

DEPARTMENT OF EMERGENCY MEDICINE RULES AND REGULATIONS

1. Department Name/Scope:

- a. This department is the Department of Emergency Medicine.
- b. The scope of practice of the members of the Department is to provide initial medical evaluation and management for a wide range of illnesses and injuries followed by appropriate referral of all patients unless:
 - (1) treatment is refused by a competent patient, or
 - (2) a Marquette General Hospital staff physician sees the patient.

2. Qualifications/Requirements for Department Membership and Guidelines for Recommending Privileges within the Department of Emergency Medicine:

- a. The Department of Emergency Medicine will consist of those practitioners specializing in the field of Emergency Medicine who are either board certified or eligible for board certification by the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM).
- b. Those physicians that are not board certified by ABEM or AOBEM and have privileges at MGHS and actively working in the Emergency Department at Marquette General Hospital as of January 2005 will qualify for Department membership.

3. Ongoing Requirements for Department Membership

It is the duty of the Department of Emergency Medicine to maintain a list of privileges and procedures for the practice of Emergency Medicine and to recommend privileges for its members as delineated in the Medical Staff Bylaws.

4. Monitoring and Implementation of Quality Improvement

- a. All aspects of the quality of care provided by all practitioners in this Department shall be routinely monitored through, and in compliance with, Marquette General Hospital's Quality Improvement Program/Plan. In addition, members will be involved in organization-wide improvement projects, as appropriate.
- b. Specific areas of regular review will be determined by the Department.

5. Membership Obligations and Duties

- a. All members shall have the responsibility to attend a minimum of 50% of the scheduled meetings of the Department each year as per the Medical Staff Bylaws.
- b. Provisional staff may vote at Department meetings.

6. **On-call Coverage Mechanism**

a. Unless otherwise specified, each physician shall be responsible for on call coverage.

7. **Meeting Schedule**

The Department of Emergency Medicine shall meet a minimum of ten (10) times per year, preferably monthly.

8. **Department Chair/Vice Chair**

The selection duties and responsibilities of the Department of Emergency Medicine Chair and Vice Chair shall be determined in accordance with the provisions set forth in the Medical Staff Bylaws.

9. **Hyperbaric Medicine**

a. The Hyperbaric Medicine Program exists to deliver care to the wide variety of patients requiring its services. The following rules serve as guidelines for ensuring uninterrupted delivery of care to our patients:

(1) Physicians who wish to refer a patient to the Hyperbaric Medicine Program shall obtain a consultation from the chair of the Hyperbarics program. If the chair is unavailable within two days or the case is an emergency referral, the consultation will be done by the physician on duty when the consultation is requested. These physicians must have current unlimited privileges in Hyperbaric Medicine.

b. Hyperbaric Medicine privileges shall be requested through the Department of Emergency Medicine.

(1) The training requirements for unlimited Hyperbaric privileges allowing the practitioner to perform Hyperbaric Medicine privileges are certification of completion of 40-hour training course in Hyperbaric Medicine approved by Undersea and Hyperbaric Medical Society.

c. Re-evaluation of a practitioner's competency to supervise chamber runs may be performed at the discretion of the Medical Director of the Hyperbaric Medicine Program but will be done annually by the Department of Emergency Medicine.

d. Hyperbaric physicians who are not members of the Department of Emergency Medicine are encouraged to attend Emergency Medicine Department Meetings.

10. **WALK-IN CLINIC**

a. A physician or mid-level practitioner working in the Hospital's Walk-in Clinic will apply for privileges through the Department of Emergency Medicine. A list of core competencies for the Walk-in Clinic will be established by the Hospital in concert with the Medical Director for the Walk-in Clinic.

b. Quality Assurance activities will be reported to the Department of Emergency Medicine.

c. Physicians and mid-level practitioners practicing in the Walk-in Clinic are encouraged to attend the Department of Emergency Medicine meetings

11. **OBSERVATION UNIT**

- a. Criteria for admission, continued monitoring, and discharge of patients to and from the Observation Unit will be established by the Department of Emergency Medicine and generally follow the rules and regulations established by third party payers. Physicians with active Medical Staff privileges will be able to utilize the Observation Unit if beds are available, provided that they then are responsible for the patient.
- b. Quality Assurance activities will be reported to the Department of Emergency Medicine.
- c. Those physicians utilizing the Observation Unit that are not members of the Department of Emergency Medicine are encouraged to attend the Department of Emergency Medicine meetings.

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DEPARTMENT OF FAMILY PRACTICE RULES AND REGULATIONS

1. Department Name/Scope:

- a. This department is the *Department of Family Practice*.
- b. The Department of Family Practice is the medical specialty which provides continuing and comprehensive health care for the individual and family. It is the specialty of breadth which integrates the biological, clinical and behavioral sciences. The scope of family practice encompasses all ages, both sexes, each organ system, and every disease entity. Family practice is the continuing and current expression of the historical medical practitioner and is uniquely defined within the family context. (*Adopted by the Congress of Delegates of the American Academy of Family Physicians, September 1986.*)
- c. The family physician provides health care in the discipline of family practice. His/her training and experience qualify him/her to practice in the several fields of medicine and surgery.
- d. The family physician is educated and trained to develop and bring to bear in practice unique attitudes and skills which qualify him/her to provide continuing, comprehensive health maintenance and medical care to the entire family, regardless of sex, age or type of problem, be it biological, behavioral or social. This physician serves as the patient's or family's advocate in all health-related matters, including the appropriate use of consultants and community resources. (*Adopted by the Congress of Delegates of the American Academy of Family Physicians, October 1975.*)
- e. A general practitioner in osteopathic medicine is a legally qualified Doctor of Osteopathy and does not limit his/her practice to any particular field of osteopathic medicine and surgery. (Definition of general practice of the American Osteopathic Board of General Practice.)

