



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
DELINEATION OF PRIVILEGES
HOSPITALIST
SPECIALTIES OF FAMILY MEDICINE AND INTERNAL MEDICINE**

Print Name _____

	YES		NO*	I have participated in direct patient care in the hospital setting 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.**

If you would like to request Moderate Sedation (Conscious Sedation), please request the Moderate Sedation Delineation of Privileges form.

Initial appointment **Reappointment** **Updated DOP** **Request for Clinical Privileges**

To be eligible for core Hospitalist privileges, the applicant must meet the following qualifications:

- If the applicant is not currently certified 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 residency training program in Internal Medicine or Family Medicine; **AND**
 2. Demonstrate sufficient experience in Internal Medicine or Family Medicine skills to safely undertake the full spectrum of the Hospitalist Core procedures being requested. Experience must include evidence of current clinical competence during the past two (2) years. 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; **AND**
 3. Verification by the training program documenting that the Applicant has provided inpatient critical care or consultative services for at least thirty (30) “inpatient” patient encounters during their training program;
 4. Documentation of current Advanced Cardiac Life Support (ACLS) course completion card. (Refer to Note 5)

OR

- If the applicant is currently certified by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
1. Demonstrate sufficient experience in Internal Medicine or Family Medicine skills to safely undertake the full spectrum of the Hospitalist Core procedures being requested; **AND**

2. Submit documentation of thirty (30) "inpatient" patient encounters during the past two (2) years to include some portion in critical care. 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; **AND**
3. Documentation of current Advanced Cardiac Life Support (ACLS) course completion card. (Refer to Note 5)

REFERENCE ONLY

Print Name _____

- NOTE 1: Physicians must apply for “CORE” privileges in order to be eligible for clinical privileges in the specialty of Internal Medicine or the specialty of Family Medicine at any facility within Atrium Health.
- NOTE 2: “CORE” privileges cannot be amended or altered in any way.
- NOTE 3: Appointees who hold Hospitalist “Core” Privileges are not required to name a provider who will provide twenty-four (24), seven (7) day coverage. Hospitalists only perform hospital-based work and the transfer of patient care is covered by the Hospitalists Group.
- NOTE 4: 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.
- NOTE 5: Continued ACLS certification will be tracked and monitored by the service line

CMC	Pineville	University City	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		FAMILY AND INTERNAL MEDICINE HOSPITALIST CORE PRIVILEGES
									CHOS-1	Hospitalist Core Privileges - Privileges to treat patients from the 18 th birthday and beyond who either require critical or non-critical care. May provide treatment for common medical conditions or complex medical conditions in the critical care settings.

These privileges include medical consultation as requested by other physicians, interpretation of routine laboratory and radiographic studies, electrocardiograms, and dictation and record keeping as required by the institution and other regulatory bodies, insertion of peripheral intravenous lines, nasogastric intubation, lumbar puncture, skin biopsy, incision and drainage of an abscess, and perform advanced cardiac life support (ACLS)

*** SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	PVL	UNV	LIN	CAB	UNN	STN	ANS	CLE	HOSPITALIST SPECIAL PRIVILEGES Must apply for and maintain Family and Internal Medicine Hospitalist Core Privileges (CHOS-1)		Minimum Number Required	Number Performed Within The Past 2 Years	Location
									CHOS-2*	Arterial Puncture and Line	5		
									CHOS-3*	Arthrocentesis	5		
									CHOS-4*	Central Vein Catheter Insertion	10		
									CHOS-5*	Joint Aspiration and Injection	5		
									CHOS-6*	Paracentesis	5		
									CHOS-7*	Pulmonary Artery Catheter Insertion (Swan-Ganz)	15		
									CHOS-8*	Thoracentesis	5		
									CHOS-9*	Ventilator Management	5		
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	CHOS-10*	Fiberoptic Bronchoscopy in the intubated patient for removal of secretions diagnosis of pneumonia	10		
									CHOS-11*	Endotracheal Intubation Techniques	10		
									CHOS-13*	Cardiac Stress Testing (Exercise)	5		
									CHOS-14*	Cardiac Stress Testing (Drug Induced)	5		

CMC	PVL	UNV	LIN	CAB	CR	UNN	STN	ANS	CLE	CORE HOSPITALIST PRIVILEGES – REHABILITATION HOSPITAL SETTING ONLY				
N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	CHOS -12	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.			

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

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CHOS-2 ARTERIAL PUNCTURE AND LINE

EXPLANATION: Percutaneous insertion of a catheter into an artery (examples include the radial, brachial, or femoral artery). Generally, the purpose of such a catheter is to be connected to pressure monitoring devices and for blood sampling of arterial blood.

