

Thank you for your interest in appointment to the Medical Staff of **Virginia Mason Memorial** (formerly 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 Memorial 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 Memorial facilities and types of hospital privileges requested.
4. Documentation of current practice activity if not presently enrolled in a residency program or fellowship. Case logs and pertinent redacted medical records may be required to document proficiency with regard to requested privileges.
5. 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.
6. 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.

7. Proof of vaccination or immune status by documentation of Hepatitis B, MMR, Tdap, Varicella, seasonal Influenza and Tuberculosis per Immunization Policy.
8. Proof of Federal DEA certification, if applicable.
9. ECFMG documentation, if applicable.
10. Current Washington professional licensure or copy of application if pending.
11. Current National Practitioner Identifier (NPI) and Taxonomy Code or copy of application if pending.
12. Proof of Professional Liability Insurance or written guarantee of insurability from an acceptable malpractice insurance carrier in the amounts specified by MEMORIAL Board.
13. Completed Washington State Patrol Criminal Background evaluation with no adverse information.
14. Completed World-wide Criminal Background evaluation with no adverse information.
15. Completed National Practitioner Data Bank report evaluation with no adverse information.
16. 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.
17. 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 application fee (NOTE: The application fee may be paid by your practice, please confirm prior to sending a personal check). Checks should be made out to "**YVMH Medical Staff**". Memorial 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 Memorial 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 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 Memorial Medical Staff.

Please anticipate local residence plans to comply with Memorial 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 Memorial.

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 Quality Assurance Director  
Virginia Mason Memorial



**VIRGINIA MASON MEMORIAL Medical Staff Application Request:**

FAX to: 509-575-8775 or email [josephinejohnston@yvmh.org](mailto:josephinejohnston@yvmh.org)

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 Professional Staff of Virginia Mason Memorial. **A copy of my Curriculum Vitae is attached.**


Name (PRINT PLEASE): \_\_\_\_\_

Specialty/Subspecialty: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

 \_\_\_\_\_  
Signature Date

**PRACTICE PLANS AND PLANNED UTILIZATION OF VIRGINIA MASON MEMORIAL**

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 Virginia Mason 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" (below), I request the following specialty privilege form/s be provided:

**ACTIVE/COURTESY STAFF - PATIENT CARE CATEGORIES:**

- \_ Anesthesia
- \_ CPCC – Cardiology
- \_ CPCC – Pulmonary
- \_ CPCC – Critical Care
- \_ Emergency Medicine
- \_ Family Medicine
- \_ H&N – Dentistry
- \_ H&N – Oral Surgery
- \_ H&N – Ophthalmology
- \_ H&N – Otolaryngology
- \_ Internal Medicine
- \_ IM – Endocrinology
- \_ IM – Gastroenterology
- \_ IM – Hem/Oncology
- \_ IM – Infectious Disease
- \_ IM – Nephrology
- \_ IM – Neurology
- \_ IM – Nuclear Med.
- \_ IM – Phys Med/Rehab
- \_ IM – Psychiatry
- \_ IM – Radiation Oncology
- \_ IM – Rheumatology
- \_ IM – Interventional Pain
- \_ OB/GYN
- \_ Orthopedics
- \_ Pathology
- \_ Pediatrics
- \_ Peds - Neonatology
- \_ Podiatry
- \_ Radiology
- \_ Surgery – General
- \_ Surgery - CV/Thoracic
- \_ Surgery - Neurosurgery
- \_ Surgery - Plastic
- \_ Surgery - Urology
- \_ Other \_\_\_\_\_

**Other Staff Categories:**  Courtesy  Consulting  Telemedicine

**Non-Patient Care Category:**  Affiliative  Ambulatory – NOTE: Only Practitioners who are employed by VMM/MP or who are a party to a contractual arrangement with VMM/MP are eligible to request Ambulatory Status and privilege(s) in outpatient clinics, regardless of education, training, and experience.

