

## LEE HEALTH POLICY & PROCEDURES

<b>DEPARTMENT OF MEDICINE - CCH, GCMC, HPMC &amp; LMH</b>			<b>LOCATOR NUMBER</b>																		
<b>T Y P E</b>	<input type="checkbox"/> <b>System-wide</b> - A formal statement of values, intents (policy), and expectations (procedure) that applies to every employee throughout the System.	<b>CHAPTER: M14</b>																			
	<input checked="" type="checkbox"/> <b>Multidisciplinary</b> - A formal statement of values, intents (policy), and expectations (procedure) that applies to more than one discipline and is usually of a clinical nature. <b>Check below all areas to which this applies.</b>	<b>TAB: 01</b>																			
	<input type="checkbox"/> <b>Departmental</b> - A formal statement of values, intents (policy), and expectations (procedure) exclusive to a particular department or group of people within a department at one or multiple locations that does not impact any other area.	<b>POLICY #: 073</b>																			
<b>Disciplines / locations to which this multidisciplinary policy applies:</b>																					
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Health Information Management</td> <td><input type="checkbox"/> Pharmacy</td> <td><input type="checkbox"/> Acute Care Hospital Nursing</td> </tr> <tr> <td><input type="checkbox"/> Housekeeping</td> <td><input type="checkbox"/> Plant Operations</td> <td><input type="checkbox"/> Outpatient Services</td> </tr> <tr> <td><input type="checkbox"/> Information Systems</td> <td><input type="checkbox"/> Radiology</td> <td><input type="checkbox"/> Home Health</td> </tr> <tr> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Rehabilitation Services</td> <td><input type="checkbox"/> Skilled Nursing Services</td> </tr> <tr> <td><input type="checkbox"/> Legal Services</td> <td><input type="checkbox"/> Respiratory</td> <td><input type="checkbox"/> Nutrition</td> </tr> <tr> <td><input checked="" type="checkbox"/> Medical Staff</td> <td><input type="checkbox"/> Security</td> <td><input type="checkbox"/> Rehab Hospital</td> </tr> </table>				<input type="checkbox"/> Health Information Management	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Acute Care Hospital Nursing	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Plant Operations	<input type="checkbox"/> Outpatient Services	<input type="checkbox"/> Information Systems	<input type="checkbox"/> Radiology	<input type="checkbox"/> Home Health	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Rehabilitation Services	<input type="checkbox"/> Skilled Nursing Services	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Nutrition	<input checked="" type="checkbox"/> Medical Staff	<input type="checkbox"/> Security	<input type="checkbox"/> Rehab Hospital
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<b>Reviewed by:</b>																					
<b>Clinical Practice Council:</b>		<b>Date:</b>																			
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<b>Education Required:</b> <input type="checkbox"/> <input type="checkbox"/>		<b>Date:</b>																			
<b>Approved by:</b>																					
<b>Policy Administrator:</b>		<b>Date:</b> 9/8/20																			
<b>Mark A. Greenberg, MD</b>																					
<b>As Needed:</b>																					
<b>GCMC Executive Committee</b>		<b>Date:</b> 5/10/21																			
<b>HPMC Executive Committee</b>		<b>Date:</b> 5/11/21																			
<b>LMH Executive Committee</b>		<b>Date:</b> 5/12/21																			
<b>CCH Executive Committee</b>		<b>Date:</b> 5/17/21																			
<b>GCHSWF Executive Committee</b>		<b>Date:</b> 5/18/21																			
<b>As needed:</b>																					
<b>Board of Directors</b>		<b>Date:</b>																			

- I. **PURPOSE:** The purpose of the Department of Medicine shall be to develop, advance, and coordinate all aspects of care within the department of Medicine with the goal of providing safe, quality, efficient, and effective care.
- II. **DEPARTMENT STRUCTURE AND MEETINGS:**
  - A. A physician from Lee Memorial Hospital (“LMH”), Cape Coral Hospital (“CCH”), Gulf Coast Medical Center (“GCMC”), and HealthPark Medical Center (“HPMC”) will be elected to chair the Dept. of Medicine meeting and serve on their respective Facility Medical Executive Committees.
  - B. Each Department of Medicine for Cape Coral Hospital, Gulf Coast Medical Center, Lee Memorial Hospital and HealthPark Medical Center elects to operate jointly in order to develop, advance, and coordinate patient care. Nothing herein is intended to abrogate the authority and responsibility of each Department and FMEC to oversee care, delivery and quality improvements within each Department/FMEC’s individual hospital. Each facility Department of Medicine, facility Medical Staff Quality Committee and FMEC retains all authority and responsibility for the quality of medical care provided to patients by its individual hospital as set forth in each facility Medical Staff Bylaws.
  - C. The Department of Medicine shall meet as frequently as needed to fulfill assigned duties and when requested by the FMEC as required in the Medical Staff Bylaws, Part 1, Section 6. Meetings may be called by a majority of Department Chairs or in the case of four Department Chairs, at least two Chairs. Meetings may be called with three days’ notice and require an agenda with identified system-wide issues for discussion and/or action. The Medical Staff Services Department provides support for departmental meetings.
  - D. Only Active Medical Staff appointees are eligible to vote at Department meetings. All actions of the Department will be decided by majority vote of those Active appointees present and voting or those submitting votes electronically or by other means approved for use in the voting, except changes to these Department Policies require affirmative vote by 20 percent of all Active Staff in the Department or 51 percent of those voting. (see F. below).
  - E. Voting may be done by mail, email, fax, online survey tools or other electronic means available and approved by the Department Chairs.
  - F. The Department of Medicine adopts departmental policies in order to fulfill the duties set forth by the Medical Staff Bylaws and applicable Medical Staff Rules and Regulations. Revisions to such department policies may be proposed to the FMEC by the Department Chair, by the Department Chair to the department, or by department members to the Department Chair. All revisions proposed by members must be approved by the Department Chairs before advancing for a vote. If Department Members wish to over-ride a decision by department chairs on advancing proposed revisions for a vote, the proposed revisions may be advanced for a vote upon a written request of 20 percent of department members or 51 percent of those voting. Revisions to the departmental policies require 15 days’ advance notice to all Active Department members and approval by 51 percent of

