I. PREAMBLE

The Medicine Service of the Medical Staff of Loma Linda University Medical Center shall:

A. Evaluate the qualifications of those practitioners applying/reapplying for Medical Staff membership and/or clinical privileges on the Medicine Service of the Medical Staff of Loma Linda University Medical Center.
B. Provide a recommendation to the Medical Staff Credentials Committee regarding the granting of membership and clinical privileges based on that evaluation.
C. Provide a recommendation to the Medical Staff Interdisciplinary Practice Committee regarding the suitability of proposed Standardized Procedures for use on the Medicine Service.
D. Provide a recommendation to the Medical Staff Credentials Committee regarding the granting of practice privileges to allied health professionals (AHP’s) when the primary supervision of the AHP will be by a member of the Medicine Service.
E. Monitor the ethical and professional practices of Medical Staff members on the Medicine Service and monitor the quality of care provided to patients on the Medicine Service and/or by members of the Medicine Service and/or under the supervision of a member of the Medicine Service.
F. Supervise the clinical activities of students and residents assigned to the Medicine Service.
G. Provide continuing education to it’s members and guests.

II. MEMBERSHIP – QUALIFICATIONS:

A. General requirements for membership on the Medical Staff shall be determined by the Medical Staff Executive Committee and shall be implemented through the Bylaws, and Rules and Regulations of the Medical Staff. A Practitioner who meets these general eligibility requirements for Medical Staff membership may be eligible for membership on the Medicine Service if s/he meets one of the following Medicine Service specific requirements:

1. S/he is Board Certified in Internal Medicine or Dermatology or a recognized subspecialty of Internal Medicine, or a recognized subspecialty of Dermatology, and s/he indicate his/her intent to limit his/her primary clinical activity at LLUMC to Internal Medicine (and/or one of the recognized subspecialties of Internal Medicine) or Dermatology (and/or one of the recognized subspecialties of Dermatology).

2. S/he has within the 3 years prior to appointment/reappointment completed the education requirements for board certification in the field of Internal Medicine or Dermatology or one of the recognized subspecialties of Internal Medicine or Dermatology, and s/he indicates his/her intent to limit his/her primary clinical activity at LLUMC to Internal Medicine (and/or one of the recognized subspecialties of Internal Medicine) or Dermatology (and/or one of the recognized subspecialties of Dermatology).

3. S/he has for the 4 years prior to appointment/reappointment been a member of the Active or Administrative Staff in the Medicine Service at LLUMC and has limited his/her clinical activities to the field of Internal Medicine (and/or one of the recognized subspecialties of Internal Medicine) or Dermatology (and/or one of the recognized subspecialties of Dermatology) and s/he indicates his/her intent to continue to limit his/her primary clinical activities at LLUMC to Internal Medicine (and/or one of the recognized subspecialties of Internal Medicine) or Dermatology (and/or one of the recognized subspecialties of Dermatology)
B. Membership on the Medicine Service shall be granted consistent with ability. Membership shall be available only to those who are found by the Medical Staff to be qualified by training and/or experience to fulfill all the requirements of these Medicine Service Rules and Regulations, the Medical Staff Rules and Regulations, and the Medical Staff Bylaws. Regardless of eligibility based on education and/or experience, other factors will be evaluated in making decisions regarding granting of membership. These other factors shall include:

1. An assessment of the quality care provided by the practitioner at LLUMC (including an implied requirement that there must be sufficient reviewable activity to make such an assessment).
2. An assessment of the availability of the practitioner to provide needed patient care in a timely manner.
3. An assessment of the ability of the practitioner to work harmoniously with other care providers.
4. An assessment of the practitioner’s compliance with Medical Staff and Medicine Service policies.
5. An assessment of the practitioner’s willingness to cooperate with the educational mission of the service.
6. An assessment of the practitioner’s willingness to participate in and cooperate with the quality improvement activities of the Medicine Service.

III OFFICERS:

Chief of Medicine Service: The Chairperson of the Department of Medicine of Loma Linda University School of Medicine or designee shall serve as the Chief of the Medicine Service. The Chairperson may appoint an Associate Chief of Service and delegate responsibilities to that individual. In the absence of the Chief of Service, the individual serving as Associate Chief of Service shall discharge the responsibilities of Chief of Service.

