SMRMC

Anesthesia Section
RULES & REGULATIONS

Section 1. Qualifications
Basic Education: M.D. or D.O.
Minimal formal training: Successful completion of an ACGME approved three-year residency in Anesthesiology
Required previous experience: The handling of 250 hospital cases during the past 12 months

Section 2. Scope of Service
The Section of Anesthesia in concert with Saint Mary’s Regional Medical Center will endeavor to provide anesthesia care for a wide range of conditions, including critical care. Core privileges and special privileges as determined by the Anesthesia Section with concurrence of the Credentials-Privileges Committee and the Medical Executive Council are delineated on the Anesthesia Section privilege application form with accompanying and qualifying criteria and expectations.

Section 3. Meetings
The Section will meet as needed and report to the Surgical Services Division.

Section 4. Quality Improvement
The Section of Anesthesia will participate in ongoing quality management and performance improvement.

Section 5. Continuing Medical Education
The Section of Anesthesia will participate in continuing medical education through the elective attendance of its members at CME presentations.

Section 6. Reappointment/Current Clinical Competence
All members of the Section are reappointed every two years in accordance with the Bylaws and Credentialing Policies of the Medical Staff. Since reappointment is an affirmation of good clinical practice, each applicant will provide evidence of activity sufficient to demonstrate current clinical competence for the privileges requested.

Section 7. Mentoring and Elevation to Active Staff
A minimum one year associate-staff tenure and a total case review of 40 including 30 of the first 40 and 10 of the most current charts:
a. The first three consecutive cases shall be performed under the direct observation of an anesthesiologist who is a member of the active staff.
b. A minimum of seven cases, not necessarily in sequence, will be done under direct supervision and the remaining 40 cases will be reviewed by the Anesthesiology Privileges Subcommittee with the new physician having responsibility for obtaining such review as the cases are done.
c. Arrangements for observing anesthesiologists shall be scheduled by the probationary physician at the time that a case is scheduled and the observing anesthesiologists shall remain in the operating room for part or all of the procedure.
d. Any amount more than ten cases can be observed as necessary.
e. Any of the Privileges Subcommittee members, upon finding the applicant unsatisfactory, shall report to the Section chair. Members are eligible to request elevation to Active Staff, consistent with the Bylaws and Credentialing Policies of the Medical Staff. Approval for associate-staff privileges and/or advancement to active-staff with active-staff privileges within the Anesthesiology Section of SMRMC remains independent of Renown or any other medical facility.

Section 8. DNR Orders (amended 02.05)
Pre-operative DNR orders will be re-instituted post-operatively. Due to transient physiologic stresses of surgery, selected patients may require temporary post-operative support which exceeds their DNR limitations. The patient's legal representative in consultation with the attending physicians, is responsible to decide if eventual withdrawal of this support is warranted.

Whenever possible, a frank, pre-operative discussion of these contingencies should be undertaken with the patient and/or their legal representative.

[Also Medical Staff Rules & Regulations, “Medical Records”, Section 1, (F) Orders: “11. Code status will be re-instituted automatically to the pre-op status once a patient leaves the recovery room or procedure room unless other specific orders have been written.”]
Section 8. Anesthesia Delineation of Privileges/Application Form

DELINEATION OF PRIVILEGES
ANESTHESIOLOGY

Basic Education: M. D. or D. O.

Minimal Formal Training: Successful completion of an ACGME approved three-year residency in Anesthesiology.

Required Previous Experience: The handling of 250 hospital cases during the past 12 months.

Applicant’s Name (please print)

_____ Privileges in Anesthesiology

Non-admitting privileges, except for overnight observation (amended 3/02), reflecting the view of the American Society of Anesthesiologists, privileges include the ability to provide medical management of patients who are rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; the protection of life functions and vital organs; the management of problems in pain relief, cardiopulmonary resuscitation, pulmonary care and critically ill patients in special care units. This includes placement of monitoring devices (such as Swan-Ganz catheters and arterial lines), TEE placement, and ventilator management. Training in Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS) are considered an intrinsic part of Anesthesia training and competence.

SPECIAL REQUESTS:
These procedures require additional documentation:

_____ Transesophageal Echocardiogram

For physicians who have received this training during their residency or participated in a training program at an academic institution:

1. Instruction and performance in a training program documented by 2 letters of reference from the faculty at the program; and
2. Mentoring for the first 3 cases by a member of the SMRMC active staff who has TEE privileges.

For physicians who did not have TEE training offered in their training program:
1. Attendance at a SMRMC CME-approved instruction program or an accredited course offered elsewhere; and
2. Mentoring for the first 5 cases by a member of the SMRMC active staff who has TEE privileges.
SPECIAL REQUESTS: (continued)

_____ **Diagnostic And Therapeutic Injections Requiring Fluoroscopic Guidance**
  *inc. Epidural, Caudal, Spinal, Facet Joint, Selective Nerve Sleeve, Discogram, Peripheral Ganglion and, Sympathetic Blocks*  
  **(amended 02/02)**
  1. Completed residency training in an ACGME-approved program.
  **AND**
  2. Verification of training in the procedure via:
     (a) attestation of training director, **or**
     (b) having attended a didactic and clinically relevant course, **or**
     (c) demonstration of having previously been granted the privilege at a JCAHO-approved facility at which the applicant completed at least 5 of the procedures.

_____ **Placement of Spinal Drug Delivery Systems for Outpatient Use**  
  **(added 02/02)**
  1. Completed residency training in an ACGME-approved program
  2. Either a) completed Fellowship in Pain Management with attestation of training in the procedure by the training director, **or** b) completed didactic and clinically relevant course **or** c) demonstration of having the privilege at that facility within the immediate past 24-months.
  3. Be proctored for the first three cases by a physician with the privilege.

_____ **Placement Of Central Or Peripheral Neurostimulation Systems**
  1. Completed residency training in an ACGME-approved program.
  **AND**
  2. Verification of training in the procedure via:
     (a) attestation of training director, **or**
     (b) having attended a didactic and clinically relevant course, **or**
     (c) demonstration of having previously been granted the privilege at a JCAHO-approved facility at which the applicant completed at least 3 of the procedures.
  **AND**
  3. Be proctored for the first three cases by a physician with the privilege.

_____ **Percutaneous Neuroablative Procedures**
  1. Completed residency training in an ACGME-approved program.
  **AND**
  2. Verification of training in the procedure via:
     (a) attestation of training director, **or**
     (b) having attended a didactic and clinically relevant course, **or**
     (c) demonstration of having previously been granted the privilege at a JCAHO-approved facility at which the applicant completed at least 5 of the procedures.
  **AND**
  3. Be proctored for the first three cases by a physician with the privilege.

_____ **Admit Privileges to Treat Acute and Chronic Pain**

_______________________________________            ___________________________  
Applicant        Date
Section 1. Qualifications
Basic Education: M.D. or D.O.
Minimal formal training: Successful completion of a post-graduate residency/fellowship program in thoracic surgery that includes completion of a minimum of 180 operations including (these will be verified by letter to residency director):
- 25 congenital heart operations, with 10 of those being open operations;
- 20 acquired valvular heart operations;
- 35 myocardial revascularization operations; and
- 10 pacemaker operations.

Required Previous Experience: The applicant must be able to demonstrate that he or she has completed a minimum of 150 operations during the past three years. This may be accomplished by a letter from the residency director or verification from a hospital at which the physician has recently practiced. The chair of the Section of Cardiac Surgery in consultation with the chair of the General Surgery Section will decide if the documented experience is broad enough to warrant full privileges. He/she may require further documentation of clinical competence or additional proctoring in a specific area before granting specific privileges.

Section 2. Scope of Service
The Section of Cardiac Surgery in concert with Saint Mary’s Regional Medical Center will endeavor to oversee and monitor the performance and quality of care to cardiac surgery patients treated by the Cardiac Surgery Service. Core privileges and special privileges as determined by the Cardiac Surgery Section with concurrence of the Credentials-Privileges Committee and the Medical Executive Council are delineated on the Cardiac Surgery Section privilege application form with accompanying and qualifying criteria and expectations.

Section 3. Meetings
The Section will meet as needed and report to the Surgical Services Division.

Section 4. Quality Improvement
The Section of Cardiac Surgery will participate in ongoing quality management and performance improvement.

Section 5. Continuing Medical Education
The Section of Cardiac Surgery will participate in continuing medical education through the elective attendance of its members at CME presentations.

Section 6. Reappointment/Current Clinical Competence
All members of the Section are reappointed every two years in accordance with the Bylaws and Credentialing Policies of the Medical Staff. Since reappointment is an affirmation of good clinical practice, each applicant will provide evidence of activity sufficient to demonstrate current clinical competence for the privileges requested.

Section 7. Mentoring and Elevation to Active Staff
Members are eligible to request elevation to Active Staff, consistent with the Bylaws and Credentialing Policies of the Medical Staff. Approval for associate-staff privileges and/or advancement to active-staff with active-staff privileges within the Cardiac Surgery Section of SMRMC remains independent of Renown or any other medical facility.
Section 8. Cardiac Surgery Delineation of Privileges/Application Form

PRIVILEGE DELINEATION FORM
CARDIAC SURGERY

**Basic Education:** MD or DO

**Minimal Formal Training:** Successful completion of a post-graduate residency/fellowship program in thoracic surgery that includes completion of a minimum of 180 operations including (these will be verified by letter to residency director):

- 25 congenital heart operations, with 10 of those being open operations;
- 20 acquired valvular heart operations;
- 35 myocardial revascularization operations; and
- 10 pacemaker operations.

**Required Previous Experience:** The applicant must be able to demonstrate that he or she has completed a minimum of 150 operations during the past three years. This may be accomplished by a letter from the residency director or verification from a hospital at which the physician has recently practiced. The chair of the Section of Cardiac Surgery in consultation with the chair of the General Surgery Section will decide if the documented experience is broad enough to warrant full privileges. He/she may require further documentation of clinical competence or additional proctoring in a specific area before granting specific privileges.

_____ **Core Privileges in Cardiac Surgery**

Reflecting the position of the American Board of Thoracic Surgery, surgical privileges encompass the skills required in the admission, diagnosis, preoperative, operative and postoperative management in the following areas:

- Coronary artery disease; and
- Congenital and acquired diseases of the heart and great vessels; and
- Complete care of critically ill patients with underlying cardiac surgical conditions in the emergency department, and critical care units. This includes placement of monitoring devices (such as Swan-Ganz catheters and arterial lines) and ventilator management.

**Special Requests:**

_____ **Moderate (Conscious) Sedation/Analgesia Privileges**

Applicants must complete the Moderate Sedation Test found in Medical Staff Policy 1.8 and acknowledge receipt of both the Medical Staff Policy as well as the Hospital General Administrative Policy GA320.

Applicant’s Name (please print)  Applicant’s Signature  Date
SMRMC

Cardiology Section
RULES & REGULATIONS

Section 1. Qualifications
Basic Education: M.D. or D.O.
Minimal formal training: Successful completion of an ACGME approved residency training program in internal medicine followed by a fellowship in cardiology.
Required previous experience: The applicant must be able to demonstrate that he or she has provided inpatient services for at least 50 patients during the last 12 months, or be ABIM board certified in cardiovascular diseases.

Section 2. Scope of Service
The Cardiology Section in concert with Saint Mary’s Regional Medical Center will endeavor to provide care for a wide range of Cardiac conditions, including critical care. When deemed necessary for the optimal care of the patient, a physician may transfer a patient to another facility for care.

Section 3. Meetings
The Section will meet as needed and report to the Medical Services Division.

Section 4. Quality Improvement
The Section of Cardiology will participate in ongoing quality management and performance improvement.

Section 5. Continuing Medical Education
The Section of Cardiology will participate in continuing medical education through the elective attendance of its members at CME presentations.

Section 6. Reappointment/Current Clinical Competence
All members of the Section are reappointed every two years in accordance with the Bylaws and Credentialing Policies of the Medical Staff. Since reappointment is an affirmation of good clinical practice, each applicant will provide evidence of activity sufficient to demonstrate current clinical competence for the privileges requested according to the requirements as indicated on the Cardiology Section privilege delineation application.

Section 7. Mentoring and Elevation to Active
Members are eligible to request elevation to Active Staff, consistent with the Bylaws and Credentialing Policies of the Medical Staff. Approval for associate staff privileges and/or advancement to active staff with active staff privilege within the Cardiology Section of SMRMC remains independent of Renown or any other medical facility.
Section 8. Cardiology Delineation of Privileges/Application Form

DELINEATION OF PRIVILEGES
CARDIOLOGY

Basic Education: MD or DO

Minimal Formal Training: Successful completion of an ACGME approved residency training program in internal medicine followed by a fellowship in cardiology.

Required Previous Experience: The applicant must be able to demonstrate that he or she has provided inpatient services for at least 50 patients during the last 12 months, or be ABIM board certified in cardiovascular diseases.

Name of Applicant (please print)         Applicant’s Signature         Date

Core privileges in Cardiology (for individuals meeting the above conditions)

Privileges include permission to admit, evaluate, diagnose and provide treatment or consultative services to patients presenting with cardiovascular disease. Additional privileges include EKG and Holter/Event monitor interpretation; tilt-table; echocardiography; and Advanced Cardiac Life Support, including endotracheal intubation, cardioversion, pericardiocentesis, paracentesis, thoracentesis, lumbar puncture, ventilator management, arterial lines, central venous cannulation, right heart catheterization, temporary pacemakers and Swan-Ganz lines. These privileges do not include any of the following special requests.

SPECIAL REQUESTS:

These procedures require additional documentation for initial (I) receipt and renewal (R) of privileges.

Moderate (Conscious) Sedation/ Analgesia Privileges

Applicants must complete the Moderate Sedation Test found in Medical Staff Policy 1.8 and acknowledge receipt of both the Medical Staff Policy as well as the Hospital General Administrative Policy GA320.
SPECIAL REQUESTS (cont.):

_____ **Invasive Cardiology Procedures**  
Privileges include diagnostic right and left heart catheterization; coronary, atrial, ventricular, pulmonary, venous, and arterial angiography; intra-aortic balloon pump placement and management; and endomyocardial biopsy;

I:  Documentation of training in catheterization during fellowship or 100 cases within the previous 2 years. Initial 5 catheterization procedures mentored at local hospital.  
R: Performance of 50 invasive procedures within the previous 2 years.

_____ **Percutaneous Transluminal Coronary Angioplasty, and Other Coronary Interventions including cutting balloon; and coronary flow measurements:**  
I:  Submit a certificate showing participation within the previous 2 years in a regional or national angioplasty course which is approved by the Cardiology Section, or completion of an approved fellowship in angioplasty within the previous 2 years, or documentation of 20 cases within the previous 2 years. Be mentored for 20 cases at a local hospital.  
Physicians requesting further interventional procedures or similar invasive techniques must submit a certificate showing participation in an approved course within the previous 2 years, or document performance of 5 procedures. A minimum of 5 cases must be mentored at a local hospital to be released from mentoring.  
R: Performance of 40 interventional cases within the previous 2 years.

_____ **IVUS (Intravascular Ultrasound)**  
I: Physicians applying for the procedure must comply with the criteria for and obtain PTCA privileges.

_____ **Transseptal Catheterization**  
I: Submit a certificate showing participation within the previous 2 years in a regional or national course which is approved by the Cardiology Section. A minimum of 3 cases must be mentored at a local hospital to be released from mentoring.  
R: Performance of 2 procedures in the previous 2 years.

_____ **Balloon Valvuloplasty**  
I: The protocol provided by the Institutional Review Board must be strictly followed. Physicians applying for the procedure must have right and left cardiac catheter privileges. Physicians wanting to do mitral valvuloplasty must have transseptal privileges. Physicians must attend a course observing the procedure and must become acquainted with the equipment available for the procedure.  
R: Performance of 2 procedures in the previous 2 years.
SPECIAL REQUESTS (cont.):

_____ **Transesophageal Echocardiography (TEE)**
   I: Fellowship training within 2 years OR fellowship trained AND documentation of 10 cases per year from an acute facility. Regional or National course approved by section and performed with a mentor who has TEE privileges.
   R: Performance of 15 cases within the previous 2 years.

_____ **Permanent Pacemaker**
   I: Fellowship training or submit a certificate showing participation of an implantation course in pacemaker insertion within the previous 2 years in a regional or national course which is approved by the Cardiology Section, and provide documentation of having inserted at least 15 pacemakers (LEADS AND GENERATORS OR 15 LEAD PLACEMENTS FOR LEAD PRIVILEGES) or demonstrated previous experience of more than 15 patients at an accepted institution without the assistance of a surgeon; or attend an accredited course in pacemaker insertions, provide documentation and participate in at least 15 cases. The first 3 cases to be proctored by a physician who has the privilege.
   R: Performance of 10 cases within the previous 2 years.

_____ **Lead Extractions**
   I: An ACGME-approved training program in Cardiology. Maintain privileges for permanent pacemakers. Perform three with a physician who has demonstrated expertise in pacemaker lead and extractions with the Cook System, or comparable device (at any Joint Commission-accredited facility), **AND**
   A physician who has permanent pacemaker privileges must proctor the next five procedures.
   R: Performance of 5 cases within the previous 2 years.

_____ **Automatic Implantable Cardiac Defibrillator (AICD), Electrophysiologic Evaluation in the Operating Room.**
   I: Fellowship training or submit a certificate showing participation of an implantation course in AICD insertion within the previous 2 years in a regional or national course which is approved by the Cardiology Section, and provide documentation of performing at least 5 insertions. Possess or be eligible for privileges in electrophysiologic studies including ventricular-programmed stimulation and induction of ventricular arrhythmia. In absence of fellowship training, attend the manufacturer’s course for the implanted device. Be mentored in the insertion and programming of the first 5 devices.
   R: Perform 5 implantations within the previous 2 years.

_____ **Catheter Ablation Procedures**
   I: Fellowship training in electrophysiology (EP) and radio frequency (RF) catheter ablation, or have EP privileges and documentation of a completion of an RF catheter ablation course provided by a recognized expert in RF catheter ablation that is approved by the Cardiology Section. The first 5 cases must be mentored.
   R: Performance of 15 cases within the previous 2 years.
I.A. Formal Training Requirements to Achieve Clinical Competence in Peripheral Catheter-Based Intervention Privileges (defined as balloon angioplasty, stent deployment, lytic therapy using angioplasty or stents):

- Cardiovascular Physicians
  - 12 months training (after completing 24 months of core cardiovascular training and 8 months of cardiac catheterization)
  - Diagnostic coronary angiograms (coronary catheterization procedures should be completed prior to interventional training): 300 cases (200 as the primary operator)
  - Diagnostic peripheral angiograms: 100 cases (50 as primary operator)
  - Peripheral interventional cases: 50 cases (25 as primary operator)

I.B. Alternative Routes to Achieving Competence by cardiologists in “Peripheral Catheter-Based Intervention Privileges (defined as balloon angioplasty, stent deployment, lytic therapy using angioplasty or stents)”:

- Common requirement:
  1) Completion of required training within 24-month period OR privileges at another institution in the prior year
  2) Training under proctorship of formally trained vascular interventionalist
  3) Written curriculum with goals and objectives
  4) Regular written evaluations by proctor
  5) Documentation of procedures and outcomes
  6) Supervised experience in inpatient and outpatient vascular consultation settings
  7) Supervised experience in a noninvasive vascular laboratory

- Procedural requirements for competency in all areas
  1) Diagnostic peripheral angiograms: 100 cases (50 as primary operator)
  2) Peripheral interventions: 50 cases (25 as primary operator)
  3) No fewer than 20 diagnostic/10 interventional cases in each area, excluding extracranial cerebral arteries (vascular areas are: 1) aortoiliac and brachiocephalic arteries; 2) abdominal visceral and renal arteries; and 3) infrainguinal arteries)
  4) Extracranial cerebral (carotid/vertebral) arteries: 30 diagnostic (15 as primary operator)/25 interventional (13 as primary operator)
  5) Percutaneous thrombolysis/thrombectomy: 5 cases

- Requirements for competency in subset of areas (up to 3, excluding carotid/vertebral arteries)
  1) Diagnostic peripheral angiograms per area: 30 cases (15 as primary operator)
  2) Peripheral interventions per area: 15 cases (8 as primary operator)
  3) Must include aortoiliac arteries as initial area of competency

**Mentorship:** Qualified applicants are granted privileges and must be mentored on their first 5 renal angiograms, 5 renal interventions, 5 aortoiliac angiograms, and 5 iliac interventions by a physician with full endovascular privileges. All procedures should be performed at Renown Medical Center, Saint Mary’s Regional Medical Center, Northern Nevada Medical Center or the VA Medical Center.
SPECIAL REQUESTS (cont.):

Performance Improvement: Physicians granted these privileges must participate in a performance improvement program, which monitors the indications, success and complications of all performed procedures. This data will be used to determine release from mentoring and recredentialing/maintenance of these privileges.

Reappointment: Minimal volume criteria for maintenance of the privileges are recommended and should be specified of 20 endovascular interventions (renal or iliac) during a two year period, plus 10 CME credits every two years directly related to the endovascular procedures.

Interventional Cardiac Catheterization procedures:

Device occlusion of atrial septal defects and/or PFO:

I. (Initial Appmnt.) Completion of Pediatric Cardiology or Adult Cardiology fellowship AND additional training in interventional cardiac catheterization with documentation of 10 PFO or ASD closures.

R. (Reappmt.) Performance of five (5) cases within the previous 2 years.
SMRMC

Dental Section
RULES & REGULATIONS

Section 1. Qualifications
Basic Education: D.D.S. or D.M.D.
Minimal formal training: Successful completion of an ACGME approved residency in Dentistry or Oral Maxillofacial Surgery

Section 2. Scope of Service
The Dental Section in concert with Saint Mary’s Regional Medical Center will endeavor to provide patient care for dental and oralmaxillofacial conditions as delineated in Section 9. All care will be in conjunction with a qualified physician member who will be responsible for the medical condition of the patient

Section 3. Medical Record Requirements
Dental medical records are to contain a dental history, an oral examination, and a preoperative diagnosis recorded prior to surgery, and a detailed operative report of findings and operative procedure. A consultation note is required from members of the Active Dental Staff when in attendance with an Associate Dental Staff member. All patients who are to undergo general anesthesia shall have a history and physical examination, prior to surgery, performed by a hospital staff physician, and the physician shall be responsible for clinically evaluating the patient throughout the hospital stay. For patients without medical problems, a qualified oralmaxillofacial surgeon can be responsible for admitting and clinically evaluating the patient throughout the hospital stay.

Section 4. Meetings
The Section will meet as needed and report to the Surgical Services Division.

Section 5. Quality Improvement
The Dental Section will participate in ongoing quality management and performance improvement commensurate with the practice of dentistry at SMRMC.

