



Palliative Medicine 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 and doubts related to qualification of requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommend 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	
Membership	To be eligible to apply for core privileges in palliative medicine, the initial applicant must meet the following criteria.
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) and a 12-month ACGME or AOA affiliated fellowship in palliative medicine or the equivalent in practice experience.
Certification	Current certification or active participation in the examination process with achievement of certification within six years leading to certification by the relevant American Board of Medical Specialties or American Osteopathic Boards and documentation of completion of an approved program in palliative medicine, or certification in hospice and palliative medicine by the American Board of Hospice and Palliative Medicine (ABHPM).
Clinical Experience (Initial)	Applicants for initial appointment must be able to demonstrate the provision of palliative medicine services, reflective of the scope of privileges requested, for at least 50 patients during the past 36 months (with at least 16 in the past 12 months), or demonstrate successful completion of an accredited palliative medicine fellowship program within the past 12 months.
Clinical Experience (Reappointment)	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.
Professional Practice Evaluation	All new clinical privileges granted are subject to focused professional practice evaluation as follows:

Retrospective medical record review of Five (5) patient encounters

Core Privileges Palliative Medicine

Description: This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

Request						Request all privileges listed below.
KHDO	KHGM	KHMC	SOIN	KHMB	KHTR	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 life-threatening or severe advanced illness, including assessment of suffering and quality of life, managing terminal symptoms, patient/family education, bereavement, and organ donation. 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 include the procedures listed on the attached privilege list and such other procedures that are extensions of the same techniques and skills.
						Procedures (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.)
						Administration and management of palliative sedation
						Assess pertinent diagnostic studies
						Direct treatment and forming a treatment plan
						Manage common comorbidities and complications and neuro-psychiatric co-morbidities
						Manage palliative care emergencies (e.g. spinal cord compression, suicidal ideation)
						Manage psychological, social, and spiritual issues of palliative care patients and their families.
						Manage symptoms including various pharmacologic and nonpharmacologic modalities, and pharmacodynamics of commonly used agents.
						Perform history and physical exam
						Perform pain relieving procedures
						Symptom management including patient and family education, psychosocial and spiritual support, and appropriate referrals for other modalities such as invasive procedures.

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