



# Banner Good Samaritan Medical Center

Phoenix, Arizona

## Department of Medicine

### Rules and Regulations

<b>ARTICLE I</b>	Organization
<b>ARTICLE II</b>	Selection of Officers
<b>ARTICLE III</b>	Meetings
<b>ARTICLE IV</b>	Requirements for Department Members
<b>ARTICLE V</b>	Subcommittees

#### **ARTICLE I**      Organization

##### **Section I**

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

##### **Section 2**

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

##### **Section 3**

The Medicine Committee will consist of certain Department members and related persons, as listed below. There will be an appointed, full time Chairman of the Department and an elected Chief of the Medicine Service, who in conjunction with the Medicine Chairman will be responsible for overseeing and managing all matters related to the Department. The Chairman of the Department will be a position appointed jointly by Administration and the Medicine Committee. The Chairman of the Department will be a position appointed by Administration and with concurrence of the Medical Staff. A contractual relationship will exist between the appointed Chairman and Administration.

##### Chief of Service (Elected Chairman of Medicine Committee)

Any active member of the Department is eligible to serve. The term of this office is for two (2) years and the election is by the majority of the votes cast from active staff. If there is no candidate for the Chief of Service, the Chairman will assume the responsibilities of the Chief of Service position.

Responsibilities of the Chief of Service: (any of the following can be delegated to the Chairman of the Department)

1. Chair the Medicine Committee.
2. Chair subcommittees and/or ad hoc meetings relating to the Medicine Department.
3. Represent the Department on the Hospital Executive Committee.
4. Responsible for recommendations regarding the credentialing of physicians within the Department.
5. Maintain the integrity of the no doc emergency room call schedule.
6. Responsible for corrective action of already credentialed physicians according to the Medical Staff Bylaws.
7. Assume responsibility for all the duties assigned to the Chairman of the Department as listed in the Medical Staff Bylaws.

8. Work closely with the Chairman of the Department on all the professional and administrative activities within the Department and assures the Chairman's activities (either assigned or delegated) are in keeping with the policies of the Medicine Committee.

## **DEPARTMENT OF MEDICINE**

### Rules & Regulations

#### Page 2

#### Responsibilities of the Appointed, Full Time Department Chairman

1. Structure for the successful resident appointees a progressive clinical experience enabling greater and more important responsibilities over the years of training, in accordance with the requirements for an approved residency as published by the Resident Review Committee in Internal Medicine and the Accreditation Council for Graduate Medical Education.
2. Select qualified residents in conformity with Accreditation Council for Graduate Medical Education and National Resident Matching Programs standards and in keeping with the educational and training capacity of the medical center.
3. Ensure the provision of sufficient didactic instruction in both the basic sciences and clinical disciplines. Develop and implement a strategy for maximum clinical utilization of available patient resources throughout the Department towards the goal of the best possible educational experience for the residents and in keeping with the highest possible standards of patient care. To balance the primarily educational role of the residents with the service needs of the medical center and special interest groups within the medical center.
4. Maintain and encourage the capability to conduct and support research within the Department and supervise the resident's participation in such activities.
5. Cooperate with other residency directors in the medical center to maintain sufficiently high standards to support the number and variety of residency programs necessary to maintain the status of the medical center as a teaching institution.
6. Create, monitor and manage the budget for all Internal Medicine related educational activities including those of the Internal Medicine Clinic. Participate with Administration in the budget process of those cost centers involving the Medicine Department.
7. Be involved in appropriate planning committee of the medical center as the representative of the Medicine Department and also participate in other medical center functions as necessary.

On a regular basis, the Department Chairman will keep the Medicine Department members and the Medicine Committee informed of all activities of the Department and Residency. In addition, as Department Chairman, this individual will work closely with the Medicine Committee and the Chief of Service on all Department matters.

Ex-officio Members: The following persons will be considered ex-officio members of the Medicine Committee:

Chief of Staff **(without vote)**  
Senior Administrator of Medical Education and Research  
**(without vote)**  
Administrative Representative **(without vote)**  
Internal Medicine House Staff Representative  
Program Director, Internal Medicine Residency

**DEPARTMENT OF MEDICINE**

Rules & Regulations

Page 3

**Section 4**

- a. Sections of the Department of Medicine will include:
  - 1) Allergy and Immunology
  - 2) Dermatology
  - 3) Endocrinology and Metabolism
  - 4) Gastroenterology
  - 5) Hematology/Oncology
  - 6) Hospitalist
  - 7) Infectious Disease
  - 8) General Internal Medicine
  - 9) Nephrology
  - 10) Neurology
  - 11) Pulmonary Disease
  - 12) Rheumatology
- b. A chief of a section will be appointed by the Chief of Service. Section Chief's duties are outlined in the Medical Staff Bylaws 8.6-5
- c. A section may be created or eliminated by the Medicine Committee with approval of the Executive Committee when it is deemed appropriate for the organization of staff or services or to optimize patient care.

