



Medical Staff Credentialing and Privileging Manual

10/3/2022

**SELF REGIONAL HEALTHCARE
CREDENTIALING AND PRIVILEGING MANUAL
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CREDENTIALING AND PRIVILEGING MANUAL

ARTICLE I

PROCEDURES FOR APPOINTMENT AND REAPPOINTMENT

1.1 General Procedure

The Medical Staff through its designated Departments, services, committees, and Officers shall investigate and consider each application for appointment or reappointment to the Medical Staff and each request for modifications of Medical Staff appointment status and shall adopt and transmit recommendations thereon to the Board concerning extension, termination, or reduction of Medical Staff Privileges. The Medical Staff shall also perform these same investigation, evaluation, and recommendation functions in connection with any individual who is not eligible for Medical Staff appointment but who seeks to exercise Clinical Privileges or to provide specified services in any Department or service of the Hospital.

1.2 Application for Initial Appointment

1.2.1 Application Form

Each application for appointment to the Medical Staff shall be in writing, submitted on the form approved by the Board, and signed by the applicant.

1.2.2 Acknowledgement Agreement: The application form shall include:

A statement that the applicant has received and read the current Bylaws, Rules and Regulations of the Medical Staff, the current Hospital Bylaws and Policies and that he or she agrees:

- A. to be bound by the terms thereof and any amendments thereto if he or she is granted appointment and/or Clinical Privileges, and
- B. to be bound by the terms thereof and any amendments thereto in all matters relating to consideration of his or her application without regard to whether or not he or she is granted appointment and/or Clinical Privileges;
- C. to pledge to provide continuous care to his or her patients in the event he or she is granted Clinical Privileges or Medical Staff membership;
- D. to refrain from any unethical practices;
- E. to participate in Emergency Room coverage;

- F. to designate a physician, dentist or podiatrist with appropriate credentials and Clinical Privileges to provide coverage for his or her patients in his or her absence;
- G. to seek consultation as necessary and appropriate; and
- H. to comply with all applicable laws, rules and regulations.

1.2.3 Attestation Clause

The applicant must sign the application form. This signature will signify the applicant's agreement to all of the following:

Attestation to the accuracy and completeness of all information on the application or accompanying documents and agreement that any substantive inaccuracy, omission, or misrepresentation, whether intentional or not, will be grounds for termination of the application process without the right to a fair hearing or appeal. Whether or not an inaccuracy is substantive will be determined by the MEC after review by the Credentials Committee. If the inaccuracy, omission or misstatement is discovered after an individual has been granted appointment and/or Clinical Privileges, the individual's appointment and Privileges shall lapse effective immediately upon notification of the individual without the right to a fair hearing or appeal. An applicant who has received an adverse decision regarding an application shall not be allowed to reapply for a period of two (2) years after notice of such decision is sent.

1.2.4 Statement of Release and Immunity From Liability

The following are express conditions applicable to any applicant, to any person appointed to the Medical Staff, and to anyone having or seeking Privileges to practice his or her profession in the Hospital during his or her term of appointment or reappointment. In addition, these statements shall be referenced on the application form, and by applying for appointment, reappointment, or Clinical Privileges the applicant expressly accepts these conditions during the processing and consideration of his or her application, regardless of whether he or she is granted the desired appointment, reappointment, or Privileges:

- A. The applicant or appointee extends permission to, and releases from liability, this Hospital and its representatives (and any third party which provides information in connection with the application, as long as the information is provided in good faith and without significant misstatements) with respect to any and all civil liability which might arise from any acts, communications, reports, recommendations, or disclosures involving an applicant or appointee, performed, made, requested, or received by this

Hospital and its representatives, to, from, or by any third party, including other appointees to the Medical Staff, concerning:

1. activities relating, but not limited, to:
 - a. appointment or Clinical Privileges, including Temporary Privileges;
 - b. reappraisals undertaken for reappointment or for increase or decrease in Clinical Privileges;
 - c. reduction or suspension of Clinical Privileges or revocation of Medical Staff appointment, or any other disciplinary sanction;
 - d. suspension;
 - e. appellate reviews;
 - f. focused professional practice evaluations and ongoing professional practice evaluations;
 - g. Hospital and Medical Staff, Departmental, service or committee activities relating to the quality or patient care or the professional conduct of an appointee to the Medical Staff or of any individual granted Privileges to practice in the Hospital; and
2. action based on review of National Practitioner Data Bank query results;
3. investigations, materials provided, or inquiries, oral or written, to the National Practitioner Data Bank or otherwise, relating to
 - a. an applicant's or appointee's professional qualifications;
 - b. credentials;
 - c. clinical competence;
 - d. previous performance;
 - e. character;

- f. mental or emotional stability;
 - g. physical condition;
 - h. ethics;
 - i. behavior and conduct; and
4. inspection of all records and documents that may be material to such questions or any other matter that might directly or indirectly have an effect on the individual's competence, on patient care, on the orderly operation of this Hospital or any hospital or health care facility, including otherwise privileged or confidential information, provided such information is provided in good faith and without malice.
5. Any act, communication, report, recommendation, or disclosure, with respect to any such applicant or appointee, made in good faith and at the request of an authorized representative of this Hospital or any other hospital or health care facility, anywhere at any time, for the purposes set forth in (a) above, shall be privileged to the fullest extent permitted by law. Such privilege shall extend to employees of the Hospital and its authorized representatives, and to any third parties who either supply or are supplied information and to any of the foregoing authorized to receive, release, or act upon the same.
- B. As used in this section, the term "Hospital and its representatives" means members of the Medical Staff, the members of its Board and their appointed representatives, employees, the CEO and his or her subordinates or designees, consultants to the Hospital, the Hospital's attorneys and his or her partners, associates, assistants, or designees, and all appointees to the Medical Staff who have responsibility for obtaining or evaluating the appointee's credentials and/or acting upon his application or conduct in the Hospital, or any authorized representative of any of the foregoing.

As used in this section, the term "third parties" means all individuals or governmental agencies, organizations, associations, partnerships, and corporations, whether hospitals or health care facilities or not, from whom information has been requested by the

Hospital or its authorized representatives, or which have requested information from the Hospital and its authorized representatives.

1.2.5 Statement Concerning Remedies

- A. A statement whereby the physician, dentist or podiatrist agrees that, when an adverse ruling is made with respect to his or her Medical Staff appointment, Medical Staff status, or Clinical Privileges, he or she agrees that the administrative remedies afforded by these Bylaws are the sole remedies available.
- B. If the physician, dentist or podiatrist initiates legal actions and does not prevail, the physician, dentist or podiatrist agrees to reimburse the Hospital and any member of the Medical Staff named in the action all costs incurred in defending the action, including reasonable attorney fees.
- C. If the physician, dentist or podiatrist initiates legal action, he or she agrees to waive his or her right to a jury trial.
- D. See also Section 14.7 concerning exhaustion of remedies under the Bylaws.

1.2.6 Qualifications:

Detailed information concerning the applicant's qualifications, including information in satisfaction of the qualifications for membership specified in Section 3.2.1 of the Medical Staff Bylaws and of any additional qualifications specified in these Bylaws for the particular Medical Staff category to which the applicant requests appointment.

1.2.7 Requests:

Specific requests stating the Medical Staff category, Department, and Clinical Privileges for which the applicant wishes to be considered.

1.2.8 Professional References:

Three peer references who have personal knowledge of the applicant's professional competence, experience, current clinical ability, ethical character, and ability to work with others will be required. These references should have acquired their knowledge through recent observation, the applicant's professional performance. At least one must be a department chair, service chief, training program director or a chief medical officer. One reference must be a peer reference defined as a practitioner in the same specialty. Professional references for physicians practicing for the first time after completing his or her residency program should typically be provided by the

applicant's academic supervising physicians. Special circumstances regarding the ability of the physician, dentist or podiatrist to provide such professional references shall be considered on a case by case basis by the appropriate Department Chairman.

Professional references refer, as appropriate, to the applicant's relevant training and/or experience, current competence, fulfillment of obligations as a member of a Medical Staff, and any effects of health status on performance and/or Privileges to be recommended.

1.2.9 Information on Professional Liability Insurance Coverage:

Information as to whether the applicant currently has professional liability insurance coverage in the amount determined from time to time by the Board.

Names and contact information of professional liability insurance carriers for the past ten years.

1.2.10 Information of Affiliations with Other Hospitals or Facilities

The names and locations of all hospitals and other health care facilities where applicant has or has had clinical privileges to provide patient care.

1.2.11 Criminal Background Check

A criminal background check shall be conducted on each new applicant.

1.2.12 Education

The names and locations of colleges(s), medical school(s), residencies, and/or fellowships, with times of attendance, to include month and year; names and address of clinical directors of residencies and fellowships and if the program was completed is required.

1.2.13 Board Certification

The name of the certifying board, the specialty, the date of certification/recertification and expiration of certification is required.

1.2.14 Licensure

Medical licensure previously or currently held indicating the stat of issue, number, expiration date and status as well as Federal DEA and South Carolina Controlled substance Certification number and the expiration date is required.

1.2.15 Questions

The application shall require the applicant to provide accurate answers concerning the following items. The applicant shall agree to immediately notify the Medical Staff Office in writing should any of the information regarding these items change during the period of their Medical Staff membership or Privileges. If the applicant provides information identifying a problem with any of the following items, the applicant will be required to submit a written explanation of the circumstances involved.

- A. Have any disciplinary actions been initiated or are any pending against you by any state licensure board?
- B. Has your license to practice in any state ever been relinquished, denied, limited, suspended, or revoked, whether voluntarily or involuntarily?
- C. Have you ever been asked to surrender your license?
- D. Have you ever been suspended, sanctioned, or otherwise restricted from participating in any private, federal, or state health insurance program (for example, Medicare, TRICARE, or Medicaid)?
- E. Have you ever been the subject of an investigation by any private, federal, or state agency concerning your participation in any private, federal, or state health insurance program?
- F. Has your narcotics registration certificate ever been relinquished, limited, denied, suspended, or revoked?
- G. Is your narcotics registration certificate currently being challenged?
- H. Have there ever been any allegations or charges of criminal activities related to your professional practice including, but not limited to, Medicare/Medicaid/Tricare or any other state or federal governmental payor related offenses, felony convictions, or occurrences that raise questions of criminal propensity or named as a defendant in any criminal proceedings?
- I. Have your employment, medical staff appointment, or clinical privileges ever been suspended, diminished,

revoked, refused, or limited at any hospital or other health care facility, whether voluntarily or involuntarily?

- J. Have you ever withdrawn your application for appointment, reappointment, or clinical privileges or resigned from the medical staff before a hospital's or health facility's governing board made a decision?
- K. Have you ever been the subject of focused professional practice evaluation at any hospital or health care facility other than at initial appointments or following a request for new clinical privileges?
- L. Have you ever been examined by any specialty board, but failed to pass the examination?
- M. If not certified, have you applied for the certification exam?
- N. If no, do you intend to apply for the certification exam?
- O. Have you ever been accepted to take the certification exam?
- P. If yes, what dates are you scheduled to take the certification exam?
- Q. What are the date(s) of the next recertification examination (if applicable)?
- R. Has your membership/fellowship in any local or state or national professional organization been voluntarily or involuntarily terminated, suspended, revoked, refused or limited?
- S. Have any professional liability claims or suits ever been filed against you or are any presently threatened or pending?
- T. Have any judgments or settlements been made against you in professional liability cases?
- U. Recent photograph of the applicant to verify identity.
- V. Results of any previously mandated drug testing and other health testing in relation to Privileges requested.

- W. Proof of certification by the Educational Commission for Foreign Medical Graduates (ECFMG) for all foreign school graduates.

1.2.16 Mandatory Disclosures:

The applicant agrees to make upon application and shall have a continuing obligation to make the following mandatory disclosures if appointed to the Medical Staff within ten (10) days of the occurrence of any of the following:

- A. Treatment for chemical dependence and/or substance abuse;
- B. A change in health status that is reasonably likely to:
 - a. Negatively affect his or her continuing ability to perform professional or Medical Staff duties;
 - b. Impair his or her ability to safely and competently exercise Clinical Privileges; and/or
 - c. Pose a risk of harm to patients, him or herself, or others.
- C. Any action taken against his or her license to practice medicine in South Carolina or any other state in which licensed;
- D. Any action taken against his or her DEA or South Carolina Controlled Substance Registration;
- E. Any action taken by a certification board that affects his or her board certification;
- F. Any action that affects his or her participation in any State or Federal reimbursement program or participation in a managed care arrangement;
- G. Any action initiated or taken by any other healthcare facility negatively affecting medical staff membership or clinical privileges;
- H. Any change in the information provided in the application for appointment or reappointment; or

- I. Any action taken that negatively affects his or her professional liability insurance.

1.3 Processing the Application

1.3.1 Applicant's Burden

The applicant shall signify his or her willingness to appear for interviews in regard to his or her application and have the burden of producing adequate information for a proper evaluation of his or her experience, background, training, demonstrated ability, previous performance, physical health status, and, upon request of the MEC or the Board, mental health status, and of resolving any doubts about these or any of the other qualifications for Medical Staff membership specified in Section 3.2.1 of the Medical Staff Bylaws.

1.3.2 Exclusivity Policy:

Applications for initial appointment or for Clinical Privileges related to Hospital facilities or services covered by exclusive agreements will not be accepted or processed unless submitted in accordance with the existing contract or agreement with the Hospital. Non-acceptance of an application based on this Section 1.3.2 shall not entitle the applicant to the procedural rights as provided in Article 14 of the Medical Staff Bylaws and in the Fair Hearing Procedures, because such action is not based upon the competency or professional conduct of the applicant.

1.3.3 Verification of Information

The applicant shall deliver a completed application to the Medical Staff Services Office Coordinator, on behalf of the Medical Staff Services Office Coordinator, on behalf of the CEO, who shall, in timely fashion, seek to collect or verify, as required, the references, licensure, training/experience, competence and other qualification evidence submitted in the application. Upon receipt of an application, the CEO, or his or her designee, shall make a query to the National Practitioner Data Bank for the purpose of reviewing the applicant's record. The CEO, or his or her designee, obtains information from professional references concerning the applicant's competency to perform clinical privileges requested as well as information from current and previous practice locations. The CEO, or his or her designee, shall promptly notify the applicant of any problems in obtaining the information required and it shall then be the applicant's obligation to obtain the required information. When collection and verification is accomplished the application and request for Clinical Privileges shall be deemed complete. The CEO, or his or her designee, shall transmit the application and all supporting materials to the Chairperson of each Department in which the applicant seeks Clinical Privileges.

1.3.4 Description of Initial Clinical Privileges

Medical Staff appointment or reappointment shall not confer any Clinical Privileges or right to practice in the Hospital. Each physician, dentist or podiatrist who has been given an appointment to the Medical Staff of the Hospital shall be entitled to exercise only those Clinical Privileges specifically granted by the Board, except as stated in policies adopted by the Board. The Clinical Privileges recommended to the Board shall be based upon the applicant's education, training, experience, past performance, demonstrated competence, judgment, references, and other relevant information, including an appraisal by the clinical Department in which such Privileges are sought. The applicant shall have the burden of establishing his or her qualifications for and competence to exercise the Clinical Privileges he or she requests. Recommendations of the clinical Department in which Privileges are sought shall be forwarded to the Credentials Committee and processed as a part of the initial application for Medical Staff appointment.

1.3.5 Department Action

Upon receipt of the application, the Chairperson of each Department in which the applicant seeks Privileges shall review the application and supporting documentation. The Chairperson, at his or her discretion, may conduct a personal interview with the applicant. The Department Chairperson may request additional information if he or she deems such necessary. The Chairperson shall then transmit to the Credentials Committee, on the prescribed form, a written report and recommendations as to Medical Staff appointment and, if appointment is recommended, as to Medical Staff category and Department, Clinical Privileges to be granted, and any special conditions to be attached to the appointment. A Department Chairperson may also recommend that the MEC defer action on the application. The reason for each recommendation shall be stated and supported by reference to the completed application and any other documentation considered by a Chairperson, all of which shall be transmitted with the report.

1.3.6 Credentials Committee Action

The members of the Credentials Committee shall review the application, the supporting documentation, each Department Chairperson's report and recommendations, and such other information available to it that may be relevant to consideration of the applicant's qualifications for the Medical Staff category or Clinical Privileges requested. The Credentials Chairperson shall transmit to the MEC on the prescribed form a written report and recommendations as to Medical Staff appointment and, if appointment is recommended, as to Medical Staff category and Department, Clinical Privileges to be granted and any special conditions to be attached to the appointment. The Credentials Chairperson may also recommend that the MEC defer action on the application. The reason for each recommendation shall be stated and supported by references to the completed application and any other documentation considered by the committee, all of which shall be transmitted with

the report. Any minority views shall be reduced to writing, supported by reasons and references, and transmitted with the majority report.

1.3.7 Medical Executive Committee Action

At its next regular meeting after receipt of the Credentials Committee report and recommendations, the MEC shall consider the report, the results of the query to the National Practitioner Data Bank (if received within a reasonable time), and such other information available to it that may be relevant to the applicant's qualifications for the Medical Staff category, Department, and Clinical Privileges requested. The MEC shall then forward to the CEO and to the Board a written report and recommendations on the prescribed form as to Medical Staff appointment and, if appointment is recommended, as to Medical Staff category, Department, and Clinical Privileges to be granted and any special conditions to be attached to the appointment. The Committee may also defer action on the application pursuant to Section 1.3.8(A). The reasons for each recommendation shall be stated and supported by reference to the completed application and any other documentation considered by the committee, all of which shall be transmitted with the report. Any minority view shall be reduced to writing, supported by reasons and references, and transmitted with the majority report.

1.3.8 Effect of Medical Executive Committee Action

A. Deferral:

Action by the MEC to defer the application for further consideration must be followed within 30 days either by a recommendation for associate appointment with specified Clinical Privileges or a recommendation of rejection for Medical Staff appointment.

B. Favorable Recommendation:

When the recommendation of the MEC is favorable to the applicant, the MEC shall promptly forward it, together with all supporting documentation, to the CEO and the Board. For the purposes of this Section, "all supporting documentation" includes, without limitation, the application form, its accompanying information, and the reports and recommendations of the Department Chairperson and the Credentials Committee.

C. Adverse Recommendations:

When the recommendation of the MEC is adverse to the applicant, the CEO, on behalf of the MEC immediately shall so inform the physician, dentist or podiatrist by Special Notice, and the applicant shall be entitled to the procedural rights as provided in Article 10 of the Medical Staff Bylaws and in the Fair Hearing Procedures attached at Appendix A to the Medical Staff Bylaws. The applicant shall be entitled to exercise his or her procedural rights prior to submission of the adverse recommendation to the Board. For purposes of

this Section, “special notice” shall mean a written description of the adverse action recommended, sent to the physician, dentist or podiatrist by registered mail, return receipt requested.

1.3.9 Recommendation for Denial Based Upon Hospital’s Exclusive Agreement or the Inability to Accommodate Applicant Based on Lack of Adequate Services or the Hospital’s Management Plan:

A recommendation by the MEC, or a decision by the Board, to deny Medical Staff appointment, a Department or Medical Staff category assignment, or particular Clinical Privileges either:

- A. On the basis of the Hospital’s present inability to provide adequate facilities or supportive services for the applicant and his patients (as supported by documented evidence); or
- B. On the basis of inconsistency with the Hospital’s Management Plan including the mix of patient care services to be provided, as currently being implemented; or
- C. On the basis of professional contracts the Hospital has entered into for the rendition of services within various Hospital departments;

shall not entitle the applicant to the procedural rights as provided in Article 10 and in the Fair Hearing Procedures, because such decision is not based upon the competency or professional conduct of the applicant. If the Board’s decision remains adverse, the notice of the decision shall state that upon written request by the applicant to the CEO, the application will be kept in a pending status for two years. If, during this period, the Hospital finds it possible to accept Medical Staff applications for which the applicant is eligible, and the Hospital has no obligation to applicants with prior pending status, the CEO shall promptly so inform him or her by Special Notice. For purposes of this Section, “Special Notice” shall include a written description of the adverse decision, with an explanation that such decision is not based upon the competency or professional conduct of the physician, dentist or podiatrist, sent to the physician, dentist or podiatrist by hand delivery or overnight mail.

Within 30 days of receipt of such notice, the applicant shall provide, in writing on the prescribed form, such supplemental information as is required to update all elements of his original application. Thereafter, the procedure provided in Section 1.2 for initial appointments shall apply. In the event of delay exceeding sixty (60) days on the part of the MEC, the Board may act temporarily without such recommendation based on documented evidence of the applicant’s professional and ethical qualification obtained from reliable sources.

1.3.10 Reapplication After Adverse Appointment Decision

Unless otherwise provided in these Bylaws, an applicant who has received an adverse decision regarding appointment shall not be considered for application to the Medical Staff for a period of one year after notice of such decision is sent. Any such reapplication shall be processed as an initial application and the applicant shall submit such additional information as the Medical Staff or the Board may require in demonstration that the basis for the earlier adverse action no longer exists.

1.3.11 Time Periods for Processing

Applications for Medical Staff appointment shall be considered in a timely and good faith manner by all individuals and groups required by these Bylaws to act thereon and, except for good cause, shall be processed within the time periods specified in this section. The CEO shall transmit an application to the Medical Staff upon completing his or her information collection and verification tasks, but in any event within 90 days after receiving the application. The Department Chairperson and the Credentials Chairperson shall act on an application within 60 days after receiving it from the CEO. The MEC shall review the application and make its recommendation to the Board within 30 days after receiving the Credentials report. The Board or designated committee of the Board shall review the application and shall then take action on the application at its next regular meeting.

NOTE: In the event there is undue delay in obtaining required information, the Medical Staff Office will request assistance from the applicant. During this time period, the “time periods for processing” the application will be appropriately modified. Failure of an applicant to adequately respond to a request for assistance after (30) thirty days will be deemed a withdrawal of the application.

1.3.12 Bylaws Control Contract Provisions Relating to Appointment and Privileges

Physicians who are engaged by the Hospital to provide patient care services pursuant to a contract are subject to the appointment and Clinical Privileges provisions in these Bylaws. Should these Bylaws conflict in any respect with a contract, the Bylaws will control regardless of any such conflict.

1.4 Reappointment Process

1.4.1 Information for Reappointment

The Medical Staff Services Office Coordinator, on behalf of the CEO, shall, at least one hundred and twenty (120) days prior to the applicable December 31 expiration date of the present Medical Staff appointment of each Medical Staff appointee, provide such Medical Staff appointee with a Reappointment Application (the “Reappointment Application”) for use in considering reappointment. Each Medical Staff appointee

who desires reappointment shall, at least ninety (90) days prior to such expiration date, send his or her Reappointment Application to the Medical Staff Office Coordinator on behalf of the CEO, or his or her designee. Failure to so return the Reappointment Application shall result in automatic termination of appointment at the expiration of the appointee's current term.

In addition to the information required on the Reappointment Application, the reappointment process shall also include consideration of the Medical Staff appointee's experience in categories of procedures and treatment areas, results of treatment, conclusions drawn from organizational performance improvement activities and ongoing professional practice evaluations as applicable.

1.4.2 Content of Reappointment Application

The Reappointment Application shall be a prescribed form and shall contain information necessary to maintain a current file on the Medical Staff appointee's health care activities, including, without limitation, information about:

- A. Continuing training, education, and experience that qualifies the Medical Staff appointee for the Privileges sought on reappointment, including CME training;
- B. Current physical status and mental health status upon request by the MEC or the Board,

NOTE: The CEO, President of the Medical Staff and Department Chair, in order to ensure the health and safety of patients or others in the Hospital may, based upon reasonable facts and circumstances which relate to the health care services provided by the physician, require a physician, dentist or podiatrist to submit to a medical examination, paid for by the physician and performed by a physician, dentist or podiatrist agreed upon by both the physician, dentist or podiatrist and the Hospital.

- C. The name and address of any other health care organization or practice setting where the Medical Staff appointee had Privileges or provided clinical services during the preceding period:
- D. Membership, awards, or other recognitions conferred or granted by any professional health care societies, institutions, or organizations;
- E. Update information provided at Section 1.2.12.

1.4.3 Verification of Information

The CEO, or his or her designee, shall, in timely fashion, seek to collect or verify (from primary sources whenever possible) the additional information made available on each Reappointment Application and to collect any other materials or information deemed pertinent, including information regarding the Medical Staff appointee's professional activities, performance, and conduct in the Hospital. A National Practitioner Data Bank query shall be made to determine whether any adverse actions have been taken against the Medical Staff appointee. When collection and verification is accomplished the application for reappointment and request for Privileges is deemed complete. The CEO, or his or her designee, shall transmit the Reappointment Application and supporting materials to the Chairperson of each Department in which the Medical Staff appointee requests Privileges.

1.4.4 Department Action

A Department Chairperson shall review the Reappointment Application and the Medical Staff appointee's file and shall transmit to the Credentials Committee Chairperson on the prescribed form his or her report and recommendation that appointment be either renewed, renewed with modifications, or terminated. A Chairperson may also recommend deferral of action. Each such report shall be timely in accordance with Section 1.4.9.