<b>PATIENT CARE CATEGORIES</b>	
<i>Medical Staff Category Summary (refer to Medical Staff Bylaws - Article V for full details)</i>	
<b>Active</b>	<b>Courtesy</b>
<p>The Active Staff shall consist of Physicians, Dentists, and Podiatrists who are in active practice and who regularly care for patients in the Hospital. He/she shall be able to provide continuous care to patients, as outlined in Article IV, C.6.</p> <p><b>Responsibilities:</b> The Active Staff shall be responsible for the transaction of all the business of the Staff and for the proper quality of all medical care and treatment in the Hospital. They shall be required to attend meetings in accordance with these Bylaws, and to pay annual membership dues and /or assessments when due.</p> <p><b>Prerogatives:</b> Active Staff members shall be eligible to vote, hold office and serve as chairpersons of Staff committees.</p>	<p>Courtesy staff members shall: The Courtesy Staff shall consist of Physicians, Dentists, and Podiatrists who only occasionally admit patients: (Less than 20 patients in a two [2] year time period).</p> <p><b>Responsibilities:</b> a. Are responsible for the transaction of all the business of the Medical Staff and for the quality and appropriateness of medical care in the hospital. B Courtesy Staff Members will participate in quality management activities. c. Courtesy Staff Members shall pay annual membership dues and special assessments when due.</p> <p><b>Prerogatives:</b> a. May attend and vote at department meetings and sit on medical staff committees.</p>
<b>Consulting</b>	
<p>Practitioners of recognized ability who may be called in for consultation or Consulting Medical Staff status is established for those medical practitioners of recognized ability, who are not members from another category of the Medical Staff, such as Active or Courtesy, who may be called in for consultation or assistance by any member of the Medical Staff.</p> <p><b>Qualifications</b> a. Shall be appointed to a specific Department. b. Shall be in good standing on the active staff of another hospital OR c. Engaged in clinical practice in a specialty not required to maintain specialty call coverage by these Bylaws of the medical staff.</p> <p><b>Responsibilities:</b> a. Consulting Staff may only attend patients who are under the active care of an Active Medical Staff Member who has admitting privileges for the duration of the specific consultation for which they were called. b. Consulting Staff may not admit patients but may write or give verbal orders within the scope of their privileges. c. Consulting Staff will participate in quality management activities, as requested by their Department Chairperson or the MEC. d. Consulting Staff Members shall pay annual membership dues and special assessments when due.</p> <p><b>Prerogatives:</b> a. Consulting Staff Members shall not be eligible to vote at the Department or staff level, however, can attend appropriate department and Staff meetings including social functions.</p>	
<b>Telemedicine Staff</b>	<b>Locum Tenens</b>
<p>The Telemedicine Staff shall include those practitioners who, from a remote site, will provide specialty/subspecialty consultative care in a timely fashion for VMM patients. Telemedicine staff will demonstrate a willingness to be active participants in performance improvement, professional review, and quality measures.</p> <p><b>Prerogatives</b> Not eligible to hold Medical Staff Office or to vote at meetings of the Medical Staff. Shall not be required to serve on the Medical Staff and Hospital committees and/or multidisciplinary teams. Exempt from the Immunization Policy Contingent on/related to a contractual relationship with the Hospital</p>	<p>Practitioners must satisfy the qualifications and conditions for appointment to the Medical Staff and have completed the Medical Staff initial appointment or reappointment process, as appropriate. Locum Tenens Staff may not be eligible in any other category of the Medical Staff but fulfill a need in departments within the Medical Staff. Requests for Clinical Privileges shall be processed in the same manner as specified for other practitioners. They may attend Hospital educational programs and may exercise their approved Clinical Privileges for up to 120 consecutive days. On case-by-case basis the practitioner will be moved to locum tenens status for a period not to exceed two years. The Locum Tenens staff are not eligible to vote, hold office, or serve on Medical Staff Committees and may be dismissed from the Locum Tenens Staff at the discretion of the MEC. Neither the granting, denial, nor termination of Locum Tenens Staff status shall entitle the individual concerned to any of the procedural rights or review unless the action is reportable to the National Practitioner Data Bank.</p>
<b>NON-PATIENT CARE CATEGORIES</b>	
<b>Affiliative</b>	<b>Ambulatory</b>
<p>Practitioners who maintain a clinical practice in the hospital service area and wish to follow their patients when they are admitted to the hospital. May order noninvasive outpatient diagnostic tests and services; visit patients in the hospital; review medical records; and attend medical staff, committee or department/clinical service meetings, continuing medical education functions and social events. Not eligible to vote or hold office. Need not maintain professional liability but must be licensed. Shall be assessed annual dues as set.</p>	<p>Practitioners who refer patients to members of the Staff, but only desire to participate in hospital and Staff educational programs. May use library facility at the hospital. Shall be assessed annual dues as set. <b>NOTE: - Only Practitioners who are employed by VMM/MP or who are a party to a contractual arrangement with VMM/MP are eligible to request Ambulatory Status and privilege(s) in outpatient clinics, regardless of education, training, and experience.</b></p>

