Hematology & Medical Oncology KH

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. Check off any special privileges you want to request.
4. Sign/Date form and submit with required documentation
5. 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.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

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	Completion of a residency/fellowship approved by Accreditation Council of Graduation Medical Education (ACGME), American Board of Medical Specialties (ABMS), or American Osteopathic Association (AOA) in internal medicine followed by successful completion of an accredited fellowship in hematology or integrated fellowship in oncology. **AND** Current subspecialty certification or active participation in the examination process with achievement of certification within six years leading to subspecialty certification in hematology and medical oncology by the American Board of Internal Medicine or subspecialty certification in hematology by the American Osteopathic Board of Internal Medicine or medical oncology certification combined with demonstrated current clinical competence with acceptable results reflective in hematology deemed appropriate.
Clinical Experience (Initial)	Applicants for initial appointment must be able to demonstrate provision of inpatient or consultative services, reflective of the scope of privileges requested, for at least 24 hematology patients during the past 12 months or demonstrate successful completion of a hospital-affiliated formal fellowship, special clinical fellowship, or research within the past 12 months.
Clinical Experience (Reappointment)	To be eligible to renew core privileges in hematology, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience 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 ability to perform privileges requested is required of all applicants for renewal of privileges.
Certification	Current subspecialty certification or active participation in the examination process with

	achievement of certification within six years leading to subspecialty certification in hematology or dual certification in hematology and medical oncology by the American Board of Internal Medicine or subspecialty certification in hematology by the American Osteopathic Board of Internal Medicine.
Professional Practice Evaluation	All new clinical privileges granted are subject to focused professional evaluation as follows: Retrospective medical record review of Five (5) patient encounters

Core Privileges: Hematology

Description: This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.

KHMC	KHMB	KHTR	SOIN	KHGM	KHDO	KHHM	Click shaded blue check box to request all privileges. Uncheck any privileges you do not want to request.
☐	☐	☐	☐	☐	☐	☐	☐ - Currently granted privileges
☐	☐	☐	☐	☐	☐	☐	Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, with diseases and disorders of the blood, spleen, lymph glands, and immunologic system, such as anemia, clotting disorders, sickle cell disease, hemophilia, leukemia, and lymphoma. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. the core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
☐	☐	☐	☐	☐	☐	☐	Administration/use of chemotherapeutic agents and biological response modifiers via all therapeutic routes
☐	☐	☐	☐	☐	☐	☐	Complete blood count, including platelets and white cell differential, by means of automated techniques
☐	☐	☐	☐	☐	☐	☐	Diagnostic lumbar puncture
☐	☐	☐	☐	☐	☐	☐	Indications and application of imaging techniques in patients with blood disorders
☐	☐	☐	☐	☐	☐	☐	Interpretation of blood smears; performing bone marrow biopsy and aspirate smears and touch preparations
☐	☐	☐	☐	☐	☐	☐	Management and care of indwelling venous access catheters
☐	☐	☐	☐	☐	☐	☐	Management of neutropenic and immunocompromised patients
☐	☐	☐	☐	☐	☐	☐	Perform history and physical examination
☐	☐	☐	☐	☐	☐	☐	Supervision of apheresis procedures
☐	☐	☐	☐	☐	☐	☐	Therapeutic thoracentesis and paracentesis

Core Privileges: Oncology

Description: This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.

Qualifications	
Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME), American Board of Medical Specialties (ABMS), or American Osteopathic Association (AOA)-accredited postgraduate training program in internal medicine followed by successful completion of an accredited fellowship in medical oncology or integrated fellowship in hematology/medical oncology. **AND** Current subspecialty certification or active participation in the examination process with achievement of certification within six years leading to subspecialty certification in oncology or dual certification in hematology and medical oncology by the American Board of Internal Medicine or subspecialty certification in oncology by the American Osteopathic Board of Internal Medicine.

Clinical Experience (Initial)	Applicants for initial appointment must be able to demonstrate that they have provided inpatient or consultative services, reflective of the scope of privileges requested, for at least 24 oncology patients during the past 12 months or demonstrate successful completion of a hospital-affiliated formal fellowship, special clinical fellowship, or research within the past 12 months.
Clinical Experience (Reappointment)	To be eligible to renew core privileges in oncology, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience 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 ability to perform privileges requested is required of all applicants for renewal of privileges.
Certification	Current subspecialty certification or active participation in the examination process with achievement of certification within six years leading to subspecialty certification in hematology or dual certification in hematology and medical oncology by the American Board of Internal Medicine or subspecialty certification in hematology by the American Osteopathic Board of Internal Medicine.
Professional Practice Evaluation	All new clinical privileges granted are subject to focused professional evaluation as follows: Retrospective medical record review of Five (5) patient encounters

KHMC	KHMB	KHTR	SOIN	KHGM	KHDO	KHHM	Click shaded blue check box to request all privileges. Uncheck any privileges you do not want to request.
☐	☐	☐	☐	☐	☐	☐	☐ **- Currently granted privileges**
☐	☐	☐	☐	☐	☐	☐	Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, with all types of cancer and other benign and malignant tumors. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
☐	☐	☐	☐	☐	☐	☐	Administration of chemotherapeutic agents and biological response modifiers through all therapeutic routes
☐	☐	☐	☐	☐	☐	☐	Assessment of tumor imaging by computed tomography, magnetic resonance, PET scanning, and nuclear imaging techniques
☐	☐	☐	☐	☐	☐	☐	Complete blood count, including platelets and white cell differential, by means of automated techniques
☐	☐	☐	☐	☐	☐	☐	Diagnostic lumbar puncture
☐	☐	☐	☐	☐	☐	☐	Management and maintenance of indwelling venous access catheters
☐	☐	☐	☐	☐	☐	☐	Management of neutropenic and immunocompromised patients
☐	☐	☐	☐	☐	☐	☐	Management of paraneoplastic disorders
☐	☐	☐	☐	☐	☐	☐	Paracentesis
☐	☐	☐	☐	☐	☐	☐	Perform history and physical exam
☐	☐	☐	☐	☐	☐	☐	Preparation, staining, and interpretation of blood smears, performing bone marrow aspirates and touch preparations
☐	☐	☐	☐	☐	☐	☐	Serial measurement of tumor masses
☐	☐	☐	☐	☐	☐	☐	Supervision of apheresis procedures
☐	☐	☐	☐	☐	☐	☐	Thoracentesis

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at a Kettering Health hospital(s) and I understand that:

A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature

Date

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

Department Chair Recommendation - Additional Comments

Department Chair Signature

Date

Submit