Section 6. Continuing Medical Education
The Dental Section will participate in continuing medical education through the elective attendance of its members at CME presentations.

Section 7. Reappointment/Current Clinical Competence
All members of the Section are reappointed every two years in accordance with the Bylaws and Credentialing Policies of the Medical Staff. Since reappointment is an affirmation of good clinical practice, each applicant will provide evidence of activity sufficient to demonstrate current clinical competence for the privileges requested.

Section 8. Mentoring and Elevation to Active Staff
Members are eligible to request elevation to Active Staff, consistent with the Bylaws and Credentialing Policies of the Medical Staff. Approval for associate staff privileges and/or advancement to active staff with active staff privileges within the Dental Section of SMRMC remains independent of Renown or any other medical facility.

Section 9. ER Call
Members of the Dental Section who are 55 years of age and older and who have been on active staff for at least 10 continuous years may choose to be exempt from taking ER call if they desire.

As originally approved Community Board 9/25/01
Reviewed/re-approved 02/23/10
Amended to 01/26/10
Section 9. Dental and Oralmxillofacial Delineation of Privileges/Application Form

DELINEATION OF PRIVILEGES
GENERAL DENTISTRY

General Dentistry: Non-admitting privileges (Includes those specialist procedures without * listed below).

- Tooth Restoration
- Minor Oral Surgery
- Orthodontics
- Prosthodontics
- Periodontics
- Pedodontics

SPECIALISTS: (* indicates those procedures not permitted in General Dentistry categories unless specifically requested.)

Orthodontics:
- Tooth Banding
- Space Maintainers
- Stabilizing Appliances for Loose Teeth
- Ligation of Unerupted Teeth

Periodontics:
- Bone Grafts (Intra-oral & Extra-oral donor site)
- Gingivectomy
- Osteoplasty
- Extractions w/alveolectomy & suturing
- Incision & drainage (intra-oral)
- Stabilizing appliances
- Endodontics
- Root planing
- Space Maintainers
- Vestibuloplasties
- Frenectomies
- Subgingival curetage
- Soft Tissue Graft

Endodontics:
- Apicoectomies w/osseous curettage
- Henisections & root amputations
- Biopsy (hard & soft tissue)
- Incision & drainage (intra-oral)
- Replace evulsed teeth
- Stabilizing appliances for loose & evulsed teeth
- Intentional re-implantation of teeth

Pedodontics:
- Tooth restoration
- Endodontics
- Periodontics
- Minor Oral Surgery
- Removal of palatal supernumerary teeth
- Extraction of unerupted deciduous & successaneous teeth
- Incision & Drainage (intra-oral)
- Biopsy intra-oral (hard & soft tissue)
- Space maintainers
- Stabilizing appliances
- Ligation of unerupted teeth
- Prophylaxis, fluoride treatments
- Intra-oral suturing

Oral Surgery:
- Surgical removal of teeth
- Apicoectomies, alveolectomies
- Oral-antral of odontogenic original-primary
- Remove foreign bodies – jaws & oral mucosa
- I & D of infections of odontogenic origin
- Biopsy of hard & soft oral tissue
- Excise benign lesions of jaw & oral mucosa excluding maxillary antra
- Suture minor facial lacerations

Moderate (Conscious) Sedation/Analgesia Privileges

Applicants must complete the Moderate Sedation Test found in Medical Staff Policy 1.8 and acknowledge receipt of both the Medical Staff Policy as well as the Hospital General Administrative Policy GA320.

Name of Applicant (please print)  Applicant’s Signature   Date

As originally approved Community Board 9/25/01
Reviewed/re-approved 02/23/10
Amended to 01/26/10
Appslicants will need to provide a portfolio of information outlined on page 4 of this document.

**Core Privileges in Oral & Maxillofacial Surgery:**
Core privileges include general medical management of patients (i.e. assessment and admission, inpatient care, discharge, and obtaining and providing consultations if needed.)

1. Moderate (Conscious) Sedation/ Analgesia Privileges
   Applicants must complete the Moderate Sedation Test found in Medical Staff Policy 1.8 and acknowledge receipt of both the Medical Staff Policy as well as the Hospital General Administrative Policy GA320.

2. Extraction of teeth
   - Removal of teeth
   - Removal of impacted teeth

3. Plastic procedures on the alveolar process for prosthesis reception

4. Biopsy
   - Intra-oral
   - Extra-oral

5. Cysts
   - Limited to alveolar process
   - Extensive involvement of maxillae, antrum, mandible, and associated soft tissues

6. Repair of wounds of soft tissues of mouth, palate, cheeks, tongue, floor of mouth, lips
   - Facial lacerations

7. Salivary glands
   - Intra-oral removal of sialoliths
   - Treatment of infections
   - Other

8. Treatment of infections of odotogenic origin
   - Osteomyelitis
   - Intra-oral incision and drainage
   - Extra-oral incision and drainage

9. Maxillary sinus
   - Repair of oral-antral fistulas
   - Caldwell-Luc procedure for recovery of teeth
10. Fractures
   Mandible
   - Alveolar process
   - Open reduction
   - Closed reduction
   Maxillae
   - Closed reduction
   - Open reduction
   * Malar Complex
   - Closed reduction
   - Open reduction
   Lefort I
   Lefort II
   Lefort III
   Other

11. Correction of dentofacial deformities maxillary/ and mandibular osteotomies to include:
   - Lefort I
   - Lefort II
   - Bone graft to maxillae and mandible
   - Mandibular osteotomy
   - Coronoidectomy

12. TMJ disorders
   - Arthroscopic
   - Open reconstruction
   - Total joint replacement

13. Preprosthetic surgery
   - Placement of mandibular implants (stable, subperiosteal, etc.)
   - Vestibuloplasty with skin graft to intra-oral site
   - Ridge augmentation by bone graft

14. Tumors
   - Benign tumors of hard and soft tissues of mouth and jaws (malignant tumors will be referred to an appropriate staff member)
   - Pain control: Injections and/or peripheral nerve avulsions of V2 & V3 of V in consult with appropriate medical staff member
   - Admit and H&P privileges on ASA Class I oral maxillofacial patients

Other: (identify)

Note: Complete medical evaluation will be obtained in all cases, as will consultation with appropriate medical staff specialist, where indicated.

*Indicates to be documented in conjunction with appropriate Active-staff specialist trained in that area and who currently holds that privilege

Name of Applicant (please print) ___________________________ Signature of Applicant ___________________________ Date ___________________________
GUIDELINES FOR HOSPITAL CREDENTIALING OF ORAL MAXILLOFACIAL SURGERY

APPROPRIATE DOCUMENTATION OF EXPERIENCE INCLUDES THE FOLLOWING:

LEVEL ONE: Documentation of literature review, videotape review, and appropriate textbook acquisition.

LEVEL TWO: Documentation of completion of CME credits in accredited didactic coursework, to include pure "dedicated" (i.e. subject specific) courses offered within and out of specialty.

LEVEL THREE: Documentation of completion of accredited didactic-dissection (e.g. surgical skills workshop with hands-on experiences) courses, provided by clinicians who are appropriately credentialed (i.e. hospital privileges for all procedures presented and in a Q/A-PRO setting) and recognized experts in the particular areas of clinical interest.

LEVEL FOUR: Documentation of completion of observational training programs which are formally recognized (by AACS, AAFRS, AAOMS, or ASPRS) or their equivalent, and provided by clinicians who are appropriately credentialed (as above) and recognized experts in the particular areas of clinical interest.

LEVEL FIVE: Documentation of completion of actual surgical experiences on patients, acting in the capacity of assistant surgeon (first assist) or co-surgeon, where the primary surgeon is appropriately credentialed (as above) and preferably in a Q/A-PRO setting.

LEVEL SIX: For each procedure OMS is requesting privileges, documentation of FIVE surgical experiences as the primary surgeon, actually first assisted or closely supervised by a surgeon who is appropriately credentialed (as above) and who is recognized to be surgically competent in that area of clinical interest. The "consultant" surgeon(s) would be expected to provide written substantiation of such experiences within levels five and six. It is recommended that procedure specific accreditation be provided such that the "consultant" will verify that the surgeon-in-training has substantial experience, or, preferably that, in the opinion of the consultant, the surgeon has been "trained to competence" in particular area(s).

LEVEL SEVEN: Documentation of actual surgical experience as primary surgeon in an outpatient setting (i.e. surgicenters, clinical surgical suites, or ambulatory "day" surgery facility). It is at this point that the surgical experience and training becomes commensurate with submission of application for hospital privileges.

LEVEL EIGHT: The surgeon has hospital privileges to perform such surgery within a hospital which is approved by the Joint Commission on Accreditation of Healthcare Organizations, and thereby operating in a documented Q/A-PRO setting.

Guidelines (levels seven and eight) exclude residents completing oral and maxillofacial surgery training who can fulfill only levels 1-6 of the guidelines as they cannot legally function as a primary surgeon during residency.
II. PREPARATION OF PRESENTATION PORTFOLIO

Provide a sample or components of portfolio to include: copies of operative reports, comprehensive surgical log (patient name or initials, date, surgeon or assistant, location, list of specific diagnosis, list of specific procedures performed); current CME within curriculum vitae and copies of certificates or agenda of subjects/experiences; copies of proctor evaluations and/or certification letters provided by credentialed surgeon(s) involved in your clinical experiences; etc.

If a practicing OMS elects to obtain additional education and clinical experience in the area of esthetic (purely cosmetic) surgery, application for privileges is required. Appropriate documentation of experience, at the minimum, includes the following:

1. Proof of education and training in each of the specific procedures requested. This can either be in a letter from the OMS Residency or Fellowship Director, or from appropriate documented experiences with qualified surgeons. It is recommended that such documents contain language relative to the fact that the OMS has completed certain guidelines suitable to allow the director or faculty to use the terms "experienced in the following" or, preferably, to state "in his/her experience, that said OMS is currently TRAINED TO COMPETENCE in specific procedures".

2. Documentation and certificates from all CME, Observational Teaching Programs, etc., should be meticulously maintained. It is suggested that a minimum of 50 hours of CME be documented in the form of didactic or didactic-dissection courses dedicated to the subject of esthetic surgery.

3. A detailed surgical log of all experiences should be maintained for any and all cases having esthetic components.

4. The OMS should accumulate a minimum of five (5) experiences by the OMS as primary surgeon, assisted or supervised by a credentialed surgeon as first assistant for each procedure in which the OMS is requesting privileges. The credentialed first assistant or supervisory surgeon should be expected to provide written confirmation of this fact, and a proctoring-type review of performance in each instance to cover diagnosis, treatment planning, surgical management, and clinical outcome.

(NOTE: Documentation should include surgical log and operative dictation incorporated into 3 ring binder).
SMRMC

Dermatology Section
RULES & REGULATIONS

Section 1. Qualifications
Basic Education: M.D. or D.O.
Minimal formal training: ABMS Board certification, recertification, or has successfully completed an approved ACGME residency in dermatology.
Required previous experience: For individuals who have just completed an approved residency, a letter from their program chairman, supporting the granting of the privileges requested is necessary. For all others, the successful applicant must document performance of at least 10 patient contacts during the past 12 months.

Section 2. Scope of Service
The Section of Dermatology in concert with Saint Mary’s Regional Medical Center will endeavor to provide dermatological care for a wide range of conditions. Core privileges and special privileges as determined by the Dermatology Section with concurrence of the Credentials-Privileges Committee and the Medical Executive Council are delineated on the Dermatology Section privilege application form with accompanying and qualifying criteria and expectations.

Section 3. Meetings
The Section will meet as needed and report to the Medical Services Division.

Section 4. Quality Improvement
The Section of Dermatology will participate in ongoing quality management and performance improvement.

Section 5. Continuing Medical Education
The Section of Dermatology will participate in continuing medical education through the elective attendance of its members at CME presentations.

Section 6. Reappointment/Current Clinical Competence
6a. Members of the Dermatology Section will be reappointed at two-year intervals following documentation that the member has provided evidence of 10 patient contacts at SMRMC within the preceding two-year period.
6b. If less than 10 patient contacts have been completed at SMRMC, then additional patient contacts from another JCAHO accredited hospital will be accepted.
6c. If the applicant cannot provide evidence of 10 patient contacts at a local hospital, the physician will be asked to submit in writing, his other reasons for wanted to remain on the Medical Staff. These reasons will be considered by the Dermatology Section and, if sufficient, the applicant will be recommended for reappointment.
6d. Each member's current clinical competence will be evaluated by the Section Chair and by the Credentials-Privileges Committee.
Section 7. Mentoring and Elevation to Active Staff
7a. Members are eligible to request elevation to Active Staff, consistent with the Bylaws and Credentialing Policies of the Medical Staff. Approval for associate staff privileges and/or advancement to active staff with active staff privileges within the Dermatology Section of SMRMC remains independent of Renown or any other medical facility.
7b. A minimum one year associate-staff tenure
7c. A minimum of 10 charts reviewed by their mentor. Mentor report forms, used to evaluate each chart, are the responsibility of the mentored physician and are available in Medical Staff Services and in Medical Records and should be turned in to Medical Staff Services.
DELINEATION OF PRIVILEGES
DERMATOLOGY SURGERY

Basic Education: MD or DO

Minimal Formal Training: ABMS Board certification, recertification, or has successfully completed an approved ACGME residency in dermatology.

Required Previous Experience: For individuals who have just completed an approved residency, a letter from their program chairman, supporting the granting of the privileges requested is necessary. For all others, the successful applicant must document performance of at least 10 patient contacts during the past 12 months.

__________________________________________
Applicant’s Name (please print)

Core Privileges in Dermatology:
Core privileges include medical management of patients (i.e. assessment and admission, inpatient care, discharge, and obtaining and providing consultations if needed.)

SPECIFIC PRIVILEGES REQUESTED:

_____Skin biopsy

__________________________________________    ______________________
Applicant’s Signature                      Date

(Adopted 11/25/03)
SMRMC
Emergency Medicine Section
RULES & REGULATIONS

Section 1. Qualifications
Basic Education: M.D. or D.O.
Minimal Formal Training: Board Certified in Emergency Medicine or demonstrate comparable training, experience and proficiency
Required previous experience: The applicant must have actively practiced in the specialty of Emergency Medicine in an accredited hospital in at least 3 of the previous 5 years.

Section 2. Scope of Service
The Section of Emergency Medicine in concert with Saint Mary’s Regional Medical Center will endeavor to provide care for a wide range of emergency conditions.

Section 3. Meetings
The Section will meet as needed and report to the Medical Services Division.

Section 4. Quality Improvement
The Section of Emergency Medicine will participate in ongoing quality management and performance improvement.

Section 5. Continuing Medical Education
The Section of Emergency Medicine will participate in continuing medical education through the elective attendance of members at CME presentations

Section 6. Privileges
Privileges are granted in accordance with the Bylaws and Policies and Procedures. Although Emergency Physicians do not have privileges to admit a patient to his or her own care, the Emergency Physician may initiate the admitting process by writing orders in consultation with the patient’s admitting physician. For stable patients, an Emergency Physician may write “Transfer of Care/Admission Order” (see R&Rs, “General”, D) (amended 07/03). Once the patient leaves the Emergency Department, the patient is under the care of the admitting physician, and as such, the admitting physician should be contacted for any further information regarding the patient’s care.

It is the prime responsibility of members of the Emergency Medicine Section to provide medical care to patients in the Emergency Department. However, instances will arise when it is appropriate for Emergency Medicine physicians to provide emergency care in the hospital (e.g. codes, etc.)

Section 7. Reappointment/Current Clinical Competence
All members of the Section are reappointed every two years in accordance with the Bylaws and Credentialing Policies of the Medical Staff. Since reappointment is an affirmation of good clinical practice, each applicant for reappointment will provide evidence of activity sufficient to demonstrate current clinical competence for the privileges requested.

Section 8. Mentoring and Elevation to Active Staff
Members are eligible to request elevation to Active Staff, consistent with the Bylaws and Credentialing Policies of the Medical Staff. Approval for associate staff privileges and/or advancement to active staff with active staff privileges within the Emergency Medicine Section of SMRMC remains independent of Renown or any other medical facility.
Section 9. Emergency Medicine Delineation of Privileges/Application Form

DELINEATION OF PRIVILEGES
HOSPITAL-BASED EMERGENCY MEDICINE

Basic Education: M.D. or D.O.

Minimal Formal Training: Board Certified in Emergency Medicine or demonstrate comparable training, experience and proficiency.

Experience: The applicant must have actively practiced in the specialty of Emergency Medicine in an accredited hospital in at least 3 of the previous 5 years.

Applicant’s Name (please print)

CORE PRIVILEGES IN EMERGENCY MEDICINE

Because of the nature of Emergency Medicine, physicians must be competent in the following list of procedures and techniques. Non-admitting privileges include being able to assess, work up, and provide initial treatment to patients who present in the ED with any illness, injury, condition or symptom. For stable patients, an Emergency Physician may write “Transfer of Care/Admission Orders” (see R&Rs, “General”, 2.4 D). An emergency physician is expected to provide those services necessary to ameliorate minor illnesses or injuries, provide stabilizing treatment to patients presenting with major illness or injuries and to assess all patients in order to determine if more definitive services are necessary.

The following list of core privileges is presented to provide Emergency Medicine physicians and other members of the medical staff with a broad outline of the types of procedures and techniques expected of an Emergency Medicine Physician (see attached).

SPECIAL REQUESTS:

Emergency Department Limited Ultrasound Privileges:
The following privileges require documentation of emergency ultrasound training during residency or documentation of training from a CME approved training course.

____ Localization of jugular veins or femoral veins for central line placement
____ Localization of subcutaneous foreign bodies prior to cut down
____ Removal of fluid from the pleural space or the peritoneal cavity
____ Evaluation of the heart in code situations where pulse-less electrical activity is suspected.

Applicant’s Signature       Date
EMERGENCY MEDICINE PRIVILEGES INCLUDE THE FOLLOWING PROCEDURES AS DEFINED BY THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

Anesthesia (intravenous/local/regional)  Gastric Lavage
Anoscopy  Heimlich Maneuver
Arthrocentesis  Incision-Drainage
Bladder Catheterization/Irrigation  Intracardiac Injection
Cardiac Massage (closed/open)  Lumbar puncture
Cardiac Electroconversion  Laryngoscopy
Cardiac Electrical Pacing  Moderate Sedation
Cardiorrhaphy  Nasal Packing/Cautery
Cricothyrotomy  Nail Trephination/Removal
Culdocentesis  Ocular Tonometry
CVP Catheter Placement  Oxygen Therapy
(jugular/peripheral/subclavian)  Paracentesis
Differential Diagnosis  Percutaneous Transtracheal Ventilation
  1. History  Peritoneal Lavage
  2. Physical examination  Pericardiocentesis
  3. System Review  Pericardiotomy
  4. Laboratory studies  Respirators (manual/mech./pressure/volume)
    (indications/interpretation)  Skin Grafting
  5. EKG (indications/interpretation)  Spinal Immobilization
  6. Radiographic studies  Surgical Debridement
    (indications/interpretation)  Thoracacentesis
Electrocoagulation  Thoracostomy Tube Drainage
Endotracheal Intubation (oral/nasal)  Thoracotomy
Foreign Body Removal  Use of Split Lamp
Fracture/Dislocation -  Wound Repair/Dressing
  Reduction/Immobilization
SMRMC

Family Medicine Section
RULES & REGULATIONS

Section 1. Qualifications
Basic Education: M.D. or D.O.
Minimal formal training: All applicants must have letters of recommendation preferably from two of Saint Mary’s Regional Medical Center Family Medicine Section Active Staff members or from two members of the American Academy of Family Physicians in addition to meeting at least one of the following requirements:

1. Successful completion of a three-year ACGME or AOA approved Family Medicine residency training program and ability to document Board certification or eligibility or be able to document equivalent experience and/or training which is deemed acceptable on an individual basis by the Family Medicine Section; and/or

2. Certification or eligibility must be by the American Board of Family Medicine or the American Osteopathic Board of Family Practice; and/or

3. Be an active member and/or a Fellow of the American Academy of Family Physicians, and be able to document 12 months of Internship training which included: Pediatrics, Internal Medicine, Surgery, Orthopedics and Gynecology; and have demonstrated abilities and competency in the specialty of Family Medicine by being actively involved in the practice of Family Medicine from the 5 year period immediately preceding this application.

Section 2. Scope of Service
The Section of Family Medicine in concert with Saint Mary’s Regional Medical Center will endeavor to provide family Medicine care for a wide range of conditions, including at least the following: human behavior and psychiatry, community medicine, geriatrics, disease prevention/health promotion, internal medicine, pediatrics, surgery, obstetrics and gynecology, emergency medicine, sports medicine, dermatology, diagnostic imaging. Core privileges and special privileges as determined by the Family Medicine Section with concurrence of the Credentials-Privileges Committee and the Medical Executive Council are delineated on the Family Medicine Section privilege application form with accompanying and qualifying criteria and expectations.

Section 3. Meetings
The Family Medicine Section will meet as needed and report to the Medical Services Division.

Section 4. Quality Improvement
The Section of Family Medicine will participate in ongoing quality management and performance improvement.

Section 5. Continuing Medical Education
The Section of Family Medicine will participate in continuing medical education through the elective attendance of its members at CME presentations.

As originally approved by SMRM Community Board 9/25/01
Reviewed/re-approved approved 02/23/10
Amended to 05/03/10
Section 6. Reappointment/Current Clinical Competence
Criteria for maintaining Associate or Active-Staff privileges are the admission of at least 5 inpatients in two years at either SMRMC or Renown and the successful performance of at least 3 each of any “Special Request” procedures.

Section 7. Mentoring and Advancement to Active Staff
1. Associate-staff members must serve a tenure of at least 12 months.
2. Attendance to at least 50% of section and division meetings.
3. 10 admissions or consultations, of which at least three need to be pediatric and five need to be adult, to either SMRMC or Renown but with a minimum of five admissions to SMRMC.
4. Favorable recommendation by Evaluating Physician, at least three peers and the Family Medicine Section Chair.

It is the Associate-Staff member’s responsibility to notify his/her mentor upon admission of the first 10 patients. Upon completion of this requirement, it is also the Associate-Staff physician’s responsibility to provide a list of patient names, and to identify which hospital care was given, to the SMRMC Medical Staff Office.

Section 8. Criteria for Ob-Gyn Privileges for non-Ob-Gyn Section Members
(refer to Ob-Gyn Rules and Regulations)

Section 9. Emergency Call Coverage
The Family Medicine Section is to develop a specific call schedule similar to all other specialties with the understanding that, essentially, referral patterns for emergent and non-emergent patients will remain unchanged and according to the prerogative of the Emergency Department physicians.

