# MEDICINE SERVICE PRIVILEGE FORM

**Loma Linda University Medical Center**  
**Loma Linda, CA 92354**

**Name:**  
**Specialty:**  

<table>
<thead>
<tr>
<th>REQUEST CATEGORY</th>
<th>MEMBERSHIP CATEGORY</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provisional (Bylaws 4.3)</td>
<td>All initial appointees shall be placed in the Provisional Category for the duration of their initial appointment.</td>
<td></td>
</tr>
</tbody>
</table>
| Administrative (Bylaws 4.7) | For practitioners who are members of the Medical Staff who have no clinical privileges, who are recommended for appointment or reappointment to the Administrative Staff by the Chief of the Clinical Service, the Credentials Committee, and the Medical Staff Executive Committee, and who must MUST meet the following:  
1. Have been a member in good standing of the Active, Courtesy, or Provisional Staff for at least one (1) year.  
2. Have completed proctoring for any clinical privileges previously requested.  
3. Agree to refrain from participating in any activities within the Medical Center that require clinical privileges.  
4. Provide significant service to the Medical Center and the Medical Staff in the form of academic activities, quality improvement activities, or administration.  
5. Be recommended for appointment or reappointment Failure to meet any of these qualifications will be adequate grounds to deny reappointment. |        |
| Affiliate (Bylaws 4.9) | Practitioners who CANNOT:  
1. Vote or hold office in the Medical Staff or Service.  
2. Be a member of any Medical Staff Committee.  
3. Be Reappointed to the Affiliate Category.  
Practitioners who MUST:  
1. Have been a member in good standing of the Active, Courtesy or Consulting category during the immediate preceding appointment period.  
2. Have completed, in a timely manner as described in the Bylaws, an application for reappointment.  
3. Have been found to be qualified for reappointment, other than the volume of clinical activity. |        |
| Active (Bylaws 4.2) | Regularly care for patients in the Medical Center; have completed proctoring requirements and the Provisional period. |        |
| Courtesy (Bylaws 4.4) | Admit or otherwise provide care for not more than twelve (12) patients in the Medical Center during each year. Have completed proctoring and the Provisional period. |        |
| Consulting (Bylaws 4.5) | Render a clinical opinion within their competence. Shall not be eligible to admit patients or to assume continuing care of patients in the Medical Center. Not eligible to vote or hold office in the Medical Staff or Clinical Service |        |
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**Name:**

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<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>QUALIFICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All</strong></td>
<td>Current demonstrated competence and an adequate volume of current experience with acceptable results with patients of all age groups, except as specifically excluded from practice <strong>plus one of the following:</strong></td>
</tr>
<tr>
<td><strong>Category 1</strong></td>
<td>Identifies the patient care activities (including the common procedures of simple complexity) routinely performed at LLUMC by physicians practicing as specialists in Internal Medicine or Dermatology.</td>
</tr>
<tr>
<td></td>
<td>Satisfactory completion of the educational requirements necessary for Board certification in Internal Medicine or a combination; or</td>
</tr>
<tr>
<td></td>
<td>A combination of formal training and experience found to be equivalent by the Medical Staff Credentials Committee.</td>
</tr>
<tr>
<td><strong>Category 2</strong></td>
<td>Identifies the patient care activities (including common procedures of simple to moderate complexity) routinely performed at LLUMC by physicians practicing in one of the subspecialties of Internal Medicine or Dermatology.</td>
</tr>
<tr>
<td></td>
<td>Satisfactory completion of the educational requirements necessary for Board certification in the relevant specialty; or</td>
</tr>
<tr>
<td></td>
<td>A combination of formal training and experience found to be equivalent by the Medical Staff Credentials Committee.</td>
</tr>
<tr>
<td><strong>Category 3A</strong></td>
<td>Identifies the patient care activities performed at LLUMC in the General Intensive Care Unit (GICU) by physicians practicing as specialists in Internal Medicine.</td>
</tr>
<tr>
<td></td>
<td>The ability to respond in person to the General Intensive Care Unit within thirty (30) minutes; and</td>
</tr>
<tr>
<td></td>
<td>Satisfactory completion of the educational requirements necessary for Board certification in Internal Medicine; or</td>
</tr>
<tr>
<td></td>
<td>A combination of formal training and experience found to be equivalent by the Medical Staff Credentials Committee.</td>
</tr>
<tr>
<td><strong>Category 3B</strong></td>
<td>Identifies the patient care activities performed at LLUMC in the Medicine Intensive Care Unit (MICU) or the Cardiology Intensive Care Unit by physicians practicing as sub-specialists in Critical Care Medicine.</td>
</tr>
<tr>
<td></td>
<td>The ability to respond in person to the Intensive Care Unit within thirty (30) minutes. Demonstration of continuing competence by an adequate volume of recent experience with acceptable results in adult Medical Intensive Care patients; and</td>
</tr>
<tr>
<td></td>
<td>Satisfactory completion of the educational requirements necessary for Board certification in Critical Care Medicine; or</td>
</tr>
<tr>
<td></td>
<td>A combination of formal training and experience found to be equivalent by the Medical Staff Credentials Committee.</td>
</tr>
</tbody>
</table>
### Category 3C
Identifies the patient care performed at LLUMC in the Cardiology Intensive Care Unit (CICU) or the Medical Intensive Care Unit by physicians practicing as sub-specialists in Cardiology.