The Chief of Medicine shall:

1. Represent the Medicine Service to the Medical Staff and to Medical Center administration.
2. Organize and chair regular meetings of the Medicine Service.
3. Organize and chair regular meetings of the Medicine Service Executive Committee.
4. Attend the Medicine Service Quality Improvement Committee.
5. Appoint additional Medicine Service committees as needed.
7. Evaluate applications/reapplications for membership and make recommendations to the Medical Staff Credentials Committee regarding those applications/reapplications.
8. Evaluate requests for clinical privileges on the Medicine Service and make recommendations to the Medical Staff Credentials Committee regarding the granting of those requested clinical privileges.
9. Evaluate requests for the granting of practice privileges to AHPs under the supervision of members of the Medical Service and make recommendations to the Medical Staff Interdisciplinary Practice Committee and the Medical Staff Credentials Committee regarding the granting of these requested practice privileges.
10. Develop and implement policies governing the Medicine Service; implement policies governing the Medical Staff.
IV. COMMITTEES:

A. The Medicine Service Executive Committee:

1. Members of the Medicine Service Executive Committee shall be appointed by the Chief of Service and shall serve for a two (2) year period of time at the pleasure of the Chief of Service. Members may be reappointed to successive terms without limit. The number of members shall be at least five (5) but may vary from time to time. The committee shall include representatives from the various specialties and subspecialties having clinical privileges on the Medicine Service.

2. The function of the Medicine Service Executive Committee shall be to:
   a. Review applications for appointment and reappointment to the Medicine Service and assist the Chief of Service in formulating a recommendation to the Medical Staff Credentials Committee regarding that appointment / reappointment.
   b. Review requests for clinical privileges and assist the Chief of Service in formulating a recommendation to the Medical Staff Credentials Committee regarding the granting of the requested privileges.
   c. Review requests for AHP practice privileges and assist the Chief of Service in formulating a recommendation to the Medical Staff Interdisciplinary Practice Committee and the Medical Staff Credentials Committee regarding the granting of the requested privileges.
   d. Assist the Chief of Service in developing service specific policies, and Rules and Regulations.
   e. Assist the Chief of Service in his/her Medical Staff / Clinical Service administrative activities as requested.

B. The Medicine Service Quality Improvement Committee

1. A practitioner who is a member of the Active Medical Staff, Medicine Service, shall chair the Medicine Service Quality Assurance Committee. The Chief of Service shall appoint the chairperson.

2. The committee shall have as members practitioners who are members of the Medical Staff, Medicine Service. The members shall be appointed by the Chief of Service on the recommendation of the committee chair.

3. The function of the Medicine Service Quality Improvement Committee shall be to:
   a. Review selected aspects of care on the Medicine Service with the goal of achieving continuing improvement in the quality of care.
   b. Present to the members of the Medicine Service the results of it’s review activities. The goal of these presentations will be to educate the members of the Medicine Service about ways to improve the quality of care provided on the service.
   c. Make recommendations to the Chief of Service for changes in Medical Staff or service specific policies and procedures with the intent of improving quality of care or the system of reviewing the quality of care.

V. MEDICINE SERVICE MEETINGS AND ATTENDANCE REQUIREMENTS:

There shall be a quarterly meeting of the Medicine Service to discuss Quality Improvement and other issues. Attendance at these meetings is required for all Provisional and Active members. Members in other categories are encouraged to attend. Attendance at these meetings will be one of the factors considered at the time recommendations for reappointment are made.
VI. POLICIES:

In addition to these Medicine Service Rules and Regulations, policies governing the Medicine Service may be developed. When needed, policies will be approved by the Medicine Service Executive Committee and distributed to members of the Medicine Service for comment before being implemented. Where appropriate, policies will be incorporated into subsequent revisions of these Rules and Regulations.

These Medicine Service Rules and Regulations will be reviewed bi-annually by the Medicine Service Executive Committee prior to being submitted to the Medical Staff Executive Committee for review and approval.

