

Privileges for: Family Medicine

Request

Document Review:

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ST. ELIZABETH - EDGEWOOD

ST. ELIZABETH - FLORENCE

ST. ELIZABETH - FT. THOMAS

ST. ELIZABETH - GRANT CO (Surgical & other invasive procedure 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 Family 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 & 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. (If you have checked "Refer & Follow", do not request anything else. Proceed to the signature line on the last page.)

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 _____

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I. Core Privileges: Core privileges in family 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.

DESCRIPTION OF CORE PRIVILEGES

- _____ Provide primary healthcare services to a broad range of patients, including pre-natal, normal newborn, pediatric, adolescent, adult medical (including ICU & CCU), psychiatric, geriatric and non-surgical orthopedic with illnesses or problems requiring the skills and training acquired in an accredited Family Medicine Residency. Admit patients, perform histories and physicals. Perform customary minor surgical, dermatological, diagnostic, and therapeutic procedures under local and digital anesthesia normally incident to caring for such patients, and utilize CPAP.
- _____ Emergency intubation and emergency ventilator management
- _____ Incision and drainage of superficial abscesses and skin lesions, skin biopsies, repair of uncomplicated lacerations, breast mass aspiration and other skin surgical procedures within the scope of residency training.
- _____ 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**

- _____ Non-invasive positive pressure ventilation (C-pap or Bi-pap)
- _____ Airway - insertion of oropharyngeal airway, insertion of nasopharyngeal airway, use of suction apparatus; endotracheal intubation; use of manual and mechanical ventilation
- _____ Mechanical ventilator management (not offered at GRANT CO.)

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.

_____ OFFICE BASED PRIVILEGES (Applies to SEH employed Family Medicine physicians only): Examine, evaluate, perform minor procedures and treat ambulatory patients using the skills acquired in an accredited family medicine residency.

DESCRIPTION OF ADDITIONAL PRIVILEGES

- _____ Chest tube placement
- _____ Thoracentesis
- _____ Paracentesis
- _____ Lumbar puncture
- _____ Flexible sigmoidoscopy
- _____ Colonoscopy
- _____ Arterial line
- _____ Neonatal Intensive Care Unit care of low birth weight infants with non-life threatening illness and without significant cardio respiratory illness; care of term infants with non-life threatening illness. This does not include prematurely less than 35 week's gestation, with or without other complications (EDGEWOOD, only) in accordance with NICU Admission/Management/Handoff Guidelines policy MedAff M-350.
- _____ With appropriate obstetrics backup, management of routine term obstetrics including fetal and labor monitoring, augmentation and induction techniques, episiotomy and fetal resuscitation. Documentation of current competence and recent experience required. (EDGEWOOD, only)
- _____ Circumcision (EDGEWOOD, only)

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- _____ Acupuncture (for focal pain relief - 2 needle technique)
- _____ PICC lines
- _____ Osteopathic Manipulation (ADDITIONAL REQUIREMENT: Must be D.O. trained)
- _____ Central venous catheter placement
- _____ Nasolaryngoscopy
- _____ L E E P
- _____ Colposcopy with cervical biopsy

III. Family Medicine Obstetrics Privileges: In addition to the 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 have requested by checking in the spaces below.

Who Is Eligible? Family Medicine physicians or obstetrics/gynecology residents in their third or fourth year

Minimum Requirements: Extensive practical experience and demonstrated ability in obstetrics (e.g., one-year post family medicine residency training with principal focus on obstetrics); A residency trained OB/GYN physician must be immediately available to Labor and Delivery and cannot have any scheduled procedures outside that area that would prevent immediate availability. Additional signoff (below) by OB/GYN Section chair or designee required. The below-listed privileges must be performed under the indirect supervision of a laborist OB/GYN.

DESCRIPTION OF OBSTETRICS PRIVILEGES - (Service offered at EDGEWOOD, only) - the below-listed privileges must be performed under the indirect supervision of a laborist OB/GYN:

- _____ Normal antepartum and postpartum care, normal labor and delivery including minimal operative procedures, such as episiotomy, repair of 2nd degree perineal lacerations, management of minor obstetrical complications such as mild toxemia and threatened abortion, and fetal resuscitation.
- _____ Repair of 3rd degree lacerations
- _____ Repair of 4th degree lacerations
- _____ Outlet forceps delivery
- _____ Low forceps delivery
- _____ Vacuum extraction
- _____ Obstetrical D & C
- _____ C-Section
- _____ Assist with C-sections

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For Family Medicine Obstetrics Privileges only

_____ Approved

_____ Disapproved

Chair, Obstetrics and Gynecology

Date:

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: _____