

# MIDLAND MEMORIAL HOSPITAL

## *Delineation of Privileges*

### AMBULATORY/URGENT CARE



*Your home for healthcare*

**Physician Name:** \_\_\_\_\_

### Ambulatory/Urgent Care Core Privileges

#### Qualifications

Minimum threshold criteria for requesting core privileges in emergency medicine:

- Basic education: MD or DO
- Successful completion of an ACGME or AOA accredited residency in another specialty other than emergency medicine.

AND

- Current certification active participation in the examination process (with achievement of certification within 5 years) leading to certification in another specialty other than emergency medicine by the American Board. (*\*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:

- Active practice in an ED, reflective of the scope of privileges requested, in the past 12 months with a census equal to or exceeding 10,000 patient visits annually, 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 measure. To be eligible to renew privileges in emergency medicine, the applicant must have current demonstrated competence for at least 500 patients 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><b>Core Privileges:</b> Ambulatory/Urgent Care physicians assess, evaluate, diagnose and initially treat patients of all ages who present in the ED with any symptom, illness, injury, or condition, and provide services necessary to ameliorate minor illnesses or injuries. In addition, they stabilize patients with major illnesses or injuries and assess all patients to determine whether additional care is necessary. Core privileges may include privileges to admit for inpatient care in consultation with a treating physician or hospitalist if hospital bylaws allow. Privileges do not include long-term care of patients on an inpatient basis. Core privileges do not include privileges to perform scheduled elective procedures, with the exception of procedures performed during routine ER follow-up visits. Physicians may also provide care to patients in the intensive care setting in conformity with unit policies. Core privileges may include privileges to place a patient in observation status or place admission hold orders to expedite admission for the attending provider.</p>			<p>Core privileges include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Abscess incision and drainage, including Bartholin's cyst;</li> <li>• Airway management and intubation</li> <li>• Administration of sedation and analgesia</li> <li>• Administration of thrombolytic therapy for myocardial infarction, stroke</li> <li>• Anoscopy</li> <li>• Application of splints and plaster molds</li> <li>• Arterial puncture and cannulation</li> <li>• Arthrocentesis</li> <li>• Anesthesia: intravenous (upper extremity, local, and regional)</li> <li>• Bladder decompression and catheterization techniques</li> <li>• Blood component transfusion therapy</li> <li>• Burn management, including escharotomy</li> <li>• Cannulation, artery and vein</li> <li>• Cardiac massage, open or closed</li> <li>• Cardioversion (synchronized counter shock)</li> <li>• Chemical restraint of agitated patient</li> <li>• Cricothyrotomy</li> <li>• Defibrillation</li> <li>• Delivery of newborn, emergency</li> </ul>

			<ul style="list-style-type: none"> <li>• Dislocation/fracture reduction/immobilization techniques, including splint and cast applications</li> <li>• Electrocardiography interpretation</li> <li>• Endotracheal intubation techniques</li> <li>• External transcutaneous pacemaker</li> <li>• GI decontamination (emesis, lavage, and charcoal)</li> <li>• Hernia reduction</li> <li>• Immobilization techniques</li> <li>• Irrigation and management of caustic exposures</li> <li>• Laryngoscopy, direct and indirect</li> <li>• Lumbar puncture</li> <li>• Management of epistaxis</li> <li>• Nail trephine techniques</li> <li>• Nasal cautery/packing</li> <li>• Nasogastric/orogastric intubation</li> <li>• Ocular tonometry</li> <li>• Oxygen therapy</li> <li>• Preliminary interpretation of imaging studies</li> <li>• Removal of foreign bodies (e.g., airway, nose, eye, ear); soft instrumentation/irrigation, skin or subcutaneous tissue</li> <li>• Removal of IUD</li> <li>• Repair of lacerations</li> <li>• Resuscitation</li> <li>• Slit lamp used for ocular exam, removal of corneal foreign body</li> <li>• Splint or cast application after reduction of fracture or dislocation</li> <li>• Spine immobilization</li> <li>• Variceal/nonvariceal hemostasis</li> <li>• Wound debridement and repair</li> <li>• Use of manual and mechanical ventilators and resuscitators</li> </ul>
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<b>Requested</b> <input type="checkbox"/>	<b>Approved</b> <input type="checkbox"/>	<b>Not Approved</b> <input type="checkbox"/>	<b>Criteria</b>
<b>Refer-and-follow privileges</b>			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.

<b>Requested</b> <input type="checkbox"/>	<b>Approved</b> <input type="checkbox"/>	<b>Not Approved</b> <input type="checkbox"/>	<b>Procedure</b>	<b>Criteria</b>
<b>Non-Core Privileges:</b> For each special request, threshold criteria (i.e., additional training or completion of a recognized course and required experience) must be established. Special requests for emergency medicine include.			<input type="checkbox"/> Ultrasound Venous assessment for VTE disease	<b>New Applicant:</b> Documentation of 20 verified interpretations in the last 12 months performed without significant quality variations. <b>Reappointment:</b> Documentation of 40 verified interpretations in the last 24 months performed without significant quality variations.
			<input type="checkbox"/> Thoracostomy tube insertion	<b>New Applicant:</b> Documentation of 5 verified cases in the last 12 months performed without significant quality variations along with ATLS certification. It is expected that the practitioner will submit documentation of any adverse outcomes. <b>Reappointment:</b> Documentation of 2 verified cases in the last 24 months performed without significant quality variations along with ATLS certification. It is expected that the practitioner will submit documentation of any adverse outcomes.
			<input type="checkbox"/> Moderate Sedation	Meet the criteria set forth by the Rules and Regulations for Anesthesia Services and complete "Requirements for Moderate Sedation Privileges" form.

<b>Requested</b> <input type="checkbox"/>	<b>Approved</b> <input type="checkbox"/>	<b>Not Approved</b> <input type="checkbox"/>	<b>Privilege/Criteria</b>
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<p><b>Current Privileges:</b> 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><b>Core</b></p> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/>
	<p><b>Non-Core</b></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