## Ketteringhealth

## Emergency Medicine Kettering Health

Delineation of Privileges

## Applicant'a Name:

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## 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.

Clinical Service Chair: Check the appropriate box for recommended privileges. For conditional or those not recommended, provide a detailed explanation on the last page.

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.

## EMERGENCY MEDICINE RESIDENCY PREPARED APPLICANTS

Description: To apply for core privileges as an Active Medical Staff member in Emergency Medicine, the initial applicant must meet the following criteria:

| Membership | Qualifications |
| :--- | :--- |
| Education/Training | Meet criteria for Active Medical Staff membership as outlined by the Hospital <br> Education (ACGME), American Board of Medical Specialties (ABMS), or American Osteopathic <br> Association (AOA) in emergency medicine or successful completion of a related residency <br> program with subsequent certification by the American Board of Emergency Medicine or the <br> American Osteopathic Board of Emergency Medicine |
| Certification | Board certification in emergency medicine or active participation of the examination process within <br> 6 years of completion of an accredited residency program leading to certification in emergency <br> medicine by the American Board of Emergency Medicine or the American Osteopathic Board of |
| Emergency Medicine. |  |


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| $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | - Currently granted privileges |
|  |  |  |  |  |  |  | Emergency Medicine Residency Prepared Applicants |

## INTERNAL MEDICINE PREPARED APPLICANTS

Description: To apply for core privileges and work INDEPENDENT as an active Medical Staff member in Emergency Medicine, the initial applicant must demonstrate additional training and adequate emergency medicine experience and meet the qualifications below. To apply for core privileges and work NON-INDEPENDENT as an active Medical Staff member in Emergency Medicine, the initial applicant must meet the following criteria:

| Membership | Qualifications |
| :--- | :--- |
| Education/Training | Meet criteria for Active Medical Staff membership as outlined by the Hospital <br> Completion of a residency/fellowship approved by Accreditation Council of Graduation Medical <br> Education (ACGME), American Board of Medical Specialties (ABMS), or American Osteopathic <br> Association (AOA) in family medicine or internal medicine |
| Certification | Maintenance of certification in ACLS, PALS and ATLS |
| AND |  |
| Bublished: 7/22/2024 3:06:32 PM certification in internal medicine or active participation of the examination process within 6 |  |
| years of completion of an accredited residency program leading to certification in family medicine |  |
| by the American Board of Family Medicine or the American Osteopathic Board of Family Medicine |  |
| Emergency Medicine Kettering Health |  |


| Clinical Experience | Applicant must demonstrate current clinical competence with acceptable results reflective of the <br> scope of privileges requested for the past 24 months based on ongoing practice evaluation and <br> (Reappointment) |
| :--- | :--- |

Additional Qualifications May work only at times when the emergency department is concomitantly staffed with an Active Medical Staff member in emergency medicine

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|  |  |  |  |  |  |  | Internal Medicine Prepared Applicants |

## APPLICANTS CURRENTLY IN RESIDENCY

Description: To apply for core privileges as an ASSOCIATE Medical Staff member with NON-INDEPENDENT privilege in Emergency Medicine, the initial applicant must meet the following criteria:

| Membership | Qualifications <br> Hospital |
| :--- | :--- |
| Education/Training | Active participation as a PGY II or greater resident in emergency medicine, family practice, <br> internal medicine, surgery with approval by their program diredtor and the Clinical Service Chief of <br> Emergency Medicine |
| Certification | Maintenance of certification in ACLS, PALS and ATLS |
| Clinical Experience | Applicant must demonstrate current clinical competence with acceptable results reflective of the privileges as outlined by the <br> scope of privileges requested for the past 24 months based on ongoing practice evaluation and <br> outcomes |
| Additional Qualifications | May work only at times when the emergency department is concomitantly staffed with an Active <br> Medical Staff member in emergency medicine |


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|  |  |  |  |  |  |  | Applicants Currently in Residency |

