

Thank you for your inquiry indicating your interest in applying for appointment to the Medical/Dental Staff at Yakima Regional Medical & Cardiac Center. The following are prerequisites for receiving an application to the Staff and **must be included** on your pre-application form.

1. Description of practice plans and plans for utilization of Yakima Regional;
2. A current license to practice medicine, dentistry, or podiatry in **Washington [or copy of your application for such if this is pending];**
3. A current Federal DEA Certificate;
4. Physicians shall provide proof of satisfactory completion of an AMA or AOA approved postgraduate Residency training program and be Board admissible/certified or be in his/her last three (3) months of residency. Exception: Emergency Department, Resident Staff, Dentists, Podiatrists and Affiliate Staff.
5. "On call" location within 30 minutes of the hospital in order to provide continuous patient care if applying for Provisional Staff with full patient care privileges.
6. Professional liability insurance in the amount required by the Hospital Board (exception: Affiliate Staff).
7. Washington State Patrol Criminal Background form completed (see attached form).
8. Current curriculum vitae.
9. Procedure/Activity documentation from facility where you have exercised the clinical privileges you will be requesting. The core privileges for your specialty may have a required number of procedures. A copy of the criteria for your specialty is attached for your review.

If your pre-application screening indicates that you meet threshold eligibility requirements, you receive an application (\$300 application fee). Upon its receipt, investigation and review of your application will begin and include at least the following:

1. Verification of all information provided on the application form.
2. Evaluation of reference letters from Physicians, Dentists or Podiatrists who participated in your training.
3. Evaluation of at least three references from Practitioners who are familiar with your current work and competence.
4. Review of information from your malpractice insurance carrier(s) regarding past claims, suits and settlements.
5. Evaluation of letters of reference from department chairpersons and/or management from other hospitals with which you are now or have been affiliated.
6. Review of information contained in data compilations pertaining to Practitioners as may be available to the hospital in accordance with law.
7. An interview with a representative of the Credentials Committee and/or department chairman.

Please complete the enclosed pre-application form in its entirety and **return** it with copies of all required documents **within 30 days**. After a review of this form, we will either provide you an application for Staff membership, or advise you otherwise. ***Please note that this is a pre-application only and must be returned and approved before a full application is provided. Processing of the full application takes 60-90 days. If I can be of any further assistance, please contact Medical Staff Services, 509-575-5138.***

Return Completed Pre-Application and required documents to:

**Yakima Regional Medical & Cardiac Center
Medical Staff Services
110 S 9th Ave
Yakima, WA 98902**

Pre-application for Medical Staff Membership

(This form must be legible & completed in full – you may request a copy be e-mailed)

| | | |
|---|-----------------------|--|
| NAME IN FULL: | | DATE: |
| Any Other Name (Alias/Maiden): | | |
| Office Address: | | Office Phone: |
| Local Office Practice/Group Name: | | |
| Residence Address: | | Residence Phone: |
| e-mail address: | | |
| Clinical Specialty: | | |
| Professional School Name/Location: | | Grad. Date: |
| Anticipated Start Date: | | |
| Yes | No | Description |
| <input type="radio"/> | <input type="radio"/> | Do you plan to establish, or have you established, an office or on call location within fifteen (15) miles of the hospital? |
| <input type="radio"/> | <input type="radio"/> | Will you be maintaining Active Staff status at another hospital? If yes, where: _____ |
| <input type="radio"/> | <input type="radio"/> | Copy of Washington State license attached? (do not hold the pre-app until WA license rec'd) |
| <input type="radio"/> | <input type="radio"/> | If no, copy of licensure application attached? |
| <input type="radio"/> | <input type="radio"/> | Copy of DEA certificate, if applicable, attached? |
| <input type="radio"/> | <input type="radio"/> | Copy of current professional liability insurance in the amount approved by the Board attached? (\$1/3) |
| <input type="radio"/> | <input type="radio"/> | Copy of current Curriculum Vitae attached? |
| <input type="radio"/> | <input type="radio"/> | Proof of meeting eligibility requirements (successful completion of an AMA, AOA or DPM approved post-graduate residency training program) for privileges in your category is attached? |
| <input type="radio"/> | <input type="radio"/> | Proof of Board Certification/Board Admissible status as required for privileges in the Department to which you are applying is attached? |
| <input type="radio"/> | <input type="radio"/> | Signed Physician back-up call agreement included? |
| <input type="radio"/> | <input type="radio"/> | Signed Washington State Criminal Background form included? |
| <input type="radio"/> | <input type="radio"/> | Signed Hospital safety review form included? |
| <input type="radio"/> | <input type="radio"/> | Attached copy of practice plans and planned utilization of Yakima Regional. |
| My degree is (check one): ___M.D. ___D.O. ___D.D.S. ___D.M.D. ___D.P.M. ___Ph.D. (Consulting Staff) | | |

HAVING PROVIDED THE INFORMATION REQUESTED ABOVE, I REQUEST AN APPLICATION FOR APPOINTMENT TO THE MEDICAL STAFF.

SIGNATURE: _____ **DATE:** _____

Application Format Requested: e-mail to above address paper copy (must be typed)



PRE-APPLICATION ACKNOWLEDGEMENT

I acknowledge that by submitting this pre-application form, Yakima Regional will complete the following queries to determine my eligibility to receive an application to the Medical Staff:

- ❖ National Practitioner Data Bank query
- ❖ Washington State Patrol criminal background query *
- ❖ Intelius Screening Solutions LLC social security # trace and background check in all other states* (separate release)
- ❖ OIG / EPLS query for Medicare/Medicaid sanctions
- ❖ AMA/AOA/ADA Profile to verify basic training requirements are met for privileges
- ❖ Federation of State Medical Board query for licensure actions in other states
- ❖ Washington State licensure query (if current WA state license held)

* Regarding criminal background checks, per the Appointment Policy, "If adverse information is obtained, the pre-applicant will be sent a certified letter requesting further details regarding the report. This additional information must be received and evaluated by the Credentials Committee and Department Chairman before an application is provided."

