

# FLOYD MEDICAL CENTER

## DEPARTMENT OF MEDICINE

### Request for Clinical Privileges

Granting of clinical privileges in the Department of Medicine is based upon a review by the Department Chairman, the Executive Committee, and the governing board of the clinician's training and experience. Prior to requesting clinical privileges, each physician should carefully evaluate his own practice with regard to the types of patients cared for and the severity and complexity of illness in those patients. As a general rule, each physician should request privileges in those areas matching his own practice patterns. Physicians who request privileges in areas outside their area of specialization, or for care of patients within certain categories defined below may be requested to provide documentation of training and competence in these areas beyond that indicated by specialty board certification alone. Privileges should not be requested for situations unlikely to occur within the scope of the physician's present practice, even though he may have had previous training in this area. Information obtained from departmental QA efforts may prompt requests for specific limitations in practice, or mandatory consultation under specific circumstances.

Approval of requests to perform special procedures will require that such procedures be considered an integral part of the specialty interest, or that documentation of special training and competence be submitted. Physicians should request privileges for procedures which they perform regularly, and which they expect to perform at Floyd Medical Center. Performance of a specified minimum number of procedures of given type each year will be required to maintain privileges for that procedure without further documentation of additional experience or training.

Requests to perform new procedures will be reviewed on an individual basis by the Department Chairman and pertinent subspecialty representative(s). The type of procedure, training required for competency, evidence of hands-on experience, and related specialty training will be considered in evaluating the physician's request. For procedures posing significant patient risks, a six-to-twelve month monitoring period will be established to allow review of performance and complications. The Executive Committee will grant such privileges after review and recommendations by the Department Chairman.

Delineation of specific privileges is not intended to prevent physicians acting in emergency situations to provide life-saving care or to perform urgent procedures, where delay might endanger a patient. All members of the Department of Medicine are granted Emergency privileges to act according to their judgment to provide urgent care.

### PART 1 – GENERAL MEDICAL PRIVILEGES

This category of privileges includes treatment of all medical conditions of mild degree, which do not pose a serious threat to life or patient well-being, as well as more serious conditions occurring in patients with or without co-existing serious acute or chronic illnesses. Patients may be admitted to and consultation provided in Intensive Care areas (including Coronary Care). Conditions of unusual seriousness or complexity would warrant consultation by an appropriately qualified sub-specialist. Examples of conditions treated by physicians with privileges in General Internal Medicine would include acute myocardial infarction, congestive heart failure, stroke, seizures, gastrointestinal bleeding, hepatitis, pneumonia, acute asthma, anemia, treatment of complications of cancer, renal insufficiency, diabetic acidosis, and hyperthyroidism. Subspecialty physicians with privileges in General Internal Medicine may desire consultation with a General Internist for care of problems outside their particular area of expertise. Based on information obtained during the departmental Quality Assurance process, physicians may be required to obtain consultation for care of certain categories of patients.

## PART 2 – SUBSPECIALTY PRIVILEGES

Physicians eligible for certification or currently certified in medical subspecialties may request privileges within the area of expertise of that specialty. Documentation of current expertise may be requested based upon the physician's dates of training, prior experience, and current practice patterns. Physicians holding such privileges will provide primary and consultative care for patients with illnesses falling within the realm of the specialty. General Internists with documentation of relevant training and expertise may also request specific privileges in these areas. Evaluation of performance by peers and by relevant subspecialty physicians, as well as the recommendation of the Department Chairman, may be requested prior to granting such privileges by the Executive Committee. Subspecialty physicians will be expected to provide upon request evidence of current expertise in the performance of procedures integral to that specialty if such procedures are performed infrequently by that physician, or based on information obtained through the departmental Quality Assurance program.

Medical subspecialties currently represented at Floyd Medical Center include:

### Allergy-Immunology

Diagnose, treat, and help prevent allergic diseases and disease processes affecting the immune system.

### Cardiology

Expertise in management of patients with acute myocardial infarction, including administration of thrombolytic agents; cardiac arrhythmia diagnosis and management; treatment of congestive heart failure, valvular heart disease, hypertensive heart disease, and bacterial endocarditis; diagnostic evaluation and management of coronary artery disease.

