

**SANTA MONICA-UCLA MEDICAL CENTER & ORTHOPAEDIC HOSPITAL
MEDICINE SERVICE
RULES AND REGULATIONS - 2020**

I. NAME

The name of this Service shall be the Medicine Service of the Medical Staff of Santa Monica-UCLA Medical Center & Orthopaedic Hospital as provided for in the Bylaws of the Medical Staff Article VII, Section 1.

II. ORGANIZATION

- A. The Medicine Service shall be made up of those specialties related to General Medicine to include: Allergy, Cardiology, Dermatology, Endocrinology, Gastroenterology, Geriatrics, Hematology-Oncology, Infectious Diseases, Nephrology, Neurology, Psychiatry, Pulmonary Medicine, Rheumatology, as well as the hospital-based specialties of Nuclear Medicine, Radiation Oncology, Pathology and Radiology.
- B. The Medicine Committee shall be appointed by the Chief of Staff with the approval of the Medical Staff Executive Committee. The members shall include the chiefs of the various sections of the Service plus members of the Service at large.
- C. The Chief of the Medicine Service shall be appointed annually by the Chief of Staff from among the members elected to the Medical Staff Executive Committee by the Medicine Service.
- D. The Chief of the Medicine Service shall recommend to the Chief of Staff appointment of chiefs of all non-hospital-based sections of the Service as listed above.

III. MEDICINE COMMITTEE

The Medicine Committee shall:

- A. Take responsibility for the administration of the policies of the Medicine Service.
- B. Recommend to the Medical Staff Executive Committee the implementation or modification of those operational policies dealing with the basic care of patients managed by members of the Medicine Service as deemed required in the best interest of the patient and hospital.
- C. Hold Service meetings at least ten times annually for education and administration purposes and to promote a spirit of cooperation among members of the Service.
- D. Establish criteria for the granting of privileges (e.g. education, training, current competence).
- E. Recommend privileges to members of the Service consistent with the member's qualifications and the best interests of the patient.
- F. Make recommendations to the Credentials Committee on any issues pertaining to credentialing or privileging of individual physicians, as requested by the Credentials Committee.
- G. Monitor the quality of medical care as judged by a review of patient records of Service members, and investigate, on the recommendations of Medical Staff committees, all cases which have been referred for such investigation.
- H. Make recommendations to the Medical Staff Executive Committee for disciplinary action regarding Service members, when appropriate.

IV. CARDIOVASCULAR COMMITTEE

The Cardiovascular Committee shall be chaired by and consist of physician members of the Medical Staff and include Directors of the EKG Department, Heart Catheterization Laboratory, Non-Invasive Cardiology and Cardiac Rehabilitation, Coronary Care and representation from Cardiac Surgery, non-invasive cardiology and Vascular Surgery.

The Cardiovascular Committee shall:

- A. Approve policies of the units under the Committee's supervision and make recommendations to the Medicine Committee regarding policies and the function of these units;
- B. Recommend and annually review the status of privileges performed in the Cardiac Catheterization Laboratory;
- C. Recommend action regarding procurement, disposition, or use of equipment in the care of cardiac patients;
- D. Assist the Chief of the Cardiology Section, the Medicine Service Chief and the Director of the Family Medicine Residency Program in developing educational programs.
- E. Conduct case review as it relates quality improvement and assessment when indicated.
- F. The Cardiovascular Committee is delegated the responsibility for determining the qualifications of staff physicians for performing cardiac catheterizations and all other invasive non-surgical cardiac procedures, and the Committee shall be governed by the standards established by the American Heart Association.
- G. The Cardiovascular Committee is delegated the responsibility for determining the qualifications of staff physicians for granting peripheral vascular angiography, peripheral angioplasty and peripheral stenting privileges.

The Committee shall meet monthly at least ten (10) times annually, shall maintain a permanent record of its proceedings and actions and shall report to the Medicine Service.

V. MEMBERSHIP

Each member of the Medicine Service must meet the following qualifications:

1. Each member must qualify as to character, conduct and accepted standards of medical ethics as outlined in the Bylaws.
2. Each member must have successfully completed an American College of Graduate Medical Education-approved residency in internal medicine or its equivalent, or have other exceptional qualifications as determined by the Medicine Committee.
3. Applicants may be interviewed at the discretion of the Medicine Committee.
4. Board certification by a board recognized by the American Board of Medical Specialists, in their specialty, is a requirement of initial staff membership. Applicants who are not Board certified at the time of appointment must become Board certified within five (5) years from the date of graduation from their training program

VI. PRIVILEGES

- A. All physicians desiring to perform medical procedures that are under the supervision of the Medicine Service must be recommended for those privileges by the Service. The determination of privileges is by the Governing Body or designee, and subject to the procedures established by the Bylaws.
- B. The procedures allowed each member of the Service are detailed in the physician's privilege sheet. A copy is maintained in the physician's file and a copy sent to the physician.
- C. Members of the Medicine Service with admitting and consulting privileges must provide back-up coverage information.
- D. Requests to perform special procedures that are separately privileged by the Medicine Service shall be in writing.
- E. Physicians who have not completed their specialty fellowship may not perform privileges in that specialty or provide coverage in that specialty.

VII. PROCTORING

The Medical staff at Santa Monica-UCLA Medical Center & Orthopaedic Hospital established a proctoring program for its members to insure that the granting of Medical staff membership and privileges by the Medicine Service is accomplished in such a manner as to maintain the highest quality of care.