**ARTICLE II**                      Selection of Officers

**Section 1 – Chairman/Chief of Service**

Qualifications, Selection, Term of Office and Removal of the Chairman/Chief of Service are outlined above.

**Section 2 - Section Chiefs**

Qualifications, Selection, Term of Office and Removal of each section chief are outlined in Sections 8.6-1 through 8.6-4 of the Medical Staff Bylaws.

**ARTICLE III**                      Meetings

Information regarding meetings is outlined in Sections 10.2-1 through 10.2-3 of the Medical Staff Bylaws.

- 1) Attendance: All members of the Medicine Department medical staff may attend the General Session of the Medicine Committee.
- 2) Voting Members: Any member of the active staff of the Medicine Department may be a voting member of the Medicine Committee if appointed by the Chief of Service and approved by the Chief of Staff. Attendance of at least 6 meetings per year is required and the individual may be subject to removal from the Committee by the Chief of Service. Attendance by an alternate will not be allowed.
- 3) Executive Session: The Executive Session is a closed meeting of the voting members of the Medicine Committee. Voting members are those medical staff members appointed by the Chief of Service or are designated as Section Chiefs.

## DEPARTMENT OF MEDICINE

### Rules & Regulations

Page 4

- 4) Quorum: A quorum is constituted as attendance by three of the voting members of the Medicine Committee.
- 5) Section Chiefs: The selected chiefs of each section in the Department of Medicine are in Section 4.

## ARTICLE IV Requirements of Department Members

### Section 1 - Privileges

- a. Application for membership on the medical staff shall be made in accordance with the Credentials Manual of the Medical Staff. Qualifications for membership are outlined in Section 3.1 of the Medical Staff Bylaws.
  - 1) Graduation from an accredited allopathic or osteopathic medical school or certification by the Educational Counsel for Foreign Medical Graduates or Fifth Pathway certification and successful completion of the Foreign Medical Graduate Examination in the Medical Sciences;
  - 2) and satisfactory completion of a residency in Internal Medicine, Dermatology, Immunology/Allergy, or Neurology, accredited by the American Council on Graduate Medical Education in Internal Medicine.
- b. Applicants for the Department of Medicine must be certified or considered "admissible for certification" by the American Board of Internal Medicine, or the American Osteopathic Board of Internal Medicine, or the corresponding Board examination for Dermatology, Immunology/Allergy, or Neurology.

#### **Effective January 1, 2003**

Individuals granted membership and/or privileges on the basis of "admissibility" must become certified within forty-two months of completion of residency training. Failure to become certified will result in the loss of Medical Staff membership and/or loss of privileges in the Department of Medicine.

### Section 2 - Subspecialty Privileges

In addition, membership and privileges in the sections of Endocrinology, Gastroenterology, Hematology, Infectious Disease, Nephrology, Oncology, Pulmonary Disease and Rheumatology requires completion of an accredited U.S. or Canadian allopathic or osteopathic fellowship in that subspecialty and Board admissibility or certification in that subspecialty (which requires certification by the American Board of Internal Medicine).

#### **Effective January 1, 2003**

Individuals granted membership and/or privileges on the basis of "admissibility" must become certified within forty-two months of completion of post residency fellowship. Failure to become certified will result in the loss of subspecialty privileges and membership in that section.

#### **Effective March 17, 2005**

Individuals granted membership and/or privileges on the basis of "admissibility" must become certified within three years of completion of post residency fellowship. Failure to become certified will result in the loss of interventional procedural privileges and membership in that section.

## **DEPARTMENT OF MEDICINE**

Rules & Regulations

Page 5

### **ARTICLE IV**

#### **Equivalency**

Where the applicant's postgraduate training program is equivalent to a program accredited by the accreditation Council for Graduate Medical Education (ACGME), in accordance with Article 1.6-4 of the Medical Staff Bylaws; equivalency as determined by the Medicine Department.

#### **Hospitalist Privileges**

Internists who function as hospitalists will be required to demonstrate a level of competency in the care of ICU patients. A yearly CME course in critical care medicine is recommended. A review of the following clinical activity will be monitored on an ongoing basis:

- Central line associated bloodstream infections
- Catheter associated urinary tract infections
- DVT prophylaxis

#### **Section 3 – Provisional Review/Supervision**

Pursuant to the Medical Staff Bylaws, all new members of the Medical Staff are provisional members for a period of twelve (12) months following the granting of their privileges. 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 any of these requirements within the provisional period may result in the loss of medical staff membership and privileges.

