

**RULES & REGULATIONS OF THE MEDICAL AND DENTAL STAFF OF  
PRESBYTERIAN HEALTHCARE SERVICES  
ALBUQUERQUE, NEW MEXICO**

Revised March 2012

<b>I. Credentialing Process</b> .....	2
<b>II. Admission, Care, &amp; Discharge of Patients</b> .....	2
<b>III. Clinical Experiments and Research</b> .....	4
<b>IV. Treatment of Mass Casualties</b> .....	5
<b>V. Medical Records</b> .....	5
<b>VI. General Rules for Surgical Care</b> .....	13
<b>VII. Clinical Divisions and Sections</b> .....	14
<b>A. Emergency Medicine</b> .....	14
<b>B. Family Practice</b> .....	18
<b>1. Ambulatory Medicine</b> .....	19
<b>C. Medicine</b> .....	20
<b>D. Cardiology</b> .....	21
<b>E. Gastroenterology</b> .....	23
<b>F. Neurology</b> .....	24
<b>G. Obstetrics and Gynecology</b> .....	24
<b>H. Orthopedic Surgery</b> .....	27
<b>I. Pathology</b> .....	28
<b>J. Pediatrics</b> .....	29
<b>K. Psychiatry</b> .....	30
<b>L. Radiology</b> .....	31
<b>M. Surgical Clinical Services</b> .....	32
<b>N. Anesthesiology</b> .....	33
<b>O. General Surgery</b> .....	34
<b>P. Neurosurgery</b> .....	35
<b>Q. Ophthalmology</b> .....	35
<b>R. Oral and Maxillofacial Surgery</b> .....	36
<b>S. Otolaryngology Health and Neck Surgery</b> .....	37
<b>T. Plastic and Reconstructive Surgery</b> .....	39
<b>U. Thoracic and Cardiovascular Surgery</b> .....	39
<b>V. Urology</b> .....	39
<b>VIII Ancillary Medical Staff</b> .....	41
<b>A. Scientific and Paramedical Staff</b> .....	41
<b>1. Clinical Psychology</b> .....	41
<b>2. Podiatry</b> .....	43
<b>3. Speech Pathologists/Audiologists</b> .....	45
<b>B. Allied Health Personnel</b> .....	45
<b>1. Introduction</b> .....	45
<b>2. Procedure for Appointment</b> .....	45
<b>3. Reappointment Process</b> .....	46
<b>4. Privilege Termination and Procedural Rights</b> .....	46

**RULES AND REGULATIONS OF  
THE MEDICAL AND DENTAL STAFF OF  
PRESBYTERIAN HEALTHCARE SERVICES  
ALBUQUERQUE, NEW MEXICO**

**I. Initial Medical and Dental Staff Credentialing Process by Criteria Based Tracking.**

Applications for Medical Staff membership and clinical privileges as well as request for additional clinical privileges, reappointment, and reassignment of privileges has been simplified using a criteria based process. Approved Policies regarding this “Fast Track” method of credentialing are updated and approved by the Medical Executive Committee and are available in the Office of Medical Staff Affairs. The Board of Trustees has designated a Credentialing Subcommittee to act on its behalf to approve the affirmative recommendations of the Medical Staff under the defined criteria. This entire methodology is designed to expedite application for Medical Staff membership, reappointment, and clinical privileges.

**II. Admission, Care & Discharge of Patients**

A. The authority for admission of patients to a Presbyterian Healthcare Services inpatient facility (hereinafter “facility”) has been vested in Presbyterian Healthcare Services Administrator by the Board of Trustees. Requests for admission are made by the Staff member but the final approval rests with the Administrator.

B. Presbyterian Healthcare Services shall accept patients with all types of diseases, including emotional disturbances and addictive diseases, providing that facilities are available for care of the patient and protection of personnel.

C. A patient may be admitted to, or discharged from a facility only by a member of the Medical Staff with admitting privileges or his/her designee. Should a patient leave a facility against advice, a notation of the incident shall be made in the record.

D. When, in the opinion of the attending physician, patient needs for care or safety could be better met in another facility, transfer shall be arranged in accordance with federal, state, and health plan regulations and the transferring physician shall contact the physician to whom referred. Pertinent patient care portions of the medical record shall be copied to accompany the patient.

E. The practitioner who admits a patient shall be responsible for the provision of medical care to the patient. Whenever a member transfers this responsibility it shall be entered in the medical record.

F. Each member of the Medical Staff who is not available for the care of his/her patients shall name a member of the Medical Staff with equivalent privileges who is available and who will accept responsibility for continuing care of the Staff member’s patients in the Hospital, including discharge or transfer to alternate facilities when medically indicated. In case of failure to name such an associate, the Chief of Staff, Chief of the Division/Section concerned, or Medical Director shall have authority to call any member of the Active/Associate Staff to provide necessary medical care.

G. All hospitalized patients will be seen at least once daily by a privileged practitioner except in long-term care units which will establish their own policies in accordance with internal, state, or federal regulations. **(amended 9/2011)**

H. Except in an emergency, no patient shall be admitted to a facility until a provisional diagnosis or valid reason for admission has been stated. In the case of an emergency, such statement shall be recorded as soon as possible. In all cases, Staff members admitting patients shall be held responsible for giving such

information as may be necessary to assure protection of the patient from self-harm and to assure the protection of others.

I. A general consent form for diagnosis and treatment, signed by or on behalf of every patient admitted to a facility, shall be obtained at the time of admission.

J. Additional written, signed consents shall be obtained prior to diagnostic, therapeutic or operative procedures which have inherent risk. In the case of emergencies involving a minor or a patient who is unconscious or otherwise incompetent or when the patient's life is in jeopardy and suitable consent cannot be obtained, the circumstances shall be fully recorded in the medical record. In such instances, when time permits, a consultant's opinion is desirable.

K. Opinions requiring medical judgment, evaluation of the significance of medical histories and physical examinations, authentication of medical records and the prescribing of treatment shall be made only by members of the Medical Staff with clinical privileges.

L. All dictated or written diagnostic and therapeutic orders must be authenticated by the responsible practitioner within seventy-two (72) hours.

M. Restraint orders must be reviewed and renewed every 4 hours for adults; every 2 hours for children (age 9-17); and every hour for children under the age of 9.

N. All pre-operative or pre-transfer orders for patient care shall be reviewed and authenticated with signature, time, and date by the attending physician at the time of surgery or on transfer to or from the designated critical care areas and the long-term care units. **(Amended 3/2009)**

O. Timely admission orders for non-critical care units including diagnosis, therapeutic orders, laboratory, diet and activity orders, and other ancillary studies will be submitted. Patients in critical care units will be seen and orders written within two hours. When possible, emergency or urgent consultations will be personally requested by the attending practitioner.

P. Standing orders must be approved by the Medical Executive Committee upon the recommendation of the appropriate medical staff Division, section, or committee. The standing orders are to be followed insofar as proper treatment of the patient will allow and shall be signed by the practitioner.

Q. The use of patient's own medications shall be reserved for only those circumstances where it would be difficult or impractical to dispense the medication from the pharmacy. If a patient's personal supply will be used, a written order must be placed in the chart. The medication will be stored on the unit unless self-administration is ordered by the physician. Orders for patient's own medications or for self-administration shall include the name of the drug, dosage to be given, and frequency of administration. The usage, storage and destruction of patient's own medication must comply with the medical staff's approved Patient Care Policy on *Patients' Own Medications*.

R. When orders are unclear, incomplete or illegible, the authorized employee receiving the order shall obtain clarification from the practitioner. The order will not be carried out until clarified. The clarified order will be written as a verbal order and authenticated as with other orders.

S. Stop orders must comply with the medical staff approved Patient Care Policy on Medication Stop orders.

T. A facility formulary shall be maintained by the Pharmacy under the direction of the Pharmacy and Therapeutics Committee. The facility formulary permits a physician to order from drugs that are listed. When the brand of drug ordered is not listed in the formulary, the Pharmacy may dispense an equivalent drug of a different brand. However, it shall be within the discretion of the physician, at the time of prescribing, to disapprove substitution of a drug of a different proprietary brand than that ordered. All

medications are administered by or under the supervision of appropriately licensed personnel in accordance with applicable law and regulation.

U. A Staff member who desires to use a drug that has not been approved for any purpose by the Food and Drug Administration shall follow procedures outlined by the Pharmacy and Therapeutics Committee and approved by the Medical Executive Committee. In all cases where such a drug is used, the patient shall complete an informed consent form approved by the Institutional Review Board and the drug shall be dispensed from the Pharmacy on order of the physician. The procedures to follow shall be available at the Pharmacy.

V. Routine laboratory procedures for patients admitted for one (1) day or less for diagnostic procedures or for surgical procedures may be developed as indicated by the appropriate clinical service. Clinical Divisions/sections may establish needed pre-operative laboratory and ancillary studies prior to operative procedures.

W. Isolation of patients for certain infections and contagious diseases shall be required as specified by the Infection Control Committee.

X. Individual infection control reports shall be maintained in the Nurse Epidemiologist's office.

Y. In the event of a patient's death in a facility, the deceased shall be pronounced dead by the responsible physician or his/her designee. The body shall not be released until an entry has been made in the medical record by a member of the Medical Staff or his/her designee.

Z. Credentialing criteria for Acupuncture is as follows: The applicant must be a credentialed physician member of the Medical Staff. The applicant must have obtained 200 hundred hours of graduate training in Medical Acupuncture at AMA Category I Certified Programs or equivalent training approved by the hospital's Medical Acupuncture Committee if such a Committee is in operation, or by consultation with or endorsed by the American Academy of Acupuncture. The applicant must present three (3) letters of recommendation, specifically addressing and attesting to the applicant's qualifications and experience in practicing medical acupuncture. Physicians practicing Medical Acupuncture in the hospital are expected to establish diagnosis within the traditional framework of western medical thought, through an appropriate work up of the patient's condition. They should also document the patient's treatment options and the rationale for using Medical Acupuncture in each case.

AA. Any member of the Medical or Ancillary Staff may consider obtaining consultative support when one or more of the following elements arise during the course of care:

1. When a patient is seriously ill and the diagnosis is in doubt, improvement with therapy is not apparent (except in irreversible or terminal illness), or when specialized therapy or diagnostic procedures are to be used.
2. When the patient has an illness or problem requiring an unusual degree of expertise or competency in a subspecialty area acquired through subspecialty training. **(added 5/09)**

BB. All non-physicians (mid-levels including nurse practitioners, clinical nurse specialists, and physician assistants) must have a co-signature by an MD or DO when ordering Respiratory Therapy treatments. This includes medications delivered via nebulizers (antibiotics, steroids, mucolytics, narcotic bronchodilators, "breathing treatments," and EZ Pap), chest physiotherapy, implementation or adjustments to invasive or non-invasive mechanical ventilation (including CPAP and BiPAP), hyperbaric oxygen treatments, and oxygen therapy. **(added 12/09)**

CC. Members of the Medical Staff asked to provide consults for patients admitted to inpatient or observation status will personally assess the patient within 24 hours – unless explicitly specified otherwise. The consultant shall document that s/he personally have examined the patient and reviewed all pertinent medical records and lab findings. An appropriately credentialed mid-level member of the staff assisting the consultant (physician assistant, or advanced practice nurse) may be

designated to aid in accumulating information regarding the patient. Such mid-level provider may not perform the consultation in lieu of the consulting physician. **(added 7/10)**

### **III. Clinical Experiments and Research**

Any experimental or research procedure or study involving patients, hospital facilities, or clinical records in a facility shall first be approved by the Institutional Review Board. Any reports resulting from such experimental or research procedures or study are reviewed by the Institutional Review Board.

### **IV. Treatment of Mass Casualties**

Under conditions involving mass casualties, all Staff members may be assigned to posts in a facility, mobile casualty stations or areas of refuge, and it is their responsibility to report to their assigned stations. The implementation of the Office of Medical Staff Affairs internal and external disaster plan will be under the direction of the Office of Medical Staff Affairs. The review of policy and procedures utilized by the Office of Medical Staff Affairs will be under the direction and approval of the Medical Executive Committee.

### **V. Medical Records**

An adequate medical record shall be maintained for every individual who is evaluated or treated at Presbyterian Hospital or Presbyterian Kaseman Hospital as an inpatient, outpatient, or emergency patient.

#### **A. Ownership**

All patient medical records, radiographic films and studies, fetal heart monitoring tracings, pathology specimens, microscopic slides, photographs, videotapes, photographic slides, and any other documents resulting from the care provided are the property of the Hospital. Physicians and the individual departments are responsible for maintaining the integrity and confidentiality of the records. Under no circumstances may any of these originals be removed without express permission from the PHS HIS Department, or under court order. Copies may be obtained from the HIS Department in compliance with Federal and State regulations.

#### **B. Access**

Each member of the Medical Staff with access to the Hospital medical records agrees to comply with the information security policies of the Hospital including those set forth in the PHS *Electronic Information Security* policy, *Information Technology Acceptable Use* policy, and *Personal Computing Device* policy. Such policies include maintaining passwords and Personal Identification Number (PIN), which allow access to computer systems and equipment, in strictest confidence and not disclosing passwords and/or PIN to anyone, at any time, for any reason. Each Member of the Medical Staff understands that patient records are confidential and that access to such records should be limited to those with a need-to-know in order to provide for the care of the patient. Failure to comply with the information security policies of the Hospital may result in termination of access to computer systems, paper or other health information records, and in the initiation of corrective action as specified in the Bylaws. Loss of Medical Staff membership or limitation, reduction, or loss of clinical privileges for any reason may be grounds to terminate access to the system immediately and without notice to the Member.

Each Member of the Medical Staff shall have access to previous Hospital records of patients attended on an outpatient basis, when affiliation with the patient is evidenced by documentation of previous Hospital care. A requesting Member must obtain written patient consent when affiliation is not evidenced in previous health care records. At the time of readmission, all appropriate previous records will be made available for the use of the attending and consulting staff responsible at the time of and for the duration of the readmission.

Unauthorized release of information from the Hospital records is prohibited. Unauthorized release includes printing of documents and re-release of these documents to others whether or not they have appropriate access.

