

MIDLAND MEMORIAL HOSPITAL
Delineation of Privileges
HYPERBARIC MEDICINE



Your home for healthcare

Physician Name: _____

Hyperbaric Medicine Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in hyperbaric medicine:

- Basic education: MD or DO
- Minimum formal training:
 - Type I: Successful completion of an ACGME- or AOA-accredited residency in a relevant medical or surgical specialty, followed by a training program in hyperbaric oxygen therapy (HBOT) of 40 hours approved by the UHMS or ACHM. And/or current certification or active participation in the examination process (**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*).

AND/OR

- Type II: Successful completion of an ACGME- or AOA-accredited residency in a relevant medical or surgical specialty, followed by successful completion of an ACGME accredited undersea and hyperbaric medicine fellowship program or the equivalent in training and experience. And/or current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years) leading to subspecialty certification in undersea and hyperbaric medicine by the ABEM or ABPM. (**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:

- Hyperbaric medicine/HBOT services (type I or II), reflective of the scope of privileges requested, for at least 25 patients during the past 12 months or demonstrated completion of hyperbaric medicine training within the past 12 months with 10 proctored cases.

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 measures. To be eligible to renew privileges in hyperbaric medicine—type I or II, the applicant must demonstrate current competence and an adequate volume of experience (50 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"/>	Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>
Core Privileges: Core privileges for hyperbaric medicine— type I include the ability to provide diagnosis and therapeutic management utilizing HBOT for patients of all ages presenting with soft tissue radiation injury and for acceleration of wound healing. Physicians also may provide care to patients in the intensive care setting in conformity with unit policies. They should also be able to assess, stabilize, and determine the			Core Privileges: Core privileges for hyperbaric medicine— type II include the ability to provide diagnosis and therapeutic management of conditions utilizing HBOT for patients presenting with acute carbon monoxide poisoning (smoke inhalation), cerebral arterial gas embolism (decompression, iatrogenically induced), cyanide poisoning (ingestion, inhalation), decompression sickness/disorders (high-altitude activities, scuba diving), soft tissue radiation injury,		

<p>disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. These privileges include the provision of consultation as well as the ordering of diagnostic studies and procedures related to the problem.</p>			<p>necrotizing soft tissue infections (subcutaneous tissue, muscle, fascia), refractory osteomyelitis, thermal burns, acute traumatic ischemia from crush injury, or compartment syndrome. Physicians may provide care to patients in the intensive care setting in conformity with unit policies. Physicians also may assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. These privileges include the provision of consultation as well as the ordering of diagnostic studies and procedures related to the problem. The core privileges in this specialty are not limited to the diagnosis and therapeutic management of the above conditions, but would include other applicable diagnosis and therapeutic management uses for hyperbaric medicine that are extensions of the same techniques and skills, including performance of history and physical exam.</p>
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Criteria
Refer-and-follow privileges			<p>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.</p>
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> <p><input type="checkbox"/></p> <p>_____</p> <p><input type="checkbox"/></p> <p>_____</p> <p><input type="checkbox"/></p> <p>_____</p> <p><input type="checkbox"/></p> <p>_____</p> <p><input type="checkbox"/></p> <p>_____</p> <hr/> <p>Non-Core</p> <p><input type="checkbox"/></p> <p>_____</p> <p><input type="checkbox"/></p> <p>_____</p> <p><input type="checkbox"/></p> <p>_____</p> <p><input type="checkbox"/></p> <p>_____</p>

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