



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan

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BOARD OF TRUSTEES Official Resolution No. 2018-15

“RELATIVE TO APPROVING REVISIONS TO THE MEDICAL STAFF BYLAWS AND RULES AND REGULATIONS”

WHEREAS, the Medical Staff Bylaws Committee the Medical Executive Committee, had reviewed the Medical Staff Bylaws and Medical Staff Rules and Regulations; and

WHEREAS, as a result of the review, proposed revisions to the Medical Staff Bylaws, section 6.5-5, Locum Tenens and Article VII: Allied Health Professionals, and Medical Staff Rules and Regulations, section 2.3-5C, Operative Reports and the addition of a section for On-“Call Physicians” were approved; and

WHEREAS, on November 16, 2017, the Joint Conference and Professional Affairs subcommittee reviewed and recommended that the Board of Trustees approve the proposed revisions to the Medical Staff Bylaws; now, therefore be it

RESOLVED, that the Board of Trustees accepts and approves the Joint Conference and Professional Affairs subcommittee’s recommendation; and, be it further

RESOLVED, that the Chairperson certifies and the Secretary attests to the adoption of this resolution.

DULY AND REGULARLY ADOPTED ON THIS 8th DAY OF MARCH, 2018.

Certified By:

Eloy S. Lizama
Chairman, Board of Trustees

Attested By:

Melissa Waibel
Secretary, Board of Trustees

**GUAM MEMORIAL HOSPITAL AUTHORITY
MEDICAL STAFF OFFICE**

PROPOSED REVISIONS FORM

Item: Medical Staff Bylaws

Existing	Proposed	Rationale
<p>6.5-5 <u>LOCUM TENENS</u></p> <p>The Administrator may grant an individual serving as a locum tenens for a person holding an appointment to the Staff temporary admitting and clinical privileges to attend patients of that appointee for a period not to exceed thirty (30) days without applying for appointment to the Staff.</p> <p>The Administrator may grant an extension of locum tenens privileges for thirty (30) days, a total not to exceed sixty (60) days.</p> <p>This shall be done in the same manner and upon the same conditions as set forth in Section 6.5 of this Part, provided that the Administrator shall first obtain such individual's signed acknowledgement that he/she has received and had an opportunity to read copies of the Medical Staff Bylaws, and Staff Rules and Regulations, which are then in force and that he/she agrees to be bound by the terms thereof in all matters relating to his/her temporary clinical privileges. The individual serving as a locum tenens must also complete a request for clinical privileges form.</p> <p>A. Locum tenens membership to the Medical Staff may be granted to an individual who is substituting for a Medical Staff member while the staff member is on leave or vacation. Locum tenens membership may also be granted to an individual who will temporarily be filling a shortage or vacancy in a patient service department.</p> <p>B. Application for temporary membership in order to occupy a Locum Tenens position may be made to the Medical Staff Office.</p> <p>Locum Tenens appointments may be granted by the Hospital Administrator upon recommendation of the appropriate Department Chairperson, Credentials Committee Chairperson and the President of the Medical</p>	<p>6.5-5 <u>LOCUM TENENS</u></p> <p>The Administrator may grant an individual serving as a locum tenens for a person holding an appointment to the Staff temporary admitting and clinical privileges to attend patients of that appointee for a period not to exceed thirty (30) days without applying for appointment to the Staff.</p> <p>The Administrator may grant an extension of locum tenens privileges for thirty (30) days, a total not to exceed ninety (90) days.</p> <p>This shall be done in the same manner and upon the same conditions as set forth in Section 6.5 of this Part, provided that the Administrator shall first obtain such individual's signed acknowledgement that he/she has received and had an opportunity to read copies of the Medical Staff Bylaws, and Staff Rules and Regulations, which are then in force and that he/she agrees to be bound by the terms thereof in all matters relating to his/her temporary clinical privileges. The individual serving as a locum tenens must also complete a request for clinical privileges form.</p> <p>A. Locum tenens membership to the Medical Staff may be granted to an individual who is substituting for a Medical Staff member while the staff member is on leave or vacation. Locum tenens membership may also be granted to an individual who will temporarily be filling a shortage or vacancy in a patient service department.</p> <p>B. Application for temporary membership in order to occupy a Locum Tenens position may be made to the Medical Staff Office.</p> <p>Locum Tenens appointments may be granted by the Hospital Administrator upon recommendation of the appropriate Department Chairperson, Credentials Committee Chairperson and the President of the Medical</p>	<p><i>To establish a performance review mechanism thru the Focused Professional Practice Evaluation (FPPE) for Locum Tenens Physicians.</i></p>