2. Qualifications/Requirements for Department Members

- a. The Department of Family Practice will consist of those physicians specializing in the field of family practice or general practice by completing an accredited family practice/general practice residency or documented equivalent training; being certified by the American Board of Family Practice or the American Osteopathic Board of General Practice; or being able to demonstrate ability and competency to practice in the specialty of Family Medicine.
- b. Physicians assigned to this Department who are not board certified by the American Board of Family Practice or the American Osteopathic Board of General Practice will be recommended for privileges by this Department commensurate with their training and ability to demonstrate skills in the areas of privileges for which they apply.
- c. The Chair, Vice-Chair and Member-at-Large of the Department of Family Practice shall be board certified by the American Board of Family Practice or the American

Osteopathic Board of General Practice.

The officers of the Department of Family Practice should reflect the scope of practice and diversity of its members. Policies, procedures, and governance issues should be resolved considering both individual and collective members' viewpoints. Officers are elected by democratic process with adequate opportunity for all members' names to be placed in nomination.

- d. According to the Medical Staff Bylaws, the Chair, Vice-Chair and Member-at-large positions will be elected annually. The procedure for election is as follows:
 1. Requests for officer nominations will be placed on the October and November agendas.
 2. After the November meeting, notices will be sent to all nominees requesting their statement to be included on the ballot.
 3. Two weeks prior to the election, if there is more than one nominee for any position, ballots will be sent out to all members of the Department of Family Practice.
 4. These ballots may be used as absentee ballots and will be returned to the Secretary for the Department of Family Practice.
 5. No nominations will take place in December unless there have been no nominations for a position prior to that time.
 6. The election will be held at the December Department meeting.
 7. All written ballots will be tallied by the Secretary for the Department of Family Practice and results announced during the December meeting.
 8. Write-in votes are not allowed.

3. **Department Privileges**

- a. It is the duty and right of the Department of Family Practice to establish and credential its own privileges and procedures for its members as delineated in the Medical Staff Bylaws. The family practitioner may hold privileges in several clinical Departments, recommended by those Departments, beyond those routinely recommended by the Department of Family Practice based upon his/her training and expertise. Physicians who are making application for privileges in any area and who are members of the Department of Family Practice should submit their applications to the Chair of the Department of Family Practice for consideration as to the recommendation of privileges.
- b. As in other medical specialties, the scope of family practice changes and expands constantly as the field of medicine changes. The scope of family practice privileges are delineated into three general areas:
 - (1) Category I privileges are intrinsic to the description of family medicine and are basic to the successful completion of an accredited family practice residency. Applicants for privileges who have not completed such a residency shall be evaluated based on the documentation of their abilities. These privilege requests will be reviewed by the Family Practice Credentials Committee, voted upon by the Department of Family Practice, and forwarded to the Medical Staff Executive Committee as per the Medical Staff Bylaws.

- (2) Category II privileges are generally taught in family practice residencies but require further documentation for privileging. These privilege requests will be reviewed by the Family Practice Credentials Committee, voted upon by the Department of Family Practice, and forwarded to the Medical Staff Executive Committee as per the Medical Staff Bylaws.
- (3) Category III privileges require further documentation. Some of these privileges can still be considered (upon appropriate documentation of competency) as supportable by the Department of Family Practice. All Category III privilege requests will be reviewed by the Department of Family Practice and forwarded to the corresponding Department for their recommendation, which will be communicated back to the Chair of the Department of Family Practice. Both recommendations will then be passed by the Chair of the Department of Family Practice to the Medical Staff Executive Committee.

In the event that Category III privileges recommended by the Department of Family Practice are subject to a negative recommendation by the Department in which they are reviewed, the reasons for the rejection must be documented and presented to the Chair of the Department of Family Practice and the applying member. If that member wishes to continue to pursue these privileges, these reasons for cancellation must be presented to the Medical Staff Executive Committee through the Chair of the Department of Family Practice for staff consideration, following the appeal mechanism delineated in the Medical Staff Bylaws.

- c. During the probationary period, prior to the granting of active staff privileges the physician shall be under the supervision of the Chair of the Department of Family Practice or another physician member of the medical staff who has the appropriate privileges. This physician shall monitor the level of expertise of the applicant and make appropriate recommendations concerning the granting of privileges.

4. **Specialized Medical Practices, Procedures and Requirements**

Specialized privileges will be listed as Category III privileges and reviewed by the Department of Family Practice based on documentation of training and experience.

5. **Monitoring and Implementation of Quality Improvement**

- a. Any privileges held through the Department of Family Practice shall be reviewed by that Department.
- b. All aspects of the quality of care provided by all practitioners in this Department shall be routinely monitored through, and in compliance with, Marquette General Hospital's Quality Improvement Program/Plan. In addition, members will be involved in organization-wide improvement projects, as appropriate.

6. **Membership Obligations and Duties**

- a. A practitioner may choose to attend other Medical Staff Department meetings in which he/she has a particular interest as a non-voting attendee. His/her primary responsibility

will be to the Department of Family Practice.

- b. Members who do not participate in the Department of Family Practice meetings, including assigned peer reviews and presentations, and/or do not attend at least 50% of the meetings during the year will be subject to Department sanction.

