Regions Hospital
Delineation of Privileges
Internal Medicine

Applicant's Name: ____________________________________________________________________________

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</table>

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  –  General non-staff internal medicine privileges for moonlighters
Core II –  General staff privileges in internal medicine
Special privileges in internal medicine
  - Swan ganz
  - Toxicology
  - Point of care ultrasound
Core procedure list
Conscious sedation
Signature page
### CORE I — General non-staff internal medicine privileges for moonlighters

<table>
<thead>
<tr>
<th><strong>Privileges</strong></th>
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</thead>
<tbody>
<tr>
<td>Appropriate consultation with a physician holding Core II privileges is required.</td>
</tr>
<tr>
<td>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, gastroenteric, and genitourinary systems.</td>
</tr>
<tr>
<td>Core privileges in this specialty include the procedures on the attached procedure list and other procedures that are extensions of the same techniques and skills.</td>
</tr>
</tbody>
</table>

### Basic education and minimal formal training
1. MD, DO, MBBS or MB BCH
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;
   - Or
   - Completion of an approved residency program in internal medicine or internal medicine/pediatrics with ACGME, AOA or Royal College of Physicians and Surgeons of Canada.

### Required documentation and experience

**NEW APPLICANTS:**
1. Provide contact information for 2 non-resident physicians whom the credentialing specialist may contact regarding your clinical competence.

| Name: _____________________________ | Name: _____________________________ |
| Name of Facility: __________________ | Name of Facility: __________________ |
| Address: __________________________ | Address: __________________________ |
| Phone: ___________ Fax: ___________ | Phone: ___________ Fax: ___________ |
| Email: ___________________________ | Email: ___________________________ |

11.2015
**CORE II — General staff privileges in internal medicine**

<table>
<thead>
<tr>
<th>Privileges</th>
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<tbody>
<tr>
<td>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, gastroenteric, and genitourinary systems.</td>
</tr>
</tbody>
</table>

The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

### Basic education and minimal formal training

1. MD, DO, MBBS or MB BCH.
2. Completion of an approved residency program in internal medicine or internal medicine/pediatrics with ACGME, AOA or Royal College of Physicians and Surgeons of Canada.
3. Current certification in internal medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine or active participation in the examination process with achievement of board-certification within 5 years following completion of training.

### Required documentation and experience

**NEW APPLICANTS:**

1. Verification of competency from the residency program director or designee;  
   **Or**  
   Documentation of inpatient services to at least 30 patients in the past 12 months;  
2. Provide contact information for two physician peers whom the credentialing specialist may contact regarding your clinical competence.

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<thead>
<tr>
<th>Name: ____________________________</th>
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<tbody>
<tr>
<td>Name of Facility: _________________</td>
<td>Name of Facility: _________________</td>
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<tr>
<td>Address: _________________</td>
<td>Address: _________________</td>
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<tr>
<td>Phone: _______________ Fax: _______________</td>
<td>Phone: _______________ Fax: _______________</td>
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<tr>
<td>Email: ____________________________</td>
<td>Email: ____________________________</td>
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</table>

**REAPPOINTMENT APPLICANTS:**

1. Documentation of inpatient services provided during the past 24 months;  
   **Or**  
   Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your competency.

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<thead>
<tr>
<th>Name: ____________________________</th>
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</thead>
<tbody>
<tr>
<td>Name of Facility: _________________</td>
<td>Fax: ____________________________</td>
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<tr>
<td>Address: _________________</td>
<td>Email: ____________________________</td>
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</table>
Special privileges in internal medicine

Privileges

☐ Swan-Ganz

Basic education and minimal formal training

1. MD, DO MBBS or MB BCH
2. Completion of an approved residency program in internal medicine or internal medicine/pediatrics with ACGME, AOA or Royal College of Physicians and Surgeons of Canada.
3. Current certification in internal medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or active participation in the examination process with achievement of board certification within 5 years following completion of training.
4. Evidence that an ACGME or AOA post-graduate training program included hands-on training under the supervision of a qualified physician preceptor.

Required documentation and experience

NEW APPLICANTS:
1. Verification of competency from the residency program director or designee;
   Or
   Documentation of procedures performed within the past 12 months;
2. Provide contact information for a physician trained in the privilege requested whom the credentialing specialist may contact regarding your clinical competence.

   Name __________________________________________ Phone: __________________________________________
   Name of Facility: _______________________________ Fax: __________________________________________
   Address: ______________________________________ Email: _______________________________________

REAPPOINTMENT APPLICANTS:
1. Documentation of inpatient procedures provided during the past 24 months;
   Or
   Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your competency.

   Name __________________________________________ Phone: __________________________________________
   Name of Facility: _______________________________ Fax: __________________________________________
   Address: ______________________________________ Email: _______________________________________

11.2015
Special privileges continued

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>☐ General privileges in toxicology and consultation services on issues involving toxicology.</td>
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</tbody>
</table>

### Basic education and minimal formal training

1. MD, DO, MBBS, or MB BCH
2. Current certification in internal medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or active participation in the examination process with achievement of board certification within 5 years following completion of training.
3. Successful completion of an accredited fellowship in toxicology
   - Or
   - Completion of a formal training program in toxicology;

### Required documentation and experience

**NEW APPLICANTS:**
1. Provide documentation from another hospital indicating privileges for toxicology;
   - Or
   - Provide contact information for a fellowship director or physician toxicologist whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

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<th>Name</th>
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<td>Email:</td>
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</table>

**REAPPOINTMENT APPLICANTS:**
1. Provide documentation of 25 toxicology consults during the past 24 months;
   - Or
   - Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

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</table>
Special privileges continued

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<tbody>
<tr>
<td>Point of Care Ultrasound (POC-US)</td>
</tr>
<tr>
<td>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.</td>
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</tbody>
</table>

**Basic education and minimal formal training**

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).

**Required documentation and experience**

**NEW APPLICANTS:**

*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.

**REAPPOINTMENT APPLICANTS:**

*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.
Core Procedure List — Internal Medicine Clinical Privileges

**To the applicant:** If you want to exclude any procedures, please strike through those procedures you do not wish 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.

1. Abdominal paracentesis
2. Arthocentesis and joint injections
3. Breast cyst aspiration
4. Burns, superficial and partial thickness
5. Chronic ventilator management
6. Excision of skin and subcutaneous tumors, nodules, and lesions
7. I & D abscess
8. Insertion and management of central venous catheters and arterial lines
9. Local anesthetic techniques
10. Lumbar puncture
11. Paracentesis
12. Perform simple skin biopsy or excision
13. Perform history and physical exam
14. Placement of anterior and posterior nasal hemorrhage packing
15. Interpretation of electrocardiograms
16. Remove non-penetrating corneal foreign body, nasal foreign body
17. Suprapubic bladder aspiration
18. Thoracentesis
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

<table>
<thead>
<tr>
<th>Privilege</th>
<th>Condition / Modification / Explanation</th>
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<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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Notes:

__________________________________________________  ___________________________________
Signature Date
# Regions Hospital -- Moderate Sedation

## Privilege

- [ ] 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

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

### NEW APPLICANTS:

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:
   - 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.

### REAPPOINTMENT APPLICANTS:

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.

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### TO BE COMPLETED BY APPLICANT:  
I agree to supply Regions Hospital Credentialing Office (or designee) with 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