The processing time for completing these queries varies, but usually takes 1-7 days.

Signed: _____ Date: _____



YAKIMA REGIONAL MEDICAL & CARDIAC CENTER
110 South Ninth Avenue, Yakima, WA 98902
Medical Staff Services: (509) 575-5130 fax: (509) 575-5040

| | |
|----------------|--|
| Pre-Applicant: | |
| Start Date: | |

| Active (Provisional) or Courtesy (Provisional) Staff Members to Provide Back-up Coverage for continuous patient care: (List) | | SIGNATURES VERIFYING BACK-UP COVERAGE I/we verify that we have agreed to participate in back-up call arrangements with the above-named practitioner. |
|---|--|--|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
| 12. | | |
| 13. | | |
| 14. | | |
| 15. | | |

PRACTICE PLANS AND PLANNED UTILIZATION OF YAKIMA REGIONAL:

Solo Practice **Yes** **No** I have made plans for on-call coverage with other physicians

Group Practice, name: _____

Anticipated start date: _____

Please review the requirements for the available staff categories and mark the one that best describes your planned utilization of Yakima Regional:

- Will meet **Active status** requirements during my first 12 months of practice in Yakima:
 - A. 20+ contacts in the past two years **OR**
 - B. 10+ contacts and has attended 50% of an appointed medical staff comm assignment/2 years **OR**
 - C. 10+ contacts and has attended 50% of Dept and Medical Staff meetings/2 years **OR**
 - D. Participates in emergency call
 - E. Specialty exempt from meeting utilization #s listed in A, B, and C and still participates in ER call (Dentistry, Ophthalmology, Oral Surgery, Pediatrics, Radiation Oncology)

- Will meet **Courtesy status** requirements in my first 12 months of practice:
 - A. 1 - 20 contacts in the past two years (exception H&Ps and consultations may exceed)

- Will meet **Consulting status** requirements met:
 - A. 0+ consultations in the past two years

- Do not anticipate any direct patient care, request **Affiliate status** (previously "Educational" category)

Based on the attached "Board Certification Requirements by Specialty," I request the following specialty privilege form/s be provided:

Specialty for privilege request form:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Family Practice | |
| <input type="checkbox"/> H&N – Dentistry | <input type="checkbox"/> H&N – Oral Surgery | <input type="checkbox"/> H&N – Ophthalmology | <input type="checkbox"/> H&N–Otolaryngology |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> IM – Cardiology | <input type="checkbox"/> IM – Endocrinology | <input type="checkbox"/> IM – Gastroenterology |
| <input type="checkbox"/> IM – Hem/Oncology | <input type="checkbox"/> IM – Infectious Disease | <input type="checkbox"/> IM – Nephrology | <input type="checkbox"/> IM – Neurology |
| <input type="checkbox"/> IM – Nuclear Med. | <input type="checkbox"/> IM – Phys Med/Rehab | <input type="checkbox"/> IM – Pulmonary Disease | <input type="checkbox"/> IM – Radiation Oncology |
| <input type="checkbox"/> IM – Rheumatology | <input type="checkbox"/> Ob/Gyn | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Pathology | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Peds-Neonatology | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Radiology | <input type="checkbox"/> Surgery – General | <input type="checkbox"/> Surgery, CV/Thoracic | <input type="checkbox"/> Surgery, Neurosurgery |
| <input type="checkbox"/> Surgery, Plastic | <input type="checkbox"/> Surgery, Urology | | |

Yakima Regional General Safety and Patient Safety/Quality Overview
Main Hospital phone # 509-575-5000

Dial 477 for any Emergency/General Safety/Security Concern including those below:

| | |
|-----------------|--------------------------|
| Code Red | Fire |
| Code Blue | Cardiac Arrest |
| Code Orange | Hazardous Material Spill |
| Code Gray | Violent person |
| Code Silver | Weapon/Hostage Situation |
| Amber Alert | Infant/Child Abduction |
| Internal Triage | Internal Disaster |
| External Triage | External Disaster |
| Rapid Response | Rapid Response Team |

In case of a Fire: follow RACE and PASS

RACE – Fire

- Rescue those in immediate danger
- Activate the fire pull station (call 477)
- Contain the fire
- Extinguish (see PASS) or evacuate

PASS – Using the Extinguisher

- Pull the pin
- Aim the nozzle at the base of the fire
- Squeeze the handle
- Sweep the nozzle in slow motion



Emergency Generators: In an emergency, generators will activate in 10 seconds.

Communication Failure: Switchboard/security will notify all departments. Codes will be called by radio, telephone, or pager.

MSDS: Material Safety Data Sheets are located in each department and are available online (hospital intranet site-labeled MSDS Online)

Regional follows the Plan-Do-Study-Act Cycle (PDSA) methodology for performance improvement



National Patient Safety Goals

“The purpose of The Joint Commission’s (TJC) National Patient Safety Goals is to promote specific improvements in patient safety.”

Physicians, AHPs and students will follow the NPSG as implemented at the hospital.

Please call the Quality Department at Ext. 3503 or 5763 if you have any questions regarding TJC

“Do Not Use” Abbreviations

- U Write “unit”
- IU Write “international unit”
- MS, MSO4, MgSo4 Write “morphine sulfate” or “magnesium sulfate”
- q.d. or Q.D. Write “daily”
- q.o.d. or Q.O.D. Write “every other day”
- Trailing 0 (x.0 mg) Write X mg - Never write a zero by itself after a decimal point
- Lack of leading 0 Write 0.X mg - Always use a zero before a (0.x mg) decimal point

These abbreviations may not be used in any medical record documentation!

