



Medical Staff Services (509) 249-5327; Fax (509) 575-8775

Thank you for your interest in appointment to the Medical Staff of Yakima Valley Memorial Hospital.

At Memorial Hospital we support, encourage and expect unqualified adherence to the following principles:

- Use of the best scientific evidence to guide decision-making and care.
- Treatment of all patients, staff, medical colleagues and members of the public with respect, equanimity, fairness and dignity.
- Full participation in efforts to promote patient safety, including but not limited to: procedural time-outs, use of enhanced communication tools such as SBAR and STAR, leadership and support for 3-way repeat back of all verbal orders.
- Individual accountability for own behavior and interaction with others.
- Participation in ongoing professional performance evaluation of Medical and Clinical Knowledge, Patient Care, Interpersonal Skills and Communication, Practice-Based learning and Improvement, Professionalism, and System-Based Practice.

It is the responsibility of the applicant to provide unrestricted access, as permitted by state and federal law, to any and all information necessary to fully evaluate the applicant's qualifications. All information in the application will be verified through any and all necessary primary sources. All letters of reference will be evaluated and additional information may be requested, as deemed necessary through the credentials evaluation process, pursuant to the unrestricted disclosure requirements stated above. Peer references that prohibit disclosure of information to the applicant will be considered unsatisfactory and incomplete.

The following items will be requested by Medical Staff Services upon completion of the application:

1. Release of information allowing YVMH to obtain unrestricted access to complete information from all educational and training institutions applicant has attended, all hospital and outpatient facilities in which applicant has practiced, all applicable medical malpractice insurers who have provided coverage, all applicable state/provincial/etc. licensure and physician quality assurance boards, and all personal and professional references provided by applicant.
2. Current, complete curriculum vitae.
3. Description of practice plans including anticipated utilization of YVMH facilities and types of hospital privileges requested. Case logs and pertinent redacted medical records may be required to document proficiency with regard to requested privileges.
4. Proof of satisfactory completion of, or current enrollment in, an AMA, AOA, ADA or ABPM-approved residency program, and fellowship if applicable, in the appropriate medical, dental or surgical specialty.
5. Proof of current Board Certification in appropriate specialty. For individuals in the process of obtaining Board Certification within the timeframe requirements adopted by their specific specialty board, documentation of completion of any partial requirements and proof of registration for additional portions may be required.
6. Proof of Federal DEA certification.

7. ECFMG documentation, if applicable.
8. Current Washington professional licensure or copy of application if pending.
9. Current National Practitioner Identifier (NPI) and Taxonomy Code or copy of application if pending.
10. Proof of Professional Liability Insurance or written guarantee of insurability from an acceptable malpractice insurance carrier in the amounts specified by YVMH Board.
11. Completed Washington State Patrol Criminal Background evaluation with no adverse information.
12. Completed World-wide Criminal Background evaluation with no adverse information.
13. Completed National Practitioner Data Bank report evaluation with no adverse information.
14. Fully satisfactory references from three peers in your specialty who have worked with you in the past 2 years. Letters of reference that include language prohibiting full disclosure to the applicant will be considered unsatisfactory.
15. Signed agreement to abide by the behavioral standards, bylaws, rules and regulations of the Medical Staff.

Processing of credentials will commence upon the receipt of the \$300 application fee. Checks should be made out to "YVMH Medical Staff Services". Any additional charges incurred in the processing of credentials, such as fees for recovery of archived training, license or practice information, will be the responsibility of the applicant. An itemized statement for additional charges will be provided to the applicant; all outstanding charges must be cleared before the application will be considered complete. YVMH agrees to process credentials in a timely manner but can make no guarantees regarding the duration of time necessary to fully and satisfactorily evaluate an applicant's credentials.

An application will be considered incomplete until such time as all required items have been received and have been considered to fully and satisfactorily meet the outlined standards of YVMH Medical Staff membership. Any failure to provide complete information to the satisfaction of the Medical Staff of Memorial Hospital will render the application null and void and no further processing will occur. During the processing of the application to the Medical Staff, should any information contrary to the Memorial Hospital Medical Staff standards of practice and behavior be received, the application will be considered null and void and no further processing will occur.

Please be advised that no privileges may be granted until an application is considered fully and satisfactorily complete and the request for privileges has been approved through the credentialing process of the YVMH Medical Staff.