- The ability to respond in person to the Intensive Care Unit within thirty (30) minutes. Demonstration of continuing competence by an adequate volume of recent experience with acceptable results in adult Cardiac Intensive Care patients; **and**
- Satisfactory completion of the educational requirements necessary for Board certification in Cardiology; **or**
- A combination of formal training and experience found to be equivalent by the Medical Staff Credentials Committee.

### Category 4C
Identifies the patient care activities performed at LLUMC in one of the Cardiac Laboratories by physicians practicing as sub-specialists in Cardiology.

- Demonstration of continuing competence by an adequate volume of recent experience with acceptable results in adult patients as presented in Appendix B (see attached); **and**
- Satisfactory completion of the educational requirements necessary for Board certification in Cardiology; **or**
- A combination of formal training and experience found to be equivalent by the Medical Staff Credentials Committee.

### Category 4G
Identifies the patient care activities performed at LLUMC in the GI Laboratory by physicians practicing as sub-specialists in Gastroenterology.

- Demonstration of continuing competence by an adequate volume of recent experience with acceptable results in adult patients; **and**
  - a) Certification by residency/fellowship program of competence to perform procedures; **or**
  - b) Certification by the Chief of Staff or Chief of Service of another JCAHO accredited hospital of competence to perform the procedures; **or**
  - c) Certification of successful completion from a recognized formal course of instruction specific to the procedures.
- Satisfactory completion of the educational requirements necessary for Board certification in Gastroenterology; **or**
- A combination of formal training and experience found to be equivalent by the Medical Staff Credentials Committee.
Loma Linda University Medical Center  
Loma Linda, CA  92354  
MEDICINE SERVICE PRIVILEGE FORM

Name:__________________________________________________________

Specialty:______________________________________________________

<table>
<thead>
<tr>
<th>Category 4P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifies the patient care activities performed at LLUMC in the Pulmonary Diagnostic Laboratory by physicians practicing as subspecialists in Pulmonary Medicine.</td>
</tr>
</tbody>
</table>

Demonstration of continuing competence by an adequate volume of recent experience with acceptable results in adult patients; and

a) Certification by residency/fellowship program of competence to perform procedures; or

b) Certification by the Chief of Staff or Chief of Service of another JCAHO accredited hospital of competence to perform the procedures; or

c) Certification of successful completion from a recognized formal course of instruction specific to the procedures.

Satisfactory completion of the educational requirements necessary for Board certification in Pulmonary Medicine; or

A combination of formal training and experience found to be equivalent by the Medical Staff Credentials Committee.