7. **On-call Coverage Mechanism**

On-call coverage will be in compliance with the General Rules & Regulations to the Medical Staff Bylaws.

8. **Meeting Schedule**

- a. The Department of Family Practice shall meet at least nine times per year, preferably monthly.
- b. The Department Management Committee may meet as necessary to review and act on quality improvement data and credentials and conduct quality chart review.

9. **Committees**

- a. Department Management Committee shall consist of the Chair, Vice Chair and an at-large representative. If deemed necessary by the Department Management Committee, action may be deferred to the next regular Department meeting or at a special meeting called by the Chair of the Department, or by vote as delineated in the Medical Staff Bylaws. Minutes of the Departmental Management Committee meetings shall be recorded and distributed at the next Department meeting.
- b. The Department of Family Practice Credentials Committee shall consist of the Chair and Vice-Chair of the Department of Family Practice and one Member-at-large selected by the Department of Family Practice on an annual basis.
- c. Medical Staff Credentials Committee In accordance with the Medical Staff Bylaws, the Vice-Chair of the Department shall serve on the Medical Staff Credentials Committee.
- d. If the Department is granted an additional representative to the Medical Staff Executive Committee according to the Medical Staff Bylaws, the Member-at-large shall assume that position. The Vice-Chair shall assume the role of the Department representative at Medical Staff Executive Committee meetings if the Chair or Member-at-large are unavailable.

10. **Divisions of the Department of Family Practice**

None

DEPARTMENT OF MEDICINE

RULES AND REGULATIONS

1. Department Name/Scope:

- a. This department is the *Department of Medicine*.
- b. The Department of Medicine is established to maintain quality care for patients at Marquette General Hospital. The scope of the Department is to be responsible for appropriate credentialing of practitioners, and monitoring and participating in ongoing quality improvement issues, and monitoring the medical practice within the Hospital for all specialties and subspecialties under the jurisdiction of this Department.
- c. Recommendations for permissible procedures within the general scope of the department practice shall be in accordance with published, nationally recognized specialty guidelines when available.

2. Qualifications/Requirements for Department Members

Members of the Department of Medicine must be board certified in their specialty or have completed all requirements for board certification at an accredited institution, and must have demonstrated a reasonable degree of continuing clinical involvement in their specialty or specialties.

3. Ongoing Requirements for Department Membership

It is the duty and right of the Department of Medicine to establish and credential its own privileges and procedures for its members as delineated in the Medical Staff Bylaws.

4. Specialized Medical Practices, Procedures and Requirements

See 3 above.

5. Monitoring and Implementation of Quality Improvement

All aspects of the quality of care provided by all practitioners in this Department shall be routinely monitored through, and in compliance with, Marquette General Hospital's Quality Improvement Program/Plan. In addition, members will be involved in organization-wide improvement projects, as appropriate.

6. Membership Obligations and Duties

- a. Members who do not participate in the Department of Medicine meetings, including assigned chart reviews and presentations, and/or do not attend at least 50% of the meetings they are able to attend, will lose their Department voting privileges for the next year.
- b. Provisional members may vote at Department meetings.
- c. The Chair, Vice-Chair and a Department of Medicine member-at-large to the Medical Staff Executive Committee shall be elected yearly by a simple majority vote of the

members present at the meeting prior to the annual Medical Staff meeting.

7. **On-call Coverage Mechanism**

On-call coverage will be in compliance with the General Rules & Regulations to the Medical Staff Bylaws.

8. **Meeting Schedule**

- a. The Department of Medicine shall meet a minimum of ten (10) times per year.
- b. The Divisions of the Department of Medicine shall meet on an ad hoc basis, as necessary. Records will be kept and distributed at the next Department meeting.

9. **Committees**

Members of the Department of Medicine shall participate in committees as assigned and described in the Medical Staff Bylaws.

10. **Divisions of the Department of Medicine**

- a. Allergy/Immunology
- b. Cardiology
- c. Dermatology
- d. Gastroenterology
- e. Hematology/Medical Oncology
- f. Internal Medicine
- g. Neurology
- h. Pulmonary Medicine
- i. Radiation Oncology
- j. Rehabilitation
- k. Rheumatology
- l. Nephrology
- m. Infectious Disease

DEPARTMENT OF OBSTETRICS & GYNECOLOGY

RULES AND REGULATIONS

1. Department Name/Scope

- a. This department is the *Department of Obstetrics and Gynecology*.
- b. The Department of Obstetrics & Gynecology is established to maintain the quality of obstetrical and gynecological care in matters that affect the function or produces disease of the female reproductive organs. The scope of the Department is to be responsible for credentialing of practitioners, and monitoring and participating in ongoing quality improvement issues under the jurisdiction of this Department.
- c. Recommendations for permissible procedures within the general scope of the department practice shall be in accordance with the privilege category granted.

2. Qualifications/Requirements for Department Members

Privileges in the Department of Obstetrics & Gynecology will be recommended for applicants according to the applicant's training, historical and recent experience. The categories for privileges consist of:

- a. Basic Care
- b. Specialty Care

3. Ongoing Requirements for Department Membership

It is the duty and right of the Department of Obstetrics and Gynecology to establish and recommend privileges for its members as delineated in the Medical Staff Bylaws. In order to be granted privileges, the certified Nurse Midwife must be employed by a physician(s) and/or Marquette General Health System as part of an established collaborative practice which includes a physician member of the Active Medical Staff of Marquette General Health System or other physician member deemed appropriate by the Medical Staff Executive Committee. Privileges would be granted within the confines of the certified Nurse Midwife guidelines and must not exceed the privileges of the supervising physician. Scope of practice of certified Nurse Midwives shall be reviewed and approved by the Department of Obstetrics and Gynecology and the Medical Staff Executive Committee. Any requests for changes in the scope of practice shall be recommended by the Department of Obstetrics and Gynecology to the Medical Staff Executive Committee for approval.

