

**SHADY GROVE ADVENTIST HOSPITAL
RULES AND REGULATIONS
PULMONARY AND CRITICAL CARE MEDICINE SECTION
DEPARTMENT OF MEDICINE**

I. Purpose

The Section of Pulmonary and Critical Care Medicine is established within the Department of Medicine at Shady Grove Adventist Hospital. The purpose of the Section is to assist in credentialing and peer review of physicians in the Department practicing the specialties of Pulmonary Disease and Critical Care Medicine, and to help assure that patients at Shady Grove Adventist Hospital receive care which reflects current community standards. The Section also assists in providing interpretive services for those ancillary tests, such as pulmonary function tests, which require the expertise of its members.

II. Organization of Department

A. Eligibility

Membership in the Section implies recognition of a physician as a Internal Medicine specialist in Pulmonary and/or Critical Care Medicine. This may be documented by any one of the following:

- 1) Certification by the Subspecialty Board of Pulmonary Disease of the American Board of Internal Medicine.
- 2) Certification by the Subspecialty Board of Critical Care Medicine of the American Board of Internal Medicine.
- 3) Satisfactory completion of a fellowship in Pulmonary Disease and/or Critical Care Medicine.

B. Selection of Members

Physicians who are members of the Department of Medicine who meet the above criteria will have their application either for Initial Appointment to the Medical Staff or for Reappointment reviewed by the Section Chair. Following this review, a recommendation will be forwarded to the Chair of the Department of Medicine, thence to the Credentials Committee, the Medical Executive Committee, and the Governing Board for final action.

The Medical Staff consists of the following divisions: Active, Provisional, Community, Courtesy, Consulting, Emeritus Medical Staff and Members only.

C. Duties of Members

The Active Staff members of The Section of Pulmonary and Critical Care Medicine are responsible for the welfare of all service patients entrusted to 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 may hold elective offices in the Section as well as in the Department of Medicine and on the Medical Staff.

The Provisional Staff members may be assigned to, but not chair Departmental Committees. The members 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 and are not 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 may have assigned duties if they so desire.

**SHADY GROVE ADVENTIST HOSPITAL
RULES AND REGULATIONS
PULMONARY AND CRITICAL CARE MEDICINE SECTION
Page Two**

The above delineations are in consonance with the Bylaws. Article IV, Sections 1 through 6. They are to be superseded by any future amendments to The Bylaws. Attendance requirements are as specified in The Bylaws, Article XII, Section 5.

D. Emergency Room Call Schedule

Members of the Section may elect to participate in the Specialty Call Roster published by the Department of Medicine for Pulmonary Medicine. Eligible Section members (Active and Provisional Staff) may participate on a voluntary basis. Members wishing to participate in this Specialty Call Roster should submit their requests in writing to the Chair of the Department of Medicine care of the Medical Staff Office. The Roster is published quarterly, and requests for inclusion or exclusion in the Roster should be submitted to the Department Chair no later than November 30, February 28, May 31, and August 31 for each respective quarter. Members will take call for one-week blocks, beginning 7 AM Monday through 7 AM the following Monday. Members may exchange their on-call weeks by notifying the Medical Staff Office no later than one week prior to the start of the rotation in question. Members taking Specialty Call are expected to return phone calls from the ED, the Hospitalist Service, or other requesting physician within 30 minutes.

E. Appointment

Appointment and Reappointment to the Department of Medicine/Section of Pulmonary and Critical Care Medicine 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 patient contacts per year.

G. Officers

The officers of The Department of Medicine 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 Section shall be chaired by a Member who has been appointed to the Active Staff, who has been elected by a majority of the Active Staff Members of the Section voting in the election. The Chair shall serve a two year term, and may be re-elected to a second two year term. The Chair shall call meetings of the Section at intervals appropriate to the conduct of business concerning the Sections responsibilities, but in no case less frequently than twice per year.

H. Removal of 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 two-thirds 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 Chair.

I. CME Requirements

Each member of the Section of Pulmonary and Critical Care Medicine 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.

**SHADY GROVE ADVENTIST HOSPITAL
RULES AND REGULATIONS
PULMONARY AND CRITICAL CARE MEDICINE SECTION
Page Three**

J. Board Certification Requirements

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. 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. Procedure to Amend or Repeal the Rules and Regulations

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.

IV. 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.

V. Rules Regarding Interpretation of Specific Tests/Procedures

1. Interpretation of Pulmonary Function Tests

Since one of the responsibilities of the Section to the Hospital community is the timely and appropriate interpretation of Pulmonary Function Tests, the Section Chair shall annually supply a list of qualified interpreters to the Medical Director of the Pulmonary Function Laboratory. The Laboratory Director will then compile a weekly rotation of interpreters every 6 months. These interpreters shall meet the following criteria:

- 1) Certification by the Subspecialty Board of Pulmonary Disease of the American Board of Internal Medicine.
- 2) Active Staff status at Shady Grove Adventist Hospital.
- 3) A minimum of two patient contacts per month (24 patient contacts per year). Such contacts may consist of any of the following: admission of, or consultation on patients at the hospital; referral of patients to the laboratory, Radiology Department, Emergency Department, or Pulmonary Function Laboratory; referral of patients to another physician for admission to the hospital.

It is the responsibility of physician interpreters to complete their interpretations in a timely manner, namely, within 24 hours of test completion. The Respiratory Department Secretary will notify interpreters when a study has been completed and is awaiting interpretation. Patients referred to the laboratory by a qualified interpreter will have their studies interpreted by that physician. All other studies will be interpreted by the interpreter covering that week. Interpreters scheduled to read unassigned studies should visit the Respiratory Department daily during their assigned week to complete any pending interpretations.

VI. Medical Staff Dues

All medical staff members are required to pay annual/biannual medical staff dues (with the exception

of Emeritus Status members). Please note there is no refund of medical staff dues.

Board Approved: 11/10/99; 6/23/04; 3/28/07;8/22/12 Reviewed by Department Chair: 8/4/06; 7/30/08 Reviewed by
Section Chair: 8/9/06