

Privileges for: **Internal Medicine**

Request

Document Review: MEC Approval: August 27, 2009, Rev. 6/27/ 2013, November 21, 2013, February 27, 2014
Board Approval: September 14, 2009; Rev. June 27, 2013, November 24, 2013, May 5, 2014

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

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

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.

REFER AND FOLLOW

Please select Refer and Follow privileges if you do not wish to exercise any inpatient privileges. You must have an existing arrangement for referral of your patients with a physician having admitting privileges at St. Elizabeth Healthcare.

Refer and Follow - refer patients to the care of a hospitalist or other appropriately privileged Member (that has been previously arranged) and follow the progress of such patients through discharge. Refer and follow privileges include visiting the patient and reviewing medical record contents. Refer and follow privileges alone do not include the ability to admit patients, write orders, make medical record entries or otherwise engage in any form of active medical management regarding inpatients or observation patients. However, the privileges do allow the physician to order outpatient diagnostic testing and therapies. In this situation, the physician, or the physician's designee, must be available to field questions from the hospital staff and, as mentioned above, must have previously arranged for the care of the patient, if the patient requires admission.

Name of physician/group who will be admitting your patients _____

I. Core Privileges: Core privileges in internal medicine 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.

Privileges for: Internal Medicine

Request

DESCRIPTION OF CORE PRIVILEGES

Admit patients, perform histories and physicals, provide consultations and perform the daily workup and management of disease in adult patients. This includes management of patients in the intensive care units, EKG interpretation, blood transfusion, emergency cardioversion, emergency intubation, CPAP management, local anesthesia use, foley catheter insertion, incision and drainage of abscesses and furuncles and the suture of wounds

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). 99144, 99149

Anesthesia Section Chair

Date

Non-invasive positive pressure ventilation (C-pap or Bi-pap) - 93.90 / 94660

Airway - insertion of oropharyngeal airway, insertion of nasopharyngeal airway, use of suction apparatus; endotracheal intubation; use of manual and mechanical ventilation; 31500, 94002, 94799

Mechanical ventilator management (not available at GRANT COUNTY) - 96.71, 96.72 / 94002, 94003

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. Competency is defined as actively participating as the primary operator for each procedure.

DESCRIPTION OF ADDITIONAL PRIVILEGES

Thoracentesis - 34.91 / 32554, 32555

Central Vein Cannulation (placed in jugular/femoral) - 38.93, 38.94, 38.95 / 36556

Paracentesis - 54.91 / 49082, 49083

Lumbar Puncture - 3.31 / 62270

Joint Aspiration/Injection - 81.91 / 20600, 20605, 20610

Bone Marrow Aspiration - 41.31 / 38220; (bone marrow biopsy - 41.31)

Arterial Puncture line insertion and cannulation - 38.98, 89.60 / 36251-36254, 36600, 84999

Arterial puncture for blood gases

Swan Ganz Catheter Placement (pulmonary artery catheter) - 89.64 / 93503

Sigmoidoscopy - (flexible) - 45.24, 48.23 / 45300, 45330

I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.

Applicants Signature: _____

Date: _____