



Banner Heart Hospital

DEPARTMENT OF MEDICINE RULES AND REGULATIONS

ARTICLE I - ORGANIZATION

- 1.1 In accordance with Article Eleven of the Bylaws of the Medical Staff of Banner Heart Hospital, the Department of Medicine is organized as a Department of the Medical Staff.
- 1.2 Subcommittees: The Department Chair may appoint subcommittees as deemed necessary to carry out specific functions, subject to the approval of the Department of Medicine.
- 1.3 Department Chair: The Chair of the Department shall chair the Department of Medicine meetings. The Chair of the Department shall be elected for a two (2) year term, by the Active Staff members of the Department, in accordance with Article Eleven of the Medical Staff Bylaws.
- 1.4 Department Vice-Chair: The Vice Chair of the Department of Medicine shall be selected in accordance with Section 11.7 of the Medical Staff Bylaws.
- 1.5 Ex-Officio Members: The following persons will be considered ex-officio members of the Department of Medicine.

President of Staff (without vote, unless a cardiologist)
Chief Medical Officer (without vote, unless a cardiologist)
Chief Executive Officer or designee (without vote)
Chief Nursing Officer or designee (without vote)

- 1.6 Sections of the Department of Medicine may be created or eliminated by the Department of Medicine, upon recommendation to and approval by the Executive Committee, when it is deemed appropriate for the organization of staff or services or to optimize patient care. If a Section is created, the Chief of a Section shall be appointed per Section 11.6-2 of the Medical Staff Bylaws. The Vice Chief of each Section shall be selected in accordance with Section 11.7 of the Medical Staff Bylaws. Qualifications, selection, term of office and removal, and duties of the Section Chief are outlined in Sections 11.6-1 through 11.6-5 of the Medical Staff Bylaws.

ARTICLE II - FUNCTIONS AND DUTIES

- 2.1 The Department's functions are outlined in Article 11.3 of the Medical Staff Bylaws and include the review and supervision of all members of the Department of Medicine.
- 2.2 The Chair's functions and duties are outlined in Section 11.5-5 of the Medical Staff Bylaws.
- 2.3 The Department Vice-Chair shall fulfill the obligations of the Chair in his/her absence, including representing the Department of Medicine at the Executive Committee.
- 2.4 The Section Chief's duties are outlined in Section 11.6-5 of the Medical Staff Bylaws.
- 2.5 The Section Vice-Chief shall fulfill the obligations of the Chief in his/her absence.

ARTICLE III - SELECTION OF OFFICERS

- 3.1 Qualifications, selection, term of office, and removal of the Department Chair are outlined in Section 8 11.5-1 through 11.5-4 of the Medical Staff Bylaws.
- 3.2 Qualifications, selection, term of office, and removal of each Section Chief are outlined in Sections 8 11.6-1 through 11.6-4 of the Medical Staff Bylaws.

ARTICLE IV - MEETINGS

- 4.1 Department meetings shall be held as outlined in Sections 13.2-1 through 13.2-3 of the Medical Staff Bylaws.
- 4.2 Attendance by three (3) members of the Active Staff of the Department of Medicine shall be required to constitute a quorum.

ARTICLE V - REQUIREMENTS OF DEPARTMENT OF MEDICINE MEMBERSHIP, PRIVILEGES, AND SUPERVISION

5.1 Privileges

5.1-1 Application for membership on the Medical Staff shall be made in accordance with the Credentialing Manual of the Medical Staff. Qualifications for membership are outlined in Section 3.1 of the Medical Staff Bylaws.

5.1-2 Department of Medicine Privilege Requirements

- A. Graduation from an accredited allopathic or osteopathic medical school or certification by the Educational Council for Foreign Medical Graduate or Fifth Pathway certification and successful completion of the Foreign Medical Graduate Examination in the Medical Sciences; and
- B. Satisfactory completion of a residency in Internal Medicine and/or a corresponding medical specialty, Emergency Medicine, Family/General Practice, General Dentistry, Pediatrics, or Radiology, accredited by the American Council on Graduate Medical Education, the American Osteopathic Association, or equivalent.

5.1-3 Privilege Checklist

Requests for privileges in the Department of Medicine shall be submitted on a Department of Medicine Privilege Checklist approved by the Chair of the Department of Medicine, the Executive Committee, and the Banner Health Board.

