

JERSEY SHORE UNIVERSITY MEDICAL CENTER
DEPARTMENT OF MEDICINE
RULES AND REGULATIONS

PREAMBLE

Recognizing that the Department of ~~Internal~~ Medicine at Jersey Shore University Medical Center (JSUMC) is responsible for the quality of medical care in this Department, subject to the authority of the Board of Trustees and as provided by the Bylaws of the Medical and Dental Staff of ~~Hackensack~~ Meridian ~~Health~~ Hospitals Corporation, Inc. ("Bylaws") and Rules and Regulations of the JSUMC Division, the members of this Department do hereby establish and accept the following Rules and Regulations. The purpose of these Rules and Regulations are to perpetuate and insure the highest standards of medical care, teaching, research and ethics.

ARTICLE I. DEFINITION OF INTERNAL MEDICINE

1.1 ~~Internal Medicine is the discipline encompassing the study and practice of health, promotion, disease prevention, diagnosis and treatment of men and women from adolescence to old age, during times of health and through all stages of acute and chronic illness. Intrinsic to the discipline are the application of scientific method of problem solving, decision-making, and an attitude of caring driven by humanistic and professional values. The practice of internal medicine requires comprehensive knowledge of human biology, behavior and spirit, an understanding of the epidemiology and pathophysiology of disease, and the mechanisms of treatment. Internal Medicine requires a mastery of clinical skills in interviewing physical examination, differential diagnosis, diagnostic testing strategies, therapeutic techniques, counseling, and disease prevention,¶~~

1.2 ~~The Department of Medicine includes the following Sections:~~

- Allergy
- Cardiovascular (Coronary Care Unit)
- Dermatology
- Digestive Diseases
- Endocrinology
- Geriatrics
- Hematology/Oncology
- Infectious Diseases
- General Internal Medicine
- Nephrology and Hemodialysis
- ~~Neurology~~¶
- Palliative Care
- Pulmonary Diseases and Critical Care
- Rheumatology

ARTICLE II. – PURPOSES AND RESPONSIBILITIES

- 2.1 The responsibilities of the members of the Department of Medicine are as defined in the Bylaws.
- 2.2 In order to assist JSUMC in the provision of services required to meet the health care needs of the community, members of the Department of Medicine may be assigned to call schedules, clinic and reading panels. Each section shall work with the Chair of the Department, *or designee*, to develop criteria for such assignments that are equitable, objective, and transparent which foster safety and the highest quality of care.
- 2.3 Members of the Department may also be asked to serve on committees, advisory panels and task forces in order to promote quality, improve resource utilization, or assess new technology

ARTICLE III. MEMBERSHIP IN THE DEPARTMENT OF MEDICINE

- 3.1 ~~All~~ candidates for membership must meet the qualifications stated in the Bylaws and the Rules and Regulations of the JSUMC Division.
- 3.2 ~~In addition, membership in the Department of Medicine requires satisfactory completion of training and experience according to one of the following pathways: ¶~~
 - ~~a. Certification by the American board of Internal Medicine (ABIM); ¶~~
 - ~~b. Three years of residency in an ACGME accredited program in Internal Medicine in which there is a minimum of 24 months of meaningful patient responsibility; or ¶~~
 - ~~c. Three years of training as a resident in an ACGME accredited program in Neurology~~
- 3.3 All members of the Department of Medicine must fulfill the responsibilities of membership on the medical staff as defined in the Bylaws and the Division Rules and Regulations
 - 3.3b Any physician who is seeking subspecialty privileges must
 - 3.3.b.i have completed an ACGME accredited fellowship in that subspecialty
 - 3.3..b.ii have an established office within 30 minutes of the hospital while on call
 - 3.3.b.iii have a home address within 30 minutes of the hospital while on call
 - 3.3.b.iv be board certified in internal medicine unless already subspecialty certified
 - 3.3.b.v—if not certified in their appropriate subspecialty at the time of initial appointment, the physician must become certified in their subspecialty within 3 years

3.3.b.vi A physician who fails to become board certified in their specialty within 3 years of appointment to the medical staff, shall have the option of continuing on staff as a general internist or voluntarily resigning from the medical staff.

3.3.b.vii Notwithstanding the three (3) year time period set forth in subsection (vi) above, the Board of Trustees may extend the time period to obtain board certification for a member seeking subspecialty reappointment in certain individual cases upon recommendation of the Credential Committee and Medical Executive Committee if such extension would be in the best interest of patients and the hospital. The following criteria as amended by the Board, from time to time, will be considered in reviewing any such extension: (1) the clinical needs of the hospital (2) the availability of physicians in the applicable subspecialty; (3) the physician's history of community service; and (4) the physician's documented clinical competence based upon performance.

