

# MIDLAND MEMORIAL HOSPITAL

## *Delineation of Privileges*

### PATHOLOGY



*Your home for healthcare*

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

### Pathology Core Privileges

#### Qualifications

Minimum threshold criteria for requesting core privileges in pathology:

- Basic education: MD or DO
- Minimal formal training: Successful completion of an ACGME- or AOA accredited residency in clinical (laboratory) and/or anatomic pathology

AND

- Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification in clinical and/or anatomic pathology by the ABP or in anatomic pathology and/or laboratory medicine by the AOBPa. (*\*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:

- Full- or part-time pathology services, reflective of the scope of privileges requested, for at least 25 patients in 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

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 pathology, the applicant must have current demonstrated competence and an adequate volume of experience full time with acceptable results, reflective of the scope of privileges requested, for at least 50 patients 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"/>
<p><b>Core Privileges</b> for <u><i>anatomic pathology</i></u> include the ability to perform patient diagnosis, ordering, consultation, and laboratory medical direction in the following disciplines: surgical pathology (including intraoperative consultations), cytopathology, autopsy pathology, molecular pathology, and associated ancillary studies. Physicians should adhere to medical staff policy regarding emergency and consultative call services. Physicians may also provide care to patients in the intensive care setting in conformity with unit policies.</p>			<p><b>Core privileges</b> for <u><i>clinical pathology</i></u> include the ability to perform patient diagnosis, ordering, consultation, and laboratory medical direction in the following clinical pathology disciplines: hematology and coagulation, blood bank and immunohematology, microbiology, serology, molecular pathology, clinical chemistry (including the subdivisions of special chemistry, automated chemistry, endocrinology, radioimmunoassay, toxicology, and electrophoresis), clinical microscopy, and other routine clinical pathology functions. Physicians should adhere to medical staff policy regarding emergency and consultative call services. Physicians may also provide care to patients in the intensive care setting in conformity with unit policies.</p>		

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Criteria	
<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.	
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Procedure	Criteria
<b>Non-Core Privileges:</b> If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence.			<input type="checkbox"/> Bone Marrow/Aspiration Biopsy	<b>New Applicant:</b> Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 12 months or direct supervision is required for the first 5 procedures. <b>Reappointment:</b> Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.
			<input type="checkbox"/> Fine Needle Aspiration	<b>New Applicant:</b> Demonstrated current competence and evidence of the performance of at least 25 procedures in the past 12 months. <b>Reappointment:</b> Demonstrated current competence and evidence of the performance of at least 50 procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Privilege/Criteria	
<b>Current Privileges:</b> 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.			<b>Core</b> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/>	
			<b>Non-Core</b> <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