<p>Staff limited to ninety (90) days.</p> <p>C. All candidates applying for Locum Tenens position shall have and present a valid and current license to practice medicine, dentistry or podiatry in the territory of Guam. The appropriate Medical Staff member for whom the Locum Tenens candidate will be substituting or the department chairperson shall send a letter to the President of the Medical Staff stating that the candidate is qualified to assume the staff member's work. Applicants for Locum Tenens shall possess comparable qualifications required for permanent membership on the staff, or as established by the department within which such privileges are set. It shall be responsibility of a Medical Staff member(s) to supervise the work of the Locum Tenens physician and provide consultations in difficult cases.</p> <p>D. Basic primary verification shall be obtained from the (1) National Practitioners Data Bank, (2) Medicare sanction list, (3) at least one of the current United States state license and the Guam medical license, (4) health status and (5) current clinical competence and judgment to exercise the privileges requested from the most recent hospital or clinical affiliation.</p> <p>Telephone verification of relevant training and experience (most recent hospital or clinical affiliation) and health status in terms of his/her ability to practice in the area in which privileges are sought shall be done and documented accordingly by the appropriate Department Chairperson.</p> <p>Before Locum Tenens privileges are granted, the practitioner must acknowledge in writing that s/he has received, or has been given access to, and read the Medical Staff Bylaws and Rules and Regulations and that s/he agrees to be bound by the terms thereof in all matters relating to his/her Locum Tenens.</p> <p>Continued primary verification shall be completed on the other requirements for Medical Staff membership.</p> <p>E. Any unfavorable determination of an applicant will be grounds for denial of Locum Tenens privileges as recommended by the appropriate department chairperson, Chairman of the Credentials Committee, Associate</p>	<p>Staff limited to ninety (90) days.</p> <p>C. All candidates applying for Locum Tenens position shall have and present a valid and current license to practice medicine, dentistry or podiatry in the territory of Guam. The appropriate Medical Staff member for whom the Locum Tenens candidate will be substituting or the department chairperson shall send a letter to the President of the Medical Staff stating that the candidate is qualified to assume the staff member's work. Applicants for Locum Tenens shall possess comparable qualifications required for permanent membership on the staff, or as established by the department within which such privileges are set. It shall be responsibility of a Medical Staff member(s) to supervise the work of the Locum Tenens physician and provide consultations in difficult cases.</p> <p>D. Basic primary verification shall be obtained from the (1) National Practitioners Data Bank, (2) Medicare sanction list, (3) at least one of the current United States state license and the Guam medical license, (4) health status and (5) current clinical competence and judgment to exercise the privileges requested from the most recent hospital or clinical affiliation.</p> <p>Telephone verification of relevant training and experience (most recent hospital or clinical affiliation) and health status in terms of his/her ability to practice in the area in which privileges are sought shall be done and documented accordingly by the appropriate Department Chairperson.</p> <p>Before Locum Tenens privileges are granted, the practitioner must acknowledge in writing that s/he has received, or has been given access to, and read the Medical Staff Bylaws and Rules and Regulations and that s/he agrees to be bound by the terms thereof in all matters relating to his/her Locum Tenens.</p> <p>Continued primary verification shall be completed on the other requirements for Medical Staff membership.</p> <p>E. Any unfavorable determination of an applicant will be grounds for denial of Locum Tenens privileges as recommended by the appropriate department chairperson, Chairman of the Credentials Committee, Associate</p>	
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Administrator of Medical Services or the President of the Medical Staff. The applicant shall not be entitled to the procedural rights afforded by Article VIII of these Bylaws because of inability to obtain Locum Tenens privileges.