HAND HYGIENE: EVERYONE MUST wash with soap and water or sanitize hands alcohol based gel/foam upon entering AND leaving each patient’s room



“Clean Hands!”
Provide a safer environment for everyone.



Pain Management

Pain Management is a very important Patient Care and Patient Satisfaction process; everyone is responsible for pain management. Pain management includes medication, re-positioning, communication and other potential interventions.

All patients are screened, assessed, evaluated and treated for pain on admission and throughout their stay. Pain is assessed each shift, following administration of pain medication, and with each assessment of other vital signs. Hourly rounding includes screening for pain.

In collaboration with their health care provider and nursing staff, patients and families should be educated about pain assessment and management to determine acceptable pain control.

Patient Restraint

Restraints should be used only when other interventions have been exhausted.

To initiate and maintain restraints the following must occur:

- Initial order: Order must be written and/or obtained by LIP within 12 hours of application of a restraint
- Behavioral orders for emergency restraint must be obtained within one hour of application after a face-to-face assessment by the LIP
- PRN orders are not acceptable
- An order for continuation of the restraints must be obtained daily
- Restraint orders must be authenticated (signed, dated and timed) by the LIP within 24 hours for medical/surgical patient restraints and 8 hours for behavioral restraints.

Verbal/Telephone Orders (Washington state regulation)

Please make all attempts not to use verbal orders unless in an emergency situation and limit telephone orders as much as possible.

ALL verbal/telephone orders MUST be AUTHENTICATED (Signed, dated, and timed) within 48 hours after it is written.

Culture of Patient Safety and Quality

Leaders encourage teamwork and create structures, processes, and programs that allow this positive culture to flourish. All individuals who work in the hospital, including staff and LIPs, are able to openly discuss issues of patient safety and quality.

- Identify patients correctly
- Improve communication between staff/LIP and patient/families
- Include patient/family in decision making
- Prevent infections
- Report near misses or errors so we can improve processes
- P

Licensed Independent Practitioner Wellness

The organized medical staff and organization leaders have an obligation to protect patients, its members, and other persons present in the hospital from harm. Therefore, the medical staff must address prevention of physical, psychiatric or emotional illness and facilitate confidential diagnosis, treatment, and rehabilitation LIPs who suffer from a potentially impairing condition. The purpose should be about facilitating rehabilitation rather than discipline.

Disaster Overview- Internal Disaster and External Disaster

Internal Triage or External Triage: Disaster Overhead Announcement

General Guidelines for all disasters:

- Keep telephone use to a minimum; use hospital telephones for hospital business
- Maintain patient confidentiality
- Use cell phones only in areas where there will not be interference with equipment
- Keep calm
- Listen for announcements Key areas may Change if needed

Location of Key Areas:

Hospital Command Center

- 1) Basement-South (next to communications room) (primary)
- 2) 2 Tower Conf Room (back-up location)

Labor Pool Location:

- 1) Cafeteria (primary site)
- 2) Doctor's Lounge (back-up location)

Family Waiting Area: Chapel

Media Waiting Area: Conf. Room D (St. E's Hall)

Incident Command Organization

After the disaster plan is initiated:

1. AOD/ANS establish ICS
2. Command Center is established
3. Disaster Situation Report received from ED

Treatment Categories & Areas:

Critical (red): Emergency Dept.

Acute (yellow): Emergency Dept.

Minimal (green): Nuclear Medicine

Expectant (black): Same Day Surgery

When the "all clear" is given, all patients have been triaged and no more are expected

Infectious Patient Disaster Policy

- In the event of an influx of infectious patients, triage will be established outside the hospital. External tents in adjacent parking lots of the facility or County Emergency Management may direct triage to an external community site.
- The ANS will arrange for lock down of hospital and a barrier in front of both main entrances (ER and ambulatory)
- If a large influx is suspected, the ANS will initiate a Disaster Alert after consulting with the ER physician.

Health Care Personnel with febrile respiratory illness

- ◆ Health Care Personnel who develop febrile respiratory illness should be excluded from work for at least 24 hours after they no longer have a fever, without the use of fever reducing medications.
- ◆ Health Care Personnel who develop acute respiratory symptoms without fever should be allowed to continue or return to work and may be asked to wear a mask.
- ◆ Health Care Personnel who have ongoing respiratory cough may be required to wear mask while working.

Definitions

External Triage—An event that occurs outside the hospital that causes injury and transfer of injured victims to the hospital is expected

Internal Triage— Fire (Code Red), Bomb Threat, System Failures, Earthquake, Hazardous Materials

Physician Role: External Disaster

- Access the hospital through the Doctor's Entrance
- Round on patients to assess if discharge is appropriate
- Report to the Labor Pool. Should check in before rounding so we know who is in the hospital.
- The Chief of Staff, ED Director, or Trauma Director will request help in the designated treatment areas as needed

Physician Role: Internal Disaster

For all internal disasters, dial 477 to report if you are the first to observe the incident/situation.

Seek the Department Manager in the area and ask how you can assist.

Physician response - Bylaws: *All members of the Medical Staff shall be expected to provide urgent and emergent care in the Hospital as required upon direction of the following individuals or their designee: the Chairperson of the Department concerned. If the Chairperson is not available, then this duty falls to the President of the Medical Staff or his/her designee.*



Non-staff physicians reporting to assist in a disaster are to report to the Labor Pool for the Disaster Credentialing process



DISCLOSURE AND AUTHORIZATION FORM

Yakima Regional Medical and Cardiac Center (the “Company”) will procure a consumer report and/or investigative consumer report on you in connection with your application for employment purposes (including employment, volunteer, or independent contractor assignments, as applicable) as defined under the Fair Credit Reporting Act. These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or contract period.