1.4.5 Credentials Committee Action

The Credentials Committee shall review each Reappointment Application and all other pertinent information available on each appointee being considered for reappointment, including the recommendation of each Department in which the Medical Staff appointee has requested Privileges, and shall transmit to the MEC its report and recommendation that appointment be either renewed, renewed with modifications, or terminated. The Credentials Committee Members may also recommend that the MEC defer action. Each such report shall be timely in accordance with Section 1.4.9. Any minority views shall be reduced to writing and transmitted with the majority report.

1.4.6 Meeting with Affected Individuals

If, during the processing of a particular individual's reappointment it becomes apparent to the Credentials Committee Members or the Committee Chairperson that consideration is being given to a recommendation that would deny reappointment, deny a requested change in Medical Staff category or Clinical Privileges, or otherwise amend Medical Staff category or Clinical Privileges, the Chairperson of the Credentials Committee shall notify the individual of the possibility of denial and ask whether he or she desires to meet with the Credentials Committee members prior to any final recommendation. At such meeting, the affected individual shall be informed of the

general nature of the evidence supporting the action contemplated and shall be invited to discuss, explain or refute such evidence. This interview shall not constitute a hearing, and none of the procedural rules provided in these Bylaws with respect to hearings shall apply, nor shall minutes of the discussion in the meeting be kept. However, the Credentials Committee shall indicate as part of its report whether such a meeting occurred.

1.4.7 Medical Executive Committee Action

The MEC shall review each Reappointment Application and all other relevant information available to it and shall forward to the CEO and to the Board its report and recommendation that appointment be either renewed, renewed with modifications, or terminated. The Committee may also defer action. Each such report shall be timely in accordance with Section 1.4.9. Any minority views shall be reduced to writing and transmitted with the majority report.

1.4.8 Bases for Recommendations

Each recommendation concerning the reappointment of a Medical Staff appointee and the Clinical Privileges to be granted upon reappointment shall be based upon such appointee's professional performance, ability, and clinical judgment in the treatment of patients, his or her professional ethics, his or her discharge of Medical Staff obligations, his or her compliance with the Medical Staff Bylaws, Rules and Regulations, his or her cooperation with other physicians, dentists or podiatrists and with patients, and other matters bearing on his or her ability and willingness to contribute to the quality of patient care practices in the Hospital in manner consistent with professional competence and conduct.

1.4.9 Time Periods for Processing

Applications for reappointment shall be considered in a timely and good faith manner by all individuals and groups required by these Bylaws to act thereon and, except for good cause shall be processed within the time periods specified in this section. The CEO shall transmit the Reappointment Application within one hundred and twenty (120) days prior to the expiration date of the present Medical Staff appointment of each Medical Staff appointee. Each Medical Staff appointee shall send his or her Reappointment Application to the CEO within ninety (90) days prior to the expiration of the present Medical Staff appointment. The CEO shall transmit the completed Reappointment Application to the Department Chairperson upon completing his or her information collection and verification tasks. The Department Chairperson and the Credentials Chairperson shall act on a reapplication within sixty (60) days after receiving it from the CEO. The MEC shall review the reapplication and make its recommendation to the Board within thirty (30) days after receiving the Credentials report. The Board shall review the reapplication and shall then take action on the reapplication at its next regular meeting.

1.5 Requests for Modification of Appointment

A Medical Staff appointee may, either in connection with reappointment or at any other time, request modification of his or her Medical Staff category, Departmental assignment or Clinical Privileges by submitting a written request. Such application shall be processed in the same manner as provided in Section 1.4 for reappointment. No Medical Staff appointee may seek modification of Privileges, Medical Staff category, or Department assignment previously denied on initial appointment or reappointment unless supported by the additional training and experience stated in Section 1.2.

ARTICLE II DELINEATION OF PRIVILEGES

2.1 Delineation of Privileges According to Specialty or Clinical Practice.

2.1.1 Anesthesiology

Applicants for clinical privileges for the practice of Anesthesiology shall meet the requirements as stated in paragraph A on privilege delineation in the Department of Surgery for the granting of Type I privileges on page ___.

Type I Privileges: Anesthesiologists must be able to perform all of the independent services usually required in the practice of anesthesiology such as:

1. perform accepted procedures commonly employed to render the patient insensible to pain for the performance of surgical and obstetrical procedures, or other necessary but pain producing clinical maneuvers.
2. support life functions during the period of anesthesia.
3. provide appropriate pre-anesthetic and post-anesthetic management of the patient.

In order to be eligible to apply, applicant must have A, B, and C:

- A. Completion of an approved residency program in Anesthesiology and board certification/board eligibility by the American Board of Anesthesiology, and/or a Fellow of the American College of Anesthesiologists.
- B. Letter of reference from Director of residency program or Chairperson of Anesthesiology (or Surgery, if none) at last hospital.
- C. Active practice of Anesthesiology during the preceding twelve months.

If paragraph C above cannot be satisfied by an otherwise eligible applicant, then privileges may be granted conditional to the understanding that all the applicant's work performed at Self Regional Healthcare must be reviewed by the director of Anesthesia Services, or his designee, for a period of time to be determined by the director of Anesthesia Services but not to exceed six months. After this period of intensive review, the director of Anesthesia Services will determine the applicant's competency in the practice of the privileges applied for and will submit a report and recommendation to the Credentials Committee.

Privileges Granted:

Cardiac Anesthesia without cardiopulmonary bypass perfusion

Neurosurgical anesthesia

Pediatric anesthesia, less than 1 year

Pediatric anesthesia, more than 1 year

Regional Anesthesia

- Minor nerve block
- Major nerve block (i.e., brachial plexus)
- Spinal Anesthesia
- Epidural or Caudal Anesthesia

Invasive Monitoring:

- Central Venous catheterization
- Arterial catheterization

Therapeutic & Diagnostic Nerve Blocks

Epidural/Intrathecal Steroid Injections

Epidural/Intrathecal Narcotic Injections

Anesthesia associated with hypothermia

Anesthesia associated with deliberate hypotension

Emergency or Therapeutic fiberoptic laryngoscopy or bronchoscopy in association with surgery.

Respiratory Therapy

Ventilatory management of patients outside of O.R. or R.R.

Procedures Requiring Separate Documentation:

Invasive Monitoring:

- Pulmonary Artery Catheterization

Destructive Nerve Blocks

Acupuncture

2.1.2 Emergency Medicine

Type I Privileges

Training: Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in emergency medicine or other equivalent foreign entities recognized and accepted for medical licensure eligibility by the South Carolina Board of Medical Examiners and current certification or board eligible (with achievement of certification within 6 years of completion of training) leading to

certification in emergency medicine by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine.

OR

Successful completion of a residency in Internal Medicine or Family Medicine. Must be Board Certified in their respective field and must have 3000 hours of documented Emergency Department experience and possess current certification in Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), and Advanced Trauma Life Support (ATLS).

For applicants who began emergency medicine training before July 1, 1987, successful completion of 36 months or post-medical school training, at least 24 months of which were under an ACGME/AOA-accredited emergency medicine residency program at the post-graduate year (PGY) II level or above.

Experience: Can be demonstrated in one of the following ways:

- A. An applicant who has just completed residency training program shall provide his/her residency log and a letter of reference from the Director of the residency program.
- B. An applicant who is not applying directly out of a residency training program shall provide a quality profile from the hospital(s) where he/she currently has privileges showing his or her clinical activity for the past 12 months reflective of the scope of privileges requested with verification of active practice in an emergency department (ED) with an annual volume of >10,000 patient visits and a letter of reference from the Chief of Emergency Medicine at that hospital **or** submit a case log showing his or her clinical activity for the past 12 months reflective of the scope of privileges requested with verification of active practice in an emergency department (ED) with an annual volume of >10,000 patient visits and a letter of reference from the Chief of Emergency Medicine addressing clinical competence of the applicant based on quality data and clinical performance at that hospital.

Reappointment should be based on unbiased, objective results of care according to a hospital's quality assurance mechanism. To be eligible to renew privileges in emergency medicine, the applicant must have current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Type II Privileges

A physician with these privileges shall work in the Emergency Department in double coverage with a physician holding Type I privileges.

Training: Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in emergency medicine or other equivalent foreign entities recognized and accepted for medical licensure eligibility by the South Carolina Board of Medical Examiners and current certification or board

eligible (with achievement of certification within 6 years of completion of training) leading to certification in emergency medicine by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine.

OR

Be a senior resident (in the final year) in an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited emergency medicine residency or other equivalent foreign entities recognized and accepted for medical licensure eligibility by the South Carolina Board of Medical Examiners. To be eligible for these privileges an applicant must possess a current South Carolina license to practice medicine and must possess current certification in ACLS, PALS, and ATLS.

Experience: Can be demonstrated in one of the following ways:

- A. An applicant currently engaged in residency training shall provide his/her residency log and a letter of reference from the Director of the residency program.
- B. An applicant who is not applying directly out of a residency training shall provide a quality profile from the hospital(s) where he/she currently has privileges showing his or her clinical activity for the past 12 months reflective of the scope of privileges requested and a letter of reference from the Chief of Emergency Medicine at that hospital **or** submit a case log showing his or her clinical activity for the past 12 months reflective of the scope of privileges requested and a letter of reference from the Chief of Emergency Medicine addressing clinical competence of the applicant based on quality data and clinical performance at that hospital.

Reappointment should be based on unbiased, objective results of care according to a hospital's quality assurance mechanism. To be eligible to renew privileges in emergency medicine, the applicant must have current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

CORE PRIVILEGE LIST

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

Assess, evaluate, diagnose, and initially treat patients of all ages who present in the ED with any symptom, illness, injury, or condition. Provide immediate recognition, evaluation, care, stabilization, and disposition in response to acute illness and injury. Privileges include the performance of history and physical examinations, the ordering and interpretation of diagnostic studies, including laboratory, diagnostic imaging, and electrocardiographic examinations, and the administration of medications normally considered part of the practice of emergency medicine. Privileges do not include admitting privileges, long-term care of patients on an inpatient basis, or the performance of scheduled elective procedures.

Core privileges list: (This is a sampling of procedures included in the core and is NOT intended to be an all-encompassing list but rather reflective of the categories /types of procedures practiced by this specialty and may include such other procedures that are extensions of the same techniques and skills.)

CORE:

- Abdominal Paracentesis
- Anesthesia, use of local
- Arterial Line placement
- Arthrocentesis
- Biologic weapons, systemic infectious disorders, diagnose, evaluate
- Blood Gas analysis and management of abnormalities
- Blood transfusion complications, diagnose, evaluate, and treat
- Cardiac arrhythmias, interpretation and treatment
- Cardioversion/defibrillation
- Central Venous and intraosseous cannulation
- Chest tubes, insertion and management
- Diagnosis, evaluation, treatment of all medical disorders within scope of EM
- Delivery complications, diagnose and evaluate
- Electrocardiograms, ordering and interpretation
- Emergency Airway management to include Rapid Sequence Intubation
- Gastric lavage
- General Lumbar puncture
- Initial radiographic interpretation of routine films
- Multi-system trauma, diagnose, evaluate, stabilize
- Peripheral Arterial Puncture, for blood gas sampling
- Peripheral nerve blocks
- Poisoning, evaluation and management
- Sedation, intravenous moderate and analgesia for procedures
- Shock, treatment of
- Slit lamp examination with or without foreign body removal
- Thoracotomy, emergent
- Thrombolytic therapy, general
- Ventilator management
- Wound care, management of

SPECIAL NON-CORE PRIVILEGES

Emergency Department Ultrasound Privileges

Use of Ketamine for Procedural Sedation and resistant agitation by Non-anesthetist

Use of Propofol for Procedural Sedation by Non-anesthesiologist

Type III Privileges

A physician with these privileges shall work in the Emergency Department in double coverage with a physician holding Type I privileges.

Training: Completion of first year and currently engaged in an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency or other equivalent foreign entities recognized and accepted for medical licensure eligibility by the South Carolina Board of Medical Examiners. To be eligible for these privileges an applicant must possess a current ATLS.

Experience: Provide his/her residency log and a letter of reference from the Director of the residency program with recommendation to provide services in the Emergency Department setting.

Reappointment should be based on unbiased, objective results of care according to a hospital's quality assurance mechanism. To be eligible to renew privileges in emergency medicine, the applicant must have current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

CORE PRIVILEGE LIST

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

Assess, evaluate, diagnose, and initially treat patients of all ages who present in the ED with any symptom, illness, injury, or condition. Provide immediate recognition, evaluation, care, stabilization, and disposition in response to acute illness and injury. Privileges include the performance of history and physical examinations, the ordering and interpretation of diagnostic studies, including laboratory, diagnostic imaging, and electrocardiographic examinations, and the administration of medications normally considered part of the practice of emergency medicine. Privileges do not include admitting privileges, long-term care of patients on an inpatient basis, or the performance of scheduled elective procedures.

REQUIREMENTS FOR SPECIAL NON-CORE PRIVILEGES

Emergency Department Ultrasound Privileges

To be eligible to perform bedside ultrasound procedures in the emergency department, applicant must have A, B, and either C or D:

- A. Type I or II privileges in Emergency Medicine
- B. Confirmation of the majority of emergency ultrasound findings by subsequent imaging procedures or surgery.

- C. If experience and training took place during residency:
 1. Completion of an Emergency Medicine residency with an ultrasound program
 2. Twenty five documented and reviewed ultrasound examinations in each primary application (trauma, pregnancy, cardiac, aorta, biliary tree, and renal)
 3. Completion of a minimum of 150 ultrasounds during the program
 4. Letter from the Department Chairman or Ultrasound Coordinator affirming competence
- D. If experience and training took place outside of residency:
 1. Completion of at least 16 hours of comprehensive didactic instruction in bedside ultrasound for emergency physicians
 2. Performance of at least 25 ultrasound exams in each primary application (trauma, pregnancy, cardiac, aorta, biliary tree, and renal). Each case will be compared to a subsequent exam in the radiology department and will count for credentialing only if there is concurrence.

Use of Ketamine for Procedural Sedation and resistant agitation by Non-anesthetist

In order to be eligible to apply, applicant must have A and B:

- A. Completion of an accredited allopathic, osteopathic, or dental residency in which Ketamine use was an integral part of the procedural sedation protocols. A letter from the program director confirming the competence of the resident (physician) in Ketamine use and at least five monitored cases documented.
- B. Active or Senior Active Medical staff privileges with current moderate sedation privileges. At least five previously documented or proctored Ketamine use cases without adverse outcome in this hospital or others.

Use of Propofol for Procedural Sedation by Non-anesthesiologist

In order to be eligible to apply, applicant must have A and B:

- C. Completion of an accredited allopathic, osteopathic, or dental residency in which Propofol use was an integral part of the procedural sedation protocols. A letter from the program director confirming the competence of the resident (physician) in Propofol use and at least five monitored cases documented.
- D. Active or Senior Active Medical Staff privileges with current moderate sedation privileges. At least five previously documented or proctored Propofol use cases without adverse outcome in this hospital or others.

2.1.3 Family Practice

Core Privileges: Type III privileges in Internal Medicine and Pediatrics, and Type II privileges in Psychiatry, Surgery, Gynecology, and Emergency Medicine.

In order to be eligible to apply, applicant must have A, B, and C:

- A. Board certified or completion of an approved residency program in Family Practice, or ten (10) years of active, inpatient experience.

- B. Management of 100 inpatients with internal medicine diagnoses during the past three years.
- C. Letter(s) of recommendation. 1, 2, or 3 below:
 - 1. Director of residency program.
 - 2. Board certified Family Physician, and board certified Internist, and board certified Pediatrician, each with inpatient experience in their practice.
 - 3. If board certified in Family Practice, President of the Medical Staff at your last hospital.

Family Practice Core Privileges – Office Based Setting

Family Practice is a comprehensive specialty that includes adult medical, child, maternity, surgical and mental health care provided both in the inpatient and outpatient setting. Physicians with these privileges in the office based setting will have documented current competence and experience of the general medical diagnosis and treatment involving the following areas: Alimentary System, Cardiovascular System, Connective Tissue Diseases, Ear, Nose, and Throat, Endometabolic Systems, Eye, Genital System, Hematologic System, Heredofamilial Diseases, Immune System, Musculoskeletal System, Nervous System, Renal System, Respiratory System, Skin, Appendages, Subcutaneous Tissues, Poisoning, Emotional and Behavioral Disorders, Occupational and Environmental Problems, Pregnancy, Childbirth, and Peurperium, and Sports and Recreational Medicine.

In order to be eligible to apply, applicant must have A, B, and C.

- A. Board certified or completion of an approved residency program in family practice within the preceding five years.
- B. Active office practice during the past three years or outpatient office experience during residency training.
- C. One letter of recommendation from Director of Residency Program or board certified Family Practice Physician familiar with the applicant’s practice.

Procedures granted:

Anoscopy	Laceration repair (suturing)
Casting/splinting simple fractures	Nail Excision (partial/total)
Corneal abrasion/foreign body removal	Nursemaid’s elbow reduction
Cryosurgery (Skin)	Punch Biopsy (skin)
Diaphragm fitting	Shoulder dislocation reduction (anterior)
Incision and Drainage (superficial abscess)	Trigger point injection

KOH/Wet prep

Procedures requiring separate documentation:

Bartholin's cyst drainage/Word catheter insertion (5)	Holter Monitor Interpretation (25)
Intra-articular joint injection (5 per joint)	Colposcopy with cervical biopsy (20)
Intrauterine device (IUD) insertion (5)	Cryosurgery of cervix (5)
Nasolaryngoscopy (10)	Culdocentesis (5)
Norplant Insertion (5)	EKG Interpretation (100)
Norplant Removal (5)	Endocervical Curettage (5)
OB Nonstress test (10)	Endometrial Biopsy (5)
Postcoital test (5)	Excisional skin biopsy (5)
Stress Tests (25)	Finger dislocation reduction (5)
Vasectomy (20)	

In order to be eligible to apply, applicant must have A, B, and D or A, C, and D.

- A. Qualify for Family Practice Core Privileges – Office Based Setting
- B. Letter from director of residency program stating that each procedure requested was an integral part of the applicant's training, and attesting to the applicant's competence.
- C. If out of residency training longer than five years, letter from Board Certified Family Physician attesting to the applicant's performance and competence in these procedures.
- D. Documentation of the specified number of procedures in parenthesis following each procedure.

2.1.4 Urgent Care

Basic Education: MD or DO

- A. **Training:** Any one of the following:

Successful completion of a residency training program in Emergency Medicine, Internal Medicine, Family Practice, Surgery, or Pediatrics accredited by the ACGME or approved by the AOA. Physician must be Board Certified in their respective field within five years of completing residency training.

OR

Be a senior resident (in the final year) in an American Board of Family Practice or Emergency Medicine recognized residency program.

- B. **Experience:** Can be demonstrated in one of the following ways:

1. An applicant who has just completed a residency shall provide his/her residency log.
2. An applicant who is not applying directly out of a residency shall provide a quality profile from hospital(s) or urgent care center where he/she currently has privileges showing his or her clinical activity for the past 12 months, including numbers of procedures performed and any complications.

If a quality profile is not available from the hospital(s) or urgent care center where the applicant has privileges, documentation of the applicant's hospital-based clinical activity for the past 12 months shall be provided.

Privileges included in core:

Privileges to assess, evaluate, diagnose, and provide initial treatment to patients of all age groups - who present to the Urgent Care Center with any symptom, illness, injury, or condition, to provide services necessary to ameliorate minor illnesses or injuries and to assess all patients to determine whether additional care is necessary.

Core privileges list: (This is a sampling of procedures included in the core and is NOT intended to be an all-encompassing list but rather reflective of the categories /types of procedures practiced by this specialty, and may include such other procedures that are extensions of the same techniques and skills.)

CORE:

- Anoscopy
- Closed Treatment of Fractures
- Corneal abrasion/foreign body removal
- Cryosurgery (Skin)
- Dental Abscess Drainage
- Epistaxis Control
- Evacuation Subungual Hematoma
- Finger dislocation reduction
- Foreign Body Removal
 - Soft Tissue
 - Cornea
 - Intranasal
 - Auditory Canal
- Incision and Drainage (superficial abscess)
- Incision and Drainage Thrombosed Hemorrhoid
- KOH/Wet prep
- Laceration repair (suturing)
- Nail Bed Repair
- Nail Excision (partial/total)
- Nursemaid's elbow reduction

- Punch Biopsy (skin)
- Shoulder dislocation reduction (anterior)
- Tonometry
- Trigger point injection
- Wound Management

Specials:

- Intra-articular joint injection
- EKG Interpretation

2.1.5 Genetics

Basic Education: MD or DO

- A. **Training:** Documented with one of the following:
 1. Successful completion of a clinical residency training program, followed by a two-year residency training program in clinical medical genetics accredited by the ACGME
 2. Successful completion of a four-year residency training program in clinical medical genetics accredited by the ACGME.
 3. Successful completion of a five-year combined pediatrics/medical genetics residency accredited by the ACGME.
 4. Successful completion of a five-year combined internal medicine/medical genetics residency accredited by the ACGME.
- B. **Experience:** Should demonstrate provision of inpatient or consultative medical genetics services to at least 100 patients in the past 12 months. (The hospital should determine the final number based on demographics and patient volume.) This can be demonstrated in one of the following ways:
 1. An applicant who has just completed a residency shall provide his/her residency log.
 2. If a quality profile is not available from the hospital(s) where the applicant currently has privileges, documentation of the applicant's clinical activity for the past 12 months.
- C. **Certification:** Within five years of completion of an approved residency, certification in clinical medical genetics by the American Board of Medical Genetics.

Privileges included in core

Privileges to evaluate, treat, and consult on patients of all ages, with common or uncommon genetic diseases, congenital malformations, inborn errors of metabolism or heritable traits that might result in mental or physical disability, predisposition to cancer, and adult onset disorders of the cardiovascular or central nervous systems.

Core procedure list (This is a sampling of procedures included in the core and is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures practiced by this specialty, and may include such other procedures that are extensions of the same techniques and skills.)

Core

- Biopsy, excisional skin or subcutaneous
- Congenital malformations, recognition
- Family medical histories, elicit and interpret
- Genetic Counseling
- Genetic disorders, diagnosis and management of (pediatric and adult onset)
- Genetic risk assessment
- Genetic screening
- Inborn errors of metabolism, diagnosis and treatment of
- Interpretation of testing: -clinical genetic tests -specialized laboratory testing information
- Mental retardation/developmental disabilities, assessment of
- Molecular diagnostic procedures, interpretation of
- Multifactorial disorders, assessment of

2.1.6 Medicine

Medicine is a broad area, and individual physicians may have different levels of competence in the different clinical areas. Accordingly, applicants may apply for different levels of privileges in each of the clinical areas. The clinical areas addressed in this hospital are:

Allergy & Immunology	Neurology
Cardiology	Nuclear Medicine
Dermatology	Oncology
Endocrinology & Metabolic Diseases	Physical Medicine
Gastroenterology	Pulmonary Medicine
Hematology	Psychiatry
Infectious Diseases	Rheumatology
Internal Medicine	Critical Care Medicine
Nephrology	

2.1.7 Allergy & Immunology

Basic Education: MD or DO

- A. **Training:** Successful completion of a two year ACGME- accredited fellowship training program in allergy and immunology.

- B. **Experience:** Should demonstrate provision of inpatient, outpatient or consultative services to at least 25 patients in the past 12 months. (The hospital should determine the final number based on demographics and patient volume.) This can be demonstrated in one of the following ways:
1. An applicant who has just completed a residency shall provide his/her residency log.
 2. An applicant who is not applying directly out of a residency shall provide a quality profile from hospital(s) where he/she currently has privileges showing his or her clinical activity for the past 12 months, including numbers of cases managed, morbidity, mortality, infection rates and other complications.
 3. If a quality profile is not available from the hospital(s) where the applicant currently has privileges, documentation of the applicant's hospital-based clinical activity for the past 12 months.
- C. **Certification:** Within five years of completion of an approved residency in allergy and immunology, certification by the American Board of Allergy and Immunology or by the American Osteopathic Board of Internal Medicine.

2.1.8 Privileges included in core

Privileges to admit, evaluate, diagnose, and provide non-surgical therapy to patients of all ages - except where specifically excluded from practice - presenting with allergic and immunologic disorders and conditions.

Core procedure list (This is a sampling of procedures included in the core and is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures practiced by this specialty, and may include such other procedures that are extensions of the same techniques and skills.)

