

**Rules and Regulations  
Medicine Service  
Medical Staff**

**Loma Linda University Medical Center**

*Revised December 2005*

**I. PREAMBLE**

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

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

**II. MEMBERSHIP – ELIGIBILITY AND QUALIFICATIONS:**

- A. **Eligibility:** General requirements for membership on the Medical Staff shall be determined by the Medical Staff Executive Committee and shall be implemented through the Bylaws, and Rules and Regulations of the Medical Staff. A Practitioner who meets these general eligibility requirements for Medical Staff membership shall be *eligible* for membership on the Medicine Service if s/he meets one of the following Medicine Service specific requirements:
  - 1. S/he is Board Certified (by a Board recognized by the American Board of Medical Specialties or equivalent Osteopathic organization) in Internal Medicine or Dermatology or a recognized subspecialty of Internal Medicine or a recognized subspecialty of Dermatology and s/he indicate his/her intent to limit his/her primary clinical activity at LLUMC to Internal Medicine (and/or one of the recognized subspecialties of Internal Medicine) or Dermatology (and/or one of the recognized subspecialties of Dermatology).

2. S/he has within the 4 years prior to appointment / reappointment completed the education requirements for board certification in the field of Internal Medicine or Dermatology or one of the recognized subspecialties of Internal Medicine or Dermatology and s/he indicate his/her intent to limit his/her primary clinical activity at LLUMC to Internal Medicine (and/or one of the recognized subspecialties of Internal Medicine) or Dermatology (and/or one of the recognized subspecialties of Dermatology)
3. S/he has for the 4 years prior to appointment / reappointment been a member of the Active, Consulting, Courtesy, or Administrative Staff in the Medicine Service at LLUMC and has limited his/her clinical activities to the field of Internal Medicine (and/or one of the recognized subspecialties of Internal Medicine) or Dermatology (and/or one of the recognized subspecialties of Dermatology) and s/he indicate his/her intent to continue to limit his/her primary clinical activities at LLUMC to Internal Medicine (and/or one of the recognized subspecialties of Internal Medicine) or Dermatology (and/or one of the recognized subspecialties of Dermatology)

**B. Qualifications:** Membership shall be available only to those who are found by the Medical Staff to be qualified by training and/or experience to fulfill all the requirements of these Medicine Service Rules and Regulations, the Medical Staff Rules and Regulations, and the Medical Staff Bylaws.

Initial appointment shall be to the Provisional Category. Regardless of eligibility based on education and/or experience, other factors will also be evaluated in making the decision regarding the initial appointment. The Chief of Service, Chief of Staff, and/or Program Director at prior practice and/or education sites will be asked to consider these other factors when they provide an evaluation of the applicant. These other factors shall include:

1. An assessment of the quality care provided by the practitioner.
2. An assessment of the ability of the practitioner to work harmoniously with other care providers,
3. An assessment of the practitioner's compliance with Medical Staff policies,
4. An assessment of the practitioner's willingness to cooperate with educational activities.
5. An assessment of the practitioner's willingness to participate in and cooperate with quality improvement activities.

Reappointment shall be in a Medical Staff Category other than the Provisional Category. Regardless of eligibility based on education and/or experience, other factors will be evaluated in making decisions regarding reappointment. These other factors shall include:

1. An assessment of the quality care provided by the practitioner at LLUMC or affiliated facility during the prior appointment period. At least 5 example cases of satisfactory provision of care in the Core Privileges (Inpatient Attending Physician, Outpatient Attending Physician, Consulting Physician) must be available for review.
2. An assessment of the availability of the practitioner to provide needed patient care in a timely manner.
3. An assessment of the ability of the practitioner to work harmoniously with other care providers.
4. An assessment of the practitioner's compliance with Medical Staff and Medicine Service policies.
5. An assessment of the practitioner's willingness to cooperate with the educational mission of the Medicine Service.
6. An assessment of the practitioner's willingness to participate in and cooperate with the quality improvement activities of the Medicine Service.

### **III OFFICERS:**

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

1. Represent the Medicine Service to the Medical Staff and to Medical Center administration.
2. Organize and chair regular meetings of the Medicine Service.
3. Organize and chair regular meetings of the Medicine Service Executive Committee.
4. Attend the Medicine Service Quality Improvement Committee.
5. Appoint additional Medicine Service committees as needed.
6. Maintain records of the Medicine Service.
7. Evaluate applications/reapplications for membership and make recommendations to the Medical Staff Credentials Committee regarding those applications/reapplication.
8. Evaluate requests for clinical privileges on the Medicine Service and make recommendations to the Medical Staff Credentials Committee regarding the granting of those requested clinical privileges.

