

Regions Hospital
Delineation of Privileges
Internal Medicine – Hematology / Oncology

Applicant's Name: _____
Last First M.

- Instructions:
- Place a check-mark where indicated for each core group you are requesting.
 - Review *education and basic formal training* requirements to make sure you meet them.
 - Review *documentation and experience* requirements and be prepared to prove them.
 - ✓ Note all renewing applicants are required to provide evidence of their current ability to perform the privileges being requested
 - ✓ When documentation of cases or procedures is required, attach said case/procedure logs to this privileges-request form.
 - Provide complete and accurate names and addresses where requested -- it will greatly assist how quickly our credentialing-specialist can process your requests.

Overview

Core I – Core hematology privileges

Core II – Core oncology privileges

Core procedure list

Moderate sedation

Signature page

☐ **CORE I — Hematology privileges**

Privileges
<p>Admit, evaluate, diagnose, treat, and provide consultation to patients, of all ages, with diseases and disorders of the blood, spleen, lymph glands, and immunologic system, such as anemia, clotting disorders, sickle cell disease, hemophilia, leukemia, and lymphoma.</p> <p>The core privileges in this specialty include the procedures on the attached core procedures list and other procedures that are extensions of the same techniques and skills.</p>
<p>Basic education and minimal formal training</p> <ol style="list-style-type: none">1. MD, DO, MBBS or MB BCH.2. Successful completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved internal medicine or internal medicine / pediatric residency program.3. Successful completion of accredited fellowship in hematology, or an integrated fellowship in hematology / oncology.4. Current subspecialty certification -- or active participation in the examination process with achievement of certification within 5 years leading to subspecialty certification -- in oncology or dual certification in hematology and medical oncology by the American Board of Internal Medicine or subspecialty certification in oncology by the American Osteopathic Board of Internal Medicine.
<p>Required documentation and experience</p> <p>NEW APPLICANTS:</p> <ol style="list-style-type: none">1. Provide documentation demonstrating the provision of inpatient or consulting services for at least 24 hematology patients during the last 12 months.2. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency. <p>Name _____ Phone: _____</p> <p>Name of Facility: _____ Fax: _____</p> <p>Address: _____ Email: _____</p> <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none">1. Provide documentation showing numbers of inpatient services performed during the past 24 months; Or Provide contact information for a physician peer whom the credentialing specialist can contact to provide an evaluation of your clinical competency. <p>Name _____ Phone: _____</p> <p>Name of Facility: _____ Fax: _____</p> <p>Address: _____ Email: _____</p>

☐ **CORE II — Oncology privileges**

Privileges
<p>Admit, evaluate, diagnose, treat, and provide consultation to patients, of all ages, with all types of cancer and other benign and malignant tumors.</p> <p>The core privileges in this specialty include the procedures on the attached core procedure list and such other procedures that are extensions of the same techniques and skills.</p>
Basic education and minimal formal training
<ol style="list-style-type: none"> 1. MD, DO, MBBS or MB BCH. 2. Completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved Internal Medicine or Internal Medicine/Pediatric residency program; 3. Successful completion of an accredited fellowship in medical oncology, or an integrated fellowship in hematology / oncology. 4. Current subspecialty certification -- or active participation in the examination process with achievement of certification within 5 years leading to subspecialty certification -- in oncology, or dual certification in hematology and medical oncology by the American Board of Internal Medicine, or subspecialty certification in oncology by the American Osteopathic Board of Internal Medicine.
Required documentation and experience
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation demonstrating inpatient or consultative services for at least 24 oncology patients during the past 12 months. 2. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency. <p>Name _____ Phone: _____</p> <p>Name of Facility: _____ Fax: _____</p> <p>Address: _____ Email: _____</p> <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation showing numbers of inpatient services performed during the past 24 months; <p style="margin-left: 20px;">Or</p> <p style="margin-left: 20px;">Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.</p> <p>Name _____ Phone: _____</p> <p>Name of Facility: _____ Fax: _____</p> <p>Address: _____ Email: _____</p>

Core Procedure List — hematology / oncology clinical privileges

Applicant: Please strike through procedures you do not want to request.

