

**SECTION 1. ORGANIZATION OF DEPARTMENT OF EMERGENCY MEDICINE**

- A. The Department of Emergency Medicine shall be organized as established in Article -10 of the Bylaws of the Medical Staff.
- B. All important business matters requiring action by the full Department of Emergency Medicine, in the judgment of the Chief of the Department of Emergency Medicine, may be voted on by e-mail ballot.

**SECTION 2. MEMBERSHIP**

- A. Members of the Department of Emergency Medicine will be assigned in accordance with Article 10 of the Bylaws of the Medical Staff and Rule 5 of the Medical Staff Rules.
- B. Membership in this department shall consist physicians who are members, employees or subcontractors of the entity that holds the exclusive services contract for Emergency Medicine.
- C. For those members who joined or join the Medical Staff after January 1, 2008;
  - 1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA)-accredited residency in Emergency Medicine or completion of three (3) years of Family Medicine residency training, and a minimum average of 150 documented hours per year of direct emergency department experience, current certification in ATLS, BLS, ACLS, PALS and 10 hours of emergency specific continuing medical education in the preceding 12 months.
  - 2. At the time of application to the Medical Staff, possess current certification in Emergency Medicine or Family Medicine specialty Board, which must be a member of the American Board of Medical Specialties or the Advisory Board of Osteopathic Specialties. This requirement may be held in abeyance for applicants or members who have recently completed their training program pending initial Board certification. In this case, the certification exam must be passed within one year after the first opportunity to take the exam offered by the Board, or the member will be considered to have voluntarily resigned from the Medical Staff and will not be entitled to hearing and other procedural rights;
- D. Members who joined the Medical Staff prior to January 1, 2008 who met the Board certification requirements at the time of initial appointment must satisfy the recertification requirements.

- E. Previously Board certified members who have allowed their Board certification to expire, shall have one year from the time of expiration to obtain Board certification or the member will be considered to have voluntarily resigned from the Medical Staff and will not be entitled to hearing or other procedural rights.

### **SECTION 3. EMERGENCY MEDICINE DEPARTMENTAL EXECUTIVE COMMITTEE**

- A. The Emergency Medicine Departmental Executive Committee will be organized as established in Article 10 of the Bylaws and will fulfill the responsibilities thereof.
- B. Membership of the Emergency Medicine Departmental Executive Committee shall include:
  - 1. Departmental Chief
  - 2. Departmental Chief Elect,
  - 3. Immediate Past Departmental Chief
  - 4. Chief Medical Officer or designee
  - 5. Four (4) Members at large whose primary practice is in Emergency Medicine
- C. Members of the Emergency Medicine Departmental Executive Committee shall be elected by majority vote and serve two (2) year terms limits.
- D. Will hold meetings as established in Article 11 of the Bylaws and will enforce meeting attendance requirements thereof.

### **SECTION 4. DEPARTMENT MEETINGS**

- A. The department shall meet as often as necessary at the call of the Department Chief but at least annually.
- B. There will be bimonthly provider meetings, which will include review of selected deaths, unimproved patients, complications and errors in diagnosis and treatment.
- C. There will be a minimum of three mortality and morbidity conferences which will include presentation of cases in which unexpected adverse outcome or death occurred.

### **SECTION 5. PRIVILEGE GRANTING AND RENEWAL**

- A. All recommendations for either the initial granting or renewal of privileges will be accomplished following the process established in Article 5 and Article 7 of the Bylaws.

- B. Privileges will be reviewed and recommended by the Department Chief based upon documented evidence of training and experience with quality assurance results being used in the reappointment and reappraisal process.
- C. All requests for additional clinical privileges, accompanied by supporting documentation, must be submitted in writing to the Department Chief via the Medical Staff Office.
- D. Recommendations for privileges within the Department will be recommended by the Department Chief and Executive Committee of the Medical Staff, with final action taken by the Governing Board.
- E. It is the responsibility of each physician treating patients in the emergency department to have privileges currently applicable for the condition he/she is treating.
- F. In order to maintain departmental privileges, it is necessary to demonstrate competency of the electronic health record (EHR). Failure to do so will result in administrative suspension per the Medical Staff Bylaws, Section 13.3-6.

## **SECTION 7. PROCTORING**

- A. In accordance with Article 7 of the Medical Staff Bylaws, the Medical Staff Office, under the direction of the Chief of the Department, will assign proctors to all new applications or when a privilege has been approved not previously held by a member. Only Medical Staff members may proctor other members of the Medical Staff.
  - 1. The proctor(s) shall have sufficient expertise to judge the quality of work being performed by the applicant or member.

A minimum of five (5) trauma activations will be reviewed. Further proctoring requirements shall be as outlined in the Emergency Medicine privilege checklist. During the period of proctoring every effort will be made to directly observe patient care provided by the new member. Retrospective evaluation of performance may be utilized as a supplement, but should not substitute for direct observation. Proctoring should involve an evaluation of all aspects of management of any case.

When proctoring is complete as outlined above, a written report shall be prepared for the Chief which describes the type and number of cases observed and evaluation of the applicant's performance.

*Approval:*  
*Emergency Medicine Committee: 10/2017*  
*Medical Executive Committee: 11/2017*  
*Oversight Committee: 11/2017*