VII. MEDICINE SERVICE PRIVILEGES:

A. Clinical privileges shall be granted consistent with ability. Education and experience are the major predictive indicators of ability. Many privileges require specific observation by a peer to evaluate ability ("proctoring"). Regardless of education and experience, other factors will be evaluated in making decisions regarding granting of privileges.

B. Only physicians with a faculty appointment in Loma Linda University School of Medicine will participate in teaching of students and residents and/or have students and residents assigned for their supervision.

C. A prerequisite to the granting of all clinical privileges is evidence of continuing competence as demonstrated by an adequate volume of recent experience with acceptable results in adult patients.

D. Privilege Categories are described in Appendix A.

VIII. PROCTORING

Proctoring refers to the process by which a practitioner’s ability to satisfactorily exercise the requested privileges is confirmed. General Proctoring for new appointees to the Medical Staff is described in the Medical Staff Bylaws. Some privileges in the Medicine Service require specific proctoring. These procedures and the extent of Specific Proctoring required is detailed in Appendix A. Chart review or letters of recommendation can accomplish a portion of Specific Proctoring for some categories. A portion of Specific Proctoring for some categories requires direct “elbow to elbow” observation. It is the responsibility of the appointee / practitioner who is subject to proctoring to notify the assigned proctor when a patient requiring the exercise of privileges subject to proctoring will be cared for in LLUMC. Recurrent failure to provide such notification will result in disciplinary action.

IX. PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS

A. General

Allied Health Professionals may be granted practice privileges in accordance with Medical Staff Bylaws. When the requested privileges for an Allied Health Professional practicing in conjunction with a supervising Medical Staff member from the Medicine Service involve the writing of orders and/or the use of Standardized Procedures, the Medicine Service must approve the conditions under which the orders will be written and/or the Standardized Procedure before recommending the granting of privileges.

B. Proctoring

In lieu of proctoring, Allied Health Professionals granted practice privileges on the Medicine Service shall be subject to continuous supervision by their supervising Medical Staff member.
Appendix A – Privilege Categories

Category 1

**Purpose:** Category 1 privileges may be granted to physician specialists in Internal Medicine to authorize them to provide care (including common procedures of simple complexity) at LLUMC to adult patients with simple to moderately complex problems of an Internal Medicine type. Category 1 privileges may be granted to physician specialists in Dermatology to authorize them to provide care (including common dermatologic procedures) at LLUMC to patients with dermatologic problems.

**Basic Eligibility Requirements:** Board certification in Internal Medicine or Dermatology or satisfactory completion of the educational requirements necessary for Board certification in Internal Medicine or Dermatology within the past 60 months; or a combination of formal training and experience found to be equivalent by the Medicine Service Executive Committee and the Medical Staff Credentials Committee.

**Proctoring:** No proctoring beyond General Proctoring is required.

**Volume Requirement for Reappointment:** The applicant for reappointment must present evidence of having exercised in a satisfactory manner Category 1 privileges at least 10 times in the 2 years preceding reappointment. For practitioners seeking privileges only in the ambulatory setting these cases may have been at another site if the practitioner makes the complete medical record of those cases available to the LLUMC Medicine Service for review. For practitioners seeking reappointment in the Courtesy Staff category up to 5 of these cases may have been at another site if the practitioner makes the complete medical record of those cases available to the LLUMC Medicine Service for review.

Category 2

**Purpose:** Category 2 privileges may be granted to physician subspecialists to authorize them to provide patient care (including procedures of simple to moderate complexity) at LLUMC to patients with simple to complex health problems of an Internal Medicine subspecialty or Dermatology subspecialty nature.

**Basic Eligibility Requirements:** Board certification in the relevant specialty or satisfactory completion of the educational requirements necessary for Board certification in the relevant specialty within the past 60 months. or a combination of formal training and experience found to be equivalent by the Medicine Service Executive Committee and the Medical Staff Credentials Committee.