This list is a sampling of procedures included in the core. This is not intended to be all-encompassing but rather reflective of the categories/types of procedures included in the core.

Hematology	Oncology
<ol style="list-style-type: none"> 1. Administration of chemotherapeutic agents and biological response modifiers through all therapeutic routes 2. Aphaeresis procedures 3. Complete blood count, including platelets and white cell differential, by means of automated or manual techniques 4. Diagnostic lumbar puncture and intrathecal chemotherapy administration 5. Indications and application of imaging techniques in patients with blood disorders 6. Management and care of indwelling venous access catheters 7. Perform history and physical exam 8. Preparation, staining, and interpretation of blood smears, performing bone marrow aspirates and biopsies, and touch preparations as well as interpretation of bone marrow biopsies 9. Therapeutic thoracentesis and paracentesis 	<ol style="list-style-type: none"> 1. Administration of chemotherapeutic agents and biological response modifiers through all therapeutic routes 2. Assessment of tumor imaging by computed tomography, magnetic resonance, PET scanning, and nuclear imaging techniques 3. Complete blood count, including platelets and white cell differential, by means of automated or manual techniques 4. Diagnostic lumbar puncture and intrathecal chemotherapy administration 5. Management and maintenance of indwelling venous access catheters 6. Perform history and physical exam 7. Preparation, staining, and interpretation of blood smears, performing bone marrow aspirates and biopsies, and touch preparations as well as interpretation of bone marrow biopsies 8. Serial measurement of tumor masses 9. Therapeutic thoracentesis and paracentesis

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which – by education training, current experience and demonstrated performance – I am qualified to perform and that I wish to exercise at Regions Hospital. I understand that:

1. In exercising any clinical privilege granted, I am governed by Regions Hospital and Regions Medical Staff policies and rules applicable generally and any applicable to the particular situation.
2. In an emergent situation I may perform a procedure for which I am not privileged when no practitioner holding the applicable procedure is available to respond to the emergency.

I agree to supply Regions Hospital Medical Staff Services (or designee) with all the information that has been requested of me for the privileges that I have applied for. I also understand that my application for privileges will not proceed until the information is received.

Signature

Date

DIVISION / SECTION HEAD RECOMMENDATION

I have reviewed and/or discussed the clinical privileges requested and supporting documentation for the above-named applicant and make the following recommendation/s:

- ☐ Recommend all requested privileges
- ☐ Recommend privileges with the following conditions/modifications
- ☐ Do not recommend the following requested privileges

Privilege	Condition / Modification / Explanation
1.	
2.	
3.	
4.	

Notes:

Signature

Date

Regions Hospital Delineation of Privileges Moderate Sedation

Privilege
<input type="checkbox"/> 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.
Basic education and minimal formal training
<ol style="list-style-type: none"> 1. MD, DO, MBBS, MB BCH, DPM, DMD, DDS, 2. Successful completion of an ACGME or AOA or Royal College of Physicians and Surgeons of Canada, approved residency training program. 3. Current ACLS, ATLS or PALS certification.
Required documentation and experience
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of successful completion of an examination provided by the Regions medical staff services Or Document experience by providing one of the following: <ul style="list-style-type: none"> • Evidence of successful completion of a moderate sedation test with passing score from another hospital; • Governing board letter from another hospital indicating the applicant has moderate sedation privileges; • Letter from Medical Staff Office at another hospital indicating specifically that the practitioner has moderate sedation privileges and the date they were granted; • If a recent graduate, attestation of competency from program director. 2. Provide documentation of current ACLS, ATLS or PALS certification. <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. 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. 2. Provide documentation of current ACLS, ATLS or PALS certification.

TO BE COMPLETED BY APPLICANT: I agree to supply all of the information being requested of me for the privileges I am applying for. I understand my application for privileges will not proceed until the information is received.

Signature

Date

TO BE COMPLETED BY REGIONS HOSPITAL DIVISION/SECTION HEAD AT TIME OF REVIEW AND APPROVAL: I have reviewed and/or discussed the privileges requested and find them to be commensurate with this applicant's training and experience. I recommend this application proceed.

Signature

Date