

EMERGENCY MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

All new applicants must meet the following requirements as approved by the governing body.

Effective: _____/_____/_____.

Initial Privileges (Initial Appointment)

Renewal of Privileges (Reappointment)

Applicant: Please check the ***“Requested”*** box for each privilege requested.

Applicants have the burden of producing information and documentation 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 not recommended, provide the condition or explanation on the last page of this form.

Other Requirements

- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- Note that privileges granted may only be exercised at the site(s) designated by CCRMC and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

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QUALIFICATIONS FOR EMERGENCY MEDICINE

Initial Applicants: To be eligible to apply for privileges in EMERGENCY MEDICINE, the applicant must meet the following criteria:

1. Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in Emergency Medicine or Family Medicine.

AND

2. Documentation of current Board certification or Board eligibility leading to certification (with achievement of certification within the required time frame set forth by the respective Boards) in Emergency Medicine or Family Medicine by the American Board of Emergency Medicine or Family Medicine, respectively, or the American Osteopathic Board of Emergency Medicine or Family Medicine, respectively.

AND

3. Current documented competency and an adequate volume of experience (minimum 500 patients) with acceptable results, reflective of the scope of privileges requested, within the past 24 months, or successful completion of an ACGME– or AOA–accredited residency or clinical fellowship within the past 24 months. Please provide a clinical activity/procedure log. Any complications/poor outcomes should be delineated and accompanied by an explanation.

*If Family Medicine trained, documentation of active ATLS, ACLS, PALS certification is needed.

Renewal of privileges: To be eligible to renew privileges in Emergency Medicine, the applicant must meet the following criteria:

1. Maintenance of Certification or Osteopathic Continuous Certification is required.

AND

2. Current documented competence and an adequate volume of experience (500 patients) with acceptable results, reflective of the scope of privileges requested, within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.

*If Family Medicine trained, documentation of active ATLS, ACLS, PALS certification is needed.

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Core privileges: Emergency Medicine –Children and Adult Patients

Requested: Assess, evaluate, diagnose, and initially treat patients of all ages who present in the ED with any symptom, illness, injury, or condition. Provide immediate recognition, evaluation, care, stabilization, and disposition in response to acute illness and injury. Privileges include the performance of history and physical examinations, the ordering and interpretation of diagnostic studies, including laboratory, diagnostic imaging, and electrocardiographic examinations, and the administration of medications normally considered part of the practice of emergency medicine. Privileges do not include admitting privileges, long-term care of patients on an inpatient basis, or the performance of scheduled elective procedures.

The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills, as determined by the department chair.

CORE PROCEDURE/TREATMENT LIST

This is not intended to be an all-encompassing list of treatments. It defines the types of activities/procedures/privileges that most practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Emergency Medicine

- Anoscopy
- Arterial catheter insertion
- Arthrocentesis
- Assessment of physical abuse
- Biohazard decontamination
- Bladder catheterization (Foley catheter, suprapubic)
- Capnometry
- Cardiac pacing (cutaneous, transvenous)
- Cardiopulmonary Resuscitation (CPR), including neonatal resuscitation
- Central venous access

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- Compartment pressure measurement
- Control of epistaxis
- Cricothyrotomy
- Cystourethrogram
- Delivery of newborn
- Dental Reduction
- Drainage of peritonsillar abscess
- Escharotomy/burn management
- Evaluation/initial management of testicular distortion
- Excision of thrombosed hemorrhoids
- Foreign body removal
- Fracture/dislocation immobilization techniques
- Fracture/dislocation reduction techniques
- Gastric lavage
- Gastrostomy tube replacement
- History and Physical
- Incision/drainage
- Intracardiac injection
- Intubation
- Laryngoscopy
- Lateral canthotomy
- Local Anesthesia
- Lumbar puncture
- Mechanical ventilation
- Nasogastric tube
- Noninvasive ventilatory management
- Ocular pH determination
- Ocular tonometry
- Paracentesis
- Percutaneous transtracheal ventilation
- Pericardiocentesis
- Perichondral hematoma incision and drainage
- Peripheral venous cutdown
- Peritoneal lavage
- Placement of intraosseous line
- Regional Nerve Block
- Removal of rust ring
- Sexual assault examination

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

- Slit lamp examination
- Spine immobilization
- Spine immobilization techniques
- Thoracentesis/ thoracotomy/thoracostomy tube insertion
- Tonometry
- Tooth stabilization
- Tracheostomy
- Trephination nails
- Trephination skull
- Violent patient management/restraint
- Wound closure techniques
- Wound management

Non-Core Privileges (see specific criteria)

Non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant or re-applicant.

