

Delineation of Privileges

Internal Medicine

Applicant's Name _____

First Middle Last

Instructions

1. Review Basic Minimum Requirements to make sure you qualify for this form.
2. Peer references listed on the initial/reappointment application will be contacted to assess competency of privileges requested.
3. 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.**
4. 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.
5. Sign and date Applicant Acknowledgement.
6. Return all pages of the privilege form with your application.

Table of Contents:		Key:
Refer & Follow Core	Page 2	AH = Amery Hospital and Clinics HH = Hudson Hospital LH = Lakeview Hospital MH = Methodist Hospital RH = Regions Hospital WH = Westfields Hospital and Clinics If a privilege is not available at a hospital, the selection box will be gray .
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Basic Minimum Requirements

Professional Education: MD, DO or equivalent.

Formal Training: Successful completion of Internal Medicine or Internal Medicine/Pediatrics residency approved by ACGME or AOA or international equivalent as accepted by recognized certification board.

Board Certification: ABMS, AOA, or Royal College of Physicians and Surgeons of Canada board certified in Internal 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.

Refer & Follow Core

Select Entity:

AH HH LH MH RH WH

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

Requirements:

1. Must meet Basic Minimum Requirements (page 1).

Core Description: Perform outpatient preadmission history and physical, order noninvasive outpatient diagnostic tests and services, order infusions, visit patients in the hospital, review medical records, consult with the attending physician, and observe diagnostic or surgical procedures with the approval of the attending physician or surgeon.

General non-staff internal medicine privileges for moonlighters

Select Entity:

AH HH LH MH RH WH

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

Requirements:

1. MD, DO or equivalent.
2. Currently enrolled in an approved residency program in internal medicine or internal medicine/pediatrics with ACGME, AOA or Royal College of Physicians and Surgeons of Canada.

Core Description: Appropriate consultation with a physician holding Internal/Hospital Medicine Core privileges is required.

Admit, evaluate, diagnose, treat, and provide consultation to patients 16 years of age and older with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastrointestinal, and genitourinary systems. The core privileges include the procedures below and such other procedures that are extensions of the same techniques and skills. **Strike through those you do not wish to request.**

- | | |
|--|---|
| 1. Performance of history and physical exam | 10. I&D Abscess |
| 2. Arthrocentesis and injection of joints and bursa (excluding hip joints) | 11. Insertion and management of central venous catheters and arterial lines |
| 3. Burns, superficial and partial thickness | 12. Local anesthetic techniques |
| 4. Cardioversion – emergent | 13. Lumbar puncture |
| 5. Ventilator management – Acute & Chronic (Regions NA) | 14. Paracentesis |
| 6. Ventilator management – Chronic (Regions only) | 15. Perform simple skin biopsy or excision |
| 7. Excision of skin and subcutaneous tumors, nodules, and lesions | 16. Placement of anterior nasal hemorrhage packing |
| 8. EKG interpretation | 17. Remove non-penetrating corneal foreign body, nasal foreign body |
| 9. Hyperalimentation and total parenteral nutrition | 18. Thoracentesis |

Applicant Name: _____

*For sites that do not have medical staff department chairs, documentation from the appropriate service line physician leader, medical director or Chief of Staff, or their designee may be accepted in lieu of a department chair.

Internal/Hospital Medicine Core

Select Entity:

AH HH LH MH 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. Initial appointment:
 - a. ACLS or CALS required at Amery, Hudson, Lakeview, Westfields
3. Reappointment:
 - a. ACLS or CALS required at Amery, Hudson, Lakeview, Westfields

Core Description: Admit, diagnose, provide non-surgical treatment, consult and discharge patients with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastrointestinal and genitourinary systems. The core privileges include the procedures below and such other procedures that are extensions of the same techniques and skills. **Strike through those you do not wish to request.**

- | | |
|--|---|
| 1. Performance of history and physical exam | 10. I&D Abscess |
| 2. Arthrocentesis and injection of joints and bursa (excluding hip joints) | 11. Insertion and management of central venous catheters and arterial lines |
| 3. Burns, superficial and partial thickness | 12. Local anesthetic techniques |
| 4. Cardioversion – emergent | 13. Lumbar puncture |
| 5. Ventilator management – Acute & Chronic (Regions NA) | 14. Paracentesis |
| 6. Ventilator management – Chronic (Regions only) | 15. Perform simple skin biopsy or excision |
| 7. Excision of skin and subcutaneous tumors, nodules, and lesions | 16. Placement of anterior nasal hemorrhage packing |
| 8. EKG interpretation | 17. Remove non-penetrating corneal foreign body, nasal foreign body |
| 9. Hyperalimentation and total parenteral nutrition | 18. Thoracentesis |

Applicant Name: _____

*For sites that do not have medical staff department chairs, documentation from the appropriate service line physician leader, medical director or Chief of Staff, or their designee may be accepted in lieu of a department chair.