### Critical Care

Certification of special qualifications through American Board of Internal Medicine. Expertise in management of multiple-system illness of a critical nature, including shock, sepsis, acute respiratory insufficiency, renal and cardiac failure, poisoning, and acute gastrointestinal disease; hemodynamic evaluation and monitoring; use of mechanical ventilation.

### Dermatology

Expertise in diagnosis and treatment of patients with disorders of the skin and their systemic manifestations. It is understood that approval of requests for dermatology procedures performed in the operating room are reviewed under the auspices of the Department of Surgery.

### Endocrinology

Expertise in evaluation and therapy for complex endocrinopathy involving thalamic pituitary, thyroid, adrenal, pancreatic, and reproductive glands, as well as congenital and acquired metabolic disorders.

### Gastroenterology

Expertise in evaluation and management of disorders of the alimentary system, including disorders of deglutition, esophageal disorders, gastric diseases, ulcerative diseases of the GI tract, hepatobiliary disease, pancreatic secretory and inflammatory diseases, diarrheal diseases, and malignant diseases of the gastrointestinal tract.

### Hematology

Expertise in evaluation and management of disorders of blood and blood forming organs, including anemia, thrombocytopenia, leukocyte disorders, coagulation disorders, and malignant diseases.

### Hospice

A multidisciplinary approach to specialized medical and nursing care for people with life-limiting illnesses. It focuses on providing people with relief from the symptoms, pain, physical stress, and mental stress of

the terminal diagnosis. The goal of such therapy is to improve quality of life for both the person and their family.

#### Nephrology

Expertise in diagnosis and management of diseases of the urine excretory system including renal failure, fluid and electrolyte disorders, inflammatory or immunologic diseases of the kidneys, refractory hypertension, and in management of patients requiring peritoneal dialysis or hemodialysis.

#### Oncology

Expertise in medical management of patients with internal malignancy of all types, and in administration of cytotoxic agents for treatment of malignant disease.

#### Neurology

Expertise in diagnosis and management of patients with acute or chronic diseases of the central nervous system and peripheral neuromuscular disorders including ischemic disorders, stroke, seizures, infections, and metabolic and degenerative disorders.

#### Palliative care

A multidisciplinary approach to specialized medical and nursing care for people with life-limiting illnesses. It focuses on providing people with relief from the symptoms, pain, physical stress, and mental stress of the terminal diagnosis. The goal of such therapy is to improve quality of life for both the person and their family.

#### Physical Medicine and Rehabilitation

Physical medicine and rehabilitation (PM&R), also known as rehabilitation medicine, is the specialty concerned with the diagnosis and nonsurgical management of patients with neuromuscular and musculoskeletal disorders. The primary focus of the PM&R specialist, or physiatrist, is the restoration of functioning as well as the alleviation of pain. The PM&R specialist may practice Rehabilitation Medicine with patients in diagnostic groups including, but not limited to Amputation, Arthritis, Cancer, Cardiac, Chronic Pain, Industrial Injury, and Neurological Disorders. Treatment can incorporate such modalities as exercise, prosthetics, orthotics, and mechanical and electrical devices.

#### Neurorehabilitation

Physical medicine and rehabilitation (PM&R), also known as rehabilitation medicine, is the specialty concerned with the diagnosis and nonsurgical management of patients with neuromuscular and musculoskeletal disorders. The primary focus of the PM&R specialist, or physiatrist, is the restoration of functioning as well as the alleviation of pain. The PM&R specialist may practice Rehabilitation Medicine with patients in diagnostic groups including, but not limited to Amputation, Arthritis, Cancer, Cardiac, Chronic Pain, Industrial Injury, and Neurological Disorders. Treatment can incorporate such modalities as exercise, prosthetics, orthotics, and mechanical and electrical devices.

#### Pulmonary Diseases

Expertise in evaluation and management of patients with disorders of the chest and respiratory system, including airway diseases, infections (including tuberculosis), respiratory or ventilatory failure requiring artificial ventilation, pleural diseases, pulmonary vascular diseases, embolic diseases, and disorders of respiratory control.

#### Rheumatology

Expertise in evaluation and treatment of patients with disorders of the articular system, including inflammatory and degenerative arthritis, as well as immunologic disorders involving multiple organ systems, including systemic lupus erythematosus, polymyositis, systemic sclerosis, and vasculitis.

#### Sleep Studies

Expertise in comprehensive recommendations for the evaluation, diagnosis, treatment and follow-up of patients with sleep disorders.

