

Privileges for: Hematology/Oncology

Request

- ST. ELIZABETH - EDGEWOOD
- ST. ELIZABETH - FLORENCE
- ST. ELIZABETH - FT. THOMAS
- ST. ELIZABETH - GRANT CO (Surgical & other invasive procedure requiring general anesthetic are not offered)

MEC Approval: August 27, 2009, February 27, 2014

Board Approval: September 14, 2009, May 5, 2014

DEPARTMENT APPROVAL

_____ Approved _____ Disapproved

Department/Section Chair Signature Date

MINIMUM REQUIREMENTS

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in internal medicine and an accredited fellowship program in hematology and/or medical oncology, or demonstrate current certification in hematology or medical oncology by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine with special qualifications in hematology or medical oncology.

Note: For Practitioners (excluding AHPs) who apply for membership after March 2, 2009 be and remain (with a lapse of no longer than one year) board certified in their principal practice specialty, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

I. Core Privileges: Core privileges in hematology/medical oncology include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

DESCRIPTION OF CORE PRIVILEGES

Admit patients, perform histories and physicals and evaluate, diagnose, treat, and provide consultation services to patients of all ages, with all types of malignant and benign tumors, illnesses and disorders of the blood, clotting system, and blood-forming tissue. These privileges include but are not limited to administration of chemotherapeutic agents and biological response modifiers through all therapeutic routes, bone marrow aspiration, biopsy, and interpretation, management and maintenance of indwelling venous access catheters, use of accessing ports, cellular and plasma pheresis (offered at EDGEWOOD only), exchange transfusion, therapeutic phlebotomy, and ommaya reservoir with chemotherapy.

Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Intensive Care, Pulmonology or Emergency Medicine or (b) current ACLS Certification or (c) satisfactory completion of the ASA Moderate Sedation course).

Anesthesia Section Chair Date

Privileges for: Hematology/Oncology

Request

II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

DESCRIPTION OF ADDITIONAL PRIVILEGES

- _____ Diagnostic lumbar puncture
- _____ Thoracentesis
- _____ Paracentesis
- _____ Skin biopsy
- _____ Fine Needle Aspiration of superficial masses, lymph node aspiration and breast mass aspiration
- _____ Placement of central venous access
- _____ Porta-Cath insertion
- _____ Liver Biopsy
- _____ Placement of peripherally inserted central venous catheters
- _____ Endotracheal intubation
- _____ Joint aspiration
- _____ V-P Shunt Reprogramming

Applicants Signature: _____

Date: _____