

Heart Hospital of New Mexico
Medicine Department
Family Practice

Delineation of Core Privileges

ELIGIBILITY CRITERIA: To be able to request these clinical privileges, the applicant must meet the criteria below:

1. **MD, DO**
2. **Completed additional education/training as follows:**
-Must be Board Certified in Family Practice

NEW APPLICANTS MUST complete Board Certification within 5 years of application/approved Medical Staff membership and appropriate re-certification consistent with American Board of Family Physicians.

3. **Have the following experience to perform procedures listed in each category:**

-Perform procedures listed within the FAMILY PRACTICE MEDICINE, SURGICAL, AND PSYCHIATRIC CORE privileges within the past two years.
4. **Be able to secure clinical references as outlined in the Policy On Appointment, Reappointment and Clinical Privileges of the Medical Staff of the Heart Hospital of New Mexico.**

Heart Hospital of New Mexico Family Practice Medicine Privileges

Performance of medical procedures (including related admission, consultation, work-up, pre-and post-operative care) to correct or treat various medical conditions, illnesses, and injuries.

A representative but, of necessity, not complete list of **Family Practice Medicine CORE I** procedures is stated below. It is assumed that other procedures and problems of similar complexity will fall within the identified **Family Practice Medicine CORE I privileges**.

FAMILY PRACTICE MEDICINE CORE I: Allows members to admit and treat patients with medical illnesses.

- Initiation and participation CPR
- Repair of simple lacerations
- Insertion of nasogastric tube
- Breast lesion aspiration
- Removal of foreign bodies
- Urinary catheterization
- Flexible Sigmoidoscopy
- Treatment of Sprains/Strains
- Arterial Puncture
- Joint aspiration and injection
- Skin disease, diagnosis and treatment
- I&D of superficial abscesses and foreign bodies
- Treatment of simple fractures

ANY ADDITIONAL PROCEDURES NOT IDENTIFIED WITHIN THIS FORM MUST MEET THE ELIGIBILITY CRITERIA SET BY THE FAMILY PRACTICE SECTION IN CONJUNCTION WITH ANY OTHER SECTION (S) WHO HAVE INTEREST IN THIS PROCEDURE (e.g., Ventilator, Temporary Pacemaker, Swan Ganz Catheter, Arterial Line Placement, Insertion of Central Venous Lines, Stress Testing).

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Core Privilege Request Form

Having reviewed the requirements for each set of privileges in the following pages, I would request the following privileges:

Place a check mark in the appropriate box for each set of privileges. Cross out any procedures not currently performed in your clinical practice.

Privilege	Procedures	Requested	Not Requested
FAMILY PRACTICE MEDICINE CORE I PRIVILEGES			
	-Initiation and participation CPR -Repair of simple lacerations -Insertion of nasogastric tube -Breast lesion aspiration -Removal of foreign bodies -Urinary catheterization -Flexible Sigmoidoscopy -Treatment of Sprains/Strains -Arterial Puncture -Joint aspiration and injection -Skin disease, diagnosis and treatment -I&D of superficial abscesses and foreign bodies -Treatment of Simple fractures		
	MODERATE SEDATION (<i>complete attached form</i>)		
	RESTRAINT PRIVILEGES		

I attest by signature that I have met the minimum criteria of procedures/diagnoses management within my clinical practice for the procedures requested above, and I agree to provide documentation of said procedures/diagnoses management if requested.

 Applicant Signature Date

 Print Name

The Department Chairperson accepts this applicant's attestation that he/she meets the minimum criteria for privileges requested.

___ Yes ___ No

Department Chair Signature Date