*PART 3 – PROCEDURES*

Clinicians credentialed in the Department of Medicine may request privileges to perform certain procedures for which they are able to demonstrate training and current competence. While some procedures may be considered integral to the performance of the duties of specific specialties, documentation of the type, extent, and duration of training in a procedure, and the level of experience of the practitioner in performing that procedure may be requested prior to granting privileges for its performance. Physicians should not request privileges to perform procedures which they do rarely in their practice. Documentation of current competence in a procedure may require evidence that the procedure is performed on a regular basis, as indicated by a specified minimum number of procedures per year, or by evidence of additional training. The adequacy of such training will be judged by the Executive Committee with the recommendation of the Department Chairman.

Statistics with regard to complications of invasive procedures shall be maintained for each clinician performing the procedure, and reviewed by the Department Chairman at least annually, with comparison to local and national norms. Physicians demonstrating excessive rates of complications may be required to document additional training before renewal of privileges. Physicians will be required to review their privileges for procedures at least bi-annually, and should not expect renewal of privileges for procedures which they have not performed during that period.

FLOYD MEDICAL CENTER  
DEPARTMENT OF MEDICINE  
Medical Staff Privilege Checklist

I, \_\_\_\_\_, M.D., D.O., do hereby apply for the following privileges in the Department of Medicine.

Please check all privileges desired. All privileges are first approved by the Department of Medicine and Executive Committee. Final approval is granted by the governing board.

Fill in all blanks on the privileges checklist. For privileges not requested, enter  $\emptyset$  or N/R.

PRIVILEGE	Requested	Approved
<b>General Internal Medicine</b>	[ ]	[ ]
<b>Subspecialty Care</b>		
Allergy-Immunology	[ ]	[ ]
Cardiology	[ ]	[ ]
Critical Care	[ ]	[ ]
Dermatology	[ ]	[ ]
Endocrinology	[ ]	[ ]
Gastroenterology	[ ]	[ ]
Hematology	[ ]	[ ]
Hospice	[ ]	[ ]
Infectious Disease	[ ]	[ ]
Nephrology	[ ]	[ ]
Neurology	[ ]	[ ]
Neurorehabilitation	[ ]	[ ]
Oncology	[ ]	[ ]
Palliative Care	[ ]	[ ]
Physical Medicine and Rehabilitation	[ ]	[ ]
Pulmonary Diseases	[ ]	[ ]
Rheumatology	[ ]	[ ]
Sleep Studies	[ ]	[ ]
<b><u>PROCEDURES</u></b>		
<b>Cardiology</b>		
ECG interpretation	[ ]	[ ]
Elective cardioversion	[ ]	[ ]
Temporary pacemaker insertion	[ ]	[ ]
Permanent pacemaker insertion	[ ]	[ ]
Pericardiocentesis	[ ]	[ ]
Exercise ECG/"stress test"	[ ]	[ ]
Pulmonary artery catheterization	[ ]	[ ]
Administration of thrombolytic therapy In acute myocardial infarction	[ ]	[ ]
Aortic balloon pump insertion	[ ]	[ ]
Cardiac Catheterization Diagnosis	[ ]	[ ]
Cardiac Catheterization Intervention	[ ]	[ ]
Cardiac Echo Doppler	[ ]	[ ]