4. Notification to Anesthesia Staff:

- a. The practitioner providing the obstetrical service will notify the Anesthesia Staff and Obstetricians of:
 1. Operative vaginal delivery
 2. Retained placenta
- b. An Obstetrician will notify the Anesthesia Staff of:
 1. Operative vaginal delivery
 2. Retained placenta

5. **Monitoring and Implementation of Quality Improvement**

All aspects of the quality of care provided by all practitioners in this Department shall be routinely monitored through, and in compliance with, Marquette General Hospital's Quality Improvement Program/Plan. In addition, members will be involved in organization-wide improvement projects, as appropriate.

6. **Membership Obligations and Duties**

Members who do not participate in the Department of Obstetrics and Gynecology meetings, including assigned chart reviews and presentations, and/or do not attend at least 50% of the meetings during the year, will lose their Department voting privileges for the next year.

7. **On-call Coverage Mechanism**

On-call coverage will be in compliance with the General Rules & Regulations to the Medical Staff Bylaws. All physicians practicing obstetrics will be required to submit a list of coverage at all times to the Department, including a call schedule demonstrating 24-hour coverage. Those physicians not in group practice must provide information for provision of coverage in situations where they will not be available for call. Any indication of not having adequate back up will be reviewed by the Department, and appropriate discipline will be taken.

8. **Meeting Schedule**

The Department of Obstetrics and Gynecology shall meet a minimum of ten (10) times per year, preferably monthly.

9. **Committees**

Members of the Department of Obstetrics and Gynecology shall participate in committees as assigned and described in the Medical Staff Bylaws.

10. **Divisions of the Department of Obstetrics and Gynecology**

None

11. **Use of Oxytocic Drugs**

In compliance with the directive, *Rules and Regulations for Hospitals with Maternity Departments*, Nos. 9.20 and 2.22, Michigan Department of Health, regarding the use of oxytocic, the following will be observed:

a. Oxytocics

- (1) Antepartum: In any consideration of induction there should be adequate indications warranting the procedure, and the status of the case should be such that it lends itself to the induction and should be adequately documented on the chart, including documentation of fetal age. When oxytocics are started, a practitioner must be in attendance.

12. Provisional Staff Members will not be permitted to vote in the Department of OB/Gyn.

DEPARTMENT OF PATHOLOGY

RULES AND REGULATIONS

1. Department Name/Scope

- a. This department is the *Department of Pathology*.
- b. The Department of Pathology is established to maintain the quality of pathology services. The scope of the Department is to be responsible for appropriate credentialing of practitioners, monitoring and participating in ongoing quality improvement issues and monitoring and conducting pathology activities:
 - (1) Direct Pathological Services, such as analysis and reporting on autopsies, surgical/biopsy tissues, cytologies, certain medical laboratory tests, and clinical pathologic consultations on individual patients.
 - (2) Medical Laboratory Support A Medical Director will be provided for the Laboratory. Pathologists will provide administrative and technical consultative support for the Laboratory (e.g. hematology, chemistry, blood bank, microbiology, serology, immunology, phlebotomy, etc.) operations.
- c. Recommendations for permissible procedures within the general scope of the departmental practice shall be in accordance with the published, nationally recognized specialty guidelines when available.

2. Qualifications/Requirements for Department Members

- a. Full Privileges
 - (1) Qualifications: Members having full privileges must be certified by the American Board of Pathology or be eligible for certification, and be associated with the Department by contractual arrangement with the Hospital.
 - (2) Activity Requirements: Members having full privileges must be involved in interpretation of surgical pathology and cytology on a regular, ongoing basis at Marquette General Hospital.
- b. Limited Privileges: Medical Staff members wishing specific privileges to perform certain types of procedures must submit their request(s) in writing to the Medical Director of the Department for review by the Department of Pathology. Such request(s) for privileges must be accompanied by adequate documentation of training and experience.

3. Ongoing Requirements for Department Membership

It is the duty and right of the Department of Pathology to establish and credential its own privileges and procedures for its members as delineated in the Medical Staff Bylaws. Members having privileges in the Department of Pathology will avail themselves of such continuing education as to maintain performance satisfactory to the Medical Staff.

4. **Specialized Medical Practices, Procedures and Requirements**

Pathologists with appropriate training and expertise may perform pheresis procedures.

5. **Monitoring and Implementation of Quality Improvement**

All aspects of the quality of care provided by all practitioners in this Department shall be routinely monitored through, and in compliance with, Marquette General Hospital's Quality Improvement Program/Plan. In addition, members will be involved in organization-wide improvement projects, as appropriate. Pathologists will participate in programs designed to maintain and improve the quality of service and will keep documentation of these activities.

6. **Membership Obligations and Duties**

Members who do not participate in the Department of Pathology meetings, including assigned chart reviews and presentations, and/or do not attend at least 50% of the meetings during the year, will lose their Department voting privileges for the next year.