Section 10. Non-Admitting Privileges to Refer and Follow
Non-admitting privileges to refer and follow their patients may be granted to qualifying physicians;
1. Requires provision of consistent, appropriate alternate coverage to admit patients and provide Emergency Department call coverage as assigned by the Family Medicine Section.
2. Exempts physicians from Sections 6 and 7 above.
3. Allows participation in the care of the practitioner’s patients who they have referred or who have been admitted by their alternate covering physician including:
   - Visit patients in the hospital
   - Write in the progress notes
   - Review medical records
   - Do consults and make recommendations (but may not write orders)
   - Assist in surgery
   - Note: appointees may not admit or write orders, or actively participate in the direct provision of patient care.
4. Participate in continuing medical education activities at Saint Mary’s Regional Medical Center.
5. If not Board certified or a Fellow of the AAFP, reappointment requires submission by the practitioner of three letters or completed questionnaires from medical staff peers, of which at least one must have admitting privileges, and submission of a description of his or her private practice or practice at another facility.

(amended 09/24/02, 04/26/05)
Section 10. Family Medicine Delineation of Privileges/Application Form

PRIVILEGE DELINEATION FORM
FAMILY MEDICINE

Basic Education: MD or DO

Minimum Formal Training: All applicants must have letters of recommendation preferably from two of Saint Mary’s Regional Medical Center Family Medicine Section Active Staff members or from two members of the American Academy of Family Physicians in addition to meeting at least one of the following requirements:
1. Successful completion of a three-year ACGME or AOA approved Family Medicine residency training program and ability to document Board certification or eligibility or be able to document equivalent experience and/or training which is deemed acceptable on an individual basis by the Family Medicine Section; and/or
2. Certification or eligibility must be by the American Board of Family Medicine or the American Osteopathic Board of Family Medicine; and/or
3. Be an active member and/or a Fellow of the American Academy of Family Physicians, and be able to document 12 months of Internship training which included: Pediatrics, Internal Medicine, Surgery, Orthopedics and Gynecology; and have demonstrated abilities and competency in the specialty of Family Medicine by being actively involved in the practice of Family Medicine from the 5 year period immediately preceding this application.

General Instructions:
• Family practitioners will be granted privileges by the Family Medicine Section only to applicants of current competency as demonstrated by training and experience.
• Each member of the Family Medicine Section is expected to recognize his/her limitations and request consultation when indicated.

(Regarding Ob-Gyn privileges: also reference Ob-Gyn “Criteria for Associate-Staff Privileges and/or Advancement to Active-Staff Status and Privileges” & FP policy “Criteria for Ob-Gyn Privileges for Non-Ob-Gyn Section Members”)

Applicant’s Name (PLEASE PRINT)       Applicant’s Signature       Date

Applicant: please apply for one of the following:
(non-admitting OR admitting CORE privileges)

Non-Admitting Privileges in Family Medicine to Refer and Follow
Non-admitting privileges to refer and follow their patients may be granted to qualifying Physicians;
1. Requires provision of consistent, appropriate alternate coverage to admit patients and provide Emergency Department call coverage as assigned by the Family Medicine Section. My alternate coverage is:
2. Allows participation in the care of the practitioner’s patients who they have referred or who have been admitted by their alternate covering physician including:
• Visit patients in the hospital
• Write in the progress notes
• Review medical records

As originally approved by SMRMC Community Board 9/25/01
Reviewed/re-approved approved 02/23/10
Amended to 05/03/10
- Do consults and make recommendations (but may not write orders)
- Assist in surgery
- Note: appointees may not admit or write orders, or actively participate in the direct provision of patient care.

3. If not Board certified or a Fellow of the AAFP, reappointment requires submission by the practitioner of three letters or completed questionnaires from medical staff peers and submission of a description of his or her private practice or practice at another facility.

(Applicants for non-admitting privileges stop here.)

OR

_____ Core Privileges in Family Medicine: Core privileges include general medical management of patients (i.e. assessment and admission, inpatient care, discharge, and obtaining and providing consultations if needed for patients admitted or in need of care to treat general medical problems including assisting at surgery, anoscopy, arterial puncture, arthrocentesis, care of 1st and 2nd degree burns, excision of skin mass, I & D skin abscess, lumbar puncture, management of phototherapy, newborn circumcision, and suture of uncomplicated wounds)

_____ Moderate (Conscious) Sedation/ Analgesia Privileges

Applicants must complete the Moderate Sedation Test found in Medical Staff Policy 1.8 and acknowledge receipt of both the Medical Staff Policy as well as the Hospital General Administrative Policy GA320.

SPECIAL REQUESTS: Be specific about requests not listed. Do not assume any privilege. All requests require documentation of training and experience.

_____ Normal labor, delivery and postpartum care (Note: also refer to Ob/Gyn Section “Criteria for Associate-Staff Privileges and/or Advancement to Active-Staff status and privileges.”

Re. Family Medicine.)

_____ Low forceps delivery

_____ Episiotomy and repair of lacerations

_____ I & D Bartholin abscess

_____ Pediatric standby at delivery or Cesarean Section (requires newborn resuscitation privs.

– NALS or PALS documentation required)

_____ Thoracentesis/ Paracentesis

_____ Local excision of hemorrhoids

_____ Breast biopsy

_____ Flexible sigmoidoscopy (with or without biopsy)

_____ Other privileges requested: __________________________________________

Active-Staff Advancement Criteria:
1. Associate-staff members must serve a tenure of at least 12 months.
2. Attendance to at least 50% of section and division meetings.
3. 10 admissions or consultations, of which at least three need to be pediatric and five need to be adult, to either SMRMC or Renown but with a minimum of five admissions to SMRMC.
4. Favorable recommendation by Evaluating Physician, at least three peers and the Family Medicine Section Chair.

It is the Associate-Staff member’s responsibility to notify his/her mentor upon admission of the first 10 patients. Upon completion of this requirement, it is also the Associate-Staff physician’s responsibility to provide a list of patient names, and to identify which hospital care was given, to the SMRMC Medical Staff Office.

**Reappointment/ Current Clinical Competence**
Criteria for maintaining Associate or Active-Staff privileges are the admission of at least 5 inpatients at either SMRMC or Renown and the successful performance of at least 3 each of any “Special Request” procedures.

*(amended 09/24/02, 04/26/05)*
Section 1. Qualifications
Basic Education: M.D. or D.O.
Minimal Formal training: Successful completion of a post-graduate residency program in Internal Medicine or Pediatrics followed by a fellowship in Gastroenterology. These training programs must be ACGME approved.
Required previous experience: The successful applicant must be able to demonstrate that he or she has provided inpatient or consultative services for at least 24 patients during the previous 12 months.

Section 2. Scope of Service
Core privileges and special privileges as determined by the Gastroenterology Section with concurrence of the Credentials-Privileges Committee and the Medical Executive Council are delineated on the Gastroenterology Section privilege application form with accompanying and qualifying criteria and expectations.

Section 3. Meetings
The Section will meet as needed and report to the Medical Services Division.

Section 4. Quality Improvement
The Section of Gastroenterology will participate in ongoing quality management and performance improvement.

Section 5. Continuing Medical Education
The Section of Gastroenterology will participate in continuing medical education through the elective attendance of its members at CME presentations.

Section 6. Reappointment/Current Clinical Competence
All members of the Section are reappointed every two years in accordance with the Bylaws and Credentialing Policies of the Medical Staff. Since reappointment is an affirmation of good clinical practice, each applicant will provide evidence of activity sufficient to demonstrate current clinical competence for the privileges requested.

Section 7. Mentoring and Elevation to Active Staff
Members are eligible to request elevation to Active Staff, consistent with the Bylaws and Credentialing Policies of the Medical Staff. Approval for associate staff privileges and/or advancement to active staff with active staff privileges within the Gastroenterology Section of SMRMC remains independent of Renown or any other medical facility.
Section 8. Gastroenterology Delineation of Privileges/Application Form

DELINEATION OF PRIVILEGES
GASTROENTEROLOGY

**Basic Education**: MD or DO

**Minimal Formal Training**: Successful completion of a post-graduate residency program in Internal Medicine or Pediatrics followed by a fellowship in Gastroenterology. These training programs must be ACGME approved.

**Required Previous Experience**: The successful applicant must be able to demonstrate that he or she has provided inpatient or consultative services for at least 24 patients during the previous 12 months.

Applicant’s Name (please print)

_____ **Core Privileges in Gastroenterology**
Privileges include admission, work up, and diagnosis of patients of all ages presenting with illnesses, injuries and disorders of the stomach, intestines and related structures such as the esophagus, liver, gallbladder, and pancreas, including the provision of consultation. These privileges do not include the following special requests.

**SPECIAL REQUESTS**
These procedures require additional documentation.

_____ **Moderate (Conscious) Sedation/Analgesia Privileges**
*Applicants must complete the Moderate Sedation Test found in Medical Staff Policy 1.8 and acknowledge receipt of both the Medical Staff Policy as well as the Hospital General Administrative Policy GA320.*

_____ **Flexible Sigmoidoscopy**
Documentation of training and at least 10 cases

_____ **Colonoscopy**
Documentation of training and at least 50 cases

_____ **ERCP**
Documentation of training and at least 75 cases

_____ **Esophagogastroduodenoscopy** (includes balloon dilatation)
Documentation of training and at least 50 cases

_____ **Esophageal dilation**
Documentation of training and at least 25 cases

_____ **Liver biopsy**
Documentation of training and at least 20 cases

_____ **Polypectomy (Gastric or Colonic)**
Documentation of training and at least 15 cases
SPECIAL REQUESTS (CONT.)
These procedures require additional documentation.

_____ Sclerotherapy
   Documentation of training and at least 10 cases

_____ Sphincterotomy
   Fellowship or completion of ASGE approved ERS course and documentation of at least 3 cases

_____ PEG
   Documentation of training and at least 5 cases

_____ Cautery
   Documentation of training and at least 10 cases

_____ Endoscopic Therapy of Bleeders
   Documentation of training and at least 15 cases

_____ Placement of expandable Intraluminal Stents (Including Biliary)
   Documentation of training and at least 10 cases.

_____ EUS: Submucosal Abnormalities
   Documentation of training at least 40 cases. For competence in imaging both mucosal and submucosal abnormalities, a minimum of 100 supervised cases is recommended. For comprehensive competence in all aspects of EUS a minimum of 150 supervised cases, of which 75 should be pancreaticobiliary and 50 EUS-guided FNA is recommended.

_____ EUS: Pancreaticobiliary
   Documentation of training and at least 75 cases. For competence in imaging both mucosal and submucosal abnormalities, a minimum of 100 supervised cases is recommended. For comprehensive competence in all aspects of EUS a minimum of 150 supervised cases, of which 75 should be pancreaticobiliary and 50 EUS-guided FNA is recommended.

_____ Celiac Blocks (05.31)
   Comprehensive training or letter from the Program Director.

_____ Barrx Radiofrequency ablation of Barrett’s
   Privileges in Esophagogastroduodenoscopy and balloon dilatation and initial 3 cases with manufacturer’s rep.

_____ Other ____________________________ ____________________________

__________________________________________ _______________________________________

Applicant’s Signature                      Date
SMRMC

General Surgery Section
RULES & REGULATIONS

Section 1. Qualifications
Basic Education: MD or DO

Minimal Formal Training: Successful completion of a post-graduate residency program in General Surgery approved by the ACGME.

Required Previous Experience: For individuals who have just completed an approved residency, a letter from their program chair, supporting the granting of full privileges at the associate staff level, is necessary. For all others, the successful applicant must document performance of at least 100 general surgical procedures during the past 24 months. The Chair of the Section of General Surgery will decide if the documented experience is broad enough to warrant full privileges. He/she may require further documentation of clinical competence or additional proctoring in a specific area before granting privileges in a specific area. If privileges are requested in a field in which there is no specialty board certification or eligibility, a letter from the director of the division of the training program form which privileges are being requested will be necessary.

Section 2. Scope of Service
The Section of General Surgery in concert with Saint Mary’s Regional Medical Center will endeavor to provide for a wide range of surgical conditions, including critical care. Core privileges and special privileges as determined by the General Surgery Section with concurrence of the Credentials-Privileges Committee and the Medical Executive Council are delineated on the General Surgery Section privilege application form with accompanying and qualifying criteria and expectations.

Section 3. Meetings
The Section will meet as needed and report to the Surgical Services Division.

Section 4. Quality Improvement
The Section of General Surgery will participate in ongoing quality management and performance improvement.

Section 5. Continuing Medical Education
The Section of General Surgery will participate in continuing medical education through the elective attendance of its members at CME presentation.

Section 6. Reappointment/Current Clinical Competence
All members of the Section of General Surgery are reappointed every two years in accordance with the Bylaws and Credentialing Policies of the Medical Staff. Since reappointment is an affirmation of good clinical practice, each applicant for reappointment to the active staffs shall provide evidence of ten “major” procedures performed within the previous two years requiring sophisticated anesthesia (“major” procedures are those defined by the American Board of Surgery or the American College of Surgeons). If the applicant cannot provide evidence of ten
major procedures as described above, the physician will be asked to submit in writing, his or her reasons for desiring to remain on the medical staff. These reasons will be considered by the Section, and if sufficient, the applicant will be recommended for reappointment.

Upon review, if the Section Chair does not believe the cases submitted warrant the range of privileges requested, the Chair may request additional documentation to support the current clinical competence of the applicant for specific privileges.

Section 7. Associate Staff Mentoring & Advancement to Active Staff

a. Mentoring

The Associate Staff surgeon is responsible for communicating with his-her mentor(s) and for providing all case documentation needed to fulfill the following:

1. The Section Chair assigns a primary and secondary mentor for each new Associate Staff surgeon. The secondary mentor can be from the new Associate Staff surgeon’s own surgical group.

2. The primary or secondary mentor must be physically present and assisting during the first five major surgical cases and the first three minor surgical cases at the beginning of the mentoring process. For the rest of the mentoring period, surgical assistants can be utilized from any of the Active Staff surgeons with comparable privileges.

3. A retroactive chart review is required from the primary mentor for the first 15 major surgical procedures, the first eight minor surgical procedures can be divided between the primary and secondary mentor, as decided by the primary mentor. This review includes review of the Admission History and Physical or Consultation, Operative Report and Discharge Summary as appropriate.

4. Case documentation:

<table>
<thead>
<tr>
<th>Release from mentoring</th>
<th>6 months and/or the minimum number of cases*</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Surgery</td>
<td>20 varied cases</td>
</tr>
<tr>
<td>ICU cases</td>
<td>6 cases</td>
</tr>
<tr>
<td>Laser Privileges</td>
<td>First 2 cases mentored</td>
</tr>
<tr>
<td>Laparoscopic Surgery</td>
<td>5 cases</td>
</tr>
<tr>
<td>Thoracoscopy</td>
<td>3 w/Lap. Privs. or 5 w/o Lap. Privs.</td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>15 varied within 12 months</td>
</tr>
<tr>
<td>Thoracic Surgery</td>
<td>15 varied within 24 months</td>
</tr>
<tr>
<td>Endovascular Procedures</td>
<td>5 dx peripheral angiograms &amp; 3 PTA &amp;/or stent placements</td>
</tr>
<tr>
<td>Endovascular Treatment of</td>
<td>5 cases</td>
</tr>
<tr>
<td>Abdominal Aortic Aneurysm Repair</td>
<td></td>
</tr>
</tbody>
</table>

*Eligible for release from mentoring on minor procedures (see 5. Below) after 3 months on Associate Staff, and concurrence of assigned mentor(s) and the Section Chairperson. (Not to be confused with Active Staff Advancement which requires a minimum 12 months.

Once these requirements are met within the individual categories and the appropriate documentation received, the mentored Associate Staff member can apply to the General Surgery Section for release from mentoring.

5. Defined minor procedures can be released from mentoring at three (3) months:
   - Incision and drainage of abscesses, including perirectal, pilonidal and breast abscesses
   - Excision of pilonidal cysts
   - Lymph node biopsies
   - Breast biopsies

As originally approved by SMRM Community Board 9/25/01
Reviewed/re-approved approved 02/23/10
Amended to 05/03/10
- Anorectal surgery, including hemorrhoidectomy, fissurectomy, fistulotomy or fistulectomy
- Herniorrhaphy including epigastric, umbilical, inguinal and femoral
- Appendectomy
- Small incisional hernia repairs
- Central venous access procedures in the OR

b. Advancement to Active Staff

Associate Staff members are eligible for Active Staff advancement upon completion of 7a. and the following. The Associate Staff surgeon is responsible for communicating with his/her mentors and for providing all case documentation needed to fulfill all of the following:

1. Completion of at least 12 months Associate Staff probationary period.
2. *Completion of all applicable “release from mentoring” or proctoring requirements listed for each granted privilege (see 7, a, 4 & 5 preceding)
3. Submission of recommendations from assigned mentor(s).
4. Submission by the physician of case lists to the General Surgery Section Chair for review before forwarding a favorable recommendation to the Credentials-Privileges Committee. The list shall include:
   - The patient name, diagnosis, procedure, and surgical assistant
   - A minimum of 6 ICU cases in which the physician provided surgical management
   - 20 representative major surgical cases.
5. Attendance at at least four meetings, one of which must be a SMRMC Division meeting (per Medical Staff Bylaws.)
6. A requirement for active-staff consultation of all ICU and CCU patients.
7. The surgical assistant for all surgical procedures performed in the OR must be a member of the active general surgery staff

Members are eligible to request elevation to Active Staff, consistent with the Bylaws and Credentialing Policies of the Medical Staff. Approval for associate staff privileges and/or advancement to active staff with active staff privileges within the General Surgery Section of SMRMC remains independent of Renown or any other medical facility.

Section 8. ER Call

All general surgeons are to be assigned on a rotational basis except for those who are 55 years of age or older and who have been on active staff for at least 10 continuous years.

Associate staff members may be assigned to ER call while being monitored but cannot transfer call other than to another active-staff General Surgery Section member.
Section 10. General Surgery Delineation of Privileges/Application Form

DELINEATION OF PRIVILEGES
GENERAL SURGERY

Basic Education: MD or DO

Minimal Formal Training: Successful completion of a post-graduate residency program in General Surgery approved by the ACGME.

Required Previous Experience: For individuals who have just completed an approved residency, a letter from their program chairman, supporting the granting of full privileges at the associate staff level, is necessary. For all others, the successful applicant must document performance of at least 100 general surgical procedures during the past 24 months. The chairman of the General Surgery Section will decide if the documented experience is broad enough to warrant full privileges. He/she may require further documentation of clinical competence or additional proctoring in a specific area before granting privileges in a specific area.

Applicant’s Name (please print)

Core Privileges in General Surgery

Reflecting the position of the American Board of Surgery, surgical privileges encompass the skills required in the admission, diagnosis, pre-operative, operative and postoperative management in the following areas:

- Alimentary tract;
- Abdomen and its contents;
- Breasts, skin, and soft tissue;
- Head and neck (including congenital, endocrine and oncologic disorders-particularly tumors of the skin, thyroid and parathyroid gland);
- Endocrine system;
- Surgical oncology (including salpingo-oophorectomy);
- Management of trauma (the responsibility for all phases of care of the injured patient);
- Complete care of critically ill patients with underlying surgical conditions in the emergency department, intensive care and trauma care units. This includes placement of monitoring devices (such as Swan-Ganz catheters and arterial lines) and ventilator management;
- Extremities surgery (biopsy, I&D, varicose veins, foreign body removal, and skin grafts);
- Flexible sigmoidoscopy and upper GI endoscopy
- Colonoscopy
- Bronchoscopy
**SPECIAL REQUESTS:** These procedures require additional documentation.

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**Moderate (Conscious) Sedation/ Analgesia Privileges**

Applicants must complete the Moderate Sedation Test found in Medical Staff Policy 1.8 and acknowledge receipt of both the Medical Staff Policy as well as the Hospital General Administrative Policy GA320.

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**Laser Privileges**

1. Documentation that a certified course has been taken.
   OR
2. Certificate or verification of training during residency.
3. Proctored for the first two cases.

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**Laparoscopy**

1. Surgical privileges to perform the procedures on an open basis;
2. Accredited laparoscopy course consisting of a minimum of 8 hours training, including four-hour laboratory period involving animal work, performing actual laparoscopy insertion techniques and intra-abdominal manipulation; demonstration that the course includes laser physics and laser safety must accompany the request for the laser privilege.
3. Documented at first assistant at 10 diagnostic or operative laparoscopy cases;
4. Laser privilege request and fulfillment of laser privilege criteria as appropriate;
5. Proctored for first 5 diagnostic or operative laparoscopic procedures.

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**Thoracoscopy**

1. The physician must have the thoracic privilege for the procedure to be performed; and
   IF A PHYSICIAN DOES **NOT** HAVE LAPAROSCOPIC PRIVILEGES:
2. A formal course must be taken which includes hands-on work with large animals and didactic instruction;
3. Proctored for the first 5 cases.
   IF A PHYSICIAN DOES HAVE LAPAROSCOPIC PRIVILEGES:
2. The physician may perform thoracoscopically those procedures he/she has on an open basis after providing a letter documenting what his extra training, training i.e., textbooks or tapes consisted of;
3. Proctored for the first 3 cases.

---

**Vascular Procedures**

1. DIRECTLY OUT OF RESIDENCY: Verification from the Residency Director attesting to the physician’s competence in performing the procedures requested as well as having performed 40 varied cases, OR, FROM ANOTHER COMMUNITY: Submit operative notes and summaries, demonstrating the previous two years cases consisting of approximately 40 varied vascular cases.
2. To be released from mentoring, the physician must complete 15 varied cases in a 12-month period under supervision and be evaluated by three to five surgeons with vascular surgical privileges.
SPECIAL REQUESTS (cont.)

--- Thoracic Procedures

1. DIRECTLY OUT OF RESIDENCY: “Must be Board Certified, pending Board certification, or Board equivalent,” verification from the Residency Director attesting to the physician’s competence in performing the procedures, as well as having performed 40 varied cases, including 10 Pneumonectomies, Lobectomies (2 each min.), additional Esophageal and post infection cases (decortication). FROM ANOTHER COMMUNITY: “Must be Board Certified, pending Board certification, or Board equivalent or submit operative notes and summaries, demonstrating at least 25 varied thoracic cases in the past 2 years.

2. To be released from mentoring, the physician must complete 15 varied cases in a 24 month period under supervision and be evaluated by three to five surgeons with thoracic surgical privileges.

--- Endovascular Procedures: For purposes of these criteria, a diagnostic peripheral angiogram is defined as the percutaneous passage of a catheter into an artery under fluoroscopic guidance with subsequent injection of contrast material and imaging of the entire vascular distribution in question using conventional serial film changers or a large field digital imaging system.

1. a. Must be qualified/certified in general surgery or cardiovascular surgery AND currently have or meet the criteria for Vascular Privileges; AND
b. By Training: Formal Residency/Fellowship within the last two years including extensive experience in diagnostic angiography and percutaneous Endovascular procedures. OR
c. By Experience: Applicants must document experience including success and complication rates at another institution in performance of diagnostic and therapeutic Endovascular procedures within the last two years.