Access to all medical records of all patients shall be afforded to a Member of the Medical Staff for bona fide study and research, consistent with preserving the confidentiality of personal information concerning the individual patient. Subject to the discretion of the Vice President of Medical Staff Affairs, former members of the Medical Staff shall be permitted access to information from the medical records of their patients covering all periods during which they attended such patients in the Hospital.

Access to all medical records of all patients shall be accorded to duly constituted committees of the Medical Staff for the purpose of medical care evaluation and review of utilization.

#### C. Persons Authorized To Document in a Medical Record

Entries in the medical record may be made by Members of the Medical and Ancillary Staffs and by other persons specifically authorized by Presbyterian Healthcare Services Medical Staff. They may include: registered nurses, licensed practical nurses, respiratory therapists, physical therapists, cath lab technicians, counselors, certified registered nurse anesthetists, registered dietitians, speech therapists, behavioral health therapists, polysomnography technicians, home health care coordinators, physician assistants, nurse practitioners, nurse specialists, certified nurse midwives, occupational therapists, pharmacists, radiology technicians and others as approved by the Medical Executive committee

#### D. Documentation Requirements

1. Accurate, appropriate complete, legible, and timely documentation is the responsibility of all those that are authorized to make entries in the medical record. Medical records must be completed within 30 days of a patient's discharge.

1. Medical record entries must be legible, permanently recorded (black or blue ink only), dated, timed and authenticated with the name and title of the person making the entry. All orders shall be recorded and authenticated. The ordering practitioner, or his/her authorized designee, must authenticate all orders in writing within 72 hours. A rubber stamp reproduction of a person's signature or an electronic signature may be used instead of a handwritten signature under certain conditions. The stamp may only be used by the person whose signature the stamp replicates if Medical Staff Affairs has a signed statement on file certifying that only that person will possess and use the stamp. Appropriate symbols and abbreviations may be used unless expressly forbidden. Unacceptable abbreviations may not be used under any circumstances in the medical record.

2. To facilitate consistency and continuity in patient care, the medical record must contain very specific information, ***including but not limited to the following:***

- Date and time of admission and discharge;
  - Patient's name, address, date of birth, and the name of any legally authorized representative;
  - Legal status of patients receiving behavioral health care services
  - Emergency care, treatment, and services provided to the patient prior to arrival, if any;
  - Documentation and findings of the patient's assessment;
  - Conclusions or impressions drawn from the medical history and physical examination
- **History and Physical:** A history and physical (H&P) is required for all operative or other high-risk procedures requiring anesthesia services. A high-risk procedure is a procedure or process that if not planned and/or implemented correctly, has a significant potential for impacting the safety of the patient. An H&P may only be performed by a practitioner who is legally authorized to practice within

the state of New Mexico, providing services within their authorized scope of practice, and is privileged by the Medical Staff to perform H&Ps. **(11/10)**

- a. Content for a Comprehensive H&P: The history and physical (H&P) for inpatients must contain the following. When an element is not applicable it must be clearly noted on the H&P:
- Chief complaint
  - History of present illness
  - Past medical history
  - Social and family histories
  - Inventory by body system based on that which is clinically pertinent including both positive and/or negative findings
  - Medications and allergies
  - Psychosocial history, when applicable
  - Clinically pertinent examination
  - Conclusions or impressions drawn from the medical history and physical examination
- b. Content for an expanded, problem-focused H&P: The history and physical (H&P) for outpatient procedures must contain the following:
- Chief complaint
  - History of present illness
  - Review of pertinent systems related to the procedure

Timeframe: For admissions and outpatient services for which a History and Physical (H&P) is required, it must be performed and documented no more than 30 days prior to, or within 24 hours after inpatient admission

- c. Updates:
- For an H&P that was completed within 30 days prior to inpatient admission, an update\* documenting the patient's condition must be completed within 24 hours after inpatient admission or prior to surgery, whichever comes first. It must be signed, timed and dated by the practitioner who completes the update. **(amended 11/10)**
  - For outpatient procedures for which an H&P is required, it may have been performed within 30 days prior to the date of procedure, but must be updated\* immediately before the procedure. The update must be documented in the patient's medical record, and it must be signed, timed, and dated by the practitioner who completed the update. **(amended 11/10)**
  - \*If, upon examination, the licensed practitioner finds no change in the patient's condition since the H&P was completed, s/he may indicate on the H&P or in a progress note in the patient's medical record that the H&P was reviewed, the patient was examined, and that "no change" has occurred in the patient's condition since the H&P was completed. If the update is written in a progress note, it must be specified that the note is indeed an update to the H&P. Daily progress notes are not in and of themselves sufficient enough to meet the requirements for an update to the H&P. Any changes in the patient's condition must be documented by the practitioner in the update note and placed in the patient's medical record within 24 hours of admission or registration, but prior to surgery or a procedure requiring anesthesia services. Additionally, if the practitioner finds that the H&P done before admission is incomplete, inaccurate, or otherwise unacceptable, the practitioner reviewing the H&P, examining the patient, and completing the update may disregard the existing

H&P, and conduct and document in the medical record a new H&P within 24 hours after admission or registration. **(added 11/10)**

d. For admissions to the Psychiatric Inpatient Units, the Emergency Department screening H&P, containing the required elements for a comprehensive H&P may be used. **(amended 11/10)**

e. Inability to Obtain: If the physician or his/her designee is unable to obtain a history from the patient or other source, the record should describe the patient's medical condition or other circumstance that precludes obtaining a history. This may include urgent/emergent condition(s), patient's inability to communicate, or that the patient is at high risk, where immediate action is necessary.

f. Delegation: A physician (M.D., D.O., or DDS/DMD) may delegate all or part of the medical history and physical examination, discharge summaries, and operative reports to other practitioners. A physician may also delegate to other practitioners progress note documentation, physician orders, and verbal orders without a co-signature requirement. Other practitioners include certified nurse practitioners, physician assistants, certified registered nurse anesthetists, certified nurse midwives, clinical nurse specialists, and House Staff **(amended 9/2011)**.

#### E. Medical Record Content

1. A complete medical record includes the following:

- Diagnosis or diagnostic impression;
- Goals of treatment and the treatment plan;
- Evidence of known advance directives;
- Evidence of informed consent, when required by Hospital policy;
- Diagnostic and therapeutic orders, if any;
- All diagnostic and therapeutic procedures and test results;
- Test results relevant to the management of the patient's condition;
- All operative and other invasive procedures performed, using acceptable disease and operative terminology that includes etiology, as appropriate;
- Progress notes made by the medical staff and other authorized individuals;
- All reassessments and any revisions of the treatment plan;
- Relevant observations;
- Patient's response to care, treatment and services;
- Consultation reports, if applicable;
- Every medication dispensed or prescribed to an ambulatory patient or an inpatient on discharge;
- Every dose of medication administered and any adverse drug reaction;
- Known medication allergy and drug reaction history
- All relevant diagnoses established during the course of care;
- Any referral and communications made to external or internal care providers and to community agencies, conclusions at termination of hospitalization;
- Discharge instructions to the patient and family;
- Discharge summaries, or a final progress note or transfer summary

- A post-operative documentation record of the patient's discharge from the post anesthesia care area
  - Tissue reports, including a report of microscopic findings if hospital policies require that microscopic examination be done. If only microscopic examination is warranted, a statement that the tissue has been received and a microscopic description of the findings shall be provided by the laboratory and filed in the medical record;
  - Autopsy findings when applicable;
  - For comprehensive inpatient programs the following information shall be present as well: rehabilitation evaluation including medical, psycho-social history and physical exam; rehabilitation plans including goals for treatment; documentation of patient care conferences held minimally every two weeks, or as indicated, by appropriate disciplines involved in the care and treatment of the patient, in which the patient's treatment and response to rehabilitation services shall be evaluated and modified as indicated.
2. Surgical patients: Medical records of all patients undergoing surgery shall include, in addition to the above referenced requirements, the following:
- A comprehensive history, physical, special examinations, and diagnosis recorded prior to operation
  - Anesthesia record, including post-anesthetic condition signed by the anesthesiologist, certified registered nurse anesthetist or surgeon
  - A written postoperative note shall contain the following elements, as applicable: Date, time and signature, post-procedure diagnosis, procedures performed, findings, name of the surgeon and any assistant(s), estimated blood loss, and specimen(s) removed; **(amended 3/09)**
  - Dictated full operative report **(added 3/09)**
  - Pathologist's report on all tissues removed at the operation
3. Emergency Room patients A medical record shall be initiated and maintained for each individual assessed or treated in the Emergency Department and shall be incorporated into the patient's permanent record. The attending practitioner is responsible for a timely, legible and complete medical record for each patient seen in the Emergency Department. This record must be completed within 24 hours of discharge. In addition to the brief summary required for patients admitted to inpatient units, the record for each Emergency Department visit must include at a minimum:
- Identification data, including patient name and date. When not available, state the reason;
  - Time, means of arrival, and by whom transported;
  - Problem-focused history and physical;
  - Documentation of emergency care given the patient prior to his arrival at the Hospital, where such information is available;
  - Evidence of appropriate informed consent, or if not obtainable, the reason documented in accordance with the hospital's policies on informed consent;
  - Diagnostic and therapeutic orders, if any;
  - Treatment given;
  - Clinical observations, including results of treatment and tests;
  - Diagnosis or diagnostic impression;
  - Documentation of the patient's leaving against medical advice, if appropriate, in accordance with the Hospital's policies;

- Disposition, patient's condition on discharge or transfer, and any instructions given to the patient and/or authorized representative for follow-up care; and
  - Any referrals and communications made to care providers or community agencies.
4. Newborn patients The records of newborn infants shall be maintained as separate records and shall include the following:
- Type of identification on infant in delivery room
  - Date and time of birth, birth weight and length, period of gestation, sex;
  - Parents' names, addresses
  - Description of complications of pregnancy or delivery including premature rupture of membranes
  - Conditions at birth including color, quality of cry, method and duration of resuscitation;
  - Record of appropriate antibiotic solution into each eye at delivery;
  - Results of PKU tests;
  - Report of initial physical examination, including any abnormalities, signed by the attending physician; and
  - Progress notes including temperature, weight, and feeding charts, number, consistency, and color of stools; conditions of eyes and umbilical cord; condition and color of skin; and motor behavior
5. Obstetrical Patients The current obstetrical record should include a complete prenatal record whenever possible when the patient has had an established patient-practitioner relationship for the course of the pregnancy. The prenatal record must be a durable, legible copy of the attending practitioner's office or clinic record transferred to the Obstetrical Department before admission. An internal admission note must also be written within 24 hours that includes pertinent additions to the history and any subsequent changes in the physical findings. All obstetrical patients undergoing major surgery must have a history and physical examination recorded as required by these Rules and Regulations. In addition, the record should include the following:
- Comprehensive history and physical;
  - Complete description of progress of labor and delivery, including reasons for induction and operative procedures
  - Records of anesthesia, analgesia, and medications given in the course of labor and delivery
  - Records of fetal heart rate and vital signs;
  - Signed reports of consultants when such services have been obtained;
  - Names of assistants present during delivery; and
  - Progress notes including descriptions of involution of uterus, type of lochia, condition of breast and nipples, and report of condition of infant following delivery.

#### F. Other Types of Medical Record Entries

1. Progress Notes A daily visit and note by the attending practitioner or designee is required for all patients\*. Designee refers to practitioners who are appropriately credentialed members of the Allied Health Personnel Staff. Pertinent progress notes should be recorded at the time of observation and must be sufficient to permit continuity of care and transferability of the patient. Final responsibility for an accurate description in the medical record of the patient's progress rests with the attending practitioner. Whenever possible,

each of the patient's clinical problems should be clearly identified in the progress notes and correlated with specific orders as well as results of tests and treatment. House Staff may write the daily visit note if permitted by the policies of the teaching program and authenticated by an attending level physician.

\*Patients on the skilled nursing facility are exempt.

2. Tissue Examination and Reports The practitioner performing a procedure is responsible for seeing that all tissues, foreign bodies, artifacts and prostheses removed during a procedure are properly labeled and sent to the pathologist, provided, however, the determination as to whether to send specimens to the pathologist shall be made by the practitioner and if certain specimens are not sent, it shall be noted in the medical record. The pathologist shall document receipt of the specimen and make any examination as is necessary to arrive at a pathological diagnosis. The Medical Staff of the hospital may exempt specified tissues or other specimens from pathological examination. It is the duty of the practitioner performing the procedure to be aware of the status of the pathological diagnosis as incorporated in the medical record and to resolve any discrepancies between the final diagnosis and pathological diagnosis.
3. Postoperative Entries: The following items must be entered as appropriate: Vital signs, patient status during recovery period and any problems encountered, documentation of reason for transfer to another level of care or setting, discharge order by the physician, discharge note or discharge protocol assessment, diagnoses, name of operation/Procedure, patient disposition and discharge instructions to include diet, medications, activity, and return to office.
4. Consultation Reports: Each consultation report must be written or dictated and include the opinions and conclusions reached and, where appropriate, documentation of an actual examination of the patient and the patient's medical record.
5. Anesthesia and Sedation/Analgesia Record: A pre-anesthesia or pre-sedation/analgesia evaluation of the patient by an anesthesiologist or other licensed independent practitioner shall be recorded in the patient's medical record within 48 hours prior to the surgery or procedure and before preoperative medication has been administered. The pre-anesthesia or pre-sedation/analgesia evaluation shall include past and present medical and drug history and previous anesthesia or pre-sedation/analgesia experience(s), a physical status assessment or anesthesia risk (i.e., ASA classification), any potential anesthesia or sedation/analgesia problems, the results of relevant diagnostic studies, if any, the planned choice of anesthesia or sedation/analgesia, and the patient's appropriateness for anesthesia or sedation/analgesia. The pre-anesthesia or pre-sedation/analgesia evaluation may be documented by an appropriately credentialed Allied Health Professional or Hospital employee provided an anesthesiologist or licensed independent practitioner reviews the evaluation and cosigns the note.

The patient should be reassessed immediately before sedation/analgesia administration or induction of anesthesia to include the patient's physiological status and appropriateness for anesthesia or sedation/analgesia. In the case of a patient without medical problems admitted for dental procedures, the pre-anesthesia or pre-sedation/analgesia evaluation may be conducted by a qualified oral surgeon. A reference in the medical record to the use of spinal, regional, topical, local anesthesia, general, or sedation/analgesia should be made by the responsible practitioner.