9. Evaluate requests for the granting of practice privileges to AHPs under the supervision of members of the Medical Service and make recommendations to the Medical Staff Interdisciplinary Practice Committee and the Medical Staff Credentials Committee regarding the granting of these requested practice privileges.
10. Evaluate proposed Standardized Procedures to be used by Nurse Practitioners when caring for patients on the Medicine Service and recommend their approval / disapproval to the Interdisciplinary Practice Committee and the Medical Staff Executive Committee.
11. Develop and implement policies governing the Medicine Service; implement policies governing the Medical Staff.

#### **IV. COMMITTEES:**

##### **A. The Medicine Service Executive Committee:**

1. Members of the Medicine Service Executive Committee shall be appointed by the Chief of Service and shall serve for a two (2) year period of time at the pleasure of the Chief of Service. Members may be reappointed to successive terms without limit. The number of members shall be at least five (5) but may vary from time to time. The committee shall include representatives from the various specialties and subspecialties having clinical privileges on the Medicine Service.
2. The function of the Medicine Service Executive Committee shall be to:
  - a. Review applications for appointment and reappointment to the Medicine Service and assist the Chief of Service in formulating a recommendation to the Medical Staff Credentials Committee regarding that appointment / reappointment.
  - b. Review requests for clinical privileges and assist the Chief of Service in formulating a recommendation to the Medical Staff Credentials Committee regarding the granting of the requested privileges.
  - c. Review requests for AHP practice privileges and assist the Chief of Service in formulating a recommendation to the Medical Staff Interdisciplinary Practice Committee and the Medical Staff Credentials Committee regarding the granting of the requested privileges.
  - d. Assist the Chief of Service in developing service specific policies, and Rules and Regulations.
  - e. Assist the Chief of Service in his/her Medical Staff / Clinical Service administrative activities as requested

- B. The Medicine Service Quality Improvement Committee
1. A practitioner who is a member of the Active Medical Staff, Medicine Service, shall chair the Medicine Service Quality Assurance Committee. The Chief of Service shall appoint the chairperson.
  2. The committee shall have as members practitioners who are members of the Medical Staff, Medicine Service. The Chief of Service on the recommendation of the committee chair shall appoint the members.
  3. The function of the Medicine Service Quality Improvement Committee shall be to:
    - a. Review selected aspects of care on the Medicine Service with the goal of achieving continuing improvement in the quality of care.
    - b. Present to the members of the Medicine Service the results of it's review activities. The goal of these presentations will be to educate the members of the Medicine Service about ways to improve the quality of care provided on the service.
    - c. Make recommendations to the Chief of Service for changes in Medical Staff or service specific policies and procedures with the intent of improving quality of care or the system of reviewing the quality of care.

**V. MEDICINE SERVICE MEETINGS AND ATTENDANCE REQUIREMENTS:**

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

**VI. POLICIES:**

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

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

**VII. MEDICINE SERVICE PRIVILEGES:**

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

- B. Only physicians with a faculty appointment in Loma Linda University School of Medicine will participate in teaching of students and residents and/or have students and residents assigned for their supervision.
- C. A prerequisite to the granting of all clinical privileges is evidence of continuing competence as demonstrated by an adequate volume of recent experience with acceptable results in adult patients.
- D. Privilege Categories are described in Appendix A.

## **VIII. PROCTORING**

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

## **IX. PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS**

- A. General  
Allied Health Professionals may be granted practice privileges in accordance with Medical Staff Bylaws. When the requested privileges for an Allied Health Professional practicing in conjunction with a supervising Medical Staff member from the Medicine Service involve the writing of orders and/or the use of Standardized Procedures, the Medicine Service must approve the conditions under which the orders will be written and/or the Standardized Procedure before recommending the granting of privileges.
- B. Proctoring  
In lieu of proctoring, Allied Health Professionals granted practice privileges on the Medicine Service shall be subject to continuous supervision by their supervising Medical Staff member.

## Appendix A – Privilege Categories

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

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

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

**Volume Requirement for Re-appointment:** The applicant for re-appointment must present evidence of having exercised in a satisfactory manner Core and/or Subspecialty privileges at least 10 times in the 2 years preceding re-appointment. For practitioners in the Consulting Staff category and for practitioners seeking privileges only in the ambulatory setting these cases may have been at another site if the practitioner makes the complete medical record of those cases available to the LLUMC Medicine Service for review. For practitioners in the Courtesy Staff category seeking inpatient privileges up to 5 of these cases may have been at another site if the practitioner makes the complete medical record of those cases available to the LLUMC Medicine Service for review.

