



Medicine - Hematology/Oncology 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. 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.

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/AOA-accredited residency in Internal Medicine followed by successful completion of an accredited fellowship in Hematology or integrated fellowship in oncology.
Certification	The applicant physician must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.
Clinical Experience (Initial)	The successful applicant for initial appointment must provide documentation of provision of inpatient or consultative services, reflective of the scope of privileges requested, for at least 24 patients in the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship or research in a clinical setting within the past 12 months.
Clinical Experience (Reappointment)	To be eligible to renew core privileges in Hematology/Oncology, the applicant must demonstrate 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.

Primary Privileges Hematology/Oncology

Description: Core Privileges include: Evaluation, diagnosis, consultation and treatment of hematologic and oncologic diseases of all types including disorders of the hematopoietic, hemostatic, and lymphatic systems, disorders of the interaction between blood and blood vessel wall, cancer and other benign and malignant tumors. Management and administration of therapy for these diseases and malignancies as well as consultations with surgeons and radiotherapists on other treatments.

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i></p>	Dept Chair Rec
	Admit and manage patients in non-critical care and unmonitored settings	
	Admit and manage patients in ICU and other monitored settings	
	Perform History and Physical Examinations	
	Consultation privileges in Hematology/Oncology	
	Development of plans for short-term and long-term medical management	
	Interpretation of bone marrow biopsies	
	Management of patient throughout hospitalization	
	Management and care of indwelling venous access catheters	
	Management of paraneoplastic disorders	
	Management of the neutropenic and the immunocompromised patient	
	Order diagnostic studies and tests	
	Diagnosis, pathology, staging and management of neoplastic disorders of the:	
	Breast	
	Cancer family syndromes	
	Central nervous system	
	Gastrointestinal tract (esophagus, stomach, colon, rectum, anus)	
	Genitourinary tract	
	Gynecologic malignancies	
	Head and neck	
	Hematopoietic system	
	Liver	
	Lung	
	Lymphoid organs	
	Pancreas	
	Skin, including melanoma	
	Soft tissue and bone	
	Thyroid and other endocrine organs, including MEN syndromes	
	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/use of chemotherapeutic agents and biological response modifiers via all therapeutic routes	
	Assessment of tumor imaging by CT, MR, PET scanning and nuclear imaging techniques	
	Bone marrow aspiration and biopsy	
	Complete blood count, including platelets and white cell differential, by means of automated or manual techniques	

	Lumbar puncture	
	Serial measurement of tumor masses	
	Supervision of apheresis procedures	
	Therapeutic thoracentesis and paracentesis	
	Serial measurement of tumor masses	

Special Privileges Hematology/Oncology

Description: The below special privileges are not routinely part of the post-graduate training program. Additional proof of training and/or experience may be necessary to request the privilege and is noted within the privilege block. If documentation is required, please submit all required elements with your application/reapplication.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Special Privileges Hematology/Oncology	

Fluoroscopy

Description: All practitioners requesting fluoroscopically-guided procedures at this hospital are required to take a competency assessment examination prior to being granted these privileges. Practitioners may submit documentation of competency from another hospital for consideration by the Radiology Department Chair. Please contact the Medical Staff Office.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Fluoroscopy	

Mild-Moderate Sedation

Description: Moderate Sedation (Requires written examination - please contact Medical Staff Office) Current ACLS certification is also required.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Mild-Moderate Sedation	

Acknowledgment of Applicant

I hereby request the clinical privileges as indicated. I understand that such privileges include rendering of all associated

diagnostic and supportive measures necessary in performance of the privileges I have requested, and in treating associated diseases with adequate consultation when indicated.

I recognize that in emergency situations where immediate life-saving action is necessary, any member of the medical staff is authorized to perform such life-saving treatment as may be required.

I further understand that any and all privileges granted me shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Credentials and Executive Committees of the medical staff and the Board of Trustees of the hospital reserve the right to grant or limit my privileges in accord with my continuing performance in rendering patient care.

Practitioner's Signature

Date

Department Chair Recommendation - Privileges

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

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Additional Comments

Signature of Department Chair/Designee

Date