7. **On-call Coverage Mechanism**

On-call coverage will be in compliance with the General Rules & Regulations to the Medical Staff Bylaws. Pathologists will provide 24-hour coverage for frozen sections and other specimen handling as deemed necessary for proper patient care, and will be available on a 24-hour basis to offer assistance to the Medical Staff in obtaining optimal Laboratory services.

8. **Meeting Schedule**

The Department of Pathology shall meet a minimum of ten (10) times per year, preferably monthly, with appropriate technical staff, to discuss matters involving all areas of Department responsibility.

9. **Committees**

Members of the Department of Pathology shall participate in committees as assigned and described in the Medical Staff Bylaws.

10. **Divisions of the Department of Pathology**

None

11. **Hospital Educational Conferences**

Members shall cooperate with other physicians in presentation of pathologic aspects of cases presented at clinical conferences. The Pathologists may conduct pathology education conferences for their interest and education and that of the Medical Staff.

12. **Direct Pathologist Services**

a. Specimens and Reporting

- (1) The Department of Pathology will maintain instruction for proper collections of specimens. Pathologists may participate in obtaining specimens from patients, by mutual agreement between the involved Pathologist and the clinician.
- (2) Reports of results of examinations will be provided in a timely fashion, and files will be maintained in accordance with Hospital and State requirements.
- (3) Consultations on specific cases will be obtained from outside laboratories at the discretion of the Pathologist. Pathologists will also serve as agents to direct cases for outside consultation when specifically requested by a member of the Medical Staff.
- (4) Members of the Department may offer interpretative reports on certain laboratory tests requiring evaluation based on clinical pathologic data.

13. **Medical Laboratories Support**

- a. The Medical Laboratory will be overseen by a Director, who is a physician qualifying for full Department of Pathology privileges under Section 2a above and appointed as Director by the Hospital Board of Trustees.
- b. The Director may appoint Members of the Department of Pathology (not necessarily having full privileges) to assist in overseeing specific areas of the Laboratory (e.g. hematology, chemistry, microbiology).
- c. **Medical Laboratory Support Activities**
 - (1) Pathologists will assist the laboratory technical personnel in programs and other efforts to monitor, maintain and improve quality of operations, and will be active in providing educational presentations/materials to the technical staff.
 - (2) Pathologists will work with the laboratory technical personnel in the development and improvement of new and existing laboratory tests.
 - (3) Pathologists will serve as a liaison between the personnel performing laboratory testing and the Medical Staff.
 - (4) Members of the Department may be involved in administrative activities involving other aspects of laboratory operations not covered above.

DEPARTMENT OF PEDIATRICS

RULES AND REGULATIONS

1. Department Name/Scope

- a. This department is the *Department of Pediatrics*
- b. The Department of Pediatrics has the duty and responsibility of ensuring the quality of care for all children at Marquette General Hospital. Inherent in the Department's duty of maintaining the quality of care for children at this institution is the establishment of guidelines and credentialing procedures for all appropriate members of the Medical Staff regarding the care of children.

2. Qualifications/Requirements for Department Membership

- a. Members of the Department of Pediatrics shall have the concern and responsibility of maintaining and promoting a high level of medical services to children and youths, ages birth through 18 years. They shall maintain close cooperation between the members of the department, other members of the medical staff, the Hospital administration, and the nursing service.
- b. Recommendations for permissible procedures within the general scope of the departmental practice shall be in accordance with the privilege category granted.
- c. Privileges for the care of children and youth will be granted to physicians according to the physician's training and experience, and a demonstrated reasonable degree of continuing clinical involvement in their specialty, in the following categories, as approved by the Department of Pediatrics:
- d. **Limited Privileges**
 - (1) **Category 1** Privileges for the care of children in a particular subspecialty area by a non-pediatric specialist or subspecialist (example: Orthopedics, Urology, Neurosurgery). Development of complication or the need for two or more non-pediatric specialists should prompt consultation with a board certified or eligible pediatrician with Category 3 or 4 privileges for general care of the patient and coordination of care. *Criteria:* Board-certified or board-eligible in his/her particular specialty area with documented training or experience in the care of children in that specialty area.
 - (2) **Category 2** Privileges for basic care of common clinical conditions effecting term newborns and children requiring inpatient or outpatient hospital admission. Development of complications in the patient's condition should prompt consultation with a board-certified or eligible pediatrician with Category 3 or 4 privileges. *Criteria:* Training and/or experience in the care of children with these conditions.

e. **Full Privileges**

- (1) Category 3 Privileges for the admission and continuing care of common, as well as major and/or complicated, pediatric and neonatal patients and for providing pediatric consultation to physicians of other specialties. *Criteria:* Board-certified or board-eligible with active pursuit of certification in Pediatrics.
- (2) Category 4 Privileges for consultation and management of problems in a recognized pediatric subspecialty. *Criteria:* A fellowship and/or advanced post-residency training and/or experience in the requested specialty. (As of 5/93, recognized pediatric subspecialties are pediatric cardiology, pediatric critical care medicine, pediatric hematology/oncology, neonatal/perinatal medicine, pediatric nephrology, pediatric pulmonology, certification in allergy/immunology, and certification in diagnostic laboratory immunology.)

f. All patients admitted to the Neonatal Intensive Care Unit (NICU) must be admitted by a pediatrician or neonatologist.

g. Consultation by a physician with Category 3 or 4 pediatric privileges is strongly encouraged for all patients who present with complex illnesses, complex diagnostic problems, or where there are multiple subspecialty physicians and there is a need for coordination of care.

