HUNTINGTON HOSPITAL
FAMILY MEDICINE SECTION
RULES & REGULATIONS

I. MEMBERSHIP

The Family Medicine Section of the Department of Medicine is composed of those members of the Medical Staff whose primary practice is limited to the field of Family Medicine.

II. SCOPE OF PRACTICE

The Family Medicine Section's delineated scope of practice includes treatment of adult patients 17 years of age and above**.**

III. RESPONSIBILITIES OF THE SECTION

The Family Medicine Section shall be organized within the Department of Medicine and report all business to the Medicine Committee, Quality Management Committee and/or Medical Executive Committee pursuant to Medical Staff Bylaws Section 11.02

A. Recommend clinical privileges for each member of the section.

B. Recommend criteria for granting clinical privileges within the Family Medicine Section

C. Provide support to section members in resolving difficult or unusual physician-related credentialing issues.

D. Ensure Medical Staff compliance with current hospital policies and current procedures.

E. Review and prioritize equipment and space requests related to patient care and recommend purchase or non-purchase to Administration.

F. Continuous surveillance of the professional performance of all individuals in the section who have delineated clinical privileges.

G. Continuous assessment and improvement of the quality of care and services provided to Family Medicine patients.

H. Assure maintenance of quality control programs, as appropriate

I. Recommend to the Medicine Committee all changes to Section Rules and Regulations.

J. Participate in staff development activities through provision of inservice education to the nursing staff and physicians.

K. Provide Specialty-specific ER backup coverage on a voluntary basis.

IV. SECTION MEETINGS

Regularly scheduled meetings of the Family Medicine Section will be held as often as necessary but at least four (4) times per year and at the call of its Chair.

V. SECTION OFFICERS

The Family Medicine Section officers consist of the Chair and Vice Chair position. If the Section Chair is absent temporarily, the Vice Chair shall assume the function as temporary Chair. If the Chair position becomes vacant permanently, the Vice-Chair shall assume the responsibility of Section Chair and a new Vice-Chair shall be elected.

VI. ELECTION PROCESS

A. NOMINATIONS

Nominations will be made from the floor at the Family Medicine Section meeting held in July. The nominees to qualify for placement on the ballot must accept the nomination.

B. VOTING PROCESS

Ballots will be mailed to all eligible voting members of the Section within ten (10) days following the July meeting. The Medical Staff Office will accept ballots for a period of thirty (30) days from the date of mailing. Election will be determined by plurality, most votes received. The election results shall be conveyed immediately to the successful nominee, the outgoing Chair, Department of Medicine Chair, President of the Medical Staff, Vice-President Medical Affairs and Chief Medical Officer and announced at the October Section meeting.

VII. SECTION CHAIR

A. TENURE OF SECTION CHAIR

The term of office for Section Chair is two (2) years. Section Chairs are eligible to be re-elected for subsequent terms. *(Revised 12/16/10)*

B. QUALIFICATIONS

The Chair shall be an Active Staff member of the Section, and shall be certified by the American Board of Family Medicine or the American Osteopathic Board of Family Physicians or shall affirmatively establish, through the privilege delineation process, that he/she is possessed of comparable competence.

C. **RESPONSIBILITIES**

1. The ongoing effective operation of the Section/service and for the assessment and improvement of its activities.

2. All clinically related activities of the Section.

3. All administratively related activities of the Section.

4. Continuing surveillance of the professional performance of all individuals who have delineated clinical privileges in the Section.

5. Recommending to the medical staff the criteria for clinical privileges in the Section.

6. Recommending clinical privileges for each member of the Section.

7. Conducting meetings of the Section, developing meeting agendas, and reviewing and approving meeting minutes.

8. Spokesperson represents the Section to the Department of Medicine.

9. Establishing, together with medical staff and administration, the type and scope of services required meeting the needs of the patients and the hospital.

10. Developing and implementing policies and procedures that guide and support the provision of services by the Section.

VIII. PRIVILEGE DELINEATION

A. Clinical privileges shall be divided into "Core Privileges" and "Supplemental Privileges" reflecting increasing training and/or expertise or requirements for special training or certification. Details of privilege delineation are explained in the individual clinical privilege delineation for this Section.

1. **Core Privileges – Usual and Customary Privileges**

Qualifications:

a. **For New Applicants or Current Staff Members:**
Board certified or qualified for certification by the American Board of Family Medicine or the American Osteopathic Board of Family Medicine**, OR**

b. Successful completion of a three-year ACGME or AOA accredited residency in Family Medicine requiring certification by a Training Director regarding experience and demonstrated competence to perform the procedures(s) being requested.

c. Current competence is defined as demonstration of the provision of inpatient services to at least 10 patients in the past two (2) years.

2. **Supplemental Privileges**

a. **For New Applicants or Current Staff Members:**

- Sedation/Analgesia – Criteria: Requires the successful completion of the sedation assessment test.

b. Individual procedures will be proctored according to this Section Proctoring Protocol.

IX. PROCTORING

A. PURPOSE:

In order to evaluate the professional competence and qualifications of all new appointees to the Family Medicine Section (including temporary privileges), and current members requesting additional privileges, the Family Medicine Section has established proctoring protocol which shall be in compliance with the Medical Staff Bylaws, with approval by the Department of Medicine and the Executive Committee.