ARTICLE IV. – CATEGORIES OF MEMBERSHIP

4.1 The members of the Department of Medicine shall be assigned to Medical Staff categories consistent with those delineated in the Bylaws of the ~~Hackensack Meridian Health Medical Hospitals Corporation.~~

4.2 ACTIVE STAFF

4.2.1 Active Staff members of the Department of Medicine shall fulfill all of the responsibilities, and have all of the privileges, outlined in the Bylaws and Rules and Regulations of JSUMC. Determination of an active staff individual's rank in the Department of Medicine shall be based on that individual's tenure in the department as well as their training, experience, demonstrated competence and documented continuing medical education.

4.2.2 Provisional Attending

~~4.2.2 Assistant Attending – To attain this rank, a physician must be an Active Staff member who meets all criteria for promotion in the Department of Medicine and has been removed from Provisional Staff appointment. ¶~~

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~~4.2.3 Associate Attending – To attain this rank, a physician must be an Active Staff member who meets all criteria for promotion in the Department of Medicine and has been in the rank for Associate Attending for one year.~~

4.2.4 Full Attending – To attain this rank, a physician must be an Active Staff member who meets all criteria for promotion in the Department of Medicine and has been in the rank for Associate Attending for one year.

4.2.5 Senior Attending – To attain this rank, a physician must be an Active Staff member who is a full attending physician, has completed ~~30-~~ 20 years of service at the Jersey Shore University Medical Center. A senior attending shall have all of the rights and responsibilities of a Full Attending but shall not be required to attend departmental or committee meetings, In addition the physician may be relieved of assigned call duties upon recommendation of the Department Chair and the Medical Executive Committee if sufficient depth exists within the physician's section so as not to create an undue burden on the other members of the section.

4.2.6 Change in Rank Status - An active staff individual's initial rank or promotion to a higher rank in the Department of Medicine is based upon recommendation of the Department Chair to the Medical Executive Committee. Advancement shall occur only after consideration of the following issues:

- Proper attendance at General Staff meetings
- Proper attendance at Departmental meetings
- Proper attendance at committee meetings
- ~~HR policies (on "delinquent" Medical Record list not greater than 2 times in a calendar year, prior to proposed change in rank) ¶~~
- Compliance with medical record chart completion
- Compliance with Rules and Regulations of the Department of Medicine
- Conclusion drawn from Ongoing Professional Performance Evaluations (OPPE)

4.3 Consulting Staff. As defined in the Bylaws

4.4 Regional Staff – the Regional Staff in the Department of Medicine is not defined by numerical restrictions on admissions, consultations or procedures. In order to qualify for appointment to the Regional Staff physician must meet one of the following criteria:

4.4.2 Expertise in education that is deemed necessary for conducting the Department of Medicine Training Program

4.4.3 Expertise in medicine that is deemed by the Department Chair to be most helpful in maintaining the standards of excellence of the Department

4.4.4 The need of the physician to use special regional services provided by Jersey Shore Medical Center. Insofar as the applicant for regional staff must demonstrate his or her qualifications for the Special Regional Services for which they are applying, those qualifications will first be reviewed by the appropriate Section Chief. Such physician's patient(s) must be admitted specifically for evaluation and treatment of those problems requiring specialized regional services, such as interventional cardiology

4.4.5 Physicians who do not practice in the immediate vicinity of Jersey Shore University Medical Center may apply for privileges on the Regional Medical Staff, but may be required to provide documentation of an established relationship with a member of the department of Medicine Active Staff for emergency coverage when the scope of practice dictates the need for such coverage.

The extent of the individual physician's privileges on Regional Medical Staff will be commensurate with his/her training and qualifications as defined by the Credentials Committee. The regional Attending Physician will manage his/her patient commensurate with his/her credentialing and seek consultation from Active Staff physicians as needed. Admission of a patient to the Intensive or Coronary Care Unit will require the Regional Medical Staff Attending to obtain consultation from an Active staff specialist. A physician from the Department of Medicine Active Staff, so consulted, may not follow the patient after discharge from the hospitals.

4.5 Military Staff. As defined in the Bylaws

4.6 Emeritus Staff. As defined in the Bylaws

4.7 Honorary Staff. As defined in the Bylaws

4.8 The Telemedicine Staff ~~is not relevant to the Department of Medicine at this time.~~

4.9 Affiliate Staff. As defined in the Bylaws

ARTICLE V. N/A

ARTICLE VI. – ~~HEALTH PROFESSIONAL AFFILIATE~~ **Advanced Practice Providers ALLIED HEALTH PROFESSIONAL**

6.1 ~~Health Professional Affiliates~~ ,**Advances Practice Providers** including Advanced Practice Nurses and Physician Assistants may provide care within the scope of their license and skill **and approved clinical privileges** under the **Collaboration supervision** of members of the department in accordance with the Bylaws.

