

Jersey Shore University Medical Center

**DEPARTMENT OF FAMILY PRACTICE
Rules & Regulations**

1. PURPOSE

The purpose of the Department of Family Practice is to provide a family physician with his own department for education and self-discipline, as well as a framework within which family physicians may work as a group on problems affecting the whole department or any individual member of the department. The Department of Family Practice in a hospital is designed to provide family physicians with equal representation in staff policy, administration and clinical services. It is a full clinical department with all departmental rights, duties and responsibilities as set forth in the Medical and Dental Staff Bylaws.

2. OBJECTIVE

The objective of the Department of Family Practice is to assure the hospital patient the availability of the highest quality of medical and surgical care, as a continuation of the patient's ongoing comprehensive care.

3. MEMBERSHIP

Qualifications for membership in the department shall be as outlined in the Medical and Dental Staff Bylaws.

A new applicant must be certified by the American Board of Family Practice if an M.D. or by the American Board of Osteopathic Medicine if a D.O., be eligible for board certification, or be able to demonstrate an equivalent level of competency. If board eligible, the applicant must become board certified within the time specified by his/her particular Family Practice specialty, as determined by the appropriate board. Exceptions may be allowed at the discretion of the Department Chair.

Established members of the Family Practice Department are urged to keep their board certifications current. Both the American Board of Family Practice and the American Board of Osteopathic Medicine have Maintenance of Certification Programs. Lapse of board certification will not affect a member's status in the Family Practice Department, so long as he/she continues to practice with the degree of expertise required by board certification.

A new applicant should have successfully completed a Family Practice Residency. The Department Chair may recommend an applicant who has not completed such a residency for membership, if the Department Chair determines the applicant has successfully met all other requirements for membership. Final ratification, of such an applicant's membership, shall be by vote of a majority of the Family Practice Department.

Department members shall be expected to:

- Provide high quality, continuing care for their patients, seeking appropriate consultations when needed;
- Participate actively in hospital continuing education and quality assurance programs.

To maintain membership in good standing in the Department of Family Practice, members must abide by the Medical and Dental Staff Bylaws, Rules & Regulations of the Medical Staff, and other policies as set forth by the Department of Family Practice.

4. CATEGORIES OF APPOINTMENT

Categories of appointment shall be defined as in the Medical and Dental Staff Bylaws, Article IV.

Final decision to remove a department member from Provisional Status requires Performance Improvement review by the Department Chair and the Department Performance Improvement Committee of at least five (5) medical records as well as meeting criteria for advancement as set forth in the Medical and Dental Staff Bylaws and these Rules and Regulations.

5. OFFICERS OF THE DEPARTMENT

The Officers of the department shall consist of:

- Chair
- Vice Chair

The Chair and Vice Chair shall be members of the Active Medical Staff and shall meet all criteria set forth in the Medical and Dental Staff Bylaws.

The nomination for department officers shall be announced at the monthly departmental meeting preceding the election of officers.

The election of the department officers shall be held at the department meeting preceding the December Executive Committee meeting.

5.1 Duties of the Chair

- Shall preside at all departmental meetings;
- Shall represent the Department of Family Practice at Medical Staff Executive Committee meetings and Credentials Committee meetings;

- Shall appoint members of the department to the standing committees at the request of the Medical Staff President and other special committees as deemed necessary to facilitate the function of the department;
- May call a special meeting of the (a) department or (b) any appointed department committee;
- Shall interview and evaluate each applicant for the Department of Family Practice when the applicant seeks staff membership and privileges;
- After evaluation, will recommend privileges commensurate with the individual applicant's documented training and/or experience, demonstrated abilities and current competence, in the manner described in the section of these department Rules & Regulations pertaining to clinical privileges;
- Other duties set forth in the Medical and Dental Staff Bylaws or commonly assigned a Chair.

5.2 Duties of the Vice Chair

- Shall preside at any of the department or committee meetings in the absence of the Chair;
- Shall serve on the Medical Staff Executive and Credentials Committee, in the absence of the Chair;
- Shall assist the Chair and shall perform any other duties as assigned by the Department Chair or commonly assigned the Vice Chair.

