

LEE MEMORIAL HEALTH SYSTEM
Lee County, Florida

DEPARTMENT OF MEDICINE
Rules & Regulations

I. BOARD STATUS

All members of the Department of Medicine shall be Board certified or Board qualified as a requirement for Associate, Active, or Courtesy appointment.

II. AFFILIATE MEMBERS

Members who have Affiliate status have “no” privileges to provide patient care.

III. EMERGENCY CALL

The Department will provide a backup roster of physician on call to the Emergency Department; patients without a private physician, who require inpatient medical care, and who are 18 (eighteen) years of age or older, may be referred to the backup medical physician by the Emergency Center’s physician. Members of the Department may be excused from backup responsibility after ten years of such service; requests for relief of responsibility shall be directed, in writing, to the chairman. Physicians with ten years of service who are not taking their own call will be relieved from the Emergency roster. Patients shall be assigned in rotation to members of the Department except those on a sub-specialty call schedule (Cardiology or Neurology). An annual review will be performed and all physicians will be required to indicate their call coverage arrangement.

A. 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 hospitalist 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 for the admission of unassigned patients.
5. Only members of the Medical Staff who meet each of the following criteria are eligible for a call slot on the ED unassigned admission roster:
 - Associate or Active members of the Medical Staff;
 - Who are primary residents of Lee County; and
 - Who work a full-time schedule of no less than 40 hours per week for their practice or group.

Part-time members of a practice or group are not eligible for a call slot. Members of the Medical Staff who are non-residents of Lee County and were granted a residency waiver are not eligible for a call slot. Disputes regarding slots will be referred to the facility Chairman of the Dept. of Medicine for reconciliation.

6. These slots are non-transferrable. The physician or his/her coverage will admit the patient. Patients may not be transferred to another physician after admission in order to evade the non-transferability rule.
7. The patients will be assigned without consideration to their insurance or lack thereof.
8. 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.
9. 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 monthly basis. Each hospital is to have its own roster.
10. 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.
11. Physicians who no longer wish to accept unassigned patients are to give thirty days advance notice, in writing, to the Medical Staff Office and the Chairman of the Department of Medicine at their hospital.
12. Physicians who do not conform to this agreement may be taken off the unassigned patient roster by the Chairman of the Department of Medicine.
13. 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.

B. Admission of Patients with a local PCP:

1. This policy pertains to those patients requiring admission for general medical care.
2. This policy applies to primary care physicians (PCPs), NOT to subspecialists who do not provide primary care services.
3. If a PCP practicing in Lee County does not practice in the hospital setting he or she must have an agreement with a physician on the medical staff to provide inpatient services.
4. The PCP is required to notify the Medical Staff Office, in writing, who will provide inpatient services to patients requiring admission to LMHS facilities. The PCP must specify both the campus and admitting physician.
5. The Medical Staff Office is to maintain a list of all PCPs and who will provide inpatient care for their patients.

6. The Medical Staff Office is to provide a copy of this list to all Emergency Departments that are a part of LMHS.
7. This list is to be updated quarterly and presented to the Emergency Departments, with any revisions, on a quarterly basis.
8. PCPs can change who admits their patients on a quarterly basis. This request must be made in writing. Changes can be made only by the PCP.
9. The Emergency Departments are to ask each patient, at each encounter, to identify their PCP.
10. When a patient requires admission to the hospital for a general medical problem, the ED is to reference this list and contact the appropriate physician to arrange for inpatient admission.
11. If a patient requests a different admitting physician than the one designated as above, the patient may be admitted to the physician requested if the physician agrees.

IV. SECTIONS OF THE DEPARTMENT OF MEDICINE

- A. SECTION NAMES: The following sections within the Department of Medicine shall be established for primary care and the subspecialties of medicine:

1. Cardiology Section
2. Pulmonary Medicine Section
3. Gastroenterology Section
4. Neurology Section
5. Oncology/Hematology and Radiation Therapy Section
6. Infectious Disease Section
7. Nephrology Section
8. Endocrinology Section
9. Psychiatry and Psychology Section
10. Primary Care Section
11. Rehabilitation Section
12. Physiatry Section

- B. SECTION MEMBERSHIP:

1. Each physician practicing within a subspecialty of medicine with privileges in that subspecialty will be a member of that subspecialty section. All new members of the Department of Medicine who have completed an approved fellowship in a subspecialty will automatically become a member of that subspecialty section.
2. Physicians practicing within the specialty of Internal Medicine, Family Medicine or General Medicine will be members of the Primary Care Section.

C. SECTION MEETINGS: Each section should meet no less than twice a year or as frequently as needed. Section Chief to determine schedule of meetings.

