

**DEPARTMENT OF MEDICINE
RULES AND REGULATIONS**

ARTICLE I - Name

The name of this clinical department shall be the "Department of Medicine" of the Medical Staff of Washington Adventist Hospital.

ARTICLE II - Purpose

- II-1 To maintain standards of professional medical care for patients at Washington Adventist Hospital and to provide a means of education, representation, and organization for physician specialists in Medicine within the general medical staff.
- II-2 To provide a means whereby issues of a medical or administrative nature within the department may be discussed by the department membership.
- II-3 To initiate and maintain rules and regulations for effective government of the department.
- II-4 To maintain an acceptable level of performance of all physician members through a comprehensive delineation of privileges and an on-going review and evaluation of the quality of patient care rendered by this department.

ARTICLE III - Membership

- III-1 Obligations
 - a. A member of the Department of Medicine is obligated to provide continuous care and supervision of his/her patients;
 - b. to abide by the departmental rules and regulations;
 - c. to accept and faithfully discharge departmental assignments as defined by the Bylaws of the Medical Staff;
 - d. to participate in fulfilling the requirements for providing emergency care as defined by the Bylaws of the Medical Staff.

III-2 Qualifications of Membership

A physician applying for membership and clinical privileges in the Department of Medicine must be a Diplomate or have achieved an Active Candidate status with the American Board of Internal Medicine or one of the specialties as listed below. If a candidate has failed the American Board of Internal Medicine or his/her specialty board, he/she must reapply and be accepted as an Active Candidate for certification.

Specialties:

- a. Allergy & Immunology
- b. Cardiovascular Disease (Cardiology)
- c. Critical Care
- d. Dermatology
- e. Endocrinology & Metabolism
- f. Family Practice
- g. Gastroenterology
- h. Hematology/Oncology
- i. Infectious Disease
- j. Internal Medicine
- k. Nephrology
- l. Neurology
- m. Pulmonary Medicine
- n. Physical Medicine & Rehabilitation
- o. Rheumatology
- p. Vascular Medicine

A physician who has achieved a time-Limited Board Eligibility Status with the American Board of Internal Medicine or designated specialty board at the time his/her initial membership and clinical privileges are granted by the Board of Directors must attain board certification within three (3) years of that date. Failure to attain board certification within three (3) years from the date membership and clinical privileges are granted by the Board of Directors, shall result in the immediate expiration of membership and clinical privileges, regardless of the duration of the current term of appointment, without any due process rights to challenge the expiration on these grounds.

A physician may reapply upon attaining board certification.

Invasive Cardiology Subsection: Effective January 4, 1993, a non-board certified physician may apply for membership and clinical privileges, and be exempted from the aforementioned board certification requirements, upon a demonstration of extraordinary circumstances; extraordinary circumstances shall mean that the physician possesses full Fellowship in the American College of Cardiology.

III-3 Membership Appointment Procedure

The applicant must:

- a. Submit Application for Privileges
- b. Submit signed Delineation of Privileges
- c. Be interviewed by the department chairman
- d. Be approved through standard Medical Staff procedures
- e. Meet, and continue to meet, the standards and requirements set forth in the Medical Staff Bylaws.

Peer recommendations shall be a part of the basis for the development of recommendations for membership and individual clinical privileges

III-4 Reappointment Process

Members of the Department of Medicine must meet all the requirements of biennial reappointment as set forth in ARTICLE III, Section 6, of the Medical Staff Bylaws.

Peer recommendations shall be a part of the basis for the development of recommendations for reappointment and renewal of individual clinical privileges

ARTICLE IV - Clinical Privileges

IV-1 Scope of Clinical Privileges

Appointment to the Department of Medicine shall confer on the appointee only such clinical privileges as have been recommended by the Medical Executive Committee and approved by the Board of Directors.

IV-2 Granting of Privileges

- a. Physicians requesting clinical privileges in the department shall so designate those privileges on the appropriate Delineation of Privileges form.
- b. Granting of Privileges shall be based on the following criteria:
 1. Education
 2. Training
 3. Experience
 4. Demonstrated Competence

5. References

IV-3 Granting of Additional Privileges

- a. Additional privileges may be requested by written application to the department chairman stating the privileges desired, relevant training and experience, and a resume of pertinent cases.
- b. Granting of additional privileges must follow standard Medical Staff procedure and be recommended by the Chair of the Department of Medicine, the Credentials Committee, and the Medical Executive Committee with ratification by the Board of Directors.