- A. Physicians to be proctored shall include the following:
 - 1. Physicians newly appointed to the Medical Staff.
 - 2. Physicians presently on staff who would, by recommendation of the Medicine Committee and approval of the Medical Staff Executive Committee, be placed under observation for a specified period of time and/or number of cases;
 - 3. Physicians applying for an increase in privileges for certain procedures previously identified by the Medicine Committee as requiring proctoring.

B. Method of Proctoring - Provisional Staff

Each Provisional staff member will be instructed on the proctoring system to be followed. It shall remain the responsibility of the physician to adhere to the appropriate proctoring protocol cases admitted to Santa Monica-UCLA Medical Center & Orthopaedic Hospital. It is the intention of the proctoring system that hospital admissions, consultations or significant patient contact be either concurrently proctored or retrospectively proctored during their Provisional period.

Care by the physician being proctored must show evidence of an initial H&P, Discharge Summary or Consultation plus some additional days of management and discharge plan appropriate to the specific illness.

- 1. A minimum of five (5) general admissions and/or consultations must be proctored, and reported as satisfactory before approval can be granted to remove the physician from proctored status.
- 2. Special Procedures proctoring is in addition to the five (5) general admissions and/or consultations unless otherwise noted. See chart

below for detailed information on number of cases and method of proctoring:

Section	Procedure	Method of proctoring
Gastroenterology	3 EGD	Concurrent
	3 Colonoscopy or Sigmoidoscopy	Concurrent
	3 ERCP	Concurrent
	3 Endoscopic Ultrasound	Concurrent
	1 PEG	Concurrent

- C. Method of Proctoring - Physicians Currently on Staff
 If a physician currently on staff requests new privileges for a procedure that in the opinion of Medicine Committee requires proctoring, or if there is an action brought before the Medical Staff Executive Committee regarding a physician currently on the Medical Staff, observation of that physician for a specified period of time and/or number of cases may be recommended. The physician shall be notified by letter from the Service Chief of the assigned proctor and the specific proctoring requirements.

- D. Method of Proctoring – Proctors Admission/Consultation
 The proctor is to be notified by the physician being observed whenever a case is admitted to Santa Monica-UCLA Medical Center & Orthopaedic Hospital, or a consultation is requested of the physician to be proctored. An evaluation form shall be completed by the proctor for each case and submitted to the Medicine Committee for review. Note: For purposes of insuring that proctors are covered under the hospital's liability insurance program, the proctor cannot function as an assistant surgeon, nor may a fee be charged to the patient for the proctor's services.

- E. Method of Proctoring - Special Procedures
 Each section at its discretion, will determine which procedures may be concurrently or retrospectively proctored. The Chair of the Medicine Committee will review the proctoring evaluation forms.

 If the proctor is unable to proctor a procedure, it is the responsibility of that proctor to find a substitute from his/her group to proctor the case. If attempts have failed to obtain a proctor from the group, the proctoree can then request an associate from his/her own group/office to proctor the case.

 During an emergency procedure it is the responsibility of the proctoree to contact the Section Chief and request that the procedure proceed unproctored. The case will be reviewed retrospectively, but will not count toward the required number of proctored cases.

- F. Proctoring Evaluation Form
 Proctoring evaluation forms shall be supplied to the physician to be proctored by the Medical Staff Office. This form includes data pertinent to medical management of each case and to the current clinical competence of the proctored physician, and shall include a recommendation from the proctor on the status of the individual being proctored. This form is a confidential document.

Failure to respond to a request for proctoring in a timely fashion may result in a recommendation to the Medical Staff Executive Committee for suspension of clinical privileges until proctoring is completed.

G. Duration of Proctoring Period

On the basis of evaluation reports submitted to the Medicine Committee for review, a decision to extend or remove proctoring status shall be made. Advancement to Active or Courtesy staff will not be granted until the proctoring process has been satisfactorily completed.

H. Reciprocal Proctoring

Reciprocal proctoring from St. John's Health Center or Ronald Reagan UCLA Medical Center will be accepted as outlined in the Reciprocal Proctoring Policy.

VIII. REAPPOINTMENT

A. Criteria

The Credentials Committee shall review reappointment applications and make its recommendations to the Medical Staff Executive Committee. Criteria for reappointment shall include current clinical competence, trended and aggregated data, hospital activity, quality assessment and improvement data, malpractice and litigation history, National Practitioner Data Bank, physician conduct, mental and physical health status, and peer recommendation.

B. Activity Requirements

1. A minimum of 18 patient contacts in the past two years is required for promotion to or to maintain Active staff status.
2. A minimum of six (6) patient contacts for the past two years is required to maintain, Courtesy staff status.
3. Active Staff members who fail to meet criteria following evaluation will be reclassified to the Courtesy Staff. Courtesy Staff members who fail to meet criteria will not be recommended for continued Medical Staff appointment. Provisional staff members who fail to successfully complete proctoring will not be recommended for reappointment, and must wait for 12 months before reapplying for Medical Staff membership.
4. Provisional members may request consideration for advancement to Courtesy or Active Staff membership after successful completion of proctoring. Provisional members who do not meet minimum requirements may be subject to loss of staff membership.

APPROVALS:

Medicine Service:	September 8, 2020
Medical Staff Executive Committee:	September 22, 2020
Governing Body:	September 30, 2020