**Proctoring:** Specific Proctoring in this category must be completed before unrestricted privileges in this category will be granted. The required experiences must be observed within a period of 24 consecutive months. The required proctoring can be satisfied by the review of 5 medical records representing a variety of clinical problems and procedures. **Volume Requirement for Re-appointment:** The applicant for re-appointment must present evidence of having exercised in a satisfactory manner Category 2 privileges at least 10 times in the 2 years preceding re-appointment. For practitioners seeking re-appointment in the Courtesy Staff category up to 5 of these cases may have been at another site if the practitioner makes the complete medical record of those cases available to the LLUMC Medicine Service for review. For practitioners seeking re-appointment in the Consulting Staff category these cases may have been at another site if the practitioner makes the complete medical record of those cases available to the LLUMC.
Category 3A **Purpose:** Category 3A privileges may be granted to physician specialists in Internal Medicine to authorize them to serve as the Attending physician for patients in a LLUMC Intensive Care Unit (ICU) with conditions up to Moderate Severity as may be defined in these Medicine Service Rules and Regulations or in the Medical Staff Rules and Regulations. Category 3A privileges include the simple to moderately complex procedures commonly associated with the care of these patients in the ICU setting.

**Basic Eligibility Requirements:** Ability to respond in person to the Intensive Care Unit within 30 minutes. Board certification in Internal Medicine or satisfactory completion of the educational requirements necessary for Board certification in Internal Medicine including at least six (6) months of supervised educational experience in the ICU setting within the past 60 months or a combination of formal training and experience found to be equivalent by the Medicine Service Executive Committee and the Medical Staff Credentials Committee.

**Proctoring: Specific** Proctoring in this category must be completed before unrestricted privileges in this category will be granted. The required proctoring shall consist of the direct observation of care provided and review of the medical record produced daily throughout the period of ICU stay for at least 5 patients and the review of at least 5 additional medical records representative of a variety of clinical problems in ICU patients. The required experiences must be gained within a period of 24 consecutive months. The direct observation portion of the proctoring requirement can also be satisfied by a residency program director letter confirming that the applicant had been found competent to perform the requested privileges within the previous 48 months. The direct observation portion of the proctoring requirement can be satisfied by a letter from a Chief of Service from another hospital confirming that hospital’s satisfactory observation of the 5 representative cases and procedures within the previous 48 months and that the practitioner had unrestricted privileges of a similar nature.

**Volume Requirement for Re-appointment:** The applicant for re-appointment must present evidence of having exercised in a satisfactory manner Category 3A privileges at LLUMC at least 20 times in the 2 years preceding re-appointment

Category 3B **Purpose:** Category 3B privileges may be granted to physician subspecialists in Critical Care Medicine to authorize them to serve as the Attending physician for patients in a LLUMC Intensive Care Unit with Medical conditions of any severity. Category 3B privileges include the procedures commonly associated with the care of these patients in the ICU setting.

**Basic Eligibility Requirements:** Ability to respond in person to the Intensive Care Unit within 30 minutes. Board certification in Critical Care Medicine or satisfactory completion of the educational requirements necessary for Board certification in Critical Care Medicine including at least 12 months of educational experience in the ICU setting supervised by specialists in Critical Care Medicine within the past 60 months; or a combination of formal training and experience found to be equivalent by the Medicine Service Executive Committee and the Medical Staff Credentials Committee.

**Proctoring: Specific** Proctoring in this category must be completed before unrestricted privileges in this category will be granted. The required proctoring shall consist of the observation of care provided and review of the medical record produced daily throughout the period of ICU stay for at least 10 patients and the review of at least 5 additional medical records representative of a variety of clinical problems in ICU patients. The required experiences must be gained within a period of 24 consecutive months. The direct observation portion of the proctoring requirement can also be satisfied by a residency program director letter confirming that the applicant had been found competent to perform the requested privileges within the previous 48 months. The direct observation portion of the proctoring requirement can be satisfied by a letter from a Chief of Service from another hospital.
confirming that hospital’s satisfactory observation of the 10 representative cases and procedures within the previous 48 months and that the practitioner had unrestricted privileges of a similar nature.

**Volume Requirement for Re-appointment:** The applicant for re-appointment must present evidence of having exercised in a satisfactory manner Category 3B privileges at LLUMC at least 20 times in the 2 years preceding re-appointment.

