



CORE PRIVILEGES
Family Medicine Service

Family Medicine is the medical specialty which provides continuing, comprehensive health care for the individual and family. It is a specialty in breadth that integrates the biological, clinical and behavioral sciences. The scope of family medicine encompasses all ages, both sexes, each organ system and every disease entity.

QUALIFICATIONS:

- MD or DO with successful completion of a three-year ACGME or AOA-accredited residency in Family Medicine;
- Current certification or active participation in the examination process leading to certification in Family Medicine by the American Board of Family Medicine or the American Osteopathic Board of Family Physicians;
- Documentation or attestation of the management of at least 24 adult inpatients as attending physician during the past two (2) years;
- Current ACLS certification.

(✓)= Requested (A)=Recommended as Requested (C)=Recommended with Conditions (N)=Not Recommended

Requested						
Yes	No		(R)	(A)	(N)	(C) Condition/Reason(s)
		<p>ADULT CORE PRIVILEGES: Privileges to admit, evaluate, diagnose, and provide treatment for non-surgical patients <u>at or above the age of 16</u>. Privileges include but are not limited to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Suture of uncomplicated lacerations <input type="checkbox"/> I & D abscess <input type="checkbox"/> Perform simple skin biopsy or excision <input type="checkbox"/> Remove non-penetrating corneal foreign body, foreign body from conjunctival sac, ear, nose, skin <input type="checkbox"/> Manage uncomplicated minor closed fractures and uncomplicated dislocations <input type="checkbox"/> Anoscopy, I & D acute thrombosed hemorrhoid <input type="checkbox"/> Central venous line placement <input type="checkbox"/> Diagnostic and therapeutic paracentesis <input type="checkbox"/> Diagnostic and therapeutic thoracentesis <input type="checkbox"/> Aspiration of intra-, subcutaneous cysts, furnuncles, etc. <input type="checkbox"/> Arthrocentesis, large joint, small joint <input type="checkbox"/> Therapeutic injection, large joint, small joint <input type="checkbox"/> Breast mass aspiration, breast cyst aspiration <input type="checkbox"/> Colposcopy <p><i>[You may mark through any procedure/privilege you will not be doing at this facility and do not wish to request]</i></p>				<p>Family Medicine Physicians are expected to request consultation when:</p> <ul style="list-style-type: none"> a) diagnosis and/or management remain in doubt over an unduly long period of time, especially in the presence of a life-threatening illness; b) unexpected complications arise which are outside your level of competence; c) specialized treatment of procedures are contemplated with which you are not familiar.
		<p>INTENSIVE CARE PRIVILEGES: (For ICU privileges, both cognitive and procedural, the practitioner must have current demonstrated competence with the clinical management of critical care patients and an adequate volume of experience with acceptable results within the past 24 months based on ongoing professional practice evaluation and outcomes.)</p> <p>Privileges to admit (consistent with the hospital's ICU admission policy), evaluate, diagnose, and treat adult & elderly patients with <u>major complications or serious life-threatening disease.</u></p>				<p>Current practice experience as attending physician of at least five (5) critical care patients and performance of at least five(5) of the requested procedures during the past 24 months; and current ACLS certification.</p>

		<input type="checkbox"/> Intensive Care Unit (adult) <input type="checkbox"/> Ventilator management (adult)* <input type="checkbox"/> Nasal or endotracheal intubation <input type="checkbox"/> Arterial line insertion <input type="checkbox"/> Arterial puncture <input type="checkbox"/> Central venous line insertion <input type="checkbox"/> Chest tube insertion <input type="checkbox"/> Pulmonary artery catheterization (Swan-Ganz) <input type="checkbox"/> Percutaneous liver biopsy <input type="checkbox"/> Thoracentesis with pleural biopsy				*ventilator management – consultation suggested if patient cannot be extubated after 72 hours.
Requested						
Yes	No		(R)	(A)	(N)	(C) Condition/Reason(s)
		PEDIATRIC CORE PRIVILEGES: Privileges to admit and treat the general pediatric patient under the age of 21 without major complications or serious life-threatening disease. <input type="checkbox"/> Subdural tap <input type="checkbox"/> Umbilical catheterization, arterial or venous <input type="checkbox"/> Thoracentesis <input type="checkbox"/> Paracentesis <input type="checkbox"/> Organ biopsy <input type="checkbox"/> Hyperalimentation [Pediatric patients with major complications or life-threatening disease must have mandatory consultation.]				Current demonstrated competence and practice experience as attending physician with at least ten (10) pediatric inpatients during the past two (2) years; performance of at least five (5) of the requested procedure(s); and current PALS certification.
		NEWBORN CORE PRIVILEGES: Privileges to care for the normal newborn as well as the uncomplicated premature infant equal to or greater than 36 weeks gestation <input type="checkbox"/> Neonatal circumcision				Current demonstrated competence and practice experience with at least ten (10) newborn inpatients during the past two (2) years; and current NRP certification.
		SURGICAL CORE PRIVILEGES: Privileges to admit to surgical and ambulatory care units, provide pre-post operative medical care of the surgical or endoscopic patient. <input type="checkbox"/> Surgical Assistant <input type="checkbox"/> Primary Surgeon <input type="checkbox"/> Hemorrhoidectomy <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Bronchoscopy <input type="checkbox"/> Esophagogastroduodenoscopy <input type="checkbox"/> ERCP <input type="checkbox"/> Flexible Sigmoidoscopy <input type="checkbox"/> Hernia repair, inguinal, umbilical, incisional				Current demonstrated competence and practice experience as a surgical assistant in at least twelve (12) surgeries during the past two (2) years. Current demonstrated competence and practice experience with at least twelve (12) of the requested procedure(s) during the past two (2) years as Primary Surgeon.
		OBSTETRICAL CORE PRIVILEGES: Privileges include being able to perform normal spontaneous vaginal deliveries, including ante-partum and post-partum care, repair of minor vaginal and cervical lacerations, and use of outlet forceps or vacuum assistance. <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ Family Medicine Physicians requesting privileges under this service must indicate any other specific privilege(s) desired, having met the qualifications set forth herein.				Current demonstrated competence and practice experience with at least 50 obstetrical patients/deliveries as attending physician (or senior resident) during the last two (2) years. Current demonstrated competence and practice experience with at least twelve (12) of the requested procedure(s) during the past two (2) years as Primary Surgeon.