Administrator of Medical Services or the President of the Medical Staff. The applicant shall not be entitled to the procedural rights afforded by Article VIII of these Bylaws because of inability to obtain Locum Tenens privileges. Practitioners granted locum tenens status will be assigned a proctor/mentor, and that individual will complete a Focused Professional Practice Evaluation (FPPE) regarding the practitioner at the mid-point of the locum tenens assignment.

Reviewed by Bylaws: 03/10/17

Approved:

Bylaws Committee: 03/10/17

MEC: 03/22/17

Medical Staff 1st Reading:

JCPAC:

BOT:

**GUAM MEMORIAL HOSPITAL AUTHORITY
MEDICAL STAFF OFFICE**

Item: Medical Staff Bylaws

PROPOSED REVISIONS FORM

Existing	Proposed	Rationale
<p>ARTICLE VII: ALLIED HEALTH PROFESSIONALS</p> <p>7.1 <u>GENERAL</u></p> <p>7.1-1 <u>Qualifications</u></p> <p>An non-physician provider of NPP, who possesses a license, certificate or other legal credentials, if any, required by Guam law to provide patient care services in a hospital setting, as approved by the respective Guam licensing board may apply for hospital appointment as an Allied Health Professional.</p> <p>7.1-2 <u>Responsibilities</u></p> <p>Allied Health Professionals must practice within the scope of their license and scope of practice agreement as well as the privileges granted them by the Board. They must</p> <p>A. Provide care to at least four hospital patients per year at the generally recognized professional level of quality and efficiency</p> <p>B. Abide by the relevant sections of the Medical Staff bylaws and by all other lawful standards, policies and rules of Guam Memorial Hospital Authority;</p> <p>C. Discharge such staff, department (service), committee and hospital functions for which he/she is responsible by staff category assignment, appointment, election, or otherwise;</p> <p>D. Prepare and complete in a timely fashion any documentation relevant to patient care provided; and</p> <p>E. Abide by the ethical and moral principles of the relevant profession.</p>	<p>ARTICLE VII: ALLIED HEALTH PROFESSIONALS</p> <p>7.1 <u>GENERAL</u></p> <p>7.1-1 <u>Qualifications</u></p> <p>Any non-physician provider, such as a Certified Nurse Midwife (CNM), Certified Registered Nurse Anesthetist (CRNA), Physician's Assistant (PA-C) and Nurse Practitioner (NP) who possess a license, certificate or other legal credentials, if any, required by Guam law to provide patient care services in a hospital setting as approved by the respective Guam licensing board may apply for hospital appointment as an Allied Health Professional. Certified Registered Nurse Anesthetist (CRNA) are classified as Licensed Independent Practitioners in the Territory of Guam.</p> <p>7.1-2 <u>Responsibilities</u></p> <p>Allied Health Professionals must practice within the scope of their license and scope of practice agreement as well as the privileges granted them by the Board. They must</p> <p>A. Provide care to at least four hospital patients per year at the generally recognized professional level of quality and efficiency</p> <p>B. Abide by the relevant sections of the Medical Staff bylaws and by all other lawful standards, policies and rules of Guam Memorial Hospital Authority;</p> <p>C. Discharge such staff, department (service), committee and hospital functions for which he/she is responsible by staff category assignment, appointment, election, or otherwise;</p> <p>D. Prepare and complete in a timely fashion any documentation relevant to patient care provided; and</p> <p>E. Abide by the ethical and moral principles of the relevant profession.</p> <p>F. Participate in the FPPE/OPPE process thru evaluation by</p>	<p><i>For clarification to remove the NPP designation, which is not recognized as an Allied Health Designation; also to properly identify the scope of individuals recognized by the Guam Memorial Hospital Medical Staff Bylaws as Allied Health Professionals.</i></p> <p><i>To establish a process by which Allied Health Professional will reviewed and evaluated.</i></p>

	<i>their respective department and/or sponsoring Physician.</i>	
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Item: Medical Staff Bylaws

Reviewed by Bylaws: 03/10/17

Approved:

Bylaws Committee: 03/10/17

MEC: 03/22/17

Medical Staff 1st Reading:

JCPAC:

BOT:

