

# Delineation of Privileges Emergency Medicine

Applicant's Name \_\_\_\_\_  

First
Middle
Last

## Instructions

- Review Basic Minimum Requirements to make sure you qualify for this form.
- Peer references listed on the initial/reappointment application will be contacted to assess competency of privileges requested.
- Select Core Privileges you wish to request.
  - ✓ Use check marks to identify at each entity you are requesting within each core privilege group.
  - ✓ Review Requirements.
  - ✓ Review the core description and procedure lists for each core selected and strike through those you do not wish to request.
- Select Supplemental privileges.
  - ✓ Use check marks to identify which supplemental privileges at each entity you are requesting.
  - ✓ Review core required and additional requirements. When documentation of cases or procedures is required, attach case/procedure logs to this privileges-request form.
    - ✓ New applicants to a HealthPartners hospital may obtain documentation from their most current hospital affiliation(s) or training programs completed within the past 24 months.
    - ✓ New applicants already on staff at another HealthPartners hospital and reappointment applicants may request documentation from the Health Information Management or Quality departments.
- Sign and date Applicant Acknowledgement.
- Return all pages of the privilege form with your application.

<b>Table of Contents:</b>		<b>Key:</b>
Core I –Regions Hospital only - emergency medicine privileges for emergency medicine residency trained and/or certified physicians	Page 2	<b>AH</b> = Amery Hospital and Clinics
Core II-Emergency medicine privileges for emergency medicine residency trained and/or certified physicians	Page 3	
Core III - Emergency medicine privileges for non-emergency medicine trained or certified physicians	Page 4	
Core Procedure List (Cores I, II, and III)	Page 5	
Core IV - Regions Hospital only - toxicology privileges	Page 6	<b>HH</b> = Hudson Hospital
Moderate Sedation	Page 7	<b>LH</b> = Lakeview Hospital
POCUS	Page 8	<b>RH</b> = Regions Hospital
Applicant Acknowledgement (Signature)	Page 9	<b>WH</b> = Westfields Hospital and Clinics
		If a privilege is not available at a hospital, the selection box will be gray.

## Basic Minimum Requirements

**Professional Education:** MD, DO or equivalent.

**Formal Training:** Successful completion of Emergency Medicine residency approved by ACGME, AOA or Royal College of Physicians and Surgeons of Canada. **OR** Qualification to sit for board certification via practice tract and subsequent board certification in emergency medicine.

**Board Certification:** ABMS, AOA, or Royal College of Physicians and Surgeons board certified in Emergency Medicine with ongoing maintenance of certification with the intent of maintaining board certification, or in the process of obtaining board certification within time limit established by the relevant specialty board.

## CORE I — Staff physician (emergency medicine- residency trained and/or certified at Regions Hospital)

Select Entity:	AH	HH	LH	RH	WH
Place a check-mark at each entity you are requesting these core privileges.					

**Requirements:**

- Must meet Basic Minimum Requirements (page 1).
- Additional requirements:**
  - New applicants must provide documentation of having held ATLS certification at least once during their years of practice (this requirement is consistent with current American College of Surgeons recommendations for level one trauma centers).
- Initial appointment:**
  - On page 10, provide contact information for a residency director whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

**OR**

  - On the credentialing application, provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.
- Reappointment:**
  - Provide documentation showing the number of patient encounters in the last 24 months;

**OR**

  - On the credentialing application, provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

**Core Description:** Assess, evaluate, diagnose, and initially treat patients of all ages who present to the Emergency Department with any symptom, illness, injury, or condition and provide services necessary to ameliorate minor illnesses or injuries and stabilized patients with major illnesses or injuries and to assess all patients to determine if additional care is necessary.

Administer and manage moderate sedation/analgesia, a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accomplished by light tactile stimulation. A patent airway is maintained and spontaneous ventilation is adequate. Cardiovascular function is always maintained.

Administer and manage moderate and deep sedation with the intent to depress consciousness, often with associated loss of airway reflexes, depressed respiratory and cardiovascular function.

Privileges do not include long-term care of patients on an inpatient basis.

No privileges to admit or perform scheduled elective procedures with the exception of procedures performed during routine emergency room follow-up visits.