3. **Ongoing Requirements for Department Membership**

It is the duty and right of the Department of Pediatrics to establish and credential its own privileges and procedures for its members as delineated in the Medical Staff Bylaws.

4. **Specialized Medical Practices, Procedures and Requirements**

See 3 above.

To privilege for neonatal resuscitation, applicant must provide documentation of NRP course completion and ongoing recertification.

5. **Monitoring and Implementation of Quality Improvement**

All aspects of the quality of care provided by all practitioners in this Department shall be routinely monitored through, and in compliance with, Marquette General Hospital's Quality Improvement Program/Plan. In addition, members will be involved in organization-wide improvement projects, as appropriate.

6. **Membership Obligations and Duties**

- a. Members with full privileges who do not participate in the Department meetings, including assigned chart reviews, and/or do not attend at least 50% of the meetings during the year, will lose their Department voting privileges for the next year.

- b. Provisional members shall have voting privileges at Department meetings.

7. On-call Coverage Mechanism

On-call coverage will be in accordance with an established schedule and in compliance with the Medical Staff Bylaws.

8. Meeting Schedule

The Department of Pediatrics shall meet a minimum of ten (10) times per year, preferably monthly.

9. Committees

Members of the Department of Pediatrics shall participate in committees as assigned and described in the Medical Staff Bylaws.

10. Divisions of the Department of Pediatrics

- a. General Pediatrics
- b. Pediatric Cardiology
- c. Neonatology

11. Members of the Department, Categories 1-4, shall ensure that a comprehensive medical evaluation is done prior to their patients undergoing elective surgery.

DEPARTMENT OF PSYCHIATRY RULES AND REGULATIONS

1. Department Name/Scope

- a. This department is the *Department of Psychiatry*.
- b. The Department of Psychiatry includes all of the behavioral health services at this institution, including those areas known as Mental Health, Substance Abuse, Employee Assistance Program, Geriatric Psychiatry, and Child & Adolescent Psychiatry. The general scope of departmental practice is the treatment of mental illness, substance abuse and other behavioral health problems related to adults and children.
 - (1) Psychiatry Members are required to have completed a residency approved by the ACGME and/or the AOA in Psychiatry and/or its subspecialties. Addiction Medicine is defined by the above and includes those practitioners trained and members of the ASAM or APA Addiction Psychiatry programs.
 - (2) Child and Adolescent Psychiatry Members are required to have completed a fellowship approved by the ACGME and/or the AOA.
- c. Recommendations for permissible procedures within the general scope of the departmental practice shall be in accordance with the published, nationally recognized specialty guidelines, when available.

2. Qualifications/Requirements for Department Members

- a. Members of the Department of Psychiatry must be board certified in their specialty or have completed all requirements for board certification at an accredited institution, and must have demonstrated a reasonable degree of continuing clinical involvement in their specialty or specialties.
- b. The following levels of Department of Psychiatry privileges may be granted:
 - (1) Level I: Physicians who are not board eligible in psychiatry, with little or no residency training, but with considerable experience in the care of mental disorders and qualified for the general practice of medicine.
 - (2) Level II: A psychiatrist who is board eligible in psychiatry.
 - (3) Level III: Psychiatrists who are board certified by the American Board of Psychiatry and Neurology, or it's equivalent.
 - (4) Level IV: Specialized fellowship training beyond board eligibility or board certification in general psychiatry. Requires extensive subspecialty fellowship training or experience in subspecialty areas.

3. Ongoing Requirements for Department Membership

It is the duty and right of the Department of Psychiatry to establish and credential its own privileges and procedures for its members as delineated in the Medical Staff Bylaws.

4. Specialized Medical Practices, Procedures and Requirements

- a. Those members applying for privileges to practice in specialized medical practices, such as Child Psychiatry, Geriatric Psychiatry or Addiction Rehabilitation, shall hold a fellowship, training certificate or board certification/board eligibility in their area of specialty through an accredited institution, as approved by the Department of Psychiatry.
- b. Those members applying for privileges in a specialized procedure, such as ECT, shall be approved on an individual basis by the Department of Psychiatry according to their training and expertise.

5. Monitoring and Implementation of Quality Improvement

All aspects of the quality of care provided by all practitioners in this Department shall be routinely monitored through, and in compliance with, Marquette General Hospital's Quality Improvement Program/Plan. In addition, members will be involved in organization-wide improvement projects, as appropriate.

6. Membership Obligations and Duties

- a. Members who do not participate in the Department of Psychiatry meetings, including assigned chart reviews and presentations, and/or do not attend at least 50% of the meetings during the year, will lose their Department voting privileges for the next year.
- b. Provisional members may vote at Department meetings.

7. On-call Coverage Mechanism

On-call coverage will be in compliance with the General Rules & Regulations to the Medical Staff Bylaws.

8. Meeting Schedule

- a. The Department of Psychiatry shall meet a minimum of ten (10) times per year, preferably monthly.
- b. The Division of Psychology shall meet five (5) times per year, preferably bi-monthly.

9. Committees

Members of the Department of Psychiatry shall participate in committees as assigned and described in the Medical Staff Bylaws.

10. Divisions of the Department of Psychiatry

- a. Psychology
 - 1. Members of the Psychology Division may include both Fully-Licensed Psychologists (Independent Allied Health Professionals) and Limited-Licensed Psychologists (Dependent Allied Health Professionals). Only Members with Independent AHP status shall have a vote in Division meetings.