Clinical activity that may be reviewed is as follows:

- Core measures
- Readmissions
- Peer reviews
- Department monitors: DVT and Dating and Timing
- Mortality rate
- Patient/family complaints
- Behavior complaints

#### **Section 4 – Orders**

Information regarding physician orders is outlined in the Medical Staff Rules & Regulations.

#### **Section 5 - Medical Records**

- a. Documentation requirements for the health record are outlined in the Medical Staff Rules & Regulations.
- b. An attending physician is expected to obtain a specialty or subspecialty consultation when the patient develops problems that are beyond the competence or expertise of the attending physician, or when it is deemed necessary to optimize the quality of patient care. It is acceptable to consult by written order, but it is the attending physician's responsibility to ensure that communication with the consulting physician is made.

## **DEPARTMENT OF MEDICINE**

Rules & Regulations

Page 6

### **ARTICLE IV**

#### **Section 6 - Emergency Coverage**

- a. General medicine emergency room call is voluntary for all members of the Medicine Department in the active, associate and provisional category. Physicians who wish to participate in the emergency room call rotation may do so on a voluntary basis. The subspecialties of Dermatology, Allergy/Immunology and Neurology are excluded in the call.
- c. Physicians in the Department of Medicine participating in emergency room call, providing emergency room coverage to no doctor patients, must continually seek to provide quality care for all patients admitted to, or treated in, the hospital in accordance with the medical staff bylaws. Physicians on emergency room call admitting to the teaching service must adhere to the criteria that has been developed for the institution. Patients must be seen in a reasonable period of time in accordance with the Department of Medicine Rules and Regulation and/or medical staff bylaws.
- d. If the physician assigned coverage is unable to cover on the dates scheduled, it is his/her responsibility to find a replacement.
- e. The physician on call will be responsible for contacting a sub-specialty physician for consultation when required in an emergency situation.
- f. Emergency room call will begin from 7:00 am through the following day at 7:00 am.

#### **Section 7 - Criteria for Teaching Privileges**

- a. Teaching attendings must be members in good standing of the medical staff and have unsupervised privileges, and understand that, after patient welfare, the education of house officers is a primary concern. It is considered a privilege to admit to the teaching service, granted only to those physicians who exemplify the qualities expected of the finest internists, including in-depth knowledge of a specialty area, professionalism, critical thinking, compassion, cost-effective patient care and highly developed ethical standards.
- b. Teaching attendings are expected to communicate directly with house staff regarding admission, diagnosis work-up, therapeutic management and discharge plans. They are expected to write meaningful progress notes in addition to those written by the house staff. They are expected to maintain primary responsibilities for patient care, directing and educating the house staff in appropriate management.
- c. Attendings are not permitted to write orders on the charts of teaching patients, except under emergency situations that might jeopardize patient safety or when directly related to the performance of an invasive procedure, such as an endoscopy or cardiac catheterization.
- d. Failure to maintain the highest level of patient care or to abide by the regulations of the teaching service can result in the loss of teaching privileges. Any problems which arise between the teaching attending and the house staff should be brought to the attention of the Director of the Internal Medicine Residency Program.

**DEPARTMENT OF MEDICINE**

Rules & Regulations

Page 7

- e. As the education of house staff is a requirement to maintain the privilege to admit patients to the teaching service, allied health professionals (AHP: nurse practitioner, physician assistants, etc) may not substitute for direct teaching by the teaching attending. Similarly, AHP's are not permitted to write orders on the charts of teaching patients, except in an emergency that might jeopardize patient safety or when this involves orders directly related to the performance of specialized procedures as described in paragraph c.
  
- f. Any issues that arise when both house staff and AHP's are involved in a teaching patient's care should be brought to the attention of the Director of the Internal Medicine Residency Program.

**ARTICLE V**                      Subcommittees

Clinical Faculty Committee  
GI Section Committee  
Hospitalists Committee  
Pulmonary Section Committee

Approved:	Medicine Committee:	3/17/94
	Executive Committee:	3/28/94
	Board of Directors:	4/12/94
Revision:	Medicine Committee:	4/20/95
	Executive Committee:	4/24/95
	Board of Directors:	5/25/95
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	Executive Committee:	2/26/96
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	Executive Committee:	9/23/96
	Board of Directors:	10/8/96
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	Board of Directors:	10/14/97
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## DEPARTMENT OF MEDICINE

### Rules & Regulations

Page 8

Revision:	Medicine Committee	1/16/03
	Executive Committee	1/27/03
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