

MIDLAND MEMORIAL HOSPITAL

Delineation of Privileges

ALLERGY AND IMMUNOLOGY



Your home for healthcare

Physician Name: _____

Allergy and Immunology Core Privileges

Qualifications

Minimum threshold criteria for requesting privileges in allergy and immunology:

- Basic education: MD or DO
- Minimal formal training: Successful completion of an ACGME or AOA-accredited residency program in internal medicine or pediatrics, followed by an accredited fellowship training program in allergy/immunology

AND

- Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification in allergy/immunology by the ABAI or subspecialty certification in allergy/immunology by the AOBIM. (**Members of the Staff prior to the adoption of Bylaws 10/2007 are considered grandfathered in and are encouraged but not required to achieve board certification*)

Required current experience:

- Allergy/immunology services reflective of the scope of privileges requested to 25 inpatients or outpatients during the past 12 months, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

References for New Applicants

If the applicant is recently trained, a letter of reference should come from the director of the applicant's training program. Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced.

Reappointment

Reappointment should be based on unbiased, objective results of care according to the organization's existing quality improvement measures. Applicants must demonstrate current competence and an adequate volume of experience (50 inpatients or outpatients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Please check requested privileges.

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	
<p>Core Privileges: Core privileges in allergy/immunology include the ability to admit, evaluate, diagnose, consult, manage, and provide therapy and treatment for patients of all ages presenting with conditions or disorders involving the immune system, both acquired and congenital. Selected examples of such conditions include asthma, anaphylaxis, eczema/atopic dermatitis, contact dermatitis, sinusitis, rhinitis, urticaria, and adverse reactions to drugs, foods, and insect stings, as well as immune deficiency diseases (both acquired and congenital), defects in host defense, and problems related to autoimmune disease, organ transplantation, or malignancies of the immune system. Physicians may provide care to patients in the intensive care setting in conformity with unit policies. They may assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p>			<p>Core privileges include but are not limited to:</p> <ul style="list-style-type: none"> • Allergen immunotherapy • Allergy testing, including blood (RAST) testing and prick testing • Delayed hypersensitivity skin testing • Drug desensitization and challenge • Drug testing • Exercise challenge testing • Food challenge testing • Immediate hypersensitivity skin testing • Intravenous immunoglobulin treatment and administration • Methacholine challenge testing • Nasal cytology • Oral challenge testing • Patch testing • Performance and interpretation of pulmonary function tests • Performance of history and physical exam • Physical urticaria testing • Provocation testing for hyper-reactive airways • Rapid desensitization • Rhinologyngoscopy
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Criteria

Refer-and-follow privileges			Privileges include performing outpatient preadmission history and physical, ordering noninvasive outpatient diagnostic tests and services, visiting patients in the hospital, reviewing medical records, consulting with the attending physician, and observing diagnostic or surgical procedures with the approval of the attending physician or surgeon.
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Privilege/Criteria
<p>Current Privileges: List any current privileges not listed above in core or non-core. These privileges will remain in effect until the end of the current appointment period and then will be moved up to the appropriate core/non-core section.</p> <p>Please provide criteria and supporting documentation to medical staff office for any non-core privileges listed.</p>			<p>Core</p> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <p>Non-Core</p> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/>

To the applicant: If you wish to exclude any privileges, please strike through the privileges that you do not wish to request and then initial.

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request. I have requested **only** those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Midland Memorial Hospital. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested and I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Applicants have the burden of producing information deemed adequate by Midland Memorial Hospital for a proper evaluation of current competence, other qualifications and for resolving any doubts.
- (c) I will request consultation if a patient needs service beyond my expertise.

Physician's Signature/Printed Name

Date

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/modification/explanation
Notes:

Department Chair/Chief Signature

Date