Core

- Adverse drug reactions, assessment of
- Allergen immunotherapy
- Allergenic extracts, preparation and standardization of
- Allergic and immunologic diseases, diagnosis and management of
- Anaphylactic and anaphylactoid reactions, management of
- Angioedema, assessment and evaluation
- Antiretroviral therapy
- Asthma, assessment and treatment of
- Atopic dermatitis, evaluation and management of
- Autoimmunity test and interpretation
- Bronchoprovocation testing

- Cardiopulmonary resuscitation
- Chronic Cough, evaluation of
- Complement deficiencies, assessment of
- Comprehensive medical interview with children and adults with suspected allergic and/or immunologic disorders
- Contact dermatitis, evaluation and management of
- Delayed hypersensitivity skin testing
- Drug desensitization and challenge
- Eosinophilic, assessment of
- Exercise challenge
- Flow cytometry
- Functional antibody measurement
- HIV viral load test and interpretation
- Hypersensitivity Pneumonitis, evaluation of
- Immediate hypersensitivity skin testing
- Immune deficiency, assessment of
- Immune response testing
- Immunoglobulin replacement therapy
- Immunological tests and interpretation
- Immunomodulatory therapy
- IVIG treatment
- Lymphocyte function: proliferation, cytotoxicity
- Mediator measurement
- Methacholine and other bronchial challenge testing
- Molecular diagnostic techniques involving the binding of ligands to nucleic acid or polypeptide sequences
- Molecular diagnostics / tissue typing
- Monoclonal antibodies, techniques
- Mucociliary function
- Nasal and sputum smears
- Nasal challenges
- Nasal cytology
- Nasal provocation
- Oral challenge tests
- Otitis, evaluation and treatment of
- Patch testing
- Physical urticaria testing
- Prick Skin Testing
- Pulmonary function tests, interpretation of
- Radioallergosorbent test (RAST)
- Rhinitis, assessment of
- Rhinolaryngoscopy
- Serologic tests, ELISA - Western Blot
- Sinusitis, evaluation and management of
- Spirometry
- Stinging insect allergy, diagnosis and treatment

- Systemic mastocytosis, assessment of
- Urticaria, diagnosis and treatment of
- Vasculitides, assessment of
- Vocal cord dysfunction, assessment and treatment of

Special

- IV Moderate Sedation

1.1.1.2 Dermatology

Type I Privileges. Physicians with these privileges may admit, treat, and provide consultation without restriction in the field of Dermatology.

In order to be eligible to apply, applicant must have A, B, and C:

- A. Completion of an approved residency program in Dermatology.
- B. Management or consultation on six inpatients in the past 18 months.
- C. Two letters of reference:
 1. Director of residency program or chief of your department at your last hospital.
 2. A board certified Dermatologist.

Type II Privileges. These privileges are granted on request to any individual with Type II or Type III privileges in Internal Medicine.

1.1.1.3 Internal Medicine

Type I Privileges. Physicians with these privileges have the highest level of competence within a given field, on a par with that considered appropriate for a subspecialist. They are qualified to act as consultants and should, in turn, request consultation from within or from outside the hospital staff whenever needed. The subspecialties of Internal Medicine are:

- Cardiology
- Endocrinology & Metabolic
- Oncology
- Gastroenterology
- Hematology
- Infectious Diseases
- Nuclear Medicine
- Rheumatology
- Critical Care Medicine

In order to be eligible to apply, applicant must have A, B, and C:

- A. Completion of an approved residency program in Internal Medicine, and board certification/board eligibility by the American Board of Internal Medicine.
- B. Participation in an approved fellowship program in one of the subspecialties.
- C. Letter of reference from the Director of fellowship program.

Type II Privileges. Physicians with these privileges are expected to have training and/or experience and competence on a level commensurate with that provided by specialty training, such as in the board field of internal medicine, although not necessarily at the level of the subspecialist. Such physicians may act as consultants to others and may, in turn, be expected to request consultation when:

- diagnosis and/or management remain in doubt over an unduly long period of time, especially in the presence of a life-threatening illness;
- unexpected complications arise which are outside this level of competence;
- specialized treatment or procedures are contemplated with which they are not familiar.

Applicants granted Medicine II privileges are considered eligible for privileges in each of the clinical areas listed.

In order to be eligible to apply, applicant must have A, B, and C:

- D. Completion of an approved residency program in Internal Medicine.
- E. Be board eligible or board certified by the American Board of Internal Medicine.
- F. One letter of reference by Director of residency program or Chairperson of Medicine at your last hospital.

Procedures Granted (but are not limited to):

EKG Interpretation	Stress Tests
Swan-Ganz Line Insertion and Management	Ventilator Management
ICU/CCU Management	Subclavian Lines
Chest Tube Placement	Internal Jugular Lines
	Lumbar Punctures

Procedures Requiring Separate Documentation:

Cardiac Catheterization	Echocardiography
Bronchoscopy	Colonoscopy
Esophagogastroduodenoscopy	Percutaneous Endoscopic
Admit to Locked Psychiatric Unit	Gastrostomy
EMG	EEG
Evoked Potentials	Nerve Conduction Studies

Type III Privileges. Physicians with these privileges may admit, treat, and provide consultation with the following restrictions: Consultation with a physician with Medicine I or II privileges is

required when the diagnosis remains in doubt or if the patient fails to improve after initial management, or if the patient unexpectedly deteriorates.

This category is automatically granted to anyone with Type II privileges in Medicine or core privileges in Family Practice.

In order to be eligible to apply, applicant must have A, B, and C:

- A. Board certified in Family Practice or completion of an approved residency in Family Practice, or 10 years of active inpatient experience or be a third year resident in an American Board of Internal Medicine accredited residency program.
- B. Management of 100 inpatients with internal medicine diagnoses during the past three years.
- C. One letter of reference from residency program director or chief of Medicine at your last hospital.

Procedures Granted:

Thoracentesis

Paracentesis

Arthrocentesis

Bone Marrow Biopsy

Lumbar Punctures

Procedures Requiring Separate Documentation:

EKG Interpretation

Stress Tests

Swan-Ganz Line Insertion
and Management

Ventilator Management

Subclavian Lines

ICU/CCU Management

Internal Jugular Lines

Chest Tube Placement

Plus those listed in Medicine II as requiring separate documentation.

Type IV Privileges. Physicians with these privileges may render emergency care and treat illness with no serious threat to life, that is uncomplicated, and that is expected to require only a short period of hospitalization. When doubt exists as to the diagnosis or in cases where expected improvement is not apparent, consultation must be obtained. This category of privileges will include those applicants from Internal Medicine subspecialties whose training is not predicated on completion of a general Internal Medicine training program. These applicants may request Type I or II privileges in their specialty, and Type IV privileges in the other clinical areas.

1.1.2 Nephrology

Basic Education: MD or DO

- A. **Training:** Successful completion of a residency or fellowship training program in nephrology accredited by the ACGME or approved by the AOA.
- B. **Experience:** Can be demonstrated in one of the following ways:

1. An applicant who has just completed a residency or fellowship shall provide his/her residency or fellowship log.
2. An applicant who is not applying directly out of a residency or fellowship shall provide a quality profile from hospital(s) where he/she currently has privileges showing his or her clinical activity for the past 12 months, including numbers of procedures performed, morbidity, mortality, infection rates and other complications.
3. If a quality profile is not available from the hospital(s) where the applicant currently has privileges, documentation of the applicant's hospital-based clinical activity for the past 12 months.

Certification: Within five years of completion of an approved residency or fellowship in nephrology, certification in nephrology by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.

Privileges included in core

Privileges to admit, evaluate, diagnose, and provide treatment or consultative services to patients of all ages - except where specifically excluded from practice and except for those special procedures listed below - presenting with illnesses and disorders of the kidneys.

Core procedure list (This is a sampling of procedures included in the core and is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures practiced by this specialty, and may include such other procedures that are extensions of the same techniques and skills.)

Core

- Acute renal failure, evaluation and management
- Central Venous Dialysis Catheters - Basic
- Chronic renal failure, management by conservative methods to include nutritional uremia
- Dialysis, assessment and adequacy of
- Dialysis, chronic/acute
- Drug dosage modification during dialysis and other extracorporeal therapies
- Drug dosing and renal toxicity in elderly patients
- Drug metabolism and renal drug toxicity disorders, evaluation and management of
- End-stage renal disease, evaluation and management of
- Extracorporeal therapies, evaluation, selection of patients, and management
- Fluid, electrolyte, acid-base disorders, evaluation and management
- Genetic and inherited renal disorders, evaluation and management of
- Glomerular and vascular diseases, evaluation and management of
- Hemodialysis, acute
- Hypertensive disorders, evaluation and management of

- Immunosuppressants, administration of
- Mineral metabolism disorder, evaluation and management of
- Nephrolithiasis, evaluation and management
- Percutaneous biopsy, autologous and transplanted kidney - and management of pathologic results
- Peripheral Dialysis Vascular Access - Basic
- Peritoneal dialysis
- Peritoneal equilibration testing
- Pregnancy renal disorders, evaluation and management of
- Rejection, all forms - diagnosis and management of
- Renal dialysis complications, diagnose and evaluate
- Renal osteodystrophy, evaluation and management of
- Renal replacement therapy, continuous
- Tubulointerstitial renal diseases, evaluation and management of
- Urinalysis, interpretation of
- Urinary tract infections, evaluation and management
- Vascular access for hemodialysis, temporary placement of

Special

- IV Moderate Sedation

1.1.3 Neurology

Type I Privileges. Physicians with these privileges may admit, treat, and provide consultation without restriction in the field of Neurology.

In order to be eligible to apply, applicant must have A, B, C, and D:

- A. Completion of an accredited residency program in Neurology.
- B. Be Board Certified or eligible for board certification by the American Board of Psychiatry and Neurology (ABPN).
- C. Two letters of reference:
 1. Director of residency program or chief of your department at your last hospital.
 2. A board certified Neurologist.
- D. Management or consultation on at least 25 patients in the last 12 months.

Type II Privileges. These privileges are granted on request to any individual with Type II or Type III privileges in Internal Medicine.

1.1.4 Palliative Care Medicine

Basic Education: MD or DO

- A. **Training:** Certification by an American Board of Medical Specialties approved board, osteopathic medicine equivalent, or the equivalent in other countries; AND Certification by the American Board of Hospice and Palliative Medicine or completion of a American Board of Medical Specialties accredited fellowship in Hospice and Palliative Medicine OR demonstration of eligibility for admission to the ABMS certifying examination in Hospice and Palliative Medicine.
- B. **Experience:** This can be demonstrated in any of the following ways:
1. An applicant who has just completed a fellowship shall provide his/her fellowship log
 2. An applicant who is not applying directly out of a fellowship shall provide a quality profile from hospital(s) where he/she currently has privileges showing his or her clinical activity for the past 12 month, including numbers of procedures performed, morbidity, mortality, infection rates and other complications.
 3. If a quality profile is not available from the hospital(s) where the applicant currently has privileges, documentation of the applicant's hospital-based clinical activity for the past 12 months.

Demonstration of eligibility for admission to the ABMS certifying examination in Hospice and Palliative Medicine.

Core procedure list (This is a sampling of procedures included in the core and is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures practiced by this specialty, and may include such other procedures that are extensions of the same techniques and skills.)

Core

- Advance care planning
- Cultural assessment
- End-of-life palliative care, manage
- Family meetings, organize and lead as appropriate
- Grief and bereavement, assessment and management of
- History and physical examination (H&P)
- Immediate post-death care, management of
- Non-pain symptoms, management of
- Organ dysfunction, management of

- Pain management
- Patient and family education
- Psychological/psychiatric issues, assessment and management of
- Referral to specialized health care professionals when appropriate
- Social/practical needs during life-threatening or chronic debilitating illness, assessment and management of
- Spiritual/existential issues for patients and families during life-threatening or chronic debilitating illness, assessment and management of

1.1.5 Physical Medicine

Type I Privileges. Physicians with these privileges may admit, treat, and provide consultation without restriction in the field of Physical Medicine.

In order to be eligible to apply, applicant must have A, B, C, and D:

- A. MD or DO Degree
- B. Completion of an approved residency program in Physical Medicine.
- C. Proof of management or consultation on at least 24 patients in the past 12 months.
- D. Letter of reference from the Director of residency program or Chairperson of your department at your last hospital.

Procedures Requiring Separate Documentation

Electrodiagnostic procedures	muscle biopsy
Nerve block	motor point blocks

Type II Privileges. These privileges are granted on request to any individual with Type II or Type III privileges in Internal Medicine.

1.1.6 Psychiatry

Training: Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in psychiatry or other equivalent foreign entities recognized and accepted for medical licensure eligibility by the South Carolina Board of Medical Examiners and current certification or board eligible (with achievement of certification within 6 years of completion of training) leading to certification in psychiatry by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.

Experience: Can be demonstrated in one of the following ways:

- A. An applicant who has just completed residency training program shall provide a letter of reference from the Director of the residency program attesting to training and competence regarding the privileges requested.
- B. An applicant who is not applying directly out of a residency training shall provide a quality profile from hospital(s) where he/she currently has privileges showing his or her clinical activity for the past 12 months including provision of inpatient, outpatient, or consultative services for at least

30 patients reflective of the scope of privileges requested, morbidity, mortality, infection rates and other complications and a letter of reference from the Chief of Medicine or Psychiatry at that hospital.

If a quality profile is not available from the hospital(s) where the applicant currently has privileges the applicant must demonstrate provision of inpatient, outpatient, or consultative services for at least 30 patients during the previous 12 months reflective of the scope of privileges requested and a letter of reference from the Chief of Medicine or Psychiatry at that hospital.

For reappointment applicants must demonstrate that they have maintained competence by showing evidence that they have successfully provided inpatient, outpatient, or consultative services for at least 30 patients, reflective of the scope of privileges requested, annually over the reappointment cycle based on the results of ongoing professional practice evaluation and outcomes.

CORE PRIVILEGE LIST

This is not intended to be an all-encompassing privilege list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

Admit, evaluate, diagnose, treat, and provide consultation to patients (18 years or older) presenting with mental, behavioral, addictive, or emotional disorders (e.g., psychoses, depression, anxiety disorders, substance abuse disorders, developmental disabilities, sexual dysfunctions, and adjustment disorders). Privileges include providing consultation with physicians in other fields regarding mental, behavioral, or emotional disorders, pharmaco-therapy, psychotherapy, family therapy, behavior modification, consultation to the courts, and emergency psychiatry as well as the ordering of diagnostic laboratory tests and prescribing medications. Includes the performance of a history and physical exam. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The scope of this practice may be performed in person, remotely, or via telemedicine.

1.1.7 Pulmonary Disease

Basic Education: MD or DO

- A. **Training:** Successful completion of a residency or fellowship training program in pulmonary disease accredited by the ACGME or approved by the AOA.
- B. **Experience:** Should demonstrate provision of inpatient, outpatient or consultative pulmonary disease services to at least 50 patients in the past 12 months. (The hospital should determine the final number based on demographics and patient volume.) This can be demonstrated in one of the following ways:

1. An applicant who has just completed a residency or fellowship shall provide his/her residency or fellowship log.
2. An applicant who is not applying directly out of a residency or fellowship shall provide a quality profile from hospital(s) where he/she currently has privileges showing his or her clinical activity for the past 12 months, including numbers of procedures performed, morbidity, mortality, infection rates and other complications.
3. If a quality profile is not available from the hospital(s) where the applicant currently has privileges, documentation of the applicant's hospital-based clinical activity for the past 12 months.

C. **Certification:** Within five years of completion of an approved residency or fellowship in pulmonary disease, certification in pulmonary disease by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.

Privileges included in core

Privileges to evaluate, treat, and provide consultation to inpatients and outpatients of all ages - except as specifically excluded from practice - presenting with conditions, disorders, injuries, and diseases of the organs of the thorax or chest, the lungs, cardiovascular and tracheobronchial systems, esophagus and other mediastinal contents, diaphragm, and circulatory system, except for those special procedures listed below.

Core procedure list (This is a sampling of procedures included in the core and is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures practiced by this specialty, and may include such other procedures that are extensions of the same techniques and skills.) ***Please strike through those privileges included in core that you are not trained or experienced to perform.***

Core

- Acute lung injuries, evaluate/manage
- Airway management and intubation
- Arterial puncture
- Arterial/pulmonary artery balloon flotation catheters, placement of
- Bronchoalveolar lavage
- Bronchopulmonary secretions, examination and interpretation
- Cardiopulmonary resuscitation
- Catheter placement for endobronchial brachytherapy
- Central Venous Catheterization
- Chest tubes, insertion and management of
- Circulatory failure, evaluation and management of
- Continuous positive airway pressure masks, management of

- Diffuse interstitial lung disease - prevention, evaluation and management of
- Emergency cardioversion
- Endobronchial biopsy
- Exercise ECG Testing
- Flexible Fiberoptic Bronchoscopy
- Genetic/developmental disorders of respiratory system, evaluation and management of
- Iatrogenic respiratory diseases, including drug-induced disease - prevention, evaluation and management of
- Inhalation challenge studies
- Lung disease, including: - diffuse interstitial; - environmental; - occupational
- Lung parenchyma, transthoracic needle aspiration of
- Lung tissue for infectious agents, cytology and histopathology, examination and interpretation
- Needle biopsy (Wang)
- Obstructive lung diseases, including asthma, bronchitis, emphysema, bronchiectasis - prevention, evaluation and management of
- Occupational and environmental lung diseases - prevention, evaluation and management of
- Swan-Ganz catheterization
- Pleural biopsy, including: - percutaneous
- Pleural fluid, examination and interpretation
- Pleuroscopy (Medical Thoracoscopy)
- Pleura and mediastinum, disorders of - prevention, evaluation and management of
- Pneumothorax management
- Protected brush biopsy, endoscopic
- Pulmonary embolism and pulmonary embolic disease - prevention, evaluation and management of
- Pulmonary infections, including tuberculous, fungal, and those in the immunocompromised host, e.g., human immunodeficiency virus related infections - prevention, evaluation and management of
- Pulmonary malignancy, primary and metastatic - prevention, evaluation and management of
- Pulmonary manifestations of systemic diseases, including collagen vascular disease and diseases that is primary in other organs - prevention, evaluation and management of
- Pulmonary rehabilitation, evaluation and management of
- Pulmonary vascular disease, including primary and secondary pulmonary hypertension and vasculitis and pulmonary hemorrhage syndromes -prevention, evaluation and management of
- Respiratory failure, including acute respiratory distress syndrome, acute and chronic respiratory failure in obstructive lung diseases and neuromuscular respiratory drive disorders - prevention, evaluation and management of
- Spirometry with flow volume studies, interpret
- Sputum, examination and interpretation
- Thoracentesis
- Tracheotomy
- Transbronchial biopsy

- Transtracheal aspiration
- Ventilator Management

Special

- Fluoroscopy
- IV Moderate Sedation

1.1.8 Obstetrics

Type I Privileges. Admit, treat and provide consultation in all obstetric patients without restriction.

In order to be eligible to apply, applicant must have A, B, and C:

- A. Completion of an approved residency program in Obstetrics or certification by the American Board of Obstetrics and Gynecology.
- B. Experience. 1 or 2 below:
 - 1. Completion of Obstetrics residency within the past three years.
 - 2. At least 75 deliveries during that time with documentation of acceptable outcomes.
- C. Two letters of reference:
 - 1. Director of residency program or chief of Obstetrics at last hospital.
 - 2. Board certified obstetrician.

Any candidate who is not fully Board Certified must complete all the requirements for certification within five years of completion of residency training to remain eligible for reappointment.

Procedures Granted (but are not limited to):

Mid-forceps	Vaginal delivery after section
Multiple gestation	Pitocin Management
Breech	4th degree laceration repair
Cesarean section	Circumcision
Suction dilatation & evacuation for incomplete abortion	

Type II Privileges. Admit and manage uncomplicated obstetric patients.

Conditions excluded from this category include preeclampsia, post date pregnancy beyond 42 weeks, diabetes, preterm labor (less than 35 weeks gestation), other than slight meconium, vaginal birth after previous Cesarean section, mid-forceps, cesarean section, breech or twin delivery, or other conditions that would classify the patient as high risk or at increased risk for

preterm delivery. Patients with any of these conditions require management by a physician with OB I privileges.

In order to be eligible to apply, applicant must have A, B, and C:

- A. Completion of an approved residency program in Obstetrics or Family Practice.
- B. Experience. 1 or 2 below:
 - 1. An obstetrician must have completed Obstetrics residency within three years or have done at least 50 deliveries within that time, and be able to demonstrate acceptable outcomes.
 - 2. A Family Physician must have done at least six (6) months of Obstetrics during residency training with at least 50 deliveries. One of the six months must be within the last year of residency training. If out of residency for more than three years, demonstrate at least 50 deliveries during that time with acceptable outcomes.
- C. Two letters of reference:
 - 1. Director of residency program or chief of Obstetrics at last hospital.
 - 2. A board certified obstetrician.

Procedures Requiring Separate Documentation:

Outlet forceps or vacuum extraction

4th degree laceration repair

Circumcision

Limitations within the Department

Any physician granted Type II privileges in Obstetrics must meet with the Department of OB/GYN, either as a group or with its members on an individual basis, and ensure that appropriate back up will be promptly available at all times to assist in emergencies.

Management of pitocin requires consultation with a physician with Type I privileges in Obstetrics, and adherence to OB department approved protocols.

Obstetrics Type III Privileges

Training: Successful completion of an accredited Family Medicine Residency and Obstetrics Fellowship and current certification or board eligible (with achievement of certification within 6 years of completion of training) leading to certification in Family Medicine by the American Board of Family Medicine (ABFM) or the American Osteopathic Board of Family Medicine.

Experience: Can be demonstrated in one of the following ways:

- A. An applicant who has just completed fellowship training program shall provide his/her residency and fellowship logs to include at least the following documented numbers of cases all with acceptable outcomes and a letter of reference from the Director of the fellowship program.
- 75 vaginal deliveries
 - 100 cesarean deliveries as the primary surgeon
 - 10 outlet forceps deliveries
 - 10 vacuum-assisted deliveries
 - 10 suction dilatation and evacuation procedures
 - 5 4th degree perineal laceration repairs
- B. An applicant who is not applying directly out of fellowship training shall provide a quality profile from hospital(s) where he/she currently has privileges showing his or her clinical activity to include at least the following documented numbers of cases with documentation of acceptable outcomes, morbidity, mortality, infection rates and other complications and a letter of reference from the Chief of Family Medicine or Obstetrics at that hospital.
- 75 vaginal deliveries within the past 3 years
 - 100 cesarean deliveries as the primary surgeon within the past 5 years
 - 10 outlet forceps deliveries within the past 3 years
 - 10 vacuum-assisted deliveries within the past 3 years
 - 10 suction dilatation and evacuation procedures within the past 3 years
 - 5 4th degree perineal laceration repairs within the past 3 years

If a quality profile is not available from the hospital(s) where the applicant currently has privileges the applicant must provide documentation at least the following number of documented cases with documentation of acceptable outcomes and a letter of reference from the Chief of Family Medicine or Obstetrics at that hospital.

- 75 vaginal deliveries within the past 3 years
- 100 cesarean deliveries as the primary surgeon within the past 5 years
- 10 outlet forceps deliveries within the past 3 years
- 10 vacuum-assisted deliveries within the past 3 years
- 10 suction dilatation and evacuation procedures within the past 3 years
- 5 4th degree perineal laceration repairs within the past 3 years

Physicians granted Type III privileges are required to undergo initial observational proctoring for their first ten cesarean deliveries by a physician credentialed to perform cesarean deliveries at this hospital.

CORE PRIVILEGE LIST

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

Admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult female patients and/or provide medical and certain surgical care of the female reproductive system (ie cesarean deliveries, D&Cs) and associated disorders, including major medical diseases that are complicating factors in pregnancy. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

- Outlet forceps
- Vacuum-assisted deliveries
- Cesarean sections
- Suction dilatation and evacuation for incomplete abortion/missed abortion/retained products of conception
- Pitocin Management
- 4th degree laceration repair
- Intrauterine pressure catheter placement
- Fetal scalp electrode placement

- Foley Balloon placement for cervical ripening

SPECIAL NON-CORE PRIVILEGES

- Circumcision

Limitations within the department:

Any physician granted Type III privileges in obstetrics must meet with the Department of OB/GYN, either as a group or with its members on an individual basis and ensure that appropriate backup will be promptly available at all times to assist in emergencies.

Procedures excluded from Type III privileges include breech extraction, multifetal delivery, mid-forceps delivery, and vaginal delivery after cesarean.

No obstetric conditions are excluded from management by the physician granted type III privileges. However, the physician with type III privileges must notify and consult with a physician with Type I privileges for certain high-risk conditions including preterm labor <35 weeks gestation, preeclampsia, diabetes, post date pregnancy >42 weeks gestation, and other conditions that would classify the patient as "high risk."

1.1.9 Gynecology

Type I Privileges. Admit, treat and provide consultation for all gynecological problems.

In order to be eligible to apply, applicant must have A, B, and C:

- A. Completion of an approved residency program in Gynecology or certification by the American Board of Obstetrics and Gynecology.
- B. Must have completed residency within the last three years, or show evidence of at least 50 Gyn cases within the last three years with satisfactory outcomes.
- C. Two letters of reference:
 1. Director of residency program or chief of Gynecology at last hospital.
 2. A board certified gynecologist.

Any candidate who is not fully board certified must complete all the requirements for certification within five years of completion of residency training to remain eligible for reappointment.