☐ Point of Care Ultrasound (POCUS)

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Initial Request for Point of Care Ultrasound (POCUS):

1. Documentation of successful completion of an ACGME–accredited residency training in a program that included formal hands on ultrasound instruction and experience

OR

Documentation demonstrating satisfactory completion of twenty (20) hours of Point of Care Ultrasound CME with at least six (6) hours of hands on ultrasound scanning and has completed five (5) proctored limited cardiac ultrasound cases (as part of CME)

AND

Cardiac: Provide documentation of having performed 20 cases of limited cardiac ultrasound (includes all five views) within the last 24 months

AND/OR

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Invasive Procedures: Provide documentation of having performed 5 cases of procedural/ invasive ultrasound (can be any combination of procedures) within the last 24 months.

AND/OR

Non-Invasive Procedures: Provide documentation of having performed 5 cases of each type of non-invasive ultrasound for which privileges are requested within the last 24 months.

Please provide clinical activity/procedure log. Any complications/ poor outcomes should be delineated and accompanied by an explanation.

Practitioner agrees to limit the use of ultrasound to exams performed at the bedside for the purposes of a rapid evaluation to help establish a diagnosis in situations which applicant has privileges to practice.

Renewal of Privileges: To be eligible to renew privileges in Point of Care Ultrasound, the applicant must meet the following criteria:

1. Cardiac: Perform 20 cases of limited cardiac ultrasound (tailored to answer clinical question) within the past 24 months and provide documentation upon request.

AND/OR

2. Invasive Procedures: Perform 10 cases total of procedural/ invasive ultrasound (can be any combination of procedures) within the past 24 months and provide documentation upon request.

AND/OR

3. Non-Invasive Procedures: Perform 20 cases total of non-invasive ultrasound within the past 24 months and provide documentation upon request.

Administration of Sedation and Analgesia:

- Conscious Sedation** (e.g. versed, morphine, fentanyl) – DOES NOT INCLUDE USE OF KETAMINE OR PROPOFOL
- Ketamine** (test required every 2 years)
- Propofol** (test required every 2 years)

Criteria for Initial Request:

1. Successful completion of an ACGME– or AOA–accredited post graduate training program which included training in administration of sedation and analgesia, including the necessary airway management skills, or department-approved extra training and experience.

AND

2. Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months, or completion of training within the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

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1. Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months.

Evaluation and Treatment of Victims of Sexual Abuse:

Requested

Initial Applicants: To be eligible to apply for the Evaluation and Treatment of Victims of Sexual Abuse non-core privilege, the applicant must meet the following criteria:

1. Successful completion of an ACGME– or AOA–accredited residency in emergency medicine, family medicine or pediatrics, which included this training ***or*** documented completion of a recognized relevant course or training under the supervision of a qualified provider
- AND**
2. Documented current competence and evidence of evaluation and treatment of at least 2 sexual abuse cases in the past 24 months (please provide a clinical activity/procedure log) ***or*** documented completion of relevant training/in-service in the past 24 months.

Renewal of Privilege: To be eligible to renew the Evaluation and Treatment of Victims of Sexual Abuse non-core privilege, the applicant must meet the following criteria:

1. Documented current competence and evidence of attendance at evaluation and treatment of at least 2 sexual abuse cases in the past 24 months ***or*** documented completion of relevant training/in-service in the past 24 months.

**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)
for initial applicants**

1. Retrospective or concurrent proctoring (chart review or direct observation) of at least three (3) charts from 3 different ED shifts (totaling a minimum of 9 charts). FPPE/Proctoring has to be representative of the provider’s scope of practice.
2. Concurrent proctoring (direct observation) of at least three (3) procedures (procedures must be representative of the practitioner’s scope of practice).
3. FPPE/Proctoring is also required for at least one (1) procedure/case of each of the requested non-core privileges.
4. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
5. Completed FPPE forms have to be submitted to the Credentialing Office.

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6. It is the applicant’s ultimate responsibility to make sure that FPPE and submission of all required paperwork to the Credentialing Office takes place in a timely manner. Failure to do so may result in loss or limitation of privileges.
7. **For low volume providers: please see separate FPPE/proctoring guidelines.**
8. **For more detailed information, please see separate FPPE/proctoring guidelines.**

ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center and I understand that:

- a. In exercising any clinical privileges granted, I will adhere 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 / DIVISION CHAIR’S 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

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Notes:

[Department Chair] Signature: _____ **Date:** _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials Committee Approval	Date _____
Temporary Privileges	Date _____
Medical Executive Committee Approval	Date _____
Board of Supervisors Approval	Date _____