**GUAM MEMORIAL HOSPITAL AUTHORITY
MEDICAL STAFF OFFICE**

Item: Medical Staff Rules & Regulations

PROPOSED REVISIONS FORM

Existing	Proposed	Rationale
<p>Rules & Regulations Section 2.3-5C</p> <p>Operative reports shall be written or dictated immediately after surgery for inpatients and outpatients and describe the findings, the technical procedures used, the specimen(s) removed, the postoperative diagnosis, and the name of the primary surgeons and any assistants.</p>	<p>Rules and Regulations Section 2.3-5C</p> <p>An Operative Report for inpatients and outpatients must be written or dictated immediately following surgery describing techniques, findings, tissues removed or altered, any implants, postoperative diagnosis and name of the primary surgeon and any assistants, and to be signed by the surgeon and filed into the patients chart.</p>	<p><i>The proposed change is to bring GMHA more in compliance with the requirements established by the CMS.</i></p>

Item: Medical Staff Rules & Regulations

Approved:

Bylaws Committee:

MEC: 10/25/17

Medical Staff 1st Reading: 10/26/17

JCPAC:

BOT:

**GUAM MEMORIAL HOSPITAL AUTHORITY
MEDICAL STAFF OFFICE**

PROPOSED REVISIONS FORM

Item: Medical Staff Rules & Regulations

Existing	Proposed	Rationale
None	<p>SECTION I: GENERAL</p> <p>1.2 ON-CALL PHYSICIANS</p> <p>a. Call Schedule: The Hospital is required to maintain a list of physicians who are on call for duty after the initial examination to provide treatment necessary to stabilize an individual with an emergency medical condition. Each Medical Staff Department Head, or his/her designee, shall provide the Emergency Department and the Medical Staff Office with a list of physicians who are scheduled to take emergency call on a rotating basis. Emergency call shall be defined by the service. It is the responsibility of the physician or his/her designee to keep the Medical Staff Office updated on contact information. The determination as to whether an on-call physician must physically assess the individual in the Emergency Department is the decision of the treating Emergency Department Physician.</p> <p>b. Response Time: It is the responsibility of the on-call physician to respond in an appropriate time frame. The on-call physician or his/her designee should telephonically respond to calls from the Emergency Department within 15 minutes. If requested by the Emergency Department Physician to come in to assess the individual, on call physicians will respond <u>in person</u> to emergency consultation requests within 15 minutes if in the hospital and within 45 minutes if outside the hospital. Longer response times are acceptable if agreeable to the Emergency Department Physician. In specialties (e.g., radiology, pathology) where direct examination of the patient is often not clinically indicated, the physician must view the relevant images, specimens or other clinical materials within the specified time limits.</p> <p>c. If the on-call physician does not respond to being called or paged, from the original page, the physician's Department Chairperson shall be contacted. Failure to respond in a timely manner may result in the initiation of</p>	<p><i>Add section entitled "On Call Physicians".</i></p> <p><i>On-call Physician responsibility must be delineated in the medical staff bylaws, Rules & Regulations to ensure compliance with Emergency Medical Treatment and Labor Act (EMTALA) §489.24(j)</i></p>

disciplinary action.

- d. **Substitute Coverage:** It is the on-call physician's responsibility to arrange for coverage and notify the Emergency Department if he/she is unavailable to take call when assigned. Failure to notify the Emergency Department and the Communications Center of an alternate may result in the initiation of disciplinary action.
- e. **Call Schedules:** All call schedules will be maintained through the Medical Staff Office and changes to call schedule reported through the Communications Center.
- f. **Primary Residence:** All physicians providing call coverage or his/her alternate must maintain a primary residence within thirty (30) minutes of the hospital.
- g. Emergency Department Physicians are expected to document a bedside consult request with time and date.
- h. **Responsibilities of the on call physician include:**
 - 1. responding to the call from the ED or referring physician in a timely manner as described above
 - 2. participating in the evaluation and stabilization of the patient's condition in as it applies to the call service involved
 - 3. treating the patient for the condition for which the call service is involved
 - 4. in the instance the physician does not possess the skills or credentials to provide definitive treatment, the physician will still come in to evaluate/stabilize the patient and will work with the ED provider to identify an alternative treating physician, preferably internally, or transfer to an alternative facility.
 - 5. On-call physicians must refer to EMTALA Rules **§489.24(j)** for guidance.

Reviewed by Bylaws: 03/10/17

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