



Hematology & Medical Oncology 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.

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.

Core Privileges: Hematology

| KHMC | KHMB | KHTR | |
|------|------|------|--|
| | | | Click shaded blue check box to request all privileges. Uncheck any privileges you do not want to request. |
| | | | - Currently granted privileges |
| | | | Core Privileges: (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.) |
| | | | 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. |
| | | | 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 |
| | | | Complete blood count, including platelets and white cell differential, by means of automated or manual techniques |
| | | | Diagnostic lumbar puncture |
| | | | Indications and application of imaging techniques in patients with blood disorders |
| | | | Management and care of indwelling venous access catheters |
| | | | Perform history and physical examination |
| | | | Preparation, staining, and interpretation of blood smears, performing bone marrow aspirates, and touch preparations as well as interpretation of bone marrow biopsies |
| | | | Therapeutic thoracentesis and paracentesis |

Core Privileges: Oncology

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.

| KHMC | KHMB | KHTR | Click shaded blue check box to request all privileges. Uncheck any privileges you do not want to request. |
|------|------|------|---|
| | | | - Currently granted privileges |
| | | | Core 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. |
| | | | 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 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 or manual techniques |
| | | | Diagnostic lumbar puncture |
| | | | Management and maintenance of indwelling venous access catheters |
| | | | Paracentesis |
| | | | Perform history and physical exam |
| | | | Preparation, staining, and interpretation of blood smears, performing bone marrow aspirates, and touch preparations as well as interpretation of bone marrow biopsies |
| | | | Serial measurement of tumor masses |
| | | | Thoracentesis |

Internal Medicine Privileges Form

| | | | |
|------|------|------|--|
| KHMC | KHMB | KHTR | Click shaded blue check box to request all privileges. Uncheck any privileges you do not want to request. |
| | | | - Currently granted privileges |
| | | | Check here to request Internal Medicine Privilege Form |

Special Noncore Privileges (See Specific Criteria)

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

| | | | |
|------|------|------|--|
| KHMC | KHMB | KHTR | Click shaded blue check box to request all privileges. Uncheck any privileges you do not want to request. |
| | | | - Currently granted privileges |
| | | | Special Noncore Privileges (See Specific Criteria) |

Administration of Sedation and Analgesia

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

Qualifications

Additional Qualifications Successful completion of medical staff approved education and testing
AND
 Successful completion of Advanced Cardiac Life Support (ACLS)/Advanced Trauma Life Support (ATLS) or airway management competency

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| 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 - See Hospital Policy - Sedation Practice |

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 |
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Clinical Service Chair Recommendation - Additional Comments

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Clinical Service Chair Signature _____

Date _____