ARTICLE VII. APPOINTMENT AND REAPPOINTMENT PROCEDURE

- 7.1 Appointment and reappointment shall be consistent with the Bylaws.
- 7.2 All new appointments shall be “Provisional” until the physician successfully completes Focused Professional Practice Evaluation (FPPE)
- 7.3 Reappointment to the Medical Staff shall be governed by the Bylaws taking into account the results of OPPE.

ARTICLE VIII. – CLINICAL PRIVILEGES

- 8.1 Clinical privileges will be granted in accordance with the Bylaws
- 8.2 Each Section within the Department of Medicine shall define those clinical privileges considered part of the core competency for practitioners within the specialty and those privileges outside the core for which specific additional training or documentation of ongoing competency will be presented.
- 8.3 Physicians requesting privileges for procedures that they have not performed previously must prospectively present to the Section Chief and Department Chair the training pathway they intend to follow in order to achieve proficiency in the requested clinical procedure. The pathway must be approved prior to embarking on training in order to avoid disappointment and wasted time and resources.
- 8.4 Physicians wishing to pursue privileges for a procedure not previously performed at JSUMC must present a protocol for that procedure, defining at a minimum:
 - 8.4.1 The training necessary for physicians performing the procedure
 - 8.4.2 The Staff needed to support the performance of the procedure
 - 8.4.3 The staff training that will be required.
 - 8.4.4 The supplies, equipment and facilities that will be needed.

ARTICLE IX – CORRECTIVE ACTION

- 9.1 Per the Bylaws

ARTICLE X – HEARING AND APPELLATE REVIEW

- 10.1 Per the Bylaws

ARTICLE XI – DEPARTMENTS AND SECTIONS

- 11.1 Per the Bylaws

ARTICLE XII – OFFICERS AND SECTION CHIEFS

- 12.1 The Department will have a Chair whose selection, term, and duties shall be in accordance with the Bylaws for Academic Departments

- 12.2 The Department Chair shall recommend Vice-Chair/s,. Two (2) representatives to the Executive Committee and one (1) representative to the Medical Staff Nominating Committee which shall be elected by voting the Department members and shall be required to provide a Conflict of Interest disclosure
- 12.2.1 In September, the Department Chair shall appoint a nominating Committee to receive nominations from members of the Department
 - 12.2.2 In October, nominees will be presented and an election shall be held by written, closed ballot. Electronic elections may occur, if feasible. If the election is contested, voting shall only be in person, not by proxy, and shall be by written, closed ballot. A nominee shall be elected upon receiving a plurality of the votes cast by those present and eligible to vote.
 - 12.2.3 For the purpose of elections, 15% of the Active Department members shall be considered a quorum.
- 12.2.4 Term of Office- the term of office for the representative on the Executive Committee shall be for three years and may not exceed two consecutive terms. The term for the Nominating Committee representative shall be for one year
- 12.3 Vice Chairs and section Chiefs shall be recommended by the Department Chair and the Medical Executive Committee for appointment by the Board of Trustees. Vice Chairs and Section Chiefs may be removed by the Board of trustees upon recommendation of the Department Chair and the Medical Executive Committee and in accordance with the Medical Staff Bylaws.- What is the term of Office for the Vice Chairs and Section Chiefs?

ARTICLE XIII – COMMITTEES

- 13.1 Standing Committees
 - 13.1.1 Performance Improvement and Peer Review
 - 13.1.1.1 The committee shall be composed of a representative group of physicians including general internists and medical subspecialists appointed by the Chair of the Department
 - 13.1.1.2 The committee shall develop and approve the Department’s annual PI plan
 - 13.1.1.3 The Committee shall review all available data related to quality and outcomes and where appropriate, make recommendations for process improvements designed to insure the highest possible level of care of patients managed in the Department of Medicine
 - 13.1.1.4 The committee shall review any case that raised any questions as to the appropriateness of care including
 - 13.1.1.4.1 Mortalities
 - 13.1.1.4.2 Cases referred by other physicians
 - 13.1.1.4.3 Cases referred by other departments
 - 13.1.1.4.4 Cases related to FPPE
 - 13.1.1.5 Recommendations and findings of the committee shall be reported to the Chair of the Department and the JSUMC Central Peer Review Committee
- 13.2 Hospital, Administrative and Inter-departmental Committees
 - 13.2.1 Members of the Department shall participate in all committees that impact in the quality of care in the Department
 - ~~13.2.1.1 Bioethics Committee~~
 - ~~13.2.1.2 Credentials Committee~~

