



Printed Name

Emergency Medicine

Kettering Medical Center Kettering Memorial Hospital/Sycamore Hospital

Clinical Privileges Profile

Applicant: _____ has made application for membership on the medical staff of Kettering Medical Center with privileges in Emergency Medicine. Privileges are covered by an exclusive contract with Emergency Medicine Specialists, Inc., and applicant must be a party to the contract to request the privileges, regardless of education, training and experience.

Check off the "Requested" box for each privilege sought. Applicant may be required to provide documentation deemed adequate by the Hospital for evaluation of competence, current clinical activity, and other qualifications related to the requested privileges.

Clinical Service Chief: *Check the appropriate box for recommended privileges. For conditional or those not recommended, provide a detailed explanation on the last page.*

QUALIFICATIONS FOR EMERGENCY MEDICINE

To apply for core privileges as an Active Medical Staff member in emergency medicine, the initial applicant must meet the following criteria to work independently:

1. Meet criteria for Active Medical Staff membership as outlined by the Hospital,
AND
2. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)—or American Osteopathic Association (AOA)—accredited residency in emergency medicine,
OR
3. Successful completion of a related residency program with subsequent certification by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine.
AND
4. Board certification in emergency medicine or active participation of the examination process within 6 years of completion of an accredited residency program leading to certification in emergency medicine by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine.

To apply for core privileges as an Affiliate Medical Staff Member with Privileges in emergency medicine, the initial applicant must meet the following criteria:

1. Board certification in a related specialty,
OR
2. Active participation as a PGY II or greater resident in internal medicine, emergency medicine, family practice, surgery or pediatrics with approval by their program director and the Clinical Service Chief of Emergency Medicine, AND
3. Meet criteria for Affiliate Medical Staff membership with privileges as outlined by the Hospital, AND
4. May work only at times when the emergency department is concomitantly staffed with an Active Medical Staff member in emergency medicine.

Reappointment requirements: Applicant must demonstrate current clinical competence with acceptable results reflective of the scope of privileges requested for the past 24 months based on ongoing professional practice evaluation and outcomes.

CORE PRIVILEGES

- Requested** Assess, evaluate, diagnose, and initially treat patients of all ages who present in the ED with any symptom, illness, injury, or condition and provide services necessary to ameliorate minor illnesses or injuries, stabilize patients with major illnesses or injuries, and to assess all patients to determine if additional care is necessary.
- Privileges do not include inpatient care and/or admitting privileges.
 - The core privileges for emergency medicine include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of current clinical competence. Please list any requested non-core privileges requested: _____

CORE PROCEDURES

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

1. Abscess incision and drainage, including Bartholin's cyst
2. Airway management
3. Anoscopy
4. Arterial puncture and cannulation
5. Arthrocentesis
6. Anesthesia: local, regional, and intravenous sedation / analgesia
7. Bladder decompression and catheterization techniques
8. Blood component transfusion therapy
9. Burn management, including escharotomy
10. Cardiac pacing to include external, transthoracic, transvenous
11. Cardiac massage, open or closed
12. Cardioversion
13. Central venous access
14. Chemical restraint of agitated patient
15. Cricothyrotomy
16. Defibrillation
17. Delivery of newborn, emergency
18. Dislocation/fracture reduction/immobilization techniques, including splint and cast applications
19. Electrocardiography interpretation
20. Endotracheal intubation techniques

21. Epistaxis management including cautery and packing
22. External transcutaneous pacemaker
23. GI decontamination
24. Hernia reduction
25. Irrigation and management of caustic exposures
26. Imaging study interpretation
27. Intracardiac injection
28. Intraosseous catheter placement and infusion
29. Laceration repair
30. Laryngoscopy, direct and indirect
31. Lumbar puncture, diagnostic
32. Nail trephine techniques
33. Nasogastric/orogastric tube placement
34. Ocular tonometry
35. Paracentesis
36. Pericardiocentesis
37. Perimortem caesarean section
38. Peripheral venous cutdown
39. Peritoneal lavage
40. Removal of foreign bodies
41. Removal of IUD
42. Resuscitation
43. Slit lamp
44. Spine immobilization
45. Thoracentesis
46. Thoracostomy tube insertion
47. Thoracotomy, open for patient in extremis
48. Thrombolytic therapy for acute stroke and myocardial infarction
49. Tracheostomy tube change
50. Ultrasound as an adjunct to privileged procedures and physical exam
51. Variceal/nonvariceal hemostasis
52. Venous puncture and cannulation
53. Wound debridement and repair

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 the Hospital, and I understand that:

- a. In exercising any clinical privileges granted, I am guided by applicable Hospital and Medical Staff policies.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature: _____ **Date:** _____

CLINICAL SERVICE CHIEF RECOMMENDATIONS

I have reviewed the requested clinical privileges 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

Clinical Service Chief Signature: _____ **Date:** _____

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee action **Date:** _____
Medical Executive Committee action **Date:** _____
Board of Directors action **Date:** _____

Adopted: Credentials Committee 5/11/2009
 Medical Executive Committee 5/19/2009
 Board of Directors 6/8/2009