The patient's postoperative or post-procedure status is assessed on admission to the post-anesthesia or sedation/analgesia area and before discharge from the post-anesthesia or sedation/analgesia area. The patient may be discharged by either the licensed independent practitioner who performed the procedure or designee, or an RN using discharge criteria approved by the Medical Staff and according to departmental protocol.

#### G. Entries at Conclusion of Hospitalization

1. Discharge Diagnosis- The discharge diagnosis(es) must be written or dictated in full at the time of the patient's discharge.
2. Discharge Summary- A discharge summary must be recorded for all patients. The summary must recapitulate concisely the reason for hospitalization, significant findings, medical necessity, the procedures performed and treatment rendered and the condition of the patient on discharge, stated in a manner allowing specific comparison with the condition on admission and any specific discharge instructions given to the patient. Additional documentation may be required by Department policies.

A final progress note may be substituted (as an exception) for the discharge summary in the case of the following categories of patients:

- For an outpatient status (short stay, extended recovery, or Observation status less than 48 hours (2 days) **(amended 5/2011)**)
- Normal newborn infants; and
- Patients with uncomplicated vaginal deliveries

The progress note must contain a final diagnosis, outcome of hospitalization, the case of disposition, and any provisions of follow-up care. **(amended 5/2011)**

3. Instructions to patients- Any specific instructions regarding physical activity, medication, diet and follow-up care given to a patient by the attending practitioner shall be documented in the medical record.

#### H. Incomplete/Delinquent Medical Records

1. Incomplete- Medical records are considered incomplete under the following conditions:

- Omission of provisional diagnosis or principal problem necessitating admission, additional diagnoses, history and physical examination, complications, operative or special procedure reports, final diagnoses, condition on discharge, discharge instructions and discharge summary; or
- Omission of required signature or authentication of discharge summary, discharge orders, operative or other special procedure reports, history and physical examination, or consultation reports.

2. Delinquent- All patient medical records shall be considered delinquent if available records are not completed within 21 days of patient discharge. **(amended 3/12)** A medical record is considered complete when the following criteria are met: a) History and Physical Exam completed within 24 hours of admission and signed by the attending physician; b) Discharge summary dictated and signed by attending physician; c) Operative and invasive procedure reports completed within 24 hours of the procedure and signed by the responsible physician; d) consultation reports completed and signed by the responsible consulting physician; e) Responsible practitioner's signature is present on all verbal/telephone orders. Medical records that do not contain these elements, when applicable, will be deemed to be delinquent. For (a) and (c), failure to complete these reports as is required within 24 hours will also be deemed to be a delinquency.

For failure to comply with these Medical Records Rules and Regulations the Medical Staff member's privileges to admit or participate in the care of patients or to perform scheduled surgeries/procedures, with the exception of requirements for Emergency Department backup coverage call panel obligations, shall be automatically temporarily suspended. The member will be sent a written notice of warning of suspension when a medical record is identified as incomplete 14 days after discharge. Suspension will occur on the date the medical record(s) becomes delinquent and shall remain in effect until all available delinquent medical records are completed. Medical record suspensions will be tracked during each term of membership, and will not be cumulative from one appointment cycle to the next. If a member has more

than three such suspensions during an appointment cycle, s/he will be assessed a reinstatement fee of five-hundred dollars for each subsequent suspension beginning with the fourth. **(Amended 3/12)**

Failure to complete all delinquent medical records by 60 days after an initial notice of suspension shall be deemed a voluntary resignation of Medical Staff membership and/or privileges. If, after a voluntary resignation occurs pursuant to this process, the member requests reappointment to the Medical Staff, s/he must meet the requirements set forth in the Medical and Dental Staff policy for reappointment of practitioners who have voluntarily resigned from the staff due to medical record noncompliance. **(Amended 3/12).**

I. Filing of Incomplete Medical Records

No medical record shall be filed until it is complete and properly authenticated. In the event that a medical record remains incomplete by reason of the death, resignation, or other inability or unavailability of the responsible practitioner to complete the record, the Vice President of Medical Staff Affairs or designee shall consider the circumstances and may enter such reasons in the record and order it to be filed.

VI. General Rules for Surgical Care

A. A surgical procedure shall be performed only with the informed consent of the patient or his/her legal representative. In an emergency, where a consent form cannot be completed in the usual manner, a statement by another staff member attesting to the existence of an emergency shall be obtained. The statement shall be made a part of the record.

B. Surgeons shall be in the Operating Room and ready to commence operation at the time scheduled.

C. The primary operating surgeon shall have a member of the Medical Staff or a qualified member of the Allied Health Personnel Staff assist at operative procedures as determined by the appropriate surgical Division or section.

D. Patients scheduled for minor procedures shall be admitted at least two (2) hours before the procedure is scheduled. More time shall be allowed when laboratory studies are required.

E. All patients admitted to the Operating Suite for surgery who do not yet have a recorded history and physical examination on the chart shall have an admission note stating the reasons for admission, the essential findings, other pertinent information, and a provisional diagnosis before surgery is undertaken. When such requirements are not met, surgery shall be canceled unless the attending surgeon states in writing that such delay would constitute a hazard to the patient.

F. Where a choice of side/site for a surgical procedure exists, no patient shall leave the holding area for the operating room without having the side and site of surgery clearly marked. Surgery will be delayed, just as with the requirement for a history and physical in Paragraph E. above, until the surgeon completes the appropriate marking of the surgical side/site.

G. A postoperative note of all operations shall be written immediately after surgery. The postoperative note shall contain, as applicable the following elements: date, time, and signature, post-procedure diagnosis, procedures performed, findings, the name of the surgeon, and any assistant(s), estimated blood loss, and specimen(s) removed. An operative report must be dictated within 24 hours following the procedure. **(amended 3/09)**

H. In the cases of surgical procedures requiring Hospital stay of only a few hours, the medical record shall contain enough information to explain the reason for admission, the findings, the procedure, and the results.

I. In every case where an anesthetic is administered by an anesthesiologist or his/her authorized representative, a record shall be made of pre- and post-anesthetic examinations; and an anesthetic record shall be completed.

J. All specimens and tissues removed during a surgical procedure, except those exempted by the specific Division/Section, the Division of Pathology, and approved by the Medical Executive Committee shall be properly labeled and sent to the pathologist, who shall determine the extent of examination necessary for diagnosis.

## VII. Clinical Divisions and Sections

### A. Division of Emergency Medicine

1. The Division of Emergency Medicine shall be responsible for the quality of care provided in the Division of Emergency Medicine and shall be organized as described in Article XI of the Bylaws. It shall be the Division of Emergency Medicine physician's responsibility to initiate emergency care when necessary, to screen all patients that come to the Division of Emergency Medicine, to see that appropriate care or referral is provided, and to provide care for patients as requested by the patient or the patient's physician. All patients requiring extensive or involved treatment, or admission to the Hospital shall be referred to the physician of the patient's choice or to an appropriate member of the Medical Staff.
2. All qualified members of the Active and Associate Staff of the Hospital shall serve on the Division of Emergency Medicine Back-up Panel in the area in which they have sufficient privileges, except those who are over the age of 55 who request not to serve. Affiliate staff members shall be expected to participate if the applicable division or MEC determines a need. Each division or section will develop a policy that addresses the frequency of Emergency Call responsibilities that the members can perform. Such policy may be revised, and must be approved by the Medical Executive Committee, as necessary. The panel physician shall be available to the Division of Emergency Medicine on the days that he/she is scheduled. If he/she will not be available it will be his/her responsibility to obtain a substitute who has sufficient privileges in the field to be covered and who has agreed to accept the responsibility of coverage, and he/she shall notify the Division of Emergency Medicine of the substitution. **(amended 10/09 and 11/2011)**
  - a. The Emergency Department may refer uninsured patients who do not have a physician to an appropriate panel physician for a follow-up visit. The patient shall be requested by the Emergency Department to call the referred physician's office within two working days for an appointment or consultation. The panel physician will provide at least one follow-up visit without concern about ability to pay when the Emergency Division refers a patient to them and when the patient has complied with the above directions. If after the initial visit, the panel physician does not wish to continue caring for the patient, the physician will make a reasonable effort to arrange for necessary continuing care for the patient with another physician. **(amended 11/2011)**
  - b. The physician providing service to a patient in the Division of Emergency Medicine shall be responsible for a medical record on each patient that contains a brief history, the essential findings, the treatment, disposition of the patient, and instructions given the patient when the patient is not admitted.
3. The Division of Emergency Medicine shall consist of a Chief, and Vice Chief elected by the members of the Division. The Division of Emergency Medicine shall meet monthly and shall submit minutes to the Medical Executive Committee. The Division of Emergency Medicine shall maintain written policies approved by the Medical Executive Committee to govern operation of the Division.

4. If consultation or admission is necessary and no personal physician is listed, the patient will be asked if he has a preference of physician and the preference will be followed. If the patient has no preference, the appropriate physician on the back-up panel will be called.
5. If a private physician requests that a patient be sent to his office, that transfer will not occur until the patient has been assessed by the Emergency Division physician or a back-up panelist to assure no harm will result from the transfer.

#### GENERAL RULES

1. The Emergency Division physician will provide diagnostic work-up and/or short-term definitive treatment and refer the patient for follow-up to an appropriate physician of the patient's choice or from the back-up panel.
2. All patients requiring extensive or involved treatment or admission will be referred to either a physician of the patient's choice or a back-up panelist.
3. The Emergency Division physician shall render all emergent care necessary pending the arrival of the physician ultimately responsible for critically ill patients.
4. The Emergency Division physician will not involve themselves in any treatment, not of a life saving nature, which requires prolonged time and may result in other Emergency patients having to wait an unreasonable length of time.
5. In all cases of severe multiple trauma, a general surgeon will be called to act as team leader. The Emergency Division physician will be responsible for coordinating care until the general surgeon arrives. The Emergency Division physician will turn responsibility for case management over to the general surgeon on arrival.
6. Each physician called to the Emergency Division, whether she/he is a back-up panelist or patient's requested physician must be personally available within 40 minutes or the physician must discuss with the Emergency Division physician within 20 minutes plans for interim care unless more stringent policies are adopted by other sections. If a staff physician does not comply, the Emergency Division physician may call another staff physician of his choice. Noncompliance by a back-up panelist will be reported to the PHS Medical Director. The physician must respond in person when requested to do so by the Emergency Division physician.
7. Emergency Division personnel should attempt to contact physicians by all available routes and not rely solely on the call service. If such attempts are futile, the 20 minute rule will be observed.
8. If a Staff physician wishes another staff physician to see a patient, it shall be the Staff physician's obligation to obtain such a consultation.
9. All patients presenting to the Emergency Division will have a screening exam performed by appropriate personnel. Those patients who are "unstable" will be sent directly back to the Division. Those patients who are "stable" may be sent to registration before being seen by a physician as per triage protocols in place.

#### RULES GOVERNING PHYSICIANS ON EMERGENCY DIVISION BACK-UP PANELS

1. It is the responsibility of the Staff physician to answer his/her Emergency Division calls in person, when requested to do so, and determine disposition of patients. When the Emergency Division physician requests a back-up panelist or personal physician consult on a patient in the Emergency Division it shall be the responsibility of the Staff physician to see that patient and provide care or make arrangements for appropriate referral or transfer if he cannot or does not wish to assume the care of that particular patient.
2. The physician on Emergency Division back-up is responsible to any member of the Medical Staff requesting emergently necessary consultation for inpatients who have been admitted to the hospital. **(added 10/09)**
3. All eligible members of the Active and Associate Staff will rotate on back-up panels in their respective specialties. A policy for implementing the Emergency Room Call Schedule through the Office of Medical Staff Affairs shall be reviewed and approved by the Medical Executive Committee. **(amended 10/09)**

#### REFERRAL OF PATIENTS TO THE EMERGENCY DIVISION BY THE MEDICAL STAFF

1. Members of the Medical Staff may refer and care for their patients in the Emergency Division for urgent or emergent conditions. The staff physician should notify the Emergency Division of the referral and give instructions for interim care.
2. If the staff physician does not arrive before the patient, the Emergency Division physician will evaluate the patient and initiate care if the patient has an unstable condition. Any emergency care will be provided by the Emergency Division physician until the staff physician arrives.
3. The staff physician may request to be notified when the patient arrives. The physician will be notified and must be personally available within 20 minutes of notification.
4. The Emergency Division physician will evaluate all severely ill patients while the staff physician is being contacted. If the staff physician does not respond within 20 minutes the Emergency Division physician may evaluate the patient and initiate care or with the concurrence of the patient, call another staff physician.

#### RULES GOVERNING EMERGENCY DIVISION PHYSICIANS

1. The Emergency Division physician will refer all patients to the physician of the patient's choice or the appropriate Back-up panelist. Certain circumstances may dictate referral back to the Emergency Division.
2. The Emergency Division physician will assess appropriate charges for services rendered.
3. Emergency Division physicians will be assigned shifts in advance and the schedule posted in each Emergency Division. It is the scheduled physician's responsibility to see that the assigned shift is covered.
4. The Emergency Division physician must remain on duty until relieved by the next shift physician.
5. The Emergency Division physician is not expected to have expertise in all medical specialties, but must be able to recognize life threatening conditions and initiate emergency treatment for all patient types, and follow through with referral to appropriate specialists.

6. The Emergency Division physician shall respond to Code Blue calls within the hospital and coordinate ACLS until relieved by an attending physician qualified to continue care.
7. The Emergency Division physician may respond to requests from attending physicians for interim management of “crisis” situations of inpatients, if the ED physician is available and it is determined to be medically necessary.
8. Qualifications and Privileges.

Those physicians who have privileges in Emergency Medicine shall be members of the Division.

Privileges in Emergency Medicine shall be granted only to physicians who meet one of the following criteria:

- a.
  - 1) Completion of or current enrollment in an accredited Emergency Medicine Residency, within two years of completion, the physician must have been certified by an accredited emergency medical board.  
  
or
  - 2) Completion of a Primary Care (Family Practice, Internal Medicine, Pediatrics, General Surgery) Residency and have at least 2000 hours of emergency medicine experience.  
  
or
  - 3) At least 5 years clinical practice and at least 7,000 hours of emergency medicine experience.
- b. Those physicians who are not board certified in Emergency Medicine shall maintain National Certification in ACLS, PALS, and ATLS or receive similar training. Those certifications shall be obtained within one year of approval of privileges.

