

UNMH Rheumatology Clinical Privileges

Name:

Effective Dates: _____ To: _____

- Initial privileges (initial appointment)
- Renewal of privileges (reappointment)
- Expansion of privileges (modification)

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 06/28/2013

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, upon the last page of this form.

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Qualifications for Rheumatology

Initial privileges - To be eligible to apply for core privileges in rheumatology, 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 internal medicine followed by successful completion of an accredited fellowship in rheumatology.

AND/OR

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in rheumatology by the American Board of Internal Medicine or achievement of a certificate of added qualifications in rheumatology by the American Osteopathic Board of Internal Medicine.

Required previous experience: Applicants for initial appointment must be able to demonstrate the provision of rheumatologic inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for at least 24 patients 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.

Reappointment requirements: To be eligible to renew core privileges in rheumatology, the applicant 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 the 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.

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CORE PRIVILEGES: *Rheumatology*

Admit, evaluate, diagnose, and provide treatment or consultative services to patients of all ages-except as specifically excluded from practice and except for those special procedure privileges listed below-with rheumatic or suspected rheumatic diseases. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. 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.

Requested

Rheumatology 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. Administration of oral and intravenous biologic and immunosuppressive therapy
2. Administration of oral and intravenous chemotherapy for rheumatic diseases
3. Diagnostic and therapeutic arthrocentesis and aspiration of fluid from joints, bursae, tenosynovial structures and other subcutaneous and musculoskeletal structures
4. Needle and syringe joint lavage, excludes arthroscopic lavage
5. Punch and needle biopsy of skin and fat
6. Therapeutic injection of joints, bursae, tenosynovial structures and entheses, and other cutaneous, subcutaneous and musculoskeletal structures
7. Ultrasound-guided needle procedures for aspiration and injection of subcutaneous and musculoskeletal structure

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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 Arthroscopic joint lavage

Criteria: Successful completion of an ACGME or AOA accredited fellowship in rheumatology which included training in arthroscopic joint lavage, or documentation of a special course in arthroscopic joint lavage.

Required previous experience: Demonstrated current competence and evidence of the performance of an adequate number of arthroscopic joint lavage procedures with acceptable outcomes in the past 12 months.

Reappointment requirements: Demonstrated current competence and evidence of the performance of an adequate number of arthroscopic joint lavage procedures with acceptable outcomes in the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: *Arthroscopic joint lavage*

Requested

Qualifications for Arthroscopy

Criteria: Successful completion of an ACGME or AOA accredited fellowship in rheumatology which included training in arthroscopy, or documentation of a special course in arthroscopy.

Required previous experience: Demonstrated current competence and evidence of the performance of an adequate number of arthroscopy procedures with acceptable outcomes in the past 12 months.

Reappointment requirements: Demonstrated current competence and evidence of the performance of an adequate number of arthroscopy procedures with acceptable outcomes in the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: *Arthroscopy*

Requested

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Name:

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Qualifications for Diagnostic musculoskeletal ultrasound

Criteria: Successful completion of approved certification course in Rheumatology including performance of at least 150 cases.

Required previous experience: Demonstrated current competence and evidence of the performance of an adequate number of procedures with acceptable outcomes in the past 12 months.

Reappointment requirements: Demonstrated current competence and evidence of the performance of an adequate number of procedures with acceptable outcomes in the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: <i>Diagnostic musculoskeletal ultrasound</i>
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Requested

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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 _____

Division Chief recommendation

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

Signed _____ Date _____

Patient Safety Officer recommendation

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

Signed _____ Date _____

Department Chair recommendation

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

- Recommend all requested privileges
- Recommend privileges with 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 06/28/2014