QUALIFICATIONS: Knowledge of the anatomy of the artery (and variants) to be catheterized. Skills should also include knowledge and training with respect to catheter insertion techniques and complications.

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in Internal Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Arterial Puncture and Line; **OR**
 1. Provide a minimum number of five (5) cases performed within the past two (2) years; **OR**
 1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Arterial Puncture and Line. You must provide documentation of proctoring for five (5) procedures.
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CHOS-3 ARTHROCENTESIS

QUALIFICATIONS: The applicant shall have the burden of producing adequate information for proper evaluation of his competence and qualifications and for resolving any doubts about such qualifications. This documentation may be provided by the applicant, and/or by a letter from the proctor stipulating that the procedures have been performed by the applicant under the direct supervision of the proctor.

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in Internal Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Arthrocentesis; **OR**
 1. Provide a minimum number of five (5) cases performed within the past two (2) years; **OR**
 1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Arthrocentesis. You must provide documentation of proctoring for five (5) procedures.
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CHOS-4 CENTRAL VEIN CATHETER INSERTION

EXPLANATION: Percutaneous insertion of a catheter into a central vein (examples include the internal jugular, subclavian, or femoral veins). Generally, the purpose of such catheters is to provide access to the venous blood system for infusions of fluids, monitoring venous pressures, blood access for dialysis and for blood sampling of venous blood.

QUALIFICATIONS: Knowledge of the anatomy of the large veins (and variants) to be catheterized. Skills should also include knowledge and training with respect to catheter insertion techniques and complications.

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in Internal Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Central Vein Catheter Insertion; **OR**
 1. Provide a minimum number of ten (10) cases performed within the past two (2) years; **OR**
 1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Central Vein Catheter Insertion. You must provide documentation of proctoring for ten (10) procedures.
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CHOS-5 JOINT ASPIRATION AND INJECTION

QUALIFICATIONS: The applicant shall have the burden of producing adequate information for proper evaluation of his competence and qualifications and for resolving any doubts about such qualifications. This documentation may be provided by the applicant, and/or by a letter from the proctor stipulating that the procedures have been performed by the applicant under the direct supervision of the proctor.

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in Internal Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Joint Aspiration and Injection; **OR**
 1. Provide a minimum number of five (5) cases performed within the past two (2) years; **OR**
 1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Joint Aspiration and Injection. You must provide documentation of proctoring for five (5) procedures.
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CHOS-6 PARACENTESIS

QUALIFICATIONS: The applicant shall have the burden of producing adequate information for proper evaluation of his competence and qualifications and for resolving any doubts about such qualifications. This documentation may be provided by the applicant, and/or by a letter from the proctor stipulating that the procedures have been performed by the applicant under the direct supervision of the proctor.

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in Internal Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Paracentesis; **OR**
 1. Provide a minimum number of five (5) cases performed within the past two (2) years; **OR**
 1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Paracentesis. You must provide documentation of proctoring for five (5) procedures.
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CHOS-7 PULMONARY ARTERY CATHETER INSERTION (SWAN GANZ)

QUALIFICATIONS: The applicant shall have the burden of producing adequate information for proper evaluation of his competence and qualifications and for resolving any doubts about such qualifications. This documentation may be provided by the applicant, and/or by a letter from the proctor stipulating that the procedures have been performed by the applicant under the direct supervision of the proctor.

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in Internal Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Pulmonary Artery Catheter Insertion (Swan Ganz); **OR**
 1. Provide a minimum number of fifteen (15) cases performed as an independent operator within the past two (2) years; **OR**
 1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Pulmonary Artery Catheter Insertion (Swan Ganz). You must provide documentation of proctoring for five (5) procedures.
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CHOS-8 THORACENTESIS

QUALIFICATIONS: The applicant shall have the burden of producing adequate information for proper evaluation of his competence and qualifications and for resolving any doubts about such qualifications. This documentation may be provided by the applicant, and/or by a letter from the proctor stipulating that the procedures have been performed by the applicant under the direct supervision of the proctor.

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in Internal Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Thoracentesis; **OR**
1. Provide a minimum number of five (5) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Thoracentesis. You must provide documentation of proctoring for five (5) procedures.

CHOS-9 VENTILATOR MANAGEMENT

QUALIFICATIONS: The applicant shall have the burden of producing adequate information for proper evaluation of his competence and qualifications and for resolving any doubts about such qualifications. This documentation may be provided by the applicant, and/or by a letter from the proctor stipulating that the procedures have been performed by the applicant under the direct supervision of the proctor.

