

and department administrative findings, conclusions, recommendations and actions taken to improve performance of the medical center.

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- b) **Technical Directors** participate in the assessment, measurement and communication of improvement of departmental processes.
- c) **Administrative Director** provides operational support to the process improvement activities.
- d) **Managers** facilitate the processing and management of patient testing and collaborate to improve the process of care delivery to enhance outcomes. Identifies issues and refers to medical staff and risk management as appropriate. Provide data on organizational performance.
- e) **QMS/Decision Support** provides system wide support to the process improvement activities.

ARTICLE IV Miscellaneous Provisions

Section 1 - Meetings

Information regarding meetings is outlined in Section 10.2 of the Medical Staff Bylaws.

Section 2 - Committee Assignments

Members of the department are expected to fulfill obligations created by membership on this and other staff committees.

Section 3 - Appointment Procedure

a) Membership

Physicians applying for department membership and privileges will apply in accordance with the Credentialing Procedures Manual of the Medical Staff Bylaws.

b) Application

The following requirements will be necessary in employing and granting of Pathology privileges to pathologists:

1. Four (4) years of training in anatomical and clinical pathology or three (3) years in anatomical or clinical pathology in a program approved by the Liaison Committee on Graduate Medical Education.
2. The experience acquired during a complete pathology residency program is the minimum.
3. At least two (2) letters of recommendation; one from the program director and another from a faculty member of the program. If candidate was practicing the specialty after completion of residency, additional letters of reference will be obtained from members of the practicing group and the

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4. Applicants must be certified or admissible by the American, Osteopathic or Canadian Board of Pathology at the time of joining the department. Applicants who are granted privileges on the basis of admissibility must obtain certification within 3 years of completion of training. Failure to obtain certification within this time period will result in automatic expiration of privileges within the Department of Pathology.
5. Certificates issued by the American Board of Pathology after January 2006 are time limited for 10 years. Maintaining membership in the Department of Pathology will require those holding time-limited certificates to maintain certification

Section 4 – Provisional Period

- a) Pursuant to the Bylaws of the Medical Staff of Banner Good Samaritan Medical Center, all new members of the Medical Staff are provisional members for a period of twelve (12) months following the granting of their privileges. The consistent standard will be that a minimum of four (4) cases or patient contacts will be reviewed prior to moving to another category. In cases where there are not a minimum of four (4) cases or patient contacts completed in the provisional period, other data including peer competencies and/or case logs, will be required to determine current clinical competency. Failure to satisfy either of these requirements within the provisional period may result in the loss of medical staff membership and privileges.

Section 5 - Supervision

- a) A physician applying for privileges in Pathology must perform ten (10) cases under supervision and must do so within one year. A retrospective chart review will suffice for supervision (excluding frozen section procedures). The physician being supervised is required to submit the supervisory form to the supervising physician. After the 10 cases have been completed, the supervision reports should be submitted to the Chairman of the Pathology Department, through the Medical Staff Services Department, who will recommend, in writing, unsupervised status to the PRNT Committee. Privileges to perform special procedures (cytology thin needle aspiration/biopsy and bone marrow aspiration/biopsy) require three (3) supervised cases.

Approval:

PRNT Committee	Date: 4/28/99
Executive Committee	Date: 5/24/99
Board of Directors	Date: 6/15/99

PRNT Committee	Date: 12/18/02
Executive Committee	Date: 01/27/03
Board of Directors	Date: 02/20/03

PRNT Committee	Date: 10/25/06
Executive Committee	Date: 11/20/06
Board of Directors	Date: 12/20/06