Minimum documentation either by training or experience must include performance of:

(1) 100 diagnostic peripheral angiograms, *including 50 selective Catheterizations.
(2) 50 peripheral/renal percutaneous transluminal angioplasties (PTA) and/or stent placements with half as the primary operator.
(3) 10 Thrombolytic cases

2. To be released from mentoring, performance of first 5 diagnostic peripheral angiograms and 3 PTA/Stent procedures, all in the presence of a preceptoring physician with these privileges.

3. For reappointment and maintenance of privileges, a minimum of 30 Endovascular interventions in a two-year period must be conducted, plus 10 CME credits every two years directly related to Endovascular procedures.

--- Endovascular Treatment of Abdominal Aortic Aneurysm (previously Endostent/Endograph)

1. a. Must currently have or meet the qualifications for Vascular Surgery (open aneurysm repair) privileges and Endovascular Procedures.
b. Satisfactory completion of a manufacturer’s endorsed course for the specific device;
AND

c. Perform a minimum of 10 procedures with satisfactory outcomes, either as primary operator or as first assistant, in the presence of a qualified physician preceptor or a manufacturer representative that is qualified for this purpose;

AND
d. Receive endorsement from the manufacturer;

OR

If from out of town, documentation of 40 endovascular AAA procedures, one-half of which as primary operator, or meet above (a, b and c) within the preceding two years.

2. To be released from mentoring, ten cases must be mentored by a physician with these privileges.

_____ Bariatric Surgery

1. New from Training
   a. Must be qualified/certified in general surgery and have completed an approved fellowship or high volume residency training program in open bariatric and/or advanced laparoscopic bariatric surgery. A letter of reference must come from the director of Bariatric surgery of the applicant’s training program.

   Experienced - in Practice
   b. Must be American Board of Surgery certified and have full unrestricted general surgery privileges and must demonstrate formal structured training (minimum two week mini-fellowship) or equivalent practice experience. A letter of reference regarding competence from the chief of surgery or the chief of Bariatric surgery at the institution where the applicant most recently practiced.

   All candidates must
   (1) demonstrate performance of at least 15 procedures in Bariatric surgery in the past 12 months (may include last 36 months if coming directly from training) of which at least six must be laparoscopic if laparoscopic bariatric surgery privileges are sought.
   (2) be able to document outcomes of 15 bariatric cases performed as primary surgeon, with acceptable complication rate as determined by the General Surgery Section Chairman.

c. The Chairman of the General Surgery Section (with the assistance of a Bariatric Surgical Committee) will decide if the documented experience is broad enough to warrant full privileges or further documentation of clinical experience or proctoring is required.

All Candidate Surgeons must provide a comprehensive Bariatric program to each patient scheduled for Bariatric surgery consisting of:
- regular Bariatric patient support groups
2. **To Be Released from Mentoring:** the physician must have 6 initial proctored cases done in Reno in a 12 month period under supervision and be evaluated by a fully trained bariatric surgeon as first assistant.

3. **For Reappointment** and maintenance of privileges, a physician must perform a minimum of 15 procedures in Bariatric surgery in a two-year period, plus 6 CME credits every two years directly related to Bariatric surgery.

Applicant's Signature       Date

_________________________________________  ____________________________

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**ACTIVE STAFF ADVANCEMENT (from Section 7 R&Rs):**

Associate staff members are eligible for Active-staff advancement upon completion of the following:

a. Completion of at least 12 months Associate-Staff probationary period. (Associate Staff may be released from mentoring after a period of six months and the minimum number of cases wherever identified

   **OR**

   After 3 months for identified 'minor' procedures – see below or Section 7 R&Rs.

b. Completion of any applicable 'release from mentoring' or proctoring requirements including the following:

   **Vascular Procedures:** Completion of 15 varied cases in a 12-month period under supervision and evaluation by three to five surgeons with vascular surgical privileges

   **Thoracic Procedures:** Completion of 15 varied cases in a 24-month period under supervision and evaluation by three to five surgeons with thoracic surgical privileges.

   **Endovascular Procedures:** Performance of first 5 diagnostic peripheral angiograms and 3 PTA/Stent procedures, all in the presence of a preceptoring physician with these privileges.

   **Endovascular Treatment of Abdominal Aortic Aneurysm (previously Endostent/Endograft):** Five cases mentored by a physician with these privileges.

c. Submission by the physician of case lists to the General Surgery Section Chair for review before forwarding a favorable recommendation to the Credentials-Privileges Committee. The list shall include:

   - The patient name, diagnosis, procedure, and surgical assistant
   - A minimum of 6 ICU cases in which the physician provided surgical management
   - 20 representative major surgical cases.
d. Attendance at at least four meetings, one of which must be a SMRMC Division meeting (per Medical Staff Bylaws.)
e. A requirement for active-staff consultation on all ICU and CCU patients.
f. The surgical assistant for all surgical procedures performed in the OR must be a member of the active general surgery staff

Procedures Which Could Be Released From Associate-Staff Mentoring
(This is not to be confused with Active-Staff Advancement)

“Minor” procedures:
This is a list of identified procedures which could be considered “minor” and from which an associate-staff member could be considered for release from mentoring after a minimum of three (3) months on associate-staff level and with the concurrence of their mentor and the Section Chairperson. The list of suggested procedures includes:

- Incision and drainage of abscesses, including perirectal, pilonidal and breast abscesses
- Excision of pilonidal cysts
- Lymph node biopsies
- Breast biopsies
- Anorectal surgery, including hemorrhoidectomy, fissurectomy, fistulotomy or fistulectomy
- Herniorrhaphy including epigastric, umbilical, inguinal and femoral
- Appendectomy
- Small incisional hernia repairs
- Chest tube insertion in the operating room
- Central venous access procedures in the OR

(amended 05/03, 06/05)
SMRMC

Medicine Section
RULES & REGULATIONS

Section 1. Qualifications
Basic Education: MD or DO

Minimal Formal Training: Successful completion of an approved residency training program and ability to document Board certification or eligibility or be able to document equivalent experience and/or training which is deemed acceptable on an individual basis by the Medicine Department. Certification or eligibility must be by a Board recognized by the American Board of Medical Specialties.

Required Previous Experience: For individuals who have just completed an approved residency, a letter from their program chairman, supporting the granting of full privileges at the associate-staff level, is necessary. For all others, a letter of reference must come from the Chief of Medicine from another hospital where applicant has been affiliated for the last two years. Two others must come from primary care physicians who have known the applicant’s current professional status, medical practice, and involvement in the field of internal medicine.

Section 2. Scope of Service
The Medicine Section in concert with Saint Mary’s Regional Medical Center will endeavor to provide care for a wide range of Medical conditions, including critical care. Core privileges and special privileges as determined by the Medicine Section with concurrence of the Credentials-Privileges Committee and the Medical Executive Council are delineated on the Medicine Section privilege application form with accompanying and qualifying criteria and expectations.

Section 3. Meetings
The Section will meet as needed and report to the Medical Services Division.

Section 4. Quality Improvement
The Section of Medicine will participate in ongoing quality management and performance improvement.

Section 5. Continuing Medical Education
The Medicine Section will participate in continuing medical education through the elective attendance of its members at CME presentations.

Section 6. Reappointment/Current Clinical Competence
All members of the Medicine Section are reappointed every two years in accordance with the Bylaws and Credentialing Policies of the Medical Staff. Since reappointment is an affirmation of good clinical practice, each applicant for reappointment shall provide documentation of a minimum of five cases every two years of each Class II and Class III privilege or the privilege will automatically revert to associate-staff-level with mentoring until five cases can be documented. If a privilege is already on associate-staff-level and five cases cannot be documented in the prior two years, the privilege will remain on associate-staff-level.
Section 7. Associate-Staff Responsibilities and Elevation to Active Staff

7a. The associate-staff member is responsible for maintaining a record of all admissions including patient name, diagnosis, and consulting physician’s name. The first ten ICU-CCU cases must have an active-staff consult and it is the responsibility of the associate-staff physician to assure that the consulting-staff physician dictates or writes an administrative note and forwards it to the Medical Staff Office within three days after the patient is admitted to the ICU or CCU.

7b. Associate-staff members are eligible for active-staff advancement:
   a. Upon completion of at least one-year associate-staff probationary period.
   b. Upon documentation of compliance with Medical Staff Bylaws requirements reflecting active participation in a hospital setting:
      (AND)
      (1) attendance at 50% of SMRMC Section and Division meetings,
      (AND)
      (2) submission of case documentation for Category II & III privileges (5 cases for each procedure)
      (AND)
      (3) 6 admissions (at any local area hospital)
      (OR)
      (4) 6 consultations (at any local area hospital)
   c. Submission to the Medical Staff Services Office of additional letters of support from four or five other active-staff physicians who have observed and who are qualified to evaluate the privileges requested by the associate-staff member that have been performed in this community.

7c. Members are eligible to request elevation to Active Staff, consistent with the Bylaws and Credentialing Policies of the Medical Staff. Approval for associate staff privileges and/or advancement to active staff with active staff privileges within the Medicine Section of SMRMC remains independent of Renown or any other medical facility.

Section 8. ER Call
Members of the Medicine Section who are 55 years of age and older may choose to be exempt from taking ER call if they desire.

Section 9. Non-Admitting Privileges to Refer and Follow
Non-admitting privileges to refer and follow their patients may be granted to qualifying physicians;
1. Requires provision of consistent, appropriate alternate coverage to admit patients and provide Emergency Department call coverage as assigned by the Medicine Section.
2. Exempts physicians from Sections 6 and 7 above.
3. Allows participation in the care of the practitioner’s patients who they have referred or who have been admitted by their alternate covering physician including:
   - Visit patients in the hospital
   - Write in the progress notes
   - Review medical records
- Do consults and make recommendations (but may not write orders)
- Assist in surgery
- Note: appointees may not admit or write orders, or actively participate in the direct provision of patient care.

4. Participate in continuing medical education activities at Saint Mary’s Regional Medical Center.

5. Reappointment requires submission by the practitioner of three letters or completed questionnaires from medical staff peers, of which at least one must have admitting privileges, and submission of a description of his or her private practice or practice at another facility.
Section 10. Internal Medicine Delineation of Privileges/Application Form

DELINEATION OF PRIVILEGES
INTERNAL MEDICINE

Basic Education: MD or DO

Minimal Formal Training: Successful completion of an approved residency training program and ability to document Board certification or eligibility or be able to document equivalent experience and/or training which is deemed acceptable on an individual basis by the Medicine Department. Certification or eligibility must be by a Board recognized by the American Board of Medical Specialties.

Required Previous Experience: For individuals who have just completed an approved residency, a letter from their program chairman, supporting the granting of full privileges at the associate-staff level, is necessary. For all others, a letter of reference must come from the Chief of Medicine from another hospital where applicant has been affiliated for the last two years. Two others must come from primary care physicians who have known the applicant’s current professional status, medical practice, and involvement in the field of internal medicine.

Applicant’s Name (please print)

NOTE: All Core, Class I, II, and III privileges require mentoring at associate-staff-level.

Identify Primary Specialty and Subspecialty:

____ Internal Medicine

Others as Indicated:

_____ Allergy/Immunology
_____ Endocrinology/Metabolic Disease
_____ Hematology/Oncology
_____ Infectious Disease

_____ Nephrology
_____ Physical Med./Rehab
_____ Psychiatry
_____ Pulmonary Disease
_____ Rheumatology

Other (specify): _______________________

(Note: Cardiology, Dermatology and Gastroenterology specialties have their own priv. –appllic. forms. Inquire with the Medical Staff Services Office for application forms.)
Applicant: please apply for one of the following (non-admitting OR admitting CORE privileges):

Non-Admitting Privileges in Medicine Section to Refer and Follow

Non-admitting privileges to refer and follow their patients may be granted to qualifying physicians;

1. Requires provision of consistent, appropriate alternate coverage to admit patients and provide Emergency Department call coverage as assigned by the Medicine Section.
   
   My alternate coverage is: ____________________________________________________________

2. Allows participation in the care of the practitioner’s patients who they have referred or who have been admitted by their alternate covering physician including:
   - Visit patients in the hospital
   - Write in the progress notes
   - Review medical records
   - Do consults and make recommendations (but may not write orders)
   - Assist in surgery
   - Note: appointees may not admit or write orders, or actively participate in the direct provision of patient care.

3. Reappointment requires submission by the practitioner of three letters or completed questionnaires from medical staff peers, of which at least one must have admitting privileges, and submission of a description of his or her private practice or practice at another facility.

(Applicants for non-admitting privileges stop here.)

OR

CLASS I – CORE PRIVILEGES: Core privileges include general medical management of patients (i.e. assessment and admission, inpatient care, discharge, and obtaining and providing consultations if needed for patients adolescent age or above admitted or in need of care to treat general medical problems.) These privileges do not include any Class II or III requests.

The following procedures are consistent with IM Board certification or equivalent training in internal medicine and are considered among core privileges. However, specific documentation for each is required in letters of recommendation at initial application:

   ____ Arterial puncture       ____ Skin Biopsy
   ____ Arthrocentesis/joint injection  ____ Spinal Tap

(Note: No documentation required at biennial reappointment to retain core privileges)

INITIAL APPLICATION FOR ALL CLASS II & III PRIVILEGES REQUIRES DOCUMENTATION BY THE APPLICANT OF APPLICANT’S TRAINING AND/OR EXPERIENCE & ACCEPTABLE PERFORMANCE OF A MINIMUM OF FIVE (5) PROCEDURE. ADVANCEMENT FROM ASSOCIATE- TO ACTIVE-STAFF LEVEL OF ALL CLASS II & III PRIVILEGES REQUIRES DOCUMENTATION BY THE PHYSICIAN OF A MINIMUM OF FIVE (5) CASES.
NOTE: TO RETAIN PRIVILEGES AT BIENNIAL REAPPOINTMENT. ALL CLASS II & III PRIVILEGES REQUIRE DOCUMENTATION OF A MINIMUM OF FIVE (5) CASES EVERY TWO YEARS OR THE PRIVILEGE WILL REVERT AUTOMATICALLY TO ASSOCIATE-STAFF-LEVEL WITH MENTORING UNTIL FIVE (5) CASES CAN BE DOCUMENTED. (IF PRIV. IS ALREADY ON ASSOC. STATUS & 5 CASES CANNOT BE DOCUMENTED IN PRIOR 2 YEARS, PRIV. REMAINS ASSOC.-STAFF LEVEL.)

CLASS II PRIVILEGES: Procedures recognized as requiring more expertise than those previously listed. Specific documentation of each technique is required in letters of recommendation. At least two letters of support will be needed. Case reports demonstrating the applicant’s ability may be requested.

___ Arterial cannulation (for monitoring purposes)  ___ Pleural biopsy
___ Bone marrow aspiration and biopsy
___ Central venous catheter placement
___ Echocardiography
___ EKG monitored stress testing
___ Electroencephalography
___ EMG Electromyography
___ Peritoneal biopsy
___ Thoracentesis/paracentesis
___ Pulmonary功能 tests, complete

* Sigmoidoscopy:
   ___ Rigid
   ___ * Flexible (less than 65 cm. w/wo bx.)
___ Synovial biopsy
___ Venous cutdown
___ Volume ventilator (mech. vent. mgmt.)
___ Other (except as listed elsewhere):

* Flexible Sigmoidoscopy w/wo Biopsy Criteria: Qualification for associate-staff-level privileges requires documentation of attendance at a training program or equivalent prior training or experience. Qualification for active-staff advancement of this privilege requires documentation of seven mentored flexible sigmoidoscopies by a gastroenterologist on the SMRMC or Renown active staff. Cases can be performed at SMRMC or other hospitals.

(Note: Application for endoscopy privileges which use fiberoptic instruments for the lungs, stomach, or colon must be accompanied by documentation of applicant’s training and/or experience of acceptable performance of at least 10 procedures)

CLASS III PRIVILEGES: Invasive procedures consistent with high level of expertise. Specific documentation of training in each technique required. Case reports demonstrating ability may be requested.

_______ Moderate (Conscious) Sedation/ Analgesia Privileges
Applicants must complete the Moderate Sedation Test found in Medical Staff Policy 1.8 and acknowledge receipt of both the Medical Staff Policy as well as the Hospital General Administrative Policy GA320.
SMRMC – Delineation of Privileges
Internal Medicine
Page 4 of 4

__ Bronchoscopy __ w/biopsy/lavage
__ Hemodialysis
__ Kidney biopsy
__ Laparoscopy

__ Lung biopsy
__ Pulmonary artery cath placement,
  hemodynamic monitoring
__ Temporary transvenous pacemaker
__ Other (except as listed elsewhere):
_______________________________
_______________________________

Signature of Applicant: ___________________________  Date: _________
Neurology Section
RULES & REGULATIONS

Section 1. Qualifications
Basic Education: M.D. or D.O.
Minimal formal training: Successful completion of an ACGME or AOA accredited residency training program in neurology.
Required previous experience: The applicant must be able to demonstrate that he or she has provided nonsurgical neurology treatment to at least 50 patients in the past 12 months.

Note: A letter of reference must come from the director of the applicant's neurology residency training program. Or a letter of reference must come from the chief of neurology at the institution where the applicant most recently practiced.

Section 2. Scope of Service
Core privileges and special privileges as determined by the Neurology Section with concurrence of the Credentials-Privileges Committee and the Medical Executive Council are delineated on the Neurology Section privilege application form with accompanying and qualifying criteria and expectations.

Section 3. Meetings
The Section will meet as needed and report to the Medical Services Division.

Section 4. Quality Improvement
The Neurology Section will participate in ongoing quality management and performance improvement commensurate with the practice of neurology at SMRMC.

Section 5. Continuing Medical Education
The Neurology Section will participate in continuing medical education through the elective attendance of its members at CME presentations.

Section 6. Reappointment/Current Clinical Competence
All members of the Section are reappointed every two years in accordance with the Bylaws and Credentialing Policies of the Medical Staff. Since reappointment is an affirmation of good clinical practice, each applicant will provide evidence of activity sufficient to demonstrate current clinical competence for the privileges requested. At a minimum, applicants for reappointment must demonstrate that they have maintained competence by showing evidence that they have provided nonsurgical neurology treatment to at least 100 patients in the prior 24 months.

Section 7. Mentoring and Elevation to Active Staff
Members are eligible to request elevation to Active Staff, consistent with the Bylaws and Credentialing Policies of the Medical Staff. Approval for associate staff privileges and/or advancement to active staff with active staff privileges within the Neurology Section of SMRMC remains independent of Renown or any other medical facility.

Section 8. ER Call
Members of the Neurology Section will participate in Emergency Department call coverage on an alphabetical rotation basis. Exceptions may be made by the Neurology Section for those members who are 55 years of age and older and who have been on active staff for at least 10 continuous years who may choose to be exempt from taking ER call if they desire.
Section 9. Neurology Delineation of Privileges/Application Form

**DELINEATION OF PRIVILEGES**

**NEUROLOGY**

**Basic Education:** MD or DO

**Minimal formal training:** Successful completion of an ACGME or AOA accredited residency training program in neurology.

**Required previous experience:** The applicant must be able to demonstrate that he or she has provided nonsurgical neurology treatment to at least 50 patients in the past 12 months.

*Note: A letter of reference must come from the director of the applicant’s neurology residency training program. Or a letter of reference must come from the chief of neurology at the institution where the applicant most recently practiced.*

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Applicant’s Name (please print)

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**Core Privileges in Neurology**

Privileges include admission, work up, and diagnosis of patients of all ages presenting with nonsurgical illnesses or injuries of the neurological system as well as providing consultation. Nonsurgical neurology treatment includes:

- obtaining an orderly and detailed history from the patient
- conducting a thorough general and neurological examination
- determining the indications for and limitations of clinical neurodiagnostic tests
- interpreting the clinical neurodiagnostic tests
- correlating the information derived from these neurodiagnostic tests with patient clinical history and examination to formulate a differential diagnosis and management plan
- lumbar puncture

The privileges above do not include special requests.

**Special Requests**

For each special request privilege, applicants must provide evidence of formal training during residency or documentation of privileges held elsewhere.

- [ ] autonomic testing
- [ ] EEG
- [ ] EMG and nerve conduction velocity
- [ ] somatosensory evoked responses
- [ ] auditory evoked responses
- [ ] visual evoked responses
- [ ] noninvasive intracranial and extracranial vascular study
- [ ] tran cranial Doppler
- [ ] botox
- [ ] cysternal puncture

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Applicant’s Signature ___________________________ Date ___________________________
SMRMC
Neurosurgery Section
RULES AND REGULATIONS

Section 1. Qualifications

Basic Education: MD or DO

Minimal Formal Training:
- Successful completion of a post-graduate residency program in Neurosurgery approved by the ACGME, or
- Is qualified to take the examination, or
- Is a Diplomate of, the American Board of Neurological Surgery, or
- Successful completion of a six-year comparable post-graduate neurosurgical residency training program

Required Previous Experience: For individuals who have just completed an approved residency, a letter from their program chairman, supporting the granting of full privileges at the associate staff level, is necessary. For all others, the successful applicant must document performance of at least 50 neurosurgical procedures during the past 12 months. The chairman of the Department of Neurosurgery will decide if the documented experience is broad enough to warrant full privileges. He/she may recommend further documentation of clinical competence or additional proctoring in a specific area before granting privileges in a specific area.

Section 2. Scope of Service

The Section of Neurosurgery in concert with Saint Mary’s Regional Medical Center will endeavor to provide neurosurgical care for a wide range of conditions, including critical care. Core privileges and special privileges as determined by the Neurosurgery Section with concurrence of the Credentials-Privileges Committee and the Medical Executive Council are delineated on the Neurosurgery Section privilege application form with accompanying and qualifying criteria and expectations.

Section 3. Meetings

The Section will meet as needed and report to the Surgical Services Division.

Section 4. Quality Improvement

The Section of Neurosurgery will participate in ongoing quality management and performance improvement.

Section 5. Continuing Medical Education

The Section of Neurosurgery will participate in continuing medical education through the elective attendance of its members at CME presentations.

Section 6. Reappointment/Current Clinical Competence

All members of the Section are reappointed every two years in accordance with the Bylaws and Credentialing Policies of the Medical Staff. Since reappointment is an affirmation of good clinical practice, each applicant will provide evidence of activity sufficient to demonstrate current clinical competence for the privileges requested. Approval for associate-staff privileges and/or advancement to active-staff with active-staff privileges within the Neurosurgery Section of SMRMC remains independent of Renown or any other medical facility.