D. SECTION FUNCTIONS:

Members of the section will:

1. Meet twice each year or as frequently as needed.
2. Elect a section chief to serve a two-year term of office.
3. Review criteria for granting privileges for performing specialty or subspecialty procedures.
4. Will assist hospital administration, if requested, in matters related to specialty or subspecialty planning.
5. Address problems within the section and if necessary, recommendation to the Department of Medicine.

E. SECTION CHIEF FUNCTIONS:

1. Interview all new physicians applying for staff privileges within his specialty or subspecialty.
2. Serve as liaison to Chairman of the Department of Medicine on performance improvement related issues for the Section.
3. Represent his section at Medicine Council meetings.

V. **PROCEDURE CRITERIA**: Specialty privileges granted as requested on delineation of privileges will be recommended based on documentation of training and/or experience as per criteria outlined below. Physicians currently having specialty procedure privileges will be grandfathered in as of the date these rules are approved.

INTERVENTIONAL CARDIOLOGY

Cardiologists just completing training must be Board certified within three years of receiving interventional cardiology privileges (A thru F). A previously practicing cardiologist must be Board certified before requesting and being granted privileges.

Physicians not meeting the minimum of requirements set forth above who have had training and experience in cardiac catheterization and who possess

extraordinary qualifications may be recommended for limited or full cardiac catheterization privileges if, in the opinion of the Cardiology Section Chief, a waiver of one or more of such requirements is appropriate and consistent with the needs of the health system, the community, and of patients; without compromising the quality of care provided.

A. CARDIAC CATHERIZATION CRITERIA:

1. The privilege to use the Cardiac Catheterization Lab and to perform cardiac catheterizations will be granted only upon recommendation of the Cardiology Section Chief.
2. Physicians who wish to exercise privileges in the Cardiac Catheterization Laboratory shall meet the following minimum requirements:
 - a. They must be members of the Provisional or Active Staff of Lee Memorial Health System. Provisional Staff members are allowed to assist under direct supervision on 25 (twenty-five) cases (including catheterizations and angioplasty). A random selection of these cases will be reviewed and must be favorably approved by the Cardiology Section Chief prior to advancement to Active Staff.
 - b. They must possess Category I or Category 4 privileges in the Department of Medicine.
 - c. They must submit a letter of recommendation, from the Director of the Catheterization Laboratory where applicant has trained, recommending them for catheterization procedures. They must document sufficient training and experience in cardiac catheterization. It is required that they have performed a minimum of 200 (two hundred) left heart catheterizations prior to the application for privileges. It is further required that they have performed 50 (fifty) cases in the eighteen-month period immediately preceding granting of catheterization privileges.
 - d. They must engage in a continuous level of activity in the area of cardiac catheterization consistent with maintaining proficiency and providing a high quality of care to patients.

B. CORONARY ANGIOPLASTY CRITERIA:

A minimum of 125 (one hundred and twenty-five) coronary angioplasty procedures including 75 (seventy-five) performed as a primary operator, is required. Documentation of training and experience must be submitted. If

the required number of cases is not completed previously, these may be performed under evaluation to obtain full privileges.

C. ELECTROPHYSIOLOGY CRITERIA:

Privileges for EPS requires a minimum of three years of post-doctoral training in internal medicine and a minimum of two years of training in clinical cardiology including experience in cardiac catheterization, expertise in intracardiac electrophysiology procedures and cardiac arrhythmias with one year of specialized EPS training. The physician must provide documentation of performing at least 100 (one hundred) intracardiac electrophysiology procedures.

D. CARDIAC PACEMAKER CRITERIA:

1. Temporary – physicians are required to have completed an accredited cardiology fellowship to be granted temporary pacemaker privileges.
2. Permanent – cardiologists must have completed an accredited cardiology fellowship, provide documentation of permanent pacemaker insertion training and be evaluated for the first ten cases performed at Lee Memorial Health System. A physician with permanent pacemaker privileges will be assigned to evaluate ten cases.

E. CORONARY STENT CRITERIA:

1. Applicants must have coronary angioplasty privileges.
2. Applicants must attend an approved Category I CME course on coronary artery stents and each stent manufacturer's training course.

