

# **RULES/REGULATIONS FOR THE DEPARTMENT OF FAMILY MEDICINE AT STAMFORD HOSPITAL**

## **PURPOSE**

The purpose of the Family Medicine Department is to provide family physicians with their own department for education and self-discipline. It also serves 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 Family Medicine Department at Stamford 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.

## **OBJECTIVE**

The objective of the Family Medicine Department is to assure the hospitalized patient at Stamford Hospital the availability of excellent continuing and comprehensive care by qualified family physicians.

## **MEMBERSHIP**

Qualifications for membership in the department include the following:

1. Present members must meet the requirements for medical staff membership as outlined in the medical staff bylaws. In addition, new applicants must:
  - (a) Have successfully completed an accredited family medicine residency program; or
  - (b) Be currently board certified by the American Board of Family Medicine.
  
2. All members are expected to:
  - (a) Practice family medicine in accordance with his/her individual documented training, experience, demonstrated abilities, and current competence;
  - (b) Provide high quality, continuing care for patients, seeking appropriate consultation when needed;
  - (c) Participate actively in continuing education and hospital quality assurance programs;
  - (d) Abide by the bylaws, rules and regulations of the medical staff, and the rules and regulations of the Department of Family Medicine.

## **CATEGORIES OF APPOINTMENT**

The members of the department are divided, as defined in the medical staff bylaws, into the (a) active, (b) affiliate, (c) courtesy, and (d) honorary staff. As per medical staff bylaws, ancillary members are not members of the medical staff but may have privileges in the department. They must meet bylaws requirements and must be working in a structured relationship with a family physician. Initial appointments to the medical staff are considered provisional. Rights and responsibilities of provisional members are described in the medical staff bylaws.

Members of the active attending staff must attend at least 50% of departmental meetings over the two year election cycle to have departmental voting privileges and to hold office or an elected position in the department. The election cycle begins in October of even numbered years and ends two years later in September. Members of the provisional active staff are non-voting with regards to hospital matters. However, they may vote on departmental issues if they have attended 80% of the official meetings of the department for the proceeding one year period. All other members are non-voting members of the department.

## **OFFICERS**

The officers of the department consist of the Family Medicine Department Chair and the Associate Chair. The officers must be members of the active medical staff and have voting privileges in the department. They are appointed biennially by the Board of Trustees. The Family Medicine Department Chair reports to the membership of the Department of Family Medicine and the Executive Committee of the Department of Family Medicine. The Associate Chair is elected by the membership. The term of office is two years, with the option of re-election to subsequent terms.

The department also elects a Member-at-Large to the medical staff's Medical Executive Committee (MEC). The term of service and qualifications for the position are described in the medical staff bylaws. Candidates for this position must meet the requirements noted above in "Categories of Appointment".

Duties of the Family Medicine Department Chair are described in the medical staff bylaws. In addition:

1. The Family Medicine Department Chair presides at all department meetings.
2. The Chair represents the Family Medicine Department at Medical Executive Committee meetings.
3. The Chair recommends members of the department to the standing committees and other special committees of the medical staff as deemed necessary to facilitate the function of the department and the medical staff of Stamford Hospital.
4. The Chair may call a special meeting of the
  - (a) Department,
  - (b) Department Executive Committee, or
  - (c) Any appointed department committee.
5. The Chair performs all other duties as required by the Medical Staff Bylaws and Rules and Regulations.

Duties of the Associate Chair:

1. The Associate Chair presides at any of the department or committee meetings in the absence of the Chair.
2. The Associate Chair assists the Chair and performs any other duties commonly assigned to the Associate Chair.

## COMMITTEES

The standing committees of the department are:

1. The Executive Committee
2. Performance Improvement Committee
3. The Nominating Committee

All other department committees report to the Executive Committee.

### **Department Executive Committee:**

The Executive Committee assists in administering the department and representing the interests of the members of the department when interacting with others. It consists of the officers of the Family Medicine department, the Family Medicine Residency Director, the member-at-large to the MEC and an additional member-at-large from the department. The term of this member-at-large is two years, with an option for re-election. Candidates for this position must meet the requirements noted above in “Categories of Appointment”. That member, like the other committee members, is expected to participate in all scheduled Executive Committee meetings. To assure appropriate representation of all department physicians, ideally a variety of practices and settings will be represented.

