



**Banner Estrella**  
Medical Center

**Department of Medicine**  
Rules and Regulations

**ARTICLE I      Organization**

- 1.1      The Chair of the Department shall appoint a vice-chair of the department.
- 1.2      The Department of Medicine will include physicians granted privileges in the following:
- a) Allergy and Immunology
  - b) Acupuncture
  - c) Critical Care and eICU
  - d) Dermatology
  - e) Endocrinology and Metabolism
  - f) Family Practice
  - g) Gastroenterology
  - h) Hematology/Oncology
  - i) Hospitalists
  - j) Infectious Disease
  - k) Internal Medicine
  - l) Nephrology
  - m) Neurology
  - n) Physical Medicine and Rehab
  - o) Psychiatry
  - p) Psychology
  - q) Pulmonary Disease
  - r) Rheumatology
  - s) Hospice and Palliative Care Medicine

**ARTICLE II      Authority, Duties, and Responsibilities**

- 2.1      The Chair's authority, duties, and responsibilities are outlined in Section 8.5-5 of the Medical Staff Bylaws. The qualifications, selection, term of office and removal of the chair are outlined in Section 8.5-1 - 8.5-4 of the Medical Staff Bylaws.
- 2.2      The Chair of the Department shall appoint a Vice-Chair of the Department.
- 2.3      The Vice Chair will be responsible for administration of the department in the absence of the Chair.
- 2.4      The Chair's election will be approved by the Medical Executive Committee.
- 2.5      The Department Chair, or his/her designee, shall insure timely ongoing assessment of the quality of care (OPPE) through routine quality review activities and investigation of referrals from members of the Medical Staff or Administration or from the appropriate Department Director(s). Routine quality review activities will include, but not be limited to, the following:
- a.      invasive procedures review, medication usage evaluation, blood usage review, and medical records timeliness and clinical pertinence review;
  - b.      other routine reviews of anesthesia-related issues including:
    - 1.      complications;
    - 2.      mortality;

3. infection control,
4. risk management, including sentinel events;
5. comparative outcome data;
6. regulatory and accreditation results
7. ethics considerations
8. patient satisfaction feedback

### **ARTICLE III     Meetings**

#### **3.1     Department Meetings**

3.1-1     The Chair shall invite members of the Department of Medicine who are in the Active and Associate categories to attend the Department of Medicine.

3.1-2     The presence of two (2) voting members of the department shall constitute a quorum.

3.1-3     A majority of the Active and Associate Staff who are in attendance at the Department meeting may approve action.

#### **3.2     Neurology Committee**

##### **3.2-1     COMPOSITION**

Practitioners of this Committee shall consist of members of the Medical Staff who hold Neurology privileges. A physician chairman shall be appointed by the Department Chair and serve for a term of two years. The committee shall meet as often as is necessary. Additional appointees may be appointed by the Chairman.

##### **3.2-2     DUTIES OF THE CHAIR**

In addition to the routine duties of a chair, the Neurology Committee Chairperson shall assist the Department of Medicine Chairperson in evaluating the credentials and qualifications of new applicants for membership and privileges in Neurology.

##### **3.2-3     DUTIES OF THE COMMITTEE**

The Neurology Committee will report to the Department of Medicine. Duties of the Committee will be to:

(a) Assist in developing written policy for the operation of any unit within the Hospital designated for neurology patients. Such policy shall be approved by the Department of Medicine and Medical Executive Committee.

(b) Propose criteria for the credentialing of practitioners seeking neurology privileges.

(c) Review aggregate data regarding the performance of practitioners with neurology privileges to improve clinical performance.

#### **3.3     GI Committee**

##### **3.3-1     COMPOSITION**

Practitioners of this Committee shall consist of gastroenterology members of the Medical Staff. A physician chairman shall be appointed by the Department Chair and serve for a term of two years. The committee shall meet as often as is necessary. Additional appointees may be appointed by the Chairman.

##### **3.3-2     DUTIES OF THE CHAIR**

In addition to the routine duties of a chair, the GI Committee Chairperson shall assist the Department of Medicine Chairperson in evaluating the credentials and qualifications of new applicants for membership and privileges in Gastroenterology.

##### **3.3-3     DUTIES OF THE COMMITTEE**

The GI Committee will report to the Department of Medicine. Duties of the Committee will be to:

- (a) Assist in developing written policy for the operation of the endoscopy lab or any other unit within the Hospital designated for GI patients. Such policy shall be approved by the Department of Medicine and Medical Executive Committee.
- (b) Propose criteria for the credentialing of practitioners seeking endoscopic privileges.
- (c) Review aggregate data regarding the performance of practitioners with endoscopic privileges to improve clinical performance.

3.4 **Hospitalist Committee**

3.4-1 COMPOSITION

Practitioners of this Committee shall consist of hospitalist members of the Medical Staff. Co-Chairs shall be appointed by the Department Chair; one Co-Chair shall be the BEMC "lead" Hospitalist and the second Co-Chair will be an active member of the Hospitalist group; both will serve for a term of two years. The committee shall meet as often as is necessary. Additional appointees may be appointed by the Chairs.

3.4-2 DUTIES OF THE CHAIR

In addition to the routine duties of a chair, the Hospitalist Committee Chairperson shall assist the Department of Medicine Chairperson in evaluating the credentials and qualifications of new applicants for membership and privileges in Hospitalist medicine.

3.4-3 DUTIES OF THE COMMITTEE

The Hospitalist Committee will report to the Department of Medicine. Duties of the Committee will be to:

- (a) Assist in developing written policy for the operation of any other unit within the Hospital designated for patients. Such policy shall be approved by the Department of Medicine and Medical Executive Committee.
- (b) Propose criteria for the credentialing of practitioners seeking hospitalist privileges.
- (c) Review aggregate data regarding the performance of practitioners with hospitalist privileges to improve clinical performance.

**ARTICLE IV Miscellaneous**

4.1 **Coverage of Hospitalist Service by IM and FP**

Internal Medicine and Family Medicine physicians practicing in the community, who "moonlight" on the hospitalist service to satisfy temporary staffing needs, will be required to meet established criteria for hospitalist privileges prior to providing such service.

4.2 **Emergency Room call**

4.2-1 Emergency Room call for Neurology and Gastroenterology is mandatory unless otherwise covered voluntarily. Should call become mandatory, a minimum of four (4) days per month shall be covered by each physician eligible for call.

4.2-2 Any physician within a specialty that has mandatory call who is at least 60 years may be exempt from taking call upon written request. Any physician meeting this criteria who does not notify and submit a written request to the Medical Staff Services Department prior to the publication of the call schedule will be required to complete their assigned call or arrange for appropriate alternate coverage.

4.2-3 Members of the Department who are on ER Call must respond timely to calls from the Emergency Room.

4.2-4 Emergency Room call for other medicine specialties listed under Article 1, Section 2 is voluntary.

Approved: Banner Health Board: 1/12/05; 05/19/05; 03/16/06; 04/18/07; 12/11/09; 03/10/10; 04/12/12; 06/14/12; 07/21/14; 7/9/15

REVISED: Dept of Medicine – 2/2016; 8/2016  
 MEC – 3/2016; 9/2016  
 Board – 3/2016; 9/2016

REVISED:      Dept of Medicine – 2/9/17  
                     Medical Executive Committee – 3/1/17  
                     Board – 3/9/17