F. INTRAVENOUS AICD IMPLANT CRITERIA:

1. Cardiology applicants with electrophysiology fellowship must provide documentation of training completion for electrophysiology board eligibility.
2. Cardiology applicants who are non-electrophysiologists must meet the following competency standards (recommended by the Heart Rhythm Society) to implant an ICD or CRT device in a patient who has not yet sustain a ventricular arrhythmia (primary prevention):

- a) Documentation of current experience 35 pacemaker implantations per year and 100 implantations over the prior three years.
- b) Proctored ICD implantation experience
 - 10 implantations
 - 5 revisions
- c) Proctored CRT implantation experience
 - 5 implantations
- d) Completion of a Heart Rhythm Society sponsored or endorsed ICD/CRT didactic course and passage of the NASPExAM for the physician within the last ten years which included ICD knowledge testing.
- e) Monitoring of patient outcomes and complication rates.
- f) Established patient follow-up.
- g) Maintenance of competence
 - 10 ICD and CRT procedures per year
 - 20 patients per year in follow-up
- h) The physician being proctored must be the primary operator with hands-on experience while working under the direction of the proctor, during a proctorship.
- i) Document of the proctor's previous implantation experience, any complications, and completed competency requirements must be given to the proctor before the proctorship begins.
- j) To be a proctor, the physician should be experienced in ICD/CRT implantation; have graduated from an ACGME approved fellowship, met the current COCATS requirements in electrophysiology/device implantation or passed the ABIM CCEP; be at least 2 years out of training and currently implanting the minimum number of ICDs with the minimum number of patient follow-ups as stated in the Addendum and Clinical Competency Statement.
- k) Before any proctored ICD/CRT device implantation, it should be clearly documented that the patient was informed of the proctorship and had the right to refuse the procedure being performed as part of a proctorship.
- l) For physicians practicing in the United States, proctoring should be done at a JCAHO accredited hospital or institution at which a proctor practices and implants cardioverter defibrillators.
- m) Those wishing to be grandfathered should meet the requirements in the Addendum before independently implanting ICD/CRT devices. Those who do not meet the minimum number of ICD/CRT implantations and requirements should be proctored.

This training pathway in ICD/CRT device implantation should be followed no more than three (3) years from the date of the

Addendum's publication in the journal *Heart Rhythm* (October, 2005). After the third year, non-electrophysiologists wishing to implant ICD/CRT devices should be trained in an approved fellowship training program.

G. SWAN-GANZ CRITERIA:

Physicians who have completed a three-year Internal Medicine residency program and can provide documentation of Swan-Ganz training will be eligible for Swan-Ganz privileges.

NON-INVASIVE CARDIOLOGY

A. ELECTROCARDIOGRAM (EKG) CRITERIA:

Physicians must have the following training in order to apply for EKG privileges:

Class I – Physicians must have invasive or non-invasive cardiology training. These physicians will be allowed EKG interpretation privileges on all patients.

Class II – Physicians must show proof of cardiology rotation as part of an accredited three-year Internal Medicine, Family Practice, Anesthesia, Pediatric or Emergency Medicine residency program and document training in EKG interpretation. These physicians will be allowed EKG interpretation privileges only on their patients. Another physician, who is part of the recognized practice group, with the same privileges, shall be equally acceptable to interpret the EKG.

B. ECHOCARDIOGRAPHY CRITERIA:

Privileges for echocardiography interpretation will be granted to members of the medical staff who demonstrate proper training and experience. Cardiology Section members will make recommendations regarding the activities of the echocardiography laboratories. A Medical Director will be appointed to provide quality assurance and oversight of echocardiography laboratory operations. Review of proper training and experience will be a responsibility of the Cardiology Section.

1. **Medical Director required training and experience:**

The Medical Director should meet one or more of the following criteria:

- a) Completion of a twelve month formal training program in echocardiography

- b) Completion of a six-month formal training program in echocardiography plus one year of experience that includes interpretation of at least 600 echocardiogram/Doppler examination interpretations
- c) Three years of echocardiography practice experience with at least 1800 echocardiogram/Doppler examination interpretations.

2. Medical Staff required training and experience:

The Medical Staff should meet one or more of the following criteria:

- a) Completion of a six-month program of echocardiography that includes interpretation of at least 300 echocardiogram/Doppler examinations
- b) Three years of echocardiography practice experience with interpretation of at least 900 echocardiogram/Doppler examinations.

3. Continuing Education Requirements:

- a) The Medical Director should document at least 30 hours of AMA Category 1 CME credits continuing education in echocardiography over a period of three years. All of the continuing education hours must be Category I AMA and must be echocardiography related. Failure to comply with Department of Medicine rules and regulations may result in suspension of echocardiography interpretation privileges.
- b) The Medical staff should document at least 15 hours of AMA Category 1 CME credits continuing education in echocardiography over a period of three years. All continuing education hours must be Category 1 AMA and must be echocardiography related. Failure to comply with Department of Medicine rules and regulations may result in suspension of echocardiography interpretation privileges.

