and Vice-Chair shall be elected for two (2) year terms and the Vice-Chair will automatically succeed the Chair.

A. Eligibility

As provided in §11.05.1 of the Bylaws, the Chair and Vice-Chair must be members of the Active Staff and have been medical staff members in good standing for a minimum of five (5) years.

B. Election Process

§11.05.2, 11.05.3, 11.05.4 of the bylaws outlines the election process as follows:

1. In July of each year prior to the expiration of the two (2) year term of Department officers, a Nominating Committee, appointed by the Department Chair and composed of three (3) members of the Active Staff within the Department, shall submit a list of nominees for Vice-Chair. Nominations shall be solicited at Department meetings in July, August and September; after this time nominations are closed.
2. Ballots shall be mailed to each Active Staff Department member immediately after the nominations are closed.
3. Fourteen (14) days shall be allowed from the time ballots are mailed before balloting is closed.

C. Duties of the Chair

The duties of the Department Chair are outlined in §11.01.5 of the Medical Staff Bylaws.

D. Duties of the Vice-Chair

1. The Vice-Chair performs the duties of the Department Chair in her/his absence.
2. The Vice-Chair represents the Department on the Quality Management Committee.

V. DEPARTMENT COMMITTEE

A. Membership

Membership is as outlined in §8.7.1 of the General Rules and Regulations

B. Duties

Duties of the Department Committee are outlined in §8.7.2 of the General Rules and Regulations.

C. Frequency of Meeting

The Medicine Department Committee meets every month.

D. Quorum

Twenty percent (20%) of the members present constitutes a quorum.

E. Sub-Committee

1. Peer Review Sub-Committee
 - a. The Peer Review Sub-Committee meets monthly to perform initial review of cases identified for Peer Review. Findings are summarized and reported at the next regularly scheduled Medicine Department Committee.
 - b. The Department Chair appoints physician members to the Sub-Committee.
 - c. Activities conducted by the Peer Review Sub-Committee are in accordance with the policies and procedures outlined in the Peer Review Manual.

VI. SECTIONS

The following Sections of the Department of Medicine are organized in accordance with Chapter 11.2 of the Medical Staff Bylaws:

Cardiology Section	Neurology Section
Emergency Medicine Section	Psychiatry Section
Family Practice Section	Pulmonary Section
Gastroenterology Section	Radiology/Nuclear Medicine Section
Hematology/Oncology	

Each Section will establish applicable rules and regulations.

VII. PRIVILEGES & QUALIFICATIONS

A. PRIVILEGE DELINEATION

Clinical privileges are granted based upon the education, training, experience and demonstrated competence of the practitioner requesting privileges. Privileging criteria are developed by each specialty in accordance with current practice and specialty society guidelines when available. Privileges granted are specific to Huntington Hospital. Privileging criteria are equitably applied to all individuals requesting privileges. Privileging requirements and delineation forms are reviewed annually. Qualifications and requirements specific to a particular privilege or group of privileges are outlined in the Privilege Delineation form(s).

B. TEMPORARY PRIVILEGES

Temporary Privileges are discouraged but may be granted in accordance with §1.4 of the General Rules and Regulations.

C. NEW PRIVILEGES

Requests for privileges to perform procedures not currently being performed at Huntington Hospital are considered as outlined in §6.03 of the Bylaws.

D. PRIVILEGES THAT CROSS SPECIALITY LINES

Privileges that cross specialty lines are granted in accordance with §6.04 of the Bylaws.

E. DISASTER PRIVILEGES

Disaster Privileges may be granted in times of internal or external disaster in accordance with 1.4.7 of the General Rules and Regulations.

VIII. PROCTORING

All proctoring will be conducted in accordance with the Huntington Hospital Medical Staff Bylaws and General Rules and Regulations.

A. DEPARTMENT OF MEDICINE METHODOLOGY

1. Proctoring for Core Privileges is conducted retrospectively on the first eight (8) admissions to the hospital. Each Supplemental privilege requested shall require proctoring of a minimum of one (1) case. The Department and Section develop additional specific proctoring requirements for complex treatments or procedures. Proctoring of invasive procedures must be conducted concurrently. *(Revised 6/23/11)*
2. The initial proctoring requirement may be extended if findings are unsatisfactory.
3. For retrospective review proctors are randomly assigned through the Medical Records Department. Since invasive procedures must be proctored concurrently it is the responsibility of the physician to arrange for a proctor. In either instance it is the ultimate responsibility of the individual being proctored to assure proctoring is carried out in accordance with these Rules and Regulations.
4. Proctoring shall be performed by at least two (2) different proctors, with no more than 50% performed by business associates of the practitioner being proctored. This provision

does not apply when a group has an exclusive contract to provide specialty services to the hospital.