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

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

**Proctoring:** Specific Proctoring in this category must be completed before unrestricted privileges in this category will be granted. The required experiences must be observed within a period of 24 consecutive months. The required proctoring can be satisfied by the review of 5 medical records representing a variety of clinical problems and procedures.

**Volume Requirement for Re-appointment:** The applicant for re-appointment must present evidence of having exercised the requested Subspecialty privileges in a satisfactory manner at least 10 times in the 2 years preceding re-appointment. For practitioners seeking re-appointment in the Courtesy Staff category up to 5 of these cases may have been at another site if the practitioner makes the complete medical record of those cases available to

the LLUMC Medicine Service for review. For practitioners seeking re-appointment in the Consulting Staff category these cases may have been at another site if the practitioner makes the complete medical record of those cases available to the LLUMC.

**Basic ICU Privileges:** **Purpose:** Basic ICU privileges may be granted to physician specialists and subspecialists in Internal Medicine to authorize them to serve as the Attending physician for patients in a LLUMC Intensive Care Unit (ICU) with conditions up to Moderate Severity as may be defined in these Medicine Service Rules and Regulations (See Appendix C) or in the Medical Staff Rules and Regulations. Basic ICU privileges include the simple to moderately complex procedures commonly associated with the care of these patients in the ICU setting.

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

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

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

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

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

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

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

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

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

**Proctoring:** Specific Proctoring in this category must be completed before unrestricted privileges in this category will be granted. Proctoring shall consist of the observation of care provided and review of the medical record produced daily throughout the period of ICU stay for at least 5 patients and the review of at least 5 additional medical records representative of a variety of clinical problems in ICU patients. The required experiences must be gained within a period of 24 consecutive months. A residency program director

letter confirming that the applicant had been found competent to perform the requested privileges within the previous 48 months can also satisfy the direct observation portion of the proctoring requirement. The direct observation portion of the proctoring requirement can be satisfied by a letter from a Chief of Service from another JCAHO Accredited hospital confirming that hospital's satisfactory observation of the 10 representative cases and procedures within the previous 48 months and that the practitioner had unrestricted privileges of a similar nature.

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

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

**Basic Eligibility Requirements:** Board certification in Cardiology **or** satisfactory completion of the educational requirements necessary for Board certification in Cardiology within the past 60 months; **or** a combination of formal training and experience found to be equivalent by the Medicine Service Executive Committee and the Medical Staff Credentials Committee. For privileges involving Electrophysiologic (EP) studies, the applicant must have received EP board certification; **or have** successfully completed an EP fellowship of at least one year duration within the past 60 months; **or** have a combination of formal training and experience found to be equivalent by the Medicine Service Executive Committee and the Medical Staff Credentials Committee. For privileges involving PTCA or coronary stent placement the applicant must have Board Certification in Interventional Cardiology, **or** have completed the requirements for Board Certification in Interventional Cardiology within the past 60 months; **or** have a combination of formal training and experience found to be equivalent by the Medicine Service Executive Committee and the Medical Staff Credentials Committee.

**Additional Required Qualifications:** Demonstration of continuing competence by an adequate volume of recent experience with acceptable results in adult patients. This recent experience must be as the *primary operator*\* (\*A physician directly supervising a trainee physician is considered a primary operator for purposes of this document. Both the trainee and supervising physician may be credited as primary operator for the same procedure.)

**Proctoring:** Specific Proctoring in this category must be completed before unrestricted privileges in this category will be granted. The required experiences must be gained within a period of 24 consecutive months. Proctoring shall consist of the observation of the performance of at least 10 procedures representative of the spectrum of requested privileges. In addition, the proctor shall review at least 10 additional medical records. The proctor shall be a Medical Staff member, Active Category, with unrestricted privileges for the requested procedures. The proctor shall determine which procedures need to be observed and how many of each procedure needs to be observed to satisfy the requirement that he/she has observed "10 procedures representative of the spectrum of requested privileges."

**Volume Requirement for Re-appointment:** The applicant for re-appointment must

present evidence of having exercised in a satisfactory manner Cardiology Procedure privileges representative of the requested procedures at LLUMC at least 50 times in the 2 years preceding re-appointment.

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

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

**Additional Required Qualifications:**

- a. Certification by residency/fellowship program of competence to perform procedure **or**
- b. Certification by Chief of Staff or Chief of Service of another JCAHO accredited hospital of competence to perform procedure **or**
- c. Certification of successful completion of a recognized formal course of instruction specific to the procedure **or**
- d. Certification (after an appropriate period of direct supervision) by the Medical Director (or designee) of the Gastroenterology Lab of Loma Linda University Medical Center of competence to perform the requested procedure(s).

