

**South Austin Hospital
Department of Medicine**

Rules and Regulations

I. Name and Purpose

- A. The department shall be designated **Department of Medicine**.
- B. The department shall carry out the functions and directives specified in the medical staff bylaws concerning purposes and function of the department insofar as applicable to the practice of medicine at South Austin Hospital. Additionally, until individual departments of their own are formed, the department shall also oversee the functions and directives for physicians practicing: Internal Medicine (and its subspecialties), Dermatology, Medicine, Nuclear Medicine, Physical Medicine and Rehabilitation, Sleep Medicine, Neurology and Psychiatry, Family Medicine and other medicine related specialties as approved and assigned by the Medical Executive Committee.
- C. The Department may have subspecialty divisions. The divisions shall have the authority to formulate and implement rules relating to credentialing and quality issues, emergency call scheduling, and other policies and procedures regarding subspecialty patient care. Division policies will be addenda to these rules and regulations.

II. Functions and Responsibilities

- A. The department shall:
 - 1. assist the Medical Executive Committee and the Board in the granting and delineation of medical privileges;
 - 2. observe physicians who are granted provisional privileges;
 - 3. evaluate applicants for clinical privileges, verification of credentials and demonstration of current ability;
 - 4. monitor and assess the quality of medical care at the South Austin Hospital by conducting continuous, ongoing evaluation of the quality of patient care. Periodically, the department shall report to the executive committee their results and recommendations concerning the implementation, operation and results of continuous quality improvement activities;
 - 5. promote harmonious working relationships among staff members in the department, nursing service, hospital employees and the administration;
 - 6. coordinate patient care activities and responsibilities with other departments;
 - 7. provide for and evaluate continuing education for physicians and nurses;
 - 8. establish and monitor safety rules and regulations in the performance of invasive medicine procedures;
 - 9. establish a mechanism to evaluate patient deaths or unexpected complications as deemed necessary;
 - 10. participate and assist in establishing and monitoring safety rules and regulations in the intensive care and cardiac care unit;
 - 11. perform other such functions as may be necessary or appropriate related to patient care at South Austin Hospital;
- B. The department shall assist in formulation and implementation of medical staff rules relating to patient care.

III. Assignments and Membership

- A. Memberships in the Department of Medicine will be limited to physicians who have completed a three- or four-year residency program in the specialties identified in I.B. above approved by the Accreditation Council on Graduate Medical Education or who are board certified in the appropriate specialty by the American Board of Medical Specialists (ABMS) or a member board of the AOA's Bureau of Osteopathic Specialists.
- B. Active staff members will be expected to participate on committees and subcommittees; and participate in department functions as required by medical staff bylaws. Active members will be required to attend 50% of scheduled department meetings each year. Members who do not attend 50% of the meetings will be placed on a six-month meeting probation. Upon completion of the meeting probation, attendance will be reviewed. Failure to meet requirement may result in possible status change to Courtesy.
- C. Active department members may be required to participate on the emergency room call schedule.
- D. Members aged 55 or older are exempt from taking emergency room call.

IV. Officers and Voting

- A. The department shall elect a chairperson and vice-chairperson by majority vote of active voting department members or as specified in the medical staff rules and regulations. Removal of the chairperson will be done as stipulated by the medical staff bylaws.
- B. The chairperson will preside over department meetings and represent the department on the Medical Executive Committee. The chairperson will be responsible for carrying out duties as specified in the medical staff bylaws, rules and regulations.
- C. The vice-chairperson will serve as chairperson of the QA function and will serve as the acting chairperson and carrying out duties as specified in the medical staff bylaws, rules and regulations in the absence of the elected chairperson.
- D. Only department members of active staff status will be eligible to hold department office.
- E. Department officers will serve terms as specified in the Medical Staff Bylaws.
- F. All department members of active staff status members are eligible to vote at department meetings.
- G. A simple majority vote with at least a quorum of voting members present is required for approval of department matters and to amend these rules and regulations with concurrent approval of the Medical Executive Committee and Board of Trustees.