<table>
<thead>
<tr>
<th>Category 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifies those diagnoses and/or special procedures, which usually require training beyond that received in a formal residency or fellowship.</td>
</tr>
</tbody>
</table>

Certification of successful completion of a formal course of instruction specific to the procedures. The specific course must be satisfactory to the Medical Staff.

<table>
<thead>
<tr>
<th>Sedation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate Sedation:</td>
</tr>
</tbody>
</table>

Successful completion of the PURPLE Book test, or equivalency, from Loma Linda University Medical Center – Quality Resource Management (LLUMC-QRM).

Deep Sedation: |

Successful completion of the PRS Self-Study packet and test, or equivalence, from LLUMC-QRM.
## CATEGORY 1

**Privilege:** Serve as an attending physician in an outpatient setting (includes minor outpatient procedures such as venipuncture, insertion of peripheral IV catheter, thoracentesis, ECG interpretation, lumbar puncture, sigmoidoscopy, paracentesis, collection of specimen for PAP smear, arthrocentesis of knee, bone marrow aspiration/biopsy, skin biopsy, I&D simple lesions, minor suturing)

**Privilege:** Serve as an attending physician in an inpatient setting (Not including GICU, CICU, MICU) (including minor procedures such as listed above)

**Privilege:** Supervise students and residents

**Privilege:** Supervision of AHP’s in following circumstances:
- AHP granted practice privileges by the Medical Staff
- AHP practices under standard procedures
- Other circumstances as recommended by the IDP Committee and approved by the Medical Staff

**Privilege:** Supervise Radiologic Technologists and operate Fluoroscopy Equipment. Fluoroscopy Supervisor and Operator Permit required (attach current copy).

**Privilege:** Provide consultations in Internal Medicine

## CATEGORY 2

**Privilege:** Serve as an attending physician in an inpatient and outpatient setting for patients with conditions/problems of up to critical severity in the subspecialty listed at the top of this page. (Includes minor procedure routinely identified with and performed by this subspecialty.)

**Privilege:** Provide consultation in the subspecialty listed at the top of this page.

**Privilege:** Additional specific procedures: (Write in below)
### Loma Linda University Medical Center
Loma Linda, CA  92354
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Name:

Specialty:

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#### PRIVILEGE FORM

<table>
<thead>
<tr>
<th>MARK IF REQUESTED</th>
<th>CODE</th>
<th>PRIVILEGE</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

#### SUBSPECIALTY PROCEDURES

- Hyperbaric Chamber Services
- Peritoneal dialysis (including cannula placement)
- Renal biopsy
- Renal dialysis (including cannula placement)
- Thyroid biopsy
- Cancer Chemotherapy
- Additional subspecialty specific procedures: (Write in below)

#### CATEGORY 3A – General Intensive Care Unit (GICU)

Serve as an attending physician in General Intensive Care Unit; Care for patients with problem(s) up to moderate level of severity requiring intensive care (include short term use of physiologic monitoring, short term ventilator management, supervision of enteral and parenteral nutrition)

#### GICU PRIVILEGES

- Arterial Cannulation
- Central venous catheter insertion: (Please specify)
  - Femoral
  - Internal Jugular
  - Subclavian
- Elective endotracheal intubation
- Esophageal tamponade
- Pericardiocentesis
- Pulmonary artery catheterization
- Temporary transvenous pacemaker insertion
- Additional GICU specific procedures: (Write in below)
## CATEGORY 3B/3C – Medical Intensive Care Unit (MICU) and/or Cardiac Intensive Care Unit (CICU)

Serve as an attending physician in CICU/MICU utilizing special expertise in managing patients with problems requiring Cardiology Intensive Care (includes routine CICU procedures such as arterial cannulation, central venous cannulation, temporary transvenous pacemaker insertion, pericardiocentesis, pulmonary artery catheterization)