ARTICLE V - Affiliate Staff

V Nurse Practitioner

V-1 Nurse Practitioner: Application for Privileges

- a. Nurse Practitioners:
 1. must apply as do other members of the Medical and Dental Staff;
 2. must be licensed as a registered nurse by the State of Maryland;
 3. must be licensed as a Nurse Practitioner by the State of Maryland;
 4. must be certified and maintain recertification by the American Nurses Credentialing Center;
 5. must be directly responsible to a sponsoring physician or physicians. The sponsoring physician or physicians must sign a statement assuming responsibility for duties performed at Washington Adventist Hospital under their direction;
 6. must have the Nurse Practitioner/Physician Written Agreement approved by the Maryland Board of Nursing;
 7. must be covered by appropriate and adequate liability insurance in accordance with Hospital and Medical Staff requirements;
 8. must be certified in Basic Cardiac Life Support (BCLS) and recertified every two years; and

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9. must agree to abide by the Bylaws of the Hospital and the Medical Staff and be governed by the Rules & Regulations of the Department of Medicine and its policies and procedures.
- b. Nurse Practitioners: Delineation of Privileges
 1. Privileges to be delineated in accordance with the Code of Maryland Regulations and approved by the sponsoring physician(s), Section and Department Chair, and by the Medical Executive Committee consistent with State law.
 2. Must work only with patients of his/her sponsoring physician or physicians.
 3. ~~All orders written by a nurse practitioner must be countersigned within 30 days by the sponsoring physician.~~
All orders given by a physician then transmitted by a nurse practitioner shall be countersigned within 30 days.

ARTICLE VI - Officers & Duties

VI-1 Officers of the Department are:

- a. The Chairman
- b. The Vice-Chairman
- c. The Secretary

VI-2 Qualifications of Officers

- a. The chairman shall be a member of the Active Staff in good and regular standing, well qualified by training and experience, and if the department so desires should be either certified by his/her respective specialty board, with demonstrated ability for the position, or qualified by outstanding training, experience and demonstrated administrative ability, and shall be elected annually by the Active staff members of the department. The department chairman must be approved by the Medical Executive Committee and the Board of Directors. Election should be closed ballot.
- b. The vice-chairman must be a member of the Active staff in good and regular standing. He shall be elected annually by the Active staff members of the department through nominations from the floor and voted upon by opened or closed ballot.
- c. The secretary shall be a member of the Active staff in good and regular standing. He shall be elected annually by the Active staff members of the department through nominations from the floor and voted upon by opened or closed ballot.

VI-3 Election of Officers

There shall be a department nominating committee, formed as follows:

- a. The two most immediate past chairmen of the department of whom the senior will be the chairman of the committee; or, if none are available the president of the Medical Staff may appoint a suitable substitute.
- b. Three Active attending physicians shall be elected at the July departmental meeting.

Nomination for the positions of Chairman, Vice-Chairman, Secretary and two members of the Supervisory Committee are open to the Active Staff members of the Department of Medicine.

The term of office is one year. The chairman's term is limited to three consecutive years.

VI-4 Duties of Officers

VI-4.1 The duties of the chairman are as follows:

(See Medical & Dental Staff Bylaws, Article VII, Section 4, Responsibilities of Departmental Chairmen.)

VI-4.2 The duties of the vice-chairman are as follows:

The vice-chairman shall serve as an alternate to the chairman of the department either when requested by the chairman or during the absence of the chairman. He shall assume the duties of the chairman and have his authority.

VI-4.3 The duties of the secretary are as follows:

The secretary shall keep accurate and complete minutes of all departmental meetings and be responsible for initiating and recording official correspondence to the Department of Medicine. In addition, he shall perform such secretarial duties as may be delegated to him by the chairman.

VI-5 Removal of Departmental Officers

The removal of departmental officers during their term of office may be initiated by a two-thirds majority vote of all Active Staff members of the department, but no such removal shall be effective until it has been ratified by the Medical Executive Committee and the Board of Directors.

ARTICLE VII - Departmental Sections

VII-1 Sections of the Department of Medicine are:

- a. Allergy & Immunology
- b. Cardiology
- c. Dermatology
- d. Endocrinology
- e. Gastroenterology
- f. Family Practice
- g. Hematology/Oncology
- h. Infectious Disease
- i. Internal Medicine
- j. Nephrology
- k. Neurology
- l. Pulmonary Medicine
- m. Physical Medicine & Rehabilitation
- n. Vascular Medicine

The Sections may meet at regular intervals, with an explicit agenda and shall report to the Department of Medicine.

ARTICLE VIII - Departmental Committees

The chairman of the department shall appoint such committees as may be necessary to carry out the organization and functions of the department.

VIII-1 Departmental Supervisory Committee

All disciplinary matters shall be brought before the departmental supervisory committee for consideration, action, and report to the membership.

