

Morton Plant Mease Health Care

Below, please find the draft privilege delineation for the specialty of INTERNAL MEDICINE recommended by Greeley and Company (nationally recognized privileging consultants). We began with their base document, and solicited recommendations from Internal Medicine Physician representatives from each campus to arrive at the document outlined below. We are now seeking your input/recommendations regarding this delineation form prior to review by the Credentialing Committee. In order to review all comments regarding the form prior to presentation to the approval bodies, please submit them no later than June 4, 2010. You may use the following email link to share your comments: sally.coleman@baycare.org.

INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: _____

If any privileges are covered by an exclusive contractual agreement, physicians who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive contracts are indicated by [EC].

Applicant: Check off the "Requested" box for each privilege requested. New applicants may be requested to provide documentation of the number and types of hospital cases during the past 24 months. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

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.

QUALIFICATIONS FOR INTERNAL MEDICINE

To be eligible to apply for core privileges in Internal Medicine, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited post-graduate training program in internal medicine.

AND

Current certification or active participation in the examination process leading to certification in internal medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.

Required Previous Experience: Applicants must be able to demonstrate provision of inpatient services to at least 50 patients in the last 12 months or demonstrate successful completion of a hospital-affiliated accredited residency, special clinical fellowship, or research within the past 12 months.

Reappointment Requirements: To be eligible to renew core privileges in Internal Medicine, the applicant must meet the following Maintenance of Privilege Criteria:

Current demonstrated competence and an adequate volume of experience (25 inpatients) with acceptable results in the privileges requested for the past 24 months based on results of quality assessment/improvement activities and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES

INTERNAL MEDICINE CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, treat and provide consultation to patients [including critically ill patients in the intensive care unit] 12 years of age and older (not required to accept patients less than 18 years of age) with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, and genitourinary systems. 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.

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, Non-Core Privileges are requested individually 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 clinical competence.

FORMAL EKG INTERPRETATION – (OWN PATIENTS)

Criteria: Successful completion of an accredited residency or fellowship in internal medicine and successful completion of either of the following: performance of at least 200 EKG interpretations; or demonstration of EKG interpretation skills by successful completion of EKG testing. **Required Previous Experience:** Demonstrated current competence and evidence of accurate interpretation of at least 300 EKG's during the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of accurate interpretation of at least 200 EKGs in the past 24 months based on results of quality assessment/improvement activities and outcomes. **Source:** Clinical Privilege White Paper # 47

- Requested**

LUMBAR PUNCTURE

Criteria: Successful completion of an accredited residency which included training in lumbar puncture, or the applicant must have completed hands-on training in lumbar puncture under the supervision of a qualified physician preceptor. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least 10 lumbar punctures in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 5 lumbar punctures in the past 24 months based on results of quality assessment/improvement activities and outcomes.

- Requested**

FLEXIBLE SIGMOIDOSCOPY

Criteria: Successful completion of an accredited residency or fellowship in gastroenterology or internal medicine that included training in flexible sigmoidoscopy. **Required Previous Experience:** Demonstrated current competence and evidence of at least 10 procedures in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 10 procedures in the past 24 months based on results of quality assessment/improvement activities and outcomes.

- Requested**

VENTILATOR MANAGEMENT

Criteria: For uncomplicated ventilator cases (up to 48 hours), successful completion of an accredited residency that provided the necessary cognitive and technical skills for full ventilator management. For complicated* ventilation cases, the applicant must demonstrate successful completion of an accredited fellowship that provided the necessary cognitive and technical skills for full ventilator management. *More than 48 hours, or for patients defined as those having any of the following ongoing characteristics or any other of a like or similar complexity: peak ventilator pressure is greater than 40cm H₂O, pH is less than 7.3, FiO₂ is greater than 60%, status asthmaticus, ARDS, multi-organ failure, hemodynamic instability. **Required Previous Experience:** Demonstrated current competence and evidence of the management of at least 12 mechanical ventilator cases in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the management of at least 24 mechanical ventilator cases in the past 24 months based on results of quality assessment/improvement activities and outcomes. **Source:** Clinical Privilege White Paper # 39

Requested

INSERTION AND MANAGEMENT OF PULMONARY ARTERY CATHETERS

Criteria: Successful completion of an accredited residency or fellowship in internal medicine, pulmonary medicine, or critical care, and performance of at least 50 PACs (50 is reasonable in training) during this formal training, as the primary operator. **Required Previous Experience:** Demonstrated current competence and evidence of the performance (as primary operator) or at least 25 PACs during the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 30 PACs (this is very high – no Internist does this many – think this procedures should be discouraged for Internists) in the past 24 months based on results of quality assessment/improvement activities and outcomes, as the primary operator. **Source:** Clinical Privilege White Paper # 42

Requested

ADMINISTRATION OF SEDATION AND ANALGESIA

Requested See Hospital Policy for Sedation and Analgesia by Non-Anesthesiologists

CORE PROCEDURE LIST

Note: *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.*

1. Arthrocentesis and joint injections
2. Breast cyst aspiration
3. Burns, superficial and partial thickness
4. Evaluation of major organ systems including neurological
5. Excision of cutaneous tumors and nodules
6. Excision of skin and subcutaneous lesions
7. I & D abscess
8. I & D hemorrhoids
9. Local anesthetic techniques
10. Needle Biopsy of superficial lymph nodes
11. Perform simple skin biopsy or excision
12. Placement of anterior and posterior nasal hemostatic packing
13. Placement of Nasogastric tubes
14. Preliminary interpretation of electrocardiograms, own patient
15. Remove non-penetrating corneal foreign body, nasal foreign body

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Morton Plant Mease Health Care (Morton Plant Hospital, Morton Plant Mease Hospital, North Bay Hospital), and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by 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.

Signed _____ **Date** _____