5.1-4 Procedure Requests

- A. The Department of Medicine shall recommend, for approval by the Executive Committee and the Banner Health Board, all requirements for training and/or experience, as well as supervision requirements, for new procedures.
- B. These new procedure requirements shall be included in the Department of Medicine Privilege Checklist.
- C. The Ad Hoc New Technology Committee shall consider new technologies and procedures to determine whether the privilege to use such technologies or perform such procedures is

subsumed under existing core or other privileges or requires additional education, training, and/or experience and demonstrated competence. The Committee's recommendation shall be forwarded to the department for consideration and appropriate recommendations to the Executive Committee. Practitioners desiring to utilize new technologies or perform new procedures may do so once the Executive Committee has considered and approved the Department's recommendation to create/not create new criteria for privileges and, when new criteria are established, has determined that the practitioner has demonstrated that he/she has the necessary qualifications. The Executive Committee's determination is subject to ratification by the Board.

5.1-5 Review of Provisional Activity

Review of a practitioner's provisional activity shall be conducted in accordance with the provisions of the Credentialing Manual.

5.1-6 Approved Supervisors

All unsupervised members of the Banner Heart Hospital Department of Medicine are expected to serve as supervisors, as requested. Applicants shall be supervised by members of the Department of Medicine within the same specialty.

5.1-7 Sedation Privileging

Sedation privileging shall include:

A. Moderate Sedation/ Analgesia ("Conscious Sedation")

1. A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patient airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. NOTE: Reflex withdrawal from a painful stimulus is not considered a purposeful response.
2. Requirements for Moderate Sedation/ Analgesia ("Conscious Sedation")
 - a. Applicant must attest to having read the educational materials and the requirements stated and applicant must have provided at least five (5) patients with moderate sedation at Banner Heart Hospital, in the year prior to the adoption of the policy and procedure, without adverse effect and attest to same (OR)
 - b. Applicant must present to the department, a listing of five (5) patients for whom the applicant has provided moderate sedation at another institution within the previous year (OR)
 - c. Applicant must perform five (5) cases at Banner Heart Hospital under the direct supervision of a physician with sedation privileges in the same medical specialty as the applicant

Deep Sedation Privileges

Individuals requesting privileges to administer deep sedation must demonstrate their ability to recognize that a patient has entered a state of general anesthesia and maintain a patient's vital functions until the patient has been returned to an appropriate level of sedation.

Initial Qualifications:

- 1) Must be applying for or currently hold Moderate Sedation privileges; AND
- 2) Documentation of formal training in administration of deep sedation AND airway management
 - a. In a residency or fellowship training OR
 - b. Through an acceptable course of didactic and hands-on experience in airway management AND CME course in administration of deep or procedural sedation; AND
- 3) Current Advanced Cardiac Life Support (ACLS) certification or equivalent- not required if currently Board Certified in Emergency Medicine, Critical Care Medicine or Pulmonary Medicine; AND
- 4) If caring for pediatric age patients, current Pediatric Advanced Life Support (PALS) certification or equivalent- not required if currently Board Certified in Emergency Medicine; AND
- 5) Documentation of successful completion of Banner Learning Center (BLC) course- Practice Guidelines for Sedation and Analgesia for Non-Anesthesia Providers (*to be developed*); AND
- 6) Demonstrated current competence in performing Deep Sedation within the previous twenty four (24) months.

Renewal Qualifications:

- 1) Demonstrated competence and evidence of performing Deep Sedation privileges within the previous credentialing cycle; AND
- 2) Current Advanced Cardiac Life Support (ACLS) and/or Pediatric Advanced Life Support (PALS) certification as applicable; AND
- 3) Documentation of successful completion of BLC course- Practice Guidelines for Sedation and Analgesia for Non-Anesthesia Providers (*to be developed*) within the previous credentialing cycle.

ARTICLE VI - ORDERS

- 6.1 Information regarding requirements for practitioner orders is outlined in the Medical Staff General Rules and Regulations.

ARTICLE VII - MEDICAL RECORDS

- 7.1 Documentation requirements for medical records are outlined in the Medical Staff General Rules and Regulations.
- 7.2 Cineangiographic film cannot be removed from the Cardiac Catheterization Laboratory without being signed out by the physician. Medical records shall not leave the Hospital under any circumstances.