Serve as an attending physician in MICU/CICU utilizing special expertise in managing patients with problems requiring the skills of a specialist in Critical Care Medicine (includes routine MICU procedures such as arterial cannulation, central venous cannulation, chest tube insertion, endotracheal intubation, esophageal tamponade, pulmonary artery catheterization, ventilator management up to and longer than 48 hours)

## CATEGORY 4C – Cardiovascular Lab (CVL) and Cardiac Lab (CL)

- Cardiac catheterization including contrast injection
- Coronary angiography
- Coronary angioplasty with/without stent deployment
- Coronary artery stent deployment without angioplasty
- Electrophysiologic studies
- Implant defibrillator
- Catheter ablation for arrhythmia
- Implant permanent pacemaker
- Endomyocardial biopsy
- Echocardiogram
- Elective cardioversion
- Exercise testing
- Pulmonary angiography
- Additional CVL & CL specific procedures: (Write in below)
<table>
<thead>
<tr>
<th>MARK IF REQUESTED</th>
<th>CODE</th>
<th>PRIVILEGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTION</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Conditions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Denied</td>
</tr>
</tbody>
</table>

**CATEGORY 4G – Gastroenterology Lab Procedures**

- Anorectal manometry
- Colonoscopy
- Endoscopic ultrasound
- Endoscopic coagulation/sclerotherapy for GI bleeding
- Endoscopic dilation of stricture
- Endoscopic retrograde cholangiopancreatography (ERCP)
- ERCP with placement of stent
- ERCP with sphincterotomy
- Esophageal dilation
- Esophageal monometry
- Esophageal pH studies
- Esophagogastroduodenoscopy (EGD)
- Gastroduodenal manometry
- Percutaneous endoscopic gastrostomy (PEG)
- Percutaneous liver biopsy
- Proctosigmoidoscopy, rigid
- Sigmoidoscopy, flexible
- Small bowel enteroscopy
- Additional GI Lab specific procedures: (Write below)

**CATEGORY 4P - Pulmonary Laboratory**

- Interpret pulmonary function tests
- Bronchoscopy, fiberoptic, diagnostic (Including brushing and bronchial alveolar lavage.)
- Bronchoscopy, fiberoptic, interventional (Including bronchial biopsy, endobronchial electrocauterization, placement of stents and transbronchial lung biopsy.)
- Additional Pulmonary Lab specific procedures: (Write below)

**SEDATION**

- Moderate Sedation
- Deep sedation
# MEDICINE SERVICE PRIVILEGE FORM

**Name:**

**Specialty:**

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**Acknowledgment of Practitioner**

I have requested only those specific privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Loma Linda University Medical Center, Inc.; and

I understand that:

(a) In exercising any clinical privileges granted, I am constrained by any hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

(b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws.

Signed: ___________________________  Date: ___________________________

**** For Hospital and/or Clinic Use Only ****

**Conditions/Modifications:**

The requested clinical privileges have been approved by the Board of Trustees with the following conditions/modifications and the explanation for same.

<table>
<thead>
<tr>
<th>Code</th>
<th>Privilege</th>
<th>Condition/Modification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Code**  **Explanation:**

---

Chief of Section  Date

Chief of Service  Date

Credentials Committee  Date

Medical Executive Committee  Date

Approved By Governing Body  Date

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S:\MEDSTAFF\ PRIV\WP61\LLU-Medicine  12/01/98

01/13/00 Revised 12-13-00, 2-4-00, 04-02-01, 7-17-02; 2-11-03; 4-1-04; 5-19-04..
Introduction: The volume requirements in this appendix are effective immediately for new applicants and effective July 1, 2000 for renewals.

Section I: Procedure specific requirements applicable only to initially obtain a Cardiovascular Laboratory privilege.

1. Provide documentation of having functioned as a primary operator (“primary operator” as defined below) during cardiology fellowship and/or subsequently in the required number (see Table 1) of the specific procedure during a consecutive twenty-four (24) month period occurring within thirty (30) months of the application date. As discussed in Section V of this document, numerical requirements have not been established for all procedures.

