

MIDLAND MEMORIAL HOSPITAL

Delineation of Privileges

DIAGNOSTIC RADIOLOGY



Your home for healthcare

Physician Name: _____

Diagnostic Radiology Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in diagnostic radiology:

- Basic education: MD or DO
- Successful completion of an ACGME- or AOA-accredited residency in diagnostic radiology and/or current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification in radiology by the ABR or the AOBR. (**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:

- Applicants for initial appointment must be able to demonstrate performance and interpretation of at least 1000 general radiology examinations reflective of the scope of privileges requested within the past 24 months, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the previous 12 months.

References for New Applicants

A letter of reference must come from the director of the applicant's training program in radiology. Alternatively, a letter of reference regarding competence should come from the chief of radiology 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 measure. Applicants for reappointment must possess current demonstrated competence and an adequate volume of experience 1000 general radiology examinations with acceptable results, reflective of the scope of privileges requested, for the previous 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 diagnostic radiology include the ability to perform general diagnostic radiology (x-ray, radionuclides, ultrasound, and electromagnetic radiation) to diagnose and treat diseases of patients of all ages. Radiologists are responsible for communicating critical values and critical findings consistent with medical staff policy. Physicians may also provide care to patients in the intensive care setting in conformity with unit policies.</p>			<p>Core privileges include but are not limited to:</p> <ul style="list-style-type: none"> • Bone densitometry • CT of the head, neck, spine, body, and chest, including the heart, abdomen, pelvis, and extremities as well as their associated vasculatures • Diagnostic nuclear radiology of the head, neck, spine, body, and chest, including the heart, abdomen, pelvis, and extremities as well as their associated vasculatures • MRI of the head, neck, spine, body, and chest, including the heart, abdomen, pelvis, and extremities as well as their associated vasculatures • PET • Mammography (in accordance with MQSR-required qualifications) • Stereotactic core-cut breast biopsy (in accordance with MQSR-required qualifications) • Routine imaging (e.g., interpretation of plain films, intravenous or retrograde pyelography, fluoroscopy, chest/abdomen, pelvis/gastrointestinal, and genitourinary diagnostic and therapeutic procedures) • Fluoroscopy • Image-guided biopsy, cyst aspiration, and procedures (e.g., lumbar

			puncture) <ul style="list-style-type: none"> • Ultrasound • Arthrography • Myelography • Cardia CTA 	
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"/>	Procedure	Criteria
Non-Core Privileges: 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 diagnostic radiology 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.
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Privilege/Criteria	
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. Please provide criteria and supporting documentation to medical staff office for any non-core privileges listed.			Core <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> Non-Core <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