

Jersey Shore University Medical Center

DEPARTMENT OF FAMILY MEDICINE

Rules and Regulations

1. PURPOSE

The purpose of the department of Family Medicine is to provide a family physician with his own department for education and self-discipline, as well as a framework within which family physicians may work as a group on problems affecting the whole department or any individual member of the department. The Department of Family Medicine in a hospital is designed to provide family physicians with equal representation in staff policy, administration and clinical services. It is a full clinical department with all departmental rights, duties, and responsibilities as set forth in the Medical and Dental Staff Bylaws.

2. OBJECTIVE

The objective of the Department of Family Medicine is to assure the hospital patient the availability of the highest quality of medical and surgical care, as a continuation of the patient's ongoing comprehensive care.

3. MEMBERSHIP

Qualifications for membership in the department shall be as outlined in the Medical and Dental Staff Bylaws.

- A new applicant must meet the board certification requirements as outlined in the Medical and Dental Staff Bylaws.
- Established members of the Family Medicine Department are urged to keep their board certifications current. Both the American Board of Family Medicine and the American Osteopathic Board of Family Medicine have Maintenance of Certification Programs. Lapse of board certification will not affect a member's status in the Family Medicine Department, so long as he/she continues to practice with the degree of expertise required by board certification.
- A new application should have successfully completed a Family Medicine Residency.
- Department members shall be expected to:
 - Provide high quality, continuing care for their patients, seeking appropriate consultations when needed;
 - Participate actively in the hospital continuing education and quality assurance programs.
- To maintain membership in good standing in the Department of Family Medicine, members must abide by the Medical and Dental Staff Bylaws, Rules and Regulations of the Medical Staff, and other policies as set forth by the Department of Family Medicine and the Medical and Dental Staff.

4. CATEGORIES OF APPOINTMENT

Categories of appointment shall be as defined in the Medical and Dental Staff Bylaws, Article IV. Final decision to move a department member from Provisional Status requires completion of

the initial Focused Professional Practice Evaluation (FPPE) as well as meeting criteria for advancement as set forth in the Medical and Dental Staff Bylaws and these Rules and Regulations.

5. OFFICERS OF THE DEPARTMENT

The Officers of the Department shall consist of:

- Chair
 - Vice Chair
- 5.1 Duties of Chair – Each department chair shall be responsible for the clinical, administrative and other activities and functions of the Department including but not limited to
- a. Account to the Medical Executive Committee for all clinical and administrative activities within the Department and particularly for the quality and efficiency of patient care rendered by members of the Department and for the effective conduct of the Department’s performance evaluation and other quality maintenance functions;
 - b. Develop and implement departmental programs, in cooperation with the Medical and Dental Staff President and appropriate committees of the organized Medical and Dental Staff; for credentials review and Privileges delineation, orientation and continuing medical education, quality improvement control;
 - c. To be a member of the Medical Executive Committee, give guidance on the overall medical policies of the Division , and make specific recommendation and suggestions regarding his/her Department and the coordination of its activities with the other departments and committees of the organized Medical and Dental Staff.
 - d. Maintaining continuing surveillance and oversight of the professional performance of all Practitioners with Clinical privileges and all Affiliates with permission to perform specified services in the Department, including monitoring the quality of medical histories and physical examinations performed by such individuals, and report regularly thereon to the Medical Executive Committee;
 - e. Make and transmit, as provided by ARTICLE VII through ARTICLE IX, the Department’s recommendations concerning appointment and classification, reappointment, delineation and conferral of Clinical Privileges or of permission to perform specified services and corrective action with respect to individual Members in the Department, and verify that Practitioners practice only within the scope of the Clinical Privileges conferred in accordance with these Bylaws.
 - f. Appoint such committees as are necessary or desirable to conduct the functions of the Department;
 - g. Enforce within the Department the Bylaws, Rules and Regulations, policies, and other requirements of Hospitals Corp., the Division, the organized Medical and Dental Staff, and the Department, including initiating corrective actions and investigations of clinical performance;
 - h. Implement within the Department actions taken by the Medical Executive Committee and the Medical Council. Participate in every phase of departmental

administration through cooperation with the nursing service and Division administration in matters affecting patient care, including but not limited to, personnel, supplies, facilities and equipment special regulations, standing orders, techniques, and off-site sources for needed patient care, treatment and services which are not otherwise available;

- i. Assist in the preparation of such annual reports, including budgetary planning, pertaining to the Department as may be required by the Medical Executive Committee, the Medical Council, the President, or the Board of Trustees;
- j. Meet with Allied Health Professionals, if any, under his/her supervision, to review quality improvement and to discuss other matters relevant to the Affiliate;
- k. Perform such other duties as may from time to time be required of her/him by the Medical and Dental Staff President, the Medical Executive Committee, the Medical Council, or the Board of Trustees;
- l. In those Departments which have Teaching Programs, be responsible for the annual operation of said Program;
- m. Oversee and supervise Section Chiefs and Clinical Division Directors, if any, within his/her Department;
- n. Recommend the criteria for Clinical Privileges that are relevant to the care provided in the Department;
- o. Integrate the Department into the primary functions of the Division;
- p. Coordinate and integrate interdepartmental and intradepartmental services;
- q. Develop and implement policies and procedures that guide and support the provision of care, treatment and services within the Department;
- r. Recommend a sufficient number of qualified and competent persons to provide care, treatment and services within the Department;
- s. Determine the qualifications and competence of Department personnel who provide patient care, treatment and services;
- t. Provide continuous assessment and improvement of the quality of care, treatment and services provided within the Department;
- u. Recommend space and other resources needed by the Department;
- v. Provide for orientation and ongoing education regarding clinical, regulatory and hospital administrative matters of all members of the Department

5.2 Duties of Vice Chair

The Department Vice Chair shall assume the duties and have the authority of the Chair, in the Chair's temporary absence. The Vice-Chair shall perform such additional duties as the Chair may assign

- a. Shall serve on the Medical Executive Committee in the absence of the Chair
- b. Shall assist the Chair and shall perform any other duties as assigned by the Department Chair or commonly assigned the Vice Chair.