Section 7. Mentoring and Elevation to Active Staff

Members are eligible to request elevation to Active Staff, consistent with the Bylaws and Credentialing Policies of the Medical Staff. Approval for associate staff privileges and/or advancement to active staff with active staff privileges within the Neurosurgery Section of SMRMC remains independent of Renown or any other medical facility.
Section 8. Neurosurgery Delineation of Privileges/Application Form

DELINEATION OF PRIVILEGES
NEUROSURGERY

Basic Education: MD or DO

Minimal Formal Training:
- Successful completion of a post-graduate residency program in Neurosurgery approved by the ACGME, or
- Is qualified to take the examination, or
- Is a Diplomate of, the American Board of Neurological Surgery, or
- Successful completion of a six-year comparable post-graduate neurosurgical residency training program

Required Previous Experience: For individuals who have just completed an approved residency, a letter from their program chairman, supporting the granting of full privileges at the associate staff level, is necessary. For all others, the successful applicant must document performance of at least 50 neurosurgical procedures during the past 12 months. The chairman of the Department of Neurosurgery will decide if the documented experience is broad enough to warrant full privileges. He/she may recommend further documentation of clinical competence or additional proctoring in a specific area before granting privileges in a specific area.

Core Privileges in Neurosurgery
Reflecting the position of the American Board of Neurological Surgery, surgical privileges encompass the skills required in the admission, diagnosis, preoperative, operative and postoperative management of patients of all ages presenting with illnesses, injuries and disorders of the central and peripheral nervous system, including their supporting structures and vascular supply. Core privileges also include:
- Management of Trauma (the responsibility for all phases of care of the injured patient); and
- Complete care of critically ill patients and underlying surgical conditions in the emergency department, intensive care and trauma care units. This includes placement of monitoring devices (such as Swan-Ganz catheters and arterial lines) and ventilator management.

SPECIAL REQUESTS: These procedures require additional documentation.

Moderate (Conscious) Sedation/ Analgesia Privileges
Applicants must complete the Moderate Sedation Test found in Medical Staff Policy 1.8 and acknowledge receipt of both the Medical Staff Policy as well as the Hospital General Administrative Policy GA320.

Laser Privileges
1. Documentation that a certified course has been taken; OR
2. Certificate or verification of training during residency.
   Proctoring for the first two cases.

Midas Rex (High Speed Spine Drill)
1. Documentation of training from Residency or Fellowship Director; OR
2. Submission of course certificate.
Cyberknife Stereotactic Radiosurgery (SRS)

I: Certified by hospital
   Board certified or board admissibility in Neurosurgery
   Successful completion of the Accuray-sponsored training course; or for those
   physicians coming out of training, a letter of attestation from their program
   director verifying competency in the use of Cyberknife stereotactic
   radiosurgery.
   Proctored for first 5 cases

R: 12 hours of relevant CME per year
Case Volume:
   For Neurosurgeons treating cranial lesions: 6 cases per year
   For Neurosurgeons treating spinal lesions: 3 cases per year

Applicant's Name (please print)               Applicant's Signature               Date
SMRMC

OB-GYN Section
(includes GYNECOLOGIC ONCOLOGY)
RULES & REGULATIONS

Section 1. Qualifications
Basic Education: MD or DO

Minimal Formal Training: Successful completion of a post-graduate residency program in Ob-Gyn approved by the ACGME.

Required Board Certification Status: Associate, Active or Senior Active Staff membership requires Board-Certification or active participation in the process of becoming Board-Certified, by one of the following entities:
- ABOG (American Board of Obstetrics & Gynecology)
- AOBOG (American Osteopathic Board of Obstetrics & Gynecology)

Also, for Gynecologic Oncology, the preceding followed by an approved training program in gynecologic oncology.

Required Previous Experience: For individuals who have just completed an approved residency, a letter from their program chairman, supporting the granting of full privileges at the associate staff level, is necessary.

Also, for Gynecologic Oncology, documentation of at least 25 gynecologic oncology procedures in the past 24 months, of which at least 5 will be laparoscopic procedures.

Section 2. Scope of Service
The Section of Ob-Gyn in concert with Saint Mary’s Regional Medical Center will endeavor to provide ob-gyn care for a wide range of conditions. Privileges and scope-of-service as determined by the Ob-Gyn Section with concurrence of the Credentials-Privileges Committee and the Medical Executive Council are delineated on the Ob-Gyn Section privilege application form with accompanying and qualifying criteria and expectations.

Section 3. Meetings
The Section will meet as needed and report to the Maternal/Child Services Division.

Section 4. Quality Improvement
The Section of Ob-Gyn will participate in ongoing quality management and performance improvement.

Section 5. Continuing Medical Education
The Section of Ob-Gyn will participate in continuing medical education through the elective attendance of its members at CME presentations.
Section 6. Reappointment/Current Clinical Competence

6a. All members of the Section are reappointed every two years in accordance with the Bylaws and Credentialing Policies of the Medical Staff. Since reappointment is an affirmation of good clinical practice, each applicant will provide evidence of activity sufficient to demonstrate current clinical competence for the privileges requested.

6b. Criteria for maintaining obstetrical privileges for doctors with extremely low volumes in obstetrical practice:

Category I: A physician who has OB privileges at Saint Mary’s Regional Medical Center but has done no deliveries at Saint Mary’s or Washoe Medical in the preceding year.
- Privileges to do obstetrics at Saint Mary’s should be relinquished immediately.

Category II: A physician who has OB privileges at Saint Mary’s Regional Medical Center and has done five or less deliveries in the past year at Saint Mary’s Regional Medical Center or Renown Medical Center.
- The physician will need to provide at least 12 hours of continuing education credits in obstetrics biennially and will be required to have an OB consultant on all patients, if this physician plans to do deliveries.

Category III: A physician who has privileges at Saint Mary’s for OB but has done less than 12 deliveries at Saint Mary’s, but a total greater than 12 deliveries at Saint Mary’s, Renown Medical Center, and Northern Nevada Medical Center combined.
- The physician will need to provide Saint Mary’s OB department on an annual basis, a summary of all OB activity at Washoe Medical to document the activity level and management outcome and privileges maintained w/o consultant.

Category IV: A physician who has OB privileges at Saint Mary’s and has done more than 12 deliveries at Saint Mary’s in the past year.
- Privileges to be maintained.

6c. Criteria for maintaining gynecological privileges:

5 “major” gyn procedures in last two years (such as hysterectomies)
&
5 “minor” gyn procedures in last two years (such as hysteroscopies)

Compliance may be demonstrated either by case documentation or by an attestation statement signed by the physician. If an attestation statement is signed, case documentation need not be provided unless requested by the Ob-Gyn Section.

6d. If a physician is unable to attest to their continued competency in obstetrics or gynecology, they will agree to be mentored for the next two years.

Section 7. Mentoring and Elevation to Active Staff

7a. Members are eligible to request elevation to Active Staff, consistent with the Bylaws and Credentialing Policies of the Medical Staff. Approval for associate staff privileges and/or advancement to active staff with active staff privileges within the Ob-Gyn Section of SMRMC remains independent of Renown or any other medical facility.
7b. If a physician has full active-staff-level, unrestricted privileges at Renown and has been on the Renown staff in either associate or active staff status for at least 18 months, mentoring requirements at SMRMC can be waived at the discretion of the Section during a physician’s associate-staff tenure at SMRMC.

7c. Obstetrical privileges:
- An Associate Staff Ob-Gyn physician should be evaluated by two or three members of the active obstetrical staff and for at least 25 deliveries at Saint Mary's Regional Medical Center or Renown Medical Center of which:
  - The first five should be monitored with a member of the active obstetrical staff present (i.e. member of the Obstetrical Consultation Panel);
  - At least five more should be monitored from among the remaining 20 deliveries;
  - There should be a minimum of five complicated obstetrical cases (including two C-sections) monitored before the physician can be considered for active-staff;

7d. Gynecological privileges:
- At least 15 major and 10 minor surgical gynecological procedures at Saint Mary’s Regional Medical Center or Renown Medical Center must be done before a physician can be considered for active-staff. Of these cases:
  - All 15 major cases require an assistant who has full gynecological privileges at Saint Mary’s Regional Medical Center and should involve at least three different gynecologists; major procedures are those which involve entering of the abdominal cavity and, if any question should arise, the decision will be made by the active-staff consultant.
  - Of the ten minor cases:
    - the first five should be monitored by a gynecologist with full active-staff and consulting privileges at Saint Mary's Regional Medical Center and all cases will be monitored.
    - after ten minor procedures, there is no need for further monitoring of minor procedures regardless of whether or not the associate-staff physician qualifies for active-staff advancement.
    - the first three “laparoscopies” are to be monitored and identified as “major” and, thereafter, a “laparoscopy” can be identified as a “major” or “minor” procedure according to personal preference but no more than five out of fifteen “laparoscopies” are to be identified as “minor.”
    - regardless, “laparoscopy” is to be considered a minor procedure by the OR staff and it is the responsibility of the associate-staff ob-gyn physician to know when it is necessary to obtain a consultation on his first three “laparoscopies”.
- It is the responsibility of the physician to provide all information needed to fulfill the proceeding requirements and to identify if a case is a “major” or “minor” procedure as defined by ACOG.

7e. Gynecologic Oncology privileges:
- Completion of at least 12 months Associate-staff probationary period.
- Completion of procedure requirements for “Special Request” privileges.
- Attendance at a minimum of four meetings of which at least one must be a Division meeting; if there are no specialty meetings available, than all four must be Division meetings.
- Compliance with Medical Staff Bylaws requirements reflecting active participation in a hospital setting.
Section 8. Requirements for Consideration of Staff Membership for Physicians:

- Unable to Fulfill Bylaw Requirement of 3 of Prior 5 Years (Article III, Section 2C.)
- Qualifying for Bylaws Re-Entry Staff Status (Article III, Section 2G.)

8a. Fulfill all requirements for medical staff membership per Medical Staff Bylaws and Rules and Regulations of the Ob-Gyn Section except Article III, 2C., (3 of prior 5 years in active practice of specialty). Qualify for Re-Entry Staff category, Article III, 2G.

8b. A minimum requirement for continuing medical education consistent with the requirements for Nevada State Licensure (40 hours/2 years) during the period of absence from clinical practice must be shown.

8c. Board Certification by either ABOG or AOBOG (unrestricted, unexpired)

8d. Achievement of the above requirements is necessary for granting of Re-Entry Staff status Core Privileges in Ob and/or Gyn. Additional requests for privileges beyond Core Ob and/or Gyn are subject to the requirements outlined in the SMRMC Medical Staff Ob-Gyn Section Rules & Regulations for those privileges.

8e. Mentoring requirements are the same as those delineated in 7c, 7d & 7e for all associate staff members as applicable

Section 9. Criteria for Ob-Gyn Privileges for Non-Ob-Gyn Section Members

9a. FOR INITIAL REQUESTS:
Physicians who have completed an accredited Family Practice residency within the last five years and are board certified, may obtain a letter from their residency director stating that the physician applicant is adequately trained and capable of performing the procedures requested.

Physicians who have completed an accredited Family Practice residency and whose initial board certification is greater than five years from the time of application must provide documentation of 20 deliveries in the last two years.

Family Practice physicians who are otherwise qualified through residency and Board certification but who do not meet the guidelines as noted above, may qualify for obstetrical privileges through completing a mini residency in obstetrics. This shall include at least one week of training and a minimum of 20 routine care-of labor and spontaneous vaginal deliveries.

9b. FOR RELEASE FROM MENTORING:
All mentoring must be completed by members of the Saint Mary's Regional Medical Active Staff with full privileges in the specific procedure being performed. Procedures may be performed at any local hospital.

Physicians are to adhere to "Guidelines for Ob-Gyn Consultations"

The first 20 obstetrical cases must be mentored. Included in these cases are routine labor care and spontaneous vaginal deliveries (including artificial rupture of membranes, vaginal speculum exams, episiotomy repair, pudendal and local block).

Minor GYN procedures must be mentored for the first 10 fractional D & C's and/or the first 10 suction D & E's.

These initial 20 obstetrical and 10 gynecological procedures must be accomplished within 18 months of provisional privileges being granted.
For release from mentoring of the following specialized procedures, case numbers must be documented as specified. A mentor sign-off sheet must be provided by the applicant to the Credentials-Privileges Committee.

- 5 Induction and/or augmentation with consultation
- 2 Fetal scalp electrode
- 4 low outlet forceps delivery
- 4 Vacuum extraction
- 3 Repair 3\textsuperscript{rd} and 4\textsuperscript{th} degree perineal lacerations
- 2 Intrauterine pressure catheters
- 3 Manual removal of the placenta

Once the physician has successfully completed mentoring requirements and is granted privileges without mentoring by the Board of Trustees, the physician must begin meeting “Criteria for Maintaining Obstetrical Privileges” (contact the Medical Staff Office if copy is needed).

**Section 10. Guidelines for Ob-Gyn Consultations**

10a. Ob or Gyn consulting privileges are limited to those physicians who are either Board-eligible or certified in obstetrics or in gynecology respectively, or to those who can demonstrate to the Ob-Gyn Section equivalent training and/or experience.

10b. Since the prognosis for good outcome of pregnancy requires early planning and therapy, the following types of cases should have consultations with a member of the Obstetrical consulting panel as early in pregnancy as the problem is recognized:
   1. Previous cesarean section
   2. Maternal diabetes
   3. Active gynecologic malignancy
   4. Previous premature labors (before 36 weeks)
   5. History of low birth weight infants (below 2,500 grams)
   6. Previous stillbirth or neonatal loss
   7. Suspected previous incompetent cervix
   8. Severe hyperemesis
   9. Pregnancies complicated by medical disease (endocrine, renal, cardiac, hypertensive, pre-eclampsia, etc.)
   10. Rh isoimmunization
   11. 3\textsuperscript{rd} trimester bleeding
   12. Polyhydramnios or Oligohydramnios

10c. If a patient is admitted with any of the following, a consultation with a member of the Obstetrical consulting panel is required:
   1. Polyhydramnios or oligohydramnios
   2. Antepartum fetal death
   3. Thrombo-embolic disease
   4. Inappropriate fetal growth for gestational age (too small or too large)
   5. Persistent abnormal presentation
   6. Postdate pregnancy-not in labor (2 weeks over EDC)
   7. Premature labor (less than 36 weeks of gestation)
   8. Tumor or other obstruction of birth canal
   9. Preterm, premature rupture of membranes before 38 weeks

10d. If a patient in labor should develop any of the following, consultation with a member of the Obstetrical consulting panel is required:
   1. Poor progression of labor in the active phase as defined in William’s textbook of
obstetrics
2. Feto-pelvic disproportion
3. Fetal distress
4. Operative deliveries other than low forceps
5. Operative delivery utilizing a vacuum extractor
6. Suspected amnionitis or sepsis
7. Unusual or abnormal fetal monitor tracings
8. Heavy meconium staining
9. Excessive bleeding during labor or post-partum period
10. Patient fully dilated in excess of two hours and undelivered
11. Prolonged labor (over 24 hours)
12. All breeches and multiple births and the ob-gyn consultant will be responsible for the management of the labor and will be in attendance at delivery
13. Pre-eclampsia and eclampsia as defined in William’s textbook of obstetrics
14. Prolapsed cord
15. Transverse presentations
16. Ruptured membranes greater than 24 hours

10e. It is recommended that all surgical specialties be advised to obtain gyn consultation on all known or suspected gyn malignancy cases.

10f. Consultation is to be obtained from a member of the consulting staff in obstetrics for all cases of abdominal surgery and known pregnancy.

Section 11. ER Call
Ob-Gyn Section members no longer need to provide ER call at age 55 and fulfillment of ten years as a member of the SMRMC medical staff.

The Ob-Gyn Section Chair is responsible for creating and publishing the ob-gyn ER monthly call schedule. (09/26/06)

Section 12. C-Section Assistants
There must be an assistant who is a qualified physician on all scheduled elective and emergency C-sections.

Section 13. Qualified Medical Personnel (RNs)
RNs with advance training are Qualified Medical Personnel (QMP) and are authorized to perform limited medical screening examinations.

Section 14. Sterilizations
In accordance with the Ethical and Religious Directives for Catholic Healthcare Services, direct sterilization is not permitted.

- Conditions identified prior to a patient’s delivery at Saint Mary’s that necessitate sterilization must receive prior approval from the “Sterilization Request Committee”.
- All sterilizations performed without prior permission are retrospectively reviewed by this committee to ensure serious medical pathology was present which rendered the procedure necessary and to ensure criteria meets the hospital’s policy and the Ethical and Religious Directives for Catholic Health Services.
- Sterilizations determined not meeting criterion will be sent to the Medical Staff Peer Review Committee.

Consequences for infractions include:
- First incident – ‘letter of warning’
- **Second incident (within 36 months)** – ‘letter of reprimand’ (entitles phy. to hearing and procedural rights per Article IV, Section 2)
- **Third incident (within 36 months)** – loss of privs. (entitles phy. to procedural rights per Article IV, Section 2)

In the event that an unanticipated serious medical pathology is found during a cesarean section (e.g., uterine rupture or window), a sterilization procedure may be performed if an informed consent has been obtained prior to surgery. A photograph of the existing pathology is optional at this time.  *(added 12/09)*
Section 13. Ob-Gyn Delineation of Privileges/Application Form

DELINEATION OF PRIVILEGES
OBSTETRICS & GYNECOLOGY

Applicant’s Name (please print)   Applicant’s Signature   Date

I. Obstetrical Procedures: Obstetrician with full formal training, Board Certification from ABOG or AOBOG, or active participation in the process of becoming Board Certified:

- Admission and patient management of all obstetrical complications as well as normal labor and delivery to include:
  - Normal prenatal and postpartum care
  - Episiotomy and repair of all obstetric lacerations
  - Low forceps delivery
  - Version and extraction
  - Cesarean Section (Low transverse, low cervical and classical)
  - VBAC
  - Extraction breech
  - Management of induction of labor

II. Gynecological Procedures: Gynecologist with full formal training, Board Certification from ABOG or AOBOG, or active participation in the process of becoming Board Certified:

- Gynecological Oncology (verification of special training required)

- Admission and patient management of all gynecological illnesses and complications
  - Hysterectomy (abdominal and vaginal)
  - D & C
  - Cervix-biopsy (cauterization and conization)
  - Hysterotomy
  - Excision glands (bartholin, skenes, etc.)
  - I & D of Bartholin abscess
  - Hyomentomy
  - Adnexal Surgery
  - Salpingectomy
  - Bladder suspension
  - Repair cystocele, rectocele
  - Repair perineoplasty, perineotomy, perineorrhaphy
  - Closure rectovaginal fistula, vesicovaginal fistula
  - Laparoscopy
  - Presacral neurectomy
  - Appendectomy
  - Omentectomy
  - Cystoscopy (requires board certification or eligibility)
  - Radical Wertheim hysterectomy
  - Radical vulvectomy
  - Pelvic exenteration
III. MODERATE (CONSCIOUS) SEDATION/ ANALGESIA PRIVILEGES

Applicants must complete the Moderate Sedation Test found in Medical Staff Policy 1.8 and acknowledge receipt of both the Medical Staff Policy as well as the Hospital General Administrative Policy GA320.

IV. LASER PRIVILEGES

- Limited (external)
- Unlimited (intra-abdominal)

These privileges require:
A. *Documentation that a certified course has been taken (intra-abdominal requires at least six hours of lab training); OR
B. Certificate of training during residency; and
C. Minimum of first two cases monitored by an active staff Ob/Gyn physician who has the privilege.

V. HYSTEROSCOPY

- Diagnostic

Criteria for Diagnostic Hysteroscopy:
A. Cases to be submitted at time of application; OR
B. Documentation of hands-on course; OR
C. Certificate of training during residency; and
D. Minimum of first two cases monitored with an active Ob/Gyn Physician who already has the privileges.

- Resectoscope/ Roller Ball

Each of the above require:
A. Must have Diagnostic Hysteroscopy training during residency or have had previous privileges elsewhere of operative hysteroscopy and provide documentation of 5 cases by operative reports; and
B. Must submit documentation of completion of an approved hands-on course in requested category (Resectoscope, Roller Ball) at time of application for privilege; and
C. Minimum of first two cases of ablation using resectoscope or myomectomy or septum removal monitored by an active staff physician who already has the privilege.)
IV. PELVISCOPY:

- Diagnostic – with simple lysis of adhesion or cautery (i.e., BTL)
- Operative – Removal of adnexa, ectopic pregnancy, laparoscopically assisted vaginal hysterectomy, extensive lysis of adhesion or excision of tissue.

Each of the above require:

A. Previous operative laparoscopy experience; and
B. *Documentation and/or certificate of approved course completion; OR
C. Certification of training during residency; and
D. Minimum of two cases monitored with an active staff Ob/Gyn physician who already has the privilege.

*Documentation and/or certificate of course completion is to be submitted by applicant at time of application.

VII. (TVT) TENSION FREE VAGINAL TAPE / SPARC PROCEDURES:

Requirement(s) for these procedures:

A. Physician must be able to perform open retro pubic urethropexy procedures; and
B. *Documentation and/or certificate of an approved course completion; OR
   Verification of training during residency/fellowship; and
C. Minimum of five cases monitored with an Active-Staff Ob/Gyn physician who already has the privilege.

*Documentation and/or certificate of course completion is to be submitted by applicant at time of application.

(amended 09/24/02)
(Resectoscope/roller ball amended 10/26/04)
(Hysteroscopy-resectoscope/roller ball amended 07/05)
(Board Certification amended 05/10)
Section 14. Gynecologic Oncology Delineation of Privileges/Application Form
(as of 11/01)

DELINEATION OF PRIVILEGES
GYNECOLOGIC ONCOLOGY

Basic Education: MD or DO

Minimal Formal Training: Successful completion of an ACGME approved residency in obstetrics and gynecology followed by an approved training program in gynecologic oncology.

Required Previous Experience: Documentation of at least 25 gynecologic oncology procedures in the past 24 months, of which at least 5 will be laparoscopic procedures.

Applicant's Name (please print)  Applicant's Signature   Date

Core Privileges in Gynecologic Oncology
Privileges include being able to admit, work up, diagnose and provide surgical and therapeutic treatment of women with malignant diseases, including carcinomas of the cervix, fallopian tube, uterus, vulva and vagina. Also included for the above noted patients are laparoscopy, reconstructive surgery (including microsurgery, skin grafting, myocutaneous gracilis flap, and rectus abdominis flap), pelvic exenteration, vulvectomy, and the performance of procedures on the bowel, urethra, and bladder as indicated. Also includes management of Chemotherapy.

SPECIAL REQUESTS: These procedures require additional documentation.

Moderate (Conscious) Sedation/Analgesia Privileges:
Applicants must complete the Moderate Sedation Test found in Medical Staff Policy 1.8 and acknowledge receipt of both the Medical Staff Policy as well as the Hospital General Administrative Policy GA320.