The core privileges include the procedures listed on page 5 and such other procedures that are extensions of the same techniques and skills. **Strike through those you do not wish to request.**

## Delineation of Privileges Emergency Medicine

### CORE II — Staff physician (emergency medicine- residency trained and/or certified)

Select Entity:	AH	HH	LH	RH	WH
Place a check-mark at each entity you are requesting these core privileges.					

**Requirements:**

1. Must meet Basic Minimum Requirements (page 1).
2. **Additional Requirements (Lakeview Hospital ONLY):**
  - a. New applicants must provide documentation of having held ATLS or CALS (with benchmark labs or trauma designation) certification at least once during their years of practice (this requirement is consistent with MN State Trauma Advisory Council (STAC) requirements for level 3 trauma centers).
3. **Initial appointment:**
  - a. On page 10, provide contact information for a residency director whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

**OR**

  - b. On the credentialing application, provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.
4. **Reappointment:**
  - a. Provide documentation showing the number of patient encounters in the last 24 months;

**OR**

  - b. On the credentialing application, provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

**Core Description:** Assess, evaluate, diagnose, and initially treat patients of all ages who present to the Emergency Department with any symptom, illness, injury, or condition and provide services necessary to ameliorate minor illnesses or injuries and stabilized patients with major illnesses or injuries and to assess all patients to determine if additional care is necessary.

Administer and manage moderate sedation/analgesia, a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accomplished by light tactile stimulation. A patent airway is maintained and spontaneous ventilation is adequate. Cardiovascular function is always maintained

Administer and manage moderate and deep sedation with the intent to depress consciousness, often with associated loss of airway reflexes, depressed respiratory and cardiovascular function.

Privileges include the ability to write admitting transition orders with the responsibility for patient care transferred to the appropriate on-call or inpatient attending physician when the on-call or inpatient physician is not on site or readily available. Physicians may write orders for patients that they admitted from the emergency department when the on-call physician is not immediately available on site.

Privileges also include the ability to write orders on the inpatient side for emergency situations i.e. rapid response calls and Code Blues outside of the emergency department.

Privileges do not include long-term care of patients on an inpatient basis.

The core privileges include the procedures listed on page 5 and such other procedures that are extensions of the same techniques and skills. **Strike through those you do not wish to request.**

## Delineation of Privileges Emergency Medicine

### CORE III — Privileges in emergency medicine for non-emergency medicine-trained or certified physicians

Select Entity:	AH	HH	LH	RH	WH
Place a check-mark at each entity you are requesting these core privileges.					

**Requirements:**

1. **Professional Education:** MD, DO or equivalent.
2. **Formal Training:** Successful completion of family medicine, general surgery, internal medicine, or pediatrics post graduate training approved by ACGME, AOA or Royal College of Physicians and Surgeons of Canada.
3. **Board Certification:** ABMS, AOA, or Royal College of Physicians and Surgeons board certified in family medicine, general surgery, internal medicine, or pediatrics with ongoing maintenance of certification with the intent of maintaining board certification, or in the process of obtaining board certification within time limit established by the relevant specialty board.
4. Current ATLS and ACLS and PALS certification **OR** Current CALS certification.
  - a. **Lakeview Hospital ONLY:** If submitting CALS certification, it must include benchmark labs or trauma designation.
5. **Initial appointment:**
  - a. Provide copy of current ATLS and ACLS and PALS certification or current CALS certification
  - b. Provide documentation of at least 100 patients cared for in emergency department in the past year with activity representative of privileges requested. If activity does not meet threshold proctoring may be required.
  - c. On the credentialing application, provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

**OR**

On page 10 provide contact information for a residency director (if you have just completed your residency) whom the credentialing specialist may contact to provide an evaluation of your clinical competency.
6. **Reappointment:**
  - a. Provide copy of current ATLS and ACLS and PALS certification or current CALS certification
  - b. Provide documentation of at least 200 patients cared for in emergency department in the past two years with activity representative of privileges requested. If activity does not meet threshold proctoring may be required.
  - c. On the credentialing application, provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

**Core Description:** Assess, evaluate, diagnose, and initially treat patients of all ages who present to the Emergency Department with any symptom, illness, injury, or condition and provide services necessary to ameliorate minor illnesses or injuries and stabilized patients with major illnesses or injuries and to assess all patients to determine if additional care is necessary.