   “Primary operator”: Training of physicians is a fundamental purpose of LLUMC. A physician directly supervising a trainee physician is considered a primary operator for purposes of these requirements. Both the trainee and supervising physician may be credited as primary operator for the same procedure. Also, both physicians may be credited as primary operator for a procedure during which both physicians are scrubbed and substantially and directly participate in the procedure.

2. Provide documentation that performance with regard to the procedures under consideration was acceptable.

3. Meet any other procedure specific eligibility requirements specified in this document.

4. Successfully complete required proctoring. The required number of cases, which must be proctored for specific procedures, is tabulated separately in this document under the heading “Table 1 – Summary of Numerical Requirements for Cardiovascular Laboratory Privileges.” Proctoring for a CVL privilege must be completed within twelve (12) months of application for the privilege. Granting of privileges is contingent on satisfactory performance of proctored cases. Suitably documented cases proctored at another institution under a formal reciprocal proctoring agreement with LLUMC may be accepted as proctored cases for purposes of obtaining privileges at the LLUMC Cardiovascular Laboratory.

Section II: Procedure specific requirements applicable to renewing of Cardiovascular Laboratory privileges.

1. Provide documentation of having functioned as the primary operator in the required number (see Table 1) of the specific procedure during a consecutive twenty-four (24) month period occurring within thirty (30) months of the privilege renewal date. As discussed in Section V of this document, numerical requirements have not been established for all procedures. The only exceptions to these volume requirements are presented in Section III of this appendix.

2. Provide documentation that performance was acceptable.
Section III: Special requirements for physicians who previously met volume criteria for a Cardiovascular Laboratory privilege, but no longer meet criteria.

1. Physicians who at the time of renewal/reappointment had an unrestricted privilege to perform the specified procedure at LLUMC but whose procedure volume during the preceding appointment period was less that the required volume may qualify to continue to have the privilege of performing the procedure at LLUMC by the following process:
He/She may renew (or maintain) the privilege by successfully undergoing proctoring at LLUMC on two of the specific procedures if during preceding two years he/she has performed at least 70% of the required number of the specific procedure. Otherwise, a physician is not eligible to independently perform the procedure, until he/she has performed within a two month interval, at least 1/6 the average annual number of that particular procedure. For the privilege requested, maintenance is required for independently performing the procedure; and the physician must have successfully undergone proctoring on two of the specific procedures at LLUMC. Also, all other applicable requirements for the privilege must be met.

2. Physicians who at the time renewal/reappointment who did not have unrestricted privileges to perform the specific procedure at LLUMC, but who did have the privilege at LLUMC sometime during the preceding five (5) years, may qualify to have the privilege of performing the procedure at LLUMC by the following process:
Such a physician may become eligible for the privilege to independently perform the procedure after her/she has performed, within a four (4) month interval, at least 1/3 the average annual number of the particular procedure. For the privilege requested, maintenance is required for independently performing the procedure; and the physician has met the proctoring requirements for initial privilege. Also, all other applicable requirements for the privilege must be met.

3. Physicians who initially apply for the privilege to perform a/the specified procedure(s) at LLUMC who have not met volume criteria for more than thirty (30) months may qualify to have the privilege of performing the procedure at LLUMC if:
   a) They present evidence satisfactory to the Medical Staff that they were previously trained in the procedure; and
   b) They present evidence satisfactory to the medical Staff that at one time they would have qualified for the privilege of performing the procedure; and
   c) An Active member of the Medical Staff with unrestricted privileges to perform the procedure agrees to serve as a co-primary operator for a period of observation for the initial cases performed at LLUMC (This period shall equal to twice the number of cases required for proctoring in Table 1.); and
   d) Proctoring requirements are met subsequent to the initial cases in letter C, above; and
   e) All other applicable requirements for the privilege are met.