Intelius Screening Solutions LLC, a consumer reporting agency, will obtain the report for the Company. Intelius Screening Solutions is located at 19800 North Creek Parkway, Suite 200, Bothell, WA 98011, and can be reached at (866) 338-6739.

The report may contain information bearing on your character, general reputation, personal characteristics, mode of living and/or credit standing. The information that will be included in your report include: *social security number trace, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, personal and professional references checks, and licensing and certification checks*. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history.

- California, Minnesota, and Oklahoma applicants or residents: You have a right to request a free copy of your report if one is ordered on you. Please check this box to receive an emailed copy of your report.

ADDITIONAL STATE LAW NOTICES

If you are a Washington state applicant, employee, or contractor, please also note:

WASHINGTON: If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

AUTHORIZATION

I have carefully read and understand this disclosure and authorization form. I have had the opportunity to review my rights as listed under the Fair Credit Reporting Act online at www.ftc.gov/credit. By my signature below, I consent to the preparation of background reports by Intelius Screening Solutions LLC, and to the release of such reports to the Company and its designated representatives for the purpose of assisting the Company in making a determination as to my eligibility for employment, promotion, retention, contract assignment or for other lawful purposes.

I understand that, to the extent allowed by law, information contained in my application or otherwise disclosed to the Company by me before or during my employment or contract assignment, if any, may be utilized for the purpose of obtaining such consumer reports and/or investigative consumer reports about me. I understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, record/data repositories, courts (federal/state/local), motor vehicle record agencies, my past or present employers, the military, and other individuals or sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature (including electronic) below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of the Company.

Date : _____

First Name: _____

Full Middle Name: _____

Last Name: _____

Signature: _____

***Social Security Number:** _____

***Driver's License #:** _____ **State of Issue:** _____

*This information is collected to conduct portions of the pre-application, to include the background check and NPDB.

MEDICAL STAFF BYLAW OVERVIEW (see full Bylaws for complete wording)

Qualification:

- 1) Doctors of Medicine, Osteopathy, Dentistry and Podiatry licensed to practice in the State of Washington.
- 2) Documentation of background, experience, training and judgment, individual character, ability to work with others and physical and mental health status.

Application Agreement:

- 1) Agrees to appear for interviews if required.
- 2) Authorizes Hospital representatives to consult with past associates if necessary.
- 3) Consents to Hospital representatives inspecting all records and documents that may be material to an evaluation of qualifications and competence.
- 4) Releases from liability all Hospital representatives for #2.
- 5) Authorizes and consents to Yakima Regional providing other hospitals, medical associations, licensing boards, etc. with information regarding performance and quality and efficiency of patient care.
- 6) Agrees to the burden of producing accurate and complete information for a proper evaluation of his/her application and privilege request.
- 7) Agrees to provide supportive documentation of additional training/experience as requested for determination of clinical privileges.
- 8) Agrees to exhaust administrative remedies afforded these bylaws before resorting to formal legal action in case of an adverse decision.
- 9) Shall be assigned to one clinical department. (Although privileges may be requested in more than one).

Membership Agreement:

- 1) Abide by Principles of Medical Ethics of the AMA, the AOA, or Code of Ethics of the ADA, whichever is applicable.
- 2) Pledges not to receive from or pay to another physician or dentist, or to any other person, any part of a fee received for professional services.
- 3) To refrain from providing "ghost" surgical or medical services.
- 4) Provide continuous patient care .
- 5) To delegate in his/her absence the responsibility for diagnosis or care only to a member who is qualified to undertake such responsibility or who is adequately supervised.
- 6) To seek consultation whenever necessary.
- 7) To maintain professional liability insurance coverage as specified by the Boards and to provide written evidence of such coverage to the CEO of each hospital.
- 8) To participate in back-up staffing for the Hospital, including emergency service and special care units.
- 9) Permit evaluation of his/her performance by peer review (to include proctoring).
- 10) Participate in the process of evaluation.
- 11) Participate in continuing medical education.

Meeting Attendance Requirement:

- 1) Agrees to attend 50% of all **required** department and committee meetings to which he/she is assigned as well as the annual Medical Staff Meeting and all other special meetings of the staff as called.

Dues Agrees to pay annual membership dues and assessments as determined by the MEC.

On-Call Obligations: Each Provisional Active and Active Staff Member shall, as a condition of appointment and reappointment, agree to participate in either Medical back-up on-call or Specialty call for the care of unassigned or assigned patients (see definitions below) for whom coverage is not immediately available admitted to the Emergency Departments or as in-patients.

Members of the Medical Staff older than 62 years of age will not be required to take call but do have the option of remaining on the call roster. In the event of unusual situations when the on-call physician in that specialty is occupied with a concurrent emergency, then the requesting physician, after talking to the on-call physician, may need to call the Chairperson of the Department or his/her designee or the on-call physician to arrange for coverage. If the Department Chair is unavailable, then the on-call physician may contact the President of the Medical Staff or designee.

All members of the Medical Staff shall be expected to provide urgent and emergent care in the Hospital as required upon direction of the following: the Chairperson of the Department concerned. If the Chairperson is not available, then this duty falls to the President of the Medical Staff or his/her designee.

On Call Responsibilities include:

(1) On-call physicians shall be available to respond in a timely manner. It is generally expected that physicians will respond within 30 minutes of initiation of the paging protocol, assuming the paging system in the community is operational. If the paging system is not operational, then an attempt to contact the on-call physician should be made through the office phone, hospital, cellular phone and/or home phone.

