

**PROVIDENCE SAINT JOSEPH MEDICAL CENTER
DEPARTMENT OF PROFESSIONAL SERVICES
RULES AND REGULATIONS**

I. MEMBERSHIP

The Professional Services Department membership shall consist of members of the Professional Staff of Providence Saint Joseph Medical Center assigned to the Department by the Credentials Committee. It shall include physician members of the Medical Staff and also members of the Affiliated Staff whose professional activities relate closely to the department included under Professional Services. Members of the Professional Services Department shall continuously meet the qualifications, standards, and requirements for appointment and reappointment to the Professional Staff of Providence Saint Joseph Medical Center as set forth in the Bylaws and General Rules and Regulations.

II. ORGANIZATION

The Professional Services Department shall be supervised by the Chairman who is responsible for Department activities.

The Professional Services Committee shall consist of representatives from the major departments that provide professional services under contract with the Medical Center, and representatives from the Professional Staff who utilize these services. The Professional Services Committee shall consist of:

- A. The Chair shall be chosen in this rotation unless a change in order due to extenuating circumstances is agreed upon by all voting members, from the group of four members which are: Imaging Services, Pathology/Laboratory Services, Radiation Oncology, and the Emergency Department. The Chair may serve a two-year term. The Vice Chair of the Committee shall be the next member in this rotation and shall serve as Chair the following year, or at the end of the second year of a two-year term.
- B. Four members with vote: one representative shall be chosen each from the Pathology/Laboratory Services, Imaging Services, Radiation Oncology, and the Emergency Department. Each member from these departments shall be the Chief of the respective department, or his/her designee in the event he/she cannot attend the meeting.
- C. Two other members with vote: two other members shall be selected by the Chair from other contract physicians.
- D. Four other members-at-large with vote, shall be selected by the Chair, chosen one each from the Medical, Surgical, Ob/Gyn or Pediatrics, and General and Family Practice Departments.
- E. In order to meet the Charges of this committee, various subcommittees and/or ad hoc committees may be created.
- F. Committee meetings are scheduled on an as needed basis, but shall meet at a minimum, two (2) times per year.

III. PRIVILEGES

All members of the Professional Services Department shall hold privileges for the clinical work performed in the Medical Center.

Specific privileges must be requested as per the privilege delineation form in each service. Only those members of the Professional Services Department who qualify under the terms of the individual department contract shall be eligible to apply for specific privileges in that department.

Members of the Professional Services Department who desire general privileges shall apply to the Medical or General and Family Practice Departments for such privileges.

- A. In the situation where a radiologist performs stereotactic breast biopsy independently, the physician is required to:
 - 1. Initial Training and Qualification
 - Be fully qualified as an interpreting physician under MQSA
 - Initially, have at least 3 hours of Category I CME in stereotactic breast biopsy
 - Initially, obtain at least 15 hours of CME in breast imaging including benign and malignant breast disease
 - Having performed at least 3 hands-on stereotactic breast biopsy procedures under a physician who is qualified to interpret mammography under MQSA and has performed at least 24 stereotactic breast biopsies, or holds unrestricted privileges to perform stereotactic breast biopsy
 - Be responsible for mammographic interpretation
 - Be responsible for patient selection in consultation with the referring physician and surgeon referral panel
 - Be responsible for quality assurance activities including medical audit (tracking of numbers of biopsies done, cancers found, benign lesions, biopsies needing repeat, and complications)
 - Be responsible for oversight of all quality control

- Be responsible for supervision of the radiologic technologist and the medical physicist
 - Be responsible for post-biopsy management of the patient which may include referral to a surgeon for follow-up on certain lesions
2. Maintenance of Proficiency and CME Requirements. The radiologist is required to:
 - Perform at least 3 stereotactic breast biopsies per year or re-qualify as specified in A.1
 - Obtain at least 3 hours of Category I CME in stereotactic breast biopsy every 3 years, which should include post-biopsy management of the patient
 - Obtain at least 15 hours of Category I CME in breast imaging including benign and malignant diseases of the breast every 3 years as required for interpretation of mammography by MQSA. The 3 hours of category I CME in stereotactic breast biopsy every 3 years may be included in these 15 hours
 3. Surgical privileges will first be reviewed by the general surgery section and recommendations forwarded to the Department of Surgery.
Radiologist privileges will first be reviewed by the Imaging Department and recommendations forwarded to the Professional Services Committee.
 4. Participation in the general surgical panel for the Providence Breast Center is contingent upon meeting and maintaining the requirements for privileges as stated above and through direct participation in the educational activities of the Providence Cancer Center.
- C. Brachytherapy in the O.R.
Radiation Oncology - Performing procedures in the O.R.:
1. Placement of HDR Brachytherapy Catheters for Prostate Brachytherapy.
 2. Placement of Gynecologic Applicators for Brachytherapy.
 3. Placement of Catheters for Breast Brachytherapy.

Radiation Oncology practitioners shall co-admit patients with a physician member who has general privileges and will assume responsibility for the patient's medical care.

IV. PROCTORING

A. DEFINITION

1. Prospective Proctoring
Prospective proctoring is a review by the proctor of either the patient's chart or the patient personally before treatment. This type of proctoring may be used if the indications for a particular procedure are difficult to determine or if the procedure is particularly risky;
2. Concurrent Proctoring
Concurrent proctoring is when the proctor actually observes the physician's work. This is usually used for invasive procedures so that the medical staff has first-hand knowledge necessary to satisfy itself that the physician is competent;
3. Retrospective Proctoring
Retrospective proctoring involves a retrospective review of patient charts by the proctoring physician. Retrospective review is usually adequate for proctoring of non-invasive procedures.

V. DEPARTMENTAL MEETINGS

Because of the special nature of the Professional Services Department, there will not be scheduled monthly meetings of the entire department. There will be an annual Department meeting; the Chair may call additional meetings if necessary.

VI. REAPPOINTMENT PROCEDURE

Each member of the Department will be reviewed as set forth in the Bylaws. Each applicant will be evaluated as to professional performance and judgment, by peer review and evaluation within each sub-department, and by attendance and participation at meetings and educational conferences.

From this review, a recommendation will be made by the Professional Services Committee regarding reappointment, and privileges.

VII. PROFESSIONAL SERVICES COMMITTEE CHARGES

Overall purpose-evaluate quality of department services and to identify opportunities for improved patient care.

- A. Monitor quality of services provided by contract physician departments. Document identification of problems and action taken.
 - 1) Concurrent:
 - a) Physician peer review
 - b) Non-physician quality control procedures
 - 2) Retrospective:
 - a) Annual hospital based Professional Services questionnaire.
- B. Interact between Professional staff, Nursing Services and Hospital Administration in identification and solution of identified issues.

- C. Review staff privileges and categories of membership of physicians providing contract services as outlined in Article IV and VII of the Professional Staff Bylaws.
- D. Serve in advisory capacity to Professional Staff and Medical Center pertaining to purchase of new equipment and construction of facilities.

VIII. COMMITTEE MEETINGS

The Committee shall meet at a minimum, two (2) times per year or more often, at the discretion of the Chair or of the Executive Committee.

Findings and recommendations of the committee shall be reported to the Executive Committee.

Quorum shall be set by the Chairman.

These Rules and Regulations of the Professional Services Department along with the Committee Charges were adopted by the Professional Staff of Providence Saint Joseph Medical Center, Burbank, California, as presented at the Executive Committee meeting of June 19, 2016.

Jennifer A. Hill, MD
Chairman, Department of Professional Services

Manzar S. Kuraishi, M.D.
Chief of Staff

Karl Keeler
Chief Executive