

**SHADY GROVE ADVENTIST HOSPITAL  
DEPARTMENT OF MEDICINE**

**GASTROENTEROLOGY SECTION  
RULES AND REGULATIONS**

**I. Purpose**

A Section of Gastroenterology 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 gastroenterology 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 gastroenterology. It is therefore necessary that achievement justifying such recognition be documented by one of the following:

1. Board Certification in Gastroenterology.

**B. Selection of Members**

Members of the Department of Medicine who qualify should make application, with appropriate documentation, via the Chair of the Section of Gastroenterology to the Credentials Committee of the Department of Medicine. The Credentials Committee will review the application and make its recommendation to the Supervisory Committee.

**C. Duties of Members**

The Active Staff members of the Section of Gastroenterology 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 Medicine and on the Medical Staff.

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 Gastroenterology 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 Gastroenterology 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 Gastroenterology 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.

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#### J. Board Certification Requirements

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. 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.

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.

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.

### **IX. 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.

### **E. Current Clinical Competence**

Policy and guidelines are being actively developed by the Subsection to establish ongoing assessment of continued clinical competence. Criteria will be established by the Subsection by majority vote. These criteria will reflect fair and unbiased methods of analysis which are intended to maintain high quality of care in the GI Subsection. The monitoring process will be performed by the GI Subsection. The hospital is expected to continue to provide protection for proctoring physicians so long as the proctor does not directly participate in the patient care, has no physician/patient relationship with the patient being treated and does not receive a fee from the patient.

### **F. Gastrointestinal Procedures**

Specialized gastrointestinal procedures and biopsies of the GI tract should be performed only by those who have demonstrated special training in these fields, as per recommendations and criteria that have been established by the ASGE for performance of these procedures. The following number of cases need to be performed personally by each trainee during training in order to obtain privileges at SGAH: 1. Esophagogastroduodenoscopy-50; 2. Colonoscopy-50; 3. Polypectomy-20; 4. ERCP-50; 5. Esophageal manometry-5; 6. Laparoscopy-10; 7. Sphincterotomy-15; 8. PEG-10; 9. Flexible Sigmoidoscopy-25. Any questions on the qualifications of physicians applying for these privileges, should be referred to the section for its recommendation.

### **G. Quality Review**

Any charts not meeting pre-defined criteria will be reviewed at the Subsection meeting. If there appears to be a QI problem, the physician in question will be given an opportunity to

provide additional, a response, or an explanation.

In cases of serious QI deficiencies (as judged by the Subsection after their review) the matter shall be referred onward to the Chair of the Department of Medicine.

Continued clinical competence shall be monitored as part of the QI process. Objective parameters of competence (e.g. percent completion rate of colonoscopies, incidence of procedural complications) will be objectively monitored. If evidence of substandard performance is obtained, then the Subsection may make specific recommendations to remedy the problem.

#### **H. Interpretation of Gastroenterological Function Tests**

The section will endeavor to give the best service available in performing gastroenterological function tests and physicians who serve as interpreters must have sufficient training and experience in gastroenterological function testing to provide a basis for accurate interpretation.

Tests considered in this category are:

- 1) Esophageal motility; 2) PH monitoring; 3) Bernstein acid perfusion; 4) breath hydrogen lactose tolerance; and 5) gastric analysis.

Other tests may be added as determined by the section.

Training and experience necessary for interpreters for motility testing must be documented by credentialing on delineation of privileges form via letter of reference.

Training and experience necessary for interpretation of other gastroenterological function tests may be documented by one of the following:

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- 1) Certification by the Subspecialty Board on Gastroenterology of the American Board of Internal Medicine.
- 2) Active eligibility to be examined by the Subspecialty Board on Gastroenterology within five (5) years (with two attempts at passing the boards).
- 3) Evidence, supported by letters of recommendation from two board certified or eligible gastroenterologists, that 20 tests have been interpreted satisfactorily over a three year period in a hospital accredited by JCAH.

Gastroenterologists who are credentialed in manometry but not on the official reader list will be able to interpret their own motility studies. Other gastroenterologists as well as any other physician ordering motility tests who are not credentialed in esophageal manometry will have their patient's test read by a gastroenterologist on the reading list. To be on the reader list, physicians who interpret gastroenterological function tests must:

- 1) Be members of the Active or Associate Staff in the Department of Medicine.
- 2) Demonstrate interest and be active in Shady Grove Adventist Hospital by teaching relevant subjects to nurses and/or staff, and attending at least 50% of the Gastroenterology Section meetings.
- 3) Care for at least ten patients per year at the Shady Grove Adventist Hospital, either as a consultant or attending physician. Those physicians who did not meet this criteria would be dropped from the reader list. The reader list would be looked at on

a yearly basis beginning January 1986.

Members of the Department of Medicine who qualify and wish to interpret gastroenterologic function tests should apply in writing, with appropriate documentation, via the Chair of the Section of Gastroenterology, to the Credentials Committee of the Medical Staff. All applicants whose applications are received prior to February 1, 1986, and who are considered qualified by the Credentials Committee, will be appointed. Applications received after that date will be considered in sequence, based on date received, as additional interpreters are required. Criteria for addition of interpreters and method of rotation will be passed by the Section of Gastroenterology.

**I. Guidelines and Protocols**

The subsection shall, from time to time, establish guidelines and protocols relevant to the practice and policy of Gastroenterology at Shady Grove Adventist Hospital. These shall be passed and approved by a 2/3 vote of active and associate staff present.

Protocol A: Administering Intravenous Conscious Sedation in the Endoscopy Unit at Shady Grove Adventist Hospital, approved June 15, 1992.

Gastroenterologist shall continue to manage sedation of their patients during GI procedures in compliance with the following outline (see separate addendum).

Board Approved: November 21, 1985; October, 1987; March, 1991; December, 1991; June 15, 1992; September, 1994; 8/22/12

Reviewed by Medicine Department and Gastroenterology Section Chairs: 11/10/99; 03/28/07; 7/01/12  
Reviewed by Gastroenterology Section Chair: 9/15/00