Privileges include the ability to write admitting transition orders with the responsibility for patient care transferred to the appropriate on-call or inpatient attending physician when the on-call or inpatient physician is not on site or readily available. Physicians may write orders for patients that they admitted from the emergency department when the on-call physician is not immediately available on site.

Privileges also include the ability to write orders on the inpatient side for emergency situations i.e. rapid response calls and Code Blues outside of the emergency department.

Privileges do not include long-term care of patients on an inpatient basis.

The core privileges include the procedures listed on page 5 and such other procedures that are extensions of the same techniques and skills. **Strike through those you do not wish to request.**

## Core Procedure List (CORE I, II, III)

Strike through those you do not wish to request.

1. Abscess incision and drainage, including Bartholin's cyst
2. Airway management and intubation
3. Administration of sedation and analgesia per hospital policy
4. Administration of thrombolytic therapy of myocardial infarction and stroke
5. Anoscopy
6. Arthrocentesis
7. Anesthesia: intravenous, local, and regional
8. Bladder decompression and catheterization techniques
9. Blood component transfusion therapy
10. Burn management, including escharotomy
11. Puncture cannulation, artery and vein
12. Cardiac pacing to include but not limited to external, intra thoracic, transvenous
13. Cardiac massage, open or closed
14. Cardioversion (synchronized counter-shock)
15. Central venous access (femoral, jugular, peripheral, internal, subclavian)
16. Chemical restraint of agitated patient
17. Cricothyrotomy
18. Defibrillation
19. Delivery of newborn, emergency (including emergent peri-mortem c-section)
20. Dental anesthesia block
21. Dislocation/fracture reduction/immobilization techniques, including splint and cast applications
22. Electrocardiography interpretation
23. Emergency ultrasound as an adjunct to privileged procedure
24. GI decontamination( lavage, charcoal)
25. Hemorrhoidectomy with clot removal
26. Hernia reduction
27. Irrigation and management of caustic exposures
28. Insertion of emergency transvenous pacemaker
29. Intracardiac injection
30. Intraosseous insertion and infusion
31. Laryngoscopy, direct, indirect
32. Lumbar puncture
33. Management of epistaxis
34. Nail removal
35. Nail trephine techniques
36. Nasogastric/orogastric intubation
37. Ocular pH determination
38. Ocular tonometry
39. Oxygen therapy
40. Paracentesis
41. Perichondrial hematoma incision and drainage
42. Pericardiocentesis
43. Perform history and physical exam
44. Peripheral venous cutdown
45. Peritoneal lavage
46. Preliminary interpretation of imaging studies
47. Dental Reduction
48. Removal of foreign bodies, airway including nose, eye, ear, soft instrumentation/irrigation, skin or subcutaneous tissue
49. Removal of IUD
50. Repair of laceration
51. Resuscitation
52. Skull trephination
53. Slit lamp used for ocular exam, removal of corneal foreign body
54. Spine immobilization
55. Thoracentesis
56. Thoracostomy tube insertion
57. Thoracotomy
58. Tracheostomy
59. Variceal/nonvariceal hemostasis
60. Wound debridement and repair
62. Non-invasive ventilation (CPAP,BiPAP)

Applicant Name: \_\_\_\_\_

## CORE IV — Toxicology (Regions Hospital only)

Select Entity:

AH

HH

LH

RH

WH

Place a check-mark at each entity you are requesting these core privileges.

### Requirements:

1. **Professional Education:** MD, DO or equivalent.
2. **Formal Training:**  
Successful completion of an accredited fellowship in toxicology  
**OR**  
Completion of a formal training program in toxicology
3. **Board Certification:** ABMS, AOA, or Royal College of Physicians and Surgeons board certified in family medicine, general surgery, internal medicine, or pediatrics with ongoing maintenance of certification with the intent of maintaining board certification, or in the process of obtaining board certification within time limit established by the relevant specialty board.
4. **Initial appointment:**
  - a. Provide documentation from another hospital indicating privileges for toxicology;

**Or**

On page 10, provide contact information for a fellowship director or physician toxicologist whom the credentialing specialist may contact to provide an evaluation of your clinical competency.
5. **Reappointment:**
  - a. Provide documentation of 25 toxicology consults during the past 24 months;

