

GCMC

Department of Medicine

Rules & Regulations

- 701 The Department of Medicine shall meet at least annually at a time and place designated by the Department Chairman.
- 702 The Department of Medicine shall consist of all recognized medical specialists, and shall include psychologists.
- 703 If specialists desire to form a specialty section within the Department of Medicine, they may do so with the approval of the Executive Committee. A chairman shall be elected and meetings will be held at least annually. Minutes of specialty section meetings will be taken and forwarded to the Chairman of the Department of Medicine. The appointees of the specialty department shall attend regularly scheduled Department of Medicine meetings.
- 704 All Active and Associate Medical Staff appointees assigned to the Department of Medicine shall be encouraged to attend all meetings.
- 705 The officers of the Department shall be:
- a. A Chairman, whose qualifications, selection, tenure and functions will be as specified in the Medical Staff Governance Policies.
 - b. A Vice-Chairman, whose qualifications, selection, tenure and functions will be as specified in the Medical Staff Governance Policies.
- 706 Only Active Medical Staff appointees are eligible to vote at Department meetings. All actions of the Department will be decided by majority vote of those Active appointees present and voting except on recommendations for advancement, discipline or expulsion, which will require a two-thirds (2/3) majority of those present and voting with a quorum present. A quorum will be defined as fifty (50) percent of the Active appointees of the Department.
- 707 Practitioners admitting patients shall be responsible for issuing proper orders and the information necessary to protect the patient and other patients in cases where any danger exists.
- 708 Medical Staff coverage of the Emergency Department by practitioners assigned to the Department of Medicine shall be provided as follows:

- a. A rotating call list of Internal Medicine and Family Practice shall be maintained for patients who do not have a family physician. Specialists will be included except Cardiologists and Gastroenterologists, who will maintain their own specialty call rotation.
- b. Physicians maintaining "Hospitalist" privileges shall be exempted from the call rotation as they do not maintain an office practice for patient follow-up and their primary responsibility is coverage of patients while in the hospital setting.
- c. Any physician on the call list is responsible for taking his own call for at least the first year. After one (1) year that physician is responsible for filling his obligation by either taking the call himself or arranging with another appointee to fulfill the obligation.
- d. No single physician shall be listed on the call list greater than thirteen (13) percent of the total call list at anytime.
- e. When a patient's condition requires a specialist, the patient's own family physician or the patient will be given the choice of which specialist to be called. The exception would be the emergency situation when on-call specialist is called first.
- f. After ten (10) years of service on the Medical Staff, physicians may elect to remove themselves from the rotation of the Emergency Department call roster; however, they may not give their call away to other physicians.
- g. Admission of Patients without a local PCP (unassigned patients):
 1. This policy applies only to those patients who require hospital admission and do not have a primary care physician in our community. This does not apply to any agreement between community physicians and a hospitalists or other physician to admit their patients to LMHS hospitals.
 2. This policy applies only to physicians who provide primary care services to patients in the hospital setting. It does not apply to medical subspecialists.
 3. All physicians who provide primary care services in the hospital setting can be on a roster to admit patients who do not have a local primary care physician.
 4. Each physician electing to be on the roster will receive one slot at one LMHS hospital fro the admission of unassigned patients.
 5. These slots are non-transferrable. The physician or his/her coverage will admit the patient.
 6. The patients will be assigned without consideration to their insurance or lack thereof.
 7. Physicians who practice predominately in the outpatient setting and still choose to admit their own patients can choose whether or not to admit unassigned patients.
 8. The Medical Staff Office will maintain the roster of physicians who admit unassigned patients and provide this list to the

Emergency Departments and Department of Medicine. It is to be updated on a quarterly basis. Each hospital is to have its own roster.

9. The Emergency Department is to follow this roster in assigning these unassigned patients to the proper physician. In addition, the ED will keep a log of each unassigned patient and to which physician the patient is admitted.
10. Physicians who no longer wish to accept unassigned patients are to give ninety days advance notice, in writing, to the Medical Staff Office and the Chairman of the Department of Medicine at their hospital.
11. Physicians who do not conform to this agreement may be taken off the unassigned patient roster by the Chairman of the Department of Medicine.
12. Should there be an inadequate number of volunteer physicians, physicians with 10 or less years of membership on a LMHS Medical Staff may be placed on this roster and be required to accept back-up patients.

709 EKG's kept in physician boxes greater than forty-eight (48) hours are to be taken out of the physician boxes and given to the EKG panel.

710 Echocardiogram Ordering Categories:

- a) Routine Echocardiogram – to be done the next available slot during the work week Monday through Friday.
- b) Urgent Echocardiogram – to be done within 24 hours (this requires a technologist to be available Saturday and Sunday mornings) and does not need a cardiology consult.
- c) Stat Echocardiogram – to be done within 1 hour and requires ordering physician communication with cardiologist though not necessarily consultation.