



## Delineation Of Privileges

### Internal Medicine Privileges

Provider Name:

Privilege	Requested	Deferred	Approved

**INTERNAL MEDICINE - CORE PRIVILEGES**

**Criteria:**

- a) Board Certification or qualified for certification by the American Board of Internal Medicine; OR,
- b) Successful completion of an ACGME or AOA approved Internal Medicine training program.

**Proctoring Requirements:** A minimum of eight (8) cases, in accordance with the Medical Staff Proctoring Protocol.

**GENERAL PRIVILEGES:**

Admitting Privileges \_\_\_

Subspecialty Consultation Only Privileges \_\_\_

Sedation Analgesia \_\_\_

**Criteria:** Requires successful completion of the Sedation Assessment Test  
**Additional criteria effective April 1, 2015:** a) Evidence of current ACLS and/or PALS certification from the American Heart Association; AND b) Evidence of completion of an Airway Management Course

a) Adult Sedation \_\_\_

b) Pediatric Sedation (17 years and under) \_\_\_

Restraint and Seclusion \_\_\_

**Criteria:** Requires successful completion of the Restraint and Seclusion Assessment Test

**INTERNAL MEDICINE CORE PRIVILEGES**

Includes the management and coordination of care, treatment and services, including: Medical history and physical examinations, consultations and prescribing medication according to DEA certificate. \_\_\_

Arterial puncture \_\_\_

Arthrocentesis \_\_\_

Nasogastric intubation (ACC) \_\_\_

Pap smear and endocervical culture (ACC) \_\_\_



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Patient controlled analgesia (PCA)	—	—	—
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TPN management	—	—	—
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**INTERNAL MEDICINE - SUPPLEMENTAL PRIVILEGES**

**Criteria:** Must meet the criteria outlined for Core Internal Medicine privileges AND provide certification by a Training Director regarding experience and demonstrated competence to perform the procedure(s) being requested.

**Proctoring Requirements:** A minimum of one (1) case to be proctored by direct observation for each supplemental privilege requested.

**Competency Requirements:** Applicants must provide evidence of performing at least one (1) procedure over a two-year period in each of the specific Supplemental privileges requested below, at this facility or another facility where the applicant has privileges. In the event competency requirements are not met, proctoring will be required on a minimum of one case.

Flexible sigmoidoscopy	—	—	—
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Right heart catheterization	—	—	—
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Indirect laryngoscopy	—	—	—
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Arterial line placement	—	—	—
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Ventilator management	—	—	—
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Endotracheal tube placement	—	—	—
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Bone marrow aspiration and biopsy	—	—	—
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Distal nerve block	—	—	—
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Joint aspiration and injection (ACC)	—	—	—
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Skin biopsy (ACC)	—	—	—
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Trigger point injection (ACC)	—	—	—
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Abdominal paracentesis	—	—	—
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Central venous line placement (ACC)	—	—	—
Lumbar puncture	—	—	—
Thoracentesis	—	—	—

**INTERNAL MEDICINE - SUBSPECIALTY PRIVILEGES**

**ADDICTION MEDICINE**

**Criteria:** Applicants must submit evidence of current certification from the American Society of Addiction Medicine or Subspecialty Board Certification in Addiction Medicine from the American Osteopathic Association.

**Competency Requirements:** Evidence of managing at least three (3) patients over a two year period.

**Proctoring Requirements:** Eight (8) cases.

Addiction Medicine - Admit and manage patients with addiction	—	—	—
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**BUPRENOPHINE**

**Criteria:** Applicants must submit evidence of successful completion of SAMSHA approved course training on the use of Buprenorphine with DEA waiver to prescribe Buprenorphine.

**Competency Requirements:** Evidence of managing at least three (3) patients over a two year period.

**Proctoring Requirements:** Three (3) cases.

Addiction Medicine - Order and manage patients receiving Buprenorphine	—	—	—
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**ALLERGY/IMMUNOLOGY**

**Criteria:** Applicants must submit evidence of successful completion of a two-year ACGME or AOA approved Allergy/Immunology training program or fellowship program.

**ALLERGY/IMMUNOLOGY CORE PRIVILEGES:**

Includes the management and coordination of care, treatment and services, including: Medical history and physical examinations, consultations and prescribing medication in accordance with DEA certificate.

Skin testing	—	—	—
Oral Challenge Testing	—	—	—



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**HEPATOLOGY**

**Criteria:** Applicants must submit evidence of successful completion of an ACGME or AOA approved Hepatology training program or fellowship program, and provide documentation of the criteria listed under each specific privilege requested below.

**HEPATOLOGY CORE PRIVILEGES**

Includes the management and coordination of care, treatment and services, including: Medical history and physical examinations, consultations and prescribing medication in accordance with DEA certificate.

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**Liver Biopsy, Percutaneous**

**Criteria:** Applicant must submit documentation of having performed a minimum of ten (10) liver biopsy cases.

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**Competency Requirements:** Evidence of performing at least two (2) procedures over a two-year period, at this facility or another facility where the applicant has privileges.

**Proctoring Requirements:** A minimum of one (1) case to be proctored by a Gastroenterologist on the Active Staff at Huntington Hospital.

**Sleep Study Interpretation**

**Criteria:**

- a) Board Certified by either the American Board of Sleep Medicine or the American Board of Internal Medicine with Certificate of Special Qualifications in Sleep Medicine; OR
- b) Board Certified in Internal Medicine AND successful completion of a twelve (12) month ACGME or AOA approved Sleep Medicine Fellowship program, such as to qualify for certification by the American Board of Internal Medicine with Certificate of Special Qualifications in Sleep Medicine and must obtain board certification within two years of completing the Sleep Medicine Fellowship program.

**Proctoring Requirements:** Three sleep study interpretation cases must be proctored.

Sleep Study Interpretation

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*Last Revised: 6/28/07; 05/27/10; 06/17/10; 09/23/10; 12/16/10; 10/25/12; 12/19/13; 10/30/2014*



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**ACKNOWLEDGEMENT OF THE PRACTITIONER:**

I have requested only those privileges for which my education, training, current experience and demonstrated performance I am qualified to perform, and that I wish to exercise at Huntington Hospital, and I understand that: a) in exercising my clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation; b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

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

**DEPARTMENT CHAIR RECOMMENDATIONS**

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Applicant may perform privileges and procedures as indicated: \_\_\_\_\_ YES \_\_\_\_\_ NO

Exceptions/Limitations (Please Specify): \_\_\_\_\_

**APPROVALS:**

**Department Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Credential Committee Date:** \_\_\_\_\_

**Medical Executive Committee Date:** \_\_\_\_\_

**Board of Directors Approved on:** \_\_\_\_\_