

**Department Rules and Regulations
of the Medical Staff - **MEDICINE**
of
Providence Saint John's Health Center**



Medicine

Sections

Peer Review

Cardiology

Hematology / Medical Oncology

Department of Medicine

Sections: The Department of Medicine shall be organized into the following divisions/sections:

- a. Adult Congenital Heart Disease
- b. Allergy and Immunology
- c. Cardiovascular Disease
- d. Clinical Cardiac Electrophysiology
- e. Dermatology
- f. Emergency Medicine
- g. Endocrinology, Diabetes, and Metabolism
- h. Family Medicine
- i. Gastroenterology
- j. Hematology / Medical Oncology
- k. Hospital Medicine (Hospitalist)
- l. Infectious Disease
- m. Internal Medicine (including Hospice and Palliative Medicine)
- n. Interventional Cardiology
- o. Nephrology
- p. Neurology (including Tele-Neurology)
- q. Physical Medicine and Rehabilitation
- r. Psychiatry (including Tele-Psychiatry)
- s. Pulmonary Disease (including Critical Care Medicine)
- t. Rheumatology

Peer Review: The Medicine Peer Review Committee (MPRC) shall conduct a review of all cases relevant to medical care referred consistent with the Medical Staff Peer Review/Performance Improvement Plan. The Committee shall report to the Medicine Committee.

Cardiology

1. Cardiac catheterization and angiography procedures are defined as surgical procedures and the Medical Staff rules and regulations relating to surgery are application in such cases.
2. Clinical privileges for cardiac catheterization and angiography are ordinarily granted initially on a provisional basis. A member of the Medical Staff who has provisional membership and privileges may perform such procedures under the supervision of another member of the Medical Staff who has unrestricted privileges for performing the procedure who shall act as the proctor.

Hematology / Medical Oncology

1. All patients with stem cell disorders, hematologic malignancies or cancer (hereafter referred to as neoplasms) who are on active treatment for their neoplasm or currently receiving care for complications of their neoplasm by a hematologist/medical oncologist on the Medical Staff of Saint John's Health Center will be required to have their hematologist/medical oncologist either dictate or submit a transcribed or electronic document within 24 hours that includes the following:
 - a. reason for hospitalization;
 - b. underlying hematology or oncology diagnosis;
 - c. history of diagnosis and stage;
 - d. initial treatment;
 - e. current ECOG performance status;
 - f. history of recurrence if any with treatment;
 - g. goal of current treatment;

- h. code status and advanced directive;
 - i. major comorbidities;
 - j. past history;
 - k. family history;
 - l. social history;
 - m. review of systems;
 - n. physical examination;
 - o. results of outside imaging;
 - p. pertinent laboratory data including outside laboratory results and pathology reports;
 - q. provisional admitting diagnoses;
 - r. plans for inpatient diagnostic evaluation and treatment; and
 - s. physicians to be consulted
2. All such patients will be seen daily by a hematologist/oncologist with clearly written progress notes per Rules and Regulations of the Medical Staff, II. Medical Records, Section 5 which outline the patient's progress, significant issues leading to continued hospitalization and plans to address the medical issues and the plan for transition of care to the outpatient setting.
 3. All inpatient who receive biologic, immunologic, or chemotherapeutic drugs for a neoplasm as an inpatient will be required to have an informed consent on the chart.
 4. Patients with a neoplasm on active medical treatment must have a staff hematologist/medical oncologist manage the medical illnesses that are secondary to the disease or its treatment. This does not preclude use of specialists to manage or co-manage morbidity, e.g., surgeon, cardiologist, but a hospitalist or other subspecialist is not to primarily manage the side-effects of the medical treatment of the neoplasm or to be the primary manager of the medical manifestations of neoplasms.
 5. If a patient with a neoplasm on active treatment by a hematologist / medical oncologist, or with medical complications of the neoplasm managed by their hematologist / medical oncologist, requires hospitalization and their primary hematologist / medical oncologist is not on the Medical Staff at Saint John's Health Center, then the admitting physician should whenever possible consult a Saint John's Health Center staff member for subspecialty care.
 6. At discharge, the hematologist/medical oncologist must document in either the discharge summary or in a progress note, the plan for ongoing care.