Laser Privileges:
_____ Limited (external)
_____ Unlimited (intra-abdominal)

These privileges require:
A. Documentation that a certified course has been taken (intra-abdominal requires at least six hours of lab training);
   OR
   Certificate of training during residency or fellowship; and
B. Minimum of first two cases monitored by an active staff Ob/Gyn physician who has the privilege.

Active-Staff Advancement:
Associate staff members are eligible for Active-staff advancement upon completion of the following:
1. Completion of at least 12-months, but no longer than 24-months, Associate-staff probationary period; and
2. Completion of procedure requirements for “Special Requests” as stated above; and
3. Attendance at a minimum of four meetings of their specialty of which at least one must be a Division meeting. If there are no specialty meetings available, then all four must be Division meetings; and
4. Compliance with Medical Staff Bylaws requirements reflecting active participation in a hospital setting.
Section 15. Maternal Fetal Medicine Delineation of Privileges/Application Form
(as of 01/05)

DELINEATION OF PRIVILEGES
MATERNAL FETAL MEDICINE

Applicant’s Name (please print)  Applicant’s Signature   Date

CORE PRIVILEGES: Management, including admission, of all obstetrical complications as well as normal labor and delivery. Management, including admission, of all gynecological illnesses and complications, only as it relates to obstetrical problems.

III. Obstetrical Procedures: Obstetrician with full formal training, in Maternal Fetal Medicine: Board certified or eligible (*eligible=has taken written boards but is not yet eligible to take the oral portion of exam)

_____ Admission and patient management of all obstetrical complications as well as normal labor and delivery to include:
• Normal prenatal and postpartum care
• Episiotomy and repair of first, second, third, and fourth degree lacerations
• Low forceps delivery
• Version and extraction
• Cesarean Section (Low transverse, low cervical and classical)
• VBAC
• Extraction breech
• Management of induction of labor
• Amniocentesis
• Level III ultrasound
• Management of high-risk pregnancy
• Cervical cerclage

IV. Gynecological Procedures: Gynecologist with full formal training:

_____ Admission and patient management of gynecological illnesses and complications
• Hysterectomy (abdominal)
• D & C
• Cervix-biopsy (cauterization and conization)
• Hysteroscopy
• Excision glands (bartholin, skenes, etc.)
• I & D of Bartholin abscess
• Hymenotomy
• Adnexal Surgery
• Salpingectomy
• Repair perineoplasty, perineotomy, perineorrhaphy
• Laparoscopy
• Appendectomy
III. MODERATE (CONSCIOUS) SEDATION/ ANALGESIA PRIVILEGES

Applicants must complete the Moderate Sedation Test found in Medical Staff Policy 1.8 and acknowledge receipt of both the Medical Staff Policy as well as the Hospital General Administrative Policy GA320.

IV. PELVISCOPY:

_____ Diagnostic – with simple lysis of adhesion or cautery (i.e., BTL)
_____ Operative – Removal of adnexa, ectopic pregnancy extensive lysis of adhesion or excision of tissue.

Each of the above require:
A. Previous operative laparoscopy experience; and
B. *Documentation and/or certificate of approved course completion; OR
C. Certification of training during residency; and
D. Minimum of two cases monitored with an active staff Ob/Gyn physician who already has the privilege.

*Documentation and/or certificate of course completion is to be submitted by applicant at time of application.

V. ___CVS (chorionic villus sampling)
   (demonstrated experience and/or training)

VI. ___PUBS (cordocentesis)
   (demonstrated experience and/or training)

VII. ___IUT (intrauterine transfusion)
    (demonstrated experience and/or training)
SMRMC

Ophthalmology Section
RULES & REGULATIONS

**Section 1. Qualifications**

**Basic Education:** M.D. or D.O.

**Minimal formal training:** Successful completion of a post-graduate residency program in Ophthalmology approved by the ACGME.

**Required previous experience:** For individuals who have just completed an approved residency, a letter from their program chairman, supporting the granting of full privileges at the associate staff level, is necessary.

**Section 2. Scope of Service**

The Section of Ophthalmology in concert with Saint Mary’s Regional Medical Center will endeavor to provide ophthalmology care for a wide range of conditions. Privileges as determined by the Ophthalmology Section with concurrence of the Credentials-Privileges Committee and the Medical Executive Council are delineated on the Ophthalmology Section privilege application form.

**Section 3. Meetings**

The Section will meet as needed and report to the Surgical Services Division.

**Section 4. Quality Improvement**

The Section of Ophthalmology will participate in ongoing quality management and performance improvement.

**Section 5. Continuing Medical Education**

The Section of Ophthalmology will participate in continuing medical education through the elective attendance of its members at CME presentations.

**Section 6. Reappointment/Current Clinical Competence**

All members of the Section are reappointed every two years in accordance with the Bylaws and Credentialing Policies of the Medical Staff. Since reappointment is an affirmation of good clinical practice, each applicant will provide evidence of activity sufficient to demonstrate current clinical competence for the privileges requested.

**Section 7. Mentoring and Elevation to Active Staff**

7a. The associate staff member must serve a minimum of at least 12 months.

7b. During associate staff status, the member will have all admissions reviewed by the designated active staff ophthalmologists who will act as the proctor.

7c. A minimum of 12 major ophthalmic surgeries will be assisted by a member of the active staff. At least three different active staff ophthalmologists will be utilized for purposes of assisting and observation. The 12 cases can be combined community experience and do not necessarily reflect cases performed only at Saint Mary’s Regional Medical Center. Arrangements for surgical assistance shall be the responsibility of the ophthalmologist on associate status. (Note: A major ophthalmic surgery is defined as any intraocular surgery, as well as strabismus surgery.)

7d. Letters of recommendation from the evaluating staff ophthalmologists.
prior to advancement to active staff status shall be submitted. An individual in a group practice should make an effort to obtain several cases proctored by active staff members outside his/her group.

7e. Associate-staff members must attend a minimum of fifty (50) percent of the Ophthalmology Section Meetings held at SMRMC and/or Renown in order to qualify for active-staff advancement in addition to at least one meeting of the SMRMC Surgical Services Division.

7f. Members are eligible to request elevation to Active Staff, consistent with the Bylaws and Credentialing Policies of the Medical Staff. Approval for associate staff privileges and/or advancement to active staff with active staff privileges within the Ophthalmology Section of SMRMC remains independent of Renown or any other medical facility.
Section 8. Ophthalmology Delineation of Privileges/Application Form
DELINEATION OF PRIVILEGES
OPHTHALMOLOGY

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<th>Applicant’s Name (please print)</th>
<th>Applicant’s Signature</th>
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**Core Privileges in Ophthalmology:**
Core privileges include general medical management of patients (i.e. assessment and admission, inpatient care, discharge, and obtaining and providing consultations if needed.)

**Moderate (Conscious) Sedation/ Analgesia Privileges**
Applicants must complete the Moderate Sedation Test found in Medical Staff Policy 1.8 and acknowledge receipt of both the Medical Staff Policy as well as the Hospital General Administrative Policy GA320.

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<th>Enucleation:</th>
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<td>Nevus</td>
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<td>Transplant</td>
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<td>Cataract w/intraocular lens</td>
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<td>Squint surgery</td>
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**Special Requests:**

**Laser Privileges:**
1. Requires submission of a certificate confirming that a certified course has been completed.

**Radialkeratotomy:**
1. Evidence of formal training from a course in radialkeratotomy to include practical surgical experience (didactic lecture and a wet lab)
2. Anterior segment privileges which correlate to applicant’s staff status (i.e., associate or active-staff level.)
SMRMC

Orthopedic Surgery Section
RULES & REGULATIONS

Section 1. Qualifications
Basic Education: M.D. or D.O.
Minimal formal training: ABMS Board certification, recertification, *eligibility, or be able to document equivalent training and/or experience which is deemed acceptable on an individual basis by the Orthopedic Surgery Section (minimum equivalency, successful completion of a five year post-graduate residency program in orthopedic surgery approved by the ACGME). (*eligibility=has taken written boards but is not yet eligible to take the oral portion of exam).

Required previous experience: For individuals who have completed an approved Fellowship/Residency within the prior year, a letter from their program chairman, supporting the granting of the privileges requested is necessary. For all others, the successful applicant must document performance of at least 100 orthopedic surgical procedures during the past 12 months.

Section 2. Scope of Service
The Section of Orthopedic Surgery in concert with Saint Mary’s Regional Medical Center will endeavor to provide orthopedic care for a wide range of conditions. Core privileges and special privileges as determined by the Orthopedic Surgery Section with concurrence of the Credentials-Privileges Committee and the Medical Executive Council are delineated on the Orthopedic Surgery Section privilege application form with accompanying and qualifying criteria and expectations.

Section 3. Meetings
The Section will meet as needed and report to the Surgical Services Division.

Section 4. Quality Improvement
The Section of Orthopedic Surgery will participate in ongoing quality management and performance improvement.

Section 5. Continuing Medical Education
The Section of Orthopedic Surgery will participate in continuing medical education through the elective attendance of its members at CME presentations.

Section 6. Reappointment/Current Clinical Competence
6a. Members of active staff categories of the Orthopedic Surgery Section will be reappointed at two-year intervals following documentation that the member has completed 50 orthopedic surgical procedures within the two-year period.

6b. If less than 50 procedures have been completed at SMRMC, then additional procedures from Renown or Northern Nevada Medical Center will be accepted.

6c. In the event that less than 50 cases can be documented, the member
will be asked to provide information which demonstrates current clinical competence for the privileges requested.

6d. Each member’s current clinical competence will be evaluated by the Section Chair and by the Credentials-Privileges Committee.

Section 7. Mentoring and Elevation to Active Staff

7a. Members are eligible to request elevation to Active Staff, consistent with the Bylaws and Credentialing Policies of the Medical Staff. Approval for associate staff privileges and/or advancement to active staff with active staff privileges within the Orthopedic Section of SMRMC remains independent of Renown or any other medical facility.

7b. A minimum one year associate-staff tenure

7c. Must be mentored by an active-staff Orthopedic Section member who is not affiliated with the associate-staff member.

7d. May be assigned to ER call while being mentored but cannot transfer call other than to another active-staff Orthopedic Section member.

7e. Can provide alternate coverage only by an active-staff Orthopedic Section member.

7f. Is strongly encouraged to make every possible attempt for all Orthopedists in this area to assist him/her in surgery unless specified why they are unable to do so. The majority opinion of the Section Staff must approve advancement to active staff based on the experience with the staff.
**Section 8. Orthopedic Surgery Delineation of Privileges/Application Form**

**DELINEATION OF PRIVILEGES**
**ORTHOPEDIC SURGERY**

**Basic Education:** MD or DO

**Minimal Formal Training:** ABMS Board Certification, recertification, eligibility, or be able to document equivalent training and/or experience which is deemed acceptable on an individual basis by the Orthopedic Department (minimum equivalency, successful completion of a five year post-graduate residency program in orthopedic surgery approved by the ACGME). (eligibility=has taken written boards but is not yet eligible to take the oral portion of exam)

**Required Previous Experience:** For individuals who have completed an approved Fellowship/Residency within the prior year, a letter from their program chairman, supporting the granting of the privileges requested is necessary. For all others, the successful applicant must document performance of at least 100 orthopedic surgical procedures during the past 12 months.

__________________________
Applicant’s Name (please print)

**Core Privileges in Orthopedic Surgery:**
Core privileges include medical management of patients (i.e. assessment and admission, inpatient care, discharge, and obtaining and providing consultations if needed.)

**SPECIFIC PRIVILEGES REQUESTED:**

- [ ] Amputation
- [ ] Arthrodesis
- [ ] Arthroplasty
- [ ] Drainage - bone
- [ ] Graft - bone
- [ ] Closed reduction, dislocation
- [ ] Closed reduction, fracture
- [ ] Midas Rex
- [ ] Repair tendons
- [ ] Primary
- [ ] Secondary
- [ ] Tenotomy
- [ ] Wounds - major
- [ ] Peripheral nerve surgery
- [ ] Skin grafting

**SPECIAL REQUESTS**
These procedures require additional documentation

I. “Proper training: when used in the listing of each specific privilege would imply that the surgeon has been under the supervision of someone who is skilled in the procedure. In certain instances it may imply a formal surgical residency training program such as those in the AMA Guide to Approved Residencies or equivalent training. In certain instances, it will imply that further training will be necessary if the procedure was not a part of the formal residency program.

II. If the applicant is a recent graduate of a residency training or fellowship program, the applicant may submit a list of cases performed which is signed by the department chairperson. If the applicant has been in practice, then copies of the operative reports are required to satisfy SMRMC rules.
SPECIAL REQUESTS (cont.)

Moderate (Conscious) Sedation/ Analgesia Privileges
Applicants must complete the Moderate Sedation Test found in Medical Staff Policy 1.8 and acknowledge receipt of both the Medical Staff Policy as well as the Hospital General Administrative Policy GA320.

Laser Privileges
1. Laser privileges require specific application by all orthopedic surgeons who request the privilege in arthroscopies. All applications must be accompanied by supporting documentation of the applicant’s training and experience, specifically a recent course in laser surgery with hands-on experience; OR
   Formal training in residency training; and
2. Proctoring for the first three cases.

Open Reduction, Internal Fixation of Fractures and/or Osteotomies, AO/ASIF
1. Completed a residency subsequent to 1989, submit a letter from residency director documenting competence in AO/ASIF techniques; OR
   Completed a residency prior to 1989, submit a) certificate of completion of the AO/ASIF basic course; b) document 50 cases of ORIF using AO/ASIF techniques; and
2. The assigned mentor, the Department and the Department Chairperson all reserve the right to challenge an applicant’s trauma competence, including AO/ASIF techniques, by oral examination prior to advancement to Active Staff.

If in the course of mentoring it becomes apparent that the applicant’s skill and judgement do not meet acceptable standards, the Department reserves the right to require the applicant to participate in an AO/ASIF fracture course, either for the first time or as repeated training.

Arthroscopy
1. Proper training; and
2. Documentation of 50 arthroscopic cases
3. Documentation of 5 cases of arthroscopic the specific joint which privileges are requested.

Implant Arthroplasty
1. Proper training; and
2. Documentation of 15 cases of replacement arthroplasty
3. Documentation of 5 cases of the specific joint that is to be replaced, possibly presenting x-rays as needed.

Spine Surgery: Spinal Decompression, Laminctomy, Discectomy, Fusion with or without Instrumentation, Epidural Joint Injections/Caudal Injections
1. Proper training; and
2. Documentation of 25 cases with the possibility of presenting x-rays in cases wherein instrumentation was used.

Arthrotomy, Ligament Repair and/or Reconstruction of Major Joints
(Ankle, Knee, Hip, Shoulder, Elbow, Wrist)
1. Proper training; and
2. Documentation of 20 cases
SPECIAL REQUESTS (cont.)

_____ Anterior Endoscopic Spine Surgery
1. Spine surgery privileges
2. Course completion of Arthroscopic Anterior Spine Surgery

_____ Kyphoplasty:
1. Physician has attended a course on Kyphoplasty with hands on experience, and has a certificate of satisfactory completion; **OR**
2. Physician has completed a residency program, which includes training for Kyphoplasty with documentation of 10 cases in which the resident was the primary surgeon; **and**
3. Any physician receiving these privileges initially will be monitored for a minimum of two cases with the monitoring physician documentation of the Kyphoplasty. The monitoring may be done by any physician with Kyphoplasty privileges.

_____ Vertebroplasty:
1. Physician has attended a course on Vertebroplasty with hands on experience, and has a certificate of satisfactory completion; **OR**
2. Physician has completed a residency program, which includes training for Vertebroplasty with documentation of 10 cases in which the resident was the primary surgeon; **and**
3. Any physician receiving these privileges initially will be monitored for a minimum of three cases with the monitoring physician documentation of the Vertebroplasty. The monitoring may be done by any physician with Vertebroplasty privileges.

_____ Total Ankle Arthroplasty:
1. Hands on training course or equivalent training during residency/fellowship within past 3 years: **AND**
2. Significant large joint arthroplasty experience (shoulder, knee, hip) with 15 documented cases; **AND**
3. 5 cases mentored: **AND**
4. In past 3 years must have minimum 25 CME credits on ankle arthritis/hind foot reconstruction; **OR** 50% of practice related to hind foot related care: **OR** 6 months fellowship training in foot/ankle.

Applicant’s Signature ___________________________ Date ________________
SMRMC
Otolaryngology, Head and Neck Surgery Section
RULES & REGULATIONS

Section 1. Qualifications
Basic Education: M.D. or D.O.
Minimal formal training: Successful completion of a post-graduate residency program in Otolaryngology approved by the ACGME.
Required previous experience: The applicant must demonstrate that he or she has provided inpatient services or performed surgery during 3 of the previous 5 years in areas such as head and neck, otologic, plastic, reconstructive and general surgery as specified by the AAOHNS.

Section 2. Scope of Service
The Section of Otolaryngology in concert with Saint Mary’s Regional Medical Center will endeavor to provide otolaryngology care for a wide range of conditions, including critical care. Core privileges and special privileges as determined by the Otolaryngology, Head and Neck Surgery Section with concurrence of the Credentials-Privileges Committee and the Medical Executive Council are delineated on the OHNS Section privilege application form with accompanying and qualifying criteria and expectations.

Section 3. Meetings
The Section will meet as needed and report to the Surgical Services Division.

Section 4. Quality Improvement
The Section of OHNS will participate in ongoing quality management and performance improvement.

Section 5. Continuing Medical Education
The Section of OHNS will participate in continuing medical education through the elective attendance of its members at CME presentations.

Section 6. Reappointment/Current Clinical Competence
All members of the Section are reappointed every two years in accordance with the Bylaws and Credentialing Policies of the Medical Staff. Since reappointment is an affirmation of good clinical practice, each applicant will provide evidence of activity sufficient to demonstrate current clinical competence for the privileges requested.

Section 7. Mentoring and Elevation to Active Staff
7a. Members are eligible to request elevation to Active Staff, consistent with the Bylaws and Credentialing Policies of the Medical Staff. Approval for associate staff privileges and/or advancement to active staff with active staff privileges within the OHNS Section of SMRMC remains independent of Renown or any other medical facility.
7b. A minimum one year associate-staff tenure
7c. No surgery is to be performed in the Operating Room by an associate-staff member of the OHNS Section without a proctor present unless the proctor has released the associate-staff physician from proctoring. (Note: the operating room personnel should not be expected to proceed with a surgical case unless a proctor has been identified to be present.)
(Note for clarification: Per 12/19/05 OHNS Section, Senior Active Staff members are exempt from ER call.)
Section 8. OHNS Delineation of Privileges/Application Form

DELINEATION OF PRIVILEGES
OTOLARYNGOLOGY

Basic Education: MD or DO

Minimal Formal Training: Successful completion of a post-graduate residency program in Otolaryngology approved by the ACGME.

Required Previous Experience: The applicant must demonstrate that he or she has provided inpatient services or performed surgery during 3 of the previous 5 years in areas such as head and neck, otologic, plastic, reconstructive and general surgery as specified by the AAOHNS.

Core Privileges in Otolaryngology (CR.OT)
Reflecting the position of the American Academy of Otolaryngology and the American Academy of Facial Plastic and Reconstructive Surgery, privileges include admission, workup, diagnosis and provision of nonsurgical and surgical care to patients of all ages presenting with illnesses, injuries and disorders of the head and neck affecting the ears, facial skeleton and respiratory and upper alimentary system. These privileges include surgery involving temporal bone, nasal and paranasal sinus, skull-base, maxillofacial, aesthetic, plastic, reconstructive, thyroid, parathyroid, pituitary, salivary glands, and lymphatic tissue of the head and neck.

Physicians are not necessarily granted a full scope of privileges if in the investigation of the physician’s application there is not evidence of experience and training in a particular area or procedure.

SPECIAL REQUESTS:
These procedures require additional documentation that the applicant is laser trained:

Moderate (Conscious) Sedation/Analgesia Privileges
Applicants must complete the Moderate Sedation Test found in Medical Staff Policy 1.8 and acknowledge receipt of both the Medical Staff Policy as well as the Hospital General Administrative Policy GA320.

Laser Privileges
1. Documentation that a certified course has been taken; OR
   Certificate or verification of training during residency.
2. Proctoring of the first two cases.

Flexible Esophagoscopy
1. Documentation of training during residency

Flexible Bronchoscopy
1. Documentation of training during residency

Note: New procedures may be considered a special request. Check with Medical Staff Services for more information.

Applicant’s Name (please print)       Applicant’s Signature       Date
Section 1. Qualifications
Basic Education: M.D. or D.O.
Minimal formal training: Successful completion of a post-graduate residency program in Pathology approved by the ACGME. Certification of eligibility for certification by the American Board of Pathology is required.
Required previous experience: The applicant must have actively practiced Pathology at least 18 of the last 24 months and have actively practiced in an accredited hospital at least 3 of the past 5 years or have graduated from a residency or fellowship program, approved by the ACGME, within the last six months.

Section 2. Scope of Service
The Section of Pathology in concert with Saint Mary’s Regional Medical Center will endeavor to provide anatomic and clinical pathology facilities and services to meet the needs of patients as approved by the Board of Trustees. Core privileges and special privileges as determined by the Pathology Section with concurrence of the Credentials-Privileges Committee and the Medical Executive Council are delineated on the Pathology Section privilege application form with accompanying and qualifying criteria and expectations.

Section 3. Meetings
The Section will meet as needed and report to the Surgical Services Division.

Section 4. Quality Improvement
The Section of Pathology will participate in ongoing quality management and performance improvement.

Section 5. Continuing Medical Education
The Section of Pathology will participate in continuing medical education through the elective attendance of its members at CME presentations.

Section 6. Pathology Section Membership Responsibilities
6a. Members shall abide by the Bylaws of SMRMC and the Principles of Ethical Practice of the American College of Pathology.
6b. Each member shall be expected to help perform the general services and teaching duties in the Section, as outlined and assigned by the Chair of the Section.
6c. The Chair of the Section of Pathology may be, but need not necessarily serve as, the Director of the Laboratory.

Section 7. Reappointment/Current Clinical Competence
All members of the Section are reappointed every two years in accordance with the Bylaws and Credentialing Policies of the Medical Staff. Since reappointment is an affirmation of good clinical practice, each applicant will provide evidence of activity sufficient to demonstrate current clinical competence for the privileges requested as follows.

As originally approved by SMRMC Community Board 9/25/01
Reviewed/re-approved approved 02/23/10
Amended to 05/03/10
Whereas the Active Staff consists of physicians who practice actively in the hospital and whereas adequate unsupervised performance in the hospital demands familiarity with the equipment, procedures, and protocols of the Section, and whereas appropriate quality assurance and peer review requires analysis of activity performed in the hospital on a current basis, therefore the following standards of performance are instituted for maintenance of Active Staff privileges in the Pathology Section.

