Huntington Hospital

Delineation Of Privileges

Outpatient Internal Medicine Privileges

Provider Name:

Privilege	Requested	Deferred	Approved

OUTPATIENT 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.
c) Must maintain a GME faculty contract with the hospital.
d) Evidence of current competency in the management of patients in an outpatient setting.

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

OUTPATIENT INTERNAL MEDICINE CORE PRIVILEGES ___ ___ ___

Includes the outpatient management and coordination of care, treatment and services, including prescribing medication according to DEA certificate. May provide outpatient medical history and physical examinations in accordance with the Medical Staff Bylaws. Includes: Joint aspiration/injection, pelvic exam with Pap smear and endocervical culture, incision/drainage of abscesses, local anesthetic techniques, EKG interpretation, destruction/removal of benign skin lesions with cryosurgery.

Services will be provided in the following Huntington Ambulatory Care Center Clinics:

- Blood Pressure
- Women's Health
- Medical Evaluation
- Chronic Disease Management
- Internal Medicine

OUTPATIENT INTERNAL MEDICINE - SUPPLEMENTAL PRIVILEGES

Criteria: Must meet the criteria outlined for Outpatient Internal Medicine Core 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.

Outpatient Internal Medicine Supplemental Privileges:

Skin biopsy ___ ___ ___

Trigger point injection ___ ___ ___

Huntington Hospital

Delineation Of Privileges

Outpatient Internal Medicine Privileges

Provider Name:

Privilege	Requested	Deferred	Approved
Excision of skin and subcutaneous tumors, nodules, and lesions	___	___	___
Placement of anterior and posterior nasal hemostatic packing	___	___	___
Removal of non-penetrating foreign body from the eye, nose, or ear	___	___	___

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: _____

Approved: 07/24/2014