

## UNMH Co-Management Clinical Privileges

Name: \_\_\_\_\_ Effective Dates: From \_\_\_\_\_ To \_\_\_\_\_

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective May 19, 2017:*

### INSTRUCTIONS:

**Applicant:** Check off the “requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Department Chair:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation.

### OTHER REQUIREMENTS:

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

### QUALIFICATIONS FOR CO-MANAGEMENT:

**Initial Privileges:** To be eligible to apply for co-management privileges, the applicant must meet the following criteria:

1. Eligible for Active Medical Staff membership at UNM Hospitals and Clinics as Medical Staff as defined in the UNMH Medical Staff Bylaws; **AND**
2. Recommendation from the practitioner’s Clinical Department Chair.

**Renewal of Privileges:** To be eligible to renew co-management privileges, the applicant must meet the following criteria:

1. Eligible for Active Medical Staff membership at UNM Hospitals and Clinics as Medical Staff as defined in the UNMH Medical Staff Bylaws; **AND**
2. Recommendation from the practitioner’s Clinical Department Chair.

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### CORE PRIVILEGES: Co-Management

Co-management privileges are an addition to Core Privilege sets that are being simultaneously requested. Co-management privileges are designed to be requested by Active Medical Staff with low-volume clinical practices due to high administrative or leadership workloads. In circumstances where clinical volumes may be insufficient to generate adequate data for review, co-management privileges may be appropriate.

Co-management privileges apply to all other requested privileges, and require that an assigned co-managing peer clinician be pre-identified for each patient encounter. The degree of involvement of the co-managing peer clinician is provider, patient, and department-specific as defined in the Departmental attachment (Department Co-Management Plan) to the privilege application. The applicant may not exercise privileges beyond those held by the co-managing peer, who must also be immediately available for consultation by the applying Medical Staff member during the exercise of the applicant's clinical privileges.

Requested

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**Acknowledgement of Practitioner**

I have requested only those clinical privileges for which, by education, training, current experience, and demonstrated performance, I am qualified to perform and for which I wish to exercise at UNM Hospitals and clinics. I understand that: a) in exercising any 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 situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**Clinical Director/Division Chief Recommendation(s)**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action and presently requested above.

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Department Chair Recommendation**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the conditions/modifications noted below
- Do not recommend the clinical privileges noted below

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date Signed

**Criteria Approved by UNMH Board of Trustees on May 19, 2017**