

Regions Hospital Delineation of Privileges Palliative Medicine

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 – general privileges in palliative medicine

Core procedure list

Signature page

CORE I — General privileges in palliative medicine

| Privileges |
|--|
| <p>Admit, evaluate, diagnose, treat and provide consultation to patients of all ages with life-threatening or severe advanced illness, including assessment of suffering and quality of life, managing terminal symptoms, patient / family education, bereavement, and organ donation.</p> <p>The core privileges include the procedures listed on the attached privilege 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 or, MBBS.2. Successful completion of an ACGME, AOA, Royal College of Physicians and Surgeons of Canada, or Professional Corporation of Physicians of Quebec approved residency training in emergency medicine, internal medicine, family medicine, physical medicine and rehabilitation, or neurology.3. 12-month ACGME-affiliated fellowship in palliative medicine or the equivalent in practice experience.4. Current certification or active participation in the examination process -- with achievement of certification within 5 years – by the relevant American Board of Medical Specialties or American Board of Osteopathic boards. |
| Required documentation and experience |
| <p>NEW APPLICANTS:</p> <ol style="list-style-type: none">1. Provide contact information for a palliative medicine physician whom the credentialing specialist may contact to provide an evaluation of your competency. <p style="margin-left: 40px;">Name: _____</p> <p style="margin-left: 40px;">Name of Facility: _____</p> <p style="margin-left: 40px;">Address: _____</p> <p style="margin-left: 40px;">Phone: _____ Fax: _____</p> <p style="margin-left: 40px;">Email: _____</p> <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none">1. Provide documentation showing the number of inpatient services performed, reflective of the privileges requested, during the last 24 months; <p style="margin-left: 40px;">Or</p> <p style="margin-left: 40px;">Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.</p> <p style="margin-left: 40px;">Name: _____</p> <p style="margin-left: 40px;">Name of Facility: _____</p> <p style="margin-left: 40px;">Address: _____</p> <p style="margin-left: 40px;">Phone: _____ Fax: _____</p> <p style="margin-left: 40px;">Email: _____</p> |

Core Procedure List — Palliative 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. Administration and management of palliative sedation
2. Assess pertinent diagnostic studies
3. Direct treatment and forming a treatment plan
4. Manage common co-morbidities and complications and neuron-psychiatric co-morbidities
5. Manage palliative care emergencies (e.g., spinal cord compression, suicidal ideation)
6. Manage psychological, social and spiritual issues of palliative care patients and their families
7. Manage symptoms including various pharmacologic and nonpharmacologic modalities, and pharmacodynamics of commonly used agents
8. Perform history and physical exam
9. Perform pain relieving procedures
10. Symptom management including patient and family education, psychosocial and spiritual support, and appropriate referrals for other modalities such as invasive procedures.

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