1. **Anatomical Pathology:** The physician must perform gross and microscopic examination in the Pathology Section of at least 1,500 cases during the two year biennium representing a variety of tissue types including at least ten frozen section consultations and undergo successful peer review of at least 10% of a random aliquot of cases.

2. **Clinical Pathology:** To maintain active clinical privileges in Pathology, an individual must demonstrate continued active involvement in clinical pathology.

**Section 8. Mentoring and Elevation to Active Staff**

Associate staff members are eligible for Active-staff advancement upon completion of the following:

1. Completion of procedure requirements for “Special Requests” as stated on the Pathology Delineation of Privileges/Application Form; **and**

2. Completion of at least 12-months Associate-staff probationary period; **and**

3. Attendance to at least 50% of section meetings and at least one Surgical Services Division meeting; **and**

4. Compliance with Medical Staff Bylaws requirements reflecting active participation in a hospital setting.

Approval for associate staff privileges and/or advancement to active staff with active staff privileges within the Pathology Section of SMRMC remains independent of Renown or any other medical facility.

**Section 9. General**

9a. All surgical specimens removed in the hospital shall be examined by a member pathologist, who shall determine the extent of the examination and issue a written report with the diagnosis.

9b. On all hospital autopsies, the treating doctor will be called before the autopsy is started. Immediately after the autopsy, a written anatomical diagnosis will be sent to the treating Doctor and placed on the chart. The autopsy will be completed within 30 days on Uncomplicated cases.

9c. All procedures, examinations, and autopsies done in the department by other than active or associate section members will be observed and cosigned by an active member.
Section 10. Pathology Delineation of Privileges/Application Form

DELINEATION OF PRIVILEGES

PATHOLOGY

Basic Education:  MD or DO

Minimal Formal Training:  Successful completion of a post-graduate residency program in Pathology approved by the ACGME.  Certification of eligibility for certification by the American Board of Pathology is required.

Required Previous Experience:  The applicant must have actively practiced Pathology at least 18 of the last 24 months and have actively practiced in an accredited hospital at least 3 of the past 5 years or have graduated from a residency or fellowship program, approved by the ACGME, within the last six months.

Applicant's Name (please print)

Core Privileges in Pathology

Non-admitting privileges include surgical, autopsy and clinical pathology and require (i.e., providing documentation of fulfilling) clinical competency indicators as follows.  Physicians requesting limited privileges may specify the privileges requested.  These privileges do not include any of the following special requests.

SPECIAL REQUESTS

These procedures require additional documentation.

Autopsy

1. Board certification or eligibility in Anatomical Pathology; and
2. Demonstration of two cases which will be reviewed by the Department Chief at the time of initial granting and advancement; OR
3. Graduation from a Pathology residency or fellowship program, approved by the ACGME, within the last six months.

Surgical Anatomic Pathology

1. Board certification or eligibility in Anatomical Pathology; and
2. Demonstration of 100 cases which will be reviewed by the Department Chief at the time of initial granting and advancement; OR
3. Graduation from a Pathology residency or fellowship program, approved by the ACGME, within the last six months.

Clinical Pathology

1. Board certification or eligibility in Clinical Pathology.
SPECIAL REQUESTS (con’t)
These procedures require additional documentation.

_____ Bone Marrow Aspiration/Biopsy
1. Board certification or eligibility in Anatomical and/or Clinical Pathology.
2. For purposes of advancement and reappointment, must be mentored by an active staff Pathologist with the privilege for the first two cases.

_____ Fine Needle Aspiration Cytology
1. Board certification or eligibility in Anatomical and/or Clinical Pathology.
2. For purposes of advancement and reappointment, must be mentored by an active staff Pathologist with the privilege for the first four cases, two of which should be Thyroid.

_____ Frozen Sections
1. Board certification or eligibility in Anatomical and/or Clinical Pathology.
2. For purposes of advancement and reappointment, must be mentored by an active staff Pathologist with the privilege for the first four cases.

ACTIVE STAFF ADVANCEMENT
Associate staff members are eligible for Active-staff advancement upon completion of the following:
1. Completion of procedure requirements for “Special Requests” as stated above; and
2. Completion of at least 12-months Associate-staff probationary period; and
3. Attendance at a minimum of four meetings of their specialty of which at least one must be a Division meeting. If there are no specialty meetings available, then all four must be Division meetings.
4. Compliance with Medical Staff Bylaws requirements reflecting active participation in a hospital setting.

REAPPOINTMENT TO ACTIVE STAFF
Whereas the Active Staff consists of physicians who practice actively in the hospital and whereas adequate unsupervised performance in the hospital demands familiarity with the equipment, procedures, and protocols of the Section, and whereas appropriate quality assurance and peer review requires analysis of activity performed in the hospital on a current basis, therefore the following standards of performance are instituted for maintenance of Active Staff privileges in the Pathology Section.
1. Anatomical Pathology: The physician must perform gross and microscopic examination in the Pathology Section of at least 1500 cases during the two year biennium representing a variety of tissue types including at least ten frozen section consultations and undergo successful peer review of at least 10% of a random aliquot of cases.
2. Clinical Pathology: To maintain active clinical privileges in Pathology, an individual must demonstrate continued active involvement in clinical pathology.

Applicant’s Name (please print)  Applicant’s Signature   Date
Section 1. Qualifications

Basic Education: M.D. or D.O.

Minimal formal training: Successful completion of a three-year program in Pediatrics approved by the ACGME. Pediatric subspecialists may have completed at least two years of a Pediatric residency in addition to appropriate subspecialty training.

Required previous experience: The applicant must be able to demonstrate that he or she has provided inpatient care to at least 24 patients as the attending physician (or senior resident) during the past 24 months.

Section 2. Scope of Service and Membership Expectations

2a. The Section of Pediatrics defines the minimum requirements to qualify for associate/active staff Pediatrics Section membership and the attendant responsibility of ER call participation as follows:

General Pediatrics
1. completion of three years of Pediatric Residency accredited by the ACGME or Board Certification by the American Board of Pediatrics or equivalent pediatric training,
2. ability to do a septic work-up including the neonate,
3. lumbar puncture privileges,
4. newborn resuscitation privileges, and
5. participation in the general pediatric ER call rotation.

Subspecialty Pediatrics
1. completion of a pediatric subspecialty training program accredited by the ACGME or board certification by a pediatric subspecialty board of equivalent pediatric subspecialty training,
2. provide evidence of current competency for all invasive procedures, and
3. provide ER and consultation coverage for pediatric subspecialty care.

2b. All associate/active staff members of the Pediatric Section shall provide 24 hour coverage or provide documentation for 24-hour coverage.

2c. Application for associate-staff privileges in the Section of Pediatrics requires the applicant to provide evidence of current competence for privileges being requested by:
1. documentation from the physician's training program director and/or Chief of Pediatrics from the residency program verifying the physician's qualifications, or
2. documentation from the Chief of Pediatrics, Chief of Staff or other individual in authority from an institution where the applicant is on staff, and who has knowledge that the applicant is successfully performing the same procedures or privileges, or
3. In the event that an applicant is unable to provide documentation of current competency for any privilege requested, an initial two-month associate-staff appointment may be considered by the Pediatrics Department to provide an opportunity for the applicant to demonstrate competency in the procedure. The applicant shall:
a. fulfill all other requirements for associate-staff appointment to the Medical Staff and the Pediatrics Department
b. arrange for a proctor or proctors who already have active-staff privileges requested by the applicant to be present at every occurrence of the procedure,
c. for each and every occurrence of the procedure, solicit from the proctor and provide to the medical staff office written appraisal of the applicant's ability to perform the procedure, and
d. complete current NRP or PALS.

It is not incumbent upon Saint Mary's Regional Medical Center, the Pediatrics Section, or any individual member of the Department to act as a mentor as described in this section. It is the applicant's responsibility to arrange for proctors and to assure 24-hour coverage for ER, nursery, and patient-care of all hospitalized patients.

The initial two-month associate-staff appointment must be approved by the Pediatrics Section. No temporary privileges will be issued.

By the end of the initial two-month associate-staff appointment, the Pediatrics Section will review the written appraisals and elicit verbal comments of all proctors regarding the privilege requested. The Section will then vote. In the event of a negative vote by the Section for good cause, automatic expiration of the initial associate-staff appointment will occur. If the applicant has successfully demonstrated competency by the end of the initial two-month period, a recommendation will be made to extend associate staff appointment until the next biennial reapplication period.

2d. Core privileges and special privileges as determined by the Pediatric Section with concurrence of the Credentials-Privileges Committee and the Medical Executive Council are delineated on the Pediatric Section privilege application form with accompanying and qualifying criteria and expectations.

Section 3. Meetings
The Section will meet as needed and report to the Maternal/Child Services Division.

Section 4. Quality Improvement
The Section of Pediatrics will participate in ongoing quality management and performance improvement.

Section 5. Continuing Medical Education
The Section of Pediatrics will participate in continuing medical education through the elective attendance of its members at CME presentations.

Section 6. Reappointment/Current Clinical Competence
6a. All members of the Section are reappointed every two years in accordance with the Bylaws and Credentialing Policies of the Medical Staff. Since reappointment is an affirmation of good clinical practice, each applicant will provide evidence of activity sufficient to demonstrate current clinical competence for the privileges requested.

6b. At reappointment, it is assumed that physicians who are actively taking call for the Pediatrics Section have performed a sufficient number of varied procedures to be considered competent for core privileges, assuming that hospital quality indicators do not
indicate otherwise. Physicians who wish to regain certain privileges they have not held are eligible to request said privileges with a two-month mentoring period.

Section 7. Mentoring and Elevation to Active Staff

7a. General Pediatrics
1. There will be a minimum of one year observation by a mentor during a physician's associate-staff tenure. This means charts must be reviewed by a mentor who will review and evaluate a physician's performance.
2. Minimum of six Pediatric Ward admissions reviewed by the mentor.
3. Minimum of six newborn admissions reviewed by the mentor.
4. Attend at least 50% of the Pediatric Section meetings and at least one Maternal/Child Services Division meeting.

7b. Subspecialty Pediatrics
1. There will be a minimum of one year observation by a mentor during a physician's associate-staff tenure. This means charts must be reviewed by a mentor who will evaluate and review a physician's performance.
2. Minimum of ten consults or admissions of children less than 18 years of age.
3. Successful performance of all invasive procedures for which privileges have been requested.
4. Attend at least 50% of the Pediatric Section meetings and at least one Maternal/Child Services Division meeting.

7c. There will be no advancement to active staff status until all criteria are fulfilled, regardless of the length of associate staff tenure.

7d. Approval for associate-staff privileges and/or advancement to active-staff with active-staff privileges within the Pediatrics Section of SMRMC remains independent of Renown or any other medical facility.

Section 8. ER Call

8a. A pediatrician who is 55 years or older and who has been on the Active staff of SMRMC for five years is not required to participate on the ER call schedule.

8b. Pediatricians practicing a pediatric subspecialty are exempt from the obligation to take part in “general pediatric” Emergency Room coverage.

8c. The general pediatrician who is “on-call” for the Emergency Room is not obligated to accept in transfer any patient requiring obvious pediatric subspecialty care unless that subspecialist is available for consultation at the time of transfer.

[8b. & 8c. added 10/01 Board of Trustees]

Section 9. General

9a. Pediatric consultation in the ER will be made only after the private physician has seen the patient or when the Emergency Department physician request pediatric consultation when there is no private physician.

9b. If a patient under the age of 18 is pregnant or up to six weeks post partum and presents to the Emergency Department, the referral should be made to the Ob-Gyn physician on call, not the Pediatrician.

9c. Healthy babies born at SMRMC and admitted to the regular newborn nursery must be seen by their attending physician within 30 hours of admission or prior to discharge, whichever comes sooner.
Section 10. Pediatrics Delineation of Privileges/Application Form

DELINEATION OF PRIVILEGES

PEDIATRICS

Basic Education: MD or DO

Minimal Formal Training: Successful completion of a three-year program in Pediatrics approved by the ACGME. Pediatric sub-specialists may have completed at least two years of a pediatric residency in addition to appropriate subspecialty training.

1. ability to do a septic work-up including the neonate,
2. lumbar puncture privileges,
3. newborn resuscitation privileges, and
4. participation in the general pediatric ER-call rotation.

Subspecialty Pediatrics

1. completion of a pediatric sub-specialty training program accredited by the ACGME or board certification by a pediatric subspecialty board of equivalent pediatric subspecialty training,
2. provide evidence of current competency for all invasive procedures, and
3. provide ER and consultation coverage for pediatric subspecialty care.

Required Previous Experience: The applicant must be able to demonstrate that he or she has provided inpatient care to at least 24 patients as the attending physician during the past 24 months.

General Pediatric Privileges (initial application)

It is noted that the community standard is that Pediatricians maintaining hospital privileges be competent to provide services appropriate to an acute, inpatient setting, including the following privileges. Primary care Pediatrician (non-sub-specialists) who do not request the following privileges will not be eligible for Emergency Call and will need to demonstrate by submission of a letter, an alternate physician to perform these procedures when their patients are admitted.

It is not incumbent upon Saint Mary's Regional Medical Center, the Pediatrics Section, or any individual member of the Section to act as a mentor as described in this section. It is the applicant's responsibility to arrange for proctors and to assure 24-hour coverage for ER, nursery, and patient-care of all hospitalized patients.

Application for associate-staff privileges in the Section of Pediatrics requires the applicant to provide evidence of current competence for the specific privileges being requested by:

1. documentation from the physician's training program director and/or Chief of Pediatrics from the residency program verifying the physician's qualifications, or
2. documentation from the Chief of Pediatrics, Chief of Staff or other individual in authority from an institution where the applicant is on staff, and who has knowledge that the applicant is successfully performing the same procedures or privileges, or
3. In the event that an applicant is unable to provide documentation of current competency for any privilege requested, an initial two-month associate-staff appointment may be considered by the Pediatrics Section to provide an opportunity for the applicant to demonstrate competency in the procedure. By the end of the initial two-month associate-staff appointment, the Pediatrics Section will review the written appraisals and elicit verbal comments of all proctors regarding the privilege requested. The Section will then vote. In the event of a negative vote by the Section for good cause, automatic expiration of the initial associate-staff appointment will occur. If the applicant has successfully demonstrated competency by the end of the initial two-month period, a recommendation will be made to extend associate staff appointment until the next biennial reapplication period.
Applicant’s Name (please print)

Core Privileges in Pediatrics (initial application)
Privileges include the treatment of patients between the ages of birth to 18 years, the performance of procedures that do not carry a significant threat to life (including related admission, consultation, and work-up; venipuncture laceration repair; incisions; and drainage of superficial abscesses) and treatment of major, complicated illnesses.

Septic Work-up (including neonate)

Lumbar Puncture
1. completed 5 in the last two years (submit documentation); or
2. Arrange for proctors to be present of the first two months of staff appointment whenever the procedure is performed and secure a written evaluation by the proctor; and
3. At the end of the two-month period, the physician may request of the Department of Pediatrics that the direct supervision requirement be lifted.

Newborn Resuscitation
1. Proof of attendance at a minimum of 10 cesarean or high-risk vaginal deliveries during the previous 24 months; and
2. Documentation of having attended a neonatal resuscitation course and passed a post test within the past two years, or having participated in the resuscitation of 10 or more pediatric patients requiring intubation during the past 24 months; or
3. Directly out of residency, documentation may consist of a letter from the residency director verifying competence in the procedure; or
4. If the physician has not recently performed the procedure, or cannot provide documentation, the physician must attend a neonatal resuscitation course and must secure proctors to be in attendance for the first two months of staff appointment whenever the privilege is exercised and obtain a written evaluation from the proctor.

At the end of the two-month period, the physician may request the Section of Pediatrics that the direct supervision requirement is lifted. If the above (4.) is not fulfilled, associate-staff membership will automatically expire (reference Pediatric Section eligibility requirements).

SPECIAL REQUESTS:

Newborn Hearing Screening
Physicians applying for this privilege must recognize the following:
- Responsible and liable for all acts of the hearing-screening program to ensure they do not exceed those granted by the Section of Pediatrics.
- Responsible for reviewing/monitoring hearing screening protocols.
- Responsible for reviewing parent education process.
- Monitor referral process and outcomes of hearing program with hearing screening coordinator.
- Physicians will review quarterly and annually the hearing screening data & present it to the Pediatrics Section.
- Provide quality assurance reports to the Section of Pediatrics on an annual basis.
- Follow hospital policies and procedures, including infection control and safety awareness.

1. Submission of verification of completion of hearing and screening training
SPECIAL REQUESTS (cont.):

_____ **Moderate (Conscious) Sedation/ Analgesia Privileges**

Applicants must complete the Moderate Sedation Test found in Medical Staff Policy 1.8 and acknowledge receipt of both the Medical Staff Policy as well as the Hospital General Administrative Policy GA320.

_____ **Central Catheter** *(includes umbilical arterial catheter, umbilical venous catheter & PICC lines)*

1. Completion of 10 in the last two years. (submit documentation); **or**
2. If residency training has been completed in the last two years, a letter from the residency director attesting to competence.

_____ **Thoracentesis**

1. Completion of 2 in the last two years. (submit documentation); **or**
2. If residency training has been completed in the last two years, a letter from the residency director attesting to competence.

SPECIALTY PEDIATRIC PRIVILEGES:  
SUBSPECIALTY: _________________________

1. Review by Specialty Section for specific privileges. (Please specify)
2. Review by the Pediatrics Section.

_____ **Ventilator Care – Neonatal**

1. Completion of 10 in the last two years. (submit documentation); **or**
2. A letter from the residency director attesting to competence if the physician’s residency has been completed in the last two years.

_____ **Ventilator Care – Pediatric**

1. Completion of 10 cases in the last two years. (submit documentation); **or**
2. A letter from the residency director attesting to competence if the physician’s residency has been completed in the last two years.

REAPPOINTMENT:  
At reappointment (every two years) it is assumed that physicians who are actively taking call for the Pediatrics Department have performed a sufficient number of varied procedures to be considered competent for core privileges, assuming that hospital quality indicators do not indicate otherwise. Physicians who wish to regain certain privileges they have not held are eligible to request said privileges with a two-month mentoring period.

(amended 3/02)

Applicant’s Name (please print)  
Applicant’s Signature  
Date
SMRMC

Plastic Surgery Section
RULES & REGULATIONS

Section 1. Qualifications
Basic Education: M.D. or D.O.
Minimal formal training: Successful completion of post-graduate residency program in plastic surgery approved by the ACGME or AOA. Certified or eligible to be certified by the American Board of Plastic Surgery.
Required previous experience: For individuals who have just completed an approved residency, a letter from their program chairman, supporting the granting of full privileges at the associate staff level, is necessary. For all others, the successful applicant must document performance of at least 100 plastic surgical procedures during the past 12 months. The Section of Plastic Surgery will decide if the documented experience is broad enough to warrant full privileges. He/she may require further documentation of clinical competence or additional proctoring in a specific area before granting privileges in a specific area.

Section 2. Scope of Service
Core privileges and special privileges as determined by the Plastic Surgery Section with concurrence of the Credentials-Privileges Committee and the Medical Executive Council are delineated on the Plastic Surgery Section privilege application form with accompanying and qualifying criteria and expectations. Surgical privileges will be granted on the basis of previous training, demonstrated competence, and ability both as to technical proficiency and surgical judgment.

Section 3. Meetings
The Section will meet as needed and report to the Surgical Services Division.

Section 4. Quality Improvement
The Section of will participate in ongoing quality management and performance improvement.

Section 5. Continuing Medical Education
The Section of Plastic Surgery will participate in continuing medical education through the elective attendance of its members at CME presentations.

Section 6. Reappointment/Current Clinical Competence
All members of the Section are reappointed every two years in accordance with the Bylaws and Credentialing Policies of the Medical Staff. Since reappointment is an affirmation of good clinical practice, each applicant will provide evidence of activity sufficient to demonstrate current clinical competence for the privileges requested.

Section 7. Mentoring and Elevation to Active Staff
7a. A minimum one year associate-staff tenure per Medical Staff Bylaws is required
7b. Associate staff members, after six months of observation, may petition the Section to do specific procedures without mentoring (this does not connote Active staff advancement which requires one-year minimum tenure on Associate staff status).

7c. Advancement to the Active Staff will be considered after one year, with satisfactory completion of:
   A minimum of 20 mentored major plastic surgery procedures performed at either Saint Mary's Regional Medical Center or Renown Medical Center operating facilities, at least 10 of which are performed at Saint Mary's Regional Medical Center, which are a representative cross section of plastic surgery and which have been approved by the Plastic Surgery Section. 40% of the 20 cases will be mentored by an active staff member not in the individual's group.

7d. Approval for associate-staff privileges and/or advancement to active-staff with active-staff privileges within the Plastic Surgery Section of SMRMC remains independent of Renown or any other medical facility.
Section 8. Plastic Surgery Delineation of Privileges/Application Form

DELINEATION OF PRIVILEGES
PLASTIC SURGERY

Basic Education: MD or DO

Minimal Formal Training: Successful completion of post-graduate residency program in plastic surgery approved by the ACGME or AOA.

Required Previous Experience: For individuals who have just completed an approved residency, a letter from their program chairman, supporting the granting of full privileges at the associate staff level, is necessary. For all others, the successful applicant must document performance of at least 100 plastic surgical procedures during the past 12 months. The Section of Plastic Surgery will decide if the documented experience is broad enough to warrant full privileges. He/she may require further documentation of clinical competence or additional proctoring in a specific area before granting privileges in a specific area.

Applicant’s Name (please print)

Core Privileges in Plastic Surgery

Reflecting the position of the American Board of Plastic Surgery, the American Society of Medical Specialties and the practice at Saint Mary’s Regional Medical Center, privileges encompass the skills required in the admission, diagnosis, preoperative, operative, and postoperative management of patients of all ages in the following areas consistent with the practice of Plastic Surgery.

- Congenital defects of the head & neck;
- Head and neck neoplasms;
- Head and neck trauma;
- Breast;
- Hand/upper extremity;
- Trunk/genitalia;
- Lower extremities;
- Skin/soft tissue neoplasm;
- Burns;
- Cosmetic;
- Harvesting free flap;
- Liposuction;
- Complex hand surgery;
- Microsurgery
SPECIAL REQUESTS
These plastic surgery procedures require additional documentation of:

_____ Moderate (Conscious) Sedation/ Analgesia Privileges
Applicants must complete the Moderate Sedation Test found in Medical Staff Policy 1.8 and acknowledge receipt of both the Medical Staff Policy as well as the Hospital General Administrative Policy GA320.

_____ Laser Privileges
_____ Endoscopic surgery
_____ Laser resurfacing

1. Completion of a certified course; OR
   Certificate or verification of training during residency; and
2. Proctoring for the first two cases.

