

KALEIDA HEALTH

Name: _____

Date: _____

DELINEATION OF PRIVILEGES - INTERNAL MEDICINE

(Adult patients ≥ 16 years of age)

GENERAL REQUIREMENTS FOR APPLICANTS

Please read this form carefully. It contains many parts that require responses from both generalist and specialist physicians.

All members of the Department of Internal Medicine at Kaleida Health must meet the following requirements:

1. Successful completion of an ACGME accredited Internal Medicine Residency program, AOA, Royal College of Physicians and Surgeons of Canada, or an ACGME equivalent Internal Medicine program.
2. Board certification in Internal Medicine, if not board certified, applicant will be given 2 years from date of initial appointment to obtain certification. *Maintenance of Board Certification is mandatory for all providers who have achieved this status.*

LEVEL I (CORE) PRIVILEGES

Level 1 (core) privileges are those able to be performed after successful completion of an accredited residency program in Internal Medicine. The removal or restriction of these privileges would require further investigation as to the individual's overall ability to practice, but there is no need to delineate these privileges individually.

In case of any emergency, any staff physician or dentist, to the extent allowed by his license, regardless of department, staff status or clinical privileges, is permitted to do anything deemed necessary to save a patient from serious harm or death. Such emergencies are defined as the need for immediate intervention where harm to a patient would result from any delay in administering treatment. Examples include, but are not limited to, intubation, cardiac resuscitation, tube thoracostomy or temporary pacemaker insertion.

LEVEL I (CORE) PRIVILEGES

History and Physical: Diagnosis and treatment plan

Ambulatory Care Privileges: Departmental and Medical Staff membership includes individuals whose practices are limited to ambulatory care.

General Admitting Privileges: Physicians granted admitting privileges will be expected to have a broad range of knowledge, experience, training and competence to diagnose and treat most conditions that have common presentations, recognized treatments and expected outcomes. Department members with admitting privileges will be expected to request consultations in all cases where specialized skills are required and in any circumstances in which there is significant uncertainty in the optimum management of the patient. Examples where consultation would be expected include, but are not limited to, life-threatening complications, unanticipated deterioration in the patient's condition, or absence of expected response to standard therapy. Such consultations will be obtained promptly.

Consulting Privileges in General Internal Medicine: General internists may provide consultations to other medical and surgical specialists according to their training, experience and current privileges. Such consultations include, but are not limited to, preoperative evaluation of surgical patients and differential diagnoses of medical problems.

PLEASE NOTE: Please check the box for each privilege requested. Do not use an arrow or line to make selections. We will return applications that ignore this directive.

<u>LEVEL II PRIVILEGES</u>	Initial	Reappoint ment	Granted	Not Granted	With Following Requirements** (Provide Details)
<u>Central Line Placement without Ultrasound:</u> Applicant must be proctored for 5 cases for initial privileging unless training occurred prior to 2007.	5	5			
<u>Central Line Placement WITH Ultrasound:</u> <u>^Initial appointment:</u> 1. Applicant must provide documentation of successful completion of Ultrasound Guidance training in residency/fellowship OR 2. Applicant must provide documentation of an acceptable course of didactic training by either the American Thoracic Society, the American College of Chest Physicians or the Society for Critical Care Medicine OR 3. Applicant must be proctored for 5 (five) cases by a Kaleida Health credentialed Internal Medicine Physician who has the requested privilege.	^	5			
Paracentesis	5	5			
Special Procedures					
Skin Biopsy: <u>^Initial appointment</u> – applicant must provide case list of procedures performed or documentation of 5 cases performed last 3 years.	^	5			

MODERATE/CONSCIOUS SEDATION

Initial and reappointment requirements:

1. Providers seeking privileges in moderate/conscious sedation must complete either the ASA sedation course – cost \$199.00 (www.asahq.org/education/online-learning/safe-sedation-training-moderate) or Medsimulation course – cost \$75.00 (www.medsimulation.com) receiving a score of 85% or above.
* Note: Providers completing the on-line training course provided by Medsimulation from other institutions receiving a score of 85% or higher will be accepted as an equivalent measure of acceptable knowledge for sedation privileges.
2. Once the provider has successfully passed the course, he/she must send the certificate of course completion to the medical staff office via e-mail (medicalstaffoffice@kaleidahealth.org) or fax (859-5592 or 859-5593).
3. In addition to demonstrating medical knowledge through completion of this course, providers must also maintain airway management skills through current completed training and certification in ACLS, ATLS or PALS. (ACLS is offered through Kaleida Health Corporate Clinical Education. Please call 716-859-5515 for information. You can also take either course online if you prefer. The following are just a few suggestions. You may be able to obtain this training somewhere else: <https://promedcert.com/> \$179.00, www.buffalocpr.com/aclsatubcampus.html \$135.00 or www.wnyhe.com/courses/acls/ \$175.00.)
4. After a four year period of privileging the provider must repeat either the ASA sedation course or Medsimulation course and receive a score of 85% or greater or a comparable course reviewed and accepted by the Chief of Anesthesiology. They must also maintain airway management skills through completed and current training and certification in ACLS, ATLS or PALS.

	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements** (Provide Details)
Moderate/Conscious Sedation				

DEEP SEDATION

Initial and Reappointment:

1. Providers seeking privileges initially for deep sedation must have current moderate/conscious sedation privileges.
2. The provider must also complete five proctored cases of deep sedation. These cases must be recorded on a criteria log and returned to the medical staff office prior to being granted privileges to perform deep sedation. The criteria log can be obtained by contacting the Medical Staff Office at 859-5501.
3. After a four year period of privileging the provider must repeat either the ASA sedation course or Medsimulation course and receive a score of 85% or greater or a comparable course reviewed and accepted by the Chief of Anesthesiology. They must also maintain airway management skills through completed and current training and certification in ACLS, ATLS or PALS. Additionally, they must again submit five proctored cases of deep sedation. These cases must be recorded on a criteria log and returned to the medical staff office prior to being granted privileges to perform deep sedation.

	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements** (Provide Details)
Deep Sedation (Common medications include Ketamine, Propofol, Etomidate, Thiopental)				

KEY	
*NOT GRANTED DUE TO: Provide Details Below	**WITH FOLLOWING REQUIREMENTS Provide Details Below
1) Lack of Documentation	1) With Consultation
2) Lack of Required Training/Experience	2) With Assistance
3) Lack of Current Competence (Databank Reportable)	3) With Proctoring
4) Other (Please Define) (i.e., Exclusive Contract)	4) Other (Please Define)

DETAILS: _____

National Practitioner Databank Disclaimer Statement

Kaleida Health must report to the National Practitioner Data Bank when any clinical privileges are not granted for reasons related to professional competence or conduct. (Pursuant to the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11101 et seq.)

_____/_____
Signature of Applicant Date

_____/_____
Signature of Chief of Service Date

APPLICANT: PLEASE RETAIN A COPY OF THIS SIGNED DELINEATION FOR YOUR RECORDS