**Board Certification Requirements by Department  
Virginia Mason Memorial – Updated 2/2017**

Department	Board Certification Requirements
<b>Anesthesia</b>	<p>Board Certification: Board certification or current enrollment in ABA certification process. Members requesting initial privileges will provide documentation of training, experience, and recommendations from the appropriate training director, which will include information regarding the applicant's judgment and competency to perform the procedures in an independent, non-supervised role. This documentation shall include verification of 100 patient contacts in the immediate past year. Board Certification must be obtained within four years of completion of residency training. <b>Maintenance of Board Certification is required</b> for all physicians except for those grandfathered by the ABA.</p>
<b>CPCC</b>	<p><u>Cardiology - Core:</u> The applicant must demonstrate successful completion of an American College of Graduate Medical Education or American Osteopathic Association accredited residency program in internal medicine followed by completion of an accredited subspecialty training program in Cardiovascular Diseases.</p> <p>The candidate must be American Board of Internal Medicine certified in the subspecialty of Cardiovascular Diseases and board certification must be achieved within 5 years of the completion of the Cardiovascular Diseases fellowship. <b>Reappointment Criteria for Core Privileges [added 12/15] - Current Board Certification</b></p> <p><u>Coronary angioplasty and other percutaneous coronary vascular interventions</u> 1. Qualifications: Must be board certified in Interventional Cardiology or eligible to sit for this exam and within 3 years of completing Interventional Cardiology fellowship; OR 2. Fellow of the Society of Cardiovascular Angiography and Interventions; OR 3. Physicians currently privileged on the staff as of 12/01/2004; OR 4. An applicant may qualify by receiving the required training under the direct supervision of a physician preceptor. The applicant must also attend postgraduate courses for at least 50 Category I Continuing Medical Education credits in coronary angioplasty.</p> <p><u>Clinical Cardiac Electrophysiology</u> Applicant must meet the criteria for Core privileges in Cardiovascular Disease and must have successfully completed a Clinical Cardiac Electrophysiology subspecialty training program with ABIM board qualification or board certification.</p> <hr/> <p><u>Pulmonary:</u> 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. <b>To maintain privileges, Board Certification must remain current.</b></p>
<b>Emergency Medicine</b>	<p>Current board certification or an Active Candidate Status 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.</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. <b>Maintenance of current board certification required.</b></p> <p>Grandfathering: All physicians who are already members of the Emergency Department on January 1 2004 meet criteria for core privileges. <b>Reappointment Criteria for Core Privileges [Added 3/15]: Maintenance of board certification or be board certified within 5 years of completing residency</b></p>
<b>Family Practice</b>	<p>Current board certification or active participation in the examination process leading to certification in Family Medicine by the American Board of Family Medicine or the American Osteopathic Board of Family Medicine. 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. <b>Maintenance of Board Certification.</b></p>
<b>Head &amp; Neck</b>	<p><u>Dentistry:</u> <b>Exempt.</b></p> <p><u>Ophthalmology:</u> 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><b>Maintenance of Board Certification</b></p> <p><u>Oral Surgery:</u>  New Members of the Head &amp; 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.  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><b>Maintenance of Board Certification</b></p> <p><u>Otolaryngology:</u>  Board certification in otolaryngology by the American Board of Otolaryngology – Head &amp; Neck Surgery, Osteopathic Board of Otolaryngology, or an equivalent board is required, provided, however: If an applicant is not board certified, then that board certification must be met in the time line drawn below:</p> <ul style="list-style-type: none"> <li>• At the time of application, the applicant has completed formal training in his/her specialty and has not exceeded any time limits within which he/she shall have applied for the completed board application and the examination requirements;</li> <li>• At the time of application, not more than four years has passed since the applicant first completed formal training and has completed all other requirements established by the Board to be an “Active Candidate”.</li> </ul> <p>If the applicant is not Board Certified by four years after application and fails to meet that approval, he/she will no longer be eligible for privileges in otolaryngology. If, however, a practitioner who has been dually trained in otolaryngology and his/her privileges were terminated for failure to attain Board Certification, he/she may reapply for otolaryngology privileges at the time he/she becomes Board Certified.</p> <p><b>Reappointment Criteria for Core Privileges: [Added 8/19/15] - Maintenance of Board Certification (participation in MOC)</b></p>
<p><b>Internal Medicine</b></p>	<p><u>Endocrinology:</u>  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</p> <p>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><u>Gastroenterology:</u>  Initial board certification or active participation in the examination process leading to certification in <b>Gastroenterology</b> by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.</p> <p>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.</p> <p><u>Hematology/Oncology:</u>  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.</p> <p><b>Re-certification shall not be a requirement for privileges</b></p>