5. The practitioner may submit 50% of the required proctoring from other licensed and accredited health care institutions if the proctoring physician(s) are members in good standing on the Active Staff of Huntington Hospital. Proctoring reports from the other institution must reflect that the proctoring activity took place within 12 months of the date of submission to Huntington Hospital. The proctor form or summary must include the following data elements:
 - a. Name of physician
 - b. Name of proctor
 - c. Date of case
 - d. Procedure performed or diagnosis treated
 - e. Whether proctoring was concurrent or by retrospective review
 - f. Outcome of procedure or treatment
 - g. Proctor's recommendation of physician's skill, knowledge and clinical competence

B. PRACTITIONERS TO BE PROCTORED

Practitioners to be proctored include the following:

1. New practitioners appointed to the Medical Staff in the Department of Medicine;
2. Current members of the Department of Medicine who are requesting additional privileges, including new technology or procedures;
3. Practitioners granted temporary privileges;
4. Any practitioner of whom the Executive Committee determines a need for specific monitoring.

C. REQUIREMENTS OF THE PROCTOR

1. The proctor must be a member in good standing of the Active Staff of Huntington Hospital, and must have unrestricted privileges to perform the procedure(s)/treatments to be proctored.
2. It is the responsibility of all members of the Active Staff within the Department of Medicine to proctor when asked to do so.

3. The proctor shall have no pecuniary interest in the procedure/patient. The proctor shall not be remunerated for proctoring.
4. In the event that no member of the Medical Staff is qualified or able to perform the proctoring function, or if there is a real or perceived conflict of interest, a qualified physician from another institution may be recruited to perform the proctoring function. The recruited individual must be granted temporary privileges in accordance with §1.4 of the General Rules and Regulations. In this instance §IX, B.3 can be waived. Responsibility for remuneration for the proctor will be determined on a case by case basis and prior to proctoring services being rendered.

D. ASPECTS TO BE PROCTORED

Proctors are expected to evaluate and document the adequacy of the following aspects of care:

1. Evaluation/Management
 - a. Timeliness of visits
 - b. Admission history and physical examination
 - c. Accuracy and completeness of progress notes according to the standards of the Department
 - d. Clinical judgment
 - e. Management
 - f. Completeness and legibility of documentation
 - g. Appropriate use of diagnostic tests and procedures
 - h. Appropriate use of consultants
 - i. Communication skills
 - j. Professional demeanor
2. Procedures
 - a. Indications and appropriateness for procedure
 - b. Consent documentation of procedures
 - c. Pre-operative management and assessment
 - d. Technique
 - e. Post-operative management
 - f. Complication rate, recognition and management

E. TEMPORARY PRIVILEGES – PROCTORING

Proctoring requirements apply to those with temporary privileges

F. PROCTORING RECOMMENDATIONS

1. Proctoring Documentation Tool
Proctoring forms are available in the Medical Staff Office, on the Nursing Units, Procedural Suites and Medical Records Department. Once the proctor completes the form it is forwarded to the Medical Staff Office for the Chairman's of the Department of Medicine review and recommendation. The proctoring form is a confidential peer review document and as such, is subject to the confidentiality protections of California Business and Professions Code 1157.

2. Evaluation of Proctoring Finding
Evaluation of proctoring findings is ongoing and conducted by the Department Chair, as each report becomes available. Once the required number of reports are received, the Chair reviews the findings in the aggregate and makes recommendation to the Credentials Committee and the MEC that the practitioner has either met the proctoring requirement and no further proctoring is required, or questions remain as to the practitioner's competence and the proctoring period must be extended. The extension may be defined either by numbers of additional procedures/admissions or by a specified period of time. The practitioner is notified of all decisions in a timely manner.

G. PROVISION FOR WAIVER

1. The chair may recommend to the Credentials Committee and the MEC that the proctoring requirement be waived or modified if the applicant applying for privileges has active staff privileges at another hospital and is personally known to one or more active staff members at Huntington Hospital who maintain similar unrestricted privileges and who can vouch for the new member's education, training, experience and competence in the privileges requested.

2. The Chair may recommend to the Credentials Committee and the MEC that the proctoring requirement for core privileges be waived for a practitioner who completed his/her residency training at Huntington Hospital.

IX. CONSULTATION REQUIREMENTS

X. REVIEW PROCESS

Department and Section Rules and Regulations are reviewed at least annually.

XI. AMENDMENTS TO THE DEPARTMENT RULES AND REGULATIONS
Department and Section Rules and Regulations may be amended at a Department or Section meeting in which there is a quorum.

Approved by:
Medicine Committee: 1/4/07; 2/7/08; 01/07/2010; 06/02/2011
Executive Committee: 2/5/07; 3/3/08, 02/01/2010; 06/06/2011
Board of Directors: 2/22/07; 3/27/08, 2/25/2010; 06/23/2011