(2) On-call response shall be determined by the physician making the request, not the on-call physician's evaluation of the need to respond. If the on-call physician disagrees with the requesting physician on the need to respond, the on-call physician shall still respond.

If, after evaluation of the patient, the on-call physician still believes that the call for physical presence was unnecessary, he/she may write a letter of concern to his/her department chairperson and to the department chairperson of the requesting physician. An answer from the department chairperson shall be transmitted back to the on-call physician within two months. If the answer does not satisfy the complainant, he/she may next contact the chairperson of the involved department(s) and the Vice-President of the Medical Staff to discuss the issue. If there is still no resolution, then it will be forwarded to the MEC.

(3) It is recognized that concurrent emergency response to another patient (medical or surgical) may delay or prohibit the physical response of the on-call physician. The on-call physician shall help arrange by verbal response an alternative plan of care, diversion or transfer of the patient.

(4) Neither financial ability of the patient nor the means of payment shall be considered by the on-call physician in the decision to respond, treat, or transfer the patient.

(5) Active/Active Provisional Staff members belonging to a specialty required to take unassigned call but are not able to cover the entire month due to having seven (7) or fewer eligible members in their group, may reduce call to a minimum of four (4) days of unassigned call per active medical staff member per month.

Where this policy results in uncovered time segments in the on-call schedule, all patients presenting during the uncovered segments and requiring the services of that specialty will be transferred or diverted as needed to another appropriate facility consistent with the hospitals' patient transfer policy. It is the responsibility of each under-represented specialty to have a call schedule in place and any physician who is not scheduled may voluntarily respond to an emergency if he/she is available. Physicians in an under-represented specialty will help arrange, by verbal response, an alternative plan of care, diversion or transfer of the patient, if the need arises.

Scheduled call days should not overlap call days with another active/active provisional staff member covering the same specialty call. It is acceptable for an active staff member to be on call at more than one hospital at a time, if deemed appropriate by the specialty's on-call members.

The average unassigned call days per physician will be tallied quarterly and may be composed of weekdays, weekends, or both to fulfill the minimum four (4) day requirement.

The Medical Executive Committee will no longer grant call exceptions.

The MEC reserves the right to review call schedules if there is a pattern of overlapping call days that leave other days uncovered.

(6) In the event a staff physician requests consultation of the on-call physician, the requesting physician should directly communicate with the consultant to transfer pertinent clinical information.

(7) For each patient presenting to the Emergency Department, an appropriate medical screening exam will be performed by a Medical Staff member to determine if an "emergency medical condition" exists. Alternatively, a credentialed nurse practitioner or physician assistant may provide a medical screening exam within the scope of their practice. The medical screener may request the services of a mental health professional to complete the screening for a patient that presents with psychiatric symptoms.

Definitions:

Assigned Patients are individuals with a private physician or healthcare coverage, which has empanelled, contracted, or participating appropriate Provisional Active or Active Staff members.

Unassigned Patients are those individuals that do not have a private physician or healthcare plan or have healthcare coverage that does not have empanelled, contracted, or participating appropriate Provisional Active or Active Staff members.

Medical Back-up On Call: This call group shall consist of Provisional Active or Active Staff members of the Medicine Department [specialties of Family Practice and Internal Medicine] available to serve as admitting physicians for unassigned patients. Certain members of the Medicine Department may be excused from the Medical Back-up call group in order to serve in Specialty call groups by agreement of the Chairperson of the Medicine Department with concurrence of the MEC.

Specialty Call: Provisional Active or Active Staff members of the specialties represented on the medical staff will participate in appropriate on-call care for unassigned patients in the ED and in-patient units as directed by the MEC and the Board. On-call lists for these specialties will be determined by the MEC. Other specialty call groups may be added or deleted by the MEC based on Medical Staff membership.

On-Call Residence: Each member of the Provisional Active or Active Staff must reside or maintain an on-call residence within 15 miles or 30 minutes of the Hospital or a shorter distance as required by the departments, Medical Staff By-Laws or government regulations.

Conformance with State and Federal Regulations: It is the express intent of the Medical Staff to be in compliance with applicable state and federal laws, rules, and regulations, including but not limited to, emergency care defined by the COBRA EMTALA provisions, and designated trauma center requirements. Furthermore, Medical Staff privileges shall be contingent on compliance with applicable state and federal regulations.

In the event of a conflict between state and federal laws, rules and regulations regarding emergency treatment and the call coverage requirement, the Hospital and the Medical Staff member shall work together to come up with a mutually acceptable on call schedule for the Medical Staff member that is in compliance with state and federal laws.

A Member accepts the commitment to:

- a. Permit evaluation of his/her performance by peer review;
- b. Participate in the process of evaluation;
- c. Participate in the continuing education process identified by the evaluation.
- d. Provide evidence of renewed licensure, DEA registration (if applicable), and professional liability insurance coverage prior to the expiration date of the same. In addition, the applicant agrees to immediately notify the CEO at any time there is a change made or proposed to the above. (revised: 06/15/93)
- e. Provide change of address and phone numbers as well as call group members as changes occur.

Signed by: _____ **Date:** _____



PATIENT CARE CATEGORIES

Medical Staff Category Summary (refer to Article VIII for full details)

Active Staff

- 1) Call coverage residence within 30 minutes of the hospital.
- 2) Complete one year on the Provisional Staff with proctoring requirements satisfied.
- 3) Actively involved in patient care (greater than 20 patient contacts every 2 years).
- 4) Provide continuous care to patients either by him/herself or by other appropriate Active Staff members by prior mutually acceptable arrangements.
- 5) Agree to participate in Medical Back-up call or Specialty Call for the care of unassigned patients seen in the ER or admitted to the hospitals.
- 6) Responsible for the transaction of all business of the Staff.
- 7) Eligible to vote and hold Office
- 8) Meeting requirements as outlined in the Bylaws and Department Rules.
- 9) Pay annual membership dues and/or assessments when due.