B. MINIMUM PROCTORING REQUIREMENTS:

The Family Medicine Section requires proctoring of eight (8) representative admissions and/or consultations.

C. COMPONENTS OF THE PROCTORING PROCESS

1. New appointees to the Family Medicine Section who are requesting privileges are required to be proctored in compliance with the Department of Medicine Proctoring Protocol. The Department of Medicine requires a **minimum of eight (8) representative cases** (i.e. Admissions, Consultations, History & Physical Examinations) to be proctored

2. Retrospective chart review may be performed related to privileges in which direct procedural proctoring **is not** required.

4. Waiver of proctoring requirements in accordance with the Department of Medicine Proctoring Protocol is permissible, with the approval of the Family Medicine Section Chair.

5. Further details regarding requirements of the proctor, aspects to be proctored, responsibilities of the practitioner being proctored, temporary privilege method for proctoring, documentation of the proctoring process and confidentiality, can be found in the Department of Medicine Proctoring Protocol, which will be used in conjunction with this protocol.

D. **PRACTITIONERS TO BE PROCTORED**

Practitioners to be proctored include the following:

1. New practitioners appointed to the Medical Staff in the Family Medicine Section;

2. Practitioners on the Medical Staff who are requesting additional privileges, including new technology or procedures;

3. Practitioners granted temporary privileges;

4. Any practitioner of whom the Executive Committee determines a need for specific monitoring.

E. **IMPLEMENTATION:**

1. At the time privileges are approved for new applicants or additional privileges are granted to current medical staff members, a list of eligible proctors will be provided from which at least two (2) proctors are to be chosen. Whenever possible, physicians are to choose proctors who are not associated or in practice with the physician to be proctored. The applicant is responsible for contacting the proctor to inform him/her of planned admissions, consultations or procedures.

F. **RESPONSIBILITIES OF THE PROCTOR:**

1. Eligible proctors are members of the Active Staff in the Family Medicine Section who have successfully fulfilled the proctoring requirement and have unrestricted privileges to perform the procedure(s) to be proctored.

2. To complete a proctoring report form immediately. The completed form shall be delivered to the Medical Staff Office by the proctor.

G. **RESPONSIBILITIES OF THE PRACTITIONER BEING PROCTORED:**

1. It is the responsibility of the practitioner to contact and obtain a proctor for each case to be proctored and to provide the name of the proctor to the Hospital when scheduling a procedure.

2. It is the responsibility of the practitioner to comply with the requirements for the number of cases to be proctored.

3. If the physician to be proctored is unable to obtain a response from any assigned proctor, the Section Chair or designee will appoint a proctor.

H. **WAIVER OF PROCTORING:**

Any waiver of proctoring shall be in accordance with the Department of Medicine Proctoring Protocol, with the approval of the Family Practice Section Chair.

I. **GENERAL PROCTORING PROTOCOL GUIDELINES:**

1. Practitioner who is granted privileges delineated in the Family Medicine Section are required to be proctored in compliance with this proctoring protocol.

2. Additional proctoring may be required at the discretion of the Section Chair to determine current competence.

3. All proctoring shall be conducted in accordance with the general Medical Staff and Department of Medicine proctoring protocol, which shall be used in conjunction with the Section's proctoring protocol.

X. REQUEST FOR ADDITIONAL PRIVILEGES

A. A **written** request for any additions or changes to medical staff privileges must be directed to the Chair of the Section.

B. All requests for additions and changes must be reported to the Section meetings.

C. Proctors that require temporary privileges must submit the required information for temporary privileges, pursuant to Article VI, Section 6.05 of the Medical Staff Bylaws, to the Medical Staff Office at least seven (7) working prior to the date of the proctor is needed.

D. Following a proctored procedure, the proctor must complete and return the proctoring form to the Medical Staff Office in a confidential envelope immediately following the procedure. All confidential proctor forms are maintained in the physicians credential files and are protected pursuant to California Business and Professions Evidence Code, Section 1157.

XI. GENERAL GUIDELINES

A. **ER BACKUP PANELS**
Participation by the Family Medicine Section members in provision of ER call coverage is on a voluntary basis.

1. **Qualifications:**

Certification or qualified for certification by the American Board of Family Medicine or the American Osteopathic Board of Family Medicine.

2. **Eligibility:**

Only those Family Medicine Section members who have completed the proctoring requirement are eligible to participate in the provision of ER back up coverage for patients in the Emergency Department or to participate in provision of referral coverage for post-ER follow up care.

3. **Responsibilities:**

It is the responsibility of panel members to provide coverage when scheduled in accordance with the applicable Section protocol.

XIII. FLUROSCOPY LICENSE REQUIREMENT

The Family Medicine Section does not perform invasive or non-invasive procedures that require the use of fluoroscopy equipment. Therefore, this Section and all of its members shall be exempt from this requirement.

XIV. FAILURE TO RESPOND TO "ON-CALL POLICY"

Please refer to the Administrative Policy and Procedure Manual, Policy #020.

Approved by:

Family Practice Section: 06/29/06; 10/22/09; 04/22/10; 07/22/10
Medicine Committee: 07/06/06;, 01/07/2010; 05/06/10; 10/07/10
Executive Committee: 08/07/06; 02/01/2010; 06/07/10; 11/01/10
Board of Directors: 08/24/06; 02/25/2010; 06/24/10; 12/16/10