

MIDLAND MEMORIAL HOSPITAL

Delineation of Privileges

HOSPICE AND PALLIATIVE MEDICINE



Your home for healthcare

Physician Name: _____

Hospice and Palliative Medicine Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in hospice and palliative medicine:

- Basic education: MD or DO
- Successful completion of an ACGME- or AOA-accredited residency in internal medicine, anesthesiology, emergency medicine, family medicine, OB/GYN, pediatrics, physical medicine and rehabilitation, psychiatry and neurology, radiology, or surgery and a 12-month ACGME- or AOA-affiliated fellowship in hospice and palliative medicine or the equivalent in practice experience.

AND

- Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification by the relevant ABMS or American Osteopathic Boards and documentation of completion of an approved program in hospice and palliative medicine, or certification in hospice and palliative medicine by the ABHPM. (**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 the provision of palliative medicine services, reflective of the scope of privileges requested, for at least 16 patients during the previous 12 months or demonstrate successful completion of an accredited hospice and palliative medicine fellowship program 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 hospice and palliative medicine. Alternatively, a letter of reference regarding competence should come from the chief of hospice and palliative 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 be able to demonstrate provision of inpatient or consultative services, reflective of the scope of privileges requested, for at least 32 patients during the previous 24 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 hospice and palliative medicine include the ability to admit, evaluate, diagnose, and provide primary care or consultative services to all patients with life-threatening illness who require, or may require, specialist-level palliative care services. Physicians may also provide care to patients in the intensive care setting in conformity with unit policies. 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"> • Perform history and physical exam • Administration and management of palliative sedation • Assess pertinent diagnostic studies • Direct treatment and forming a treatment plan • Manage common comorbidities and complications and neuropsychiatric comorbidities • Manage palliative care emergencies (e.g., spinal cord compression, suicidal ideation) • Manage psychological, social, and spiritual issues of palliative care patients and their families • Manage symptoms, including various pharmacologic and non-pharmacologic modalities and pharmacodynamics of commonly used agents • Perform pain-relieving procedures • Provision of appropriate advanced symptom control techniques, such as parenteral infusional techniques • Symptom management, including patient and family education, psychosocial and spiritual support, and appropriate referrals for other modalities, such as invasive procedures
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/> <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