6. COMMITTEES

6.1 Department Quality Assessment & Improvement Committee

The Quality Assessment & Improvement Committee shall consist of the Department Chair and the Vice Chair and a member at large.

The committee shall be responsible for the scientific program at departmental meetings. The program shall include an updated Performance Improvement Plan on file with the department. Consultants may be utilized in these discussions/reviews.

6.2 Department Nominating Committee

The Nominating Committee shall be appointed by the Chair of the Department. It shall consist of three members of the department.

The committee shall submit to the Department of Family Practice, a written report of nominees for the department offices.

6.3 Other Committees

As appropriate, the department may establish other standing or special committees such as committees on bylaws, fiscal affairs, research, medical audit, etc.

7. MEETINGS

7.1 Department Meetings

Department meetings shall be held monthly. Attendance requirements for these meetings shall be a minimum of fifty (50) percent. Reasonable excuses for absences are acceptable in writing and addressed to the Department Chair.

The Chair, or Vice Chair in the absence of the Chair, shall serve as Chair at all Departmental meetings. Fifty (50) percent of the Active members of the department shall constitute a quorum. A majority vote shall be required to transact business. The order of business at departmental meetings shall be:

1. Approval of previous minutes.
2. Quality Assessment & Improvement
 - a. Follow-up on previous quality assessment deficiencies
 - b. Review of department clinical indicators/screens
 - c. Review of Mortality and Morbidity cases
 - d. Referrals/Reports from other Quality Assessment and Improvement Committees (Issues, Conclusions, Recommendations and Actions).
3. Old Business
4. New Business

7.2 Special Meetings

Special meetings may be called by the Department Chair or by a written request to the Department Chair by one half (½) of the Department's voting members. At special meetings, only matters indicated on the Agenda shall be discussed or considered.

8. CLINICAL PRIVILEGES

8.1 Procedure

New applicants for appointment to the staff in the Department of Family Practice shall submit a description of their graduate training and other medical experience, along with their application form and other required credentials at the time of application as per the Medical and Dental Staff Bylaws, Article VII.

8.2 Policy

In all cases, delineation of privileges granted in the Department of Family Practice shall be based on the individual applicant's documented education, training and/or experience, demonstrated abilities, current competence, judgment, health status, and character. Advancement of privileges may be granted when the applicant can show that additional training and experience so warrant, and/or at the end of the Provisional period. Conversely, restriction or suspension of privileges may be imposed, as set forth in the Medical and Dental Staff Bylaws, if such action must be taken immediately in the best interest of patient care or if the activities, competence, or professional conduct of a Member is considered to be lower than the standards or aims of the Medical Staff, or for any other reason in accordance with the Medical and Dental Staff Bylaws, the Rules and Regulations of the Medical Staff, or these Department Rules. Additionally, members may be placed under supervision, by the Department Chair, under certain circumstances.

Privileges to do those procedures, in which competence has been attained, will be recommended directly to the Executive Committee and Governing Body in accordance with the Medical and Dental Staff Bylaws.

Clinical work of Family Practice members in other departments of the hospital will be subject to the usual review mechanism maintained in the respective departments concerned.

8.3 Mechanism

Privileges will be granted to members of the Department of Family Practice in accordance with the Medical and Dental Staff Bylaws.

8.4 Scope and Categories

Privileges shall be assigned on an individual basis, not on the basis of the physician's specialty classification alone.

8.5 Reappointment

The reappointment process will be in accordance with Medical and Dental Staff Bylaws, Article VI, Section 7.5.

9. REGIONAL STAFF

- 9.1 The Regional Medical Staff includes those physicians who shall be privileged to admit occasional patients to the Medical Center within their defined privileges. They may be assigned duties by the Department Director and shall have the responsibility and duties as set forth in the Medical and Dental Staff Bylaws.
- 9.2 Regional Medical Staff members are subject to the Rules and Regulations of the Department of Family Practice.
- 9.3 Regional Medical Staff members will be permitted to admit four (4) patients annually.

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