PRIVILEGE	Requested	Approved
Cardiology cont.		
Transesophageal Echocardiography (TEE)	[ ]	[ ]
Stress Echocardiography	[ ]	[ ]
Echocardiography	[ ]	[ ]
<b>Critical Care</b>		
Tracheal intubation oral/nasal	[ ]	[ ]
Central vein catheterization	[ ]	[ ]
Pulmonary artery catheterization	[ ]	[ ]
Arterial catheterization	[ ]	[ ]
Closed tube thoracostomy	[ ]	[ ]
Therapeutic bronchoscopy	[ ]	[ ]
<b>Gastroenterology</b>		
Rigid sigmoidoscopy	[ ]	[ ]
Flexible procto-sigmoidoscopy	[ ]	[ ]
Upper GI endoscopy	[ ]	[ ]
Sclerosis of varices	[ ]	[ ]
Colonoscopy	[ ]	[ ]
Endoscopic polypectomy and biopsy	[ ]	[ ]
Percutaneous liver biopsy	[ ]	[ ]
Endoscopic retrograde cholangio- Pancreatography (ERCP)	[ ]	[ ]
Endoscopic sphincterotomy/stone extraction	[ ]	[ ]
Endoscopic gastrostomy	[ ]	[ ]
Endoscopic hemostasis	[ ]	[ ]
Esophageal prosthesis placement	[ ]	[ ]
Esophageal dilation	[ ]	[ ]
Paracentesis	[ ]	[ ]
Foreign body removal	[ ]	[ ]
Therapeutic endoscopic manipulation of bleeding sources – EGD	[ ]	[ ]
Therapeutic endoscopic manipulation of bleeding sources – Colon	[ ]	[ ]
PillCam	[ ]	[ ]
<b>Hematology/Oncology</b>		
Lumbar Puncture with Intrathecal Chemotherapy	[ ]	[ ]
Bone marrow aspiration/biopsy	[ ]	[ ]
Intravenous antineoplastic chemotherapy	[ ]	[ ]
<b>Nephrology</b>		
Percutaneous renal biopsy	[ ]	[ ]
Hemodialysis	[ ]	[ ]
Peritoneal dialysis	[ ]	[ ]
Intravenous cytotoxic therapy	[ ]	[ ]
<b>Neurology</b>		
Lumbar puncture	[ ]	[ ]
EMG	[ ]	[ ]
EEG interpretation	[ ]	[ ]

Intravenous cytotoxic therapy [ ] [ ]

PRIVILEGE	Requested	Approved
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**Neurorehabilitation**

Electrodiagnosis

Measurements of excitability & accommodation	[ ]	[ ]
Electromyography and/or nerve conduction studies	[ ]	[ ]
Evoked Potential Studies	[ ]	[ ]
Somatosensory evoked responses	[ ]	[ ]
Auditory evoked responses	[ ]	[ ]
Visual evoked responses	[ ]	[ ]
Muscle Strength Testing	[ ]	[ ]
Range of Joint Motion Evaluation	[ ]	[ ]
Neuromuscular Junction Studies	[ ]	[ ]

Therapeutic Procedures

Intra-articular Injection	[ ]	[ ]
Motor Point Blocks	[ ]	[ ]
Soft Tissue Injection, ligament, sheath, tendon, trigger point	[ ]	[ ]
Digital Block	[ ]	[ ]
Neurolytic Nerve Block, BOTOX, Nerve Blocks, ESI	[ ]	[ ]
Serial Casting	[ ]	[ ]
Management of Prosthetics and orthotics	[ ]	[ ]

**Physical Medicine and Rehabilitation**

Electrodiagnosis

Measurements of excitability & accommodation	[ ]	[ ]
Electromyography and/or nerve conduction studies (EMG)	[ ]	[ ]
Evoked Potential Studies	[ ]	[ ]
Somatosensory evoked responses	[ ]	[ ]
Auditory evoked responses	[ ]	[ ]
Visual evoked responses	[ ]	[ ]
Muscle Strength Testing	[ ]	[ ]
Range of Joint Motion Evaluation	[ ]	[ ]
Neuromuscular Junction Studies	[ ]	[ ]
Intrathecal morphine pump trials	[ ]	[ ]
Spinal cord stimulator trials	[ ]	[ ]

Therapeutic Procedures

Intra-articular Injection	[ ]	[ ]
Motor Point Blocks	[ ]	[ ]
Soft Tissue Injection, ligament, sheath, tendon, trigger point	[ ]	[ ]
Digital Block	[ ]	[ ]
Neurolytic Nerve Block, BOTOX, Nerve Blocks, ESI	[ ]	[ ]
Serial Casting	[ ]	[ ]
Management of Prosthetics and Orthotics	[ ]	[ ]
IDETS	[ ]	[ ]
Intrathecal Pain Pump Implementation	[ ]	[ ]



APPROVED:

\_\_\_\_\_  
Department Chairman

\_\_\_\_\_  
Date

**EXECUTIVE COMMITTEE RECOMMENDATION**

\_\_\_\_\_ Concur with Department's recommendation and forward to governing body  
\_\_\_\_\_ Return to Department for clarification of the following:

\_\_\_\_\_  
Date

**GOVERNING BODY APPROVAL**      \_\_\_\_\_ Yes      \_\_\_\_\_ No

\_\_\_\_\_  
Date