Resident Status:

- 1) Individuals practicing in the hospital in a training status.
- 2) Not eligible to vote or hold office.
- 3) May admit and treat patients, write orders only when clearly acting under the supervision of a Physician who is on the Active Staff (or Provisional Active staff with completed proctoring).
- 4) Licensure requirements shall be met as determined by the particular residency program and in compliance with Washington State laws.
- 5) Status shall be terminated upon completion of the training program.

Courtesy Staff

- 1) Complete one year on the Provisional Staff with proctoring requirements satisfied.
- 2) Only occasionally involved in patient care (4-20 patient contacts in a 2 year period).
- 3) If requesting **Admit** and/or **surgical privileges**, provider must maintain a call coverage residence within 30 minutes of the hospital and must provide for the continuous care of his/her own patients in the hospital or have other appropriate mutually acceptable arrangements with another Staff Member with admitting privileges.
- 4) Excused from emergency call and the care of unassigned patients (**unless requesting full admission and surgical privileges**).
- 5) Participate in quality management activities as requested by the Department Chair or the MEC.
- 6) Pay annual dues and/or special assessments when due.
- 7) Not eligible to vote or hold office or serve as committee chairs.

Consulting Status:

- 1) *Practitioners of recognized ability who may be called in for consultation or assistance by any member of the Medical Staff.*
- 2) Are on the Active Staff of another hospital or engaged in a specialty not required to maintain specialty call coverage by the by-laws.
- 3) Attend patients under the active care of an Active Medical Staff member for the duration of the consultation.
- 4) May not admit patients.
- 5) Will participate in QA activities as requested.
- 6) Not eligible to vote or hold office.

NON-PATIENT CARE CATEGORIES

Affiliate

- 1) Practitioners who refer patients to members of the Staff, but only desire to participate in hospital and Staff educational programs.
- 2) May use library facilities at the hospital.
- 3) May visit their hospitalized patients and review their medical records but may NOT admit patients, attend patients, exercise any clinical privileges, write orders or progress notes, perform consultations, assist in surgery, make notations in the medical record, or otherwise participate in the provision or management of their clinical care to patients at the hospital.
- 4) Must pay application fees, dues and assessments.

Administrative

- 1) Practitioners who serve in an administrative position such as a Medical Director or Quality Assurance Director and are not involved in direct patient care in the hospital.
- 2) Pay no annual dues or application fee.

Emeritus

- 1) Available to retired members of the Medical Staff with previous long standing service to the hospital.

Inactive

- 1) Available to current members of the Staff upon request for a Leave of Absences as outlined in the Bylaws.

**Board Certification Requirements by Specialty
Yakima Regional Medical & Cardiac Center**

| Specialty | Board Certification Requirements |
|---------------------------|--|
| Anesthesia | <p>Completion of an AMA or AOA accredited residency program.</p> <p>Board Certification: Board certification or current enrollment in ABA certification process. Members requesting initial privileges will provide documentation of training, experience, and recommendations from the appropriate training director, which will include information regarding the applicant's judgment and competency to perform the procedures in an independent, non-supervised role. This documentation shall include verification of 100 patient contacts in the immediate past year. Board Certification must be obtained within four years of completion of residency training.</p> |
| Emergency Medicine | <p>Current board certification or board eligible with active participation in the examination process leading to certification in Emergency Medicine by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine. This board certification must be obtained within five years of the granting of privileges within the department. Any physician who does not complete this board certification within the five year interval shall be deemed to voluntarily relinquish those privileges that require board certification.</p> <p>Grandfathering: All physicians who are already members of the Emergency Department on January 1 2004 meet criteria for core privileges.</p> |
| Family Practice | <p>BOARD CERTIFICATION REQUIREMENTS:</p> <p>As of July 1, 2003: A physician who is qualified for medical staff membership, may qualify for Family Practice Department privileges if he/she successfully passes the American Board of Family Practice or the American Osteopathic Board of Family Practice and is current certified. Candidates who join the Staff and have not passed their Boards must take and pass them within four (4) years of starting practice to remain members of the Department. [7/9/03]</p> |
| Head & Neck | <p>Board Certification: (adopted 12/1989)</p> <p><u>Dentistry:</u> n/a</p> <p><u>Ophthalmology:</u></p> <p>Initial board certification or active participation in the examination process leading to certification in ophthalmology by the American Board of Ophthalmology or the American Osteopathic Board of Ophthalmology.</p> <p>New Members need to be eligible to take the appropriate certification exam and complete their board certification within five (5) years of completion of their residency training. Approved Boards will be the appropriate American Board, Osteopathic Boards, or Canadian Boards.</p> <p><u>Oral Surgery:</u></p> <p>Oral Surgeons need to be eligible to take the appropriate certification exam and complete their board certification within five (5) years of completion of their residency training. Approved Boards will be the appropriate American Board, Osteopathic Boards, or Canadian Boards.</p> <p>Any physician who does not complete this board certification within the five year interval shall be deemed to voluntarily relinquish those privileges that require board certification.</p> <p><u>Otolaryngology:</u></p> <p>New Members need to be eligible to take the appropriate certification exam and complete their board certification within five (5) years of completion of their residency training. Approved Boards will be the appropriate American Board, Osteopathic Boards, or Canadian Boards. General Dentists will be excluded from this requirement</p> |
| Internal Medicine | <p>Cardiology:</p> <p>The applicant must demonstrate successful completion of an American College of Graduate Medical Education or American Osteopathic Association accredited residency program in internal medicine followed by completion of an accredited subspecialty training program in Cardiovascular Diseases.</p> <p>The candidate must be American Board of Internal Medicine certified in the subspecialty of Cardiovascular Diseases and board certification must be achieved within 5 years of the completion of the Cardiovascular Diseases fellowship.</p> |