V. Privileges

- A. The department and/or department chairperson will make recommendations to the Credentials Committee concerning the granting of clinical privileges. The department chairperson may request the assistance of other staff members in evaluating privilege requests.
- B. In recommending and delineating clinical privileges, the department will consider:
 - 1. the degree of patient care complexity, level of risk to the patient and level of training and experience required of the physician;
 - 2. the degree and quality of specialty training received by the physician;
 - 3. demonstration of appropriate experience and competence;
 - 4. the need for the specified service at the hospital; and
 - 5. the best interest of the hospital.

C. Credentialing Criteria:

ABILITY TO PERFORM PRIVILEGES REQUESTED: Must be documented by the applicant's signed statement that no health problems exist which could affect his or her practice. This is documented in the application for appointment or reappointment.**CURRENT LICENSURE:** Documentation of current Texas state medical license must be provided.

TRAINING/EXPERIENCE REQUIREMENTS:

Successful completion of an ACGME approved residency training program or board certification by the member board of the American Board of Medical Specialists or AOA's Bureau of Osteopathic Specialists. Must have experience and competence to carry out the management of medical patients.

Subspecialties Successful completion of an ACGME approved residency training program and evidence of additional subspecialty training or board certification in the appropriate subspecialty. Evidence of experience and competence to manage advanced consultation in complex diagnoses. See addendum for more specific criteria.

DEMONSTRATED CURRENT COMPETENCE:

For Initial Granting of Privileges: Competence must be documented and verified in writing by individuals personally acquainted with the applicant's professional and clinical performance. For invasive procedures, documentation should address the types of procedures performed, demonstrated skill, appropriateness, and successful outcomes. For non-invasive procedures, types and successful outcomes of medical conditions managed by the applicant should be documented.

For Renewal of Privileges: Competence must be demonstrated by an adequate volume of experience (as determined by the Department Chief) with successful outcomes and documented by the results of performance-improvement activities, peer recommendations, and/or departmental/clinical service recommendations.

D. The application for privileges should provide a reasonable list of procedures performed by various subspecialties and be reviewed in a timely basis for revision.

VI. **Performance Improvement and Peer Review**

A. The department shall participate in performance improvement and peer review functions in accordance with the processes outlined in the organizational performance improvement plan and medical staff bylaws.

APPROVED BY DEPARTMENT:	
Meeting date	4/14/10
APPROVED BY MEDICAL EXECUTIVE COMMITTEE:	
Meeting date	5/14/10
APPROVED BY BOARD OF TRUSTEES:	
Meeting date	5/20/10

ADDENDUM - SPECIFIC CREDENTIALING CRITERIA

GASTROENTEROLOGY CRITERIA:

PROCEDURE	INITIAL EXPERIENCE REQUIREMENT – MINIMUM NUMBER OF PROCEDURES REQUIRED	RENEWAL EXPERIENCE GUIDELINES*
DIAGNOSTIC EGD	100	FOR ALL: <ul style="list-style-type: none"> • DOCUMENTATION OF ADEQUATE PROCEDURE VOLUME TO INCLUDE: # OF PROCEDURES, SUCCESS RATE, COMPLICATION RATE • REVIEW OF THE ABOVE IN CONTINUOUS QUALITY IMPROVEMENT • EVIDENCE OF CONTINUED EDUCATION TRAINING
TOTAL COLONOSCOPY	100	
SNARE POLYPECTOMY	20*	
NONVARICEAL HEMOSTASIS	20*	
VARICEAL HEMOSTASIS	15	
ESOPHAGEAL DILATION WITH GUIDE WIRE	15	
FLEXIBLE SIGMOIDOSCOPY	N/A	
PEG	10	
ERCP (DIAGNOSTIC)	75	
ERCP (THERAPEUTIC)	25#	
TUMOR ABLATION	20	
PNEUMATIC DILATION FOR ACHALASIA	5	
LAPAROSCOPY	25	
ESOPHAGEAL STENT PLACEMENT	10	

* Included in total number

Includes 20 sphincterotomies and 5 stent placements and is in addition to the 75 diagnostic ERCP procedures

SOURCE: American College of Gastroenterology and American Society for Gastrointestinal Endoscopy

Approved by MEC: 12/13/02

Approved by Board: 12/19/02