## FAMILY MEDICINE RESIDENCY PREPARED APPLICANTS

Description: To apply for core privileges and work INDEPENDENT as an Active Medical Staff member in Emergency Medicine, the initial applicant must meet the following criteria:

| Membership | Qualifications |
| :--- | :--- |
| Education/Training | Meet criteria for Active Medical Staff membership as outlined by the Hospital <br> Education (ACGME), American Board of Medical Specialties (ABMS), or American Osteopathic <br> Association (AOA) in family medicine |
| Certification | Board certification in family medicine or active participation of the examination process within 6 <br> years of completion of an accredited residency program leading to certification in family medicine <br> by the American Board of Family Medicine or the American Osteopathic Board of Family Medicine <br> AND |
| Clinical Experience | Maintenance of certification in ACLS, PALS and ATLS |
| Applicant must demonstrate current clinical competence with acceptable results reflective of the |  |
| (Reappointment) | scope of privileges requested for the past 24 months based on ongoing practice evaluation and <br> outcomes |

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\begin{array}{ll}
\text { Additional Qualifications } \begin{array}{l}
\text { Demonstration of adequate recent experience of full-time employment as an Emergency } \\
\text { Department Physician }
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\end{array}
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|  |  |  |  |  |  |  | Family Medicine Residency Prepared Applicants |

## CORE PRIVILEGES：Emergency Medicine

Description：＊Privileges for emergency medicine do not include inpatient admitting privileges．＊Core privileges for emergency medicine include the procedures on the below procedure list and such other procedures that are extensions of the same techniques and skills．This list is a sampling of procedures included in the core．This is not intended to be an all－emcompassing list but rather reflective of the categories／types of procedures included in the core．

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|  |  |  |  |  |  |  | Core Privileges |
|  |  |  |  |  |  |  | History and Physical：Assess，evaluate，diagnose，and initially treat patients of all ages who present in the ED with any symptom，illness，injury，or condition and provide services necessary to ameliorate minor illnesses or injuries，stabilize patients with major illnesses or injuries，and to assess all patients to determine if additional care is necessary． |
|  |  |  |  |  |  |  | Abscess incision and drainage，including Bartholin＇s cyst |
|  |  |  |  |  |  |  | Anoscopy |
|  |  |  |  |  |  |  | Arterial puncture and cannulation |
|  |  |  |  |  |  |  | Arthrocentesis |
|  |  |  |  |  |  |  | Anesthesia：local，regional and sedation／analgesia |
|  |  |  |  |  |  |  | Bladder decompression and catheterization techniques |
|  |  |  |  |  |  |  | Blood component transfusion therapy，including autotransfusion |
|  |  |  |  |  |  |  | Burn management，including escharotomy |
|  |  |  |  |  |  |  | Burr hole，emergent hematoma evacuation |
|  |  |  |  |  |  |  | Cardiac pacing including external transcutaneous，transthoracic，transvenous |
|  |  |  |  |  |  |  | Cardiac massage，open or closed |
|  |  |  |  |  |  |  | Cardioversion |
|  |  |  |  |  |  |  | Central venous access |
|  |  |  |  |  |  |  | Chemical restraint of agitated patient |
|  |  |  |  |  |  |  | Cystourethrogram |
|  |  |  |  |  |  |  | Defibrillation |