#### 9. Supervision

New members of the Division of Emergency Medicine shall be under continuous supervision by an Active or Associate Staff member of the Division with unsupervised privileges in Emergency Medicine for the first 30 days of appointments and shall be under a period of observation for a period of six months. At the end of the six month period, the Division may recommend removal of supervision. Privileges may be limited or terminated at any time if substandard or incompetent performance is observed.

#### 10. Qualifications for Non Physician Providers

Non-physician providers working in the Emergency Room will see patients under the supervision of a member of the Division of Emergency Medicine. Non-physician providers will meet all requirements of the Medical/Dental Staff Bylaws, Rules and Regulations that may apply.

11. The Division of Emergency Medicine shall be responsible for maintaining, testing and continuously evaluating policy and procedures for the management of internal and external disaster situations.

## **B. Division of Family Practice**

1. The Division of Family Practice shall be organized and carry out duties as described in Article XI of the Bylaws.
2. The responsibilities assigned to the Division are administrative, educational, and organizational. The Division of Family Practice shall meet bi-monthly and shall submit minutes to the Medical Executive Committee.
3. The officers of the Division shall consist of Chairperson, Vice-Chairperson, and Secretary. The committees of the Division shall be the Executive Committee, Program Committee, Nominating Committee, and Patient Care Review Committee.

### **a. Family Practice Executive Committee**

The Committee shall be responsible for administering the Division. The Committee shall consist of the officers of the Family Practice Division and the immediate past chairperson of the Division.

- (1) The Committee shall interview and evaluate each applicant's training for the Family Practice Division when the applicant applies for privileges.
- (2) The Committee, after evaluation, will recommend privileges commensurate with the applicant's ability, experience, and training, and will submit their recommendations to the Credentials Committee of Presbyterian Healthcare Services.
- (3) The Committee shall consider and evaluate requests by members of the Division of Family Practice for advancement of privileges.

### **b. Family Practice Program Committee**

The Program Committee will be chaired by the Division Vice Chairperson and two other appointed members of the Division. The Committee shall be responsible for the scientific program at Division meetings. The program shall include a review of deaths, interesting and unusual cases, complications and other educational material to improve the standard of care in the Hospital. Consultants may be utilized in these discussions and reviews.

### **c. Family Practice Nominating Committee**

The Nominating Committee will be appointed by the Division Chairperson. It will consist of three members of the Division including the past Chairperson of the Division. The Committee will submit a written report of the nominees for the Division offices in November of an election year. Additional nominations may also be taken from the floor. Election will be by mail ballot. Offices will be held for two years.

### **d. Family Practice Patient Care Review Committee**

The committee shall be responsible for the review of the quality of practice of the Division of Family Practice members, including review of deaths, complications, and cases of unusual interest.

## **4. Privileges in Family Practice**

- a. Membership will be granted in the Division of Family Practice only to those physicians who are certified by the American Board of Family Practice, accepted for examination by the American Board of Family Practice, or those who can present credentials which are the equivalent of the foregoing as judged by the Division of Family Practice.

No one who has been granted privileges prior to the acceptance of these Rules and Regulations shall have their privileges curtailed to meet these requirements without due cause.

- b. Privileges in the various clinical services shall be recommended by the Family Practice Division and shall be subject to the approval of the Credentials Committee.

#### 5. Supervision

- a. All new members of the Division of Family Practice shall be under supervision for a minimum period of six months. This period may be extended to a maximum of 24 months if there has been insufficient number of cases or procedures to allow earlier evaluation.
- b. At least 51 percent (51%) of cases shall be supervised by other than practice associates of the physician being supervised.
- c. The staff member being supervised shall have supervision by at least six of the staff members eligible to act as qualified supervisors. The physician being supervised shall be responsible for selecting the supervisor and initiating the supervisor's report. Such supervisor's reports shall be submitted directly by the supervisor to the Office of Medical Staff Affairs.
- d. A member planning a procedure requiring direct supervision shall obtain an appropriate supervisor who will supervise and complete a supervision report and submit the report to the Office of Medical Staff Affairs.
- e. When a sufficient number of supervised cases or procedures have been accumulated (minimum of twelve) a supervised member may petition the Division of Family Practice Executive Committee for removal of supervision. At no time will unsupervised privileges be granted before the practitioner has been on the Medical Staff for six months.
- f. Upon receipt of request for removal of supervision, the Division Executive Committee will recommend to the Credentials Committee that privileges be assigned without continued supervision, privileges may be continued with supervision, or privileges may be revoked. Privileges may be limited or terminated at any time due to sub-standard or incompetent performance being observed.

#### 6. Supervisors

Supervisors shall have the following qualifications.

- a. Be a member of the Active or Associate Staff.
- b. Have unsupervised privileges in those procedures in which they are providing supervision.

#### 7. Section of Ambulatory Medicine

- a. Section of Ambulatory Medicine shall be a Section within the Division of Family Practice as provided for in Article XI of the Bylaws.
- b. Qualifications - Members of the Section of Ambulatory Medicine shall be qualified for medical staff membership as provided for in Article III of the Bylaws.

- (1) Physicians seeking membership in the Section of Ambulatory Medicine shall: have completed internship plus one year of postgraduate training, or one year of clinical practice in Pediatrics, Internal Medicine, Family Practice, General Surgery, or Emergency Medicine.
  - (2) Physicians seeking membership in the Section of Ambulatory Medicine shall have an established affiliation or employment with a Presbyterian Healthcare Services facility.
- c. Members of the Section of Ambulatory Medicine shall be reappointed every two years upon recommendation of the Division of Family Practice to the Credentials Committee of the Medical Staff.
  - d. Members of the Section shall not have admitting privileges and may not care for patients in the hospital.
  - e. The Section of Ambulatory Medicine is not required to meet, except at the request of the Medical Executive Committee. Members of the Section may receive a quarterly newsletter from the Chief of the Section communicating any Hospital or Ambulatory Medicine Section information.

### **C. Division of Medicine**

1. The Division of Medicine includes any or all of the Sections of Medicine as described in Article XI, Section 1 of the Bylaws. The Division of Medicine is responsible for the quality of all adult medicine practiced in the Hospital and shall be organized and carry out duties as described in Article XI of the Bylaws.
2. The Division of Medicine Executive Committee shall consist of the elected officers of the Division and the Chiefs of sections and such other members as necessary. The Committee shall conduct the business of the Division and shall study whether or not the quality of care is acceptable. Should evidence of inadequacy be displayed, this Committee shall make a full report to the Executive Committee. A Division of Medicine Quality Management Committee, a Nominating Committee, and other committees, as needed, may be appointed to assist in carrying out the responsibilities of the Division. These committees shall meet as needed and report to the Chairperson of the Division of Medicine. The Chairperson of the Division of Medicine shall report to the Division of Medicine at their regular meeting.
3. Privileges in Medicine
  - a. Privileges in the Division of Medicine shall be granted to those physicians who otherwise qualify for medical staff membership and (1) are accepted for examination by the American Board of Internal Medicine or are certified by the American Board of Internal Medicine, or who can present credentials which are judged by the Division of Medicine to be the equivalent of the foregoing, or, (2) are accepted for examination or are board certified in any other subspecialty included in Article XI, under the Division of Medicine.
  - b. The initial assignment of privileges, or extension of privileges, is provisional and shall be under conditions of supervision as defined for a minimum period of six (6) months. The period of supervision may be extended up to a maximum of twenty-four (24) months if there has been insufficient number of cases or procedures to allow evaluation.
  - c. Physicians may increase their privileges by actively participating in approved educational programs and demonstrating competence under supervision in the area for which they request extension of privileges.

- d. Privileges in medicine are defined in four (4) categories and in certain designated procedures. The listing of privileges for which recognition is required is not all inclusive and may change from time to time through addition or deletion. The list of privileges for which recognition is required by category and procedure shall be maintained by the Division and shall be available to all physician applicants and members of the Medical Staff.
- e. The privileges of all members shall be reviewed and reassigned at least every two (2) years based on observed clinical performance, participation in continuing medical education, and demonstration of physical and mental health that will not interfere with the performance.

#### 4. Supervision

- a. Members under supervision will have all cases reviewed by supervisors selected by the Chief of Medicine. Supervisors will report their findings and recommendations to the Division of Medicine Committee. At least 51 percent of cases shall be supervised by other than practice associates of the physician being supervised and one supervisor may not submit more than 25 percent of the total cases.
- b. Members assigned privileges to perform certain designated procedures requiring special training and skill will be supervised directly for a predetermined number of cases by a supervisor with unsupervised privileges in the procedure(s).
- c. The member planning a procedure requiring direct supervision shall notify an appropriate supervisor who will supervise and complete a supervision report and submit the report to the Office of Medical Staff Affairs.
- d. At the end of six (6) months, the Division of Medicine Committee will determine and recommend to the Credentials Committee that privileges be assigned without supervision, continued supervision or revocation of privileges. Supervision requirements of a minimum of twelve (12) cases with the supervised physician functioning as the primary physician will be completed in all cases within twenty-four (24) months and privileges terminated where requirements are not met. Privileges may be limited or terminated at any time if substandard or incompetent performance is observed.

#### 5. Supervisors

Supervisors shall be members of the Active Staff with unsupervised privileges in the area or procedure being supervised.

#### **D. Division of Cardiology**

- a. The Division of Cardiology shall be a division of Medical Clinical Services as defined in Article XI of the Bylaws. Officers shall be the Chief, and Vice-Chief. Officers shall be elected for a term of two years. Terms shall coincide with the terms of all elected medical staff officers.
- b. The Division of Cardiology shall be responsible for the quality and appropriateness of the practice of cardiology at Presbyterian Healthcare Services.
- c. Qualifications and Privileges
  - (1) Members of the Cardiology Division must have completed an approved fellowship in cardiology or its equivalence as determined by the Executive Committee of the Section.
  - (2) Privileges shall be assigned to each member of the Division according to his/her training and experience.
- d. Supervision Requirements

- (1) The initial assignment of privileges shall be under supervision for a minimum of six months. This period may be extended to a maximum of 24 months if there has been an insufficient number of cases or procedures to allow earlier evaluation.
  - (2) Supervisory requirements of specialized invasive procedures shall be reviewed on an annual basis and maintained in the minutes of the Divisions's Executive Committee. Any new applicant shall be evaluated on the basis of those requirements in place at the time of that individual's request for credentialing of special invasive procedures.
  - (3) Six (6) months following appointment the Cardiology Division's Executive Committee will determine and recommend to the Credentials Committee that privileges be assigned without supervision, continued supervision, or revocation of privileges. Supervision of the clinical management of a minimum of six inpatient cases where the supervised physician functions as the primary or consulting physician must be completed within twelve (12) months and privileges terminated where requirements are not met. Privileges may be limited or terminated at any time if substandard or incompetent performance is observed.
  - (4) Any recommendation to deny or remove existing privileges shall be presented to the Division's Executive Committee for review.
- e. Supervisors
- (1) Supervision shall be performed by members of the Active or Associate Medical Staff with unsupervised privileges in cardiology. Supervisors must have unsupervised privileges to perform any procedure which they are asked to supervise.
- f. Cardiology Division Executive Committee
- (1) Structure

The Executive Committee of the Cardiology Division shall consist of the elected officers, and other members representative of the cardiology staff as appointed by the Chief of Cardiology.

The Chief of Cardiology will be the Chairperson of the Executive Committee. Members shall serve for two years and may be reappointed.
  - (2) Function

The functions of the Executive Committee shall include:

    - (a) Evaluate the ability, training, and experience of new applicants to the Division, and make recommendations to the Credentials Committee regarding privileges for new applicants.
    - (b) Make recommendations to the Credentials Committee regarding renewal or changes of current privileges of Division members.
    - (c) Ascertain by evaluation and monitoring that quality assessment responsibilities of the Division are carried out on an ongoing and timely basis. Quality assessment activities will be reported to the Division.
    - (d) Serve as a forum for discussing, resolving, and/or managing disputes and/or problems pertaining to the medical staff functions and responsibilities of the Division.

**E. Division of Gastroenterology**

- a. The Division of Gastroenterology shall be a Division as specified in Article XI of the Bylaws. A Chief of the Division shall be elected to a two-year term and shall be a member of the Division of Medicine Executive Committee.
- b. The Division of Gastroenterology will be responsible for establishing criteria for the performance of procedures in the GI Laboratory and the utilization of GI Laboratory equipment.
- c. Qualifications and Privileges

Members of the Division of Gastroenterology shall be qualified for membership in the Division of Medicine.

(1) Members of the Division of Gastroenterology shall have completed a fellowship in gastroenterology and shall be board certified or accepted for examination in subspecialty of gastroenterology.

(2) Members must be readily available to all patients they have seen in consultation, both in-patients and out-patients, 24 hours a day, 365 days per year, either personally, or through agreement with a designated surrogate ("on-call") physician with comparable privileges and who is also a member of the Presbyterian Hospital Medical Staff. It is further required that should a patient already known to a member of the Division be admitted to the hospital by any service, and should that service require GI consultation, the GI physician known to that patient (or his or her on-call designee) will provide GI consultative services, unless the patient actively requests otherwise.

(3) The GI Division recognizes that patients without such pre-existing relationships with GI physicians may be admitted to the hospital by other members of the Presbyterian Medical Staff. The section agrees that in order to maintain hospital privileges and access to the Presbyterian GI Studies lab, each member, regardless of age, will take a 24 hour shift during which he or she is responsible for any and all consults requested for such patients ("Consult Call"). All members of the section will participate at a frequency proportional to the number of section members, up to 24 per year. This schedule will be made out 3 months or more in advance by and distributed through the Office of Medical Staff Affairs. Each shift begins and ends at 7 AM. Physicians may arrange Consult Call coverage by another agreeable GI Division member and call duties may be traded by mutual consent. It is understood that as a consequence of this Consult Call Arrangement, the member of the GI Division will not participate in the Internal Medicine Emergency Department backup Call pool. The GI specialist on consultative call is required to provide office follow-up when requested to do so by the ED physician for a patient seen in the ED according to the process described in these Rules and Regulations in Article VII.A.2.a. and to provide GI intervention when appropriate for Esophageal Foreign Body.

