



Banner Good Samaritan
Medical Center
Phoenix, Arizona

Department of Emergency Medicine

Rules and Regulations

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ARTICLE I **Organization**

Section 1

In accordance with the Bylaws of the Medical Staff of Banner Good Samaritan Medical Center (BGSMD), the Department of Emergency Medicine is organized as a department of the Medical Staff.

Section 2

The Department of Emergency Medicine will be directed by the Emergency Medicine Committee.

Section 3

The chairman of the committee will be selected by the Chief of Staff for a two-year term. The chairman shall appoint a vice-chairman of the committee.

Section 4

- a) Sections of the Department of Emergency Medicine will include:
 - 1) Toxicology
- b) A chief of a section may be appointed per Bylaws Sections 8.6-1 through 8.6-4.
- c) A new section may be formed when it is determined by the Emergency Medicine Committee that special care, number of patients, or staff members make it advisable to organize for periodic review of the professional activity of its members.

ARTICLE II **Functions, Duties, and Responsibilities**

Section 1

The Chairman's functions, duties and responsibilities are outlined in Section 8.5-5 of the Medical Staff Bylaws.

Section 2

- a) The vice chairman will be responsible for administration of the committee in the absence of the chairman.

- b) The chief of a section will be responsible for the professional and administrative duties within that section.

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ARTICLE III Miscellaneous Provisions

Section 1 - Meetings

Information regarding meetings is outlined in Section 10.2 of the Medical Staff Bylaws.

Section 2 - Non-Physician Practitioners

Privileges may be granted to non-physician practitioners. This will be in accordance with Article 13 of the Bylaws "Allied Health Professionals" and the Allied Health Professionals Rules and Regulations.

Section 3 - Committee Assignments

Members of the department are expected to fulfill obligations created by membership on this and other staff committees.

Section 4 - Appointment Procedure

A. Membership

Physicians applying for department membership and privileges will apply in accordance with the Credentialing Procedures Manual of the Medical Staff Bylaws.

B. Application

The following requirements will be necessary in employing and granting of Emergency Medicine privileges to emergency medicine physicians.

1. Physicians shall be residency trained in Emergency Medicine, Internal Medicine, or Family Medicine.
 - a) Residency training must be in a program accredited by the Accreditation Council on Graduate Medical Education (ACGME), or by the American Osteopathic Association (AOA), or by an equivalent accrediting body.
 - b) Be board certified or deemed board admissible by a certifying body approved by the American Board of Medical Specialties (ABMS), or by the American Osteopathic Association (AOA), or an equivalent recognized body.
 - c) Physicians granted privileges on the basis of board admissibility must become board certified within five (5) years of completion of residency training to qualify for and/or continue medical staff membership/privileges. Failure to become board certified will result in the automatic loss of privileges in the Emergency Department.
 - d) Physicians who fail a Board Re-certification exam will have 12 months to become recertified to maintain privileges. Failure to obtain board re-certification will result in the automatic loss of privileges in the Emergency Department.
2. Category I privileges will be designated for physicians who demonstrate satisfactory completion of an Emergency Medicine Residency Training Program **AND**
 - a) who are ABMS or AOA Board Certified or Admissible in Emergency Medicine;

OR

- b) who are ABMS or AOA Board Certified in Internal Medicine or Family Medicine **PLUS** have 9,000 hours of Emergency Department experience **AND** are Emergency Medicine

Certified by the American Board of Physician Specialties (ABPS).

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- c) Physicians with Category I privileges **NOT** ABMS or AOA **BOARD CERTIFIED** in Emergency Medicine **MUST be Certified** in ACLS and ATLS, and PALS or APLS
3. Category II privileges will be designated for physicians who demonstrate satisfactory completion of an Emergency Medicine Residency Training Program

OR

- a) who are ABMS or AOA Board Certified in Family Medicine or Internal Medicine

PLUS

have a minimum of two years experience in an Emergency Department.

C. **Supervision**

1. Emergency medicine physicians granted provisional category will be supervised for a minimum of 20 hours by an emergency physician with unsupervised privileges. This supervision will consist of direct observation of the administration of patient care. Supervision will continue until the Medical Director of the Department or EMS Section Chair determines that the new physician may practice without concurrent supervision.
2. In addition, the medical records of a minimum of 50 patients, who have conditions representing all of the various medical disciplines, will be reviewed over a period of two months, by the director and other unsupervised emergency medicine physicians.
3. If the intensive chart review demonstrates acceptable practice to the EMS Committee, the physician will be removed from intensive chart review and have their care reviewed as for any other unsupervised emergency physician. If there are concerns generated by the intensive chart review, the EMS Committee will decide upon corrective measures.
4. All emergency medicine physicians will be continually evaluated by the ongoing emergency center quality assurance program administered by the physician staff at Banner Good Samaritan Medical Center.

D. **Provisional Review**

Pursuant to the Bylaws of the Medical Staff of Banner Good Samaritan Medical Center, all new members of the Medical Staff are provisional members for a period of twelve (12) months following the granting of their privileges. The consistent standard will be that a minimum of four (4) cases or patient contacts will be reviewed prior to moving to another category. In cases where there are not a minimum of four (4) patient contacts or cases completed in the provisional period, other data including peer competencies and/or case logs, will be required to determine current clinical competency. Failure to satisfy either of these requirements within the provisional period may result in the loss of medical staff membership and privileges.

ARTICLE IV **Section of Toxicology**

A. **Membership**

Physicians applying for department membership and privileges will apply in accordance with the Credentialing Procedures Manual of the Medical Staff Bylaws.

B. **Application**

Applicants must be either:

1. Certified by the American Board of Toxicology; or

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2. Be "Admissible" and meet current requirements for admission to the certifying examination of the American Board of Toxicology Applicants granted privileges on the basis of "admissibility" to take the certifying examination of the American Board of Toxicology must do so within five years of completion of residency training or post residency fellowship. Current board status will be reviewed with each reappointment reappraisal. Failure to become board certified will result in the automatic loss of privileges.

C. Provisional Review

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Approvals:

Emergency Medicine Committee	Date: 09/11/96
Executive Committee	Date: 09/23/96
Board of Directors	Date: 10/08/96
Emergency Medicine Committee	Date: 01/14/98
Executive Committee	Date: 01/26/98
Board of Directors	Date: 02/10/98
Emergency Medicine Committee	Date: 09/08/99
Executive Committee	Date: 09/13/99
Board of Directors	Date: 09/16/99
Emergency Medicine Committee	Date: 11/13/02
Executive Committee	Date: 11/25/02
Board of Directors	Date: 12/19/02
Emergency Medicine Committee	Date: 03/ /06
Executive Committee	Date: 04/24/06
Board of Directors	Date: 05/18/06
Emergency Medicine Committee	Date: 10/13/10
Executive Committee	Date: 10/25/10
Board of Directors	Date: 12/09/10