Procedures Requiring Separate Documentation:

Laparoscopy	Radical hysterectomy
Pelvic exenteration	Ileal conduit
CO2 laser, lower genital tract	CO2 laser laparoscopy
Other gynecological laser uses	Hysteroscopy

Type II Privileges. Includes nonsurgical gynecological problems which require hospital admission to or occur simultaneously with other problems. This includes but may not be limited to abnormal uterine bleeding treated medically, vaginal infections, or pelvic inflammatory disease.

This category is automatically granted to anyone with Type I privileges in OB/GYN or core privileges in Family Practice, or privileges in Internal Medicine or General Surgery.

In order to be eligible to apply, applicant must have A, B, and C:

- A. Completion of at least one year of postgraduate medical training in an approved residency program.
- B. Must demonstrate the management of at least 25 cases in the past five years.
- C. Two letters of reference:
 1. Director of residency program or chief of Gynecology at last hospital.
 2. A board certified gynecologist.

1.1.10 Pathology

1.1.10.1 Basic Education: MD or DO

- A. **Training:** Successful completion of an ACGME-accredited residency training program in clinical and/or anatomical pathology.
- B. **Experience:**
 - A. Demonstration of the provision of pathology services for at least 12 of the past 24 months.
- C. **Certification:** Within five years of completion of an approved residency, certification in anatomic pathology and clinical pathology by the American Board of Pathology.

Privileges included in core

General anatomical, clinical, dermato-, cyto-, neuro- and management of the blood bank and immunohematology (blood bank or transfusion medicine) except for those special procedure privileges listed below.

Core procedure list (This is a sampling of procedures included in the core and is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures practiced by this specialty, and may include such other procedures that are extensions of the same techniques and skills.)

Core

- Autopsy
- Blood banking/transfusion procedures
- Chemical pathology
- Coagulation

- Fine Needle Aspiration/Biopsy
- Frozen sections, performance/interpretation
- Hematology procedures
- Histochemical procedures
- Immunopathology procedures
- Microbiology procedures
- Point of Care Testing (POCT)
- Toxicology procedures
- Tumor staging and grading

Special

- Bone Marrow Aspiration/Biopsy

1.1.11 Pediatrics

Type I Privileges. Pediatric subspecialty privileges. The treatment or consultation of unusually complex illnesses or injuries that carry a serious threat to life (e.g., treatment of leukemia, neonatal intensive care, renal dialysis). Without restrictions within that subspecialty.

In order to be eligible to apply, applicant must have A, B, and C:

- A. Completion of an approved fellowship program of that subspecialty in Pediatrics.
- B. Board eligible or board certified by the American Board of Pediatrics for that subspecialty.
- C. Letter of reference from the director of the fellowship program, or director of that subspecialty at your last hospital.

General Pediatrics: See MedKinetics Credentialing Manual

Pediatrics

Basic Education: MD or DO

- A. **Training:** Successful completion of a residency training program in pediatrics accredited by the ACGME or approved by the AOA.
- B. **Experience:** Can be demonstrated in one of the following ways:
 1. An applicant who has just completed a residency shall provide his/her residency log and a letter of reference from the Director of the residency program.
 2. An applicant who is not applying directly out of a residency shall provide a quality profile from hospital(s) where he/she currently has privileges showing his or her clinical activity for the past 12 months, including numbers of procedures performed, morbidity, mortality, infection rates and other complications and a letter of

reference from the Chairperson of Pediatrics at that hospital.

If a quality profile is not available from the hospital(s) where the applicant currently has privileges, documentation of the applicant's hospital-based clinical activity for the past 12 months.

3. An applicant who has no hospital activity for two years since residency training shall provide a case log from his/her current practice and a letter of reference from a pediatrician familiar with the applicant's competence and experience. Proctoring for this applicant will be required as directed by the Credentials Committee.

- C. **Certification:** Within five years of completion of an approved residency, certification in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics.

Privileges included in core

Privileges to admit, evaluate, diagnose, and treat pediatric patients without restriction of major illnesses or injuries that carry a substantial threat to life.

Care of newborn infants, including those with life-threatening illnesses with the following restrictions: The Neonatology Service should assume care when ventilator support or advanced life support aspects are required. Newborns less than 34 weeks will be admitted to Neonatology.

Core procedure list (This is a sampling of procedures included in the core and is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures practiced by this specialty, and may include such other procedures that are extensions of the same techniques and skills.)

Special procedure list (This is a sampling of procedures and not intended to be all inclusive, but do require additional documentation.)

Core

- Abscess Incision and Drainage
- Acute behavioral problems, diagnose and manage
- Acute psychiatric problems, diagnose and manage
- Acute psychosocial problems, diagnose and manage
- Adolescent male and female reproductive health, management of
- Adolescent patients, recognize normal and abnormal growth and development of
- Adolescent psychosocial issues, management of
- Arterial puncture
- Arthrocentesis
- Audiometry interpretation

- Behavior analysis and therapy
- Behavioral counseling and referral
- Bladder catheterization
- Cardiopulmonary arrest, management of
- Chest Tube Placement
- Childhood exanthems, diagnose and manage
- Children with developmental disabilities, management of
- Children with special needs, management strategies for
- Chronic renal disease, diagnose and manage
- Coma, diagnose and manage
- Common adolescent health problems, management of
- Common physiologic deviations in the newborn, recognition and treatment of
- Congenital heart disease, diagnose and manage
- Cystic fibrosis, evaluate and manage
- Dehydration, diagnose and manage
- Diabetic ketoacidosis, diagnosis and manage
- Diarrhea, diagnose and manage
- Endotracheal Intubation
- Fever, management of
- Foreign bodies (e.g. from ears/nose), simple removal of
- Gastrointestinal disorders, diagnose and manage
- General Lumbar Puncture
- Gynecological evaluation: prepubertal/postpubertal females
- Hearing Screening
- Hepatic failure, diagnose and manage
- Hypertension, diagnose and manage
- Hypotension, diagnose and manage
- Immunizations
- Infants of mothers with sexually transmitted diseases or other infections, identification and management of
- Infants of mothers with substance abuse, identification and management of
- Inhalation medications
- Injections: - subcutaneous; - intradermal; - intramuscular
- Intravenous lines, insertion of
- Isolated and multiorgan system failure, recognition, management, and assessment of it reversibility
- Jaundice, management of
- Laceration repair, simple suture/suture removal
- Major trauma (including active participation with the trauma team)
- Metabolic disorders, diagnosis and manage
- Needs of children at risk, management of
- Neonatal intubation
- Neonatal resuscitation
- Neurologic disorders, diagnosis and management of
- Newborn care
- Normal and abnormal child behavior and development, management of

- Oncologic therapy and complications, diagnose and manage
- Orthopedic diseases (common), management of
- Pain management, pediatric
- Paracentesis
- Pediatric intensive care of patients following traumatic injury, evaluation and management of
- Pericardiocentesis
- Physical and sexual abuse, management of
- Pneumonia, diagnose and manage
- Poisonings and ingestion, management of
- Prehospital management and transport
- Pyelonephritis, management of
- Renal failure, diagnosis and manage
- Respiratory illnesses, diagnose and manage
- Resuscitation, newborn
- Seizures, evaluation and management of
- Sepsis, diagnose and manage
- Shock syndromes, evaluation and management of
- Simple dislocations/fractures, diagnosis and management of
- Skin disorders, diagnose and manage
- Status asthmaticus, diagnose and manage
- Status epilepticus, diagnose and manage
- Suprapubic bladder aspiration
- Surgical patients, pediatric aspects of management of, both preoperatively and postoperatively
- Thoracentesis
- Tympanometry
- Umbilical arterial and venous catheterization
- Venipuncture
- Vision screening
- Wound care, management of

Special

- Arterial Line Placement
- Bone Marrow Aspiration
- Circumcision
- IV Moderate Sedation
- Other:

1.1.12 Pediatric Dentistry

1.1.12.1 Basic Education: DDS or DMD

- A. **Training:** Successful completion of an ADA-accredited program in dentistry followed by completion of an ADA-accredited pediatric dentistry residency program.

- B. **Experience:** Should demonstrate performance of at least 10 inpatient/outpatient pediatric dentistry procedures in the past 12 months. (The hospital should determine the final number based on demographics and patient volume.) This can be demonstrated in one of the following ways:

An applicant who has just completed a residency shall provide his/her residency log.

An applicant who is not applying directly out of a residency shall provide a quality profile from hospital(s) where he/she currently has privileges showing his or her pediatric dentistry activity for the past 12 months, including numbers of procedures performed, morbidity, mortality, infection rates and other complications.

If a quality profile is not available from the hospital(s) where the applicant currently has privileges, documentation of the applicant's hospital-based clinical activity for the past 12 months.

Core privileges include:

- Alveolar fractures, including but not limited to: - mandible-closed reduction; - maxilla-closed reduction
- Apicoectomy
- Avulsed or luxated teeth reimplantation
- Dental prophylaxis
- Dental rehabilitation (under general anesthesia)
- Dietary counseling
- Extra-oral radiography
- Fluoride prescription, topical and systemic
- Foreign body removal
- Free gingival grafts
- Frenectomy
- Gingivectomy
- Intra-oral radiography
- Moderate Sedation Level 4
- Occlusal adjustment
- Occlusal guards
- Oral biopsy
- Oral-facial trauma, management appropriate to pediatric dentistry
- Orthodontic treatment, limited to: - 2x4 and 2x6 appliances; - craniofacial analysis; - expansion appliances; - extra-oral traction devices; - fixed and removable retainers; - functional appliances; - habit correction appliances; - infant maxillary orthopedics; - minor tooth movement; - sectional arch wires; - utility archwire
- Pericoronal gingival excision
- Periodontal scaling
- Prosthetic dentistry, including but not limited to: - cleft palate; - fixed; - maxillofacial; - removable (full and partial); - speech

- Restorative procedure
- Root canal therapy for deciduous and permanent teeth
- Sealant application
- Strep mutans testing and treatment
- Surgical exposure of impacted/unerupted teeth
- Temporomandibular disorders, nonsurgical management
- Thermal mouth burns, management
- Tooth exposure, surgical
- Tooth extraction, including: - anterior supernumeraries; - erupted; - immature premolars in conjunction w/serial extraction treatment; - impacted; - mesiodens
- Traumatic teeth treatment, including but not limited to: - pulp treatment; - splinting; - stabilization

Special

- Extraction below gum line
- Extraoral surgical procedures, including but not limited to: - benign tumor removal; - incision and drainage; - laceration suturing; - minor cyst removal
- Implantation use
- Laser Surgery
- Moderate Sedation Level 4
- Resin-bonded fixed partial denture

1.1.13 Radiology

1.1.13.1 Privilege: Diagnosis and treatment of disorders within the scope of the practice of Diagnostic Radiology requires a combination of training and expertise in imaging modalities which permit the applicant to:

- Choose the proper modality or sequence of modalities which will yield the most information at the least cost, risk and discomfort to the patient.
- Limit radiation exposure to the patient and attending personnel within a safe level.
- Utilize the safest diagnostic agents consistent with the procedure.
- Produce quality images in appropriate projections.
- Render an accurate impression or diagnosis.

In order to be eligible to apply, applicant must have A, B, and C:

- A. Completion of an approved Residency program and board certification or eligibility by the American Board of Radiology.
- B. Active practice of Radiology including contrast procedures during the last 12 months.
- C. Letter of reference from Director of residency program or chief of Radiology or chief of staff at last hospital.

Procedures Granted (but not limited to):

Fluoroscopy procedures I.V. and intracavitary contrast procedures
Interpretation and reporting of plain films consultation concerning modalities which will yield the most information, least cost and risk to the patient, and limit radiation to patients and personnel.

Procedures Requiring Separate Documentation:

- Nuclear Medicine Procedures
- Diagnostic Ultrasound Procedures
- Computed Tomography Procedures
- Angiography Procedures
- Interventional Procedures
- Magnetic Resonance Imaging Procedures

1.1.14 Radiation Oncology

Privileges: Privileges in Radiation Oncology include the following procedures:

- Oncologic consultations.
- Teletherapeutic radiation treatment and the procedures necessary to execute that treatment.
- Brachytherapeutic radiation treatment and the procedures necessary to execute that treatment.
- Superficial radiation treatment and the procedures necessary to execute that treatment.
- Hospital admissions for Brachytherapeutic procedures.

Hospital admissions for purposes other than stated above shall require privileging through one of the primary clinical departments in this hospital.

In order to be eligible to apply, applicant must have A and B:

Completion of an American Board of Radiology approved residency in Radiation Oncology of at least three years duration.

Must be board certified or eligible to the American Board of Radiology with special competence in Radiation Oncology.

1.1.15 Surgery

Privilege delineation for the Department of Surgery will include the following specialties:

Dentistry	Pediatric Surgery
General Surgery	Peripheral Vascular Surgery
Neurological Surgery	Plastic Surgery
Ophthalmology	Podiatric Surgery
Oral Surgery	Thoracic Surgery
Orthopedic Surgery	Urology
Otorhinolaryngology	

Type I Privileges

- A. Physicians eligible for Type I privileges in a given specialty shall be certified or admissible to the appropriate American Board for that particular specialty. Specific criteria are outlined in the following pages. Any candidate who is not fully board certified must complete all the requirements for certification within five years of completion of residency training to remain eligible for reappointment.
- B. Holders of Type I privileges in surgery or a surgical specialty may be granted Type II privileges in another surgical specialty for specific procedures on request by providing evidence of competency to perform that procedure.
- C. Holders of Type I privileges shall have ICU privileges for conditions within his specialty, but shall request consultation for management of conditions not normally considered within the scope of that particular specialty.
- D. During the period of focused review, all surgical procedures and hospital admissions will be subject to 100% review through the Quality Assurance Committee.

Type II Privileges. Type II privileges shall be granted to members of the medical staff who have privileges in an area other than Surgery, for specific procedures with proof of competence by the applicant according to criteria and guidelines outlined in this document.

When such privileges are granted, the physician is required to have appropriate, pre-arranged backup by a medical staff member with Type I Surgery or Type I OB/GYN privileges.

1.1.15.1 Dentistry

Privileges. Privileges in General Dentistry shall be according to background and training, and shall include any procedure which is normally performed in the private office.

Clinical privileges and/or responsibilities in the specialty areas of Dentistry shall be subject to the approval of the chief of Dental Services.

The scope and extent of surgical procedures that each dentist may perform must be specifically defined and recommended in the same manner as all other surgical privileges.

Oral surgical privileges must also be approved by the chairman of the Department of Surgery. Medical Staff members on record as of the adoption of these delineations shall maintain their privileges which they then exercise.

1.1.15.2 General Surgery

In order to be eligible to apply, the applicant must meet the criteria as outlined in Article III of the Medical Staff Bylaws .

Training: Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in general surgery.

Experience: Can be demonstrated in one of the following ways:

- A. An applicant who has just completed a General Surgery Residency shall provide his/her residency log and a letter of reference from the Director of the residency program.
- B. An applicant who is not applying directly out of a residency shall provide a quality profile from hospital(s) where he/she currently has privileges showing his or her clinical activity for the past 12 months, including numbers of procedures performed, morbidity, mortality, infection rates and other complications and a letter of reference from the Chief of Surgery at that hospital.

If a quality profile is not available from the hospital(s) where the applicant currently has privileges, documentation of the applicant's hospital-based clinical activity for the past 12 months documenting 100 general surgery procedures, reflective of the privileges requested, and a letter of reference from the Chief of Surgery at the hospital.

CORE PROCEDURES LIST

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

Trauma, abdomen, alimentary

- Abdominoperineal resection
- Amputations, above and below the knee, toe, transmetatarsal, digits
- Antireflux procedure- open and laparoscopic
- Anoscopy
- Appendectomy
- Colon surgery for benign or malignant disease
- Colotomy, colostomy
- Correction of intestinal obstruction
- Drainage of intra-abdominal, deep ischiorectal abscess
- Emergency thoracostomy
- Endoscopy (intraoperative)
- Enteric fistulae, management
- Enterostomy (feeding or decompression)
- Esophageal perforation- repair/resection
- Excision of fistula in ano/fistulotomy, rectal lesion
- Excision of pilonidal cyst/marsupialization
- Gastroduodenal surgery
- Gastric Surgery for Ulcer Disease or Cancer
- Gastrostomy- open or percutaneous endoscopic
- Genitourinary procedures incidental to malignancy or trauma
- Gynecological procedure incidental to abdominal exploration
- Hepatic resection
- Hemorrhoidectomy including stapled hemorrhoidectomy
- Incision and drainage of abscesses and cysts
- Incision and drainage of pelvic abscesses
- Incision, excision, resection, and enterostomy of small intestine
- Incision/drainage and debridement, perirectal abscesses
- IV access procedures, central venous catheter, and ports
- Laparoscopy, diagnostic, appendectomy, cholecystectomy, lysis of adhesions, mobilization, and catheter positioning
- Laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis or trauma
- Liver biopsy (intraoperative), liver resection
- Lymph node biopsy
- Management of burns

- Management of intra-abdominal trauma, including injury, observation, paracentesis, lavage
- Management of multiple trauma
- Operations on gallbladder, biliary tract, bile ducts, hepatic ducts, including biliary tract reconstruction
- Pancreatectomy, distal
- Pancreatic sphincteroplasty
- Pancreatic debridement/Pancreatic pseudocyst- drainage
- Panniculectomy
- Proctosigmoidoscopy, rigid with biopsy, with polypectomy/tumor excision
- Pyloromyotomy
- Radical regional lymph node dissections
- Repair of perforated viscus (gastric, small intestine, large intestine)
- Scalene node biopsy
- Selective vagotomy
- Sigmoidoscopy, fiber-optic with or without biopsy, with polypectomy
- Small-bowel surgery for benign or malignant disease
- Splenectomy (laparoscopic or open)
- Splenorrhaphy- partial
- Surgery of the abdominal wall, including management of inguinal, femoral, ventral, paraesophageal, laparoscopic and open repair of hernias, including orchiectomy in association with hernia repair
- Thoracentesis
- Thoracoabdominal exploration
- Tracheostomy
- Transhiatal esophagectomy
- Tube thoracostomy

Breast, skin, and soft tissue

- Axillary sentinel lymph node biopsy
- Complete mastectomy with or without axillary lymph node dissection
- Excision of breast lesion
- Breast biopsy with or without needle localization
- Incision and drainage of abscess
- Management of soft-tissue tumors, inflammations, and infection
- Modified radical mastectomy
- Operation for gynecomastia
- Partial mastectomy with or without lymph node dissection
- Radical mastectomy
- Skin grafts (partial thickness, simple)
- Subcutaneous mastectomy
- Excision of thyroid tumors
- Parathyroidectomy
- Thyroidectomy special

Vascular surgery

- Hemodialysis access procedures
- Insertion of vena caval filter
- Peritoneal venous shunts, shunt procedure for portal hypertension
- Peritoneovenous drainage procedures for relief or ascites
- Sclerotherapy
- Vein ligation and stripping

SPECIAL NON-CORE PRIVILEGES

- EGD with biopsy
- Colonoscopy with biopsy
- Laparoscopic Bariatric Surgery
- Endoscopic Retrograde Cholangiopancreatography (ERCP)
- Percutaneous Endoscopic Gastrostomy (PEG)
- Laparoscopy, Advanced, Gastric/Colon/Small Bowel, Adrenal
- Robotic Surgery Privileges
- Hyperbaric Medicine
- Total Contact Casting
- Endoscopic Ultrasound and Fine Needle Biopsy
- Transoral Incisionless Fundoplication
- Flexible Bronchoscopy
- Administration of Botulinum Toxin
- Intravenous Moderate Sedation

1.1.15.1 Laparoscopic Bariatric Surgery

In order to be eligible to apply, an applicant must have A, B, C, and either D or E:

- A. Completion of a general surgery residency program
- B. Agreement to abide by the policies, procedures, and goals of Self Regional Healthcare's Bariatric Program
- C. Letter of recommendation from the applicant's surgical program director, course director, or chief of surgery, attesting to the candidate's competency with laparoscopic bariatric surgery procedures
- D. If no prior laparoscopic bariatric experience:
 1. Documentation of completion of an American Society of Bariatric Surgery approved didactic and cadaver course.
 2. Documentation of 15 cases as primary surgeon for any combination of the following laparoscopic procedures:
 - a. Nissen fundoplication
 - b. Esophagectomy
 - c. Paraesophageal hernia repair
 - d. Laparoscopic splenectomy
 - e. Laparoscopic colectomy or enterectomy
Laparoscopic hernia repair
 3. Documentation of a least 3 successful proctored cases of laparoscopic bariatric procedures with a fully trained bariatric surgeon as the assistant.
- E. If prior laparoscopic bariatric experience, documentation of 15 laparoscopic bariatric procedures, with outcomes (death, readmissions, complications).

For maintenance of laparoscopic bariatric privileges, documentation of at least 20 cases per two year reappointment period.

1.1.15.2.1 Laparoscopic Adjustable Gastric Ban Surgery (LapBand® Surgery)

In order to be eligible to apply, an applicant must have A, and either B or C:

- A. Meet criteria for Laparoscopic Bariatric Surgery (section 5.1-17(1) of the Credentials Manual)
- B. Successful completion of a laparoscopic adjustable gastric band surgery program followed by 3 successful proctored cases by a fully trained bariatric surgeon who has performed at least 100 Lap-Band procedures.
- C. Documentation of 15 Lap-Band procedures during the previous 12 months with a letter of recommendation from the training director, if applicable or Chairperson of Surgery at the institution where the applicant most recently practiced.

For maintenance of this procedure, applicant must document at least 20 cases per 2 year reappointment period with outcomes similar to national averages.

1.1.15.3 Surgical First Assistants

- D. **Qualifications:** the first assistant to the surgeon should be a medical staff member with active clinical privileges who assists the surgeon during a surgical operation. Formal training of these practitioners will vary considerably within each surgical area and specialty. This policy will not apply to physicians assisting in the OR who are credentialed to perform surgery at this hospital.

In order to be eligible to apply, a physician must have:

- A. Documentation of proof of Hepatitis B vaccination and attendance at blood borne pathogens class.
- B. Proof of malpractice insurance coverage for first assistant privileges.
- C. Letter from the responsible surgical group that the physician will be assisting them, verifying their status as a first assistant and attesting to the physician's knowledge of sterile technique in the OR.

1.1.15.3 Neurological Surgery

Applicants for clinical privileges for the practice of Neurological Surgery shall meet the requirements as stated in paragraph A on privilege delineation in the Department of Surgery for the granting of Type I privileges section 1.1.18.

In order to be eligible to apply, applicant must have A, B, and C:

- A. Completion of an approved residency program in Neurosurgery.
- B. Thirty-five varied neurosurgical procedures in the past 18 months.

C. Three letters of reference:

1. Director of residency or chief of Surgery or Neurosurgery, or chief of staff at your last hospital.
2. Board certified neurosurgeon.
3. Board certified anesthesiologist.

Procedures Granted:

- Craniotomy/Craniectomy
- Supratentorial
- Intratentorial Cranioplasty Spine
- Laminectomy
- Spinal Instrumentation and Fusion
- Harvesting Bone Graft
- Extracranial Vascular Surgery
- Carotid surgery to the extent to which it applies to intracranial surgery and pathology including carotid clamping and embolytic surgery
- Endarterectomy*
 - Destruction by Neurolytic Agent (ie, chemical, thermal, electrical, radiofrequency)
 - Somatic nerves
 - Sympathetic nerves
 - Cranial nerves
 - Peripheral Nerve Surgery
 - Neurorrhaphy
 - Nerve graft
 - Laser surgery
 - Sympathectomy
 - Thoracic Outlet Surgery
 - IV Conscious Sedation

Applicants for Carotid Surgery privileges must have completed an accredited Neurovascular Fellowship of at least six (6) months duration.

1.1.16 Ophthalmology.

Applicants for clinical privileges for the practice of Ophthalmology shall meet the requirements as stated in paragraph A on privilege delineation in the Department of Surgery for the granting of Type I privileges section 1.1.18.

Privileges: To admit, treat, and provide consultation without restriction in the field of General Ophthalmology.

In order to be eligible to apply, applicant must have A and B:

- A. Completion of an approved residency program in Ophthalmology and board eligibility or certification.

B. Two letters of reference:

1. One letter of reference from director of residency program, or chief of Surgery or chief of staff at your last hospital.
2. Board certified Ophthalmologist.

If not 50 general Ophthalmological procedures in the past 12 months, the first 12 cases here must be under direct supervision.

Procedures Requiring Separate Documentation:

- Laser Surgery (each procedure must be requested separately)
- Penetrating Keratoplasty
- Refractive Corneal Surgery
- Retinal Detachment Surgery
- Pars Plana Radical Vitrectomy
- Seton Placement

1.1.17 Oral and Maxillofacial Surgery

Dentists eligible for unrestricted oral surgery shall be certified or eligible for examination for certification by the American Board of Oral Surgery.

Surgical procedures performed by oral surgeons shall be under the overall supervision of the chairman of the department of surgery.

Privileges shall be granted on an individual basis as approved by the credentials committee, medical executive committee, and the board of trustees. Those oral surgeons presenting evidence of having successfully completed a postgraduate program in oral surgery accredited by a nationally recognized accrediting body and has evidenced that the oral surgeon is currently competent to conduct a complete history and physical examination to determine the patient's ability to undergo the oral surgical procedure the oral surgeon proposed to perform may be granted privileges to perform these functions on patients without medical problems.

