

**SHADY GROVE ADVENTIST HOSPITAL
DEPARTMENT OF MEDICINE
CARDIOLOGY SECTION RULES AND REGULATIONS**

I. Purpose

A Cardiology Section, within the Department of Medicine will be established pursuant to Article X, Section 7 of the Bylaws of the Medical Staff. This action is taken primarily as a means to assure the availability of the highest quality cardiologic care to the patients of Shady Grove Adventist Hospital. This care includes, but is not limited to, a variety of diagnostic procedures for which accurate, informative interpretations must be provided.

II. Organization of Section

A. Eligibility

Membership within the section implies recognition as a specialist in cardiology. It is therefore necessary that achievement justifying such recognition be documented by one of the following:

1. Board Certification in Cardiovascular Disease.
2. Board Eligibility in Cardiovascular Disease - will be permitted three chances to obtain certification and the applicant shall remain eligible for the exam each time.

The section, by majority vote, may waive the requirement for board certification in the instance of an application of a senior academic cardiologist with well-recognized experience and training at a University Hospital setting.

B. Selection of Members

Members of the Department of Medicine who qualify should make application, with appropriate documentation, via the Chair of the Department of Medicine to the Section of Cardiology, on to the Credentials Committee. The Credentials Committee will review the application and make its recommendation to the Executive Committee and Governing Board.

C. Duties of Members

The Active Staff members of the Section of Cardiology are responsible for the welfare of all service patients entrusted in their care. They also have the responsibility for performing all departmental organizational and administrative duties pertaining to the Medical Staff. The Members of the Active Staff are entitled to vote at all such meetings, unless otherwise specified at any time by the Bylaws. Members of the Active Staff shall hold elective offices in the Section as well as in the Department of Surgery and on the Medical Staff.

The Provisional Staff members may be assigned to, but not chair Departmental Committees. The member of The Provisional Staff may not vote at the Departmental Meetings. They shall serve on hospital committees.

Members of the Community Staff shall consist of those physicians who are requesting medical staff membership with no delineated clinical privileges. They may not vote or hold elective office.

The Courtesy Staff members are not eligible to vote, hold office or be required to attend meetings or serve on committees.

Members of the Emeritus Medical Staff are eligible to vote, hold office, serve on The Medical Staff and Departmental Committees, and shall have assigned duties if they so desire.

Members of the Community Staff shall consist of those physicians who are requesting medical staff membership with no delineated clinical privileges.

Members of the Consulting Medical Staff shall not vote, hold office or serve on committees.

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D. Emergency Room Call Schedule

Members of the Section will decide on the desirability of an ER On-Call Schedule and will determine criteria for inclusion in such a roster.

E. Appointment

Appointment and Reappointment to the Department of Medicine, Section of Cardiology and the Medical Staff in general are to be decided by Chair of the Department of Medicine, the Subsection Chairs as applicable, the Credentials Committee, and are to be operative as outlined in The Bylaws, Article V.

F. Promotion

In order to be promoted to or maintained on the active staff, each individual must have a minimum of 25 contacts per annum (including Surgical Day Care patients).

G. Officers

The officers of The Section of Cardiology shall be elected annually by the members of The Active Staff of the Department in accordance with The Bylaws, Article X, and Section 3.

1. Chair of the Section

The Chair will be elected by the members of the section for a two-year term and shall not be elected for more than two consecutive terms. The Chair shall be responsible for supervision of the various Cardiology services provided within the hospital, shall call meetings of the section at least three times each year, and shall direct the other activities of the section.

H. Removing Officers from their Position

The Chair of the Section may be removed at any regular meeting at which a quorum is present or at any special meeting on notice, by a three quarters vote of those active members of the Section present. Such removal shall become effective when approved by the Governing Body.

The presence of 50% of the total number of active members of the Section at any regular or special meeting shall constitute a quorum, for the purpose of removal of the officer(s).

I. CME Requirements

Each member of the section of the Section of Cardiology fulfills the continuing medical education requirements as specified by the Maryland Board of Physician Quality Assurance and agrees to abide by Maryland State Law regarding Continuing Medical Education (CME) requirements.

J. Board Certification Requirements

2.4-16 **Board Certification Status:** Effective May 21, 2000, new MD, DO, DPM, and DMD/DDS (Oral Surgeons only) applicants to the medical and affiliate staff must be board certified or board admissible. Effective June 27, 2005, all MD, DO, DPM, and DMD/DDS (Oral Surgeons Only) applicants who completed their residency program after January 1, 1990 must be board certified or board admissible by the appropriate Board recognized by the American Board of Medical Specialties or by the American Board of Oral and Maxillofacial Surgery or by the American Board of Podiatric Surgery pertinent to their field of expertise and request for privileges. Effective August 30, 2006, the American Osteopathic Association Boards (AOA) are considered equivalent to the American Board of Medical Specialties (AMBS) Boards for the purposes of credentialing and are accepted for membership and privileges. All new applicants must be board certified in their primary specialty within 5 years of completion of their residency.

If fellowship trained, the applicant must be board certified in their sub-specialty within 5 years of fellowship completion in order to practice that sub-specialty in this institution.

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Failure to achieve certification within the 5-year grace period will result in automatic termination of medical staff membership and clinical privileges at reappointment anniversary.

Board Recertification: Effective January 1, 2006, all new applicants who have completed residency in the year 2005 or after must comply with the re-certification requirements of their Board in their primary area of practice.

III. Section Meetings

The Section Chair shall call meetings of the section at least three times each year.