2. Members who do not attend at least 50% of Division meetings, and/or who do not participate in peer review and performance improvement activities of the Division, will lose their voting privileges for the next calendar year.
3. The Division will identify and monitor quality of care issues and participate in performance improvement activities in compliance with Marquette General Hospital's Quality Improvement Program/Plan. All members shall participate in peer review of similarly credentialed psychologists, and in quality improvement activities, with results reported to the Department.
4. The Division shall elect a Chief of Psychology each December who shall serve as the representative of the Division at meetings of the Department, and who will have one vote at the Department meeting.
5. The Division shall establish and periodically review standards for credentialing members, as well as standards for psychological procedures performed by members. The Division shall make recommendations to the Chief of the Department as to credentialing members of the Division.
6. Members of the Division shall be credentialed in one or more of the following categories of practice, the scope of which shall be set forth in Division credentialing standards:
 - a. Adult Psychology
 - b. Adolescent Psychology
 - c. Child PsychologyRequests for Service Authority in the above areas may include the request, or recommendation, of approval of specific areas of practice with supervision by another member of the Division. Members with Dependent AHP status must be credentialed under supervisory status.
7. Members may also be credentialed (with the same qualifications as above) in the following specialty areas of practice, the scope of which shall be set forth in Division credentialing standards:
 - a. Neuropsychology (Adult and/or Pediatric)
 - b. Behavioral Medicine
8. Members of the Division agree to abide by the Ethical Principles of Psychologists promulgated by the American Psychological Association, in addition to existing Federal and State regulations relevant to the practice of Psychology.

DEPARTMENT OF RADIOLOGY

RULES AND REGULATIONS

1. Department Name/Scope

- a. This department is the *Department of Radiology*.
- b. The Department of Radiology is established to maintain the quality of radiologic care for patients at Marquette General Hospital. The scope of the Department is to be responsible for appropriate credentialing of practitioners, monitoring and participating in ongoing quality improvement issues, and monitoring the medical practice within the Hospital for all specialties and subspecialties under the jurisdiction of this Department, which is that branch of radiology concerned with the diagnosis of disease utilizing imaging equipment, including the specialties of nuclear medicine and ultrasound. The Department of Radiology is responsible for the recording and interpretation of static and dynamic images.
- c. Recommendations for permissible procedures within the general scope of the departmental practice shall be in accordance with published, nationally recognized specialty guidelines.

2. Qualifications/Requirements for Department Members

Members of the Department of Radiology must be board certified or board eligible in their specialty, and must have demonstrated a reasonable degree of continuing clinical involvement in their specialty or specialties.

3. Ongoing Requirements for Department Membership

- a. It is the duty and right of the Department of Radiology to establish and credential its own privileges and procedures for its members as delineated in the Medical Staff Bylaws.
- b. It is the responsibility of Members to avail themselves of additional training to maintain competency in future advancements and new procedures in the field.

4. Specialized Medical Practice, Procedures and Requirements

- a. Members requesting specific privileges to perform specialized procedures should submit their requests and documentation of training and experience as delineated in the Medical Staff Bylaws.
- b. It is recognized that physicians in other specialties with special training in the diagnosis of certain diseases by the use of radiographic techniques may wish to practice the specialty of radiology in a limited fashion. This will be done under the generally accepted guidelines of medical practice and following the Radiology Department procedures for safety and use of the equipment.

5. Monitoring and Implementation of Quality Improvement

- a. All aspects of the quality of care provided by all practitioners in this Department shall be routinely monitored through, and in compliance with, Marquette General Hospital's Quality Improvement Program/Plan. In addition, members will be involved in organization-wide improvement projects, as appropriate.
- b. Members of the Department of Radiology are responsible for the utilization of the equipment in a safe manner to obtain the best images with the least exposure to patients and personnel.

6. Membership Obligations and Duties

Provisional members may vote at Department meetings.

7. On-call Coverage Mechanism

On-call coverage will be in compliance with the General Rules & Regulations to the Medical Staff Bylaws.

8. Meeting Schedule

The Department of Radiology shall meet a minimum of ten times per year, preferably monthly.

9. Committees

Members of the Department of Radiology shall participate in committees as assigned and described in the Medical Staff Bylaws.

10. Divisions of the Department of Radiology

None

11. Abnormal Findings

In accordance with the American College of Radiology guidelines, communication between the radiologist and the referring physician is required if:

- a. The diagnosis necessitates immediate case management decisions.
- b. A potentially life-threatening condition is detected.
- c. The radiologist concludes alternative studies are required.
- d. Potentially significant, incidental findings have been made during other studies.

DEPARTMENT OF SURGERY

RULES AND REGULATIONS

1. Department Name/Scope

- a. This department is the *Department of Surgery*.
- b. The scope of the Department is to be responsible for appropriate credentialing of its members, as well as credentialing the members of other Departments who request surgical privileges; monitoring and participating in ongoing quality improvement issues; and providing continuing medical education opportunities for its members during Department meetings. The Department of Surgery works closely with administrators of the Operating Room to ensure safe and efficient care is delivered to patients.
- c. Member surgeons can perform all diagnostic and therapeutic procedures for which they are appropriately credentialed. The Department of Surgery recognizes that a visiting surgeon may assist, instruct or supervise a Member surgeon during a procedure. The visiting surgeon will undergo a credential review process well in advance of participation in an elective surgical procedure. The Department of Surgery further recognizes that over time surgical procedures, surgical technology and surgical indications may change. As surgical procedures evolve over time, the Department of Surgery expects and encourages its Members to participate in ongoing educational and instructional programs so that they may become competent and privileged to perform new surgical procedures.

