

UNMH Emergency Medicine Clinical Privileges

Name:

Effective Dates: _____ **To:** _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 10/31/2014

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 on the last page of this form.

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.

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Qualifications for Emergency Medicine

Initial Applicant - To be eligible to apply for privileges in emergency medicine, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in emergency medicine.

AND

Current certification or active participation in the examination process with achievement of certification within 3 years leading to certification in emergency medicine by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine.

AND

Required previous experience: Applicants for initial appointment must be able to demonstrate active practice in an Emergency Department, reflective of the scope of privileges requested, during the past 12 months, or demonstrate successful completion of an ACGME- or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months, or completion of a department approved practice re-entry program.

Reappointment (Renewal of Privileges) Requirements - To be eligible to renew privileges in emergency medicine, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES: *Emergency Medicine*

Admit, consult, 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 and stabilize patients with major illnesses or injuries and to assess all patients to determine if additional care is necessary. Privileges do not include long-term care of patients on an inpatient basis. No privileges to perform scheduled elective procedures with the exception of procedures performed during routine emergency department follow-up visits. 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.

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Emergency Medicine core procedures list

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.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Abscess incision and drainage, including Bartholin's cyst
2. Airway management and intubation – including airway adjuncts; rapid sequence intubation; oral and nasal endotracheal techniques; and direct and indirect laryngoscopy.
3. Administration of analgesia, moderate, and deep sedation
4. Administration of thrombolytic therapy for myocardial infarction, stroke
5. Anoscopy/Proctoscopy
6. Arterial and venous puncture and cannulation
7. Arthrocentesis
8. Anesthesia: intravenous (upper extremity, local, and regional)
9. Laryngoscopy, direct, indirect
10. Burn management, including escharotomy
11. Cardiac pacing to include but not limited to external, transthoracic, transvenous
12. Cardiac massage, open or closed
13. Cardioversion
14. Centralvenousaccess(femoral, internal jugular, subclavian, and cut downs)
15. Chemical restraint of agitated patient
16. Cricothyrotomy – including surgical and percutaneous needle
17. Defibrillation
18. Delivery of newborn, emergency
19. Dislocation/fracture reduction/immobilization techniques, including splint and cast applications
20. Electrocardiography interpretation
21. Emergency ultrasound as an adjunct to privileged procedure
22. Emergency Ultrasound for a Trauma FAST exam
23. GI decontamination (emesis, lavage, charcoal)
24. Hernia reduction
25. Injection of bursa or joint, to include saline arthrogram
26. Irrigation and management of caustic exposures
27. Intracardiac injection
28. Intraosseous access, drug administration and infusion
29. Lumbar puncture
30. Management of epistaxis
31. Mechanical ventilation
32. Nail trephine techniques
33. Nasalcautery/packing – including anterior and posterior

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34. Nasogastric/orogastric tube placement – to include Blakemore tube
35. Nasal/Pharyngeal Endoscopy
36. Ocular tonometry
37. Oxygen therapy
38. Paracentesis
39. Pericardiocentesis
40. Perform history and physical exam
41. Peripheral venous cutdown and peripheral venous access
42. Peritoneal lavage
43. Preliminary interpretation of imaging studies
44. Removal of foreign bodies - airway including nose, eye, ear, rectal, soft tissue instrumentation/irrigation, skin, subcutaneous tissue, and vaginal
45. Removal of IUD
46. Repair of lacerations – including but not limited to skin, soft tissue, muscle, and extensor tendons
47. Resuscitation - including adult and pediatric, medical and trauma
48. Slit lamp used for ocular exam, removal of corneal foreign body
49. Spine immobilization
50. Swan-Ganz catheterization
51. Thoracentesis
52. Thoracostomy – including needle and tube insertion
53. Thoracotomy, open - for patient in extremis
54. Tracheostomy
55. Variceal/nonvariceal hemostasis
56. Wound debridement and repair

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Special Non-Core 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 experience, and maintenance of clinical competence.

Qualifications for Emergency ultrasound for diagnosis of emergent condition

Criteria: For ultrasound privileges that exceed those included in the emergency medicine core privileges, individuals must successfully complete an accredited postgraduate training program in emergency medicine that included training in ultrasound interpretation, or completion of a practice-based pathway and training that meets ACEP recommendations for ultrasound interpretation.

Required previous experience: Demonstrated current competence and evidence of satisfactory ultrasound interpretations in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance of satisfactory ultrasound interpretations in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Source: ACEP Emergency Ultrasound Guidelines 2008

NON-CORE PRIVILEGES: Emergency (bedside) Ultrasound - General Applications

General Application Procedures: trauma, pregnancy, abdominal aorta, cardiac, biliary, urinary tract, deep venous thrombosis, thoracic, soft-tissue/musculoskeletal, and ocular.

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Acknowledgment of practitioner

I have requested only those 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, and 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.

Signed _____ Date _____

Department Chair recommendation

I have reviewed the requested clinical privileges with the applicant and the 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 following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation

Notes:

Department Chair Signature _____ Date _____

Criteria approved by UNMH Board of Trustees on 10/31/2014