MIDLAND MEMORIAL HOSPITAL
Delineation of Privileges
PSYCHIATRY

Your home for healthcare

Physician Name: _____

Psychiatry Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in psychiatry:

- Basic education: MD or DO
- Successful completion of an ACGME or AOA-accredited residency in psychiatry

AND

- Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification in psychiatry by the ABPN or the AOBNP. *(*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:

- Provision of inpatient, outpatient, or consultative services for at least 30 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

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. Applicants must demonstrate that they have maintained competence by showing evidence that they have successfully provided inpatient, outpatient, or consultative services for at least 60 patients, reflective of the scope of privileges requested, annually over the reappointment cycle 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 ❑	**Approved ❑**	**Not Approved ❑**	Core privileges include but are not limited to: • Provide consultation with physicians in other fields regarding mental, behavioral, or emotional disorders; pharmacotherapy; psychotherapy; family therapy; behavior modification. • Consultation to the courts; and emergency psychiatry, as well as the ordering of diagnostic laboratory tests and prescribing medications. • Administration of chemotherapeutic agents and biological response modifiers through all therapeutic routes • History and physical examinations • Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.
Core Privileges: Admit, evaluate, diagnose, treat, and provide consultation to patients (adults older than 15) presenting with mental, behavioral, addictive, or emotional disorders (e.g., psychoses, depression, anxiety disorders, substance abuse disorders, developmental disabilities, sexual dysfunctions, and adjustment disorders). May provide care to patients in the intensive care setting in conformance with unit policies.			
Requested ❑	**Approved ❑**	**Not Approved ❑**	**Criteria**

<table>
<tr><td colspan="3">Telepsychiatry or Telemedicine</td><td colspan="2">Privileges include diagnosis and assessment; medication management; individual and group therapy; consultative services between psychiatrists, primary care physicians and other healthcare providers.</td></tr>
<tr><td>Requested ❑</td><td>Approved ❑</td><td>Not Approved ❑</td><td colspan="2">Criteria</td></tr>
<tr><td colspan="3">Refer-and-follow privileges</td><td colspan="2">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.</td></tr>
<tr><td>Requested ❑</td><td>Approved ❑</td><td>Not Approved ❑</td><td>Procedure</td><td>Criteria</td></tr>
<tr><td colspan="3" rowspan="3">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 psychiatry include:</td><td>❑Electroconvulsive therapy (ECT)</td><td><u>New Applicant</u>: The applicant must be able to demonstrate current competence and evidence of the provision of at least 10 ECT treatments to at least three patients during the previous 12 months or completion of training in the previous 12 months. The applicant must have provided ECT treatment that includes:
• The evaluation of the patient for treatment need and suitability
• Immediate post-treatment follow-up
• Evaluation at completion of the patient's treatment course
<u>Reappointment</u>: Applicants must be able to demonstrate that they have maintained competence by documenting that they have successfully performed a minimum of 20 ECT treatments for three different patients annually over the reappointment cycle.</td></tr>
<tr><td>❑Hypnotherapy</td><td><u>New Applicant</u>: The applicant must be able to demonstrate current competence and evidence of at least 40 hours of post degree training that included at least 20 hours of individualized training by a practitioner experienced in the procedure.
And
Demonstrates current competence and evidence of the performance of at least 5 hypnotherapy procedures in the past 12-months, or completion of training in the past 12-months.
<u>Reappointment</u>: Applicants must be able to demonstrate current competence and evidence of performance of at least 10 hypnotherapy procedures in the past 24-months based on results of ongoing professional practice evaluation and outcomes.</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td>Requested ❑</td><td>Approved ❑</td><td>Not Approved ❑</td><td colspan="2"></td></tr>
</table>

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** ❑ _____ ❑ _____ ❑ _____ ❑ _____ **Non-Core** ❑ _____ ❑ _____

<u>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</u>.

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