

## UNMH Telemedicine Clinical Privileges

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

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective August 18, 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 TELEMEDICINE CORE PRIVILEGES:

**Initial Privileges:** To be eligible to apply for telemedicine core privileges, the applicant must meet the following criteria:

1. For MD and DO physicians, current board certification in a non-telemedicine specialty or active participation in the examination process leading to certification by the respective board; **AND**
2. Current member in good standing on the UNMH Medical Staff or UNMH Allied Health Staff, with clinical privileges in their respective specialty; **AND**
3. Required current experience: Documentation of the provision of inpatient or outpatient care within the specialty for which one will provide telemedicine services. In addition, all applicants are required to complete in-house training on telemedicine platform(s) to be used.

**Renewal of Privileges:** To be eligible to renew telemedicine privileges, the applicant must meet the following criteria: Documentation of the provision of inpatient or outpatient care within the specialty for which one will provide telemedicine services, with demonstrated current competence in the last 24 months.

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### CORE PRIVILEGES: Telemedicine

Evaluate, diagnose, and provide treatment recommendations to originating/distant site physicians, advanced practice professionals, nurses, and technicians, for patients with conditions as listed in the provider's primary hospital privileges, using UNMH approved telemedicine platform(s) for which he/she has been trained.

Requested

#### Telemedicine Core Procedures List

This list is a sampling of procedures included in the telemedicine 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 listed in internal medicine core, strike through then initial and date those procedures you do not wish to request.

1. Consultation with the originating/distant site provider.
2. Direct patient interaction/encounters via telemedicine communication modality.
3. Interpretation of diagnostics consistent with clinical privileges.
4. Assist with stabilizing and life-saving procedures.
5. Prescribing and initiating orders.

#### Required Elements

All telemedicine privileges apply only to UNMH Medical Staff-approved technology and programs for which the applicant has been trained. All treatment recommendations will:

1. provide patients with quality care, meeting or exceeding the originating site's expectations;
2. meet the professional standards of the originating site Medical Staff;
3. be performed on a timely basis within the expectations of the originating site Medical Staff;
4. follow patient care protocols as established by the originating site;
5. ensure patient confidentiality according to UNMH policy;
6. be documented in the patient's medical record;
7. be eligible for quality review at the originating and distant sites.

#### Privilege Limitations

1. The applicant cannot admit or discharge patients if providing telemedicine services to the originating site hospital.
2. The applicant cannot perform services in person at the originating site hospital based upon this telemedicine privilege.
3. The applicant is not granted originating site Active Medical Staff voting privileges with this telemedicine privilege.

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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 August 18, 2017**