

GULF COAST HOSPITAL
DEPARTMENT RULES AND REGULATIONS

700 **DEPARTMENT OF MEDICINE**

- 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 Provisional Active 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 Organizational Policies.
 - b. A Vice-Chairman, whose qualifications, selection, tenure and functions will be as specified in the Medical Staff Organizational 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 thirty (30) 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 with admitting privileges. All other specialties and subspecialties shall 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 in writing with another appointee to fulfill the obligation.
- d. No single physician shall be listed on the call list greater than thirty (30) percent of the total call list at anytime.
- e. When a patient's condition requires a specialist, the patient's attending 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.

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.