

MIDLAND MEMORIAL HOSPITAL

Delineation of Privileges

RHEUMATOLOGY



Your home for healthcare

Physician Name: _____

Rheumatology Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in rheumatology:

- Basic education: MD or DO
- Successful completion of an ACGME- or AOA-accredited residency in rheumatology and/or current subspecialty certification

AND

- Current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years) leading to subspecialty certification in rheumatology by the ABIM or completion of a certificate of added qualifications in rheumatology 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:

- Inpatient, outpatient, or consultative services for at least 25 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. To be eligible to renew privileges in rheumatology, the applicant must have current demonstrated competence and an adequate volume of experience (inpatient, outpatient, or consultative services for at least 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"/>	
<p>Core Privileges: Core privileges for rheumatology include the ability to admit, evaluate, diagnose, treat, and provide consultation to patients of all ages with diseases of the joints, muscles, bones, and tendons. They also include evaluation, prevention, and management of disorders such as rheumatoid arthritis; infections of joint and soft tissue; osteoarthritis; metabolic diseases of bone; systemic lupus erythematosus; scleroderma/ systemic sclerosis and crystal-induced synovitis; polymyositis; spondyloarthropathies; vasculitis; regional, acute, and chronic musculoskeletal pain syndromes; nonarticular rheumatic diseases, including fibromyalgia; nonsurgical exerciserelated injury; systematic disease with rheumatic manifestations; osteoporosis; and Sjögren's syndrome. Physicians may provide care to patients in the intensive care setting in conformity with unit policies. They may also assess, stabilize, and determine the 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"> • Performance of history and physical exam • Diagnostic aspiration and analysis by light and compensated polarized light microscopy of synovial fluid • Therapeutic injection of diarthrodial joints, bursae, tenosynovial structures, and enthuses • Use of nonsteroidal anti-inflammatory drugs, disease-modifying drugs, biological response modifiers, glucocorticoids, cytotoxic drugs, antihyperuricemic drugs, and antibiotic therapy for septic joints • Performance or interpretation of: <ul style="list-style-type: none"> ○ Biopsies of tissues relevant to the diagnosis of rheumatic diseases ○ Bone and joint imaging techniques ○ Bone density measurements ○ Electromyograms, nerve conduction studies, and muscle/nerve biopsy
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 rheumatology 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	
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	
			<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