

Name: _____

Date: _____

DELINEATION OF PRIVILEGES - EMERGENCY MEDICINE

All members of the Department of Emergency Medicine at Kaleida Health must have the following credentials:

1. Successful completion of an ACGME accredited Emergency Medicine Program or an ACGME equivalent Emergency Medicine Training program.
2. Board Certification in Emergency Medicine (American Board of Emergency Medicine or American Osteopathic Board of Emergency Medicine) is required; those not board certified must within 2 years of appointment achieve board certification in Emergency Medicine.
Maintenance of Board Certification is mandatory for all providers who have achieved this status

Under limited circumstance, at the discretion of the Chief of Service, alternatives to meeting this requirement include: A physician board certified in Internal Medicine, Family Medicine, Pediatrics, or General Surgery, maintaining current **BLS, ACLS, PALS, ATLS** certification and meeting the standards for credentialing in moderate and/or deep sedation listed in KH corporate policy CL 4.

NY State Department of Health Training Requirements Physicians working in the Emergency Department:

Emergency services attending physicians – shall be a licensed and currently registered physician, who is currently certified in **ATLS** or has current training and experience equivalent to **ATLS**. Such physician shall also have successfully completed a course and be current in **ACLS** and **PALS**, or have had current training and experience equivalent to **ACLS** and **PALS**.

Emergency Medicine Trained (completed an ACGME accredited EM program) only – will continue to be required to be current in **ATLS, ACLS** and **PALS** or other structured educational programs that are deemed equivalent by the Department. (Examples: the Department recognizes the Advanced Pediatric Life Support course of the American Academy of Pediatrics and American College of Emergency Physicians as equivalent to **PALS**.)

Emergency Medicine Trained and Board Certified – will be considered as having current training and experience to **ATLS** and **ACLS**. They **will not** be considered to have current training and experience equivalent to **PALS**.

- By definition, a physician board certified in Emergency Medicine, and/or Pediatric Emergency Medicine and in the active practice of clinical emergency medicine meets these certification criteria for **BLS, ACLS** and **ATLS**.
- Effective 2014, New York State Code 405.19 requires all providers in the Emergency Department to have current **PALS** certification (or its equivalent). This includes physicians board certified/board eligible in Emergency Medicine, and/or Pediatric Emergency Medicine.

Level I CORE privileges include:

- I. History and Physical Exam to establish differential diagnosis and treatment plan.**
- II. Airway Management:** Basic and advanced life support for the adult and pediatric population including airway assessment, differential diagnosis, and initial management. Skills include: mouth to mask ventilation, bag-valve ventilation, insertion of oral & nasopharyngeal airways, orotracheal intubation, nasotracheal intubation, cricothyrotomy, direct / indirect laryngoscopy, rapid sequence intubation and mechanical ventilation.
- III. Resuscitation Management:** Basic and advanced life support for the initial evaluation, management, and stabilization of the adult or pediatric emergency patient. Skills include: CPR, cardioversion, defibrillation, pericardiocentesis, chest tube placement, transcutaneous cardiac pacing, temporary transvenous pacing, adult, spinal immobilization, arterial puncture/cannulation, and vascular access techniques by peripheral, central (subclavian, internal/external jugular, femoral), cut-down, & intraosseous routes.
- IV. Diagnostic Skills:** Appropriate for the interpretation of ED laboratory studies, imaging modalities, and electrocardiograms. The appropriate performance of anoscopy, paracentesis, thoracentesis, lumbar punctures and IV contrast injection.
- V. Anesthesia/Sedation Skills:** The indications, contraindications and application of topical, locally infiltrated agents, and peripheral nerve blocks. The indications, contraindications, initiation, monitoring and recovery for moderate and deep sedation. (Kaleida Health physicians with privileges in Emergency Medicine or Pediatric Emergency Medicine are exempt from the privileging process for moderate/conscious sedation or deep sedation by virtue of their specialty training in Emergency Medicine or Pediatric Emergency Medicine. The Emergency Department will maintain quality reporting responsibility to the department of anesthesiology for their sedation practices.)