Applicant’s Signature ___________________________ Date _____________
SMRMC

Radiation Therapy Section
RULES & REGULATIONS

Section 1. Qualifications
Basic Education: M.D. or D.O.
Minimal formal training: Successful completion of an approved four-year residency in radiation oncology or successful completion of a three-year residency followed by a one-year fellowship program in radiation oncology at an institution approved for ACGME graduate medical education.

Required previous experience: Primary or consultative services in radiation oncology for at least 25 patients over the past 12 months.

Section 2. Scope of Service
Core privileges and special privileges as determined by the Radiation Therapy Section with concurrence of the Credentials-Privileges Committee and the Medical Executive Council are delineated on the Radiation Therapy Section privilege application form with accompanying and qualifying criteria and expectations.

Section 3. Meetings
The Section will meet as needed and report to the Medical Services Division.

Section 4. Quality Improvement
The Section of Radiation Therapy will participate in ongoing quality management and performance improvement.

Section 5. Continuing Medical Education
The Section of Radiation Therapy will participate in continuing medical education through the elective attendance of its members at CME presentations.

Section 6. Reappointment/Current Clinical Competence
All members of the Section are reappointed every two years in accordance with the Bylaws and Credentialing Policies of the Medical Staff. Since reappointment is an affirmation of good clinical practice, each applicant will provide evidence of activity sufficient to demonstrate current clinical competence for the privileges requested.

Outcomes will be considered in reappointment. Criteria will include but may not be limited to: Rectal ulcer rates, proctitus, injuries, and returns to OR due to misplacement as evidenced by post-procedure CT scan.

Section 7. Mentoring and Elevation to Active Staff
7a. Associate-staff member must serve a tenure of at least 12 months
7b. Attendance to at least 50% of section meetings and at least one Medical Services Division meeting.
7c. Review of outcomes will be considered at time of advancement and then at each subsequent reappointment.
7d. Approval for associate-staff privileges and/or advancement to active-staff with active -staff privileges within the Radiation Therapy Section of SMRMC remains independent of Renown or any other medical facility.

As originally approved by SMRMC Community Board 9/25/01
Reviewed/re-approved approved 02/23/10
Amended to 05/03/10
Section 8. Requirements for Consideration of Staff Membership for Physicians:

- Unable to Fulfill Bylaw Requirement of 3 of Prior 5 Years (Article III, Section 2C.)
- Qualifying for Bylaws Re-Entry Staff Status (Article III, Section 2G.)

8a. Fulfill all requirements for medical staff membership per Medical Staff Bylaws and Rules and Regulations of the Radiation Therapy Section except Article III, 2C., (3 of prior 5 years in active practice of specialty). Qualify for Re-Entry Staff category, Article III, 2G.

8b. A minimum requirement for continuing medical education consistent with the requirements for Nevada State Licensure (40 hours/2 years) during the period of absence from clinical practice must be shown.

8c. Board re-certification within the last three years by the American Board of Radiology in the specialty of Radiation Oncology is required.

8d. Letters of references from a minimum of three physicians with Active Staff membership at SMRMC outside the specialty of radiation oncology will be provided.

8e. Achievement of the above requirements is necessary for granting of Re-Entry Staff status Core Privileges in Radiation Oncology. Additional requests for Intracavitary (Low Dose Rate) Brachytherapy, High Dose Rate Brachytherapy, and Transperineal Radioactive Seed Implantation are subject to the requirements outlined in the SMRMC Medical Staff Radiation Therapy Section Rules & Regulations for special privileges in radiation oncology.

8f. Mentoring requirements

- In addition to mentoring requirements of the Medical Staff Bylaws, Article III, 2G., mentoring for a minimum of 90 new patient consults and simulations and a minimum of 6 months of full-time clinical practice under mentoring of a radiation oncologist with Active Staff membership and privileges at St Mary’s Regional Medical Center (SMRMC). These patients do not necessarily have to be patients treated specifically at SMRMC.

- A patient log (Appendix 1) will be maintained and reviewed upon meeting the above minimum requirements. The log must reflect a broad experience in the field of radiation oncology, including involvement in the top five cancer diagnoses seen in radiation oncology.

- A minimum random sampling of 15% of cases seen will be audited by the Radiation Oncology Section. Specifically, appropriateness for radiation therapy, proper treatment simulation and planning, proper selection of treatment modality and technology, management of ongoing daily treatment, and management of follow-up and cancer surveillance will be reviewed for competency. Appendix 2 is provided as a suggested chart audit template.
Radiation Therapy Section – Re-Entry Staff Criteria Patient Log
Appendix 1. Patient Log

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<th>Pt Number</th>
<th>Date Consult</th>
<th>Date Simulation</th>
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<th>Stage</th>
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Radiation Therapy Section – Re-Entry Staff Criteria Patient Log
Appendix 2. Chart Audit

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Appropriateness of:

1 Treatment selection  0=no  1=yes
2 Treatment field/prescription dose
3 Selection of modality/technology
4 Daily management of treated patient
5 Follow-up care
Section 9. Radiation Oncology Delineation of Privileges/Application Form

DELINEATION OF PRIVILEGES
RADIATION ONCOLOGY

Basic Education: MD or DO

Minimal formal training: Successful completion of an approved four-year residency in radiation oncology or successful completion of a three-year residency followed by a one-year fellowship program in radiation oncology at an institution approved for ACGME graduate medical education.

Required previous experience: Primary or consultative services in radiation oncology for at least 25 patients over the past 12 months.

Core Privileges in Radiation Oncology
Core privileges include general medical management of patients (i.e. assessment and admission, inpatient care, discharge, and obtaining and providing consultations if needed for patients adolescent age or above admitted or in need of care to treat general medical problems); CT simulation procedures; and external beam three-dimensional conformal and intensity modulated radiation therapy planning and treatment.

Moderate (Conscious) Sedation/ Analgesia Privileges
Applicants must complete the Moderate Sedation Test found in Medical Staff Policy 1.8 and acknowledge receipt of both the Medical Staff Policy as well as the Hospital General Administrative Policy GA320.

Transperineal Radioactive Seed Implantation (Brachytherapy)
1. Board certification or Board admissibility* in Radiation Oncology with eligibility for NRC licensure; and
2. CME course with minimum of 1 day didactic, 1 day observation of 1-3 procedures, and completion of 3 procedures under the direct supervision of a physician with current privileges to perform seed implantation; OR
   Documentation of comparable training and experience; OR
   Documentation of successful completion of 5 procedures at another facility with documented outcomes.

Intracavitary Radiation Therapy (Low Dose Rate)
1. Board certification or Board admissibility* in Radiation Oncology with eligibility for NRC licensure; and
2. CME course with minimum of 1 day didactic, 1 day observation of 1-3 procedures, and completion of 3 procedures under the direct supervision of a physician with current privileges to perform seed implantation; OR
   Documentation of comparable training and experience; OR
   Documentation of successful completion of 5 procedures at another facility with documented outcomes.

High Dose Rate Brachytherapy (Interstitial or Intracavitary)
1. Board certification or Board admissibility* in Radiation Oncology with eligibility for NRC licensure; and
2. CME course with minimum of 1 day didactic, 1 day observation of 1-3 procedures, and completion of 3 procedures under the direct supervision of a physician with current privileges to perform seed implantation; OR
Documentation of comparable training and experience; **OR**
Documentation of successful completion of 5 procedures at another facility with documented outcomes.

* Board certified or Board admissible and in the orderly process of obtaining board certification by a board accredited by the American Board of Medical Specialties, the American Board of Osteopathic Specialties, or the American Association of Physician Specialists. If the specialty board has no limit on admissibility, the physician must become board certified within two years of the time that the specialist is board admissible.

Cyberknife® Stereotactic Radiosurgery (SRS)

**A. Initial appointment:**
- Intracranial SRS
- Extracranial SRS

1. Board certification or Board admissibility in Radiation Oncology with eligibility for NRC licensure, or Board certification or Board admissibility in General Surgery or surgical subspecialty.

**AND**

2. **ONE** of the following:
   a. Documentation of substantial Cyberknife® clinical experience (a minimum of 10 cases successfully completed) involving relevant anatomic treatment site (intracranial and/or extracranial).

   b. Completion of Accuray sponsored or equivalent Cyberknife® training course, and documentation of prior non-Cyberknife® substantial clinical SRS experience (a minimum of 10 cases successfully completed).

   c. Completion of Accuray sponsored or equivalent Cyberknife® training course, and successful completion of 5 Cyberknife® SRS cases under the direct supervision of a physician with current privileges to perform Cyberknife® SRS. Practitioner must also demonstrate competence in case selection, fiducial placement mentoring, anatomy contouring, treatment planning, dose prescription, and treatment delivery.

   d. Documentation of substantial SRS experience (a minimum of 10 cases successfully completed) relevant to the pertinent treatment site (intracranial and/or extracranial), and performance of 5 Cyberknife® SRS cases under the direct supervision of a physician with current privileges to perform Cyberknife® SRS. Practitioner must also demonstrate competence in case selection, fiducial placement mentoring, anatomy contouring, treatment planning, dose prescription, and treatment delivery.

**B. Reappointment:** Biennial reappointment requires documentation of successful completion of 5 10 Cyberknife® SRS cases involving pertinent body site (intracranial and/or extracranial)

Applicant’s Name (please print) ____________________________ Applicant’s Signature ____________________________ Date ________________
SMRMC

Radiology Section
RULES & REGULATIONS

Section 1. Qualifications
Basic Education: M.D. or D.O.
Minimal formal training: A formal residency training program in the specialty of Radiology and either pending board certification or board certified by the American Board of Radiology.

Section 2. Scope of Service
Core privileges and special privileges as determined by the Radiology Section with concurrence of the Credentials-Privileges Committee and the Medical Executive Council are delineated on the Radiology Section privilege application form with accompanying and qualifying criteria and expectations.

Section 3. Meetings
The Section will meet as needed and report to the Medical Services Division.

Section 4. Quality Improvement
The Section of Radiology will participate in ongoing quality management and performance improvement.

Section 5. Continuing Medical Education
The Section of Radiology will participate in continuing medical education through the elective attendance of its members at CME presentations.

Section 6. Reappointment/Current Clinical Competence
A reappraisal is conducted at the time of reappointment, which includes confirmation of adherence to medical staff membership requirements stated in the Bylaws, relevant results from quality improvement activities reflecting evaluation of professional performance, judgment, and clinical/technical skills. At reappointment, privileges may be increased, reduced, or terminated because of (1) assessments of documented performance, or (2) nonuse of privileges for a high-risk procedure or treatment over the last two years. Because hospital practices and clinical techniques change over time, it would be unusual if clinical privileges were not to change also.
   1. Successful peer review of a minimum of 50 random cases including those relative to the physician’s current privileges.
   2. Maintain Board certification and State license.

Section 7. Mentoring and Elevation to Active Staff
7a. Members are eligible to request elevation to Active staff, or release from mentoring, consistent with the Bylaws and Credentialing Policies of the Medical Staff.
7b. Associate staff status is required for a minimum of 12 months.
7c. Eligibility for Active staff advancement will be based on mentoring, case documentation, and fulfillment of medical staff membership obligations occurring within the 12 to 24 months immediately preceding eligibility and application for advancement.
7d. Approval for Associate-staff privileges and/or advancement to Active-staff with Active-staff privileges within the Radiology Section of SMRMC remains independent of Renown or any other medical facility.
Section 8. Radiology Delineation of Privileges/Application Form

DELINEATION OF PRIVILEGES
RADIOLOGY

I HEREBY APPLY FOR THE FOLLOWING PRIVILEGES AT SAINT MARY’S REGIONAL MEDICAL CENTER:

____________________________________  _______________________________________  __________
Applicant’s Name (please print)  Applicant’s Signature  Date

**Basic Education** M.D. or D.O.

**Minimal Formal Training** Successful completion of an ACGME approved residency in diagnostic radiology.

**Required Previous Experience** Board certified by the American Board of Radiology within 13 months of the day granted initial privileges.

________ Admitting privileges for overnight observation
Privileges may be requested by a staff member who has completed a formal residency training program in the specialty of Radiology and either pending board certification or board certified by the American Board of Radiology.

________ Core privileges in Radiology
Privileges include: plain radiographic interpretation; interpretation of general, vascular and obstetrical ultrasound; computed tomography; magnetic resonance imaging; nuclear medicine to include study interpretation as well as 1-131 therapy and interpretation of positron emission tomography studies; fluoroscopy; basic radiologic procedures performed under CT, ultrasound, fluoroscopic and MR guidance including percutaneous biopsy (abscess, fluid collection, or cyst aspiration and drainage), arthrography, sialography, venography, basic angiography including aortography and peripheral runoff procedures, wire localization of breast masses, chest tube placement, PICC line placement, image guided central line placement, myelography, epidural blood patch placement, hysterosalpingography and hysterosonography; conscious sedation or procedural sedation (if fulfills the test requirements below).

________ Moderate (Conscious) Sedation/ Analgesia Privileges
Applicants must complete the Moderate Sedation Test found in Medical Staff Policy 1.8.
SPECIAL REQUESTS:

These procedures require additional documentation as indicated:

______ Interventional Radiology Privileges

**Required Experience:** All requirements as listed above for Core Privileges in addition to:

- Completion of a one-year angiography interventional radiology fellowship and
- Eligibility to take the board examination for the certificate of added qualification in interventional radiology and
- Member of the Society of Interventional Radiology

OR

- Completion of a two-year neuroradiology fellowship and
- Eligible for the certificate of added qualification examination in neuroradiology and
- Senior member of the American Society of Neuroradiology.

**Scope of Interventional Radiology Privileges includes:**

Carotid and cerebral angiography; arterial and venous angioplasty and stent placement; embolization of tumors and vascular malformations; transjugular intrahepatic portal systemic shunt placement; arteriovenous thrombolysis; venous dialysis fistula repairs; percutaneous dialysis catheter placement; placement of buried venous access ports and removal of such devices; general venous access procedures; percutaneous biliary drainage; percutaneous nephrostomy; percutaneous cecostomies; percutaneous cystostomies; vertebroplasty, kyphoplasty, ureteral stent placement; foreign body retrieval; common bile duct stent placement; common file duct and ureteral stone retrieval; catheter stripping; percutaneous gastrostomy; nerve root and epidural injection procedures.

______ Specific Screening and Diagnostic Mammography Privileges

Applicant must fulfill criteria established by the Mammography Quality Standards Act (MQSA).

**Reappointment:**

A reappraisal is conducted at the time of reappointment, which includes confirmation of adherence to medical staff membership requirements stated in the Bylaws, relevant results from quality improvement activities reflecting evaluation of professional performance, judgment, and clinical/technical skills. At reappointment, privileges may be increased, reduced, or terminated because of (1) assessments of documented performance, or (2) nonuse of privileges for a high-risk procedure or treatment over the last two years. Because hospital practices and clinical techniques change over time, it would be unusual if clinical privileges were not to change also.

1. Successful peer review of a minimum of 50 random cases including those relative to the physician's current privileges.
2. Maintain Board certification and State license.
SMRMC

Urology Section
RULES & REGULATIONS

Section 1. Qualifications
Basic Education: M.D. or D.O.
Minimal formal training: Successful completion of a post-graduate residency program in urology approved by the ACGME and certified or active candidate to be certified by the American Board of Urology.
Required previous experience: Documentation of performing at least 50 urological procedures during the past 24 months.

Section 2. Scope of Service
Core privileges and special privileges as determined by the Urology Section with concurrence of the Credentials-Privileges Committee and the Medical Executive Council are delineated on the Urology Section privilege application form with accompanying and qualifying criteria and expectations.

Section 3. Meetings
The Section will meet as needed and report to the Surgical Services Division.

Section 4. Quality Improvement
The Section of Urology will participate in ongoing quality management and performance improvement.

Section 5. Continuing Medical Education
The Section of Urology will participate in continuing medical education through the elective attendance of its members at CME presentations.

Section 6. Reappointment/Current Clinical Competence
6a. All members of the Section are reappointed every two years in accordance with the Bylaws and Credentialing Policies of the Medical Staff. Since reappointment is an affirmation of good clinical practice, each applicant will provide evidence of activity sufficient to demonstrate current clinical competence for the privileges requested.
6b. A reappraisal is conducted at the time of reappointment, which includes confirmation of adherence to medical staff membership requirements stated in the Bylaws, relevant results from quality improvement activities reflecting evaluation of professional performance, judgement, and clinical/technical skills. At reappointment, privileges may be increased, reduced, or terminated because of (1) assessments of documented performance, or (2) nonuse of privileges for a high-risk procedure or treatment over the last two years. Because hospital practices and clinical techniques change over time, it would be unusual if clinical privileges were not to change also.
   - The successful applicant must be able to demonstrate performance of at least 20 major urological procedures during the past 24 months. These procedures must indicate sufficient experience for privileges the physician intends to exercise.
   - If a physician cannot demonstrate performance of 20 major urological procedures in the last 24 months, the physician may request specific privileges, commensurate with
current clinical competence. Current clinical competence is generally indicated by having successfully completed at least five cases involving the procedure/treatment.

**Section 7. Mentoring and Elevation to Active Staff**

Advancement to Active Staff will be in accordance with the Bylaws, Rules and Regulations, and Credentialing Policies of the Medical Staff. Advancement will be considered after twelve (12) months, with satisfactory completion of a minimum of twenty (20) mentored major urological procedures performed at any of the Medicare approved operating facilities in the Reno area. These procedures must be a representative cross section of urological surgery, approved by the Urology Section. At least twenty-five percent must be mentored by individuals not in the Associate Staff physician's group.

Approval for associate-staff privileges and/or advancement to active-staff with active-staff privileges within the Urology Section of SMRMC remains independent of Renown or any other medical facility.

**Section 8. Criteria for Urology Privileges for Non Urologists**

Non-urology physicians who apply for urology procedures listed on the urology-privilege-application form must fulfill the following:

1. Adequate residency training or;
2. Must be approved by a majority vote of the Urology Section and be proctored by urologists.
Section 9. Urology Delineation of Privileges/Application Form

DELINEATION OF PRIVILEGES
UROLOGY

Basic Education: MD or DO

Minimal Formal Training: Successful completion of a post-graduate residency program in urology approved by the ACGME and certified or active candidates to be certified by the American Board of Urology.

Required Previous Experience: The successful applicant must be able to demonstrate that he or she has performed at least 50 urological procedures during the past 24 months.

_____ CORE PRIVILEGES IN UROLOGY
Privileges include the admission, consultation, work-up and pre- and post-operative care of patients presenting with illnesses or injuries of the genitourinary system.

Applicant’s Name (please print)   Applicant’s Signature   Date

SPECIAL REQUESTS:

These procedures require additional documentation.

_____ Moderate (Conscious) Sedation/Analgesia Privileges
Applicants must complete the Moderate Sedation Test found in Medical Staff Policy 1.8 and acknowledge receipt of both the Medical Staff Policy as well as the Hospital General Administrative Policy GA320.

_____ Laser Privileges
1. Documentation that a certified laser safety course has been taken
   OR
2. Certificate or verification of training during residency; and
3. Proctoring for the first two cases

_____ Laparoscopy
1. Surgical privileges to perform the procedure on an open basis;
2. Certificate or verification of training during residency; OR accredited laparoscopy course consisting of a minimum of 8 hours training, including four-hour laboratory period involving animal work, performing actual laparoscopy insertion techniques and intra-abdominal manipulation; demonstration that the course includes laser physics and laser safety must accompany the request for the laser privileges; and
3. Documented as first assistant at 10 diagnostic or operative laparoscopy cases; and
4. Laser privilege request and fulfillment of laser privilege criteria as appropriate; and
5. Proctored for first 5 diagnostic or operative laparoscopic procedures
**Extracorporeal Shock-Wave Lithotripsy (ESWL)**
1. The physician must receive an in-service on the equipment; *and*
2. Must be mentored for the first (four) cases.

**Transperineal Radioactive Seed Implantation (Brachytherapy)**
1. Board certification or admissibility in Urology with evidence of specific training in ultrasonography of the prostate; *and*
2. A) CME course with minimum of 1 day didactic, 1 day observation of 1-3 procedures and completion of 3 procedures under the direct supervision of a physician with current privileges (can be radiation oncologist) to perform implantation; *OR*
   B) Documentation of comparable training and experience in residency; *OR*
   C) Documentation of successful completion of 5 procedures at another facility with documented outcomes; *and*
3. Competence must be demonstrated at reappointment based on outcomes.

**Cryosurgery: Ablation of the Prostate and Renal Tumors**
1. Board certification or admissibility in Urology with evidence of specific training in ultrasonography of the prostate; and
2. A) CME course consisting of didactic and laboratory procedures and completion of 3 procedures under the direct supervision of a local physician with this privilege or a non-local physician provided by the vendors; OR
   B) Documentation of comparable training and experience in residency; OR
   C) Documentation of successful completion of 5 procedures at another facility with documented outcomes; and
3. Competence must be demonstrated at reappointment based on outcomes.

**Radiofrequency Ablation**
1. Board certification or admissibility in Urology with evidence of specific training in ultrasonography of the prostate; and
2. A) CME course consisting of didactic and laboratory procedures and completion of 3 procedures under the direct supervision of a local physician with this privilege or a non-local physician provided by the vendors; OR
   B) Documentation of comparable training and experience in residency; OR
   C) Documentation of successful completion of 5 procedures at another facility with documented outcomes; and
3. Competence must be demonstrated at reappointment based on outcomes.

**Elevation to Active Staff:**
1. Advancement to Active Staff will be in accordance with the Bylaws and Rules and Regulations of the Medical Staff.
2. Attendance at a minimum of four meetings of their specialty of which at least one must be a Division meeting. If there are no specialty meetings available, then all four must be Division meetings.
3. Advancement will be considered after twelve (12) months, with satisfactory completion of a minimum of twenty (20) mentored major urological procedures performed at any of the Medicare approved operating facilities in the Reno area. These procedures must be a
representative cross section of urological surgery, approved by the Urology Section. At least twenty-five percent must be mentored by individuals not in the Associate Staff physician's group.

**Reappointment:**
A reappraisal is conducted at the time of reappointment, which includes confirmation of adherence to medical staff membership requirements stated in the Bylaws, relevant results from quality improvement activities reflecting evaluation of professional performance, judgement, and clinical/technical skills. At reappointment, privileges may be increased, reduced, or terminated because of (1) assessments of documented performance, or (2) nonuse of privileges for a high-risk procedure or treatment over the last two years. Because hospital practices and clinical techniques change over time, it would be unusual if clinical privileges were not to change also.

1. The successful applicant must be able to demonstrate performance of at least 20 major urological procedures during the past 24 months. These procedures must indicate sufficient experience for privileges the physician intends to exercise.

2. If a physician cannot demonstrate performance of 20 major urological procedures in the last 24 months, the physician may request specific privileges, commensurate with current clinical competence. Current clinical competence is generally indicated by having successfully completed at least five cases involving the procedure/treatment.