Please anticipate local residence plans to comply with YVMH patient care response time requirements within your specialty and when "on-call". We encourage applicants to arrange a timely evaluation of local housing to comply with the residence distance/call response time requirements, but would recommend not completing any contractual arrangements until the applicant has been offered privileges at YVMH.

If you believe you are able to meet the criteria as outlined and would like an application, please complete the following and return to Medical Staff Services by FAX or Mail.

Carl R. Olden, MD
Medical Director for Medical Staff Services
Yakima Valley Memorial Hospital



Medical Staff Services (509) 249-5327; Fax (509) 575-8775

Yakima Valley Memorial Hospital Medical Staff Application Request:
FAX to: 509-575-8775

Medical Staff Code of Conduct:

I understand that it is the policy of the YVMH Medical Staff and YVMH Hospital Board that all members of the Medical Staff conduct themselves in accordance with the following standards of behavior, acting at all times in a professional and cooperative manner while in the hospital or while involved in hospital business, and that all colleagues, staff, visitors, patients and their families will be treated courteously, respectfully and with dignity. Instances of unprofessional behavior reported to the Medical Staff Office will be investigated and appropriate action taken in accordance with the Disruptive Practitioner Policy.

The Medical Staff recognizes the considerable interdependence amongst health care providers in the rapidly changing health care environment. It acknowledges that the ability to deliver high quality health care depends in large part upon the ability of all health care providers to communicate well, collaborate effectively, and work as a team to optimize and monitor outcomes.

The Medical Staff further acknowledges that there are many participants in the process of effective health care, including patients, their families, hospital staff, allied health professionals, and others, and that working harmoniously with them is a necessary aspect of modern health care. The Medical Staff affirms that everyone, both recipients and providers of care, must be treated in a dignified, respectful manner at all times in order for the mutual goal of high-quality health care to be accomplished. The Medical Staff further affirms that it is the entire staff's mutual responsibility to work together in an ongoing, positive, dynamic process that requires frequent, continual communication and feedback. The Medical Staff agrees to devote the necessary time and resources toward achieving these goals and maintaining a positive, collaborative relationship amongst its members and with other providers and recipients of care.

In order to accomplish these goals, the Medical Staff agrees to the following principles and guidelines and to work collaboratively to promote them in the organization and in the community:

Professionalism: The Medical Staff recognizes its commitment to the highest level of professionalism with regards to its members' practice of medicine. Therefore, the Staff encourages cooperation and communication with other providers and displaying regard for their dignity. The Staff recognizes that acting professionally entails treating others with courtesy and respect, and refraining from the use of abusive language, threats of violence, retribution, litigation, and actions that are reasonably felt by others to represent intimidation. The Staff also recognizes that it is unproductive to make inappropriate remarks concerning the quality of care being provided in front of others or to make such entries in the medical record. Finally, the Staff agrees to address concerns about clinical judgments with associates directly and to avoid favoritism or sidestepping rules.

Respectful Treatment: All members of the health care provider team (physicians, hospital staff, vendors, contract personnel, etc) and all direct and indirect recipients of health care (patients, their families, visitors, etc.) shall be treated in a respectful, dignified manner at all times. Language, nonverbal behavior and gestures, attitudes, etc. shall reflect this respect and dignity of the individual and affirm his/her value to the process of effective efficient health care.

Language: All members of the medical Staff agree not to use language that is profane, vulgar, sexually suggestive or explicit, intimidating, degrading, or racially/ethnically/religiously slurring in any professional setting related to the hospital and the care of its patients.

Behavior: The Medical Staff agrees to refrain from any behavior that is determined to be intimidating, including but not limited to, using foul language or shouting, throwing of objects, or making inappropriate comments regarding physicians, hospital staff, other providers, or patients.

Confidentiality: The Medical Staff agrees to maintain complete confidentiality of patient care information at all times, in a manner consistent with HIPAA and generally accepted principles of medical confidentiality. The Staff further recognizes that physicians and hospital staff have the right to have certain personal and performance problems and concerns about competence dealt with in a confidential manner in a private setting. The Medical Staff agrees to maintain this confidentiality and to seek proper, professional, objective arenas in which to deal with these issues.

Feedback: The Medical Staff agrees to give all parties prompt, direct, constructive feedback when concerns or disagreements arise. The Staff recognizes the necessity of describing such behavior in objective, behavioral terms and such feedback should be given directly to the person(s) involved through appropriate channels, in a confidential, private setting.