Requested						
Yes	No		(R)	(A)	(N)	(C) Condition/Reason(s)
		<p>EMERGENCY PRIVILEGES: Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policies, rules or regulations regarding emergency and consultative call services, including consultative assistance deemed necessary and arrangement of appropriate follow-up.</p> <p>In the case of a dire emergency, any medical staff appointee is authorized to do everything possible to save the life of a patient or to treat patients as needed, if in the opinion of the physician, death will result without immediate treatment to the patient, regardless of the privileges granted when a physician with greater expertise is unavailable.</p>				All members of the Active and Provisional staff must participate in the on-call duty rotation for backup to the Emergency Department.
		<p>MODERATE SEDATION: (consistent with hospital's sedation policy)</p> <p> <input type="checkbox"/> Fentanyl <input type="checkbox"/> Morphine <input type="checkbox"/> Meperidine (Demerol) <input type="checkbox"/> Diazepam (Valium) <input type="checkbox"/> Midazolam (Versed) </p> <p> <input type="checkbox"/> Naxolone (Narcan) <input type="checkbox"/> Flumazenil (Romazicon) <input type="checkbox"/> Chloral Hydrate (Noctec) Other: _____ </p>				Must be ACLS certified, pass proficiency exam, or receive training through residency program, documentation required

Physicians seeking special privileges outside of the core are required to indicate the specific privileges requested, and it is their responsibility to demonstrate to the Credential/MEC/Board that they are competent to perform the privilege requested by any of the three methods, if no criteria has been established: 1) have performed the procedure in high enough volume that any quality trends might be detectable; 2) have references attesting to current competency; or 3) have a proctor attest to clinical competency.

Requested						
Yes	No		(R)	(A)	(N)	(C) Condition/Reason(s)
		SPECIALIZED PROCEDURES/TESTING:				
		Echocardiogram Interpretation				
		Pulmonary Function Studies				
		Elective Cardioversion				

I attest to the performance and management of the minimum # of inpatients and procedures as set forth herein and 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 Teche Regional Medical Center.

Signature of Applicant

Date

Printed Name

I have reviewed the requested clinical privileges and supporting documentation and recommended the privileges as indicated above.

Signature of Service Chief

Date

Board of Trustees' Decision *Teche Regional Medical Center's Board of Trustees*

Does Does not grant clinical privileges as requested
 (if "does not" grant, give reasons in letter to the applicant with a copy of privilege list)

Secretary, Board of Trustees

Date



HEALTH STATEMENT

TO CHIEF OF SERVICE / CHIEF OF STAFF

1. I HEREBY CERTIFY THAT I POSSESS THE NECESSARY COGNITIVE AND MOTOR SKILLS TO SAFELY PERFORM ALL PRIVILEGES REQUESTED AND DECLARE MYSELF TO BE FREE FROM ANY CONDITION, ILLNESS, OR INFECTIOUS DISEASE THAT COULD COMPROMISE PATIENT CARE OR MY ABILITY TO PERFORM THE PRIVILEGES REQUESTED.

YES NO

2. IF NO, DO YOU HAVE A PHYSICAL OR MENTAL CONDITION OR ILLNESS (INCLUDING ANY CHEMICAL OR ALCOHOL DEPENDENCY) WHICH COULD AFFECT YOUR ABILITY TO EXERCISE THE CLINICAL PRIVILEGES REQUESTED WITHOUT SPECIAL ACCOMMODATIONS IN ORDER FOR YOU TO EXERCISE THE PRIVILEGES REQUESTED SAFELY AND COMPETENTLY? TO ANSWER THIS QUESTION APPROPRIATELY, PLEASE REPORT ANY CONDITION WHICH IS, OR MAY BE INFECTIOUS, COULD AFFECT MOTOR SKILLS, COGNITIVE ABILITY OR JUDGMENT, OR COULD POTENTIALLY ADVERSELY AFFECT YOUR ABILITY TO CARE FOR PATIENTS OR TO INTERACT APPROPRIATELY WITH OTHER CAREGIVERS.

YES NO

If yes, please explain:

3. HAVE YOU TESTED POSITIVE FOR THE TUBERCULIN SKIN TEST? YES NO

If yes, please give date of positive skin test. _____

If no, when was your last PPD test? _____

REGARDLESS OF HOW THIS QUESTION IS ANSWERED, THE APPLICATION WILL BE PROCESSED IN THE USUAL AND CUSTOMARY MANNER. IF YOU HAVE ANSWERED THIS QUESTION AFFIRMATIVELY AND ARE FOUND TO BE PROFESSIONALLY QUALIFIED FOR MEDICAL STAFF APPOINTMENT AND CLINICALLY COMPETENT TO PERFORM THE CLINICAL PRIVILEGES REQUESTED, YOU WILL BE GIVEN AN OPPORTUNITY TO MEET WITH THE EXECUTIVE COMMITTEE TO DETERMINE WHAT ACCOMMODATIONS, IF ANY, ARE NECESSARY TO ALLOW YOU TO PRACTICE SAFELY.

SIGNATURE OF APPLICANT

DATE

CHIEF OF SERVICE

DATE