1) Physicians who do not qualify for the privilege of performing a specified procedure under Section I or Section II and who do not qualify for an exception under paragraph 1, 2, or 3 of this section, shall not be granted the privilege of performing the procedure.
Section IV: Proctors and proctoring.

A physician proctoring a procedure should be well qualified to perform that procedure and must have unrestricted privileges to perform the particular procedure at LLUMC. The principal function of the proctor is to assess competence. The proctor is not expected to assist in a procedure being proctored. A listing of physicians deemed suitable for proctoring specific procedures will be prepared and updated frequently by the Medical Director of the Cardiovascular Laboratory in consultation with the Chief of Cardiology and appropriate subspecialty directors such as the Director of Electrophysiology. This listing of physicians qualified to act as proctors will be made available to the applicant physicians in need of proctoring. The applicant physician is responsible for lining up a proctor for each case in need of proctoring, coordinating case scheduling with the proctor, and for verifying that proctoring forms have been completed and submitted.

Section V: Cardiovascular Laboratory procedures not addressed in the table of “Summary of Numerical Requirements for Cardiovascular Laboratory Privileges”.

Numerical requirements are not tabulated for all procedures, which may be performed in the Cardiovascular Laboratory. For example, the presumption is that a physician qualified to perform diagnostic catheterization is also qualified to place an intra-aortic balloon catheter.

Whether or not a formal privilege exists, a physician is expected to exercise good judgement and not undertake procedures, which he/she is not qualified to perform.

A new privilege to perform rotational atherectomy or valvuloplasty requires a formal application. Introduction of new technology or unusual application of established technology should have formal approval except in emergency.
Table 1
Summary of Numerical Requirements for Cardiovascular Laboratory Privileges

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Total experience: Number as primary operator for initial privilege</th>
<th>Number of cases proctored for initial privilege</th>
<th>Last two years: Number as primary operator for initial privilege and to maintain privilege</th>
<th>Comments (keys to codes are listed below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac Catheterization/Angiogram</td>
<td>200</td>
<td>5</td>
<td>100</td>
<td>A</td>
</tr>
<tr>
<td>PTCA and/or stent deployment</td>
<td>100</td>
<td>5</td>
<td>50</td>
<td>B, C</td>
</tr>
<tr>
<td>Stent deployment</td>
<td>20</td>
<td>2</td>
<td>N/A</td>
<td>D</td>
</tr>
<tr>
<td>Endomyocardial biopsy</td>
<td>10</td>
<td>2</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>EPS</td>
<td>100</td>
<td>5</td>
<td>50</td>
<td>E</td>
</tr>
<tr>
<td>Abiation</td>
<td>50</td>
<td>5</td>
<td>50</td>
<td>E, F</td>
</tr>
<tr>
<td>Permanent pacemaker/surgical aspect of AICD</td>
<td>20</td>
<td>3</td>
<td>0</td>
<td>E, G</td>
</tr>
</tbody>
</table>

Key to “Comments”

A. Under the heading “Last two years: Number as primary operator for initial privilege and to maintain the privilege”, effective through June 30, 2000, the required number of cardiac catheterization/angiogram procedures is temporarily 50. Effective July 1, 2000, this number increases to 100.

B. For this procedure category, a multilesion or multivessel intervention is counted as a single interventional procedure.

C. Effective June 30, 1999, new privileges granted to independently perform PTCA and/or coronary stent at LLUMC requires Cardiac Interventional Board certification or eligibility.

D. Privileges to place a stent requires privileges to perform PTCA.

E. For EPS or ablation privilege, and for EP aspect of AICD privilege, you must be EP board eligible or certified. An ablation procedure counts toward volume requirements for EPS.

F. An ablation also counts as an EPS.

G. All AICD implantations require the direct participation of a cardiologist who has EPD privileges at LLUMC. The surgical procedure may be performed by a cardiologist or cardiac surgeon with the privileges to implant permanent cardiac pacemakers, provided a cardiologist who has EPS privileges at LLUMC, test the device intraoperatively.