Endocrinology:

Initial board certification or active participation in the examination process leading to certification in Endocrinology by the American Board of Internal Medicine – Endocrinology or the American Osteopathic Board of Internal Medicine - Endocrinology. OR

If not board certified at the time of initial application, board certification must be obtained within five (5) years of being granted privileges within the Department. Any Physician who does not complete his/her Board Certification within the five (5) year interval required, shall be deemed to have voluntarily relinquished those privileges that require Board Certification. This does not preclude an individual from making application to another Department where he/she meets qualification requirements.

Gastroenterology:

Initial board certification or active participation in the examination process leading to certification in **Gastroenterology** by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.

If not board certified at the time of initial application, board certification must be obtained within five (5) years of being granted privileges within the Department. Any Physician who does not complete his/her Board Certification within the five (5) year interval required, shall be deemed to have voluntarily relinquished those privileges that require Board Certification.

Hematology/Oncology:

is Board Certified in Internal Medicine and/or one of its sub-specialties; or is an active candidate for certification. Board certification must be obtained within five (5) years of being granted privileges within the Department. Any Physician who does not complete his/her Board Certification within the five (5) year interval required, shall be deemed to have voluntarily relinquished those privileges that require Board Certification. This does not preclude an individual from making application to another Department where he/she meets qualification requirements.

Re-certification shall not be a requirement for privileges.

Infectious Diseases:

Initial board certification or active participation in the examination process leading to certification in Infectious Diseases by the American Board or American Osteopathic Board of Internal Medicine

Applicants not board certified in Infectious Diseases at the time of initial appointment:

* Physician must be Board Certified in Internal Medicine at the time of application and be qualified to take the Boards in Infectious Disease.

* Board certification in Infectious Disease must be obtained within three (3) years of being granted privileges. Any Physician who does not complete this Board Certification within the three (3) year interval required, shall be deemed to have voluntarily relinquished those privileges that require Board Certification. This does not preclude an individual from making application to another Department where he/she meets qualification requirements.

* Re-certification shall be a requirement for privileges if required by the Board

Nephrology:

Successful completion of an ACGME or AOA accredited three year residency in Internal Medicine and successful completion of a two year accredited fellowship in nephrology.

Board certification in the specialty of Internal Medicine or sub-specialty of nephrology within five years of residency or fellowship and re-certification if required by the specialty board.

Demonstration of the provision of in-patient or consultative services of at least 100 nephrology patients during a consecutive two year period.

Neurology:

Initial board certification or active participation in the examination process leading to certification in neurology by the American Board or American Osteopathic Board of Neurology & Psychiatry.

If not board certified at the time of initial application, board certification must be

obtained within five (5) years of being granted privileges within the Department. Any Physician who does not complete his/her Board Certification within the five (5) year interval required, shall be deemed to have voluntarily relinquished those privileges that require Board Certification. This does not preclude an individual from making application to another Department where he/she meets qualification requirements.

Nuclear Medicine:

Board certification by the American Board of Nuclear Medicine or the American Board of Radiology/Nuclear Medicine.

Physical Med/Rehab:

Initial board certification or active participation in the examination process leading to certification by the American Board of Physical Medicine & Rehabilitation or the American Osteopathic Board of Physical Medicine & Rehabilitation.

If not board certified at the time of initial application, board certification must be obtained within five (5) years of being granted privileges within the specialty. Any Physician who does not complete his/her Board Certification within the five (5) year interval required, shall be deemed to have voluntarily relinquished those privileges that require Board Certification. This does not preclude an individual from making application to another Department where he/she meets qualification requirements.

Pulmonary (core privileges):

The applicant must demonstrate successful completion of an American College of Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency program in internal medicine followed by completion of an accredited two year subspecialty training program in pulmonary disease. The candidate must be ABIM Board Certified or eligible in the subspecialty of Pulmonary Disease. If Board Eligible, board certification must be achieved within 5 years of the completion of the Pulmonary Disease fellowship. To maintain privileges, Board Certification must remain current.

The successful applicant must demonstrate that he or she provided pulmonary disease inpatient or consultative services for at least 50 patients during the past 12 months.

Radiation Oncology:

Complete Radiology residency recognized by the American Board of Radiology as eligible for the ABR exams in Radiation Oncology.

Physicians who have been granted Radiation Oncology privileges but are not Board Certified MUST ACQUIRE Board Cert. within two years of their initial granting of privileges but not more than 4 years after completion of training.

Rheumatology:

Initial board certification or active participation in the examination process leading to certification in Rheumatology by the American Board of Internal Medicine—Rheumatology or the American Osteopathic Board of Internal Medicine.

If not board certified at the time of initial application, board certification must be obtained within five (5) years of being granted privileges within the Department. Any Physician who does not complete his/her Board Certification within the five (5) year interval required, shall be deemed to have voluntarily relinquished those privileges that require Board Certification. This does not preclude an individual from making application to another Department where he/she meets qualification requirements.

Internal Medicine and All Other Specialties:

Initial Applicants (joining the Staff after 10/09/92) shall have at least three (3) years of post-graduate training with Board Qualified/Admissible status within the specialty discipline.

