



Atrium Health

IMPORTANT

Dear Applicant

Enclosed you will find the Delineation of Privileges Form specific to your specialty. This form reflects the minimum qualifications as outlined and approved by the Atrium Health Medical Staff.

- Please thoroughly review and select your desired clinical privileges. Check the box corresponding to the privileges that you are requesting. Applicants should only request those privileges where the criteria has been achieved.
- After you have selected your privileges, sign, date, and submit the **required documentation** for each privilege selected. (i.e. case logs, fellowship director letter, ACLS documentation)
- Where case logs are required, please include 1) Date of procedure, 2) Medical Record Number, 3) Procedure Type and 4) Privilege Number listed on the Delineation of Privileges Form.
- Privileges for which you have not selected or do not meet the minimum criteria cannot be performed.
- If you wish to perform privileges and do not have documentation of the minimum criteria requirements as outlined on the Delineation of Privileges Form, you will need to request permission to proctor through Medical Staff Services.
- Failure to return the Delineation of Privileges Form along with the required documentation will **delay** your start date.

If you have any questions or concerns, please contact the Medical Staff Services teammate assigned to your file.

**ATRIUM HEALTH
HOSPICE AND PALLIATIVE MEDICINE
DELINEATION OF PRIVILEGES
SPECIALTIES OF ANESTHESIOLOGY, EMERGENCY MEDICINE, FAMILY MEDICINE, INTERNAL MEDICINE,
NEUROLOGY, OBSTETRICS & GYNECOLOGY, PEDIATRICS, PHYSICAL MEDICINE & REHABILITATION AND PSYCHIATRY**

Print Name _____

	YES		NO**	I have participated in direct patient care within the past two (2) years.
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****If the answer is No, please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.**

Initial appointment Reappointment Updated DOP Request for Clinical Privileges

To be eligible to apply for privileges for Hospice and Palliative Medicine, the applicant must meet one of the following means of qualification:

- If the applicant is not currently certified in Hospice and Palliative Care by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
 1. Provide documentation of successful completion, within the past five (5) years, of an ACGME or AOA accredited fellowship training program in Hospice and Palliative Care; **AND**
 2. Demonstrate sufficient experience in Hospice and Palliative Care skills to safely undertake the full spectrum of Hospice and Palliative Care procedures being requested. having directly participated in the active care of at least fifty (50) patients during the past twelve (12) months, for whom palliative care was a predominant goal of care. (Active means direct participation in the care of a patient that would include, at a minimum, gathering a history, performing a physical examination, assessing pertinent diagnostic studies and forming a treatment plan. Active care can be provided in the context of being a consultant or the attending physician. The provision of oversight by participation in the interdisciplinary team without seeing that patient does not constitute active care.) Applicants who specialize in pediatric patients must have participated in the active care of twenty-five (25) terminally ill pediatric patients and twenty-five (25) additional severely/chronically ill pediatric patients. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.; **OR**

- If the applicant is currently certified in Hospice and Palliative Care by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
 1. Demonstrate sufficient experience in Hospice and Palliative Care skills to safely undertake the full spectrum of Hospice and Palliative Care procedures being requested. having directly participated in the active care of at least fifty (50) patients during the past twelve (12) months, for whom palliative care was a predominant goal of care. (Active means direct participation in the care of a patient that would include, at a minimum, gathering a history, performing a physical examination, assessing pertinent diagnostic studies and forming a treatment plan. Active care can be provided in the context of being a consultant or the attending physician. The provision of oversight by participation in the interdisciplinary team without seeing that patient does not constitute active care.) Applicants who specialize in pediatric patients must have participated in the active care of twenty-five (25) terminally ill pediatric patients and twenty-five (25) additional severely/chronically ill pediatric patients. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.; **OR**

Print Name

- Qualification for other Physicians who are not currently certified Hospice and Palliative Care by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA):
1. Provide documentation of certification from the American Board of Medical Specialties or the American Osteopathic Association; **OR**
 1. Have met the training requirements which renders the physician eligible for certification by the American Board of Medical Specialties or the American Osteopathic Association; **AND**
 2. Demonstrate sufficient experience in active clinical practice, within their specialty, for at least the past two (2) years; **AND**
 3. Demonstrate sufficient experience in Hospice and Palliative Care skills to safely undertake the full spectrum of Hospice and Palliative Care procedures being requested. having directly participated in the active care of at least fifty (50) patients during the past twelve (12) months, for whom palliative care was a predominant goal of care. (Active means direct participation in the care of a patient that would include, at a minimum, gathering a history, performing a physical examination, assessing pertinent diagnostic studies and forming a treatment plan. Active care can be provided in the context of being a consultant or the attending physician. The provision of oversight by participation in the interdisciplinary team without seeing that patient does not constitute active care.) Applicants who specialize in pediatric patients must have participated in the active care of twenty-five (25) terminally ill pediatric patients and twenty-five (25) additional severely/chronically ill pediatric patients. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

The Medical Staff acknowledges that the care of patients with active, progressive and far advanced diseases that are not responsive to curative treatment is in the purview of physicians of all specialties. This form is for use by those Physicians whose scope of practice is or will be exclusive to the care of Hospice and Palliative Medicine patients.

Print Name _____

NOTE 1: Physicians must apply for “CORE” privileges in order to be eligible for clinical privileges in the specialty of Hospice & Palliative Care at any facility within Atrium Health.

NOTE 2: “CORE” privileges cannot be amended or altered in any way.

NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		HOSPICE AND PALLIATIVE MEDICINE CORE PRIVILEGES
			N/A							CPAL-1	Evaluate, diagnose, treat, and provide consultation to patients of all ages, with life-threatening or severe advanced illness, including assessment of suffering and quality of life, managing terminal symptoms, patient/family education, bereavement, and organ donation. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative services. The core privileges include the procedures listed on the attached privilege list and such other procedures that are extensions of the same techniques and skills.

Hospice and Palliative Care Core Privileges include, but are not limited to assess pertinent diagnostic studies; direct treatment and forming a treatment plan; manage common comorbidities and complications and neuro-psychiatric co-morbidities; manage palliative care emergencies (e.g. spinal cord compression, suicidal ideation); manage psychological, social, and spiritual issues of palliative care patients and their families; manage symptoms including various pharmacologic and nonpharmacologic modalities, and pharmacodynamics of commonly used agents; perform history and physical exam; perform pain relieving procedures; and symptom management including patient and family education, psychosocial and spiritual support, and appropriate referrals for other modalities such as invasive procedures.

 Print Name

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		CORE HOSPICE & PALLIATIVE CARE PRIVILEGES – REHABILITATION HOSPITAL SETTING <u>ONLY</u>
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	CPAL-2	Privileges include evaluation and management, as well as procedures approved for performance within the acute rehabilitation setting, in conjunction with the comprehensive rehabilitation treatment plan.

REFERENCE

Print Name

PRIVILEGES REQUESTED BY:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Atrium Health and;

I understand that:

- a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b) 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.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

Signature

Date

Print Name

CASE LOG

Physician's Name: _____

Date: _____

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CPAL-1)
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