Patients with medical problems and patients admitted for dental care by individuals who have not been granted specific privileges to perform histories and physicals shall receive the same basic medical appraisal as patients admitted for other services. A physician member of the medical staff shall be responsible for the care of any medical problem that may be present at the time of admission or that may arise during hospitalization and shall determine the risk and effect of the proposed surgical procedure on the total health status of the patient.

The oral surgeon will obtain medical/surgical consultation on any patient with multiple trauma or multiple surgical problems extending outside the strict privileges of an oral surgeon. Any patient admitted to ICU shall be deemed to have medical or surgical problems requiring medical/surgical consultation and such consultation will be obtained promptly.

Procedures for which privileges may be granted to oral surgeons are as follows:

- a. removal of teeth.
- b. corrective hard and soft tissue surgery limited to preparation of the mouth for dentures and those conditions arising from diseases of the teeth.
- c. excision of benign lesions and biopsy for diagnosis.
- d. open and closed reduction of fractures of the mandible, transverse fractures or Le Fort I fractures of the maxilla.
- e. condylectomy.

- f. arthroplasty of the temporomandibular joint.
- g. intra and extra-oral incision and drainage of odontogenic infections.
- h. sequestrectomy and saucerization of osteomyelitis of mandible.
- i. intraoral sialolithotomy.
- j. the surgical correction of congenital, developmental, and acquired deformities of the mouth and jaw regions with the exception of hare-lips and cleft plates.
- k. performance of histories and physicals as specifically provided for in the bylaws.
- l. other procedures as requested and approved through the credentialing process.

Other Specialists: According to background and training, to include any procedure which is normally performed in his private office.

1.1.18 Orthopedic Surgery

Applicants for clinical privileges for the practice of Orthopedic Surgery shall meet the requirements as stated in paragraph A on privilege delineation in the Department of Surgery for the granting of Type I privileges section 1.1.18.

In order to be eligible to apply, applicant must have A, B, and C:

- A. Completion of an approved residency program in Orthopedic Surgery.
- B. Letter of reference from director of residency program, or chief of Orthopedics or Surgery, or chief of staff at last hospital.
- C. Case mix of 35 varied orthopedic procedures performed within the past 18 months.

Procedures Requiring Separate Documentation:

- Laminectomy and Nerve Root Decompression
- Cervical
- Thoraco-lumbar
- Digital or Limb Reimplantation
- Chemonucleolysis
- Major Total Joint Replacement or Revision
- Arthroscopic Surgery
- Use of Laser.

1.1.19 Otolaryngology

Applicants for clinical privileges for the practice of Otolaryngology shall meet the requirements as stated in paragraph A on privilege delineation in the Department of Surgery for the granting of Type I privileges section 1.1.18.

In order to be eligible to apply, applicant must have A and B:

- A. Completion of an approved residency program in Otolaryngology and board certification/admissibility.

- B. Letter of reference from director of residency program, or chief of Surgery or chief of staff at your last hospital.

Procedures Granted:

- Operations on and reconstruction of external, middle, and inner ear
- Operations on nose and accessory sinuses
- Operations on buccal cavity, glands, and other tissues
- Operations on tonsils and adenoids
- Endoscopy
- Reduction of fractures and other facial bone surgery
- Tumor surgery of head and neck
- Radical neck dissection
- Endoscopic Nasal Sinus Surgery
- ENT Laser Surgery
- Facial Plastic Surgery

1.1.20 Pediatric Surgery

Applicants who wish to restrict their clinical privileges to Pediatric Surgery shall meet the requirements as stated in paragraph A on privilege delineation in the Department of Surgery for the granting of Type I privileges section 1.1.18.

In order to be eligible to apply, applicant must have A, B, and C if requested:

- A. Satisfactory completion of an approved pediatric surgical fellowship or residency which qualifies the applicant for the examination of the American Board of Surgery for Special Qualification in Pediatric Surgery.
- B. Letters of reference: 1, 2, and 3 if applicable
1. Director of fellowship program.
 2. Two board certified pediatric surgeons who have personal knowledge of applicant's competence.
 3. The chief of surgery at all hospitals where privileges were held since completing fellowship/residency.
- C. If requested, applicant must furnish a case mix of the last 12 months of pediatric cases, including operative reports and discharge summaries.

1.1.21 Peripheral Vascular Surgery

Applicants for clinical privileges for the practice of Peripheral Vascular Surgery shall meet the requirements as stated in paragraph A on privilege delineation in the Department of Surgery for the granting of Type I privileges on page 39.

Peripheral vascular surgical privileges may be granted to applicants under different categories as outlined. Vascular surgery is a surgical specialty that encompasses the diagnosis and treatment of arterial, venous and lymphatic systems exclusive of those components intrinsic to the heart and intracranial vessels. Diagnosis includes all elements of clinical evaluation, non-invasive testing and arteriography. Management includes both operative and non-operative treatment. This includes the entire spectrum of surgical procedures used to treat diseases of the circulatory system including techniques of angioplasty, balloon angioplasty/stent, mechanical atherectomy and laser angioplasty.

Applicants having just completed surgical training must be Board eligible/Board certified in General Surgery and must be a graduate of a Vascular/Fellowship in Peripheral Vascular Surgery approved by the Residency Review Committee of the American Board of Surgery or Fellowship program (of at least one year duration) approved by the Society of Vascular Surgery.

1.1.22 Plastic Surgery

Applicants for clinical privileges for the practice of Plastic Surgery shall meet the requirements as stated in paragraph A on privilege delineation in the Department of Surgery for the granting of Type I privileges section 1.1.18.

Privileges: The core privileges in Plastic Surgery include, but are not limited to, repair, replacement, and reconstruction of defects of form and function and alteration in aesthetic appearance of the integument and its underlying musculoskeletal system, including the craniofacial structure, the oropharynx, the hand, the breast, and the external genitalia.

In order to be eligible to apply, applicant must have A, B, and C if requested:

- A. Completion of all requirements for certification by the American Board of Plastic Surgery.
- B. Letters of reference: 1, 2, and 3 if applicable
 - 1. Director of residency program.
 - 2. Two board certified plastic surgeons who have knowledge of the applicant's competence.
 - 3. The chief of surgery at all hospitals where privileges were held since completing residency.
- C. If requested, applicant must furnish a case mix of operative reports and discharge summaries of plastic surgery procedures performed within the last 12 months.

Procedures Requiring Separate Documentation:

- Micro-vascular Surgery
- Digital or limb reattachment
- Laser
-

1.1.23 Podiatry

Training:

Type I and Type II Privileges: The applicant must demonstrate successful completion of at least a 36-month podiatric surgical residency accredited by the Council on Podiatric Medical Education (CPME) and current board certification or board eligible (with achievement of certification within 6 years of completion of training) leading to board certification by the American Board of Foot and Ankle Surgery (ABFAS).

Type III Privileges: The applicant must demonstrate successful completion of at least a 24-month (PSR-24) podiatric surgical residency accredited by the Council on Podiatric Medical Education (CPME) and current board certification or board eligible (with achievement of certification within 6 years of completion of training) leading to board certification in foot surgery by the American Board of Podiatric Surgery (ABPS).

Type VI Privileges: The applicant must demonstrate successful completion of a podiatric surgical residency accredited by the Council on Podiatric Medical Education (CPME) and current board certification or board eligible (with achievement of certification within 6 years of completion of training) leading to board certification by the American Board of Podiatric Medicine.

Experience: Can be demonstrated in one of the following ways:

- A. An applicant who has just completed residency shall provide his/her residency log and a letter of reference from the Director of the residency program reflective of the scope of privileges requested.
- B. An applicant who is not applying directly out of a residency shall provide a quality profile from hospital(s) where he/she currently has privileges showing his or her morbidity, mortality, infection rates and other complications in addition to a case log (previous 12 months) to include procedures reflective of the scope of privileges requested and a letter of reference from the Chief of Surgery or Podiatry at that hospital.

If a quality profile is not available from the hospital(s) where the applicant currently has privileges, documentation of the applicant's hospital-based clinical activity for the past 12 months to include procedures reflective of the scope of privileges requested and a letter of reference from the Chief of Surgery or Podiatry at that hospital.

Reappointment should be based on unbiased, objective results of care according to a hospital's quality assurance mechanism. To be eligible to renew privileges in Podiatry, the applicant must have current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Type I Privileges

Ability to co-admit, evaluate, and treat patients of all ages with podiatric problems/conditions of the ankle and foot, including procedures involving osteotomies, arthrodesis, and open repair of fractures of the foot; and assess, stabilize, and determine the disposition of patients with emergent conditions.

CORE PROCEDURES LIST – Type I Privileges

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

- Ankle fusion
- Ankle stabilization procedures
- Arthrodesis tarsal and ankle joints
- Arthroplasty, with or without implants, foot
- Major tendon surgery of the foot and ankle, such as tendon transfers, recessions, and suspensions
- Osteotomy, multiple tarsal bones (e.g., tarsal wedge osteotomies)
- Surgical treatment of osteomyelitis of ankle
- Plastic surgery techniques involving midfoot, rearfoot, or ankle

Type II Privileges

Ability to co-admit, evaluate, diagnose, provide consultation to, and order diagnostic studies for patients and treat the forefoot, midfoot, rearfoot, reconstructive and non-reconstructive hind foot, and related structures by medical or surgical means. Type II privileges are automatically granted to those eligible for Type I privileges.

CORE PROCEDURES LIST – Type II Privileges

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

- Excision of accessory ossicles, midfoot and rearfoot
- Excision of benign bone cyst or bone tumors, rearfoot
- Neurolysis of nerves, rearfoot
- Open/closed reduction of foot fractures other than digital or metatarsal, and excluding calcaneal
- Osteotomies of the midfoot and rearfoot
- Polydactylism revisions
- Rearfoot fusions
- Skin grafts
- Syndactylism revisions
- Tarsal coalition repairs
- Tendon lengthening (nondigital)
- Tendon rupture repairs (nondigital)
- Tendon transfers (nondigital)
- Tenodesis
- Traumatic injury of foot and related structures

Type III Privileges

The ability to co-admit, evaluate, and treat patients of all ages with podiatric problems/conditions of the forefoot, midfoot, and non-reconstructive hindfoot. Type III privileges are automatically granted to those eligible for Type II privileges.

CORE PROCEDURES LIST – Type III Privileges

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques

- Anesthesia (topical, local, and regional blocks)
- Debridement of superficial ulcer or wound
- Digital exostectomy
- Digital fusions
- Digital tendon transfers, lengthening, and repair
- Digital/ray amputation
- Excision of benign bone cysts and bone tumors of the forefoot
- Excision of sesamoids
- Excision of skin lesions of the foot and ankle
- Excision of soft tissue masses (neuroma, ganglion, and fibroma)
- Hallux valgus repair with or without metatarsal osteotomy (including the first metatarsal cuneiform joint)
- Implantation of arthroplasty forefoot
- Incision and drainage/wide debridement of soft tissue infections
- Incision of onychia
- Metatarsal excision
- Metatarsal exostectomy
- Metatarsal osteotomy
- Midtarsal and tarsal exostectomy (including posterior calcaneal spur)
- External neurolysis/decompression (including tarsal tunnel)
- Onychoplasty
- Open/closed reduction, digital fractures
- Open/closed reduction, metatarsal fractures
- Plantar fasciotomy with or without excision of calcaneal spur
- Removal of foreign bodies
- Syndactylization of digits
- Tenotomy/capsulotomy, digits
- Tenotomy/capsulotomy, metatarsal and phalangeal joints
- Treatment of deep wound infections, osteomyelitis

Type IV Privileges

The ability to co-admit, evaluate, diagnose, provide consultation to, order diagnostic studies for, and treat the foot by mechanical, medical, or superficial surgical means on patients of all ages. Type IV privileges are automatically granted to those eligible for Type III privileges.

CORE PROCEDURES LIST – Type IV Privileges

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques

- Soft tissue surgery involving a nail or plantar wart excision, avulsion of toenail, excision or destruction of nail matrix or skin lesion, removal of superficial foreign body, and treatment of corns and calluses
- Ordering and interpretation of diagnostic tests related to podiatric patients and application or prescription of foot appliances, orthotics, shoe modifications, and special footwear
- Prescribing medications commonly used in the practice of podiatry

1.1.24 Thoracic Surgery

Applicants for clinical privileges for the practice of thoracic surgery shall meet the requirements as stated in paragraph A on privilege delineation in the Department of Surgery for the granting of Type I privileges section 1.1.18.

Category A: Applicants having completed a thoracic or cardio-thoracic Fellowship.

In order to be eligible to apply, applicant must have A, B, C, and D if requested:

- A. Satisfactory completion of a thoracic or cardio-thoracic Fellowship approved by the American Board of Surgery leading to Board eligibility or certification in thoracic surgery.
- B. Applicants must have or be eligible for Type I privileges in General Surgery in this hospital.
- C. Applicants
 - 1. Program director of fellowship program.
 - 2. Two board certified thoracic surgeons under which applicant completed fellowship training.
- D. If requested, applicants must furnish a case mix of last 12 months of thoracic cases including operative reports and discharge summaries.

Category B: Applicants with General Surgery Residency without additional year of fellowship.

In order to be eligible to apply, applicant must have A, B, and C:

- A. Must have or be eligible for Type I privileges in General Surgery in this hospital.
- B. Applicant must furnish letters of recommendation from the following:
 - 1. Program Director of residency program.
 - 2. Two board certified Thoracic Surgeons on hospital staff where residency was completed or at last hospital.
- C. Documentation of 30 major thoracic surgery cases—excluding bronchoscopy, mediastinoscopy, scalene node biopsies. Operative reports and discharge summaries are to be provided by the applicant, if requested.

1.1.25 Urology

Applicants for clinical privileges for the practice of Urology shall meet the requirements as stated in paragraph A on privilege delineation in the Department of Surgery for the granting of Type I privileges section 1.1.18.

Performance of basic uro-radiographic procedures are considered an integral part of Urology training and residency, and are granted with Type I Urology privileges.

In order to be eligible to apply, applicant must have A, B, and C:

- A. Completion of an approved residency program in Urological Surgery.
- B. Fifty (50) major, varied surgical procedures in the past 12 months.
- C. Letter of reference from the director of residency program or the chief of Urology, or chief of staff at your last hospital.

Procedures Requiring Separate Documentation:

- Renal Vascular Reconstruction
- Renal Transplantation and Harvesting
- Extracorporeal Shock Wave Lithotripsy
- Percutaneous Nephrostomy for Drainage and Treatment of Stones
- Percutaneous Ultrasonic Renal Lithotripsy
- Transurethral Ureteropyeloscopy
- Transurethral Ureteroscopic Ultrasonic Lithotripsy
- Transurethral Ultrasonic Cystolithotripsy
- Living Donor Cadaver Renal Harvesting for Organ Procurement
- Insertion Prosthetic Devices

1.1.26 Cardiovascular Surgery

Applicants for clinical privileges for the practice of cardiovascular surgery shall meet the requirements as stated in paragraph A on privilege delineation in the Department of Surgery for the granting of Type 1 privileges section 1.1.18.

In order to be eligible to apply, applicant must have A, B, and C:

- A. Satisfactory completion of a cardiovascular fellowship approved by the Residency Review Committee for Thoracic Surgery.
- B. Reference letters (1 and 2, or 3 and 4)
 1. Program director of fellowship program;
 2. Two board certified cardiovascular surgeons under which applicant completed fellowship training.

If out of fellowship training more than 5 years:

3. Chairperson of surgery;

4. A board certified anesthesiologist and primary care physician
- C. Completion of a minimum of 180 operations over the past 3 years to include:
1. 20 acquired valvular heart operations;
 2. 100 myocardial revascularization operations; and
 3. 10 pacemaker implantations.

1.1.27 Robotic Surgery Privileges – Intuitive Surgical, Inc (or similar devices) -See QSF-MS-0115 – Robotics Surgery Privileges – Intuitive Surgery

1.2 Delineation of Privileges According to Procedure or Area of Practice within the Hospital.

1.2.1 CCU Management

In order to be eligible to apply, applicant must have A and B:

- A. Qualify for Type I or Type II privileges in Internal Medicine, or core privileges Family Practice.
- B. A letter of recommendation from two of the following:
 1. Physician director of critical care unit at last hospital or his designee.
 2. Director of residency program.
 3. Chairperson of department or chief of staff at last hospital.

Above letter(s) of recommendation should cite the extent to which the applicant has practiced in the CCU setting, and if such letters do not fully support the granting of privileges for CCU management, the applicant may be asked to furnish documentation of management of at least 15 patients in the CCU setting within the past 24 months.

1.2.2 ICU Management

In order to be eligible to apply, applicant must have A and B:

- A. Qualify for Type I or Type II privileges in Internal Medicine or Pediatrics; Type I privileges in OB/Gyn, Anesthesiology, General Surgery, or one of the surgical subspecialties; or core privileges in Family Practice.
- B. A letter of recommendation from two of the following:
 1. Physician director of critical care unit at last hospital or his designee.
 2. Director of residency program.

3. Chairperson of department or President of the medical staff at last hospital.

Above letter(s) of recommendation should cite the extent to which the applicant has practiced in the ICU setting, and if such letters do not fully support the granting of privileges for ICU management, the applicant may be asked to furnish documentation of management of at least 15 patients in the ICU setting within the past 24 months. ICU management of diagnoses not routinely managed within the area of one's specialty requires consultation.

1.2.3 Locked Psychiatric Ward

In order to be eligible to apply, applicant must qualify for Type I privileges in Psychiatry in this hospital.

Applicants who qualify for Type II privileges in Psychiatry must obtain consultation from a Psychiatrist with Type I privileges.

1.2.4 Pediatric Intensive Care (excludes ventilator management)

In order to be eligible to apply, applicant must have A, or B, C and D:

- A. Qualify for Type I or Type II privileges in Pediatrics.
- B. Qualify for Type III privileges in Pediatrics or core privileges in Family Practice.
- C. Experience: 1 or 2
 1. Documentation of management of 25 pediatric ICU (or equivalent) cases in the past.
 2. Management of 25 cases under concurrent supervision of a physician with Pediatric ICU privileges.
- D. One letter of reference from director of residency program, or chief of Pediatrics at last hospital, or from local proctor.

1.2.5 Attendance at Low Risk Delivery (includes low risk cesarean sections)

In order to be eligible to apply, applicant must be board eligible or board certified in Pediatrics, or must have A, B, C, and D:

- A. Board certified or completion of an approved residency program in Family Practice, or ten (10) years active experience.
- B. Certification in AHA Neonatal Resuscitation.
- C. Experience: 1 or 2
 1. Attendance of 5 deliveries in the past three years.
 2. Attendance of 5 deliveries under the direct supervision of a physician with these privileges.

- D. One letter of reference from director of residency program or chief of Pediatrics at last hospital.

1.2.6 Intermediate Nursery Care

Care of term infants or those weighing 2000 grams or more with illness that is low risk to the patient.

In order to be eligible to apply, applicant must have A, or B, C, and D:

- A. Qualify for Type I or Type II privileges in Pediatrics.
- B. Qualify for Type III privileges in Pediatrics for core privileges in Family Practice.
- C. Experience: 1 or 2
 1. Management of 15 patients in the past.
 2. Management of 15 patients under concurrent supervision of a physician with these privileges.
- D. One letter of reference from director of residency program or chief of Pediatrics at your last hospital or from your local proctor.

1.2.7 Neonatal Intensive Care Unit (NICU)

In order to be eligible to apply, applicants must have A, or B and C:

- A. Qualify for Type I privileges in Pediatrics within the subspecialty.
- B. Qualify for Type II privileges in Pediatrics.
- C. References letters: 1, 2, or 3
 1. Director of residency program.
 2. Director of NICU at last hospital.
 3. Board certified neonatologist.

Physicians with Type II privileges in Pediatrics who do not meet the required qualifications must obtain consultation from a physician with NICU privileges. Any baby who requires more than 24 hours of ventilator support must be transferred to the Neonatology Service.

1.2.8 Addiction Medicine - Recovery Center

All physicians on the active or courtesy staff at Self Regional Healthcare may act as consultants at the Recovery Center in the areas in which they have privileges at Self Regional Healthcare.

All physicians who admit patients to the Recovery Center for treatment of addictions must have privileges in Addiction Management.

In order to be eligible to apply, applicant must have A and B, or A and C:

- A. Qualify for privileges in a primary clinical department.*

- B. If residency completed within the past five years, a letter from residency program director for documentation of training in addiction medicine.
- C. Five hours of category one CME in addiction medicine within the past three years.

*Physicians recovering from chemical dependency must have two years of recovery before being eligible for privileges in Addiction Medicine.

1.2.9 Anesthesiology Procedures

1.2.9.1 Type I Procedures Requiring Separate Documentation:

- Invasive Monitoring:
- Pulmonary Artery catheterization
- Destructive Nerve Blocks
- Acupuncture

In order to be eligible to apply, applicant must have A and B, or A and C:

- A. Qualify for Type I privileges in Anesthesiology.
- B. Letter of reference from director of residency program documenting that each procedure requested was an integral part of the applicant's training, and attesting to his competence.
- C. Documented evidence of at least 10 procedures performed within the last five years of clinical practice.

Anesthesia Procedures Requiring Separate Documentation:

- Obstetrical Anesthesia
- Spinal Anesthesia for vaginal delivery
- Epidural/Caudal anesthesia for labor & vaginal delivery
- Epidural anesthesia for Cesarean section (requires consultation with a physician with Type I privileges). *
- Psychiatric Anesthesia
- Anesthesia for electroconvulsive therapy
- Anesthesia for cardioversion
- Epidural/Intrathecal Narcotic Injection
- I.V. Regional Anesthesia
- Spinal/Epidural/Caudal anesthesia for appropriate surgical cases

*Epidural anesthesia for Cesarean section requires Type I privileges in Obstetrics.

In order to be eligible to apply, applicant must have A, B, and C:

- A. Type I privileges in Surgery, Obstetrics, Gynecology, Internal Medicine, or core privileges in Family Practice in this hospital.
- B. Experience. 1 or 2:

1. Documentation of successful completion of ten such procedures in the past.
 2. Documentation of completion of three hours of approved Category I CME and performance of ten procedures under the direct supervision of a physician with these privileges.
- C. Letter of reference from Director of residency program, or chief of department or chief of staff at last hospital, or local proctor.

1.2.9.2 I.V. Regional Anesthesia

(automatically granted to anesthesiologists and orthopedic surgeons)

In order to be eligible to apply, applicant must have A and B or C:

- A. Letter from residency director or chairman of department at previous hospital, or local proctor.
- B. Performance of procedure at least five times in the past.
- C. Three hours of CME in I.V. Regional Anesthesia with the first five procedures done under the supervision of a local proctor.

1.2.9.3 Pain Management- Core Privileges

Applicants for clinical privileges for the practice of pain management shall meet the requirements as stated below:

In order to be eligible to apply, applicant must have A, B, C, and D:

- A. Board Certified/Board Eligible in any specialty,
- B. Fellowship training and /or residency subspecialty track training (of no less than 6 months) in Pain Medicine from a recognized ACGME Residency Program with a Pain Management Division,
- C. Documentation of training in clinical core curriculum as defined above,
- D. Letter of reference from Director of residency program or fellowship program in Pain Management.

In order to be credentialed in the specialty of pain management a physician must be able to perform the following:

- A. Evaluations (history and physical exams),
- B. Management of complex chronic pain problems, and either:
 1. Core procedures as defined by the physician's residency or fellowship program (ie epidural injections, peripheral nerve blocks without fluoroscopy and trigger point injections.) or

2. Core procedures as defined by the International Association for the Study of Pain Management (IASP).

1.2.9.4 Pain Management Procedures

The following procedures/services are not included in the definition of core procedures in Pain Management and will require Separate Documentation:

- Admitting privileges for pain management
- Use of neurolytics for pain control
- General x-ray and/or fluoroscopic use with contrast injections for intrathecal, epidural, peripheral nerve blocks, catheter placement, and paravertebral blocks
- Cryoanalgesia
- Acupuncture
- Intrathecal/Epidural Implantation of devices, ie narcotic, baclofen pumps
- Radio Frequency neurolysis for pain control
- Stellate ganglion blockade
- Sympathetic blockade lower extremity
- Cranial nerve blocks
- Lysis of epidural adhesions using RACZ catheter technique
- Fiberoptic Epiduroscopy/Myeloscopy
- Placement of implantable spinal cord stimulation (SCS) devices

**A Member of the Self Regional Healthcare Medical Staff privileged to perform pain management services and procedures prior to July 1, 1998 will have privileges only for those services and procedures being performed prior to that date.*

In order to be eligible to apply for any of the above procedures, applicant must have A, B, and either C or D:

- A. Qualify for core privileges in pain management.
- B. Proof of attendance at an approved course in pain management that includes training for the procedure/service requested.
- C. Letter from physician with full pain management privileges at an appropriate facility attesting to applicant's training and competence in the specific procedure(s)/service(s) requested and certifying that applicant has performed each requested procedure/service on at least . three live subjects.
- D. Letter from director of residency/fellowship training program attesting to training and competence in the specific procedure(s)/service(s) requested.