voting Active department members. Voting may be done by mail, email, fax, online survey tools or other electronic means available and approved by the Department Chairs.

- G. Departmental policies will become effective upon approval of the FMEC. In the event of a conflict between department policies and the Medical Staff Bylaws or, Medical Staff Rules and Regulations, the provisions of such Medical Staff Bylaws or, Medical Staff Rule and Regulations shall prevail.

### III. **DEPARTMENT CHAIR ELECTION/APPOINTMENT**

- A. Nominations for Department Chairs may be submitted by Active Department Members and FMEC members. The Department Chairs are elected by a simple majority vote by secret ballot of those members of the department who are eligible to vote and who cast a verifiable ballot (which may include a mailed, facsimile, or e-mail ballot) sent to all eligible members.
- B. The term of Department Chairs shall be for two (2) years commencing on October 1, unless they resign or are removed from office. The Chair is eligible for re-nomination and re-election for an unlimited number of consecutive terms.
- C. The Department Chair(s) may resign at any time by giving written notice to the Medical Executive Committee. Such resignation, which may or may not be made contingent on formal acceptance, shall take effect on the date of receipt or any later time specified in the letter of resignation. Removal of an officer may be effected by a two-thirds majority vote of the eligible Department members.
- D. A vacancy in the office of Chair will be filled by the MS President(s). The newly appointed Department Chair will serve until the next scheduled election conducted in the same manner as provided above in A.

- IV. **SECTIONS:** Sections may be formed within the Department of Medicine and meet as outlined in Part 1, Section 6.1.1 in the Medical Staff Bylaws. Also, see Part I, Section 6.1.2 of the Medical Staff Bylaws for additional details regarding the activities and responsibilities of the clinical sections.

### V. **MEMBERSHIP:**

- A. Each physician practicing within a subspecialty of medicine with privileges in that subspecialty will be a member of that subspecialty section. All new members of the Department of Medicine who have completed an approved fellowship in a subspecialty will automatically become a member of that subspecialty section.
- B. Physicians practicing within the specialty of Internal Medicine, Family Medicine or General Medicine will be members of the Primary Care Section

### VI. **SECTIONS OF THE DEPARTMENT OF MEDICINE:**

A. **CLINICAL SECTIONS:**

Clinical Sections may be established and meet as specified in the M.S. Bylaws, PART I, Section 6.1.1. Sections may be called with three days' notice and require written notice of items to be discussed delivered electronically by fax or email.

The following sections within the Department of Medicine are system-wide, covering CCH, GCMC, HPMC, and LMH. They are:

- Cardiology
- Endocrinology
- Gastroenterology
- Infectious Diseases
- Nephrology
- Neurology
- Oncology/Hematology/Radiation Therapy
- Primary Care/Hospital Medicine
- Psychiatry/Psychology
- Pulmonary Medicine/Allergy/Immunology
- Rehabilitation

B. **FACILITY MEETINGS:**

Each facility Chair may organize and hold a facility-specific meeting to deal with facility-specific issues or facility-specific policies, procedures, or protocol if there are no objections by the co-chairs. System-wide policies, procedures, protocols, or issues may be recommended for action at a joint Department meeting.

C. **SECTION CHIEF FUNCTIONS:**

1. Interview all new physicians applying for staff privileges within his/her specialty or subspecialty.
2. Serve as liaison to Chairman of the Department of Medicine on performance improvement related issues for the Section.
3. Participate in standardization of EHR through Subject Matter Expert sessions and final approval of order sets.
4. With input from Section members, makes recommendations to the Department of Medicine for approval by the FMEC on system-wide call responsibility requirements and relief from call, when appropriate. Proposed changes to emergency call requirements must be approved by a majority of specialists impacted by the recommendation before elevation to the Department and FMEC.
5. Perform other duties and responsibilities as may be set forth in the Medical Staff Bylaws.