The chairman, vice-chairman, and secretary of the department shall serve as a supervisory committee. The immediate past chairman of the department shall be an ex officio member of the supervisory committee.

The duties of the supervisory committee shall be to advise in the adoption and supervision of the general technique of the department, make suggestions to the Medical Executive Committee, consider disciplinary issues, receive suggestions from the staff and investigate complaints made by the staff members or the Board of Directors.

VIII-2 Patient Care Review Committee

A committee comprised of five Active/Associate physician members of the department shall be elected yearly to review patient care. This committee shall meet at least quarterly and present its findings, conclusions, and recommendations to a full meeting of the department the following month.

VIII-3 Departmental Nominating Committee

(See Article VI-3, Election of Officers, of these Rules & Regulations)

ARTICLE IX - Consultations

IX-1 Consultations

(See Medical Staff Bylaws, General Section for Consultation requirements.)

ARTICLE X - Departmental Meetings

X-1 Frequency of Meetings

The department shall meet at least quarterly. Special meetings may be called by the department chairman or by four voting members submitting written requests to the department chairman.

X-2 Order of Business

- a. Call to Order
- b. Reading/approval of minutes of previous departmental meeting
- c. Candidates for membership and clinical privileges
- d. Report of Committees for Patient Care/Peer Review
- e. Unfinished Business
- f. New Business
- g. Adjournment

X-3 Presiding Officer

The chairman of the department shall preside at departmental meetings. The vice-chairman shall preside at any departmental meeting in the absence of the chairman or his designee.

X-4 Purpose of Meeting

- a. To review and evaluate ongoing quality of patient care. A record shall be maintained that shall include reason for review, conclusions, recommendations, and actions instituted. Follow-up is to be part of the record.
- b. To discuss administrative and ethical matters that relate to the welfare or operation of the department.
- c. To provide a means of education, representation, and organization for the specialists of Medicine within the Medical Staff structure.

X-5 Quorum

- a. A quorum is defined as those present and voting. Active, Associate and Provisional members of the staff shall be defined as eligible voting members at a departmental meeting.
- b. The action of a majority of the voting members present at a meeting at which a quorum is present shall constitute proper authorization powers of the department.

X-6 Attendance at Meetings

- a. Attendance requirements for Active, Associate and Provisional staff members is 50% of all regular departmental meetings.
- b. Members of the departmental review committees must attend 50% of the meetings, as required for all committees of the Medical Staff.
- c. A request for an excused absence will be considered if submitted in writing to the Medical Staff Office, approved by the department chairman and the Credentials Committee.
- d. A member of the department who has attended a case that is to be presented for discussion at any meeting of the department shall be notified and shall be required to be present. Failure to attend, on receipt of such notice, shall involve forfeiture of Medical Staff membership.

ARTICLE XI - Emergency Department On-Call Coverage

XI-1 On-Call Roster Coverage for the Emergency Department

- a. The chairman of the department is responsible for the Emergency Department On-Call roster.
- b. The Emergency Department On-Call roster shall be prepared every two months.
- c. The Emergency Department On-Call roster rotation shall depend on the number of physicians desiring to be on the roster and if they qualify.
- d. All physician members of the Department of Medicine shall be eligible for inclusion on the Emergency Department On-Call roster.
- e. The Emergency Department On-Call roster duty shall not be mandatory as long as an adequate number of voluntary physicians are available.
- f. The Emergency Department On-Call roster shall be the exclusive source of referrals for Emergency Department patients needing coverage.

- g. On-call physicians are obligated to provide at least one office visit to a patient referred by the Emergency Department.
- h. A physician who fails to fulfill his obligations when on-call may be removed from the Emergency Department On-Call roster by the chairman of the Department and will not be reinstated until the chairman is satisfied that this will not recur.

ARTICLE XII - Appeal

Appeal of a decision made by the Department Chairman must be submitted in writing by the complainant through an orderly chain of command consisting of: The Chairman of the Department, the Supervisory Committee, Credentials Committee, and then the Medical Executive Committee. The appeal process is outlined in ARTICLE V of the Medical Staff Bylaws.

ARTICLE XIII - Rules of Order

Any parliamentary questions not specifically resolved by the provisions set forth in these rules and regulations shall be subject to Sturgis' Standard Code of Parliamentary Procedure, second edition.

ARTICLE XIV - Amendments

The rules and regulations of the Department of Medicine may be amended or repealed at any regular meeting in which a quorum is present or at any special meeting on notice, by two-thirds of the vote of those voting members of the department present.

The rules and regulations of the Department of Medicine of Washington Adventist Hospital shall not conflict with the Bylaws of the Medical Staff of Washington Adventist Hospital in fact, purpose or intent.

ENACTED October 8, 1982

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