Minimally Invasive Lumbar Decompression (MILD)

In order to be eligible to apply, applicant must have A and B.

- A. Currently have training in Pain Management and hold Pain Management privileges or hold Neurological Surgery privileges.
- B. Documentation that education, training and certification as prescribed by the manufacturer has been completed with documentation of at least three proctored cases by a physician who is privileged to perform this procedure at his/her respective institution.

Focused Professional Practice Evaluation will consist of review of cases performed at three months and at six months with a minimum of five cases reviewed. FPPE may continue past six months if five cases are not performed and reviewed within this time. Recommendation to the Credentials Committee to approve full privileges for this procedure or for additional training and/or continued focused review will be made after FPPE is completed.

1.2.9.5 Cardiac Anesthesia with Cardiopulmonary Bypass

In order to be eligible to apply must have A; and B, C, or D:

- A. Qualify for Type I Privileges in Anesthesiology.
- B. Have completed a six month rotation in cardiothoracic anesthesia in the fourth year of residency training with a letter from the program chairman or completed an approved twelve month fellowship in thoracic anesthesia with a letter from the fellowship program director within the previous five years.
- C. Documentation of 50 cases in the last two years with a letter from the Chairperson of Anesthesia or President of the Medical Staff at previous hospital.
- D. Completion of approved three week course in cardiothoracic anesthesia and letter from the program chairman or proctoring of 10 cases of each cardiac procedure, including but not limited to cardiopulmonary bypass procedures, valve cases, thoracic aneurysms on bypass, and internal defibrillator insertion.

1.2.10 Cardiovascular Procedures

1.2.10.1 EKG Interpretation

In order to be eligible to apply, applicant must have A, B, and C where applicable:

- A. Completion of an approved residency program in Internal Medicine, Pediatrics, Cardiothoracic Surgery, or meet the qualifications for core privileges in Family Practice.
- B. Interpretation of 100 EKG's in the past for Adult Medicine
- C. Interpretation of 50 EKG's for Pediatrics.
- D. Two letters of recommendation which document the applicant's interpretive abilities from any of:
 - 1. Director of residency program.
 - 2. Chairman of department or chief of staff at your last hospital.
 - 3. Board certified cardiologist or internist.

During the period of focused review, EKG's from the hospital or office will be reviewed by the CCU Committee, or its representatives, with a minimum number of 100 EKG's reviewed. After this focused review of privileging, the candidate will be considered for permanent EKG interpretation privileges. If the CCU Committee, after reviewing the letters of recommendation, feels the applicant has extensive experience and proficiency in the area of EKG interpretation, the requirement for review of a minimum number of 100 EKG's may be waived.

1.2.10.2 Holter Monitor Interpretation

Any applicant must have permanent EKG interpretation privileges in this hospital. During the period of focused review, the first 25 studies interpreted by the applicant will be reviewed by the CCU Committee or its representatives in order to document the applicant's ability to accurately interpret Holter Monitor recordings. If the applicant can document extensive experience and proficiency in Holter monitoring interpretation, the requirement for review of the first 25 studies may be waived.

1.2.10.3 Stress Testing

In order to be eligible to apply, applicant must have A, B, and C:

- A. Completion of an approved residency program in Internal Medicine, Cardiothoracic Surgery, or meet the qualifications for core privileges in Family Practice.
- B. Experience. 1 or 2 below:
 - 1. Twenty five (25) stress tests in the past, with at least ten (10) being abnormal and be credentialed to read EKGs.
 - 2. Local preceptorship: Must have a, b, and c
 - a. Credentialed to read EKG's.
 - b. Three (3) hour category I CME or workshop.
 - c. 25 stress tests, of which at least 10 must be abnormal, performed under direct supervision by a physician with stress test privileges.
- C. Unless Internal Medicine, one (1) letter of recommendation:
 - 1. Director of residency program, or chief of medicine at last hospital, or board certified cardiologist.
 - 2. Local preceptor.

1.2.10.4 Stress Testing - Nuclear Imaging

In order for a physician to be credentialed to supervise and interpret nuclear cardiology studies, both A and B.

- A. Documentation of proof of having supervised and interpreted 100 nuclear cardiology studies which include single and dual SPECT imaging as well as MUGA scans and thallium rest/redistribution studies over the course of 2 years.
- B. Documentation of satisfactory performance from the chief of nuclear medicine or director of cardiology from cardiology fellowship training or from the last place of employment.

Maintenance of credentialing involves supervising or interpreting at least 50 studies a year and this volume will be reviewed biannually. Additionally, the physician director of nuclear cardiology will conduct a case review involving 5 randomly selected studies per year to maintain quality control.

Records for credentialing and recredentialing will be kept with the director of noninvasive cardiology. Credentialing and recredentialing will be coordinated between the director of noninvasive cardiology and the physician director of nuclear cardiology at SRH. The physician director of nuclear cardiology at SRH is selected among the physicians of Advanced Cardiology Associates and should be an active holder of the Certification Board of Nuclear Cardiology.

1.2.10.5 Echocardiography

In order to be eligible to apply, applicant must have A or B:

- A. Completion of a six month training program in echocardiography that includes interpretation of at least 300 echocardiogram/Doppler examinations.
- B. Three years of echocardiography practice experience with interpretation of at least 900 echocardiogram/Doppler examinations

Note: Any new medical staff member completing postgraduate clinical training after July 1990 should have completed at least a six month formal training program in echocardiology.

Applicants for **Medical Director** of the Echocardiology Lab must have A, B, or C:

- A. Completion of a 12 month formal training program in echocardiography
- B. Completion of a six month formal training program in echocardiography plus one year of experience that includes interpretation of at least 600 echocardiogram/Doppler examinations
- C. Three years of echocardiography practice experience with at least 1800 echocardiogram/Doppler examination interpretations.

Note: Any new Medical Director applicant completing postgraduate clinical training after July, 1990 should have completed at least a six month formal training program in echocardiography

CME in echocardiography will be required for maintenance of these privileges. These requirements will be put forth by the Echocardiology Lab accrediting body.

1.2.10.6 Interventional Cardiology Procedures

In order to be eligible to apply, applicant must have A or B, and C:

- A. Completion of an approved fellowship in invasive Cardiology, with an additional 12 months of subsequent training devoted to percutaneous transluminal coronary angioplasty (PTCA), intracoronary stent placement, and coronary atherectomy. During training, the applicant must show proof of successful completion as primary operator of 100 PTCA's and at least 10 stents in the previous 2 years. If greater than 3 years out from fellowship training, then documentation of at least 75 interventions/yr should be provided. If an invasive Cardiology fellowship was not available or taken, then "B" will apply.
- B. In the absence of an interventional Cardiology fellowship, this privilege will be granted for those candidates with:
 - 1. Minimum of 2 years of performing cardiac catheterizations without supervision and documentation of at least 500 of such procedures
 - 2. Participation in at least 50 hours of category 1 CME pertaining to coronary interventional procedures
 - 3. Performance of a minimum of 75 interventions as primary operator under the supervision of a recognized expert
- C. Letters of reference from the physician responsible for the formal invasive procedure training, as well as one other practicing Cardiologist who is familiar with the applicant's experience with interventional procedures.

1.2.10.7 Cardiac Catheterization

In order to be eligible to apply, applicant must have A and B:

- A. Completion of a certified training program in invasive cardiology.
- B. Board eligible or board certified in Cardiology.

If more than three years have elapsed since a catheterization has been done by the applicant, then five supervised procedures should be done and documented for competence. The supervising physician shall be a physician actively practicing cardiac catheterization.

1.2.10.8 Ventilator Management

In order to be eligible to apply, applicant must have A, B, and C when applicable:

- A. Qualify for Type I or Type II privileges in Internal Medicine or Pediatrics; Type I privileges in OB/GYN, Anesthesiology, General Surgery, or one of the surgical subspecialties; or core privileges in Family Practice.
- B. Management of six (6) cases in the past.*
- C. Two letters:
 - 1. Medical director of critical care unit or his designee.
 - 2. Director of residency program or chief of medicine or chief of staff at last hospital.

*If not six cases in the past 12 months, the first 6 cases here will require consultation at the time ventilator management is instituted.

1.2.10.9 Pericardiocentesis

In order to be eligible to apply, applicant must have A and B or C:

- A. Letter from residency director or chairman of department at previous hospital, or local proctor.
- B. Performance of pericardiocentesis at least twice in the past.
- C. ACLS certification with the first two procedures done under the supervision of a local proctor.

1.2.10.10 Swan-Ganz Line Insertion and Management

In order to be eligible to apply, applicant must have A, B, C, and D below:

- A. Completion of an approved residency program in Internal Medicine, Vascular Surgery, General Surgery, Thoracic Surgery, Anesthesiology, or meet the qualifications for core privileges in Family Practice.
- B. Experience. 1 or 2 below:
 - 1. Placement and management of ten (10) Swan-Ganz lines in the past, two cases of which were performed in the preceding 12 months. *
 - 2. Completion of 4 hours of Category I CME with a letter from the program director, and 10 cases here under direct supervision.
- C. ICU/CCU privileges in this hospital.
- D. If Family Practice, two letters of recommendation.

Medical director (or equivalent) of CCU at your last hospital.
Director of residency program, or chief of medicine or chief of staff at your last hospital, or local proctor.

*If not two cases in the past 12 months, first 6 cases here will be under direct supervision.

1.2.10.11 Subclavian/Internal Jugular Line Insertion

In order to be eligible to apply, applicant must have A, B, and C:

- A. Completion of an approved residency program in Internal Medicine, Surgery, or meet the qualifications for core privileges in Family Practice.
- B. Experience. 1 or 2 below:
 - 1. Insertion of at least 10 lines in the past, four of which were in the preceding 12 months*
 - 2. Demonstration of knowledge of the indications and complications and performance of 10 procedures under the supervision of a local proctor.
- C. Unless applicant is a surgeon, one letter from director of residency program or chief of department or chief of staff at you last hospital, or local proctor.

*If not four cases in the past 12 months, first 6 cases here will be under direct supervision.

1.2.10.12 Electrophysiologic Studies

To be eligible to perform electrophysiologic studies, a candidate must have A, B, C, D and E.

- A. Completion of a minimum of 1 year of specialized training in electrophysiologic studies beyond a generalized cardiology fellowship
- B. Completion of 100 initial diagnostic studies during the specialized training year with at least 50 involving patients with supraventricular arrhythmias
- C. Have acted as primary operator for at least 25 electrophysiologic evaluations of implantable antiarrhythmic devices.
- D. Completion of at least 75 catheter ablation procedures
- E. Completion of at least 5 internal cardioversions

Those candidates applying who have been out of fellowship training for more than 5 years should provide:

- A. Reference letter from the chairman of the cardiology section or catheter lab director attesting to competency
- B. Evidence of completion of B, C, D, and E above.

1.2.10.13 Left Atrial Appendage Closure (LAAC)

In order to be eligible to apply, applicant must have A, B and C.

- A. Currently have training in Interventional Cardiology and hold Interventional Cardiology privileges or training in Electrophysiology and hold Electrophysiology privileges.
- B. Has received training prescribed by the manufacturer on the safe and effective use of the device prior to performing LAAC; and
- C. Has performed ≥ 25 interventional cardiac procedures that involve transeptal puncture through an intact septum.

Criteria for Maintenance of Privileges: Documentation of performance of ≥ 25 interventional cardiac procedures that involve transeptal puncture through an intact septum, of which at least 12 are LAAC, over a two year period

1.2.10.14 Transcatheter Aortic Valve Replacement (TAVR):

This procedure is performed by a “heart team” whereby the interventional cardiologist and the cardiac surgeon must jointly participate in the intraoperative technical aspects of TAVR. TAVR may not be performed independently of the established heart team.

Criteria for Initial Appointment:

- A. Currently have training in Interventional Cardiology and hold Interventional Cardiology privileges
- B. Professional experience with 100 structural heart disease procedures lifetime; or 30 left-sided structural procedures per year of which 60% should be balloon aortic valvuloplasty (BAV). Atrial septal defect and patent foramen ovale closure are not considered left-sided procedures.
- C. Device specific training – four proctored cases by a physician currently performing the procedure.

Criteria for Maintenance of Privileges: Documentation of performance of >20 TAVR procedures in the prior year or >40 TAVR procedures in the prior 2 years.

1.2.10.15 Transcatheter Closure of Atrial Septal Defects

In order to perform transcatheter closure of atrial septal defects the candidate must have A and either B, C, or D.

- A. Privileges in interventional cardiology.
- B. Documentation of completing an approved course in this procedure with initial observational proctoring for the first two cases and focused review for the first five cases by the department chairman or his designee.

- C. Letter from the candidate’s department chair if within 5 years of residency or fellowship attesting to experience and proficiency in transcatheter closure of atrial septal defects.
- D. If beyond 5 years from completion of residency or fellowship, letter from department chair attesting to experience and proficiency in transcatheter closure of atrial septal defects.

1.2.11 Indwelling Vascular Access Port Insertion

In order to be eligible to apply, applicant must have A, B, and C:

- A. Completion of an approved residency program in Internal Medicine, Surgery, Anesthesiology, or meet the qualifications for core privileges in Family Practice.
- B. Insertion of at least ten lines in the past.
- C. Unless the applicant is a surgeon, one letter from director of residency program or chief of department or chief of staff at your last hospital.

1.2.12 Intraoperative Transesophageal Echocardiography

In order to be eligible to apply, applicant must have A or both B and C:

- A. Letter from Residency Program Director attesting to competency.
- B. Documentation of 20 supervised TEEs with probe insertions.
- C. Two formal programs or courses in TEE to encompass a minimum of 24 hours and 10 hands on experience.

1.2.13 Diagnostic Transesophageal Echocardiography

In order to be eligible to apply, applicant must have either A, B, and C completed, or D:

- A. Privileges in Transthoracic Echocardiography with documentation of :
 - 1. 100 Procedures, or
 - 2. Letter from Program Director of Residency/Fellowship Program attesting to competency.
- B. Documentation of performance of 25 Transesophageal Probe insertions and interpretations of TEEs.
- C. A minimum of two formal programs or courses in TEE to encompass a minimum of 24 hours plus a minimum of 10 hands on experience.
- D. A letter from the Program Director of Residency/Fellowship Program attesting to the competency in the performance of TEEs.

1.2.14 Interpretation of Noninvasive Vascular Studies

The applicant must provide documentation of training in Noninvasive Vascular Diagnosis specific to Extracranial, Intracranial, Peripheral Arterial and Venous Circulation and Transabdominal imaging, as appropriate to his/her request for privileges.

In order to be eligible to apply, applicant must have A and B:

- A. Completion of an accredited residency program or approved fellowship program in the specialties of Vascular Surgery, Neurosurgery, Cardiovascular Disease, Radiology or Neurology.
- B. Experience 1 or 2:
 - 1. A letter from the Chairman of the Residency/Fellowship Program verifying that the applicant is qualified and competent in the requested clinical area are required.
 - 2. Provide confirmation, in writing, of 100 procedures interpreted within the Past 12 months and indicating satisfactory performance. In addition; Two letters of reference attesting to the applicant's proficiency in the requested clinical area are required.

1.2.15 Emergency Medicine Procedures

1.2.15.1 Emergency Department Ultrasound Privileges

To be eligible to perform bedside ultrasound procedures in the emergency department, applicant must have A, B, and either C or D:

- A. Type I or II privileges in Emergency Medicine
- B. Confirmation of the majority of emergency ultrasound findings by subsequent imaging procedures or surgery.
- C. If experience and training took place during residency:
 - 1. Completion of an Emergency Medicine residency with an ultrasound program
 - 2. Twenty five documented and reviewed ultrasound examinations in each primary application (trauma, pregnancy, cardiac, aorta, biliary tree, and renal)
 - 3. Completion of a minimum of 150 ultrasounds during the program
 - 4. Letter from the Department Chairman or Ultrasound Coordinator affirming competence
- D. If experience and training took place outside of residency:
 - 1. Completion of at least 16 hours of comprehensive didactic instruction in bedside ultrasound for emergency physicians

2. Performance of at least 25 ultrasound exams in each primary application (trauma, pregnancy, cardiac, aorta, biliary tree, and renal). Each case will be compared to a subsequent exam in the radiology department and will count for credentialing only if there is concurrence.

1.2.16 ENT Procedures

Endoscopic Nasal/Sinus Surgery

In order to be eligible to apply, applicant must have A and B:

- A. Qualify for Type I privileges in Otolaryngology in this hospital.
- B. Experience. 1, 2, or 3 below:
 1. Letter from Director of residency program stating that this surgery was an integral part of the applicant's training, and attesting to the applicant's competence.
 2. If out of residency training longer than five years, letter from chief of Otolaryngology (or Surgery, if none) attesting to the applicant's performance and competence in these procedures.
 3. Completion of 10 hours of approved Category I CME. Must have letter from course director documenting hands on experience and attesting to the applicants adequate training.

1.2.16.2 ENT Laser Surgery

In order to be eligible to apply, applicant must have A, B, and C:

- A. Qualify for Type I privileges in Otolaryngology.
- B. Experience: 1 or 2
 1. Performance of 25 procedures in the past.
 2. Completion of 10 hours of approved Category I CME.
- C. Letter of reference from Director of residency program, or chief of department at last hospital, or local proctor.

1.2.17 Gastrointestinal Procedures

1.2.17.1 Esophagogastroduodenoscopy (EGD)

In order to be eligible to apply, applicant must have A, B, C, and D:

- A. Completion of an approved residency program in Internal Medicine, General Surgery, or meet the qualifications for core privileges Family Practice.

- B. Completion of at least one year in a certified endoscopic training program or a letter documenting that this procedure was an integral part of residency training and attesting to the applicant's competence.
- C. Experience. 1, 2, or 3 below:
 - 1. Performance of fifty EGDs in the past. *
 - 2. Completion of an approved fellowship in GI medicine.
 - 3. Completion of an approved residency in General Surgery.
- D. Two letters of recommendation:
 - 1. Director of residency program, chief of medicine or chief of staff at last hospital, and
 - 2. A board certified gastroenterologist, or a general surgeon with EGD privileges. If fellowship trained, one letter should be from the Director of fellowship program.

*If applicant has not performed 12 procedures in the last 18 months, the first twelve procedures must be under the supervision of a physician with EGD privileges.

1.2.17.2 Endoscopic Retrograde Cholangopancreatography (ERCP)

In order to be eligible to apply, applicant must have A, B, C, and D:

- A. Completion of an approved residency program in Internal Medicine or General Surgery.
- B. Completion of at least one year in a certified endoscopic training program or a letter documenting that this procedure was an integral part of residency training and attesting to the applicant's competence.
- C. Experience. 1, 2, or 3:
 - 1. Performance of 35 ERCP's in the past. *
 - 2. Completion of an approved fellowship in GI medicine.
 - 3. Completion of an approved residency in General Surgery.
- D. Two letters of recommendation:
 - 1. Director of residency program, chief of medicine or chief of staff at last hospital, and
 - 2. A board certified gastroenterologist or general surgeon. If fellowship trained, one letter should be from the director of fellowship program.

*If applicant has not performed 12 procedures in the last 18 months, the first twelve procedures must be under the supervision of a physician with ERCP privileges.

1.2.17.3 Percutaneous Endoscopic Gastrostomy (PEG)

In order to be eligible to apply, applicant must have A, B, and C:

- A. Completion of an approved residency program in Internal Medicine or General Surgery.
- B. Experience. 1 or 2 below:
 - 1. Performance of six PEGs in the past.
 - 2. Completion of three hours of approved Category I CME plus first six procedures under the direct supervision of a physician with these privileges.
- C. Unless a GI fellowship was completed after January 1, 1989, one letter of reference from the chief of medicine, the chief of the GI service or the chief of surgery at your last hospital, or the local supervising physician, or from the director of the CME course.

1.2.17.4 Flexible Sigmoidoscopy

In order to be eligible to apply, applicant must have A and B:

- A. Completion of an approved residency program in Internal Medicine, General Surgery, Obstetrics, Gynecology, or meet the qualifications for core privileges in Family Practice.
- B. Experience. 1 or 2 below:
 - 1. Twenty-five (25) flexible sigmoidoscopies in the past.
 - 2. Completion of 4 hours of Category I CME credit and first 15 procedures under the supervision of a physician with privileges to perform this procedure.

1.2.17.5 Colonoscopy

In order to be eligible to apply, applicant must have A, B, C and D:

- A. Completion of an approved residency program in Internal Medicine, Surgery, or meet the qualifications for core privileges in Family Practice.
- B. Completion of at least one year in a certified endoscopic training program or a letter documenting that this procedure was an integral part of residency training and attesting to the applicant's competence.
- C. Experience. 1, 2, or 3 below:
 - 1. Performance of fifty (50) procedures in the past, with 24 procedures performed in the preceding 18 months. *

2. Completion of an approved fellowship in Gastroenterology.
3. Completion of an approved residency in General Surgery.

D. Two letters of recommendation:

1. Director of residency program, chief of medicine or chief of staff at last hospital, and
2. A board certified Gastroenterologist, or a General Surgeon with colonoscopy privileges. If fellowship trained, one letter should be from the Director of fellowship program.

*If not 24 procedures in the past 18 months, first 12 must be under direct supervision of a physician with these privileges.

1.2.18 Genito-Urinary Procedures

1.2.18.1 Urologic Procedures

The following procedures require separate documentation:

- Renal Vascular Reconstruction
- Renal Transplantation and Harvesting
- Extracorporeal Shock Wave Lithotripsy (see separate listing)
- Percutaneous Nephrostomy for Drainage & Treatment of Stones
- Percutaneous Ultrasonic Renal Lithotripsy
- Transurethral Ureteropyeloscopy
- Transurethral Ureteroscopic Ultrasonic Lithotripsy
- Transurethral Ultrasonic Cystolithotripsy
- Living Donor Cadaver Renal Harvesting for Organ Procurement
- Insertion Prosthetic Devices

In order to be eligible to apply, applicant must have A, B, and C:

- A. Qualify for Type I privileges in Urology in this hospital.
- B. Experience. 1 or 2 below:
 1. Performance of 10 procedures in the past.
 2. Completion of 10 hours of approved Category I CME and performance of 10 procedures under the direct supervision of a physician with these privileges.
- C. Letter of reference from director of residency program, or chief of Urology or chief of staff at last hospital, or local proctor.

1.2.18.2 Extracorporeal Urinary Lithotripsy - Performance and Interpretation

- A. In order to be eligible to apply, applicant must have A and B:
- B. Qualify for Type I privileges in Urology at Self Regional Healthcare.
 - 1. Documentation of training, must have 1 or 2:
 - 2. Letter from Director of residency program stating that training in lithotripsy was an integral part of training in that program, and attesting to the applicant's competence.
 - 3. Certificate of training from the American Urological Association or the American Lithotripsy Society.

Interpretation will be provided under "Radiation Procedures" section of the Credentialing Manual (1.2.29).

1.2.18.3 Prostatic Thermotherapy for Treatment of BPH

In order to be eligible to apply, applicant must have A & B:

- A. Qualify for Type I privileges in Urology at Self Regional Healthcare.
- B. Documentation of training, must have 1 or 2:
 - 1. Letter from Director of residency training program stating that the training in thermotherapy was an integral part of training in that program, and attesting to the applicant's competence.
 - 2. Certificate of training from the Thermotherapy Equipment Training Center.

1.2.18.4 Prostatic Transperineal Radioactive Seed Implantation

In order to be eligible to apply, a candidate must have A, and B or C:

- A. Qualify for Type 1 privileges in Urology at Self Regional Healthcare
- B. Documentation of 10 implants during residency training, with a letter from the residency director or chief of surgery or his designate at the previous hospital attesting to the candidate's competence
- C. Completion of no less than 12 hours of CME in this procedure, with the first 3 procedures proctored by a physician with active privileges in transperineal radioactive seed implantation in the prostate.

1.2.18.5 Prostate Cryotherapy

In order to be eligible to apply, a candidate must have A, and B or C:

- A. Qualify for Type 1 privileges in Urology at Self Regional Healthcare
- B. Documentation of 10 cryotherapy procedures within the previous 12 months, with a letter from the residency director or chief of surgery or his designate at the previous hospital attesting to the candidate's competence.
- C. Completion of no less than 12 hours of CME in this procedure, with the first 3 procedures proctored by a physician with active privileges in transperineal cryotherapy of the prostate.