4. Echocardiography Interpretation Guidelines:

- a) Echocardiography reporting must be standardized in the laboratory per requirements from Cardiology Section. Failure to comply with Department of Medicine Rules and Regulations will subject a physician to possible

suspension of echocardiography interpretation of privileges.

- b) Timeliness of echocardiography interpretations must be standardized per requirements from Cardiology Section. Failure to comply with Department of Medicine Rules and Regulations will subject a physician to possible suspension of echocardiography interpretation of privileges.

5. 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.

C. CARDIAC STRESS TEST CRITERIA:

Physicians are required to have completed an accredited cardiology fellowship to be granted cardiac stress test privileges. In lieu of one year cardiology fellowship, physicians having completed a three-year Internal Medicine residency program, who can document appropriate training and/or experience in cardiac stress testing, would be eligible for privileges.

D. CARDIOLOGY STUDIES AND PROCEDURES CRITERIA:

Privileges for the following cardiology studies and procedures will be granted only to cardiologists who can document training:

- 1. Elective Cardioversion
- 2. Pericardiocentesis
- 3. Balloon pump

E. ECHO STRESS TEST CRITERIA:

Privileges will be granted only to cardiologists who can document training and only if granted both echo and cardiac stress privileges.

F. TRANSESOPHAGEAL ECHOCARDIOGRAPHY CRITERIA:

Privileges for transesophageal echocardiography requires documentation of training and/or experience. After completing a course, experience may be obtained by being supervised on 5 (five) procedures by a GI physician or another cardiologist having transesophageal echo privileges.

G. PULMONARY STRESS CRITERIA:

Physicians are required to have one year pulmonary fellowship training to be granted pulmonary stress test privileges. In lieu of one year pulmonary fellowship, consideration will be given if documentation of appropriate training and/or experience of current competency can be provided for review.

H. ATHRECTOMY PRIVILEGES:

Physicians must provide documentation of having attended a course on athrectomy or documentation of training and/or experience and must be proctored for five procedures with a physician who currently has athrectomy privileges.

I. NUCLEAR CARDIOLOGY IMAGING CRITERIA:

Approval for nuclear cardiology imaging is a special circumstance requiring specific state and/or federal licensure. Authorization for use of radioactive materials by non-radiologist for nuclear cardiology imaging will require the following:

1. Provisional or Active membership on the Medical Staff of Lee Memorial Health System.
2. Privileges for cardiac stress testing.
3. Applicant requesting privileges must document conformity to the requirements for inclusion on the radioactive materials license as set forth in Chapter 10D-91.770, Florida Administrative Code (FAC), Training for Imaging and Localization Studies as Qualified by Chapter 10D-92.778, FAC, Physician training in a 3-month program, 10D-91.779, Recentness of Training and as appropriate, 10D-91.774, Training for Use of Sealed Sources for Diagnosis. Specific training in nuclear cardiac imaging is required.

J. ENDOSCOPY CRITERIA:

1. Guidelines are based on those of the American Society of gastrointestinal Endoscopy. To receive endoscopy privileges, a

physician should have completed an approved residency and fellowship in gastroenterology (or related training program in which gastrointestinal endoscopy was included) and be Board eligible or Board certified.

2. During that period of training or during the past two years in practice, the following volume of procedures should have been performed:
 - a. 130 upper GI endoscopies
 - b. 180 ERCP's
 - c. 25 (twenty-five) laparoscopies
 - d. 15 PEGs
 - e. 140 colonoscopies (to include 30 snare polypectomies)
 - f. 150 EUS (for comprehensive competence in all aspects of EUS of which 75 should be pancreaticobiliary and 50 EUS guides FNA)
 - g. 5 pneumatic dilation for achalasia
3. Physicians applying for privileges must be able to document number of procedures performed and provide a reference to verify these numbers and/or a letter from the training director verifying competence in the procedures requested.
4. Specific privileges for any one procedure may be granted.
5. A tutorial or preceptorship may be arranged between a physician wishing to learn a procedure and a physician with privileges to do that procedure. Both must apply and be approved by the Gastroenterology Section, Credentials Committee and Executive Committee respectively.
6. Privileges for New Technology
 - Major – new technique or procedure which by its nature involves a high level of complexity, interpretive ability and/or new technology. Should be learned at an accredited institution which trains gastroenterologists. Should be privileged utilizing the ASGE criteria as the minimum standard.
 - Minor – new, non-experimental development that is a minor extension of an accepted and widely available technique or procedure. Requires limited education and practical exposure such as short courses/CD-ROM, and interactive computer programs to be approved by Gastroenterology Section Chief. Must be FDA approved. Must be recognized by the ASGE.

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