Communication: The Medical Staff encourages frequent and respectful, and clear communication amongst all members of the health care team. Specifically, the Staff encourages its members to respond to pages in a timely and suitable manner, to respond to patient and staff requests appropriately, and to participate in providing adequate information when transferring a patient's care to another provider.

I have carefully reviewed the requirements for Medical Staff as outlined and believe I am able to fully meet the requirements for membership. I agree to abide by the Medical Staff standards of behavior as outlined and the application process as described.

I hereby request an application for membership on the Medical Staff or Allied Health Staff of Yakima Valley Memorial Hospital.

Name: _____

Specialty/Subspecialty: _____

Mailing Address: _____

Email address: _____

Phone: _____ FAX: _____

Signature

Date

PATIENT CARE CATEGORIES

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

<p style="text-align: center;">Active Staff</p> <ol style="list-style-type: none"> 1) Call residence in accordance with Article IV.C.6. 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 hospital. 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. 	<p style="text-align: center;">Courtesy Staff</p> <ol style="list-style-type: none"> 1) Only occasionally involved in patient care (4-20 patient contacts in a 2 year period). 2) Are on the Active Staff of another hospital fully participating in back-up staffing and QA activities. 3) Have an Active Staff member, from the same Department, who agrees to the admission of each patient admitted and agrees to be responsible for the care of the patient when you are not available. 4) Participate in Medical Back-up or Specialty Call unless exempted. 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
<p style="text-align: center;">Resident Status:</p> <ol style="list-style-type: none"> 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. 	<p style="text-align: center;">Consulting Status:</p> <ol style="list-style-type: none"> 1) Practitioners of recognized ability who may be called in for consultation or assistance by any member of the Medical Staff. 2) Appointed to a specific Department. 3) Are on the active staff of another hospital OR 4) Engaged in clinical practice in a specialty not required to maintain specialty call in accordance with Article IV.C.6.e. 5) Attend patients under the active care of an Active Medical Staff member for the duration of the consultation. 6) May not admit patients and may not write verbal orders. 7) Will participate in QA activities as requested. 8) May not attend more than 20 patients in a 2-year period, exclusive of surgical assistant contacts. 9) Not eligible to vote or hold office.

NON-PATIENT CARE CATEGORIES

<p style="text-align: center;">Educational</p> <ol style="list-style-type: none"> 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 either hospital. 3) Pay no annual dues or application fee. 	<p style="text-align: center;">Administrative</p> <ol style="list-style-type: none"> 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.
<p style="text-align: center;">Emeritus</p> <ol style="list-style-type: none"> 1) Available to retired members of the Medical Staff with previous long-standing service to the hospital. 	<p style="text-align: center;">Inactive</p> <ol style="list-style-type: none"> 1) Available to current members of the Staff upon request for a Leave of Absences as outlined in the Bylaws.

PRACTICE PLANS AND PLANNED UTILIZATION OF YAKIMA VALLEY MEMORIAL HOSPITAL

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

Group Practice, Name: _____

Address: _____

Anticipated start date: _____

PLEASE NOTE: Processing of the full application may take up to 60-90 days and the credentialing process is dependent on the practitioner's full disclosure of contact information. The Credentials Committee meets the second Tuesday of every month.

Describe your planned utilization of Yakima Valley Memorial Hospital:

Would you be interested in:

- a leadership role on the medical staff?
- participating in meetings and activities?
- serving on a hospital performance improvement team?

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

Active Staff - Patient Care Categories:

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

Non-Active Categories: Courtesy Staff Consulting Staff

Non-Patient Care Category: Educational Staff

REMINDER: The National Practitioner Identifier (NPI) will be required for all Practitioners. If you do not have an NPI yet, providers can apply for an NPI online at <https://nppes.cms.hhs.gov> or can call the NPI enumerator to request a paper application at 1-800-465-3203.

Board Certification Requirements by Department
Yakima Valley Memorial Hospital

Department	<i>Board Certification Requirements</i>
Anesthesia	<p>Completion of an AMA or AOA accredited residency program. 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: 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> <p>Board Certification is required for obstetrical privileges. All Physicians with obstetrical privileges shall be Board Certified or have Active Candidate status in either Family Practice or Obstetrics and Gynecology. An exception shall be made for those Physicians on staff, and possessing delivery privileges, as of December 11, 1984, but not certified and no longer eligible for board certification who continue to demonstrate competency.</p>
Head & Neck	<p>Dentistry: General Dentists will be excluded from this requirement.</p> <p>Ophthalmology: 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 of the Department 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>Oral Surgery: New Members of the Head & Neck Department 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>Otolaryngology: New Members of the Department 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>

Internal Medicine**Cardiology:**

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.