|  |  |  |  |  |  | Delivery of newborn, emergent |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  | Dislocation/fracture management, including reduction/immobilization techniques, including splint and cast applications |
|  |  |  |  |  |  | Electrocardiography (EKG) interpretation, including rhythm strip |
|  |  |  |  |  |  | Epistaxis management including cautery and packing |
|  |  |  |  |  |  | Gastrostomy tube replacement |
|  |  |  |  |  |  | Gl decontamination |
|  |  |  |  |  |  | Hernia reduction |
|  |  |  |  |  |  | Imaging studies, preliminary interpretation |
|  |  |  |  |  |  | Interpretation of laboratory results |
|  |  |  |  |  |  | Intracardiac injection |
|  |  |  |  |  |  | Intraosseous catheter placement and infusion |
|  |  |  |  |  |  | Irrigation and management of caustic exposures |
|  |  |  |  |  |  | Laceration repair |
|  |  |  |  |  |  | Laryngoscopy, direct and indirect |
|  |  |  |  |  |  | Lateral Canthotomy |
|  |  |  |  |  |  | Lumbar puncture, diagnostic |
|  |  |  |  |  |  | Nail trephine techniques |
|  |  |  |  |  |  | Nasogastric/orogastric tube placement |
|  |  |  |  |  |  | Nasopharyngeal endoscopy |
|  |  |  |  |  |  | Ocular tonometry |
|  |  |  |  |  |  | OMT, Doctor of Osteopathic Medicine trained |
|  |  |  |  |  |  | Paracentesis |
|  |  |  |  |  |  | Pericardiocentesis |
|  |  |  |  |  |  | Perimortem caesarean section |
|  |  |  |  |  |  | Peripheral venous access, including venous cutdown |
|  |  |  |  |  |  | Peritoneal lavage |
|  |  |  |  |  |  | Removal of foreign bodies |
|  |  |  |  |  |  | Removal of IUD |
|  |  |  |  |  |  | Resuscitation: neonatal, pediatric and adult |
|  |  |  |  |  |  | Slit lamp examination |
|  |  |  |  |  |  | Spinal immobilization techniques, external |
|  |  |  |  |  |  | Suprapubic catheterization |
|  |  |  |  |  |  | Thoracentesis |
|  |  |  |  |  |  | Thoracostomy tube insertion |
|  |  |  |  |  |  | Thoracotomy, emergent |
|  |  |  |  |  |  | Thrombolytic therapy for acute stroke, myocardial infarction, pulmonary embolism |
|  |  |  |  |  |  | Tracheostomy tube change |
|  |  |  |  |  |  | Ultrasound as an adjunct to privileged procedures and physical exam |
|  |  |  |  |  |  | Use of water sealed drainage techniques |
|  |  |  |  |  |  | Variceal/nonvariceal hemostasis |
|  |  |  |  |  |  | Venous puncture and cannulation |
|  |  |  |  |  |  | Wound management, including debridement and repair |
|  |  |  |  |  |  | Airway Management |
|  |  |  |  |  |  | Cricothyrotomy |
|  |  |  |  |  |  | Endotracheal intubation, oral/nasal |
|  |  |  |  |  |  | Oropharyngeal airway insertion |
|  |  |  |  |  |  | Oxygen therapy |
|  |  |  |  |  |  | Percutaneous Transtracheal ventilation |


|  |  |  |  |  |  |  | Rapid Sequence Intubation |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  | Ventilation - manual/mechanical |

## Special Non-Core Privileges:

Description: If desired, non-core privileges are requested in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of current clinical competence.

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| $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | - Currently granted privileges |
|  |  |  |  |  |  |  | Special Non-core Privileges |

## Fluoroscopy

Description: Must demonstrate competence - initial applicants must complete the online quiz; reapplicants must complete the online quiz at least once then complete annual attestations thereafter.

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| $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | - Currently granted privileges |
|  |  |  |  |  |  |  | Fluoroscopy |

## Administration of Sedation and Analgesia

Description: Moderate sedation privileges are required for any physician who, without the presence of an anesthesia provider, administers a drug-induced depression of consciousness during which patients respond purposely to verbal commands and/or by light tactile stimulation. Deep sedation, a drug-induced depression of consciousness during which patients may not be easily aroused except to repeat/painful stimuli, may only be performed by an anesthesiologist, CRNA under direction of an anesthesiologist or a board eligible/board certified physician trained in surgical airway techniques per the approval of the Department of Anesthesia.

## Qualifications

Clinical Experience (Initial) The physician will be granted administration of sedation privileges after successful completion of current medical staff approved airway management education and testing, as well as maintaining current ACLS and/or ATLS.
$\begin{array}{ll}\text { Clinical Experience } & \text { A biennial competency at reappointment as well as current ACLS and/or ATLS as outlined in the } \\ \text { (Reappointment) } & \text { KHN Sedation Policy is required. }\end{array}$

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|  |  | T | T | $\square$ |  | $\square$ | - Currently granted privileges |
|  |  |  |  |  |  |  | Moderate and Deep Sedation |

## 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.


## Clinical Service 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 |
| :--- | :--- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Clinical Service Chair Recommendation - Additional Comments

Clinical Service Chair Signature
Date

## Submit