ARTICLE VIII - ON CALL COVERAGE

- 8.1 Cardiology on call coverage shall be elective unless there are an inadequate number of physicians willing to serve on the call panel. The on call cardiology schedule shall be utilized for acute care patients who do not have a private cardiologist.
- 8.2 Only unobserved physicians may serve on the call panel.
- 8.3 Acute Cardiac Transfer/Acceptance Call Schedule Qualifications
- A. The Cardiologist shall maintain Active Medical Staff membership and unrestricted privileges at Banner Heart Hospital (BHH);
 - B. Cardiologists shall have been involved in a minimum of fifty (50) patient contacts in the preceding year which may include diagnostic cardiac catheterizations, or interventional cardiac catheterization procedures, admissions, or consultations annually at BHH or proof of compliance with ACT criteria on 5 assigned patients with STEMI;

- C. Continuation on the Acute Cardiac Transfer Call/Acceptance Call Schedule may be in jeopardy if one or more of the following occurs. This determination will be made through the departmental peer review process:
- Assignment of a B2 (behavioral issue) or D2 (documentation issue) during the previous twelve 12 months, or;
 - Assignment of more than 2 Peer Review Standard of Care IIIs and or any Standard of Care IVs during the previous 12 months, or;
 - Any focused quality peer review, investigation, use of evaluation tool or corrective action during the previous 12 months;
- D. The Cardiologist shall comply with all elements and operate within the guidelines and specialty expectations of the BHH Physician Care Model and shall utilize all BHH admission order sets;
- E. The Cardiologist shall provide care for all patients encountered through the BHH Acute Cardiac Transfer/Acceptance call schedule;
- F. Both interventional and non-interventional Cardiologists may participate in the call schedule but Non-Interventionalists shall have an Interventionalist with unrestricted privileges at BHH available for immediate coverage of a primary PCI in all stemi patients. The name of the Interventional Cardiologist must be provided to the Medical Staff Services Department.
- G. The Cardiologist shall be available (or have a qualified substitute with unrestricted privileges who meets the qualifications to serve on the acute cardiac transfer/acceptance call schedule) for service by telephone or in person within five (5) minutes of a "911" page for transfer/acceptance of acutely ill cardiac patients to Banner Heart Hospital (BHH) placed to the Cardiologist by an Emergency Department physician or BHH supervisor, and achieve door to balloon times of under 90 minutes.
- H. Those cardiac patients requiring interventional cardiology procedures or specialized cardiac care shall be transferred to BHH under the care of the on-call Cardiologist. Transfer to other facilities shall occur only when:
1. The needed service is not available at Banner Heart Hospital;
 2. The transfer request is initiated by the patient, who has been advised of the on-call Cardiologist's, Cardiologist's partner, or Cardiologist's group ownership/interest in the accepting facility, if applicable, or
 3. the transfer was required by the patient's insurance carrier.

8.4 Policies Governing Cardiology Call Schedules:

- A. All Cardiology call schedules shall be distributed to participating Cardiologists at least thirty (30) days prior to the activation of the call schedule.
- B. Call begins and ends at 7:00 a.m.
- C. If, for any reason, the Cardiologist is unable to take the assigned call, changes in the call schedule shall be forwarded to the Medical Staff Services Department, in writing, at least twenty-four (24) hours in advance.
- D. All cardiologists included on the Acute Cardiac Transfer/Acceptance Call Schedule shall provide their pager and cell phone numbers to the Medical Staff Services Department for on-call use only. Pager and cell phone numbers will be used directly only for the following 911 diagnoses:
1. STEMI
 2. NSTEMI
 3. High Risk Unstable Angina
 4. Bradycardia/Arrhythmia likely to require an urgent or emergent pacemaker (2nd and 3rd degree heart block, 2:1 block)
 5. Cardiac Arrest
 6. Pericardial Tamponade
 7. Ventricular Tachycardia
 8. Cardiogenic Shock
 9. ICD Firing

- E. Routine calls for cardiac cases from the BBMC Emergency Department will be forwarded to the on-call physician's answering service with an expected response time of twenty (20) minutes either in person or by telephone. These numbers shall be maintained as confidential except for on-call purposes.
- F. Failure to comply with the provisions of the cardiology call schedule may result in the cardiologist's removal from the call schedule.
- G. Physicians who are covering call for their group/call group who do not meet the qualifications to be placed in the Acute Cardiac Transfer/Acceptance Call Schedule rotation, may take this call for the assigned physician.

ARTICLE IX - AMENDMENT

- 9.1 Upon the recommendation of the department of medicine, revisions to the Department of surgery rules and regulations shall be approved by the Executive Committee and the Board.

ADOPTION AND APPROVAL

Approved by Banner Health Board of Directors: October 13, 2011