2. Qualifications/Requirements for Department Members

Active membership in the Department of Surgery requires:

- a. Successful completion of the provisional year;
- b. Board certification or board eligibility in the appropriate general or specialty surgical board as recognized by the American Council for Graduate Medical Education, the American Osteopathic Association or the equivalent Canadian certifying body. If a surgeon is certified by specialty board organization of another country, the surgical department and Credentials Committee will carefully review and determine the equivalency and adequacy of training and certification for purposes of departmental membership.
- c. Successful completion of accredited residency program and fellowship program as dictated by the appropriate governing surgical board;
- d. Licensure in the State of Michigan;
- e. Full malpractice insurance coverage as defined in the General Rules & Regulations.

3. Ongoing Requirements for Department Membership

Members of the Department of Surgery are expected to fulfill continuing medical education (CME) requirements as outlined by their governing surgical board and in keeping with requirements for continued licensure by the State of Michigan. Member surgeons are expected to complete recertification, when applicable, according to the requirements of their governing surgical board.

4. **Specialized Medical Practices, Procedures and Requirements**

- a. It is recognized that over time a governing surgical board can alter its educational requirements for recertification or develop subspecialty certification requirements. Member surgeons who have, over their tenure as active staff surgeons, proven to be competent in areas undergoing restructuring can continue to perform these procedures at his/her discretion and as privileged to do so.

- b. **Podiatric Privileges**
 - (1) Podiatrists interested in a conservative practice may be board certified by the American Board of Podiatric Orthopedics and primary care certification committees. A podiatrist with this certification will be considered capable for all consults regarding conservative care of the feet and limited surgical privileges, up to a simple bunionectomy. All podiatry patients shall receive the same basic medical appraisal as patients admitted to other surgical services, including an adequate medical survey by a physician member of the Medical Staff before surgery. A physician member of the Medical Staff will be responsible for the care of any medical problem that may be present at the time of admission or that may arise during hospitalization.
 - (2) Podiatrists who are board certified in foot surgery by the American Board of Podiatric Surgery, which also is recognized by the American Podiatric Association, will be allowed to do all conservative care, as well as surgical procedures regarding the foot.
 - (3) Podiatrists who are board certified in foot and ankle surgery by the American Board of Podiatric Surgery should coordinate patients with an MD or DO for all cases requiring hospitalization.

- c. **Dental Privileges**
 - (1) Privileges granted to dentists shall be based on their training, experience and demonstrated competence and judgment. The scope and extent of surgical procedures that each dentist may perform shall be specifically delineated and granted in the same manner as all other surgical privileges. Surgical procedures performed by dentists shall be under the overall supervision of the Department of Surgery Chair. All dental patients shall receive the same basic medical appraisal as patients admitted to other surgical services, including an adequate medical survey by a physician member of the Medical Staff before surgery. A physician member of the Medical Staff will be responsible for the care of any medical problem that may be present at the time of admission or that may arise during hospitalization.

- d. **Dental Privileges - Oral Surgery**
 - (1) An oral surgeon who admits patients without medical problems may be recommended by the Credentials Committee and approved by the Board to perform admission histories and physicals on such patients. A physician member of the Medical Staff shall be responsible for the care of any medical problem that may be present on admission or that may arise during the hospitalization of oral surgery patients.

5. **Monitoring and Implementation of Quality Improvement**

All aspects of the quality of care provided by all practitioners in this Department shall be

routinely monitored through, and in compliance with, Marquette General Hospital's Quality Improvement Program/Plan. In addition, members will be involved in organization-wide improvement projects, as appropriate.

6. Membership Obligations and Duties

Member surgeons are required to maintain licensure, medical malpractice insurance and continuing medical education obligations, as dictated by their governing surgical board. Member surgeons are also required to attend Departmental meetings and participate in Hospital-wide committees as assigned. Member surgeons are also required to provide the educational program for the Department meeting on a rotating basis, as assigned.

7. On-call Coverage Mechanism

Each surgical specialty is required to provide 24-hour per day/7-day per week coverage for emergent, urgent and routine consultation in compliance with the General Rules & Regulations to the Medical Staff Bylaws. Each surgical specialty may decide for itself the distribution of call among its members; the Department of Surgery suggests that call be distributed in an equitable fashion.

8. Meeting Schedule

The Department of Surgery, as well as its committees and divisions, shall meet a minimum of 10 times per year, preferably on a monthly basis.

9. Committees

- a. Members of the Department of Surgery shall participate in committees as assigned and described in the Medical Staff Bylaws.
- b. Committees of the Department of Surgery include the Surgical Peer Review Committee, which reports to the Department of Surgery. This committee chairperson is assigned by the Department of Surgery Chair. Membership in this committee is determined by the Department of Surgery and Medical Staff Executive Committee.

10. Divisions of the Department of Surgery

- a. Anesthesia

11. Private Employees of Member Surgeons

Physician Assistants, Surgical Assistants, Nurse Practitioners, and Registered Nurses can be employed privately by any Member surgeon. These individuals shall conform to certification, education and licensing requirements dictated by their governing board. In the absence of a national governing board, the supervising surgeon will be required to develop guidelines to allow periodic assessment of performance. The MSEC will determine the process by which a private employee is authorized to exercise requested duties.

Amendments: An amendment to Section 2 (b) was approved by the Board of Trustees 11/19/07.