(4) If a qualified Division member fails to participate in the Consult Call coverage, s/he may be subject to disciplinary proceedings as outlined in Article VI of the Medical Staff bylaws.

- d. Supervision

Privileges assigned to new members of the Division of Gastroenterology shall be under supervision for a minimum of six months at which time recommendation for unsupervised privileges may be made by the Division of Gastroenterology to the Credentials Committee for its evaluation. Supervision requirements must be completed within 24 months. Privileges may be terminated for substandard or incompetent performance or if supervision requirements have not been met in the designated time.

- (1) Supervision must include a minimum of twelve inpatients where the gastroenterologist serves as the primary physician or consultant.
  - (2) Requirements for procedural supervision will include:
    - a. Five (5) upper endoscopy procedures to include two therapeutic procedures
    - b. Five (5) colonoscopy procedures to include at least one polypectomy.
    - c. Five (5) ERCP procedures to include at least two papillotomies.
  - (3) In-patient and procedural supervision may be by retrospective review.
- e. Supervisors

Supervisors in the Division of Gastroenterology shall be members of the Division who have unsupervised privileges in the procedures requested. It shall be the responsibility of the supervised physician to initiate the supervision report sheet.

#### **F. Division of Neurology**

- a. The Division of Neurology shall be a Division as provided for in Article XI of the Bylaws. The Division of Neurology shall be responsible for the quality of neurological care provided to patients in the hospital. A chief of the Division shall be elected for a two year term.
- b. Qualifications and Privileges

Membership in the Division of Neurology shall be limited to physicians who have completed an approved post-graduate training program in the subspecialty of neurology and shall be accepted to take the examination for board certification or shall be board certified. The Division or Division Chief shall review and recommend on all applicant's privileges in neurology and shall make recommendations based on evaluation of performance on all reappointments and reassignment of privileges of members of the Division.

- c. Supervision

Privileges assigned to new members shall be under supervision for a minimum period of six months and for a minimum of twelve representative neurological admissions. Supervision may be extended up to twenty-four months where there is concern regarding ability or if insufficient cases have been supervised. Privileges shall be terminated if substandard or incompetent performance is observed or if supervision requirements have not been completed in twenty-four months.

- d. Supervisors

Supervisors in the Division of Neurology are obligated to provide supervision for neurologists in their own Division.

- e. Qualification of Supervisors

Supervisors in Neurology must be Board Certified in Neurology and have unsupervised privileges in the practice of neurology in Presbyterian Healthcare Services.

#### **G. Division of Obstetrics and Gynecology**

1. The Division of Obstetrics and Gynecology shall be organized as described in Article XI of the Bylaws and shall be responsible for the quality of all obstetrics and gynecology practiced in the Hospital.
2. The Division of Obstetrics and Gynecology Committee shall consist of the elected Chairperson, Vice Chairperson and Secretary and such other members as may be necessary. An Obstetrical and Gynecological Care Evaluation Committee, Nominating Committee, and other committees as needed may be appointed to assist in carrying out the responsibilities of the Division. These committees shall report to the Chief of Obstetrics and Gynecology who, in turn, shall report monthly to the Division and to the Executive Committee.
3. Qualifications and Privileges

Privileges shall be assigned specifically for each member of the Staff desiring privileges in obstetrics and gynecology. Privileges shall be reassigned biennially for all members. No one who has been granted privileges prior to the acceptance of these Rules and Regulations shall have his privileges curtailed to meet these requirements without due cause.

- a. Privileges in Class II Obstetrics and Gynecology shall be granted only to those physicians who are either certified by the American Board of Obstetrics and Gynecology, Fellows of the American College of Obstetrics and Gynecologists initiated after 1967, or those who can present credentials which are the equivalent to the foregoing as judged by the Division of Obstetrics and Gynecology Committee.
  - b. Privileges limited to Class I Obstetrics may be granted to applicants who have demonstrated competence in an approved postgraduate training program of six (6) months or more in obstetrics.
  - c. A listing of procedures in Obstetrics and Gynecology for which recognition is required shall be maintained by the Division of Obstetrics and Gynecology. The listing is not all inclusive and may be changed from time to time through addition or deletion.
4. Supervision

All new Staff members requesting privileges in Obstetrics or Obstetrics and Gynecology, shall be supervised in obstetrical and/or gynecological procedures for a minimum period of six (6) months. At the end of the supervisory period, privileges to be assigned without supervision, or revocation of privileges, shall be recommended by the Obstetrical and Gynecological Committee to the Credentials Committee. In any case of question concerning the physician's ability, this period may be extended for up to an additional six (6) months. Privileges may be limited or terminated at any time if substandard or incompetent performance is observed. Supervision requirements shall be completed in all cases within twelve (12) months, and privileges limited or terminated where requirements are not met. The staff member being supervised shall have supervision by at least six (6) of the staff members available as qualified supervisors. He/she shall be responsible for selecting the supervisor and initiating the supervisor's report.

- a. Obstetrical Supervision

- (1) A staff member being supervised for Class II privileges in Obstetrics shall initially be granted Class I obstetrical privileges. A minimum of twelve (12) uncomplicated obstetrical deliveries will be reviewed by a qualified supervisor and a written evaluation made. A supervisor shall be present to observe the management and delivery of at least six (6) complicated obstetrical cases as defined by required consultations for staff members with Class I privileges. A written evaluation shall be made by the supervisor concerning these complicated cases.

- (2) A staff member being supervised for Class I obstetrical privileges shall perform a minimum of twelve (12) deliveries. A supervisor shall be present at the time of delivery and shall make an evaluation before the patient is discharged from the Hospital.

b. Gynecology Supervision

- (1) A staff member being supervised in Gynecology shall perform a minimum of twelve (12) representative cases under supervision.
- (2) Unsupervised privileges in minor gynecological procedures may be granted by the Chief of the Division after competence in these procedures has been demonstrated.
- (3) A staff member requesting privileges in special procedures as defined by the OB/GYN Executive Committee must show documentation of training; either residency acquired or didactic classes and document 2 cases under supervision.

5. Supervisors

A list of supervisors shall be drawn up by the Division Committee and reviewed annually. This list of supervisors shall be sent to each new physician requiring supervision.

a. Obstetrics and Gynecology Supervisors

A supervisor of Obstetrics and Gynecology shall have the following qualifications:

- (1) Member of Active or Associate Staff.
- (2) Board Certified or accepted for Board Examination by the American Board of Obstetrics and Gynecology.
- (3) Unsupervised privileges in obstetrics and gynecology

b. Gynecology Supervisors

The supervisor of gynecological cases shall scrub as assistant where indicated, evaluate the overall care of the patient, and make a written report to the Division of Obstetrics and Gynecology Committee. Evaluation includes review of pre and postoperative care, indications for surgery, and the surgical procedure selected.

6. Consultation

a. Recommended for staff members with Class II privileges

- (1) All problems involving poor risk patients, doubt as to diagnosis, or doubt as to choice of time of therapeutic procedure.
- (2) All patients for whom radiation therapy is proposed.
- (3) All pregnant or puerperal patients with major medical, surgical or obstetrical complications.

b. Required for staff members with Class I privileges

- (1) All the above.

- (2) For any complication, procedure or use of medication which causes patient to no longer be considered low risk.
- (3) For any postpartum complication which requires care beyond routine postpartum care.
- (4) Any obstetrical procedure other than the perineal phase of outlet forceps with or without episiotomy.

#### **H. Division of Orthopedic Surgery**

1. The Division of Orthopedic Surgery shall be responsible for the quality of all orthopedics practiced in the Hospital and shall be organized as described in Article XI of the Bylaws.
2. The Division of Orthopedic Surgery Committee shall be made up of the elected Chairperson, Vice Chairperson, Secretary and two (2) Members-at-Large and other members of the Division as designated by Chairperson. The committee shall conduct the business of the Division, review and make recommendations on credentials of all applicants and members of the Medical Staff requesting orthopedic privileges, and continuously evaluate the quality of orthopedics practiced in the Hospital. The committee shall meet monthly and as needed, and the Chairperson of Orthopedics shall report to the Division and to the Executive Committee at regular intervals.

#### 3. Qualifications and Privileges

- a. Extended privileges in Orthopedic Surgery, specifically defined, shall be granted only to those physicians who are certified by the American Board of Orthopedic Surgery, accepted for examination by the American Board of Orthopedic Surgery, or to those who can present credentials which are the equivalent of the foregoing as judged by the Division of Orthopedics.
- b. All other practitioners assigned privileges in Orthopedic Surgery shall have limited privileges specifically defined as to procedure or type of procedures they wish to perform. They must give evidence of training and experience in the procedure(s) requested before such privilege is granted.
- c. The listing of procedures in Orthopedic Surgery for which recognition is required shall be maintained by the Division of Orthopedic Surgery. The list is not all inclusive and may be changed from time to time by deletion or addition as necessary. The list shall be available to all applicants and members of the Medical Staff.

#### 4. Supervision

- a. All Staff members with privileges in Orthopedic Surgery assigned under supervision shall be supervised for a minimum period of six (6) months. In any question concerning ability, this period may be extended for up to twenty-four (24) months, at which time privileges to be recognized shall be defined. Supervision requirements shall be completed within twenty-four (24) months and privileges limited or terminated where requirements are not met. Privileges may be limited or terminated at any time for substandard or incompetent performance.
- b. Supervision shall include direct evaluation of a minimum of twelve (12) representative cases and shall include pre- and post-operative care, judgment, and surgical technique. When the twelve representative cases are reviewed, if these are judged not to be reflective of scope of practice, additional cases could be requested for review.

#### 5. Supervisors

- a. A supervisor in Orthopedic Surgery shall be:

- (1) A member of the Active or Associate Staff.
  - (2) Board Certified in Orthopedic Surgery.
  - (3) Assigned unsupervised privileges in Orthopedic Surgery.
- b. Qualified supervisors shall be designated annually. It shall be the responsibility of the supervised physician to obtain a supervisor and to initiate the supervision report sheet.

#### **I. Division of Pathology**

1. The Division of Pathology shall be responsible for the quality of Anatomic, Clinical and Radioisotopic Pathology practiced in the Hospital and shall be organized as described in Article XI of the Bylaws.
2. The Division of Pathology Committee shall consist of the Chairperson of the Division and other members as are necessary to review pathology practice in the Hospital and to conduct the business of the Division. The Committee shall review and make recommendations on credentials of all applicants and members of the Medical Staff requesting privileges in Pathology and continuously evaluate the quality of pathology practice in the Hospital and its allied institutions. The Committee shall meet quarterly and as needed; the Chairperson of the Division shall report to the Division and to the Executive Committee at regular intervals.
3. Qualifications and Privileges
  - a. Privileges in Pathology shall only be granted to those physicians who otherwise qualify for Medical Staff membership and who
    - (1) Are certified by the American Board of Pathology, accepted for examination by the American Board of Pathology, or who can present credentials which are judged by the Division of Pathology to be equivalent of the foregoing; and
    - (2) Are approved for privileges in pathology by formal action of the Division of Pathology and as otherwise approved in the Medical Staff Bylaws.
  - b. Appointments shall be made to the Active, Associate or Consulting Staff. Privileges shall be specifically defined in categories of Anatomical Pathology and Clinical Pathology.
    - (1) The Active Pathology Staff shall consist of the physicians who regularly practice at Presbyterian Healthcare Services. Members of the Active Pathology Staff shall be employees of the Professional Pathology Corporation which has a contract to serve as the Division of Pathology of the Hospital, the privileges of each employee to be approved by the Credentials Committee, Executive Committee and Board of Directors of the Hospital.
    - (2) The Associate Pathology Staff shall consist of pathologists who meet the basic qualifications specified for Active members but do not completely satisfy the requirements for advancement to Active Staff membership and who regularly practice pathology at the Hospital and its allied institutions. Members of the Associate Pathology Staff shall be employees of the Professional Pathology Corporation which has a contract to serve the Division of Pathology of the Hospital, the privileges of each employee to be approved by the Credentials Committee, Medical Executive Committee and Board of Directors.
    - (3) The Consulting Pathology Staff shall consist of Pathologists who are qualified and who have been assigned to the Consulting Staff with consulting privileges in Pathology. Members of the Consulting Staff may act as consultants at the request of any member of the Medical Staff. Consultants may review any pathology procedure and record their evaluation on the

patient's record. Consultants shall not perform pathology procedures nor perform primary interpretation of test results without prior written authorization of the Chairperson of the Division of Pathology.

- c. Privileges in Pathology shall be specifically defined in two (2) major subspecialties; Anatomical and Clinical Pathology. The list of privileges shall be maintained by the Division of Pathology and shall be available to all applicants and members of the Medical Staff.
4. Supervision
    - a. Initial assignment of privileges shall be based on experience in training or in practice.
    - b. Initial assignment of privileges shall be with supervision for twelve (12) months.
    - c. Supervision shall be through concurrent review as feasible, with the supervisee working side-by-side with a member of the Active or Associate Staff who has unsupervised privileges. Also there will be review of the supervisee through monthly scheduled Quality Management review of the Division.
  5. Supervisors
    - a. Supervisors shall be pathologists who are members of the Active and Associate Staff with unsupervised privileges.
    - b. The Division of Pathology Committee shall recommend privileges to be assigned as appropriate. Privileges may be limited and terminated any time as provided in the Bylaws or Rules and Regulations of the Medical and Dental Staff.

#### **J. Division of Pediatrics**

1. The Division of Pediatrics shall be responsible for the quality of pediatric and newborn practices in the Hospital and shall be organized as described in Article XI of the Bylaws.
2. The Division of Pediatrics Committee shall consist of the Chairperson of the Division and such other members as are necessary to review pediatric practice in the Hospital and to conduct the business of the Division. The Committee shall meet monthly and shall report to the membership of the Division.
3. Qualifications and Privileges
  - a. Privileges in Pediatrics may be assigned to qualified members of the Staff upon the recommendation of the Division of Pediatrics Committee on the basis of training, experience and demonstrated competence.
  - b. The initial assignment of privileges, or extension of privileges, shall be under supervision for six (6) months. The supervision may be extended up to twenty-four (24) months if there have been insufficient numbers of cases or procedures to allow evaluation.
  - c. Privileges in Pediatrics are defined in four (4) designated categories maintained by the Division of Pediatrics and by certain procedures. The listing of privileges is not all inclusive and may be changed from time to time through addition or deletion.
  - d. Category IV privileges in the Neonatal Intensive Care Unit (NICU) at Presbyterian Hospital shall be limited to physicians who are members of the Active and Associate Medical Staff and who contract with Presbyterian Healthcare Services to provide such services. Any other physician on the medical staff may evaluate patients, review records and procedures, and record their findings

and recommendations in the medical record of patients in the Neonatal Intensive Care Unit at the request of a physician with privileges to treat the patient in the NICU.