1.2.18.6 Treatment of Urinary Incontinence using Sacral Neuromodulation

In order to be able to apply, applicant must have A, B, and C; or A and D:

- A. Completion of an approved residency in urogynecology, gynecology, or urology
- B. Reference letter from residency program director or Chairperson of Department of Surgery or his designee attesting to proficiency in sacral neuromodulation technique
- C. Evidence of at least 3 successful procedures
- D. For those not trained in residency or with outside experience, both 1 and 2:
 - 1. Completion of a sacral neuromodulation Physician Education Program
 - 2. Three successful proctored cases either on or off site

1.2.19 Multi-specialty Procedures

1.2.19.1 Breast Cancer Sentinel Lymphadenectomy Criteria

In order to be eligible to apply, an applicant must have A and B:

- A. Type I privileges in General Surgery.
- B. Experience
 - 1. Documentation of exposure and proficiency in Sentinel Node technology during residency including a letter from the Program Director, or
 - 2. Completion of an approved Category 1 Continuing Medical Education course focusing on sentinel node biopsies along with performance of at least 10 combined procedures of sentinel node biopsy followed by standard axillary dissection with no more than 1 false negative sentinel node.

* Axillary recurrence rate, after abandoning standard axillary dissection, should be reviewed annually by each surgeon.

1.2.19.2 Intravenous Moderate Sedation

(performed by physicians other than anesthesiologists)

Moderate sedation is a sedative technique that employs intravenous opioids and sedatives to produce a minimally depressed level of consciousness. Proof of competency will be required of any physician, anesthesiologists excluded, who by specialty or interest will be providing intravenous conscious sedation.

Moderate sedation is a sedative technique that employs intravenous opioids and sedatives to produce a minimally depressed level of consciousness. Proof of competency will be required of any physician, anesthesiologists excluded, who by specialty or interest will be providing intravenous moderate sedation.

For Initial Applicants, both:

1. Completion of the educational training module and attainment of a score of 80% as approved by the Department of Anesthesia and the Medical Staff Credentials Committee.
2. Documentation of training, experience and competence, obtained from the practitioner's program director or department chair at the facility where the applicant's experience was gained, OR successful performance of 5 IV moderate sedation procedures under supervision by a physician credentialed in moderate sedation.

For Maintenance of Privileges: Documentation of administering IV Moderate Sedation in at least 10 patients over the previous twelve months (or 20 cases over the previous 2 years) and completion of the educational training module and attainment of a score of 80% correct answers.

100% of moderate sedation cases that required the use of reversal agents will be reviewed by the Physician Excellence Committee monthly. Trend data will be provided to the MEC

1.2.19.3 Administration of Botulinum Toxin

In order to be eligible to apply, applicant must have A, B, C and D:

- A. Board certification in his/her specialty.
- B. Training: Letter of recommendation from residency program director, department chief, or continuing medical education course director verifying knowledge of the following:
 1. Indications for use of botulinum toxin injections
 2. formulations/mixing of toxin,
 3. mechanism of action,
 4. side effects/complications, proper dosing, appropriate anatomy, and
 5. use of EMG guidance when applicable.
- C. Experience: Documentation of the following:
 1. Directly observed administration of the toxin by an experienced physician in no less than 50 cases involving

a variety of diseases (cervical dystonia, writer's cramp, spasticity, hemifacial spasm, and blepharospasm). Since the administration of toxin is an expanding specialty with new indications frequently emerging, the above list of conditions is not exhaustive

2. The applicant must show personal experience in the area for which he/she seeks privileges.

D. The applicant shall have personally administered toxin to no less than 10 patients within each category of disease for which he seeks privileges.

CME credits in the area of botulinum toxin are advisable and may be periodically reviewed.

1.2.19.4 Use of Ketamine for Procedural Sedation by Non-anesthetist

In order to be eligible to apply, applicant must have A and B:

A. Completion of an accredited allopathic, osteopathic, or dental residency in which Ketamine use was an integral part of the procedural sedation protocols. A letter from the program director confirming the competence of the resident (physician) in Ketamine use and at least five monitored cases documented.

B. Active or Senior Active Medical staff privileges with current conscious sedation privileges. At least five previously documented or proctored Ketamine use cases without adverse outcome in this hospital or others.

1.2.19.5 Laparoscopy

In order to be eligible to apply, applicant must have A, B, and C when applicable:

A. Completion of an approved residency program in Obstetrics, Gynecology, General Surgery, or Urology.

B. Experience. 1 or 2 below:

1. Completion of residency within the last three years or documentation of ten (10) procedures within that time frame.

2. Completion of 10 hours of approved CME and performance of 10 procedures under the direct supervision of a physician with these privileges.

C. A letter from director of residency program stating that training in this procedure was an integral part of the applicant's training, and attesting to his competence. If out of training for longer than three years, a letter from the chief of surgery or chief of staff at last hospital attesting to his performance of laparoscopies and

his competence. If application is via CME, letter must be from Director of CME course.

1.2.19.6 Operative Laparoscopy

In order to be eligible to apply, applicant must have A, B, and C:

- A. Qualify for Type I privileges in Gyn General Surgery, or Urology.
- B. Statement from Director of residency program that CO2 laser laparoscopy was adequately covered during residency training, or completion of an approved Category I CME course within the last three years, or documentation of performance of 10 procedures in the last three years.
- C. Letter of reference from Director of residency program or chief of Gyn or chief of staff at last hospital, or director of the CME program.

1.2.19.7 Robotic Surgery Privileges*

In order to be eligible to apply, applicant must have A, B, and C:

- A. Successful completion of an Obstetrics- Gynecology or General Surgery Residency, including surgical subspecialties.
- B. Provide documentation of completion of robotic system training by a training specialists.
- C. A statement from a physician experienced in robotic surgery attesting to the candidate's competence. A minimum of one proctored case with this physician will be required.

* These criteria will be reviewed and possibly made more stringent whenever there are sufficient surgeons with robotic experience to serve as proctors.

1.2.19.8 Privileges for Surgical Management of the Breast

Privileges:

To engage in the surgical evaluation and treatment of patients who have clinical or radiographic evidence of breast cancer, the following requirements have been developed. This includes but not exclusive to stereotactic needle core breast biopsy, sentinel lymph node biopsy for the purpose of diagnosing lymph node metastases secondary to breast cancer, partial mastectomy (lumpectomy or wide excision of the breast), simple mastectomy, modified radical mastectomy, and radical mastectomy. This also includes open breast biopsy when the preoperative studies (FNA analysis or nipple discharge cytology) suggest a breast neoplasm. This does not include open breast biopsy or needle-directed breast biopsy when the preoperative studies/cytological analysis potentially excludes neoplasm. Additionally, those procedures which may evolve to combat primary or secondary breast neoplasms are also included. Examples of such procedures may

include ultrasound-guided or stereotactic-guided radio frequency (RF) therapy/ablation. In order to be eligible to apply, applicant must have A, B, and C.

In order to qualify for breast biopsies in patients not suspected of having a breast cancer based on accepted preoperative studies and/or cytological analysis, but rather a benign breast lesion, a physician must have B, C, and D or A.

- A. Type I General Surgery Privileges
- B. Completion of residency within the last three years or documentation of 10 mastectomy procedures (CPT code#19140, 19160, 19162, 19180, or 19240) within that time frame.
- C. Documented completion of a CME course(s) completely devoted to breast cancer management which comprises at least 10 hours within the last four years or completion of a residency within the last four years with training and emphasis on breast surgery.
- D. Board certified/eligible in Obstetrics/Gynecology and documentation of 25 cases of breast biopsies.

1.2.19.9 Percutaneous Kyphoplasty for Nonsurgical Specialties

In order to be eligible to apply, applicant must have

- A. Completion of an approved residency in Interventional Radiology, or Anesthesiology with emphasis in pain management.
- B. Successful completion of a formal course in percutaneous vertebroplasty or letter of recommendation by the candidate's residency or fellowship director attesting to competency in the procedure
- C. Documentation of 5 proctored cases of percutaneous vertebroplasty without complications or 20 successful cases in the previous 12 months.
- D. Proof of clearly defined backup coverage for complications occurring after-hours.

For reappointment, proof of performing at least 10 procedures/year will be required.

1.2.19.10 Nuclear Cardiology Procedures for Cardiologists

In order to be eligible to apply, candidate must have A, B, C, D and E; or A, B, and F.

- A. Completion of an accredited fellowship program in Cardiology.
- B. Board certification or be eligible for board certification in Cardiology
- C. Minimum of 2 months of formal training during cardiology fellowship in nuclear cardiology
- D. Minimum of 50 studies read in the 12 months prior to application

- E. Letter of recommendation from fellowship director addressing competency
- F. If no formal fellowship training in nuclear cardiology but there has been practical experience reading studies, provide letter of recommendation attesting to competency from 3 peers and provide evidence of interpretation of at least 100 studies over the preceding 12 months.

1.2.19.11 Adult Polysomnography

In order to be eligible to apply, applicant must have

- A. Completion of an Accreditation Council for Graduate Medical Education approved residency.
- B. Certification by a primary specialty board of the American Board of Medical Specialties or the equivalent board for osteopathic medicine.
- C. Certification by the American Board of Sleep Medicine.
- D. Letter of recommendation from the director of the candidate's sleep medicine program.

1.2.19.12 Vascular Stenting - Carotid Artery Stent Placement

This procedure involves deploying a stent, (a small metallic, scaffold-like cylinder) into the carotid artery to prop it open to increase blood flow to the brain and reduce the incidence of stroke. The physician advances the catheter under imaging guidance through the femoral artery in the groin area to the carotid artery, where the stent is deployed into the carotid artery. The procedure makes use of an embolic protection device, a special filter wire that prevents debris from the stent deployment from reaching the brain.

In order to be eligible to apply, applicant must have A, B, C and D:

- A. Successful completion of an ACGME/AOA accredited residency or fellowship program in vascular surgery, cardiology, or interventional radiology.
- B. Evidence of prior training or education in carotid stenting (1 or 2)
 - 1. Residency or fellowship training in diagnostic radiology, carotid angioplasty, and stent placement procedures.
 - 2. Completion of a hands-on training course in diagnostic angiography and carotid angioplasty/stenting under supervision of a qualified physician instructor.
- C. Performance of 30 diagnostic cerebral angiograms and documentation of 25 cases during residency/fellowship training or 25 proctored cases by a qualified physician instructor.

- D. Letter of reference from the training program director or the physician conducting the training course and/or proctorship attesting to proficiency in the procedure.
- E. For reappointment 100% of cases will be reviewed with outcomes comparable to nationally accepted thresholds for complications reported at the time of recredentialing.

1.2.19.13 Use of Propofol for Procedural Sedation by Non-anesthesiologist

In order to be eligible to apply, applicant must have A and B:

- A. Completion of an accredited allopathic, osteopathic, or dental residency in which Propofol use was an integral part of the procedural sedation protocols. A letter from the program director confirming the competence of the resident (physician) in Propofol use and at least five monitored cases documented.
- B. Active or Senior Active Medical Staff privileges with current moderate sedation privileges. At least five previously documented or proctored Propofol use cases without adverse outcome in this hospital or others.

1.2.19.14 Advanced Wound Care Management for Non-surgeons

In order to be eligible to apply, applicant must have A and B:

- A. Member of the Active, Senior Active, or Consultative Staff at Self Regional Healthcare
- B. Complete at least 15 hours of approved education in wound care management

In order to be eligible for reappointment, applicant must have A and B:

- A. Evidence for direct contact of 40 patients for wound care services over a reappointment cycle
- B. Completion of at least 4 hours of Category 1 CME related to wound care over a reappointment cycle

1.2.19.15 Hyperbaric Medicine

In order to be eligible to apply, applicant must have A and B or C or D

- A. Successful completion of an ACGME residency training program
- B. Letter of recommendation for the residency program director documenting that the procedure was an integral part of the training program and attesting to the applicant's competency

- C. Successful completion of an approved 40 credit-hour Wound/Hyperbaric Medicine training course approved by the Undersea and Hyperbaric Medical Society.
- D. Letter of recommendation from the department chief at another hospital where privileges for Hyperbaric Medicine were held, documenting competency with the procedure

1.2.19.16 Cardiac Computed Tomography (CCT)

Prior to July 1, 2010, in order to be eligible to apply, applicant must have A and B and must satisfy D to maintain privileges.

After July 1, 2010, in order to be eligible to apply, applicant must have A, B and C and must satisfy D to maintain privileges.

- A. Residency or fellowship training in cardiology or radiology
- B. 150 contrast CCT examinations, of which;100 may include studies from an established teaching file, previous CCT cases, journals and/or textbooks or electronic/on-line courses/CME; and 50 must involve the applicant being physically present and involved in the acquisition and interpretation of the case under the direction of a qualified physician mentor PLUS 50 non-contrast CCT examinations
- C. 8 weeks of training experience with CCT that may include experience documented during fellowship training or 20 hours of coursework that includes training in all core competencies as outlined in the current Society of Cardiovascular Computed Tomography guideline for training in Cardiovascular Computed Tomography.
- D. Reappointment requirements: Demonstration of continuing competence in performance and interpretation of CCT procedures as reflected in the applicant's quality profile of at least 50 CCT examinations per year and documentation of the completion of 20 Category I continuing education hours in CCT every 36 months.

1.2.19.17 Cardiovascular Magnetic Resonance (CMR) Imaging Privileging Criteria

Privileging criteria for Cardiovascular Magnetic Resonance (CMR) Imaging was presented for review and approval. This criteria is based on the COCATS 4 Task Force 8: Training in Cardiovascular Magnetic Resonance Imaging training statement endorsed by the Society for Cardiovascular Magnetic Resonance. The hospital anticipates having the technology to perform this imaging by Mid October when the new MRI scanner is operational. The following criteria is presented for approval.

Cardiovascular Magnetic Resonance (CMR) Imaging

In order to be eligible to apply, applicant must have A, B and C:

- A. Completion of a 3-month (cumulative) specialty residency or fellowship in CMR
- B. 150 CMR examinations in which 50 where the candidate is physically present, involved in the acquisition and interpretation of the case
- C. Completion of 60 hours of coursework related to MR in general and/or CMR in particular.

Reappointment requirements: Demonstration of continuing competence in performance and interpretation of CMR procedures as reflected in the applicant's quality profile and documentation of the completion of 30 Category I continuing education hours in CMR every 36 months.

Applicants for **Medical Director** of the CMR Lab must have A, B, and C:

- A. Completion of a 12-month (cumulative) specialty residency or fellowship in CMR
- B. 300 CMR examinations in which 100 where the candidate is physically present, involved in the acquisition and interpretation of the case
- C. Completion of 60 hours of coursework related to MR in general and/or CMR in particular.

Reappointment requirements: Demonstration of continuing competence in performance and interpretation of CMR procedures as reflected in the applicant's quality profile and documentation of the completion of 60 Category I continuing education hours in CMR every 36 months.

1.2.19.18 Total Contact Casting

In order to be eligible to apply, applicant must have either A or B:

- A. Completion of an approved residency program in any specialty and a letter from Residency Program Director attesting to competency
- B. Completion of an approved training course in Total Contact Casting **and** Proctoring of at least 3 cast applications by a physician who has special expertise and is approved by the Credentials Committee or by a Self Regional Healthcare staff physician who holds privilege in Total Contact Casting.

1.2.19.19 Endovenous Ablation Therapy (EVAT)

Definition: A small endovascular guide for laser or radiofrequency (RF) energy is inserted into a vein through a small puncture. Energy pulses from the tip of the guide seal off the malfunctioning vein, allowing the body to re-route the blood to other more healthy veins.

Eligibility: Core privileges in general surgery, cardiovascular surgery, or vascular surgery; and successful completion of an appropriate training program in the performance of EVAT;

Required Documentation one of the following:

- A. An evaluation from the director of the applicant's residency training program that included EVAT OR from the director of another appropriate training program in EVAT;
- B. An evaluation from the department chair at another hospital where the applicant is/was granted privileges to perform EVAT OR from another professional colleague who has direct knowledge of the applicant's competence to perform EVAT;

Initial Privileges

The initial five cases of EVAT performed should be reviewed by a credentialed provider of endovenous ablation therapy for appropriate indications, documented technique, and outcomes.

Reappointment: Demonstration of continuing competence in performance of EVAT as reflected in the applicant's quality profile and evidence of continuing medical education related to EVAT.

1.2.19.20 Ultrasound Guided Central Line Placement

All applicants intending to perform ultrasound guided central line placement and who have not previously exercised the privilege at Self Regional Healthcare prior to 12/31/09 must have A and either B, C, or D.

- A. Central line placement privileges
- B. Documentation of attending a hands on course in ultrasound guided central line placement
- C. Letter from the candidate's department chair if within 5 years of residency or fellowship attesting to experience and proficiency in ultrasound guided central line placement.
- D. If beyond 5 years from completion of residency or fellowship, letter from department chair attesting to experience and proficiency in ultrasound guided line placement.

1.2.19.21 Transoral Incisionless Fundoplication

In order to perform transoral incisionless fundoplication the candidate must have A and either B, C, or D.

- A. Privileges in esophagogastroduodenoscopy and laparoscopic reflux surgery.
- B. Documentation of completing an approved course in this procedure with focused review for the first five cases by the department chairman or his designee.
- C. Letter from the candidate's department chair if within 5 years of residency or fellowship attesting to experience and proficiency in transoral incisionless fundoplication.
- D. If beyond 5 years from completion of residency or fellowship, letter from department chair attesting to experience and proficiency in transoral incisionless fundoplication.

1.2.19.22 Use of Morcellator

In order to be eligible to apply, applicant must have A, B, and C:

- A. Qualify for Type I privileges in gynecology, general surgery or urology in this hospital.

- B. Experience. 1, 2, or 3 below:
1. Completion of OB/Gyn, general surgery, or urology residency within the last three years where the use of the morcellator was an integral part of the training.
 2. Completion of a course with “hands on” experience.
 3. Documentation of 10 cases in the past three years with acceptable outcomes.
 4. Documentation of five proctored cases by a physician credentialed in the use of the morcellator.
- C. Letter of reference: 1, 2, or 3
1. Director of residency program if completed within the last three years. Letter must specifically state that training in this procedure was an integral part of training, and attest to the applicants competence to perform it.
 2. Certificate of completion of CME.
 3. Chairperson of the service or President of the medical staff at last hospital attesting to competency in the use of this equipment.
 4. Proctor attesting to competency in the use of this equipment.

1.2.19.23 Endoscopic Ultrasound and Fine Needle Biopsy

Applicant to apply for either esophageal or colon privileges or both.
In order to be eligible to apply, applicant must have A, B, C, and D:

- A. Completion of an approved residency program in Internal Medicine or General Surgery.
- B. Completion of at least two years in a certified endoscopic training program or a letter documenting that this procedure was an integral part of residency training and attesting to the applicant’s competence.
- C. Experience (1 or 2 or both 1 and 2).
 1. Upper Endoscopic Ultrasound and Fine Needle Biopsy
 - a. 50 supervised ultrasound cases
 - b. 15 supervised fine needle biopsies
 2. Colorectal Endoscopic Ultrasound and Fine Needle Biopsy
 - a. 50 supervised ultrasound cases
 - b. 15 supervised fine needle biopsies

- D. Letter of recommendation from director of residency or fellowship program, chief of medicine or chief of staff at last hospital, or completion of a hands-on course in endoscopic ultrasound.

1.2.19.24 Ultrasound Guided Joint and Soft Tissue Injection

All applicants intending to perform ultrasound guided joint injections and who have not previously exercised the privilege at Self Regional Healthcare prior to 08/31/11 must have A and either B, C, or D.

- A. Joint and soft tissue injection privileges (at least five are required per joint for privileges)
- B. Documentation of twenty hours of hands on training either by attending physicians with privileges or a dedicated course in musculoskeletal ultrasound.
- C. Letter from the candidate's department chair or program director if within 5 years of residency or fellowship attesting to experience and training in ultrasound guided injections.
- D. If beyond 5 years from completion of residency or fellowship, letter from department attesting to experience and proficiency in ultrasound guided joint injections.

1.2.19.25 Implantation/Excision of Vagus Nerve Stimulator for Epilepsy

In order to be eligible to apply, applicant must have A, B, and C:

- A. Successful completion of an ACGME/AOA – accredited residency program in Otolaryngology.
- B. Experience. 1, or 2, or 3, or 4 below:
 - 1. Completion of a fellowship within the last three years where Vagus Nerve Stimulation for Epilepsy was an integral part of the training.
 - 2. Completion of an approved course taught by a manufacturer of implantable nerve stimulators with the first two cases reviewed under FPPE.
 - 3. Documentation of 12 cases in the past three years with acceptable outcomes.
 - 4. Documentation of five proctored cases by a physician credentialed in Implantation/Excision of Vagus Nerve Stimulator for Epilepsy.
- C. Letter of reference: 1, or 2, or 3, or 4 below:
 - 1. Director of fellowship program if completed within the last three years. Letter must specifically state that

- training in this procedure was an integral part of training, and attest to the applicant's competence.
2. Course director verifying performance of five cases with acceptable outcomes.
 3. Chairperson of the service or President of the medical staff at last hospital attesting to competency.
 4. Proctor attesting to competency.

1.2.19.26 Lower Esophageal Sphincter Augmentation for GERD

In order to be eligible to apply, a candidate must have A, B and C:

- A. Privileges for Type 1 General Surgery core privileges at this hospital.
- B. Privileges for Laparoscopy procedures at this hospital.
- C. Documentation of training, must have 1 or 2:
 1. Letter from Director of residency program stating that procedure was an integral part of training in that program, and attesting to the applicant's competence.
 2. Documentation of completing an approved course in this procedure with initial observational proctoring for the first three cases and focused review for the first five cases by the department chairman or his designee.

1.2.20 Neurological/Neurosurgical Procedures

1.2.20.1 Electroencephalography Interpretation

In order to be eligible to apply, applicant must have A, B, and C; or A, C, and D:

- A. Completion of an approved residency in Neurology or Neurosurgery in which EEG interpretation was an integral part of the training experience and at least 100 studies have been read under the direct supervision of a board certified electroencephalographer.
- B. A letter of recommendation from the residency program director or electroencephalographer under which the applicant trained attesting to applicant's competence.
- C. Training experience should include experience in the EEG diagnosis of epilepsy, focal brain lesions, encephalopathy, drug effects, and brain death.
- D. If out of residency more than five years, a letter of reference from the chief of Neurology, Internal Medicine, or chief of staff at the last hospital where the applicant was privileged to read EEGs attesting to applicant's competence as outlined above.

1.2.20.2 Evoked Potentials

In order to be eligible to apply, applicant must have A and B:

- A. Completion of an approved residency in which evoked potential interpretation was an integral part.
- B. Letter of recommendation from either the program director or a board certified physician with active privileges for interpretation of evoked potentials attesting to the applicant's competency.

1.2.20.3 Diagnostic Electromyography and Nerve Conduction Studies (EMG/NCV)

In order to be eligible to perform and interpret EMG/NCV studies, the applicant must meet A and C, or A and B.

- A. Completion of an approved residency/fellowship in which EMG/NCV studies were an integral part of the training and in which at least 150 studies have been performed by the applicant under the direct supervision of an electromyographer who has interpreted and/or performed a minimum of 500 EMG/NCV studies.
- B. Completion and passage of the American Association of Electrodiagnostic Medicine (AAEM) certification examination.
- C. A letter of recommendation from the electromyographer(s) under which the studies outlined in section (A) were performed. This letter should specifically detail the experience in the diagnosis of a wide variety of peripheral nerve and neuromuscular conditions (ie radiculopathy, peripheral neuropathy, peripheral nerve injuries, pressure palsies (carpal tunnel, foot drop), neuromuscular junction disorders (myasthenia, LEMS), brachial plexopathies, autonomic disorders, and myopathies among others).

1.2.20.4 Chemonucleolysis

In order to be eligible to apply, applicant must have A, B, and C:

- A. Qualify for Type I privileges in Neurosurgery or Orthopedic Surgery in this hospital.
- B. Experience. 1 or 2 below:
 - 1. Performance of three procedures in the past.
 - 2. Completion of 10 hours of approved Category I CME and performance of three procedures under the direct supervision of a physician with these privileges.

- C. Letter of reference from director of residency program, or chief of Neurosurgery or Orthopedics (or Surgery if none), or local proctor.

1.2.20.5 Neurosurgery Pain Management

Core Privileges:

Applicants for the clinical privileges in the practice of neurosurgical pain management must have A and B or C:

- A. Board Certification/eligibility by the American Board of Neurological Surgeons.
- B. Demonstrated practice or residency fellowship training in the requested privileges,
- C. Demonstration of sufficient CME credit for the practice of new procedures not taught in the applicant's residency/fellowship training program(s).

In order for the applicant to be credentialed in the subspecialty of neurosurgical pain management a neurosurgeon must be able to perform the following:

1. Evaluation of the patient by history and physical exam
2. Medical management of complex chronic pain management problems.

Pain Management Procedures:

- a. Admitting privileges for pain management
- b. Use of neurolytics for pain control
- c. Intrathecal/epidural implantation of devices, ie spinal cord stimulators, baclofen and morphine/clonidine pumps
- d. Use of PCA pumps for the administration of narcotic analgesics post-op and for refractory pain management problems
- e. Cranial nerve glycerol/radiofrequency rhizotomy
- f. Facet/paraspinal blocks
- g. Epidural steroid injections
- h. Caudal spinal blocks
- i. Dorsal rhizotomy and dorsal root ganglionectomy
- j. DREZ lesions
- k. Cordotomy for pain management
- l. Sympathectomy for pain
- m. Periaqueductal/periventricular stimulation for pain
- n. Intracranial ablative procedures for pain management
- o. Catheter techniques for the infiltration of local anesthetic for post –operative surgical wound pain

- p. Intercostal nerve block
- q. Suprascapular block
- r. Intravenous regional blockade

In order to apply for the above stated neurosurgical pain management procedures the applicant must have:

1. Board certification/eligibility in Neurosurgery
2. Proof of attendance at an approved course in pain management that includes training for the procedure/service requested, or
3. Proof of prior experience/expertise in practice or training (residency/fellowship) for the procedure requested.