### Category 3C

**Purpose:** Category 3C privileges may be granted to physician specialists in Cardiology to authorize them to serve as the Attending physician for patients in a LLUMC Intensive Care Unit with Cardiac conditions requiring Intensive Care as may described in these Medicine Service Rules and Regulations or in the Medical Staff Rules and Regulations. Category 3C privileges include those procedures commonly associated with the care of these patients with Cardiac problems in the ICU.

**Basic Eligibility Requirements:** Ability to respond in person to the Intensive Care Unit within 30 minutes. Board certification in Cardiology or satisfactory completion of the educational requirements necessary for Board certification in Cardiology including at least six months supervised educational experience in the ICU setting caring for Cardiac patients within the past 60 months; or a combination of formal training and experience found to be equivalent by the Medicine Service Executive Committee and the Medical Staff Credentials Committee.

**Proctoring:** Specific Proctoring in this category must be completed before unrestricted privileges in this category will be granted. Proctoring shall consist of the observation of care provided and review of the medical record produced daily throughout the period of ICU stay for at least 10 patients and the review of at least 5 additional medical records representative of a variety of clinical problems in ICU patients. The required experiences must be gained within a period of 24 consecutive months. The direct observation portion of the proctoring requirement can also be satisfied by a residency program director letter confirming that the applicant had been found competent to perform the requested privileges within the previous 48 months. The direct observation portion of the proctoring requirement can be satisfied by a letter from a Chief of Service from another hospital confirming that hospital’s satisfactory observation of the 10 representative cases and procedures within the previous 48 months and that the practitioner had unrestricted privileges of a similar nature.

**Volume Requirement for Re-appointment:** The applicant for re-appointment must present evidence of having exercised in a satisfactory manner Category 3C privileges at LLUMC at least 20 times in the 2 years preceding re-appointment.

### Category 4C

**Purpose:** Category 4C privileges may be granted to physician specialists in Cardiology to authorize them to perform procedures in the Cardiac Laboratory and/or Cardiovascular Laboratory on patients requiring these procedures.

**Basic Eligibility Requirements:** Board certification in Cardiology or satisfactory completion of the educational requirements necessary for Board certification in Cardiology within the past 60 months; or a combination of formal training and experience found to be equivalent by the Medicine Service Executive Committee and the Medical Staff Credentials Committee. For privileges involving Electrophysiologic (EP) studies, the applicant must have received EP board certification; or have successful completed an EP fellowship of at least one year duration within the past 60 months; or have a combination of formal training and experience found to be equivalent by the Medicine Service Executive Committee and the Medical Staff Credentials Committee. For privileges involving PTCA or coronary stent placement at LLUMC, the applicant must have Board Certification in Interventional Cardiology, or have completed the requirements for Board Certification in Interventional Cardiology within the past 60 months; or have a combination of formal training and experience found to be equivalent by the Medicine Service Executive Committee and the Medical Staff Credentials Committee. **Additional Required Qualifications:** Demonstration of continuing competence by an adequate volume of recent experience with acceptable results in adult patients as the primary operator (Meaning of “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 this document. Both the trainee and supervising physician may be credited as primary operator for the same procedure. Otherwise, only one physician may be credited as primary operator for a procedure during the past two years in the required number of the applicable procedure.) Required numbers for different procedures are tabulated separately under the heading Appendix C - “Number of Cases Required for Cardiovascular Laboratory Privileges.”

**Proctoring:** Specific Proctoring in this category must be completed before unrestricted privileges in this category will be granted. The required experiences must be gained within a period of 8 consecutive months. The required proctoring can be satisfied by a review of 10 medical records and the direct observation (by a Medical Staff member, Active Category, with unrestricted privileges for the requested procedure) of the performance of procedures representative of the requested privileges. The number of procedures for which observation is required is contained in Appendix C.

**Volume Requirement for Re-appointment:** The applicant for re-appointment must present evidence of having exercised in a satisfactory manner Category 4C privileges at LLUMC at least 10 times in the 2 years preceding re-appointment. In addition, to continue specific CVL privileges, the applicant for re-appointment must meet the volume requirements detailed in Appendix C.

