

# MIDLAND MEMORIAL HOSPITAL

## *Delineation of Privileges*

### CRITICAL CARE MEDICINE



*Your home for healthcare*

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

### Critical Care Medicine Core Privileges

#### Qualifications

Minimum threshold criteria for requesting core privileges in critical care medicine:

- Basic education: MD or DO
- Minimum formal training: Successful completion of an ACGME–or AOA–accredited postgraduate training program in the relevant medical specialty, and successful completion of an accredited fellowship in critical care medicine or have at least 10 years in practice with critical care patients with current subspecialty in Pulmonary Medicine. .

AND

- Current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years) leading to subspecialty certification in critical care medicine by the American Board of Medical Specialties, or 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*).
- Applicants should achieve advanced cardiovascular life support (ACLS) provider status

Required current experience:

- Applicants for initial appointment must be able to provide inpatient care, reflective of the scope of privileges requested, to at least 30 patients in the CCU during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months, (plus ACLS).

#### References for New Applicants

A letter of reference must come from the director of the applicant’s critical care training program. Alternatively, a letter of reference must come from the chief of critical care medicine at the institution 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 their maintained competence with evidence that they have provided inpatient care, reflective of the scope of privileges requested, to at least 60 patients in the CCU annually during the reappointment cycle. 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> Core privileges in critical care medicine include the ability to admit, evaluate, diagnose, and provide treatment or consultative services to critically ill patients with neurological or postneurosurgical, postsurgical, or postcardiac/thoracic surgical organ dysfunction and/or who are in need of critical care for life-threatening disorders. Physicians may also provide care to patients in the intensive care setting in conformity with unit policies. Critical care medicine specialists assess, stabilize, and determine the 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"> <li>• Airway maintenance intubation, including fiberoptic bronchoscopy and laryngoscopy</li> <li>• Cardiopulmonary resuscitation</li> <li>• Calculation of oxygen content, intrapulmonary shunt, and alveolar arterial gradients</li> <li>• Cardiac output determinations by thermodilution and other techniques</li> <li>• Arterial puncture</li> <li>• Cardioversion</li> <li>• Echocardiography and electrocardiography interpretation</li> <li>• Evaluation of oliguria</li> <li>• Insertion of central venous, arterial, and pulmonary artery balloon floatation catheters</li> <li>• Insertion of hemodialysis catheter</li> <li>• Intracranial pressure monitoring</li> <li>• Lumbar puncture</li> <li>• Management of anaphylaxis and acute allergic reactions</li> <li>• Management of life-threatening disorders in ICUs including, but not limited to, shock, coma, heart failure, trauma, respiratory arrest, drug overdoses, massive bleeding, diabetic acidosis, and kidney failure</li> <li>• Management of massive transfusions</li> <li>• Management of immunosuppressed patients</li> <li>• Monitoring and assessment of metabolism and nutrition</li> </ul>

			<ul style="list-style-type: none"> <li>• Needle and tube thoracostomies</li> <li>• Paracentesis</li> <li>• Percutaneous needle aspiration of palpable masses</li> <li>• History and physical examinations</li> <li>• Preliminary interpretation of imaging studies</li> <li>• Thoracentesis</li> <li>• Image-guided procedures</li> <li>• Use of reservoir masks, nasal prongs/cannulas and nebulizers for delivery of supplemental oxygen and inhalants</li> <li>• Ventilator management, including experience with various modes and continuous positive airway pressure therapies</li> <li>• BiPAP and CPAP</li> <li>• Wound care</li> </ul>	
<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 in critical care medicine include.			<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.

**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