4. Supervisors

- a. Supervisors shall be accepted for, or certified by the American Board of Pediatrics and shall be members of the Staff who have unsupervised privileges in the area or procedures being supervised.

5. Supervision

- a. Direct supervision shall be required for a minimum of the first twelve (12) representative cases where privileges are assigned. In addition, the supervised staff member shall have his/her work reviewed by the Division of Pediatrics committee during the supervisory period.
- b. The member under supervision shall notify an appropriate supervisor on admission of his/her patient, and the supervisor shall function in the nature of preceptor or sponsor. The supervised physician shall have the supervisor complete a supervision report sheet on each case or procedure directly supervised. The supervision reports and the work of the supervised physician shall be evaluated by the Division of Pediatrics Committee during the supervision period.

**K. Division of Psychiatry**

1. The Division of Psychiatry shall be responsible for the quality of psychiatric care provided in Presbyterian Healthcare Services and shall be organized and function in accordance with Article XI of the Bylaws. The Division shall appoint other committees as necessary to conduct the work of the Division.
2. Qualifications and Privileges
  - a. Privileges in Psychiatry are defined in categories and by certain special procedures. The listing of privileges for which recognition is required is maintained and updated as needed by the Division. The list is available to all applicants and members of the Medical Staff.
  - b. Privileges shall be assigned specifically for each qualified member of the Medical Staff desiring privileges in Psychiatry. Privileges shall be reassigned biennially for all members.
  - c. Privileges in Psychiatry shall only be granted to those physicians who are either certified by the American Board of Psychiatry (and Neurology), or those who can present credentials which are the equivalent of the foregoing as judged by the Division of Psychiatry.
  - d. The initial assignment of privileges, or extension of privileges, shall be under supervision for six (6) months and requires six (6) charts to be retrospectively reviewed by a qualified member of the Division. If supervision requirements are not met within this time frame, privileges may be limited or terminated. Privileges may be limited or terminated at any time for substandard or incompetent performance, pursuant to procedures outlined in the Medical Staff Bylaws. Qualified supervisors shall be psychiatrists who are members of the Active or Associate Staff with unsupervised privileges
  - e. A member of the Division of Psychiatry may increase his/her privileges by actually participating in approved educational programs and demonstrating competence under supervision in the area for which extension of privileges are requested.
4. Admitting privileges require physician compliance with current policies and procedures of the inpatient Behavioral Medicine Program. These include documentation and coding compliance and the use of the information technology systems available.

5. All psychiatric hospitalized patients will be seen at least daily.
6. All attending physicians and credentialed psychology staff involved in the treatment of a patient are required to actively participate in multi-disciplinary treatment planning.

**L. Division of Radiology**

1. The Division of Radiology shall be responsible for the quality of radiology practices at Presbyterian Healthcare Services and shall be organized as described in Article XI of the Bylaws.
  2. The Division of Radiology Committee shall consist of the Chairperson of the Division and other members as are necessary to review radiological practice in the Hospital and to conduct the business of the Division. The Committee shall review and recommend on credentials of all applicants and members of the Medical Staff requesting radiologic privileges and continuously evaluate the quality of radiology practice in the Hospital and its allied institutions. The Committee shall meet quarterly and as needed; the Chairperson of the Division shall report to the Division and to the Executive Committee at regular intervals.
3. Qualifications and Privileges
- a. Privileges in Radiology shall only be granted to those physicians who otherwise qualify for Medical Staff membership and
    - (1) Are certified by the American Board of Radiology, accepted for examination by the American Board of Radiology, or who can present credentials which are judged by the Division of Radiology to be the equivalent of the foregoing; and
    - (2) Are approved for privileges in Radiology by formal action of the Division of Radiology, and as otherwise provided in the Medical Staff Bylaws.
  - b. Appointments shall be made to the Active, Associate or Consulting Staff.
    - (1) The Active Radiology Staff shall consist of physicians who regularly practice Diagnostic and/or Therapeutic Radiology at Presbyterian Healthcare Services. Members of the Active Radiology Staff shall be employees of the Professional Radiology Corporation, which has a contract to serve as the Division of Radiology of the Hospital, the privileges of each employee to be approved by the Credentials Committee, Medical Executive Committee, and the Board of Directors of the Hospital.
    - (2) The Associate Radiology Staff shall consist of physicians who are being considered for advancement to membership on the Active Staff who regularly practice Diagnostic and/or Therapeutic Radiology at the Hospital and its allied institutions. Members of the Associate Radiology Staff shall be employees of the Professional Radiology Corporation which has a contract to serve as the Division of Radiology of the Hospital, the privileges of each employee to be approved by the Credentials Committee, Medical Executive Committee, and the Board of Directors of the Hospital.
    - (3) The Consulting Radiology Staff shall consist of radiologists who are qualified and who have been assigned to the Consulting Staff with consulting privileges in Diagnostic and/or Therapeutic Radiology. Members of the Consulting Staff may act as consultants at the request of any member of the Medical Staff. Consultants may review any diagnostic or therapeutic procedure and record their evaluation of these on patient's records. Consultant shall not perform radiologic procedures nor perform primary interpretation of test results without the prior written authorization of the Chief of the Division of Radiology.

- c. Assignment of privileges shall be under supervision for six (6) months.
- d. Privileges shall be specifically defined in categories of Diagnostic (including Nuclear Medicine, Diagnostic Ultrasonography and CT Scanning) and Therapeutic Radiology. The listing of privileges is not all inclusive and may be changed from time to time through addition or deletion. The list of privileges shall be maintained by the Division of Radiology and shall be available to all applicants and members of the Medical Staff.
- e. Supervisors
  - (1) Supervisors shall be radiologists who are members of the Active and Associate Staff with unsupervised privileges.
- f. Supervision
  - (1) The Division of Radiology committee shall recommend privileges to be assigned as appropriate. Privileges may be limited and terminated any time as provided in the Bylaws or Rules and Regulations of the Medical Staff.

#### **M. Surgical Clinical Services**

- 1. Surgical Clinical Services includes any or all of the Divisions of Surgery as described in Article XI of the Bylaws. Each Division shall elect a Chief and Vice Chief. The Chief shall be a member of the Division of Surgery, Program Policy Committee or other special committees of the Division.
- 2. Qualification and Privileges
  - a. Privileges in general surgery, surgical specialties, and anesthesiology shall be granted only to those physicians/dentists who are certified by, or accepted for examination by the appropriate American specialty board, Fellows of appropriate American College, or to those who can present credentials which are the equivalent of the foregoing as judged by the appropriate Divisional or sectional committee.
  - b. All applications for privileges in general surgery, surgical specialties, and anesthesiology shall be reviewed by the appropriate division(s) when privileges are requested in more than one field, and the division shall send to the Credentials Committee a recommendation on the specific privileges to be granted.
  - c. The initial assignment of privileges or extension of privileges shall be under supervision.
  - d. Privileges for procedures in each surgical specialty shall be defined by the appropriate division of the Medical Staff. The listing of procedures for which privileging is required is not all inclusive and may be changed from time to time through addition or deletion.
- 3. Supervisors

Supervisors shall be designated by each section annually, and they shall have the following qualifications:

  - a. Be a member of the Active or Associate Staff.
  - b. Have unsupervised privileges in surgical specialty to be supervised.
  - c. Be Board Certified, accepted for Board Examination, Fellow of the American College of the appropriate specialty or able to present credentials which are the equivalent of the foregoing as defined by the various specialties.

#### 4. Supervision

- a. All staff members with privileges assigned under supervision in the surgical specialties shall be supervised by the appropriate section within which these privileges are granted for a minimum period of six (6) months. The number of cases to be supervised is determined by each section. In any situation where there is question concerning ability, or if insufficient cases have been supervised this period may be extended for a specified period up to twenty-four (24) months.
- b. Supervision shall include direct evaluation of a minimum of twelve (12) representative surgical procedures by members of the Hospital Medical Staff and review of the work of the supervised physician by the appropriate section during the period of supervision.
- c. Supervision shall include direct evaluation of the pre- and post-operative care, judgment and surgical technique by at least two-thirds (2/3) of the Staff members designated as supervisors in the appropriate surgical specialty or six (6) supervisors, whichever is less. It shall be the responsibility of the supervised physician to schedule and inform the supervisor and to initiate the supervision report sheet.
- d. At the end of the supervisory period, the appropriate sectional committee shall recommend privileges to be assigned without supervision. The recommendation shall be sent to the Credentials Committee. Privileges may be limited or terminated at any time if substandard or incompetent performance is observed. Supervision requirements shall be completed in all cases within twenty-four (24) months, and privileges limited or terminated where requirements are not met.

#### **N. Division of Anesthesiology**

- a. The Anesthesiology Division shall be responsible for the quality of anesthesia care provided surgical and obstetrical patients in the Hospital and shall be organized in accordance with Article XI of the Bylaws. An anesthesiologist who is a member of the Medical Staff and a member of, or eligible for, membership in the Division of Anesthesiology shall be appointed Director of Anesthesiology and shall have overall administrative responsibility for anesthesia services, although the responsibility may be shared with the Chief of the Division. The Director may or may not be the Chief of the Division.
- b. The anesthesiologist is responsible for appropriate preoperative and pre-induction evaluation of the patient and the patient record. The anesthesiologist is responsible for the choice of anesthesia and the anesthetic agent or technique with the concurrence of the surgeon. The anesthesiologist is primarily responsible for the care of the patient in the Recovery Room and is responsible for pre- and post-anesthesia evaluation and for appropriate anesthesia records.
- c. Qualifications
  - (1) Privileges in anesthesiology shall be given only to physician anesthesiologists who have satisfactorily completed postgraduate training which qualifies the physician to be accepted for examination by the American Board of Anesthesiology.
  - (2) Supervised privileges in anesthesiology may be granted to nurses who are Board of Nursing eligible or Certified Registered Nurse Anesthetists as recommended by the Division of Anesthesiology.
- d. Appointment and Privileges

- (1) Appointments of qualified anesthesiologists shall be made to the Active, Associate and Consulting Staffs with privileges specifically delineated for each member. Qualified Certified Registered Nurse Anesthetists shall be appointed to the Ancillary Staff with privileges under the supervision of an anesthesiologist member of the Active or Associate Staff.
    - (a) The Active Anesthesiology Staff shall consist of physicians who meet basic qualifications for membership as set forth in Article III, Division 2, and Article VIII, Division 2 of the Bylaws and who regularly provide anesthesia services in Presbyterian Healthcare Services in accordance with a written agreement with the Hospitals.
    - (b) The Associate Anesthesiology Staff shall consist of physicians who meet the basic qualifications for membership as set forth in Article III, Section 2 and Article VIII, Section 4 of the Bylaws and who regularly provide anesthesia services in Presbyterian Healthcare Services in accordance with a written agreement with the Hospital.
    - (c) Consulting Anesthesiology Staff shall consist of anesthesiologists who are qualified for Medical Staff membership and who have been assigned to the Consulting Staff with consulting privileges in anesthesiology. On request for consultation by a member of the Medical Staff, consultants may evaluate patients, review records and procedures and record their findings and recommendations in the medical record. Consultants shall not administer anesthesia services without the prior written consent of the Director or the Chief of the Division and the approval of the Administrator. In granting such approval, the Administrator shall take into consideration the availability of members of the Active Anesthesiology Staff or the Associate Anesthesiology Staff to perform the requested anesthesia services.
- e. Supervision

All new anesthesiologists granted privileges in anesthesiology shall be supervised by anesthesiologist members of the Active Staff for the first thirty (30) consecutive procedures. The new anesthesiologist is responsible for recording the procedures and the supervisors shall submit a written report to the Chief of the Division. Then upon approval, the new anesthesiologist will be placed under a period of observation for six (6) months. At the end of the six (6) month period the Division shall recommend privileges to be assigned as appropriate. Privileges may be limited or terminated at any time if substandard or incompetent performance is observed.

#### **O. Division of General Surgery**

- a. The Division of General Surgery shall be organized as provided for in Article XI of the Bylaws. The division shall be responsible for the quality of general surgical care provided to patients in the hospital.
- b. A chief and vice-chief shall be elected for a two-year term. These individuals are responsible for reviewing applicants who apply for membership and privileges to the Division of Surgery and making recommendations to the Credentials Committee.
- c. Privileges in General, Colorectal, and Pediatric Surgery shall be granted to those physicians who are certified by, or accepted for examination by the appropriate American Specialty Board, Fellows of the appropriate American College, or to those who can present credentials which are the equivalent of the foregoing as judged by the Division Chief and/or Vice-Chief.
- d. The initial assignment of privileges or granting of privileges shall be under supervision. All Division members shall be supervised for a minimum period of six (6) months and for a minimum of twelve (12) representative cases. In any situation where there is question concerning

ability, or if insufficient cases have been supervised, this period may be extended at the discretion of the Credentials Committee.

**P. Division of Neurosurgery**

- a. The Division of Neurosurgery shall be organized as provided for in Article XI of the Bylaws. The Chief of the Division shall be elected for a two (2) year term.

- b. Qualifications and Privileges

Candidates for neurosurgical privileges shall have completed an AMA accredited neurological residency and be certified by, or accepted for, the American Board of Neurological Surgery. The Division or Division Chief shall review and recommend on all applicants for privileges in Neurosurgery and shall make recommendations, based on evaluation of performance, on all reappointments and reassignments of privileges of members of the Division.

- c. Supervision

New members of the division shall be under supervision for a minimum period of six (6) months to ensure that they perform to the standards developed and maintained by the division. At the end of such time, the chief of the division may recommend to the Credentials Committee that the member be granted unsupervised privileges, or continued under supervision for a period not to exceed 24 months.

- d. Supervisors

The supervisors in the Division of Neurosurgery are obligated to provide supervision for surgeons in their own Division. Supervisors must have unsupervised privileges.

