

MEDICAL EXECUTIVE COMMITTEE MEETING SUMMARY

August, 2011

Following is a summary of Medical Executive Committee recommendations to the Board of Trustees:

A. MEDICAL STAFF TRANSFERS:

1. Acknowledge resignations of the following practitioners:
Jeanne Ballard, MD, effective 6/30/2011
Robin Kornegay-Rougeau, MD, effective 8/1/2011

A. RECOMMENDED APPOINTMENTS TO THE MEDICAL/AHP STAFF:

Thomas Gast, MD / interventional radiology
Kirk Bodach, MD / family medicine
Jennifer Gray, MD / internal medicine (Hospitalist)
John Mahon, MD / orthopaedic surgery
Kelly Clark, MSN, FNP / nurse practitioner working in collaboration with Dr. Desiderio Pina
Kary Karkiewicz, RN / physician-supervised practitioner under the supervision of Dr. James Porile

B. OTHER:

1. Approve Dr. Hugh Stark's transfer to Active staff status.
2. Approve Dr. Alberta Henderson's transfer to Associate staff status with refer and follow privileges.
3. Approve Edward Delle Donne, MD, for additional privileges in robotic-assisted surgery.
4. Approve Naseer Nasser, MD, for electrophysiology privileges pending completion of fellowship 9/1/2011.
5. Approve list of physician-supervised allied health professionals who are authorized to practice under the supervision of their employing physician.
6. Approve Dr. David Isaccson for completion of the FPPE period in robotic assisted surgery.
7. Discussed the following proposed revision to the Medical Staff Rules & Regulations. The Medical Staff will be informed of this by mail.

A.4 ADMISSION AND DISCHARGE OF PATIENTS (Timely Care)

All Privilege holders must assure timely and adequate professional care for their patients who are in the Hospital by being available or having available, through their office or answering service, an eligible alternate Privilege holder with whom prior arrangements have been made and who has at least equivalent Clinical Privileges at the Hospital. Should a Privilege holder fail to name such an associate, an Officer of the Medical Staff, or the Chief of the Department concerned, shall have authority to call any Medical Staff Privilege holder to assist as needed in the situation. Failure of a Privilege holder to provide for an alternate Privilege holder may lead to suspension of Medical Staff Membership and/or Privileges.

Privilege holders will see their patients in a timely manner. Stable patients will routinely be seen on a daily basis; critically ill patients will be evaluated on a more frequent basis depending on the severity of their illness.

Patients admitted to the Adult Special Care Units should be evaluated within 2 hours by a Privilege holder with Level I Privileges or by the Chief Resident of the Medicine service, if not examined immediately prior to admission.

Patients admitted to intensive care status in the Pediatric Intensive Care Unit (PICU) must be examined within 2 hours by an intensivist or by the admitting Privilege holder, if not examined immediately prior to admission. Patients admitted to intermediate status must be examined within 12 hours of admission.

When a Privilege holder is on Emergency Department (ED) "staff" call for a given specialty, it is the duty and responsibility of that Privilege holder to assure that he/she is immediately available to the ED physician during the scheduled on-call period. The acceptable time frame for arrival in the ED by a consulting Privilege holder will be determined by the ED physician and will be based on the acuity of the patient involved. Twenty (20) minutes is the standard response time for a severe (911) trauma patient. The response time for other high acuity patients should be thirty (30) minutes. An on-call Privilege holder may secure a qualified alternate Privilege holder (with at least equivalent Clinical Privileges) to assume call responsibilities in the event that he or she is temporarily unavailable. **The ED physician will have the authority to determine the most appropriate admitting Privilege holder and this decision will be binding.**