**Proctoring:** Specific Proctoring in this category must be completed before unrestricted privileges in this category will be granted. The required experiences must be gained within a period of 24 consecutive months. The required proctoring can be satisfied by a review of 10 medical records and the direct observation (by a Medical Staff member, Active Category, with unrestricted privileges for the requested procedure) of the performance of at least 5 procedures (associated with those records) representative of the requested privileges.

**Volume Requirement for Re-appointment:** The applicant for re-appointment must present evidence of having exercised in a satisfactory manner GI Procedure privileges representative of the requested procedures at LLUMC at least 50 times in the 2 years preceding re-appointment.

**Pulmonary Procedure Privileges: Purpose:** Pulmonary procedure privileges may be granted to authorize physician specialists in Pulmonary Medicine to perform Pulmonary Medicine procedures in LLUMC on patients requiring such specialized care

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

**Additional Required Qualifications:**

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

**Proctoring:** Specific Proctoring in this category must be completed before unrestricted privileges in this category will be granted. The required experiences must be gained within a period of 24 consecutive months. The required proctoring can be satisfied by a review of 10 medical records and the direct observation (by a Medical Staff member, Active Category, with unrestricted privileges for the requested procedure) of the performance of 5 procedures (associated with those records) representative of the requested privileges.

**Volume Requirement for Re-appointment:** The applicant for re-appointment must present evidence of having exercised in a satisfactory manner Pulmonary Procedure privileges representative of the requested procedures at LLUMC at least 50 times in the 2 years preceding re-appointment.

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

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

**Proctoring:** Specific Proctoring in this category must be completed before unrestricted privileges in this category will be granted. The required experiences must be gained within a period of 24 consecutive months. The required proctoring can be satisfied by a review of 5 medical records and the direct observation (by a Medical Staff member, Active Category, with unrestricted privileges for the requested procedure) of the performance of 5 procedures (associated with those records) representative of the requested privileges.

## Appendix B

### Categories of ICU Privileges- Medicine Service

**Principle:** Patients are cared for in an Intensive Care Unit (ICU) for one or more of the following reasons:

1. The patient requires an intensity of nursing care that requires staffing levels that Loma Linda University Medical center has chosen to provide in ICU's. The patient's illness does not require the advanced skills of a Critical Care specialist or of a Cardiac Intensive Care specialist. This is the domain of **Basic ICU Privileges**.
2. The patient's illness is of such severity that in addition to requiring intensive nursing care, the patient benefits from having his/her care supervised by a physician with advanced skills in Critical Care Medicine. This is the domain of **Advanced ICU Privileges**.
3. The patient's illness is of such severity that in addition to requiring intensive nursing care, the patient benefits from having his/her care supervised by a physician with advanced skills in Cardiac Intensive Care. This is the domain of **Cardiology ICU Privileges**.

**Examples: Basic ICU Patients.** Patients who do not meet Advanced ICU or Cardiology ICU criteria but have:

- Suicidal ideation
- Need for end of life care
- Hypernatremia
- Hyponatremia
- Hyperkalemia (< 6.5)
- Hypokalemia (> 2.5)
- Hypercalcemia
- Hypocalcemia
- Asthma / COPD requiring frequent respiratory therapy but with stable blood gases
- Patients requiring frequent suctioning but who are otherwise stable
- Following conditions when hemodynamically stable
  - Diabetic ketoacidosis / hyperosmolar syndrome
  - Tachyarrhythmias
  - GI hemorrhage not requiring emergency transfusion
  - Hypertension
  - Alcohol withdrawal
  - Pulmonary embolism
  - Rhabdomyolysis

**Advanced ICU Patients.** All other MICU patients, specifically including:

- Ventilator dependent patient requiring more than 2 adjustments per day to ventilator settings or who have diagnosis of ARDS or respiratory failure or who have drug induced paralysis
- Acute Respiratory Failure receiving non-invasive ventilation
- Acute spinal cord injury
- Shock due to:
  - SIRS / Sepsis
  - Acute blood loss
  - Drug effect, persistent
  - Any cause requiring IV vasopressor
- Liver failure
- Multi-organ failure
- Acute stroke
- Intracranial hemorrhage
- Status epilepticus
- Acute drug overdose
- Neuroleptic malignant syndrome
- Acute symptomatic hypertension
- Necrotizing pancreatitis
- Necrotizing fasciitis
- Pregnancy related conditions requiring ICU care

**Cardiology ICU Patients.** All other CICU patients specifically including:

- Acute myocardial infarction
- Recent myocardial infarction receiving intervention
- Acute recovery from cardiac intervention
- Acute recovery from cardiac arrest
- Cardiac arrhythmia being actively treated with titrated IV medication