Internal Medicine Ambulatory Core

Select Entity:

AH WH

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

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Requirements:

1. Must meet Basic Minimum Requirements (page 1).

Core Description: Diagnose, provide non-surgical treatment, and consult patients with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastrointestinal and genitourinary systems. The core privileges include the procedures below and such other procedures that are extensions of the same techniques and skills. **Strike through those you do not wish to request.**

- | | |
|-------------------------------------|--|
| 1. Breast cyst aspiration | 7. Punch biopsy |
| 2. Suprapubic bladder aspiration | 8. Removal of non-penetrating corneal foreign body |
| 3. Trigger point injections | 9. Fractures and dislocations |
| 4. Suturing | 10. Joint injections/aspiration |
| 5. Incision and drainage of abscess | 11. Removal of moles and toenails |
| 6. Simple skin biopsy or excision | 12. EKG interpretation |

Applicant Name: _____

Supplemental Privileges

1. Use check marks to identify which supplemental privileges at each entity you are requesting.
2. Review additional requirements. When documentation of cases or procedures is required, attach case/procedure logs to this privileges-request form.

Supplemental Privilege	Additional Requirements	AH	HH	LH	MH	RH	WH
Bronchoscopy	Initial: Documentation of 12 cases in past 12 months. OR Provide Residency Program Director contact information within the Residency section of the credentialing application for program completed within the past 12 months. Reappointment: Documentation of 25 cases within the past 24 months.						
Colonoscopy & Flexible Sigmoidoscopy	Initial: Documentation of 25 cases in past 12 months. OR Provide Residency Program Director contact information within the Residency section of the credentialing application for program completed within the past 12 months. Reappointment: Documentation of 50 cases within the past 24 months.						
EGD (Esophagogastroduodenoscopy)	Initial: Documentation of 5 cases in past 12 months. OR Provide Residency Program Director contact information within the Residency section of the credentialing application for program completed within the past 12 months. Reappointment: Documentation of 10 cases within the past 24 months.						
Endotracheal Tube Placement	Initial: Documentation of 5 cases in the past 12 months OR Provide Residency Program Director contact information within the Residency section of the credentialing application for program completed within the past 12 months. Reappointment: Documentation of 10 cases within the past 24 months or simulation based continued training.						
Moderate Sedation	See Page 6						
Point of Care Ultrasound (POCUS)	See Page 7						
Exercise Stress Test	Initial: Documentation of 5 cases in the past 12 months. OR Provide Residency Program Director contact information within the Residency section of the credentialing application for program completed within the past 12 months. Reappointment: Documentation of 10 cases within the past 24 months.						

Applicant Name: _____

Return all pages of the privilege form with your application.

Moderate Sedation

Select Entity:

AH

HH

LH

RH

WH

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

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Requirements:

1. Must meet Basic Minimum Requirements (page 1).
2. Initial Applicant:
 - a. Complete moderate sedation test provided by Regions medical staff services with passing score;
 - Or**
 - Document experience by providing one of the following:
 - i. Evidence of successful completion of a moderate sedation test from another hospital with passing score;
 - ii. Governing board letter from another hospital indicating the applicant has moderate sedation privileges;
 - iii. Letter from Medical Staff Office at another hospital indicating specifically that the practitioner has moderate sedation privileges
 - iv. and the date they were granted;
 - v. If a recent graduate, attestation of competency from program director.
 - b. Provide documentation of current ACLS (or CALS at AH/HH/LH/WH), ATLS or PALS certification.
3. Reappointment:
 - a. Provide documentation of performing moderate sedation for at least ten (10) patients within the past 24 months; **Or** Provide documentation from Division/Section Head that attests to ongoing current competence.
 - b. Provide documentation of current ACLS (or CALS at AH/HH/LH/WH), ATLS or PALS certification.

Description: 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:

1. Hold one of the core privileges.

2. 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:

Strike through those procedures you do not wish to request

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

1. **Cardiac:** Provide documentation of having performed 20 cases of limited cardiac ultrasound (includes all five views) within the last 12 months.

2. **Invasive procedures:** Provide documentation of having performed 5 cases of procedural/invasive ultrasound (can be any combination of procedures) within the last 12 months.

3. **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:

Strike through those procedures you do not wish to request

1. **Cardiac:** Perform 20 cases of limited cardiac ultrasound (tailored to answer clinical question) within the last 24 months and provide documentation upon request.

2. **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.

3. **Non-invasive procedures:** 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 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 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: _____

Applicant Name: _____

Return all pages of the privilege form with your application.