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.**

Internal Medicine:

Current board certification or active participation in the examination process leading to certification in internal medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine. This board certification must be obtained within two years of the granting of privileges within the department. 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.

Grandfathering: Special circumstances will be dealt with in a fair and equitable way on an individual basis (criteria to be developed.) by the Credentials Committee for those that have not obtained or are not able to obtain board certification but have otherwise clearly demonstrated clinical competence for those privileges applied or reapplied for.

**Evidence of current internal medicine board certification (ABIM or AOBIM)**

Interventional Pain Care

Board Certified /Active Candidate Status in Anesthesia, Physiatry, Neurology or Psychiatry  
Completed an ACGME accredited pain medicine fellowship and board certified or Active Candidate Status and is participating in the examination process leading to **certification in pain medicine.**

Nephrology:

Board certification in the sub-specialty of nephrology within five years of fellowship.

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

	<p><u>Psychiatry:</u> 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><u>Radiation Oncology:</u> Complete Radiology residency recognized by the American Board of Radiology as eligible for the ABR exams in Radiation Oncology.</p> <p>Physicians who have been granted Radiation Oncology privileges but are not Board Certified MUST ACQUIRE Board Cert. within two years of their initial granting of privileges but not more than 4 years after completion of training.</p> <p><b>Re-certification shall not be a requirement for privileges.</b></p> <p><u>Rheumatology:</u> 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.</p> <p>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><u>Sleep Medicine:</u> The applicant must demonstrate successful completion of an American College of Graduate Medical Education or American Osteopathic Association accredited residency program followed by completion of current certification or active participation in the examination process leading to certification in pulmonology, psychiatry, pediatrics, internal medicine, neurology or family practice by the American Board of Medical Specialties or the American Osteopathic Board of Medical Specialties, plus successful completion of an additional one year training in clinical sleep medicine or certification by the American Board of Sleep Medicine or an American Academy of Sleep Medicine-accredited fellowship training program; and the candidate must <b>maintain current Board Certification in Sleep Medicine.</b></p>
<b>Ob/Gyn</b>	<p>Current board certification or active participation in the examination process leading to certification in Obstetrics and Gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of OB/Gyn. The department will follow the timelines as outlined by the American Board of OB/Gyn or the American Osteopathic Board of OB/Gyn.</p> <p><b>Board certification must be maintained in accordance with the practitioner's governing board (MD/DO) to maintain obstetrical privileges in the department. Maintenance of current Board Certification.</b></p>