**Q. Division of Ophthalmology**

- a. The Division of Ophthalmology shall be organized as provided for in Article XI of the Bylaws. A Chief of the Division shall be elected to a two year term and shall be a member of the Medical Council.

- b. Qualifications and Privileges

(1) Members of the Division of Ophthalmology shall have completed an approved residency in ophthalmology and shall be accepted to take the board examination in ophthalmology, or board certified in ophthalmology.

- c. Supervision

Privileges assigned to new members shall be under supervision for a minimum of six (6) months at which time recommendation for unsupervised privileges may be made by the Division of Ophthalmology to the Credentials Committee for its evaluation. In case of questions concerning ability, or if insufficient cases have been supervised, this period may be extended for a specified period up to twenty-four (24) months.

(1) Supervision shall include the direct evaluation of a minimum of six surgical procedures, and a retrospective review of 6 cases, with no more than three of which may be laser procedures, in which the ophthalmologist has served as primary physician.

- (2) In the case of a physician no longer performing surgery, supervision shall include a minimum of twelve cases where the ophthalmologist serves as the primary physician.
- (3) Eligible cases for supervision are those performed in a PHS-A facility or affiliated facility.
- (4) Privileges may be limited or terminated at any time if substandard or incompetent performance is observed. Supervision requirements shall be completed in all cases within twenty-four months and privileges limited or terminated where requirements are not met.

d. Supervisors

Supervisors in the Division of Ophthalmology shall be Active Staff Members of the Division who have unsupervised privileges in those procedures in which they are providing supervision.

Each supervisor in the Division of Ophthalmology may supervise no more than three of the minimum twelve (12) procedures submitted for unsupervised privileges by the supervised physician.

No more than half of the cases submitted for unsupervised procedures may be supervised by physicians within the same practice group as the supervised physician.

**R. Division of Oral and Maxillofacial Surgery**

a. Qualifications and Privileges

- (1) The dentist applicant for membership on the Medical Staff shall be a graduate of a dental school recognized by the Council on Dental Education of the American Dental Association; legally licensed to practice dentistry or medicine in the State of New Mexico; qualified for membership in the local dental or medical society; and practicing dentistry or medicine in the community.
- (2) The Oral and Maxillofacial Surgery Division shall make recommendations to the Credentials Committee on appointments and privileges. It shall appraise and evaluate the applicant's qualifications prior to presentation to the Credentials Committee.
- (3) To be eligible for Staff membership, any applicant for privileges in any one of the specialties recognized by the American Dental Association or general dentistry, must be a Board or Society member, or Board or Society eligible in his/her specialty, and in all cases must have completed one (1) year's training in an approved intern or residency program. Adequate preparation in the care of hospitalized patients (medical records, operating room procedures, and general anesthesia) must have been included in the internship or residency program for Associate and Active staff eligibility.
- (4) Any dentist accepted for Staff membership shall be placed in a category of general dentistry or in one of the specialties recognized by the American Dental Association, and privileges shall be specifically delineated based on individual qualifications. Dentists who limit their practice to one (1) of the specialties recognized by the American Dental Association shall meet the requirements established by the appropriate specialty Board or Society.

b. General Dentistry

General dentistry privileges shall be specifically delineated as for other members of the Dental Staff and shall include procedures that have been determined individually by education, training and demonstrated competence.

c. Oral and Maxillofacial Surgery

Oral and Maxillofacial surgical privileges shall be specifically defined and shall be granted only to those who are graduates of a dental school approved by the American Dental Association and who are certified by, or eligible for, certification by the American Board of Oral and Maxillofacial Surgery or eligible for membership in, or a member of, the American Association of Oral and Maxillofacial Surgeons.

d. Oral and Maxillofacial Surgery Supervision

- (1) All Division members with privileges assigned under supervision shall be supervised for a minimal period of six (6) months. This period may be extended up to twenty-four (24) months if there is question concerning ability or if insufficient cases have been supervised. Privileges may be limited or terminated at any time if substandard or incompetent performance is observed or if supervision requirements are not completed in twenty-four (24) months.
- (2) The dentist being supervised shall have supervision by two-thirds (2/3) of the dentists designated as supervisors or six (6) supervisors, whichever is less.
- (3) The dentist being supervised shall perform a minimum of twelve (12) representative cases under supervision. Due to limited inpatient admissions by members of the Oral and Maxillofacial Surgery Division, the Division has recommended the inclusion of a review of competency of twelve (12) outpatient surgical cases when necessary to supplement hospital patient contacts.
- (4) If the dentist is board certified by the American Board of Oral and Maxillofacial Surgery (ABOMS) at the time of appointment to the Associate Staff, the dentist may petition the Division to have a reduction in the number of required supervised cases (no less than 6), within the specified time frame. These cases are to represent hospital contacts. Any practice partners/associates of the dentist may only supervise 50% of these cases; the remainder are to be supervised by dentists not associated in a private practice arrangement with the dentist being supervised.
- (5) If quality of care concerns arise during the supervisory period, the division may require additional cases to be supervised.

e. Oral and Maxillofacial Surgery Supervisors

A Dental supervisor shall have unsupervised privileges in the procedures being supervised and shall have been a member of the Staff for at least one (1) year.

**S. Division of Otolaryngology Head and Neck Surgery**

a. Qualifications and Privileges

- (1) The Division of Otolaryngology Head and Neck Surgery shall be organized as provided in Article XI of the Bylaws. The Chief of the Division shall be elected by the members for a two-year term and will conduct the Division meetings. The Vice-Chief will also be elected for a two-year term of office. Division meetings shall be conducted monthly as required in Article XI of the Bylaws. The Division of Otolaryngology shall establish the standard of care of otolaryngology provided to patients in the hospital.
- (2) Privileges in Otolaryngology Head and Neck Surgery shall be granted to qualified physicians who are certified by the American Board of Otolaryngology Head and Neck Surgery, or

American Osteopathic Board of Ophthalmology - Otolaryngology, or who are accepted for either Board examination.

Privileges may be limited, extended or terminated at any time for substandard performance or if the supervision requirements are not met within a twenty-four (24) month period.

- (3) Physicians applying for initial appointment and granting of privileges in the Division of Surgery/Otolaryngology Head and Neck Surgery Division who request only specific privileges related to head and neck surgery, including reconstructive surgery, will go through review and credentialing by the Otolaryngology Head and Neck Surgery Division.
- (4) Physicians assigned to the Otolaryngology Head and Neck Surgery Division who request plastic surgical (cosmetic) privileges must submit the following information for review by both the Otolaryngology Head and Neck Surgery Division and the Plastic and Reconstructive Surgery Division:
  - a) Proof of training in either a legitimate fellowship program in facial plastic surgery or reasonable equivalent training in a residency program
  - b) Submission of surgical case list to include a representative sample of facial cosmetic surgery
  - c) Four cases to be supervised by several members of the Plastic and Reconstructive Surgery Division

Physicians meeting the above criteria, prior to supervision, will be interviewed by the Chief of Plastic and Reconstructive Surgery Division regarding his/her qualifications. Supervision of those plastic surgical procedures will then be supervised by volunteer members of the Plastic and Reconstructive Surgery Division in a timely fashion.

b. Supervision

New staff members assigned to the Division shall be under supervision for a minimum of six (6) months). Supervision shall include evaluation of preoperative, operative and postoperative care with direct evaluation of a minimum of twelve (12) representative elective surgical operations by the supervisor of the Otolaryngology Head and Neck Surgery Division. Supervision will be performed by at least two-thirds (2/3) of the designated supervisors in the Division, or six (6) supervisors, whichever is less. It shall be the responsibility of the supervised physician to schedule the surgery, arrange for a supervisor, and initiate the supervision report. These cases shall not be scheduled unless a supervisor has been named, and shall not commence in the operating room until the supervisor is either present or has given verbal permission that the case may begin. If the requesting physician has contacted two supervisors and neither is available to perform supervision for the elective case, the case may be scheduled and performed without supervision. The cases shall be the initial and consecutive elective cases scheduled in each of the representative areas (general ENT, Otology, Head and Neck, and Facial Plastics). Once the requisite number of supervised cases (minimum of 3) in each of these areas (or a total of 12 cases limited to those areas in which the Associate Staff member has been granted privileges under supervision) has been satisfactorily completed and documentation submitted to the Office of Medical Staff Affairs, the Associate Staff member will be deemed to have met the supervision requirement in that specific area and receive unsupervised privileges for that area only. For assignment of unsupervised privileges in all areas, the requirements must be met in each of them.

Physicians requesting facial plastic surgical (cosmetic) privileges must have 3 cases supervised by Active Staff members of the Division of Otolaryngology Head and Neck Surgery and/or the Division of Plastic and Reconstructive Surgery who have full privileges in Facial Plastic Surgery.

c. Supervisors

Supervisors in Otolaryngology head and Neck Surgery shall be members of the Active Staff and Board certified in Otolaryngology Head and Neck Surgery.

**T. Division of Plastic and Reconstructive Surgery**

a. The Division of Plastic and Reconstructive Surgery shall be responsible for the quality of all work performed by plastic surgeons in the Hospital and shall be organized as described in Article XI. The Chief of the Division of Plastic Surgery shall be elected by members for a two (2) year term and shall conduct the Division meetings, acting also as the Secretary of the Division.

b. Qualifications and Privileges

Privileges in Plastic Surgery shall be granted to qualified physicians who are certified by the American Board of Plastic Surgery or who are accepted for the Board examination in Plastic Surgery.

c. Supervision

(1) All new staff members of Presbyterian Healthcare Services seeking privileges in Plastic and Reconstructive Surgery shall be supervised for a minimum period of six (6) months. In any case of question concerning ability, this period may be extended to twenty-four (24) months.

(2) Supervision shall be for minimum of twelve (12) representative cases and shall include at least three (3) different supervisors. Supervision may be extended for 6 months if there is a question concerning ability.

**U. Division of Thoracic and Cardiovascular Surgery**

a. Qualifications and Privileges

(1) The Division of Thoracic and Cardiovascular Surgery shall be organized, in accordance with Article XI of the Bylaws. The Chief of the Division shall be elected by the members for a two (2) year term.

(2) Privileges in Thoracic and Cardiovascular Surgery shall be granted only to those physicians who are certified by, or accepted for, examination for certification by the American Board of Thoracic Surgery or who are Fellows of the American College of Surgeons in the category of Thoracic Surgery, or who can present credentials which are equivalent to the foregoing as judged by the appropriate Divisional committee.

b. Supervision

(1) New staff members assigned to the Division shall be under supervision for a minimum of six (6) months and for a minimum of twelve (12) representative surgical procedures, concurrently or retrospective. Supervision may be extended at the discretion of the Credentials Committee.

(2) At the end of the supervisory period, the Division shall recommend to the Credentials Committee the privileges to be granted without supervision. Privileges may be limited or terminated at any time if substandard or incompetent performance is observed or if supervision requirements have not been completed in one (1) year.

c. Supervisors

Supervisors shall be designated from members of the Division who have unsupervised privileges.

#### **V. Division of Urology**

- a. The Division of Urology shall be organized as defined in Article XI of the Bylaws.
- b. Qualifications and Privileges

Privileges in Urology shall be granted only to those applicants who are certified by, or accepted for examination by the American Board of Urology, or who have equivalent training and experience as judged by the Division of Urology. The Division of Urology shall review and make recommendations on all applications for privileges in Urology and shall evaluate and make recommendations on all reappointments and reassignment of privileges of its members.

- c. Supervision

- (1) All new Staff members requesting privileges in Urology shall be supervised in urological procedures for a minimum of six (6) months and a minimum of twelve (12) representative cases. At the end of the supervisory period, the record of procedures done by the new Staff member shall be reviewed by the Urology Division which shall then make a recommendation to the Credentials Committee on the specific privileges to be granted without supervision or to extend the period of supervision up to twenty-four (24) months. Privileges may be limited or terminated at any time if substandard or incompetent performance is observed or if supervision requirements are not completed within twenty-four months.
- (2) A staff member being supervised in urology shall perform a minimum of twelve (12) representative cases under supervision.
- (3) No supervision is required for surgeries performed in the Operating Room that do not require a surgical assistant; this would include all endoscopies and endoscopic procedures, as well as circumcisions, meatotomies, scrotal and testicular cases except for pediatric orchioepexies, and lithotripsies (once the physician was credentialed with the lithotripsy facility). This also includes contigen injections once the applicant has completed the required course work and has been granted his/her certification number.
- (4) Representative cases of Endoscopy and Lithotripsy may be presented under supervision if agreed upon by the supervisor, Chief Division of Urology and the supervised physician.
- (5) Laparoscopy criteria: Urologist will show documentation of residency training and experience or attendance in an approved course with animal lab experience as a portion of the course, observe three (3) Laparoscopy procedures or assist at (3) three Laparoscopy procedures, and perform three (3) Laparoscopic cases with a qualified supervisor who is experienced with unsupervised privileges in Laparoscopic procedures as the first assistant.

- d. Supervisors

A supervisor for Urology shall have the following qualifications:

- (1) Be a member of the Active or Associate Staff.
- (2) Be certified, or accepted for certification, by the American Board of Urology.
- (3) Have unsupervised privileges in procedures to be supervised.

- (4) The supervisor shall scrub as assistant where indicated, evaluate the overall care of the patient and make a written report on an evaluation sheet. Evaluation shall include review of pre- and post-operative care, indications for surgery and the surgical procedure selected. Unsupervised minor urological privileges may be granted by the Chief of the Division after competence in these procedures has been demonstrated.

## **VIII. Ancillary Medical Staff**

### **A. Scientific and Paramedical Staff**

#### **1. Clinical Psychology**

##### **a. Purpose and Definitions**

- (1) The Division of Psychology is an organized Division of the Ancillary Staff assigned to the Division of Psychiatry. The Psychology Division functions as a resource for psychological services to both patients and staff of the Presbyterian Healthcare Services system. Members of this Division consult, evaluate, and treat patients in medical, surgical, and psychiatric units. Members are also available to physicians, nurses, and other staff for consultation, training, and research.
- (2) The Psychology Division shall consist of psychologists who are licensed to practice psychology in the State of New Mexico, who specialize in clinical, rehabilitation, neuropsychology, or counseling psychology with a clinical emphasis, and whose credentials include satisfactory supervised clinical training, either pre- or post-doctoral, and satisfactory experience in medical and hospital settings.
- (3) Psychologists who perform professional services in the hospital must be appointed to the Ancillary Staff in accordance with the Bylaws, Rules and Regulations of the Medical and Dental Staff. The members will annually elect a Chief and Vice-Chief of the Psychology Section.