1.2.20.6 Artificial Anterior Disc Replacement

In order to be eligible to apply, applicant must have A and B. "C" is required if operating physician requires assistance for the anterior approach. "D" is required for re-credentialing.

- A. Completion of an ACGME/AOA accredited residency in orthopedics or neurosurgery.
- B. Experience (1, 2, or 3):
 1. Performance of 3 Artificial Disc Replacement surgeries during the last 12 months of residency or fellowship training, with letter attesting to satisfactory performance by the training director.
 2. Performance of 3 Artificial Disc Replacement surgeries within the last 12 months at the prior hospital, with letter attesting to satisfactory performance by the Chairperson of Surgery or Medical Staff President.
 3. Completion of an Artificial Disc Replacement training course and performance of 3 proctored cases with a surgeon approved to do Artificial Disk Replacement with a letter from that surgeon attesting to satisfactory performance of the procedure.
- C. Identify an approach surgeon with experience in anterior lumbar spine surgery.
- D. In order to be eligible for reappointment in this procedure, candidate must show proof of performing at least 2 anterior interbody fusions or artificial disc replacements per month annualized.

1.2.21 Obstetrics/Gynecological Procedures

1.2.21.1 Outlet Forceps/Vacuum Extraction

In order to be eligible to apply, applicant must have A and B:

- A. Qualify for Type II privileges in Obstetrics in this hospital.
- B. Document use in ten deliveries with acceptable outcomes during the last three years.

1.2.21.2 Fourth Degree Repair

In order to be eligible to apply, applicant must have A and B:

- A. Qualify for Type II privileges in Obstetrics in this hospital.
- B. Document five fourth degree repairs in the past, with acceptable outcomes.

1.2.21.3 Hysteroscopy

In order to be eligible to apply, applicant must have A and B:

- A. Completion of an approved residency program in Obstetrics or Gynecology.
- B. Experience. 1 or 2 below:
 - 1. Completion of residency within the last three years or documentation of twenty-five procedures within that time frame.
 - 2. Completion of an approved CME course with hands on experience with actual patients, with a certificate of successful completion or a letter from the course director.

1.2.21.4 Radical Hysterectomy, Pelvic Exeneration, Ileal Conduit

In order to be eligible to apply, applicant must have A, B, C, and D:

- A. Qualify for Type I privileges in Gynecology in this hospital.
- B. Completion of an approved fellowship in Gynecologic Oncology.
- C. Performance of 10 procedures during the past three years.
- D. Two letters of reference:
 - 1. Director of fellowship program.
 - 2. Chairperson of Gyn or chief of staff at last hospital (only necessary if fellowship completed more than three years ago).

1.2.21.5 CO2 Laser in the Lower Female Genital Tract

In order to be eligible to apply, applicant must have A, B, and C:

- A. Qualify for Type I privileges in Gynecology in this hospital.

- B. Experience. 1, 2, or 3 below:
 - 1. Documentation of 10 cases in the past three years with acceptable outcomes.
 - 2. Completion of 16 hours in an approved Category I CME course with “hands on” experience.
 - 3. Completion of OB/Gyn residency within the last three years.

- C. Letter of reference: 1, 2, or 3
 - 1. Director of residency program if completed within the last three years. Letter must specifically state that training in this procedure was an integral part of training, and attest to the applicants competence to perform it.
 - 2. Certificate of completion of CME.

- D. Chairperson of Gyn or chief of staff at last hospital.

1.2.22 Ophthalmology Procedures

1.2.22.1 Penetrating Keratoplasty

In order to be eligible to apply, applicant must have A, B, and C:

- A. Qualify for Type I privileges in Ophthalmology in this hospital.
- B. Experience. 1 or 2 below:
 - 1. Completion of a one year or longer Corneal Fellowship at an approved residency program.
 - 2. At least six penetrating keratoplasties in the past 12 months.

- C. Letter of reference: 1 or 2
 - 1. Director of Corneal Fellowship
 - 2. Chairperson of Department of Surgery or Ophthalmology at last hospital attesting to the applicant’s competence.

1.2.22.2 Refractive Corneal Surgery

In order to be eligible to apply, applicant must have A and B or C:

- A. Qualify for Type I privileges in Ophthalmology in this hospital.
- B. Completion of an approved Refractive Corneal Surgery post-graduate training course and performance of six procedures in the preceding 12 months. *

- C. Letter of recommendation from director of residency program stating that training in refractive corneal surgery was taken and attesting to the applicant's competence.

*If not 6 procedures in the last 12 months, the first 6 procedures here must be under the direct supervision by a physician with this privilege.

1.2.22.3 Retinal Detachment Surgery

In order to be eligible to apply, applicant must have A, B, and C:

- A. Qualify for Type I privileges in Ophthalmology in this hospital.
- B. Experience. 1 or 2 below:
 - 1. Completion of at least one year Retinal Fellowship.
 - 2. Performance of at least 4 retinal detachments in the past 12 months. Documentation of all retinal surgery and outcomes in the previous 12 months is required.
- C. Letters of recommendation:
 - 1. Director of Retinal Service or Department.
 - 2. If out of residency longer than 12 months, chief of department of Surgery or Ophthalmology at last hospital.

1.2.22.4 Ophthalmologic Laser Surgery

In order to be eligible to apply, applicant must have A, B, and C for each surgery requested:

- A. Qualify for Type I privileges in Ophthalmology in this hospital.
- B. Experience. 1 or 2 below for each surgery requested:
 - 1. Performance of the specified number of procedures in the last 12 months:
 - a. Laser iridotomy - 4 procedures
 - b. Laser capsulotomy - 4 procedures
 - c. Laser trabeculoplasty - 4 procedures
 - d. Focal retinal laser - 4 photocoagulations
 - e. Retinal laser for retinal holes or tears - 8 photocoagulations for retinal tears
 - f. Panretinal photocoagulation - 12 procedures
 - g. Laser punctalplasty - 4 procedures
 - h. Transscleral laser cyclodestructive
 - 2. Completion of an appropriate course on the specified laser procedure with a letter from the course director regarding the applicant's proficiency.

- C. Letter of recommendation from either the director of residency program or the director of each course. Required number of procedures may be waived with a letter from the director of the residency program attesting to the competence of the applicant in the performance of procedures requested.

1.2.22.5 Pars Plana Radical Vitrectomy

In order to be eligible to apply, applicant must have A, B, and C:

- A. Qualify for Type I privileges in Ophthalmology in this hospital.
- B. Experience: 1 or 2
 - 1. Completion of a Vitreo-Retinal Fellowship.
 - 2. Performance of at least 4 pars plana vitrectomies in the past 12 months and submission of all case histories and demonstration of acceptable operative outcomes.
- C. Two letters of recommendation:
 - 1. Director of Vitreo-Retinal service or department head.
 - 2. Chairperson of department of Surgery or Ophthalmology at last hospital.

1.2.22.6 Seton Placement

In order to be eligible to apply, applicant must have A, B, and C:

- A. Qualify for Type I privileges in Ophthalmology in this hospital.
- B. Performance of four procedures in the past year.
- C. Letter from Director of Glaucoma Department of residency program attesting to the applicants training and competence in the placement of seton devices.

1.2.23 Orthopedic Procedures

Robotic Surgery Privileges – Orthopedic Surgery – see QSF-MS-0114 – Robotics Surgery Privileges – Orthopedic Surgery

The following procedures require separate documentation:

Laminectomy and Nerve Root Decompression

- 1. Cervical
- 2. Thoraco-lumbar

Digital or Limb Reimplantation

Major Total Joint Replacement or Revision

Chemonucleolysis (see page 69)

Arthroscopy
Use of Laser

In order to be eligible to apply, applicant must have A and B, or A and C:

- A. Qualify for Type I privileges in Orthopedic Surgery in this hospital.
- B. Letter from director of residency program stating that each procedure requested was an integral part of the applicant's training, and attesting to the applicant's competence.
- C. If out of residency training longer than 5 years, letter from chief of Orthopedics (or Surgery, if none) attesting to applicant's performance and competence in these procedures.

1.2.24 Pediatric Procedures

1.2.24.1 Neonatal Circumcision

In order to be eligible to apply, applicant must have A, B, and C:

- A. Completion of an approved residency program in Pediatrics, Obstetrics, Urology, Surgery or meet the qualifications for core privileges in Family Practice.
- B. Experience. 1 or 2 below:
 - 1. Performance of 10 circumcisions in the past.
 - 2. If unable to document 10 circumcisions in the past, then the applicant must perform 10 circumcisions under the direct supervision of someone with circumcision privileges with appropriate letter(s) of recommendation.
- C. One letter of reference from director of residency program or the chief of your department at your last hospital, or your local proctor.

1.2.24.2 Neonatal Polysomnography

In order to be eligible to apply, applicant must have A, B, and C:

- A. Board certification or eligibility in neonatal/perinatal medicine
- B. Letter of recommendation from a board certified Neonatologist attesting to the applicant's competency.
- C. Documentation of 5 neonatal sleep studies interpreted under the supervision of a physician with active privileges in neonatal polysomnography.

1.2.24.3 Pediatric Polysomnography

In order to be eligible to apply, applicant must have A, B, and C:

- A. Documentation of completion of a pediatric polysomnography course
- B. Letter of recommendation from a board certified pediatrician with active privileges in pediatric polysomnography
- C. Documentation of 5 pediatric sleep studies performed under the supervision of a physician with active privileges in pediatric polysomnography.

1.2.24.4 Pediatric Venous Cutdown

In order to be eligible to apply, applicant must have A, B, and C:

- A. Completion of an approved residency program in Pediatrics, Surgery, or meet the qualifications for core privileges in Family Practice.
- B. Experience. 1 or 2 below:
 - 1. Performance of 10 venous cutdowns in the past.
 - 2. Performance of 10 venous cutdowns under direct supervision of a physician with these privileges.
- C. One letter of reference from Director of residency program or the chief of your department or chief of staff at your last hospital, or local proctor.

1.2.24.5 Pediatric Abdominal Paracentesis

In order to be eligible to apply, applicant must have A, B, and C:

- A. Completion of an approved residency program in Pediatrics, Surgery, or meet the qualifications for core privileges in Family Practice.
- B. Experience. 1 or 2 below:
 - 1. Performance of 10 paracenteses in the past.
 - 2. Performance of 10 paracenteses under the direct supervision of a physician with these privileges.
- C. One letter of reference from director of residency program or the chief of your department or chief of staff at your last hospital, or local proctor.

1.2.24.6 Pediatric Arthrocentesis

In order to be eligible to apply, applicant must have A, B, and C:

- A. Completion of an approved residency program in Pediatrics, Orthopedics, or meet the qualifications for core privileges in Family Practice.
- B. Experience. 1 or 2 below:
 - 1. Performance of 10 arthrocenteses in the past.
 - 2. Performance of 10 arthrocenteses under the direct supervision of a physician with these privileges.
- C. One letter of reference from director of residency program or chief of department or chief of staff at last hospital, or local proctor.

1.2.24.7 Umbilical Catheter Insertion

In order to be eligible to apply, applicant must have A, B, and C:

- A. Completion of an approved residency program in Pediatrics, Surgery, Obstetrics, Gynecology, Anesthesiology, or meet the qualifications for core privileges in Family Practice.
- B. Experience. 1 or 2 below:
 - 1. Insertion of at least 10 catheters in the past.
 - 2. Insertion of at least 10 catheters under direct supervision of a physician with these privileges.
- C. Unless a pediatrician, one letter of reference from director of residency program, chief of department or chief of staff at last hospital, or local proctor.

1.2.25 Psychiatric Procedures

1.2.25.1 Electroconvulsive Therapy

In order to be eligible to apply, applicant must have A and B or C:

- A. Completion of an approved residency in Psychiatry.
- B. A letter of reference from the residency program director documenting that this procedure was an integral part of residency training and attesting to applicant's competency.
- C. If out of residency more than five years, a letter of reference from chief of Psychiatry, chief of Medicine, or chief of staff at last hospital where this privilege was held attesting to applicant's competence.

1.2.26 Pulmonary Procedures

1.2.26.1 Chest Tube Placement

In order to be eligible to apply, applicant must have A, B, and C when applicable:

- A. Completion of an approved residency program in Internal Medicine, General Surgery, Cardiothoracic Surgery, Vascular Surgery, Anesthesiology, or meet the qualifications for core privileges in Family Practice.
- B. Experience. 1 or 2 below:
 - 1. Insertion of three (3) chest tubes in the past.
 - 2. Acute Trauma Life Support (ATLS) certification plus the first procedure here under direct supervision.
- C. If Family Practice, one letter: 1, 2, or 3
 - 1. Director of residency program.
 - 2. Chairperson of Medicine at last hospital.
 - 3. Chairperson of Surgery at last hospital.

1.2.26.2 Flexible Bronchoscopy

In order to be eligible to apply, applicant must have A, B, and C:

- A. Completion of an approved residency program in Internal Medicine, General Surgery, Otolaryngology, or meet the qualifications for core privileges in Family Practice.
- B. Experience. 1, 2, or 3 below:
 - 1. Completion of an approved fellowship in Pulmonary Medicine.
 - 2. Performance of 50 procedures in the past.
 - 3. Completion of seven hours of approved Category I CME plus performance of 35 procedures under the direct supervision of a physician with these privileges.
- C. One letter of reference from a board certified Pulmonologist, director of residency program, chief of department or chief of staff at last hospital, or local supervising physician. If fellowship trained, the letter should be from the director of the fellowship program.

1.2.27 Radiologic Procedures

1.2.27.1 Nuclear Medicine Procedures

In order to be eligible to apply, applicant must have A, B, and C:

- A. Qualify for Type I privileges in Radiology in this hospital.
- B. Training: 1 or 2 below

1. Certification by the American Board of Nuclear Medicine.
 2. Letter from Director of residency program stating that Nuclear Medicine was an integral part of the applicant's training, and attesting to his competence.
- C. License from the Atomic Energy Commission or equivalent state licensing body. Radioisotope agents are limited to those listed on the A.E.C. or state license.

1.2.27.2 Diagnostic Ultrasound I

In order to be eligible to apply, applicant must have A, B, and C:

- A. Qualify for Type I privileges in Radiology in this hospital.
- B. Experience: 1 or 2
 1. Training in Diagnostic Ultrasound as an integral part of residency training.
 2. At least one year of active practice in the field.
- C. One letter of reference from the Director of residency program or chief of department or chief of staff at your last hospital attesting to the satisfaction of one of the criteria in section B above, and the competence of the applicant.

1.2.27.3 Diagnostic Ultrasound II

Privileges to perform specified ultrasound procedures by members of other departments. Examples include Obstetric ultrasound or ultrasound guidance of biopsy procedures on specified organs. (Echocardiography is addressed separately.)

In order to be eligible to apply, applicant must have A, B, and C:

- A. Qualify for Type I privileges in one of the clinical departments at this hospital.
- B. Training in the ultrasound procedure requested must have been an integral part of the applicant's residency. If out of training for more than three years, the applicant must have been actively utilizing this modality in his practice.
- C. Letter of reference from director of residency program, or chief of department or chief of staff at last hospital. The letter must specifically refer to the ultrasound procedure(s) being requested by the applicant.

1.2.27.4 Computed Tomography I

In order to be eligible to apply, applicant must have A, B, and C:

- A. Qualify for Type I privileges in Radiology in this hospital.
- B. Experience. 1 or 2 below:
 - 1. Training in Computed Tomography as an integral part of residency training.
 - 2. At least one year of active practice in the field.
- C. One letter of reference from the director of residency program or chief of Radiology or chief of staff at your last hospital attesting to the satisfaction of one of the criteria in section B above, and the competence of the applicant.

1.2.27.5 Computed Tomography II

Privileges to perform specified C.T. procedures by members of other departments.
In order to be eligible to apply, applicant must have A, B, C, and D:

- A. Qualify for Type I privileges in one of the clinical departments at this hospital.
- B. Training in Computed Tomography must have been an integral part of the applicant's training. If out of training for more than three years, the applicant must have been actively utilizing this modality in his practice.
- C. Applicant must have adequate training and knowledge of radiation physics and imaging relative to the procedures requested.
- D. Letter of reference from Director of residency program or from chief of department or chief of staff at your last hospital. The letter must specifically refer to the computed tomographic procedure(s) being requested by the applicant.

1.2.27.6 Interventional Procedures

Each procedure must be requested separately. Procedures include:

- Percutaneous angioplasty (excluding coronary)
- Percutaneous biopsy and drainage procedures
- Biliary interventional procedures such as percutaneous cholangiography, drainage or stone extraction
- Renal interventional procedures such as percutaneous pyelography, external drainage, stone extraction and cyst aspiration

These privileges are granted to those members of the medical staff who are performing the procedures and have demonstrated proficiency at the time of acceptance of this document.

In order to be eligible to apply, applicant must have A, B, and C:

- A. Qualify for Type I privileges in Radiology or the appropriate medical or surgical specialty in this hospital.
- B. Experience. 1 or 2 below:
 - 1. Training in the specific interventional procedure as an integral part of residency training.
 - 2. At least one year of active practice of the procedure.
- C. One letter of reference from the Director of residency program or chief of department or chief of staff at last hospital attesting to the satisfaction of one of the criteria in section B above, and the competence of the applicant.

1.2.27.7 Magnetic Resonance Imaging Privileges

In order to be eligible to apply, applicant must have A, B, C, D, E, and F:

- A. Qualify for Type I privileges in Radiology in this hospital.
- B. Three months training or six months experience in nuclear radiology.
- C. Six months training in cross-sectional body imaging to include at least three months training in computed body tomography or one year's experience in cross-sectional body imaging to include body tomography.
- D. Three months training or six months experience in neuroradiology.
- E. Sixty hours of documented instruction in magnetic resonance imaging physics, instrumentation and clinical applications.
- F. Letter of reference from Director of residency program or chief of Radiology at last hospital, or Director of MRI instruction attesting to the above qualifications and the applicant's competence.

1.2.27.8 Interpretation of Positron Emission Tomography (PET) Scans

In order to be eligible to apply, applicant must have A and either B or C:

- A. Successful completion of an ACGME/AOA approved residency in radiology.
- B. Letter of recommendation from residency director or Chairperson of Radiology or his designee attesting to competency in reading PET scans
- C. Completion of at least 10 hours of CME pertaining to PET scan interpretation.

1.2.28 Radiation Procedures

Procedures involving radiation other than therapeutic radiation will be under the supervision of the Department of Radiology. A member of the Department of Radiology will be responsible for supervision and written interpretation of procedures done within the hospital on equipment owned by or registered with the Bureau of Radiological Health to the hospital. Extracorporeal Urinary Lithotripsy procedures performed on equipment not owned or registered to the hospital are specifically excluded. In these instances, the Urologist performing the procedure will be responsible for performing, supervising, and rendering a written report of the procedure.

1.2.29 Plastic Surgery Procedures

The following procedures require separate documentation:

- Micro-vascular Surgery
- Digital or Limb Reattachment
- Laser Surgery.

In order to be eligible to apply, applicant must have A and B, and C if applicable:

- A. Must have or be eligible for Type I privileges in Plastic Surgery at this hospital.
- B. A letter from the program director stating that this procedure was an integral part of the applicant's training, and attesting to applicant's competence.
- C. If out of residency training longer than five years, letter from the chief of Surgery at all hospitals where this privileges was held attesting to applicant's competence.

1.2.30 Thoracic Surgery Procedures

Transcatheter Aortic Valve Replacement (TAVR): This procedure is performed by a "heart team" whereby the interventional cardiologist and the cardiac surgeon must jointly participate in the intraoperative technical aspects of TAVR. TAVR may not be performed independently of the established heart team.

Criteria for Initial Appointment:

- A. Currently have training in Thoracic Surgery and hold privileges in Thoracic Surgery
- B. >100 AVR/career including 10 high risk patients, or >25 AVRs in one year, or >50 AVRs in 2 years; and which include 20 AVRs in the last year prior to TAVR initiation.
- C. Device specific training – four proctored cases by a physician currently performing the procedure.

Criteria for Maintenance of Privileges: Documentation of performance of >20 TAVR procedures in the prior year or >40 procedures in the prior 2 years.

1.2.31 Urogynecology Procedures

1.2.31.1 Observational Cystoscopy

This procedure is classified as non-operative, non-therapeutic and non-diagnostic cystoscopy. The performance of Observational Cystoscopy is strictly limited as an adjunct to endoscopic or laparoscopic incontinence surgery or other gynecologic pelvic surgery, and periurethral collagen injection (Contigen) and is not to be performed solely as a primary procedure. The purpose of which is to visualize the urethra and bladder to ascertain that injury or foreign body intrusion, i.e., suture, has not occurred as a result of the procedure. In the event significant trauma or a pathologic abnormality is detected, a formal urology consult is required.

Observational cystoscopy does not include any diagnostic, therapeutic, or operative modalities such as bladder biopsy, ureteral stent insertion or removal, stone removal, fulguration, instillation or retrograde ureteropyelography.

Observational cystoscopy shall only be performed in the operating room and will not be permitted in any other area of the hospital.

In order to be eligible to apply, applicant must meet the following criteria:

- A. Qualify for Type I privileges in Gynecology in this hospital.
- B. Experience: 1 or 2 or 3 and 4 below:
 - 1. Completion of residency within the last three years where training in the procedure being applied for was an integral part of the program. Letter of reference from the residency program director indicating proficiency must accompany the request for privileges. A curriculum vitae of the residency training physician may be required if requested.
 - 2. Completion of a mini-fellowship or an A.C.O.G. or A.U.A. approved course with hands-on experience and a certificate of successful completion, or a letter from the course director if out of residency for more than three years. A curriculum vitae of the course director may be required if requested.
 - 3. Board certification or completion of an approved fellowship in Gynecologic Oncology (three years) or Urogynecology (one year) and a letter of reference from the fellowship director.
 - 4. Case Documentation
- C. If training occurred in a residency program, documentation of ten (10) procedures within the last three (3) years if applying for initial staff privileges.
- D. If applying for additional privileges, documentation of ten (10) cases proctored within the last year by a Board certified or Board eligible Urologist or Board certified or Board eligible Gynecologist who has privileges for this procedure.
- E. If applying for initial medical staff privileges and training and experience occurred at another facility, the applicant must prove

training and experience equivalent to the above requirements before granting of this privilege will be considered.

1.2.31.2 Operative Cystoscopy.

May include the following procedures: ureteral stent insertion, bladder biopsy, fulguration, bladder instillation, retrograde ureteropyelography—each procedure requires separate documentation.)

In order to be eligible to apply, applicant must have A, B, C, D, and E below:

- A. Quality for Type I privileges in Gynecology in this hospital.
- B. Board certification or completion of an approved fellowship in Gynecologic Oncology (three years) or Urogynecology (two years) where the procedure being applied for was an integral part of the program. If fellowship training is less than that stated above, additional documentation will be reviewed and considered.
- C. Documentation of twenty-five (25) procedures during the last three years.
- D. Two letters of reference:
 - 1. Director of fellowship program.
 - 2. Chairperson of Gynecology or Chairperson of the Medical Staff at last hospital (only necessary if fellowship was completed more than three years ago).

Credentialing requires review and approval from both departments of Obstetrics/Gynecology and Urology.

1.2.31.3 Endoscopic Retropubic Needle Suspension Procedures (Raz, Pereyra, Stamey, etc.)

In order to be eligible to apply, applicant must have A, B, and C below:

1.2.31.1 Qualify for Type I privileges in Gynecology in this hospital.

- A. Qualify for Observational Cystoscopy privileges.
- B. Experience: 1 or 2 below:
 - 1. Completion of residency within the last three years where training in the procedure being applied for was an integral part of the program. Letter of reference from the residency director indicating proficiency must accompany the request for privileges. A curriculum vitae of the residency training physician may be required if requested.

2. Completion of a mini-fellowship or an A.C.O.G. or A.U.A. approved course with direct hands-on experience and a certificate of successful completion or a letter from the course director, and documentation of five (5) procedures within the past three years or have five (5) cases proctored within that time period by a Board certified or Board eligible gynecologist or Board certified or Board eligible urologist with unrestricted privileges for this procedure.

1.2.31.2 Periurethral Collagen Injection (Contigen)

In order to be eligible to apply, applicant must have A, B, and C below:

- A. Qualify for Type I privileges in Gynecology in this hospital.
- B. Qualify for Observational or Operative Cystoscopy privileges.
- C. Completion of an approved Contigen Implant Training Program and provide a certificate of completion with the applicant's Bard Urological Pin Number.