

FLOYD PRIMARY CARE

An affiliate of Floyd Medical Center

PHYSICIAN PRIVILEGE CHECKLIST

I, _____, MD, DO, do hereby apply for the following office privileges. All privileges are recommended for approval by the Chairman of the QA/Credentialing Committee and the Medical Director of Floyd Primary Care Network. Final approval is granted by the governing board.

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

PRIVILEGE	Requested	Approved
MEDICINE		
Diagnosis and treatment of common adult illness	[]	[]
Hepatic Diseases		
Differential diagnosis	[]	[]
Hepatitis	[]	[]
Differential diagnosis of jaundice	[]	[]
Gastrointestinal Disease		
Differential diagnosis	[]	[]
Bleeding peptic ulcer	[]	[]
Ulcerative colitis	[]	[]
Regional ileitis	[]	[]
Intestinal obstruction	[]	[]
Pancreatitis	[]	[]
Malabsorption	[]	[]
Cholecystitis	[]	[]
Renal Disease		
Differential diagnosis	[]	[]
Nephritis	[]	[]
Pyelonephritis	[]	[]
Nephrosis	[]	[]
Acute insufficiency-conservative	[]	[]
Pulmonary Disease		
Differential diagnosis	[]	[]
Pneumonia – uncomplicated	[]	[]
Emphysema w/pulmonary insufficiency	[]	[]
Pneumothorax, spontaneous	[]	[]
Cardiac Diseases		
Differential diagnosis	[]	[]
Congestive heart failure – acute	[]	[]
Congestive heart failure – chronic & intractable	[]	[]
Coronary heart disease w/angina	[]	[]
Coronary heart disease w/coronary insufficiency	[]	[]
Rheumatic fever	[]	[]
Pericarditis	[]	[]
*Cardioversion – medical	[]	[]
Hypertension		
Differential diagnosis	[]	[]
Essential, unresponsive	[]	[]
Complicated w/cardiac insufficiency	[]	[]

Physician Privilege Checklist

PRIVILEGE	Requested	Approved
(Hypertension cont.)		
Complicated w/renal insufficiency	[]	[]
Metabolic & Endocrine Diseases		
Differential diagnosis	[]	[]
Diabetes mellitus type I and type II	[]	[]
Collagen Diseases		
Differential diagnosis	[]	[]
Lupus erythematosus	[]	[]
Arthritis		
Differential diagnosis	[]	[]
Rheumatoid	[]	[]
Osteoarthritis	[]	[]
Gouty	[]	[]
Hematological Diseases		
Differential diagnosis	[]	[]
Primary anemia	[]	[]
Neurological Diseases		
Differential diagnosis	[]	[]
Stroke, rehabilitation, chronic	[]	[]
Meningitis – Encephalitis	[]	[]
Convulsive states	[]	[]
Parkinsonism	[]	[]
Degenerative	[]	[]
Demyelinating	[]	[]
Miscellaneous		
Thrombophlebitis	[]	[]
Allergy		
Differential diagnosis	[]	[]
Hay fever (desensitization)	[]	[]
Urticaria	[]	[]
Serum sickness	[]	[]
Asthma	[]	[]
Endoscopy		
Proctoscopy	[]	[]
Sigmoidoscopy – flexible**	[]	[]
Aspiration Procedures		
Thoracentesis	[]	[]
Paracentesis	[]	[]
Joint aspiration	[]	[]
Other		
Periodic health maintenance	[]	[]
Adult immunizations		
<u>PSYCHIATRY</u>		
Conditions		
Neurosis (functional or other cause)	[]	[]
Child and/or adolescent emotional disorder	[]	[]
Organic brain syndrome (psychotic or non-psychotic)	[]	[]
Alcohol and/or drug dependence or reactions	[]	[]
Personality disorders	[]	[]
Treatment		
Medical treatment	[]	[]
Group treatment	[]	[]

PRIVILEGE	Requested	Approved
<u>SURGERY</u>		
Skin and Subcutaneous Tissue		
Incision and drainage of skin or subcutaneous abscess	[]	[]
Debridement, incisional biopsy or excision of superficial and subcutaneous lesions	[]	[]
Debridement and closure of lacerations or skin defects, uncomplicated	[]	[]
Electro-surgical or cryotherapy of skin lesions	[]	[]
Repair of extensive or complicated lacerations	[]	[]
Burn wound debridement	[]	[]
Musculoskeletal System		
Muscle biopsy	[]	[]
Simple removal of foreign body	[]	[]
Injection of tendon sheath, ligaments, trigger points or bursa	[]	[]
Arthrocentesis	[]	[]
Closed reduction of simple fracture of phalanges, clavicle and fibula	[]	[]
Management of simple rib fracture	[]	[]
Peripheral Vascular System		
Insertion of peripheral intravenous catheters	[]	[]
Endoscopy		
Anoscopy	[]	[]
Indirect laryngoscopy	[]	[]
Endotracheal	[]	[]
Digestive System and Peritoneal Cavity		
I & D of perianal abscess, anal fistulotomy or fissurectomy	[]	[]
Hemi and Lymphatic System		
Biopsy or excision of superficial lymph node	[]	[]
Head and Neck Surgery		
Biopsy of lesion of lips, tongue and oral cavity	[]	[]
Pediatric Surgery (under 2 years)		
Circumcision, dorsal split of penis	[]	[]
Repair lacerations, simple	[]	[]
I & D abscess, excision of subcutaneous cysts or tumors	[]	[]
<u>PEDIATRICS: MEDICAL</u>		
Diagnosis and treatment of common childhood illness	[]	[]
Management of childhood diabetes Type I	[]	[]
Management of drug abuse problems, acute and chronic	[]	[]
Adolescent gynecology	[]	[]
*Genetic counseling	[]	[]
Fluid and electrolyte therapy, all ages	[]	[]
Acute poisonings (aspirin, barbiturate, iron, hydrocarbon)	[]	[]