- D. **SECTION MEETINGS:** Each section should meet as frequently as needed.
- E. **SECTION FUNCTIONS:** Members of the section will:
  - 1. Meet twice each year or as frequently as needed.
  - 2. Elect a section chief to serve a two-year term of office.
  - 3. Review criteria for granting privileges for performing specialty or subspecialty procedures.
  - 4. Will assist hospital administration, if requested, in matters related to specialty or subspecialty planning.
  - 5. Address problems within the section and if necessary, recommendation to the Department of Medicine.

## VII. **EMERGENCY CALL**

The Department will provide a backup roster of physician on call to the Emergency Department; patients without a private physician, who require inpatient medical care, and who are 18 (eighteen) years of age or older, may be referred to the backup medical physician by the Emergency Center's physician.

- A. Admission of Patients without a local PCP with admitting privileges or a local PCP who does not have an assignment agreement (unassigned patients):
  - 1. This policy applies only to those patients who require hospital admission and do not have a primary care physician who has admitting privileges or a primary care physician who does not have admitting privileges and also does not have an assignment agreement in place. See MS General R&R's #6. j for guidance on assignment agreements.
  - 2. This policy applies only to physicians who provide primary care services to patients in the hospital setting. It does not apply to medical subspecialists.
  - 3. All unassigned patients will be admitted to the contracted Hospitalist service as per a roster provided by the Hospitalist management team.
  - 4. The Emergency Department is to follow this roster in assigning these unassigned patients to the proper hospitalist service groups. In addition, the ED will keep a log of each unassigned patient and to which hospitalist service group the patient is admitted.
- B. Admission of Patients with a local PCP: see MS General R&R's Rule #6. J.
- C. It will be the responsibility of the physician on call to find a replacement if he/she is unable to respond when called by the Emergency Department.
  - 1. All call schedule changes must be submitted in writing as soon as possible to the Medical Staff Services Department M-F 7:30 a.m.- 4:00 p.m. and after hours called to the emergency department and in writing to the Medical Staff Services Department.

2. If the member of a group cannot take call due to an emergent injury or illness or other significant practice interruption as determined by the Department Chair, it is the responsibility of the member's group to cover his/her call for the remainder of currently published schedule(s).
  3. If a solo practitioner who takes call cannot take call due to emergent injury, illness or other significant practice interruption as determined by the Department Chair, it is the responsibility of the other practitioner(s) sharing call with the solo practitioner in cooperation with the remaining physicians taking call to cover his/her call for the remainder of the currently published schedule(s).
  4. If the physician on call cannot be reached, the following procedure is used:
    - Call the physician or the group or individual covering for the physician including the answering service
    - If the above fails, contact the house supervisor who may elevate this to the Chairman of the Department of Medicine.
  5. If self-scheduling is allowed for emergency department on call by physician office staff, violations of the rules and regulation relating to self-scheduling may result in termination of the ability to self-schedule by the Department Chair.
- D. STEMI/Emergency Cardiology Call obligation exemption – A practitioner may be relieved from Emergency Department call responsibility, upon written request, after twenty (25) years of ED call service in this community, providing there is a minimum of twelve (12) practitioners system-wide providing STEMI/Emergency Cardiology call.
- E. GASTROENTEROLOGY Call Obligations: Each member of the Gastroenterology Section will be required to have privileges at a minimum of one acute care facility and take emergency call at all hospitals at which the member has Active or Associate privileges. No member is relieved from call based on years of service in this community.
- Section members may be allowed to request restricted out-patient procedural privileges without medical staff membership at other system acute care facilities without being required to take additional ED call at the relevant facilities as long as the minimal ED call obligation is being met as stated in the preceding paragraph. Such requests must be reviewed and approved by the Gastroenterology Section Chief, System Credentials Committee, and relevant Medical Executive Committees. In addition, the requesting Section member will be required to provide care for any complications related to the procedures performed. Section members who have medical staff membership at a facility will be given preference regarding the scheduling of procedures at that facility.
- F. NEUROLOGY Call Obligations: Each member of the Neurology Section will be required to have privileges at a minimum of one acute care facility and take emergency call at all hospitals at which the member has Active or Associate privileges. No member is relieved from call based on years of service in this

community. However, Neurology Section members age sixty-six (66) years and older may submit a written request for a call exemption to the Section Chief.

April, 2014 – Combined Policies Approved by CCH, GCMC, HPMC & LMH FMEC's  
Revisions approved by: CCH, GCMC, HPMC & LMH FMEC's - 1-2015  
Revisions approved by: CCH, GCMC, HPMC & LMH FMEC'S 1-2016  
Revisions approved by: CCH, GCMC, HPMC & LMH FMEC'S 12-2016  
Revisions approved by: CCH, GCMC, HPMC & LMH FMEC'S 04-2019