

MIDLAND MEMORIAL HOSPITAL

Delineation of Privileges

HEMATOLOGY



Your home for healthcare

Physician Name: _____

Hematology Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in hematology:

- Basic education: MD or DO
- Successful completion of an ACGME or AOA-accredited residency in internal medicine, followed by successful completion of an accredited fellowship in hematology or integrated fellowship in oncology.

AND

- Current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years) leading to subspecialty certification in hematology or dual certification in hematology and medical oncology by the ABIM or subspecialty certification in hematology 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 previous experience:

- Applicants for initial appointment must be able to demonstrate that they have inpatient or consultative services for at least 12 hematology patients, reflective of the scope of privileges requested, 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

A letter of reference must come from the director of the applicant's hematology training program or from the chair/chief of hematology at the institution where the applicant was most recently affiliated.

Reappointment

Reappointment should be based on unbiased, objective results of care according to the organization's existing quality improvement measures. Applicant must demonstrate proficiency in inpatient or consultative services, reflective of the scope of privileges requested, for at least 24 hematology patients during the previous 12 months annually over the reappointment period based on the 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 hematology include the ability to admit, evaluate, diagnose, treat, and provide consultation to adult patients with diseases of the blood, spleen, and lymph glands and disorders of the immunologic system such as anemia, clotting disorders, sickle-cell disease, hemophilia, leukemia, and lymphoma. Hematologists may provide care to patients in the intensive care setting in conformance with unit policies. Physicians may also provide care to patients in the intensive care setting in conformity with unit policies. Core privileges also include the ability to 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"> • Administration of chemotherapeutic agents and biological response modifiers through all therapeutic routes • Apheresis procedures • Complete blood count, including platelets and white cell differential, by means of automated or manual techniques • Diagnostic lumbar puncture • Indications and application of imaging techniques in patients with blood disorders • Management and care of indwelling venous access catheters • History and physical examinations • Preparation, staining, and interpretation of peripheral blood smears, bone marrow aspirates, and touch preparations, as well as interpretation of bone marrow biopsies • Therapeutic thoracentesis and paracentesis
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 hematology 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	
<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>			Core <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/>	
			Non-Core <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