Physician Privilege Checklist

PRIVILEGE	Requested	Approved
Acute respiratory illnesses with respiratory distress (asthma, bronchitis, croup, pneumonia) not to include respiratory failure	[]	[]
Observe for head injury	[]	[]
Convulsive disorders	[]	[]
Acute glomerulonephritis without hypertensive encephalopathy	[]	[]
Hypertension	[]	[]
Rheumatic heart disease without heart failure	[]	[]
Disease of thyroid	[]	[]
Anemia, iron deficiency	[]	[]
Anemia, other	[]	[]
Collagen disease	[]	[]
Disturbances of growth and development	[]	[]
Newborn		
Periodic health maintenance	[]	[]
Pediatric immunizations	[]	[]
Jaundice: office management	[]	[]
Pediatric Procedures or Invasive Therapy		
Lumbar puncture	[]	[]
Supra-pubic bladder aspiration	[]	[]
Paracentesis	[]	[]
Thoracentesis	[]	[]
Needle aspiration of joints	[]	[]
Care of corneal abrasion	[]	[]
Removal of foreign bodies from nose or ear canal	[]	[]
Removal of foreign bodies from cornea	[]	[]
Suture simple lacerations	[]	[]
I & D abscess	[]	[]
<u>OBSTETRICS AND GYNECOLOGY</u>		
Obstetrics		
Prenatal care	[]	[]
Postnatal care	[]	[]
Gynecology		
I & D of vulvar or perineal abscess	[]	[]
Biopsy of perineum, vulva, cervix, vagina	[]	[]
Excision of vulvar, vaginal or cervical cysts and Bartholin gland cyst or abscess	[]	[]
Pelvic exam under anesthesia	[]	[]
Hymenectomy	[]	[]
Endometrial biopsy	[]	[]
Insertion or removal of intrauterine device	[]	[]
Culdecentesis	[]	[]
Polypectomy	[]	[]
Vaginal, uterine packing	[]	[]
<u>ANESTHESIOLOGY</u>		
Injection of trigger points	[]	[]
Respiratory and inhalation therapy including interpretation of pulmonary function test	[]	[]

Physician Privilege Checklist

PRIVILEGE	Requested	Approved
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(Anesthesiology cont.)

Acute care to include the handling of unconscious patients	[]	[]
Advanced Cardiac Life Support (ACLS)	[]	[]
Local anesthesia	[]	[]

*Requires consultation or documentation of areas of special ability

**Requires documentation of training.

Additions/Deletions/Conditions/Other Limitations:

Acknowledgement of practitioner

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform, and that I wish to exercise as an office-based provider with Floyd Primary Care Network, and I understand that:

1. In exercising any clinical privileges granted, I am constrained by Floyd Healthcare Management, Inc. (FHMI) bylaws and Floyd Primary Care (FPC) policies and rules applicable generally and any applicable to the particular situation.
2. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.
3. All members of the Floyd Primary Care Network are required to treat patients, their families, hospital staff, and colleagues in a respectful and professional manner at all times. Each member of the FPC office-based staff is expected to comply with FPC code of conduct policies. Failure to do so may be the basis for dismissal.

Applicant Signature _____ Date: _____

APPROVED:

EVP & Chief Medical Officer

Date

Governing Body Approval

_____ Yes _____ No

Date

GUIDELINES FOR
GRANTING OF PRIVILEGES TO PERFORM FLEXIBLE SIGMOIDOSCOPY
AT FLOYD MEDICAL CENTER
OUTSIDE OF THE GI LAB

These guidelines are based on published recommendations of the American College of Physicians, the American Society for Gastrointestinal Endoscopy, and the Sub-committee on Gastroenterology of the American College of Physicians on Clinical Privileges.

The methods by which procedure competence may have been obtained may include:

1. Successful completion of an accredited residency or fellowship program in which procedural competence can be documented by the program director; or
2. The acquisition of the required skills and competency through the applicant's formal training.

The following should be used as guidelines and not necessarily strict requirements for the granting of privileges. Each applicant's individual skills should be taken into account. Absolute numbers should not be the only criteria for the granting of privileges. Lack of manual dexterity or cognitive capabilities to appropriately interpret findings may disqualify certain individuals for the granting of privileges, while others may not have performed the recommended number of procedures but may have demonstrated excellent procedural and cognitive capabilities.

The minimal training requirements or guidelines would suggest that at least:

1. 15 supervised sigmoidoscopies be documented. These should have been supervised by a teacher/expert who is recognized as capable of doing endoscopic examinations of the lower GI tract.
2. Biopsy training be documented.

The trainee's performance for each procedure during the training period should be documented in writing and the following factors should be noted:

1. Patient's name
2. Patient's age
3. Indications for the procedure
4. Findings
5. Any complications
6. The approximate duration of the procedure
7. The therapeutic plan based on the results
8. Signature of the supervisor
9. Depth of insertion
10. Biopsy was/was not done

The completion of a short course or workshop that offers a limited cognitive background in gastroenterology or that offers inadequate hands-on experience with the procedure will not by itself result in competency in the procedure.

Maintaining competence in flexible sigmoidoscopy requires regular activity. Performing only an occasional procedure may be inadequate for the purposes of subsequent credentialing to continue to perform that procedure. Procedures performed in the physician's office will be recognized, provided adequate documentation of the procedures can be provided by the physician. As part of a quality assurance program, a random review of flexible sigmoidoscopy done by each physician credentialed to perform this procedure should be performed to confirm that indications were appropriate, complication rates were acceptable, and resulting management was appropriate.