IV. Procedure to Amend or Repeal the Rules and Regulations of the Section

These rules and regulations may be amended or repealed after submission of a proposal at any regular or special meeting of the department.

To be adopted, amendments and repeals shall require a two-thirds vote of the active members present and representing a quorum.

V. Care of Relatives

As per the Medical Staff Rules and Regulations, no member of the Medical Staff shall serve as attending physician, perform procedures, or act as an official consultant for members of his or her immediate family at Shady Grove Adventist Hospital.

VI. Rules/Criteria regarding Interpretation/Performance of Specific Tests/Procedures

Other Criteria for Performance of Specific Supplemental Procedures not listed below is located in the Cardiology Section Delineation of Privileges.

A. Interpretation of Electrocardiograms (EKGs)

The section will endeavor to give the best service available in performing and interpreting electrocardiograms. The physicians who serve as electrocardiogram interpreters must have sufficient training and experience in electrocardiography to provide a basis for accurate interpretation. Such training and experience may be documented by one of the following:

1. Certification by the Subspecialty Board on Cardiovascular Disease of the American Board of Internal Medicine.
2. Eligibility to be examined by the Subspecialty Board on Cardiovascular Disease.
3. Physicians currently reading EKGs at Shady Grove Adventist Hospital not meeting this criteria will be grandfathered in as of 2000.

In addition, physicians who interpret electrocardiograms must:

4. be members of the Active Staff in the Department of Medicine;
5. Must have 75 of any of the following:
 - Dictated In-Patient Consults
 - Patient Consults
 - Outpatient Procedures
 - Patient Admission

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B. Pediatric EKG Roster for Children

The members of the Cardiology Section approved the formation of a pediatric EKG roster for children age 16 and under at the Cardiology Section meeting of March 15, 1990. Pediatric cardiologists with admitting privileges at SGAH will form the roster. Applications will be through the Chair.

C. 2-D Echocardiograms and Dopplers

Proper performance of an echocardiogram requires the technical skill of recording the graphic data, and hence the ability to supplement as well as to supervise the technologist, in addition to the knowledge and sufficient to provide a basis for accurate interpretation. Such skill and knowledge may be documented by:

1. Graduation from a fellowship program which included specific training in echocardiography technique and interpretation.

In addition, physicians who perform and interpret echocardiograms must:

2. be certified by the Subspecialty Board on Cardiovascular Disease or be eligible for examination by the board;
3. any qualified cardiologist may interpret echocardiogram on his/her own patients;
4. Criteria for inclusion in the roster will be determined by the members of the Section.
5. Meet Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL) guidelines.

D. Exercise Treadmill Stress Testing

All members of the Cardiology Section are eligible to perform stress tests on their own patients. Only those with active staff status will be part of the roster. Members of the Department of Medicine who are not in the Cardiology Section will require the following:

1. Current privileges to perform stress tests at Shady Grove Adventist Hospital as of 2000.
2. Board certification in Internal Medicine;
3. Two letters of recommendation; one being from the chief of the program;
4. Presentation of 50 cases. Twenty-five of these cases should be in individuals suspected or proven to have coronary artery disease.
5. All new individuals requesting privileges to perform stress tests at Shady Grove Adventist Hospital will be board certified or eligible in Cardiology.

E. Nuclear Cardiology Stress Testing

Members who are currently performing and interpreting nuclear tests will continue to do so in the same fashion and new applicants will be required to be members of the Section of Cardiology (board certified or eligible), and demonstrate past training or experience in Nuclear Cardiology to satisfy requirements of the Cardiology Section and the Radiation Safety Committee. All nuclear tests performed and interpreted by the Cardiologist will be co-signed by the Nuclear Medicine physicians in the Department of Radiology or by Cardiologists certified in Nuclear Cardiology.

1. Handling of the radio/pharmaceuticals is the responsibility of a certified nuclear technician under the supervision of the Department of Radiology.
2. A Peer Review Program to satisfy quality assurance requirements and the Radiation Safety Committee is currently implemented and will be conducted on a regular basis.
3. Interpretations of cardiac nuclear studies may be performed by on-staff board certified radiologists trained in nuclear cardiology and approved by the radiology department Chair.

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F. On Call Physician Scheduling for Primary Percutaneous Coronary Intervention (pPCI)

This is a guideline for the delineation of physicians on call for Primary Coronary Intervention (PCI) and to provide guidelines for delineation of an alternate on call physician.

1. Shady Grove Adventist Hospital does not permit physicians on call for PCI to have simultaneous on call duties for two or more hospitals.
2. An alternate physician will be available if the primary on call physician is not available or can not respond.
3. The Medical Director of the cath lab or designee submits a monthly physician on call schedule to the manager of the cath lab, two weeks in advance and notifies the manager of the cath lab of any changes to the schedule.
4. The cath lab manager provides a copy of the physician's on call schedule to the on call cath lab staff and notifies them of any changes to the schedule.
5. After regular business hours or on weekends or holidays, the primary on call physician will notify the primary on call cath lab RN directly if he/she will not be available and inform the RN of the alternate physician to be called.

IX. Annual/Bi-Annual Medical Staff Dues

All medical staff members are required to pay annual/bi-annual medical staff dues (with the exception of Emeritus Status members). Please note there is no refund of medical staff dues.

Board Approved: August 11, 1980; January, 1984; March, 1987; March, 1990; April, 1991; September, 1991; July, 1995; November 10, 1999; 8/16/01; 11/16/04; 3/28/07; 03/08; 3/23/11

Reviewed by Medicine Department and Cardiology Section Chairs: 08/04/06
Reviewed by Cardiology Section Chair: 3/1/11