**Or**

On the credentialing application, provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

**Core Description:** General privileges in toxicology and consultation services on issues involving toxicology.

Applicant Name: \_\_\_\_\_

## Moderate Sedation (Amery/Hudson/Lakeview/ Westfields)

(Is included in Core I and II; Core III must request as separate privilege if needed)

Select Entity:	AH	HH	LH	WH
Place a check-mark at each entity you are requesting these core privileges.				
<b>Requirements:</b> <ol style="list-style-type: none"><li>1. Must meet Basic Minimum Requirements (page 1).</li><li>2. <b>Initial Applicant:</b><ol style="list-style-type: none"><li>a. Complete moderate sedation test provided by the Credentialing Services Bureau with passing score; <b>Or</b> Document experience by providing one of the following:<ol style="list-style-type: none"><li>i. Evidence of successful completion of a moderate sedation test from another hospital with passing score;</li><li>ii. Governing board letter from another hospital indicating the applicant has moderate sedation privileges;</li><li>iii. Letter from Medical Staff Office at another hospital indicating specifically that the practitioner has moderate sedation privileges and the date they were granted;</li><li>iv. If a recent graduate, attestation of competency from program director.</li></ol></li><li>b. Provide documentation of current ACLS (or CALS at AH/HH/LH/WH), ATLS or PALS certification.</li></ol></li><li>3. <b>Reappointment:</b><ol style="list-style-type: none"><li>a. Provide documentation of performing moderate sedation for at least ten (10) patients within the past 24 months; <b>Or</b> provide documentation from Division/Section Head that attests to ongoing current competence.</li><li>b. Provide documentation of current ACLS (or CALS at AH/HH/LH/WH), ATLS or PALS certification.</li></ol></li></ol>				
<b>Description:</b> Administer and manage moderate sedation/analgesia, a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accomplished by light tactile stimulation. A patent airway is maintained and spontaneous ventilation is adequate. Cardiovascular function is always maintained.				

Applicant Name: \_\_\_\_\_

## Point of Care Ultrasound (POC US)

Select Entity:	AH	HH	LH	RH	WH
Place a check-mark at each entity you are requesting these core privileges.					

**Requirements:**

- Hold one of the core privileges
- Have completed residency training in a program that included formal hands on ultrasound instruction and experience;

**Or**

Completed twenty (20) hours of Point of Care Ultrasound CME with at least six (6) hours of hands on ultrasound scanning and has completed five (5) proctored limited cardiac ultrasound cases (as part of CME).

**3. Initial Applicant:**

Provide documentation demonstrating satisfactory completion of training ultrasound technology (as noted in section above).

- Cardiac: Provide documentation of having performed 20 cases of limited cardiac ultrasound (includes all five views) within the last 12 months.
- Invasive procedures: Provide documentation of having performed 5 cases of procedural/invasive ultrasound (can be any combination of procedures) within the last 12 months.
- Non-invasive procedures: Provide documentation of having performed 5 cases of each type of non-invasive ultrasound for which privileges are requested within the last 12 months.

**4. Reappointment:**

- Cardiac: Perform 20 cases of limited cardiac ultrasound (tailored to answer clinical question) within the last 24 months and provide documentation upon request.
- Invasive procedures: Perform 10 cases total of procedural/invasive ultrasound (can be any combination of procedures) within the last 24 months and provide documentation upon request.
- Non-invasive Ultrasound: Perform 20 cases total of non-invasive ultrasound within the last 24 months and provide documentation upon request.

**Description:** Practitioner agrees to limit the use of ultrasound to exams performed at the bedside for the purpose of a rapid evaluation to help establish a diagnosis in situations which applicant has privileges to practice.

Applicant Name: \_\_\_\_\_



## Applicant Acknowledgement

I attest that I meet all of the minimum threshold criteria for the privileges I am asking for in this request. I understand that, if privileges are granted, I must exercise them consistently with the medical staff's governing or operational policies, and with all policies of the Hospital.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return all pages of the privilege form with your application.**

Initial Application: Residency/Fellowship Director Contact Information	
Name _____	Phone: _____
Name of Facility: _____	Fax: _____
Address: _____	Email: _____