In order to apply for privileges, an applicant must:

- a. Be Board Certified in Internal Medicine and/or one of its sub-specialties
- b. Be an active candidate for certification. Board certification must be obtained within five (5) years of being granted privileges within the Department. Any Physician who does not complete his/her Board Certification within the five (5)

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| | <p>year interval required, shall be deemed to have voluntarily relinquished those privileges that require Board Certification. This does not preclude an individual from making application to another Department where he/she meets qualification requirements.</p> |
| Gynecology | <p>Required: Current board certification or active participation in the examination process leading to certification in Obstetrics and Gynecology by the American Board of Obstetrics and Gynecology.</p> <p>Board certification must be obtained within three years of the granting of privileges within the specialty. Any physician who does not complete this board certification within the three-year interval shall be deemed to voluntarily relinquish those privileges that require board certification.</p> |
| Orthopedics | <p>Orthopedics: Orthopedic Surgeons must be Board Eligible and obtain certification within five (5) years of completion of Orthopedic Specialty Training by the American Board of Orthopedic Surgery or within five (5) years for the American Osteopathic Board of Orthopedic Surgery. (revised: 05/2001)</p> <p>Podiatry: Only those podiatrists who meet the following criteria may be considered for Staff status and granted clinical privileges: Podiatrists with a valid license to practice podiatry in the State of Washington who have successful completion of a four-year program at an accredited school of podiatric medicine and a degree as a doctor of podiatric medicine Proctoring as required by the Proctoring Policy As of July, 2004 - Completion of one of the following pathways:</p> <ol style="list-style-type: none"> Rotating Podiatric Residency (RPR): One year postdoctoral training in a healthcare institution in which the resident receives training in patient treatment and hospital protocol. The RPR includes clinical rotations in various podiatric and non-podiatric medical services. This residency does have rotations that train in minor podiatric surgical procedures. No specific number of procedures are required. Podiatric Orthopedic Residency (POR): One year postdoctoral training sponsored by a health care institution in which the resident receives training in the clinical and diagnostic uses of podiatric orthopedic procedures. Rotations include podiatric and non-podiatric medical services. No requirement for number of surgical procedures in rotations. Primary Podiatric Medical Residency (PPMR): One year postdoctoral training in a health care institution that facilitates the training and development of the resident in the comprehensive and continuous foot health care of individuals and families. Requirement of a minimum of 50 minor procedures during residency. Podiatric Surgical Residency 12 (PSR-12): Consists of one year postdoctoral training sponsored by and conducted in healthcare institutions in which the resident has experience in the most common types of podiatric surgical procedures. Accepted number of procedures is 200. Podiatric Surgical Residency 24 (PSR-24): Consists of a continuum of at least two years of advanced postdoctoral training sponsored by a healthcare institution in which the resident receives training in basic and advanced types of podiatric surgical procedures. The accepted number of procedures is 422. |
| Pathology | <p>Individuals applying for Pathology privileges shall be Board Certified in Anatomical Pathology and Clinical Pathology within one (1) year of completing their Residency or specialty training. Acceptable boards will be the American M.D. or D.O. Boards.</p> |
| Pediatrics | <p>Board Certification: Board certification is required in the specialty within 3 years of completing residency if the applicant was not on the medical staff prior to 1988. Recertification is required if established as a requirement by the specialty board.</p> <p>Neonatology: Board Certification: Board certification is required in the specialty within 5 years of completing residency. Recertification is required if established as a requirement by the specialty board.</p> |
| Psychiatry | <p>Initial board certification or active participation in the examination process leading to certification in Psychiatry by the American Board of Psychiatry and Neurology. This board certification must be obtained within five years of the granting of privileges within the department. Any physician who does not complete this board certification within the five-year interval shall be deemed to voluntarily relinquish those privileges that require board certification.</p> |

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| | Physicians who joined the Medical Staff before 1 January 2002 are not required to obtain Board certification |
| Radiology | Completion of a Radiology Residency recognized by the American Board of Radiology as eligible experience for the ABR exams in diagnostic radiology and general radiology. Physicians, who have been granted Radiology privileges but are not Board Certified, must acquire Board Certification within two years of completing their Radiology residency. Any physician who does not complete this board certification within the two-year interval shall be deemed to voluntarily relinquish those privileges that require board certification. |
| Surgery | <p>Privileges in major surgery may be granted by the Medical Executive Committee:</p> <p>General Surgery: To those Staff members who are certified by an American surgical specialty board approved by the American Board of Medical Specialties or foreign equivalent within the time limits as outlined by the specialty board</p> <p>Neurosurgery: To those Staff members who are certified by an American surgical specialty board approved by the American Board of Medical Specialties or foreign equivalent within the time limits as outlined by the specialty board.</p> <p>Plastic Surgery: Current board certification or active participation in the examination process leading to certification in plastic surgery by the American Board of Plastic Surgery or the American Osteopathic Board of Plastic Surgery or foreign equivalent within the time limits as outlined by the specialty board.</p> <p>Thoracic/CV Surgery: In order to be eligible to request clinical privileges for thoracic surgery, a practitioner must meet the following minimum threshold criteria: Minimal formal training: The applicant must be able to demonstrate successful completion of an approved residency/fellowship training program in thoracic surgery (as defined by the American Board of Thoracic Surgery) The applicant must obtain American Board of Thoracic Surgery certification and/or foreign equivalent within five years of completion of residency training in thoracic surgery. The minimum number of cases required for initial application in the division of thoracic surgery would be as defined by the American Board of Thoracic Surgery (see attached minimum number of cases.)</p> <p>Urology: Current board certification or active participation in the examination process leading to certification in urology by the American Board or American Osteopathic Board of Surgery – Urology sub-section. Or, for physicians not certified upon initial application, to those Staff members who are certified by an American surgical specialty board approved by the American Board of Medical Specialties or foreign equivalent within the time limits as outlined by the specialty board.</p> |