



Family Medicine KHMC & KHMB & KHTR
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.

Clinical Service 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. If called for patient care, all members of the Family Medicine Clinical Service must be able to respond within 30 minutes or have an alternate who can respond within 30 minutes.

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 Family Medicine or Emergency Medicine.

AND

Current ACLS certification is required for initial application

Certification Current certification or active participation in the examination process, with achievement of certification within six years of completion of residency, leading to certification in Family Medicine by the American Board of Family Medicine or the American Osteopathic Board of Family Physicians or Emergency Medicine by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine.

Clinical Experience (Initial) Applicants for initial appointment must be able to demonstrate provision of care, reflective of the scope of privileges requested, for at least 30 inpatients as the attending physician during 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 Family Medicine, 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 at least 50 inpatients, 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.

Additional Qualifications

If called for patient care, all members of the Family Medicine Clinical Service must be able to respond within 30 minutes or have an alternate who can respond within 30 minutes.

CORE Privileges - INPATIENT Family Medicine

KHMC	KHMB	KHTR	Click shaded blue check box to request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			INPATIENT Family Medicine Core Privileges
			Admit, evaluate, diagnose, treat, and provide consultation to patients with common and complex illnesses, diseases, and functional disorders of the circulatory, dermatologic, respiratory, renal, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, neurologic, basic psychiatric and genitourinary systems. Admit, evaluate, and 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 the specialty include the procedures on the below procedure list and such other procedures that are extensions of the same techniques and skills. The core INPATIENT privileges include the procedure list below and such other procedures that are extensions of the same techniques and skills.
			Abscess incision and drainage
			Arterial blood sampling
			Arthrocentesis and joint injection
			Anesthesia limited to local anesthetics and uncomplicated peripheral nerve blocks
			Bladder catheterization
			Blood component transfusion therapy
			Cardiopulmonary Resuscitation
			Cardioversion, emergent
			Electrocardiology (EKG) interpretation, including rhythm strip
			Epistaxis management including simple cautery and packing
			External transcutaneous pacing
			Imaging studies, preliminary interpretation
			Laceration repair, simple uncomplicated
			Laryngoscopy, direct or indirect
			Management of basic adult psychiatric care including overdose and withdrawal
			Management of life/organ threatening disorders
			Management of uncomplicated closed fractures and dislocations
			NG/OG tube placement
			Pericardiocentesis, emergent
			Peripheral venous access
			Removal of superficial foreign body from skin, eyes, ears
			Resuscitation
			Skin biopsy and simple excision
			Ultrasound as an adjunct to privileged procedures and physical exam
			Ventilator management

Special Noncore Privileges (See Specific Criteria)

Description: If desired, noncore privileges are requested individually in addition to requesting the core. Submission of certification of clinical competence by program director/department chair and/or evidence of performance of 5 cases required for each individual requesting noncore privileges.

KHMC	KHMB	KHTR	
			Click shaded blue check box to request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Arterial cannulation
			Biopsy/Cervical
			Biopsy/Endometrial
			Cardiac pacemaker, transvenous, temporary
			Central venous catheter placement, including ultrasound guidance
			Diagnostic Lumbar Puncture
			Emergent thoracostomy tube insertion w/water - sealed drainage techniques
			Endotracheal intubation
			Flexible sigmoidoscopy
			Intraosseous catheter placement & infusion
			Paracentesis, abdominal
			Pulmonary Function Testing
			Thoracentesis

Administration of Sedation and Analgesia

Description: See Hospital Policy for Moderate Sedation

KHMC	KHMB	KHTR	
			Click shaded blue check box to request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Moderate 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 Kettering Health Main Campus, Kettering Health Miamisburg and Kettering Health Troy Hospital 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 _____

Clinical Service 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

Clinical Service Chair Recommendation - Additional Comments

Clinical Service Chair Signature _____

Date _____