- ~~13.2.1.3 Critical Care Committee¶~~
- ~~13.2.1.4 Nominating Committee¶~~
- ~~13.2.1.5 Pharmacy and Therapeutics Committee¶~~
- ~~13.2.1.6 Hospital I&O Committee¶~~
- ~~13.2.1.7 Blood use Committee¶~~
- ~~13.2.1.8 Cancer Committee¶~~
- ~~13.2.1.9 Clinical Computer Committee¶~~
- ~~13.2.1.10 Graduate Medical Education Committee¶~~
- ~~13.2.1.11 Medical Equipment Committee¶~~
- ~~13.2.1.12 Infection Control Committee¶~~
- ~~13.2.1.13 Endovascular Oversight Committee¶~~
- ~~13.2.1.14 Endoscopy Committee¶~~
- ~~13.2.1.15 Any other committee that are deemed beneficial to the provision of high quality care and that may enhance the academic environment of the department¶~~

ARTICLE XVI. – MEETINGS

14.1 Departmental Meetings

- 14.1.1 The Department shall meet at least 10 times per year
- 14.1.2 Active members of the Department are required to attend at least 5 meetings. If available, attendance may be by teleconference.
- ~~14.1.3 For the purpose of fulfilling attendance requirements members may receive meeting highlights via email and acknowledge that they have familiarized themselves with the meeting contents via return email. The right to vote is limited to those who attend in person or via active teleconference. ¶~~

ARTICLE XV – RESIDENTS, MEDICAL STUDENTS AND FELLOWS

15.1 Responsibility of Attending Physician

- a. no patient may be admitted to the Medical Center or treated in any ambulatory setting without and attending physician of record.
- b. Supervision of residents, fellows, and medical students involved in the care of patients is the responsibility of that patient’s attending physician as well as consultants participating in that patient’s care.
- c. Attendings must be available to respond promptly to fellows and residents’ questions and must also respond in a timely manner to requests from the Department Chair for evaluation of the performance of fellows, medical students, and residents.
- d. Supervisory responsibilities of the Medical Staff include reviewing medical student, fellow and resident entries on the patient’s chart and discussing the history, findings, treatment plan, and the patient’s progress with medical students, residents and fellows.

15.2 Order Writing

- a. Medical students may not write orders in the patient’s chart
- b. Residents and Fellows in approved programs may write orders. These must be countersigned by an attending on the Medical and Dental Staff.
- c. Although orders for patients on the teaching service must in general be entered by the residents, this requirement does not preclude the patient’s attending physician or

consultants from entering orders in urgent or emergent situations or in any circumstance where the patient's care may be compromised.

15.3 Resident covered versus non-resident covered service

- a. All training programs in the Department must comply with the rules set forth by the ACGME and the Residency Review Committee for Internal Medicine in order to maintain their accreditation. These rules, which may be modified from time to time, establish limitations on the numbers of patients that may be admitted or allowed by trainees.
- b. Since the number of patients admitted to the medical service exceeds the number of patients that can be admitted and followed by our residents, some patients will be covered by residents and some will not.
- c. Assignment of patients to the resident covered service or non-resident covered service will be made in a timely manner that optimizes the educational experience for trainees and maximizes patient safety
- d. When patients are assigned to the resident covered service they will be responsible for all aspects of those patients' care under the supervision of the attending physician. It is expected that the residents will enter all orders for those patients except for per-procedural orders and urgent or emergency orders where a delay would compromise care. However, if an order is entered on a patient on the resident covered service by anyone other than the residents, every effort should be made to communicate the care change to the residents.
- e. When patients are assigned to the non-resident covered service, the attending is directly responsible for all aspects of care. Residents should not be called except for true medical emergencies.

~~15.3 House Staff Job Description ¶~~

- ~~a. Job descriptions by residency training level must be maintained in the office of the Residency Program Director. ¶~~
- ~~b. The Program Director and Department Chair are responsible for reviewing and updating House Staff job descriptions annually and submitting them to the Education Committee for approval. ¶~~
- ~~c. The Department Chair will distribute copies of the updated and approved job descriptions to the Nursing Administrative Office and the Medical Staff Office where members of the nursing and attending staff may consult them on request. Residents may perform any procedure within the scope of the training program under direct supervision of an appropriately credentialed member of the medical staff or an appropriately credentialed resident or fellow. Nursing may verify credentials of medical residents via New Innovations link on the JSUMC Dashboard. ¶~~
- ~~d. House Staff job descriptions shall be included in the Department of Medicine House Staff manual and distributed to residents and their supervising attendings. ¶~~

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