

**LOMA LINDA UNIVERSITY MEDICAL CENTER
PHYSICAL MEDICINE AND REHABILITATION SERVICE
RULES AND REGULATIONS**

I. RESPONSIBILITIES:

The PM&R Service of Loma Linda University Medical Center is responsible for:

- A. The evaluation of the qualifications of those individuals applying/re-applying for membership on the Medical Staff in the PM&R Service.
- B. The monitoring of the ethical and professional practices of medical staff members on the PM&R Service and monitoring of the quality of care provided by them.
- C. The supervision of the clinical activities of students and residents assigned to the PM&R Service.
- D. The provision of continuing education activities to its members and guests.
- E. These responsibilities extend to all clinical action of LLUMC both inpatient and outpatient

II. MEMBERSHIP:

Requirements for membership in the PM&R Service of the Medical Staff shall be determined by the Executive Committee of the Medical Staff and shall be implemented through the Bylaws, and Rules and Regulations of the Medical Staff. In addition, applicants for membership in the service of PM&R shall be Board Certified in PM&R or be eligible to take the certifying examination of the American Board of PM&R; or if a Primary Care or related specialty physician, be Board Certified or eligible to take the certifying examination in his/her specialty.

III. OFFICERS:

The Chairman of the Department of PM&R of Loma Linda University School of Medicine shall serve as the Chief of the PM&R Service of Loma Linda University Medical Center. In the absence of the Chairman, the individual acting as Chairman shall serve as Chief. The Chairman may appoint an Associate Chief of Service and delegate responsibilities to this individual.

The Chief of Service shall:

- Serve as Chairman of the PM&R Service Committee
- Organize and chair regular meetings of the members of the PM&R Service
- Appoint service committees as needed or required
- Maintain records of the PM&R Service

IV. COMMITTEES:

- A. The PM&R Service Committee--chaired by Chief of Service.
1. **Membership:** All full-time members of the PM&R Service shall be members of the Service Committee.
 2. **Function:**
 - a. Review applications for appointment and reappointment to the PM&R Service.
 - b. Recommend (to the Chief of the Service) the granting of specific clinical privileges.
 - c. Recommend (to the entire service) Service Policies, and Rules and Regulations.
 - d. Assist the Chief of Service in his/her administrative activities as he/she directs.
- B. Quality Improvement Committee
1. **Chairman:** The Service Quality Improvement Committee shall be chaired by a member of the Service appointed by the Chief of Service. The Committee Chair shall be responsible for the ongoing quality improvement activities of the Service.
 2. **Membership:** All full-time members of the PM&R Service will serve as members of the Committee.
 3. **Function:**
 - a. In conjunction with the Medical Staff Quality Improvement Committee, this Committee will review selected aspects of care on the PM&R Service with the goal of achieving continuing quality improvement.
 - b. The Committee will present recommendations to the Chief of Service for changes in policies, procedures and regulations that are intended to improve the quality of care on the PM&R Service.
 - c. The Committee will arrange for the presentation to the Service educational Programs in response to its (the Committee) quality improvement activities.

V. POLICIES:

Additional rules and regulations governing the PM&R Service will be developed as policies. These policies will be approved by the PM&R Service Committee, the active members of the PM&R Service, and the Executive Committee of the Medical Staff. They will be reviewed annually and distributed to all members of the PM&R Service after review.

VI. PM&R SERVICE PRIVILEGES:

- A. Privileges will be granted in accordance with Medical Staff bylaws.
- B. For active full-time staff privileges, certification by the American Board of PM&R will be required. Individuals who are board eligible may be granted active full-time staff privileges, but must become certified within three years to retain their active status.

VII. PROCTORING:

All initial appointments to the PM&R Service are contingent on the applicant demonstrating to his/her peers that they have the capability to provide the evaluation and management services required by their patients. This involves the ability to obtain a history and perform a physical examination. It also involves the ability to originate appropriate diagnostic and therapeutic orders and to interpret the data that results from those orders. The usual requirement is that a peer should review 10 cases. In special circumstances the number may be reduced by action of the Service Committee. The absolute minimum is 5 cases. Consultations, ER evaluations and outpatient evaluations may be used to complete this requirement.