The Family Medicine Department Executive Committee has the following functions and responsibilities:

1. The executive committee reports to the Department of Family Medicine and considers any and all problems that affect this department.
2. Problems in any other clinical department involving family physicians are referred to this committee for review and disposition. The Family Medicine Department will submit a written report to the referring department recommending disposition of the problem. If the problem cannot be resolved by the departments, it then will be submitted to the Medical Executive Committee for appeal and resolution.
3. The Executive Committee acts as a grievance and ethics committee where complaints by or against department members can be reviewed and acted upon.
4. The committee meets regularly as necessary.
5. The committee is responsible for the scientific and educational program at department meetings.

### **Performance Improvement Committees:**

These committees are joint committees with the departments of Internal Medicine and Pediatrics. Important information from these committees is reviewed at monthly Family Medicine Department meetings and presented to the appropriate medical staff committees.

### **Department Nominating Committee:**

The Nominating Committee is appointed by the department chair before department elections. It consists of members of the department. The committee submits to the Family Medicine Department a written report of nominees for department offices.

### **Other Committees:**

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

### **Department Meetings:**

Department meetings are held regularly. Members must attend at least fifty percent of the department meetings over the two year election cycle to be eligible to vote in department elections and on departmental issues. Excused absences are not considered when determining departmental voting privileges. They may be considered for hospital issues such as re-credentialing or general medical staff voting privileges. The Chair or his/her designated alternate serves as Chair at all department meetings. Minutes of all meetings are kept by the Chair. Fifty percent of the active staff members of the department with voting privileges constitute a quorum. A majority vote is required to transact business. The quarterly medical staff meeting may be considered a department meeting for the purposed of meeting attendance at the discretion of the department chair.

Special meetings may be called by the Chair or by any three members of the department by a written request to the Chair. At special meetings, only matters indicated on the agenda should be discussed or considered. Special meetings are not considered in meeting attendance requirements.

## **CLINICAL PRIVILEGES**

Practitioners requesting appointment to the medical staff in the Department of Family Medicine are interviewed by the Family Medicine Department Chair prior to receiving an application for privileges. The Chair reviews all correspondence and training documentation pertinent to the application and transmits his/her recommendations to the Credentials Committee.

**Preceptorship:**

Each new member of the department may be assigned a preceptor from the Family Medicine Department who monitors the new member's clinical work throughout the provisional period as designated in the medical staff bylaws. Preceptorship also may be required for certain procedures, as deemed necessary by the Department Chair.

**Restriction of Privileges:**

Restriction of privileges or mandatory consultation may be imposed according to medical staff bylaws.

**Reappointment:**

All members of the department are reviewed on a regular basis for purposes of reappointment, advancement of privileges, or other changes in status of department membership or privileges. The Family Medicine Department Chair makes recommendations regarding reappointment to the Executive Committee of the Medical Staff and the Medical Board.

**Documentation:**

Members of the department of Family Medicine must comply with medical staff bylaws for completion of medical records, meeting attendance, performance improvement, and CME.

**PATIENT CARE**

All patients admitted to the attending staff in the Department of Family Medicine must be seen and evaluated according to provisions in the hospital bylaws and Rules and Regulations. A documented history and physical exam, assessment and plan, as well as daily progress notes, are required of the attending physician on all patients, whether or not they are private or staff, teaching or non-teaching. All histories and physicals of resident physicians must be countersigned by the attending. Patients on the teaching service must be seen and evaluated by the attending daily, who should note in writing any corrections or additions deemed significant.

HZ:mfp      1/1/99  
Reapproved   11/00

Revised:      12/01  
                  5/02  
                  9/14/03 ATF  
                  1/14/05 ATF  
                  11/2/06 ATF

11/18/06 ATF  
12/4/06 ATF  
1/20/2009 JC  
5/11/2010 JC  
10/15/2010 JC  
12/20/2011 JC  
3/7/12 JC  
11/26/15 JC