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**Category 4G Purpose:** Category 4G privileges may be granted to physician specialists in Gastroenterology to perform gastroenterologic procedures in the LLUMC GI Lab or elsewhere in LLUMC on patients requiring such specialized care.

**Basic Eligibility Requirements:** Board certification in Gastroenterology or 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 Medicine Service Executive Committee and the Medical Staff Credentials Committee.

**Additional Required Qualifications:**

a. Certification by residency/fellowship program of competence to perform procedure or

b. Certification by Chief of Staff or Chief of Service of another JCAHO accredited hospital of competence to perform procedure or

c. Certification of successful completion of a recognized formal course of instruction specific to the procedure or

d. Certification (after an appropriate period of direct supervision) by the Medical Director (or designee) of the Gastroenterology Lab of Loma Linda University Medical Center of competence to perform the requested procedure(s).

**Proctoring:** Specific Proctoring in this category must be completed before unrestricted privileges in this category will be granted. The required experiences must be gained within a period of 24 consecutive months. The required proctoring can be satisfied by a review of 25 medical records and the direct observation (by a Medical Staff member, Active Category, with unrestricted privileges for the requested procedure) of the performance of 25 procedures (associated with those records) representative of the requested privileges. Ten (10) cases of the required proctoring can be satisfied by a residency program director letter confirming that the applicant had been found competent to perform the requested privileges within the previous 48 months. Ten (10) cases of the required proctoring can be satisfied by a letter from a Chief of Service from another hospital confirming that hospital’s satisfactory review of the required number of records and procedures within the previous 48 months and that the practitioner had unrestricted privileges of a similar nature.

**Volume Requirement for Re-appointment:** The applicant for re-appointment must present evidence of having exercised in a satisfactory manner Category 4G privileges at LLUMC at least 50 times in the 2 years preceding re-appointment.
Category 4P 

**Purpose:** Category 4P privileges may be granted to authorize physician specialists in Pulmonary Medicine to perform Pulmonary Medicine procedures in LLUMC on patients requiring such specialized care.

**Basic Eligibility Requirements:** Board certification in Pulmonary Medicine or 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 Medicine Service Executive Committee and the Medical Staff Credentials Committee.

**Additional Required Qualifications:**

a. Certification by residency/fellowship program of competence to perform procedure or
b. Certification by Chief of Staff or Chief of Service of another JCAHO accredited hospital of competence to perform procedure or
c. Certification of successful completion of a recognized formal course of instruction specific to the procedure or
d. Certification (after an appropriate period of direct supervision) by a member of the Active Staff of Loma Linda University Medical Center with unrestricted privileges for the requested procedure(s) of competence to perform the requested procedure(s).

**Proctoring:** Specific Proctoring in this category must be completed before unrestricted privileges in this category will be granted. The required experiences must be gained within a period of 24 consecutive months. The required proctoring can be satisfied by a review of 10 medical records and the direct observation (by a Medical Staff member, Active Category, with unrestricted privileges for the requested procedure) of the performance of 10 procedures (associated with those records) representative of the requested privileges. One half (5 cases) of the required proctoring can be satisfied by a residency program director letter confirming that the applicant had been found competent to perform the requested privileges within the previous 48 months. One half (5 cases) of the required proctoring can be satisfied by a letter from a Chief of Service from another hospital confirming that hospital’s satisfactory review of the required number of records and procedures within the previous 48 months and that the practitioner had unrestricted privileges of a similar nature.

Category 5 

**Purpose:** Category 5 privileges refer to special procedures, which usually require training beyond that received in a formal residency or fellowship.

**Basic Eligibility Requirements:** Certification of successful completion of a formal course of instruction specific to the procedure. The specific course of instruction must be satisfactory to the Chief, Medicine Service and to the Medical Staff Credentials Committee.

