



**DEPARTMENT OF MEDICINE
RULES AND REGULATIONS
APPROVED 9/30/2018**

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ARTICLE I - CHIEF OF MEDICINE

The Chief of Medicine shall:

1. Provide general supervision over the clinical work of the Medicine Service.
2. Preside over and supervise the functions of the Medicine Department as Chief in accordance with the rules, regulations, and policies established for the Medical Service by the Bylaws of the Medical Staff of Torrance Memorial Medical Center.

ARTICLE II - MEDICINE DEPARTMENT

The Medicine Department shall consist of a Chief and all Medicine Medical Staff members. The Chief will be nominated and elected as specified by the Bylaws of the Medical Staff. The Chief shall report regularly the activities and progress of the Medicine Department and each subcommittee to the Medical Executive Committee.

The Medicine Department shall maintain an acceptable standard of medical care by means of continuing review, education, and discussion. It shall recommend medicine policies and procedures to the Medical Executive Committee and to the Chief of Staff.

ARTICLE III - MEMBERSHIP REQUIREMENTS

Qualifications of applicants for membership and privileges are outlined on the Department of Medicine specialty specific Clinical Privilege Application Card and the Medical Staff Bylaws.

ARTICLE IV -- SUBCOMMITTEES OF THE MEDICINE DEPARTMENT

The Chief of the Medicine Department shall appoint, at his/her discretion, Chairpersons of the following subcommittees:

1. Cardiology Subcommittee
2. Critical Care Subcommittee
3. Gastroenterology Subcommittee
4. Medicine P.I. Subcommittee
5. Endocrinology Subcommittee

These subcommittees shall be responsible to the Medicine Department and shall report on their activities regularly to the Medicine Department. The Chief shall appoint liaison representatives in other medical specialties as necessary.

ARTICLE V - CLINICAL PRIVILEGES

Each member of the Medicine Department shall be granted requested privileges commensurate with his/her training and ability. The Department Chief shall review all privilege requests and training and experience and make recommendations regarding the requested privileges.

ARTICLE VI - CONSULTATION

Consultation is specially urged in the presence of the following conditions:

1. Renal failure
2. Complicated cardiac conditions
3. Unexplained jaundice
4. Unexplained coma
5. Complicated poisoning
6. Bacterial endocarditis
7. Gastrointestinal hemorrhage
8. Uncontrolled seizures
9. Severe or unexplained bleeding or anemia
10. Fever of undetermined origin
11. Respiratory insufficiency
12. Suicide Attempts

The above listing is not all-inclusive. Consultation should be sought for the above conditions and any other seriously ill patient where consultation, in the judgment of the responsible physician, would be consistent with acceptable patient care.

SURGICAL CONSULTS: Interventions for multi-vessel coronary artery disease (CAD) and unprotected left main disease must have a consult by a cardiothoracic surgeon. The patient's record should contain this consult or clear documentation that appropriate discussion regarding the risks, benefits and alternatives to surgery occurred with the patient and that the patient agreed with the plan for high risk percutaneous coronary intervention (PCI).

ARTICLE VII - CONTINUING EDUCATION

Continuing education in medicine shall be one of the major objectives of the Medicine Department. To this end, it shall assist the Medical Education Committee in its efforts and in reviewing the results of the Performance Improvement activities.

ARTICLE VIII - REVIEW OF POLICIES AND PROCEDURES

The Medical Department shall review these rules and regulations on a periodic basis to reflect changes in medical care and hospital medico-administrative requirements.

Modifications to existing rules, or to the addition of new ones, shall be made only as authorized by the Medicine Department, the Medical Executive Committee and Board of Trustees of the Torrance Memorial Medical Center.

ARTICLE IX - PROCTORING POLICY

See Medical Staff Policy/Procedure and specialty specific clinical privilege application card within the Department of Department of Medicine.

ARTICLE X - CARDIOLOGY EXAM READING AND DICTATION POLICY

When Cardiology exams are scheduled, the scheduling physician must determine who he/she wants to interpret the examination. Physicians designated to interpret exams have 24 hours (In-patients) or 48 hours (Outpatients) from the date of the performance of the procedure to interpret and dictate results. If the results are not dictated within this time period, the Medical Director of Cardiology or her/his designee will interpret the examination.

This policy applies to the following tests: All Stress Tests and ECHO

Physicians who fail to follow these policies on two occasions will result in a referral to the Cardiology Subcommittee for review and determination of action.

ARTICLE XI – CARDIOLOGY CATH LAB SAFETY TIME OUT POLICY

If staff deems proceeding with any cardiology procedure in any location is unsafe or questionable, they are enabled to call a “safety time out”. The Cath Lab or Unit Lead or their designee will contact the Cath Lab Medical Director, Chair of Cardiology, or their designee to discuss the case with the primary interventionalist including the indications and plan for the procedure.