



Rheumatology KHMC & KHMB
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 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

Table with 2 columns: Requirement Category and Description. Categories include Membership, Education/Training, Certification, Clinical Experience (Initial), and Clinical Experience (Reappointment).

Core Privileges Rheumatology

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		<i>Request all privileges listed below.</i>
KHMC	KHMB	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 diseases of the joints, muscle, bones and tendons, and autoimmune and immune mediated disorders; rheumatoid arthritis; infections of joint and soft tissue; osteoarthritis; metabolic diseases of bone; systemic lupus erythematosus; scleroderma/systemic sclerosis and crystal-induced synovitis; polymyositis; spondyloarthropathies; regional, acute, and chronic musculoskeletal syndromes; nonarticular rheumatic diseases, including fibromyalgia; nonsurgical, exercise-related injury; systematic disease with rheumatic manifestations; osteoporosis; and Sjogren syndrome disorders. [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.)
		Arthrocentesis
		Diagnostic aspiration and analysis by light and compensated polarized light microscopy of synovial fluid
		Therapeutic injection of diarthrodial joints, bursae, tenosynovial structures, and enthuses
		Use of nonsteroidal anti-inflammatory drugs, disease-modifying drugs, biologic response modifiers, glucocorticoids, cytotoxic drugs, antihyperuricemic drugs, and antibiotic therapy for septic joints
		Performance or interpretation of:
		Biopsies of tissues relevant to the diagnosis of rheumatic diseases
		Bone and joint imaging techniques
		Bone density measurements
		Controlled clinical trials in rheumatic diseases
		Electromyograms, nerve conduction studies, and muscle/nerve biopsy
		History and physical exam

Internal Medicine Privileges Form

Request		<i>Request all privileges listed below.</i>
KHMC	KHMB	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 Privileges Form
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Special Non-Core Privileges

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.

Request		Request all privileges listed below.
KHMC	KHMB	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: See Hospital Policy for Moderate Sedation

Request		Request all privileges listed below.
KHMC	KHMB	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 and Kettering Health Miamisburg 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):

	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