**Proctoring:** Specific Proctoring in this category must be completed before unrestricted privileges in this category will be granted. The required experiences must be gained within a period of 24 consecutive months. The required proctoring can be satisfied by a review of 10 medical records and the direct observation (by a Medical Staff member, Active Category, with unrestricted privileges for the requested procedure) of the performance of 10 procedures (associated with those records) representative of the requested privileges. The required proctoring can also be satisfied by a training program director letter confirming that the applicant had been found competent to perform the requested privileges within the previous 48 months. The required proctoring can be satisfied by a letter from a Chief of Service from another hospital confirming that hospital’s satisfactory review of the required number of records and procedures within the previous 48 months and that the practitioner had unrestricted privileges of a similar nature.
Appendix C
NUMBER OF CASES REQUIRED 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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac Catheterization/angiogram</td>
<td>200</td>
<td>5</td>
<td>100</td>
<td>A procedure with PTCA or coronary stent is also an angiogram.</td>
</tr>
<tr>
<td>PTCA and / or stent deployment</td>
<td>Number specified by interventional board</td>
<td>5</td>
<td>50</td>
<td>A multivessel intervention is a single procedure.</td>
</tr>
<tr>
<td>Endomyocardial biopsy</td>
<td>15</td>
<td>2</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>EPS / Ablation</td>
<td>100</td>
<td>5</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Permanent pacemaker / surgical aspect of ICD</td>
<td>30</td>
<td>3</td>
<td>10</td>
<td>ICD implant requires intra-operative testing by EP physician.</td>
</tr>
</tbody>
</table>

Appendix C – Cardiovascular Lab Procedures (Category 4C)
ADDITIONAL QUALIFICATIONS REQUIRED TO INDEPENDENTLY PERFORM NON-PEDIATRIC CARDIOLOGY PROCEDURES AT LOMA LINDA UNIVERSITY MEDICAL CENTER CARDIOVASCULAR LABORATORY
Section I: Procedure specific requirements applicable only to initial obtaining of a Cardiovascular Laboratory privilege.

1. Provide documentation of having functioned as primary operator (“primary operator” is 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.

   **Meaning of “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.

A. 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 than the required volume may qualify to continue to have the privilege of performing the procedure at LLUMC by the following process:

   He or she may renew (or maintain) the privilege by successfully undergoing proctoring at LLUMC on two of the specific procedure if during the preceding two years he or she has performed at least 70% of the required number of the specific procedure. Otherwise, such a
A physician is not eligible to independently perform the procedure until he or she has performed, within a two month interval, at least 1/6 the average annual number of the particular procedure required for maintenance of the privilege of independently performing the procedure; and has then successfully undergone proctoring on two of the specific procedure at LLUMC. Also, all other applicable requirements for the privilege must be met.

B. Physicians who at the time of renewal / reappointment who did not have unrestricted privilege to perform the specified 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 he or she has performed, within a four month interval, at least 1/3 the average annual number of the particular procedure required for maintenance of the privilege of independently performing the procedure and has then met proctoring requirements for initial privilege. Also, all other applicable requirements for the privilege must be met.

C. 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:

1. They present evidence satisfactory to the Medical Staff that they were previously trained in the procedure and.
2. They present evidence satisfactory to the Medical Staff that at one time the would have qualified for the privilege of performing the procedure and,
3. 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 of the initial cases performed at LLUMC (This period of observation shall equal twice the number of cases required for proctoring in Table 1). and,
4. Proctoring requirements are met subsequent to the initial cases in 3 above and,
5. All other applicable requirements for the privilege are met.

D. 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 “A” or “B” or “C” 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 the particular 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 from time to time 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 applicant physicians in need of proctoring. The applicant physician is responsible for lining up a proctor for each case in need of proctoring, for 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 “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 judgment and not undertake procedures which he or she is not qualified to perform.

A new privilege to perform rotational atherectomy or valvuloplasty requires formal application. Introduction of new technology or unusual application of established technology should have formal approval except in an 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 this table)</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>NA</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>Ablation</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>10</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 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 privilege to independently perform PTCA and/or coronary stent at LLUMC requires Cardiac Interventional Board certification or eligibility.

d. Privilege to place stent requires privilege to perform PTCA.

e. For EPS or ablation privilege and for EP aspect of AICD privilege, 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 EPS privilege at LLUMC. The surgical procedure may be performed by a cardiologist or cardiac surgeon with the privileges to implant permanent cardiac pacemaker, provided a cardiologist who has EPS privilege at LLUMC tests the device intraoperatively.