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in Internal Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Ventilator Management; **OR**
 1. Provide a minimum number of five (5) cases performed within the past two (2) years; **OR**
 1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Ventilator Management. You must provide documentation of proctoring for five (5) procedures.
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CHOS-10 FIBEROPTIC BRONCHOSCOPY IN THE INTUBATED PATIENT FOR REMOVAL OF SECRETIONS, DIAGNOSIS OF PNEUMONIA

DEFINITION: Fiberoptic bronchoscopy is a medical procedure in which a cylindrical fiberoptic scope, bronchoscope, is inserted into the airways. The instrument contains a light and an eyepiece that allows the visual examination of the lower airways. The procedure is used to examine the mucosal surface of the airways for abnormalities that might be associated with a variety of lung diseases and allows for removal of secretions for patients diagnosed with pneumonia.

CREDENTIALS:

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in Internal Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Ventilator Management; **OR**
1. Provide a minimum number of five (5) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Ventilator Management. You must provide documentation of proctoring for five (5) procedures.

CHOS-11 ENDOTORACHEAL INTUBATION TECHNIQUES: Intubation with all levels of sedation, including neuromuscular blockade.

CREDENTIALS:

The applicant must meet the following:

1. Provide verification from the fellowship program director that the Applicant has been trained and has participated in Endotracheal Intubation Techniques using all levels of sedation to include neuromuscular blockade for minimum of ten (10) procedures within the past two (2) years; **OR**
 1. Provide verification from the Department Chief where the Applicant most recently practiced documenting that the Applicant has successfully performed a minimum of ten (10) Endotracheal Intubate Techniques within the past two (2) years; **OR**
 1. Complete an approved airway management course and submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Endotracheal Intubation Techniques. You must provide documentation of proctoring for ten (10) cases of Endotracheal Intubation Techniques with moderate sedation and neuromuscular blockade.
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CHOS-13 and CHOS-14

CARDIAC STRESS TESTING (e. Exercise and f. Drug Induced)

- A. Cardiac Stress Testing-**Exercise**: Any physical exercise activity (treadmill, biking, etc.), intended to stimulate or induce cardiac ischemia must be supervised by a physician skilled and privileged to perform such a procedure with its associated evaluations and risks management.
- B. Cardiac Stress Testing-**Drug Induced**: Drug use (interavenous persantine, intravenous adenosine, intravenous isoproterenol, etc.) procedures intended to stimulate or induce cardiac ischemia must be supervised by a physician skilled and privileged to perform such a procedure with its associated evaluations and risks management.

SPECIFIC SKILLS AND TRAINING REQUIRED: The procedures to induce cardiac ischemia must be supervised by a physician who is knowledgeable in the interpretation of twelve-lead ECG's and stress induced ECG's. The physician must present documentation of his/her knowledge and experience in the treatment of angina, myocardial infarction, cardiac arrhythmias, asthma, cardiac arrest, CPR and the risks of the techniques used to induce ischemia.

Applicants shall present evidence of the following:

- 1. Provide documentation of the successful completion of a residency program in Family Medicine or Internal Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Cardiac Stress Testing; **OR**
- 1. Provide a minimum number of five (5) performed within the past two (2) years; **OR**
- 1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to Cardiac Stress Testing. You must provide documentation of proctoring for five (5).

These procedures are often used in conjunction with other cardiac functional evaluation techniques, such as echocardiography or nuclear medicine scanning procedures. The skills and training to interpret these other cardiac evaluation techniques should be defined by the specific department under which the privileges exist and not be confused with the procedures privileged to induce ischemia.

MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES

Maintenance Criteria for Continued Privileges (HOS-2 – HOS-9):

The Physician must submit a representative sample of a minimum of ten (10) cases, to include at least two (2) cases for each special privilege held, over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Maintenance Criteria for Continued Privileges (HOS-10):

The Physician must submit a minimum of ten (10) Flexible Bronchoscopy procedures performed over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold Flexible Bronchoscopy privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Maintenance Criteria for Continued Privileges (HOS-11):

The Physician must submit a minimum of five (5) Endotracheal Intubation Techniques procedures performed over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold Endotracheal Intubation Techniques privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Maintenance Criteria for Continued Privileges (HOS-13 and HOS-14):

The Physician must submit a representative sample of a minimum of ten (10) cases, to include at least two (2) cases for each special privilege held, over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CASE LOG

Physician's Name: _____

Date: _____

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CHOS-2)
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30				
			TOTAL	

