Huntington Hospital

Critical Care Section

Rules and Regulations



HUNTINGTON MEMORIAL HOSPITAL

CRITICAL CARE SECTION RULES AND REGULATIONS

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HUNTINGTON MEMORIAL HOSPITAL

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I. MEMBERSHIP

The Critical Care Section is a mulit-disciplinary team whose members may represent multiple departments including Medicine, Surgery and Anesthesia. Members include a Chair, Chair-Elect, and Immediate Past Chair along with members of the medical staff including but not limited to the Critical Care Unit Medical Directors, Director of Cardiology, Director of the Pulmonary Laboratory, Director of Emergency Medicine or designee, Trauma Chief or designee, Director of Palliative Care, Cardiologists, Thoracic surgeons, Pulmonologists, and Anesthesiologists.

Non-physician membership includes representatives from nursing, pharmacy, quality management, and administration. Other ancillary staff shall be requested To attend a portion of a meeting to address specific topics, when deemed necessary.

II. SCOPE OF PRACTICE

The Critical Care Section's delineated scope of practice includes invasive and non-invasive diagnostic and therapeutic interventions required for the effective management of critically ill patients.

III. RESPONSIBILITIES OF THE SECTION

- 1) Recommend criteria for granting clinical privileges within the Critical Care Section.
- 2) Provide support to section members in resolving difficult or unusual Physician-related credentialing issues.
- 3) Ensure Medical staff compliance with Huntington Hospital policies and procedures.
- 4) Review and prioritize equipment and space requests related to patient care and recommend purchase or non-purchase to Administration.
- 5) Continuous surveillance of the professional performance of all individuals in the section regarding delineated clinical privileges.
- 6) Continuous assessment and improvement in the quality of care and services provided to Critical Care patients. Any peer review actions will be

referred to Quality Management Committee.

- 7) Institute and maintain quality control programs, as appropriate.
- 8) Recommend to the Quality Management Committee all changes to Section Rules and Regulations.
- 9) Develop and oversee policies related to appropriate Critical Care Triage and anticipated outcomes.
- 10) Participate in staff development activities.
- 11) Establish, maintain and enforce admission and discharge criteria for the Critical Care Units.
- 12) Work in a collegial fashion and in an advisory capacity with the ICU Director.

IV. SECTION MEETINGS

The Critical Care Section shall meet as often as necessary at the call of the Chair, but at least six (6) times per year. The Section Chair may, at their discretion, appoint any special or sub-committee necessary to properly fulfill the duties and responsibilities of the Section.

A permanent record of the proceedings of Section meetings shall be maintained. The Section shall report to the Quality Management Committee who shall subsequently report to the Medical Executive Committee. Issues important to the Section members shall be submitted to a mail ballot, if there is doubt about a quorum.

V. SECTION OFFICERS

The Critical Care Section officers shall consist of the Chair and the Chair Elect position. If the Section Chair is absent temporarily, the Chair Elect shall function as the temporary chair.

VI. ELECTION PROCESS:

The election process outlined in Section 11.5, 11.6 and 11.7 of the Medical Staff Bylaws for Department Chairs shall be utilized for the election of Section Chairs.

VII. SECTION CHAIR:

A. Term of Office

The Chair and Chair-Elect shall be elected and serve for a two (2) year term.

B. Qualifications:

The Chair shall be an Active member of the medical staff and shall be Board Certified by the American Board of Medicine; the American Board of Surgery or the American Board of Anesthesia in the specialty of Critical Care or be Board eligible for Critical Care with successful completion of Certification testing within three (3) years of initial appointment.

C. Responsibilities:

- 1) Arrange for, preside at, and conduct the meetings of the Section and ensure that the policies and functions of the Huntington Hospital are followed. The Chair shall be accountable to Quality Management Committee and the ICU Director for all professional and Medical Staff administrative activities within the Section.
- 2) Be responsible for surveillance of the professional performance of the Medical Staff members who exercise privileges in the Section and shall participate in the privilege and reappointment deliberations. The Chair shall be responsible for recommending clinical privileges to those practitioners applying to the Critical Care Section. These privileges shall be based upon the applicant's documented training, experience, and demonstrated ability.
- 3) Development of criteria for Ongoing Professional Practice Evaluation (OPPE) of the Section members, in accordance with the Medical Staff Bylaws.
- 4) Advise the hospital of outside service needs.
- 5) Be responsible for quality improvement and peer review activities within the section.
- 6) Appoint ad hoc committees as needed to conduct Section functions.
- 7) In the absence of the Section Chair, the Section Chair Elect shall preside over the above mentioned Section matters.

VIII. PRIVILEGE DELINEATION

Clinical privileges shall be divided into "Core Privileges" (usual and customary privileges) and "Supplemental Privileges" (more advanced privileges requiring

additional training and/or experience). Details of privilege delineation are explained in the individual clinical privilege delineation for this Section.

IX. PROCTORING

Proctoring will be conducted in accordance with the Huntington Hospital Medical Staff Proctoring Protocol.

X. GENERAL GUIDELINES

a) Fluoroscopy License Requirement

It is mandatory that all physicians (current or applicant for membership) that perform invasive or non-invasive procedures, and use the fluoroscopy equipment, show proof of current Fluoroscopy License. A current copy of the license shall be maintained in the Medical Staff Office.

b) Failure to Respond To "On-Call" Policy

Please refer to the Medical Staff Rules and Regulations and the Administrative Policy and Procedure Manual, Policy #020.

Reviewed/Approved:

 Critical Care Section:
 10/14/08; 5/12/09; 1/12/10; 3/9/10; 5/11/10; 01/08/13

 Quality Management Committee:
 10/09/08; 6/11/09; 2/11/10; 4/8/10; 6/10/10; 03/14/13

 Medical Executive Committee:
 11/3/08; 7/13/09; 3/11/10; 5/3/10; 7/12/10; 04/04/13

 Board of Directors:
 11/3/08; 7/24/09; 3/25/10; 5/27/10; 7/22/10; 05/23/13