<b>Orthopedics</b>	<p><u>Orthopedics:</u> Current board certification or active participation in the examination process leading to certification in Orthopedic Surgery by the American Board of Orthopedics or the American Osteopathic Board of Orthopedics.</p> <p><b>Maintenance of Board certification</b> unless Grandfathered (physician holds a time unlimited board certificate)</p> <p><b>Hand</b> - Current certification in orthopedic surgery and subspecialty certification in hand surgery by the American Board of Orthopedic Surgery or the American Osteopathic Board of Surgery and successful completion of an ACGME or AOA-accredited residency in orthopedic surgery that includes training in surgery of the hand.</p> <p><u>Podiatry:</u> Board Certification for these privileges must be obtained within the time frames outlined by the ABPS.</p> <p><b>REAPPOINTMENT CRITERIA FOR CORE PRIVILEGES: [added 10/18/16] Maintenance of Board certification unless Grandfathered (physician holds a time unlimited board certificate)</b></p>
<b>Pathology</b>	See Surgery



<p><b>Pediatrics</b></p>	<p><u>Pediatrics:</u> A physician, who is qualified for medical staff membership, may qualify for Pediatric Department privileges if he/she successfully passes the American Board of Pediatrics or the American Osteopathic Board of Pediatrics and is currently certified. The department will follow the time lines as outlined by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics.</p> <p><b>REAPPOINTMENT CRITERIA</b> for Pediatric Inpatient Practitioners:</p> <p>1. <b>Maintain pediatric board certification</b> Or</p> <p>1. Have 6 cases peer reviewed every two years by physicians with inpatient pediatric privileges 2. Participate in peer review process as needed 3. Attested by pediatric hospitalist medical director</p> <p><u>Neonatology:</u> 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> <p><b>REAPPOINTMENT CRITERIA</b> for Newborn Privileges:</p> <p>1. Maintain pediatric or pediatric subspecialty board certification Or</p> <p>1. <b>Maintain neonatology privileges</b> Or</p> <p>1. Maintain active pediatric outpatient practice 2. Maintain a minimum of 25 newborn patient encounters per year</p>
<p><b>Radiology</b></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> <p><b>Maintenance of board certification in order to continue hospital privileges in the Radiology Department</b></p>
<p><b>Surgery</b></p>	<p><u>General Surgery,</u> Certified by an American surgical specialty board approved by the American Board of Medical Specialties or foreign equivalent within the time limits as outlined by the specialty board...</p> <p><b>Maintenance of current board certification.</b></p> <ul style="list-style-type: none"> <li>• Endovascular: Board certification in vascular surgery.</li> </ul> <p><u>Neurosurgery:</u> Certified by an American surgical specialty board approved by the American Board of Medical Specialties or foreign equivalent within the time limits as outlined by the specialty board...</p> <p><b>Maintenance of current board certification.</b></p> <p><u>Pathology</u> 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. REAPPOINTMENT CRITERIA FOR CORE PRIVILEGES: [Added 1/19/16] - Maintain board certification</p> <p><u>Plastic Surgery:</u> Current board certification or active participation in the examination process leading to certification in plastic surgery by the American Board of Plastic Surgery or the American Osteopathic Board of Plastic Surgery or foreign equivalent within the time limits as outlined by the specialty board.</p> <p><u>Urology:</u> Current board certification or active participation in the examination process leading to certification in urology by the American Board or American Osteopathic Board of Surgery – Urology sub-section.</p> <p>Or, for physicians not certified upon initial application, to those Staff members who are certified by an American surgical specialty board approved by the American Board of Medical Specialties or foreign equivalent within the time limits as outlined by the specialty board.</p>