##### **b. Application and Evaluation of Credentials**

- (1) Psychologists who possess the qualifications may make application to the Hospital for privileges. Determination of adequate training and experience shall be undertaken by the Section Credentials Committee. Psychologist applicants for Section membership shall provide evidence of professional liability insurance coverage as required by the Hospital.
- (2) Applications for appointment to the Psychology Staff will be reviewed by the Credentials Committee, made up of members of the Psychology Section appointed by the Section Chief. The applicant's credentials, with recommendations, will be submitted to the Division of Psychiatry for its recommendation prior to being forwarded to the Credentials Committee of the Medical Staff.
- (3) The Psychology Section Credentials Committee may approve psychologists for research purposes only. This is a non-healthcare provider status and does not provide any direct health care privileges. Recommendation for research privileges will be submitted to the Presbyterian Institutional Review Board for human subjects clearance and recommendation. Psychologists engaged in research will abide by the American Psychological Association guidelines for human research and policies and regulations governing research in Presbyterian Hospital and Presbyterian Kaseman Hospital.

##### **c. Qualifications of Psychologists**

Each member of the Psychology Section of the Ancillary Staff must be a clinical, neuropsychology, counseling, or rehabilitation psychologist who:

- (1) Is licensed by the New Mexico State Board of Psychologist Examiners;
- (2) Has had special emphasis, in training and/or experience, in the areas of psychology he/she intends to practice in the Hospital, sufficient to satisfy the Psychology Credentials Committee that the psychologist is competent in such areas; and
- (3) The Credentials Committee must ascertain that there has been experience in a general hospital setting which was obtained through a supervisory or collegial relationship with a qualified psychologist who assumed a training responsibility.

d. Privileges of Psychologists

Psychologists will provide services within the legal and professional definition of their discipline and in accordance with Hospital Rules and Regulations.

- (1) Privileges of psychologists are psychological evaluation and treatment.
- (2) Psychologists exercise their privileges in providing services at the request of members of the Medical Staff and will perform only those services requested by the physician.
- (3) It is the joint responsibility of the psychologist and the attending physician to maintain periodic review and consultation regarding the progress and status of the patient. The attending physician will specify, in the patient's chart, what function(s) the psychologist is to perform in the service of the patient.
- (4) The psychologist will be responsible for consultation reports and summaries as necessary in the medical record and will utilize the patient's medical record for recommendations, comments and progress reports.
- (5) Psychologists will not admit or discharge patients.
- (6) The provision of psychological service will be in accordance with the Code of Ethics of the American Psychological Association, New Mexico Statutes, Hospital Rules and Regulations and consistent with the high standard of patient care.

e. Reappointment

Reappointment to the Psychology Section will be based on continued evidence of competent, ethical conduct. Privileges of Psychology Section members may be terminated or limited at any time for substandard or incompetent performance. Any complaints of negligence, incompetence, unethical or substandard performance will be reviewed by the Presbyterian Healthcare Services Professional Activities Committee in accordance with the standard procedures applicable to the PHS Medical and Dental Staff. A psychologist appointed by the Chief of the Section will function as a member of the Committee during any such review.

f. Meetings

- (2) The Psychology Section shall meet at least four (4) times each year. Attendance at two (2) meetings per year shall be mandatory as a condition of reappointment.

## 2. Podiatry

### A. Qualifications for Level of Privileges

Podiatrists who are graduates from a school of Podiatric Medicine approved by the Council of Podiatric Education and who have an unrestricted license to practice Podiatry in New Mexico and who meet other conditions for appointment (Article III) may be appointed to the Ancillary Medical staff. Clinical privileges are divided into three (3) classes and shall be specifically assigned dependent upon training and performance.

Class I podiatric privileges – Limited to removal of superficial benign skin lesions of the feet and mechanical treatment of the feet. May not function as the primary surgeon, but may request privileges to assist in podiatric surgery.

Class II podiatric privileges – Permit co-admission\* of patients, includes Class I privileges, and specifically defined common forefoot and simple hind foot surgical procedures. Definition of “common forefoot and simple hind foot surgical procedures” is found in the Medical staff policies and procedures. To qualify for class II privileges, the podiatrist shall have

- Completed at least one (1) year of podiatric surgical residency (PSR-12), approved by the Council on Podiatric Medical Education and Accepted by the American Board of Podiatric Surgery, and
- Be Board qualified or board certified by the American Board of Podiatric surgery in Foot surgery or by the American Board of Podiatric Orthopedics and Primary Podiatric Medicine. The board certification process must occur in accordance with the requirements of these recognized boards.

Class III podiatric privileges- Includes Class II privileges, plus reconstructive rearfoot surgery and reconstructive ankle surgery. The definition of “reconstructive rearfoot and reconstructive ankle surgery procedures” is found in the Medical staff policies and procedures. To qualify for class III privileges, the podiatrist shall have:

- Completed at least two (2) years\*\* of podiatric surgical residency (PSR-24) approved by the Council on Podiatric Medical Education and accepted by the American Board of Podiatric Surgery, and
- Be board qualified or board certified by the American Board of Podiatric surgery in foot surgery and reconstructive rearfoot/ankle surgery. The board certification process must occur in accordance with the American Board of Podiatric Surgery’s guidelines.

*\*\*Completion of one year podiatric surgical residency will be accepted only if the candidate completed his residency before 1990 and if the candidate is already a board certified physician with the American Board of Podiatric Surgery in Foot and Ankle Surgery.*

### Admitting and Outpatient H&P Privileges

Podiatrists with Class II or Class III privileges may request and be granted admitting privileges, and are allowed to perform a full history and physical (H&P) if the following criteria are met:

- The podiatrist has met the Board certification/qualifications as noted above
- The podiatrist must demonstrate hospital-based training as part of the residency program
- If the podiatrist has not performed H&Ps within the past 5 years, s/he must provide documentation of having attended an accredited workshop in general medical history and physical examination

The initial assignment of privileges in admitting and H&P are provisional and shall be under conditions of supervision for a minimum period of six (6) months but no more than 24 months.

### Co-admission

The podiatrist with Class II or Class III privileges may co-admit patients with a member of the Medical Staff. All podiatric patient shall have a medical history and physical examination by a physician member of the

Medical Staff who shall accept responsibility for the care of any medical problem that may arise during the hospitalization of the patient. The podiatrist is responsible for the podiatric care of the patient including the podiatric history and physical examination and all appropriate elements of the patient's record. Podiatrists shall be under the overall supervision of the Chief of Orthopedic Surgery.

### **Pre-op Evaluation**

Preoperative evaluation of patients scheduled for elective podiatric surgery should be the same as for elective orthopedic procedures.

### **Procedural Supervision Requirements for Initial Applicants**

Newly appointed podiatrists are to be supervised on 10 representative cases. Supervision may be performed by podiatrists who have unsupervised privileges in that procedure, or a member of the Active or Associate Staff (without supervision) of the Division of Orthopedics. Supervision is to include an evaluation of the history and physical if the podiatrist has H&P privileges. Supervision shall be for a minimum of 6 months, but no more than 24 months.

## **3. Speech Pathologists/Audiologists**

Speech pathologists/audiologists will be assigned to the Otolaryngology Head and Neck Surgery Section for purposes of supervision and direction of their activities while members of the Scientific and Paramedical Staff. They may see patients in the Hospital only when requested by a member of the Medical and Dental Staff. They may make notes in the patient's progress notes attesting to their treatments and findings.

## **B. Allied Health Personnel**

### **1. Introduction**

- a. Allied Health Personnel, employed by members of the Active or Associate Staff or the Scientific and Paramedical Staff, may provide services to patients within the limit of their skills and the scope of lawful practice upon recommendations of the Medical Staff and approval of the Board of Directors of Presbyterian Healthcare Services. The assigned permit is not a contractual or property right and can be terminated at any time for substandard performance or conduct. The wearing of an identification name tag shall be required by all Allied Health Personnel while functioning within the Hospital.
- b. For the purposes of this section, Allied Health Personnel shall include the following categories:
  - (1) Qualified nurse practitioners who have completed additional education requirements, are licensed as registered nurses and are certified to practice as nurse practitioners in the State of New Mexico. This also includes, but is not limited to, nurse anesthetists and nurse midwives;
  - (2) Nurse specialists who deliver, teach and supervise high quality care in a particular clinical specialty and have a basic nursing education, supplemented with specialized knowledge and technical skills in a clinical area;
  - (3) Physician Assistants who have completed a prescribed course of study and are certified as a Physician Assistant by the New Mexico Board of Medical Examiners;

- (4) Technicians who perform selected skills or assist with specified procedures under the direction and supervision of a member of the Active or Associate Staff or the Scientific and Paramedical Staff.
  - c. The performance of all Allied Health Personnel is subject to continued review by the Medical Staff. The Medical Staff shall have the duty to initiate corrective measures, including termination of permits where appropriate. In the event that there is unsatisfactory performance, the sponsoring physician will be notified in writing and corrective action will be taken.
2. Procedure for Appointment
  - a. An Allied Health Person, employed by a member of the Active or Associate Staff or the Scientific and Paramedical Staff must make application on a prescribed form for a permit to assist the employer in providing medical care in the Hospital. The applicant shall indicate his/her education, training, experience; shall authorize the Hospital and Medical Staff committees to obtain information and interviews as necessary to evaluate qualifications and performance; and give appropriate references. Professional liability insurance shall be required for membership on the Allied Health Personnel Staff. With the application, the applicant shall complete a list that shall include a list of functions and services requested. The physician employer shall sponsor the applicant and shall agree to provide supervision and accept full professional responsibility for his/her employee. An application will not be completed until necessary interviews are held with applicant and physician employer.
  - b. The application shall be processed through the Office of Medical Staff Affairs which shall direct necessary interviews of the applicant with knowledgeable Allied Health Personnel members of the Ancillary Medical Staff. The Office of Medical Staff Affairs will also direct interviews through appropriate representatives of the nursing staff of the hospital, following which the recommendation will be submitted to the Credentials Committee for final review and recommendation to the Medical Executive Committee. Applications received by the Office of Medical Staff Affairs relating to Allied Health Personnel shall be processed in the same manner as the Medical Staff applications through the Medical Staff Credentials Committee, Medical Executive Committee, and Board of Directors of Presbyterian Healthcare Services.
  - c. In considering each application, the Credentials Committee shall recommend approval or disapproval of the applicant; and if approved, list specific functions and services to be permitted based on the individual's professional training, experience, demonstrated competence, and upon the sponsor's capability and competence to supervise an assistant.
  - d. Independent judgment and action in specified areas as defined on privilege assigned list may be permitted for qualified and certified nurse practitioners and physician's assistants. Other Allied Health Personnel are permitted to provide services as specifically defined under the supervision of the sponsoring physician. Upon approval by the Board of Directors, a permit for not more than two years shall be issued to the applicant setting forth specific functions and services permitted.
3. Reappointment Process
  - a. Reappointments are not a matter of right and the burden of proof is on the Allied Health person and his/her sponsor to demonstrate his/her competence for reappointment and reassignment of functions and services to be permitted.
  - b. Within ninety days prior to the end of an appointment, the Credentials Committee shall review all pertinent information available on the Allied Health person to include but not be limited to evaluations obtained from Presbyterian Healthcare Services' employees, chart review where appropriate and the personal interview if requested by the Credentials Committee, following which the Credentials Committee will determine its recommendations to the Medical Executive

Committee. It will be necessary at this time for the Allied Health person to respond in a responsible manner to a request from the Credentials Committee to show evidence of current certification, registration or license, where applicable, or any other requested information to support a continuing permit and any information regarding change or expansion in the permit desired. Until this request has been appropriately responded to, reappointment will not be accomplished.

#### 4. Privilege Termination and Procedural Rights

a. Automatic Termination. There shall be no right of appeal of privilege termination when executed for the reasons stated below. Privileges are automatically terminated in the event:

1. The Medical Staff membership of the supervising or sponsoring physician is terminated or suspended, whether such termination or suspension is voluntary or involuntary. Exception may be made if the Allied Health person is able to obtain acceptable sponsorship from another Active Staff member and previously granted privileges apply.
2. The supervising physician no longer agrees to act as the supervising physician for any reason, or the relationship between the Allied Health person and the supervising physician is otherwise terminated, regardless of the reason. Exception may be made if the Allied Health person is able to obtain acceptable sponsorship from another Active staff member and previously granted privileges apply.
3. The Allied Health person's license/certification or medical malpractice expires, is revoked, or is suspended in whole or in part.

b. Procedural Rights.

1. Nothing contained in these Bylaws shall be interpreted to entitle an Allied Health person to the fair hearing rights set forth in Article VII. Any Allied Health person shall have the right to challenge any action that would constitute grounds for hearing under Article VII by filing a written grievance with the Vice President of Medical Staff Affairs. The Vice President of Medical Staff Affairs will then consult with the Chief of the Division to which the Allied Health person has been assigned and in which he/she has practice privileges, within fifteen (15) days of such action.
2. Upon receipt of such a grievance, the Division Chief will initiate a careful investigation and afford the affected Allied Health person an opportunity for an interview. This interview shall not constitute the same type of "hearing" as is established by Article VII and need not be conducted according to the procedural rules applicable with respect to such hearings.
3. Before the interview, the Allied Health person shall be informed of the general nature of the circumstances giving rise to the proposed action and, at the interview, the Allied Health person may present information relevant thereto. A record of the findings of such interview shall be made. A report of the findings and recommendations shall be made by the Vice President of Medical Staff Affairs to the Medical Executive Committee which shall act thereon. The action of the Medical Executive Committee shall be final, subject to approval by the Board of Trustees.
4. When the Board of Trustees makes a decision contrary to the Medical Executive Committee, the Board of Trustees shall submit the decision to the Medical Executive Committee. The Medical Executive Committee shall reconsider its decision and make a recommendation within seven (7) days to the Board of Trustees. The subsequent Board of Trustees decision shall be final.