6.0 COMMITTEES

6.1 Department Quality Assessment and Improvement Committee

The Quality Assessment and Improvement Committee shall consist of the Department Chair and the Vice Chair and a member at large.

The committee shall be responsible for the scientific program at departmental meetings. The program shall include an updated Performance Improvement plan on file with the department. Consultants may be utilized in these discussions/reviews.

6.2 Department Nominating Committee

The Nominating Committee shall be appointed by the Chair of the Department. It shall consist of three members of the department.

The committee shall submit to the Department of Family Medicine a written report of nominees for the department officers.

6.3 Other Committees

As appropriate, the department may establish other standing or special committees such as committee on bylaws, fiscal affairs, research, medical audit, etc.

7.0 MEETINGS

7.1 Department Meetings

Department meetings shall be quarterly or more frequently if needed. Attendance requirement for these meetings shall be a minimum of fifty (50) percent

The Chair, or Vice Chair in the absence of the Chair, shall serve as Chair at all departmental meetings. Fifty (50) percent of the Active members of the department shall constitute a quorum. A majority vote shall be required to transact business. The order of business at departmental meeting shall be:

1. Approval of the Minutes
2. Quality Assessment and Improvement
 - a. Follow-up on previous quality assessment deficiencies
 - b. Review of departmental and clinical indicators/screens
 - c. Review of Mortality and Morbidity cases
 - d. Referrals/Reports from other Quality Assessment and Improvement Committees (issues, conclusions, recommendations and actions)
3. Items from the Medical Executive Committee
4. Old Business
5. New Business

7.2 Special Meetings

Special meetings may be called by the Department Chair or by a written request to the Department Chair by on half of the Department's voting members. At special meetings, only matters indicated on the Agenda shall be discussed or considered.

8.0 CLINICAL PRIVILEGES

8.1 Privileges

Privileges will be granted to members of the Department of Family Medicine in accordance with the Medical and Dental Staff Bylaws.

8.2 Scope and Categories

Privileges shall be assigned on an individual bases, not on the basis of the Physician's specialty classification alone.

8.3 Reappointment

The reappointment process shall be in accordance with Medical and Dental Staff Bylaws, Article VI, Section 7.5

9.0 REGIONAL STAFF

9.1 The Regional Staff shall be composed of Provisional Regional Attendings and Regional Attendings. The Regional Staff shall be defined in accordance with the Rules and Regulations of the Division and shall consist of Practitioner who continuously meet the basic and specific qualifications for membership in Section 3.2 (a), 3.2 9b), 3.2 (c) and Section 3.3, who are active Medical and Dental Staff members and who admit or treat patients at the Division only occasionally.

9.2 Members of the Regional Staff shall fulfill the basic and specific responsibilities of organized Medical and Dental Staff membership set forth in Section 3.8, as well as the responsibilities of the Active Staff set forth in Section 4.2.1 (b). Assigned call duties shall be set forth in the Rules and Regulations as determined by the Chair of the Pactitioner's Department, according to its needs.

9.3 Regional Staff members are subject to the Rules and Regulations of the Department of Family Medicine

9.4 Regional Medical Staff members will be permitted to admit four (4) patients annually.

10.0 AFFILIATE STAFF

10.1 The Affiliate Staff shall consist of practitioners who primarily have an office based practice, but who refer their patients to other Members of the Medical and Dental Staff for admission, evaluation, and treatment. Members of the Affiliate Staff shall not have clinical privileges, but are granted membership to follow their patients' care and treatment

10.2 Members of the Affiliate Staff shall continuously meet the basic and specific qualifications for organized Medical and Dental Staff membership set forth in Section 3.2 (a), 3.2(b), 3.2(c), and Section 3.3 (a), 3.3(b), 3.3 (c), 3.3 (d), 3.3(e) 3.3 (f) and shall continuously fulfill the basic responsibilities set forth in Section 3.8 (b), 3.8 (c), 3.8 (e), 3.8 (f), 3.8 (h), 3.8 (i) to the extent applicable to Affiliate Staff category. The Affiliate Staff shall not be granted Clinical Privileges and shall not admit, attend or consult on patients. They may refer their patients for admission by a Member of the organized Medical and Dental staff with admitting privileges who shall assume the responsibility for the patient. Affiliate Staff members may follow their patients at the Division, review their patient's medical records, but not enter progress notes or orders. Members of the Affiliate Staff shall not be eligible to vote, hold organized Medical and Dental Staff Office or other position They may but are not required to, attend organized Medical and Dental Staff , Department, Section or Clinical Division meeting (except as required under Section 14.7.3 or as otherwise directed by the Medical Executive Committee) and may not vote if they do attend. Appointment to the Affiliate Staff may be suspended or revoked by the Board upon recommendation of the Medical Executive Committee with no right of hearing or appeal under Article X. Members of the Affiliate Staff shall pay dues, as set forth in the Division's Rules and Regulations

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