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.

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 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.

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 certification within two years of their initial granting of privileges but not more than 4 years after completion of training.

	<p>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.</p> <p>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.</p> <p>In order to apply for privileges, an applicant must:</p> <ol style="list-style-type: none"> Be Board Certified in Internal Medicine and/or one of its sub-specialties 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) 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.
Ob/Gyn	<p>All Physicians in the Ob/Gyn Department shall be Board Certified or have Active Candidate status in either Family Practice or Obstetrics and Gynecology. The department will follow the time limits as outlined by the American Board of Obstetrics and Gynecology.</p> <p>An exception shall be made for those Physicians on staff, and possessing delivery privileges, as of December 11, 1984, but not certified and no longer eligible for board certification that continue to demonstrate competency.</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:</p> <ul style="list-style-type: none"> - 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 <p>Proctoring as required by the Proctoring Policy</p> <p>As of July, 2004 - Completion of one of the following pathways:</p> <ul 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 is 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.

	<ul style="list-style-type: none"> - 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	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.
Pediatrics	<p>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. A physician may at the discretion of the Department Chairman and Credentialing Committee be allowed a twelve-month grace period to obtain board certification.</p> <p>Neonatology: 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.</p> <p>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: Physicians who joined the Medical Staff before 1 January 2002 are not required to obtain Board certification.</p>
Radiology	<p>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.</p> <p>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.</p>
Surgery	<p>Privileges in General Surgery, Neurosurgery, Plastic Surgery, Thoracic/CV Surgery, Urology:</p> <p>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>

Yakima Valley Memorial Hospital

Medical Staff

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 YVMH 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) Abides by Principles of Medical Ethics of the AMA 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:

Agrees to attend 25% of all **required** department and committee meetings to which he/she is assigned as well as the annual (December – 1st Tuesday) 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:

- b. 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 definition in paragraph 6.c.) 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 and, 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 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.

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) A standardized nomenclature and appropriate response time for each type of call (e.g. stat, urgent, routine, consult, FYI) shall be determined by the Medical Executive Committee and disseminated to the Members of the Medical Staff and to all Hospital ward and Emergency Department personnel.

(3) 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 two involved departments 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.

(4) 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.

(5) 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.

(6) In an under-represented specialty, or specialized on-call service, a physician may have reduced on-call responsibilities as determined by the MEC. The definition of an under-represented specialty is any specialty or subspecialty with a total number of two or less physicians. While it is understood that a physician in an under-represented specialty may have increased on-call responsibilities, no physician shall be required to have more than ten call days 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.

(7) 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.

- c. 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.

- d. Medical Back-up On Call: This call group shall consist of Provisional Active or Active Staff members of the Family Practice and Internal Medicine Departments available to serve as admitting physicians for unassigned patients. Certain members of the Family Practice and Internal Medicine Departments may be excused from the Medical Back-up call group in order to serve in Specialty call groups by agreement of the Chairpersons of the Family Practice and Internal Medicine Departments with concurrence of the M.E.C.
- e. Specialty Call: Provisional Active or Active Staff members of the following specialty/sub-specialty departments will participate in appropriate on-call care for unassigned patients in the ED and in-patient units. On-call lists for the following departments will be maintained: Anesthesia, Cardiology, CV/Thoracic Surgery, Dentistry, Gastroenterology, Hematology/Oncology, Hand, Nephrology, Neurology, Neurosurgery, Nuclear Medicine, Ophthalmology, Oral/Maxillofacial Surgery, Orthopedics, Podiatry, Otolaryngology, Ob/Gyn, Pediatrics, Neonatology, Physical Medicine/Rehabilitation, Plastic Surgery, Psychiatry, Pulmonary Medicine, Radiation Oncology Radiology, Surgery [General], Urology. Other specialty call groups may be added or deleted by the M.E.C. based on Medical Staff membership.
- f. On-Call Residence: Each member of the Provisional Active or Active Staff must reside or maintain an on-call residence within 15 miles of the Hospital(s) or a shorter distance as required by the departments, Medical Staff By-Laws or government regulations.
- g. 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)

SIGNATURE

DATE

Printed Name: _____