- VI. Wound Skills:** (Evaluation / management) - Incision/drainage of superficial abscesses, wound debridement / repair, wound dressing, established enteral feeding tube replacement, nail trephination, and foreign body removal.
- VII. Orthopaedic Skills:** (Evaluation / management) - Fracture immobilization, splinting (plaster & fiberglass), simple fracture reduction, simple dislocation reduction, arthrocentesis, injection of bursas, tendons, and trigger points.
- VIII. HEENT Skills:** (Evaluation / Management) - Emergency dental exam, the replacement / repositioning of the avulsed tooth, nasal cautery, nasal packing/ balloon, emergency eye exam including the determination of visual acuity, fundoscopic exam, tonometry, slit lamp use, flexible fiberoptic adult nasopharyngoscopy, and removal of a conjunctival / corneal foreign body, Needle Aspiration of peri-tonsillar abscess.
- IX. OB/GYN Skills:** (Evaluation / Management) - Includes the emergency assessment of the pregnant patient, the emergency pelvic exam, and precipitous delivery of the newborn.
- X. Consultation:** Prescription of Suboxone for treatment of opioid use disorder.

LEVEL II PRIVILEGES

Level II privileges require documentation of experience, training, or certification as described for each procedure. Continuing (renewal) of these privileges require documentation of continuing experience and/or satisfactory completion of an oral and/or written review with the department head or designee for each requested skill.

Criteria A: Documentation of the successful completion of (5) supervised procedures. Alternatively, documentation of competency from the immediate past departmental supervisor may be accepted. Continuing accreditation for credential renewal may be achieved by demonstrating competency to the current supervising department head or designee. This competency demonstration may be in an oral and/or written format.

Criteria B: Documentation of a onetime completion of REMAC course is required. Continuing accreditation for credential renewal may be achieved by demonstrating competency to the current supervising department head or designee. This competency demonstration may be in an oral and/or written format.

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 Request	Reappointment		Granted	Not Granted*	With Following Requirements** (Provide Details)
Direction of Prehospital Care (Criteria B must be fulfilled)		<u>Daily skill - Proficient</u>				
FAST (Focused Assessment with Sonography in Trauma) Exam: for evaluation of abdominal trauma (minimum of 50 cases documented)		<u>Daily skill - Proficient</u>				
Abdominal US Exam: for evaluation of suspected abdominal aortic aneurysm (AAA), cholelithiasis, cholecystitis (minimum of 50 cases documented at initial appointment/request)		<u>Daily skill - Proficient</u>				
Cardiac US Exam: for evaluation of cardiac activity, pericardial effusion (minimum of 50 cases documented at initial appointment/request)		<u>Daily skill - Proficient</u>				
Pelvic US Exam: evaluation of pregnancy (minimum of 50 cases documented)		<u>Daily skill - Proficient</u>				
US guided central line placement (Criteria A must be fulfilled)		<u>Daily skill - Proficient</u>				
Consultation for evaluation and treatment of potential opioid use disorder. (documentation of current X waiver for Medication Assisted Therapy (MAT) required)						

LEVEL III PRIVILEGES

Level III privileges are reserved for those emergency physicians completing fellowship training and are board certified for a sub-specialty board. Applicants may also fulfill level III criteria if significant prior subspecialty clinical experience is accepted in lieu of specific fellowship training. Applicants are expected to supply documentation of fellowship training, significant prior experience, and subspecialty board certification. Any requests for special procedure credentialing associated with the subspecialty training must be appended to this privilege request. Continuing (renewal) of any special procedure credentialing require meeting criteria A requirements as noted above. Alternatively, the satisfactory completion of an oral and/or written review with the department head, or designee, for each requested skill may be substituted.

LEVEL III PRIVILEGES <i>Criteria must be documented, in writing, by the dept. head, or designee, prior to consideration of approval for any special procedures. Continuing (renewal) of these privileges require documentation of continuing clinical experience, and continuing board certification.</i>	PHYSICIAN REQUEST		Granted	Not Granted*	With Following Requirements** (Provide Details)
Toxicology (Requires toxicology certification)					

KEY	**WITH FOLLOWING REQUIREMENTS
*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.)

_____/_____
Applicant Signature /Date

I recommend approval of the procedures requested by the applicant:

_____ as requested _____ as amended

_____/_____
Signature of Chief of Service /Date

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