# Virginia Mason Memorial 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 Memorial 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) May be granted membership and/or clinical privileges or specified services in one or more departments. The exercise of clinical privileges or the performance of specified services within any department shall be subject to the rules and regulations of that Department and the authority of the Department Chairperson.

### Membership Agreement:

- 1) Abides by the Principles of Medical Ethics of the American Medical Association, the ethics of the American Podiatric Medical Association, the Principles of Medical Ethics of the American Osteopathic Association or by the Code of Ethics of the American Dental Association, whichever is applicable, and by the ethical standards of other appropriate professional organizations. Each member of the Staff pledges not to receive from or pay to another Physician, Podiatrist or Dentist, or to any other person, either directly or indirectly, any part of a fee received for professional services. This pledge is not intended to prohibit reasonable arrangement for compensation of a hospital-based Physician.
- 2) To refrain from providing "ghost" surgical or medical services.
- 3) Provide continuous patient care.
- 4) 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.
- 5) To seek consultation whenever necessary.
- 6) 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.
- 7) To participate in back-up staffing for the Hospital, including emergency service and special care units.
- 8) Permit evaluation of his/her performance by peer review (to include proctoring).
- 9) Participate in the process of evaluation.
- 10) Participate in continuing medical education.

### Meeting Attendance Requirement:

Physicians shall meet the meeting attendance requirements as established by their Department and the MEC.

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

## On-Call Obligations:

- b. On-Call Obligations: Each 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 [*standardized nomenclature approved 10/17/00*] and disseminated to the Members of the Medical Staff and to all Hospital ward and Emergency Department personnel.

- Stat – Patient's life or limb is in jeopardy and patient needs to be seen immediately
- Urgent – Patient needs to be seen within the hour for a condition that may deteriorate to threaten life or limb
- Routine – Patient needs to be seen based on communication between the ER physician and consultant

(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) Each physician will be required to take four days of call each month, unless the number of physicians in the specialty is such that full Emergency Department coverage can be achieved with less. When 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 need to another appropriate facility consistent with the hospital's patient transfer policy.

(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 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 Active Staff members.

- d. Medical Back-up On-Call: This call group shall consist of Active Staff members of the Family Medicine and Internal Medicine Departments available to serve as admitting physicians for unassigned patients. Certain members of the Family Medicine 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 Medicine and Internal Medicine Departments with concurrence of the MEC.
- e. Specialty Call: 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, Family Medicine, Gastroenterology, Hematology/Oncology, Hospitalists, Nephrology, Neurology, Neurosurgery, Ophthalmology, Orthopedics, Pain Medicine, Pediatric Hospitalists, Otolaryngology, Ob/Gyn, Pediatrics, Neonatology, Physical Medicine/Rehabilitation, Plastic Surgery, Psychiatry, Pulmonary Medicine, Radiation Oncology, Radiology/Nuclear Medicine, Surgery [General], Urology and Vascular Surgery. Other specialty call groups may be added or deleted by the MEC based on Medical Staff membership.
- f. On-Call Residence: Each member of the Active Staff must reside or maintain an on-call residence which allows them to physically be present within 30 minutes of an emergency request.
- 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.
- e. Provide change of address and phone numbers as well as call group members as changes occur. [added 3/2005]
- f. Agrees to abide by the terms of the Bylaws and related manuals and other policies of the Staff and those of the Hospital if granted appointment and/or clinical privileges and to abide by the terms thereof in all matters relating to consideration of the application without regard to whether or not appointment and/or privileges are granted.

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 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Printed Name: \_\_\_\_\_