

Teleconsultation KHHM

Delineation of Privileges

Applicant's Name:

Instructions:

- 1. Click the **Request** checkbox to request a group of privileges.
- 2. **Uncheck** any privileges you do not want to request in that group.
- $3. \quad \text{Check off any special privileges you want to request.}$
- $\label{eq:sign} 4. \quad \text{Sign/Date form and submit with required documentation}.$
- Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving doubts related to qualification of requested privileges.

Note:

Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Required Qualifications			
Education/Training	Must have successfully completed an ACGME or AOA accredited residency and/or fellowship in the specialty in which the teleconsultation privileges are requested. The successful applicant for an initial grant of privileges must provide documentation of the provision of care, reflective of the scope of the privileges requested, during the past 12 months, or demonstrate successful completion of an ACGME or AOA accredited residency and/or fellowship within the past 12 months.		
Other	Satisfy such other qualifications as set forth in the Medical Staff governing documents.		
Criteria for Regrant of Teleconsultation Privileges	To be eligible for regrant of core privileges in teleconsultation, the applicant must demonstrate continued clinical competence and an adequate volume of experience with acceptable results, reflective of the scope of the privileges requested, for the past 24 months based upon ongoing professional practice evaluation outcomes. Evidence of the applicant's current ability to competently perform the privileges requested is required.		

Core Privileges in TeleConsultation

Request	Request all privileges listed below. Uncheck any privileges that you do not want to request	Dept Chair Rec
	Remotely observe, evaluate, and confer with, via specialized telemedicine equipment, patients being treated at Kettering Health - Hamilton, review such patients' medical records, assess such patients' medical care needs, prepare consultation reports, and advise on treatment and/or transfer of patients within the scope of my specialty.	

Acknowledgment of Applicant

I hereby request the teleconsultation privileges as indicated. I attest that I meet the qualifications necessary to safely and competently exercise the privileges requested. I understand that by making a request for privileges, I am bound by the Medical Staff governing documents at the KH-hospital(s) to which I am applying. I agree to exercise any and all privileges that are granted to me consistent with this Delineation of Clinical Privileges and in accordance with applicable laws, rules, regulations, the Medical Staff governing documents, and applicable hospital policies/procedures at the KH hospital(s) at which I exercise such privileges.

I recognize that in emergency situations where immediate life-saving action is necessary, any Practitioner is authorized to perform such life-saving treatment as may be required within the scop of the Practitioner's respective state license.

Practitioner's Signature

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Recommend all requested privileges	
Do not recommend any of the requested privileges	
Recommend privileges with the following conditions/modifications/deletions (listed below)	

Privilege	Condition/Modification/Deletion/Explanation

Date

Additional Comments

Signature of Department Chair/Designee

Date