

## MOORE COUNTY HOSPITAL DISTRICT

224 E 2nd Street, Dumas, TX 79029

### HOSPITALIST/EMERGENCY MEDICINE CLINICAL PRIVILEGES

Name: \_\_\_\_\_

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Effective From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

- ☐ Initial Appointment (initial privileges)  
☐ Reappointment (renewal of privileges)

- Privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- The core procedure list (if applicable) is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques. **Applicants wishing to exclude any procedures, should strike through those procedures which they do not wish to request, initial, and date.**
- If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s) regardless of education, training, and experience.
- These clinical privileges are extended to Moore County Hospital District, its affiliated clinics, and Memorial Nursing and Rehabilitation Center.

#### QUALIFICATIONS FOR HOSPITALIST/EMERGENCY MEDICINE

<b>Education and training</b>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in emergency medicine, family medicine, general surgery, or internal medicine.
<b>Certification</b>	Current certification or board eligible with achievement of certification within five (5) years of joining the medical staff, leading to certification in the applicable specialty by the ABMS, AOBMS, or ABPS. Current Life Support Certifications in accordance with Hospital Policy.
<b>Required current experience – initial</b>	Active practice of Emergency Medicine in the last 12 months with demonstration of competency based on ongoing professional practice evaluation from outside facility and/or peer references; or successful completion of an ACGME- or AOA- accredited residency or clinical fellowship with the last 12 months. Experience must correlate with privileges requested.
<b>Required current experience – renewal</b>	Active practice of Emergency Medicine for the past 24 months with demonstration of competency based on ongoing professional practice evaluation and peer review outcomes from MCHD and or outside facility if applicable. Experience must correlate with privileges requested.
<b>Ability to perform (health status)</b>	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

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#### **CORE PRIVILEGES – HOSPITALIST/EMERGENCY MEDICINE**

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☐ **Requested**

Admit, assess, evaluate, diagnose, and initially treat patients of all ages, who present in the ED or admitted to the hospital with any symptom, illness, injury, or condition. **This includes the care of the newborn with referral, if clinically indicated to a specialty care.** 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. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.

1. Perform history and physical exam

#### **Airway Techniques**

1. Airway adjuncts
2. Capnometry
3. Cricothyrotomy
4. Foreign body removal
5. Intubation
6. Mechanical ventilation
7. Non-invasive ventilatory management

#### **Anesthesia**

1. Local
2. Regional nerve block
3. Anesthesia associated rapid-sequence intubation

#### **Behavioral Health**

1. Determine imminent threat to self or others / grave disability (involuntary treatment per state law)
2. Use of psychoactive medications to allow the patient to better interact with their environment / control assaultive behavior
3. Order restraint and seclusion

#### **Diagnostic Procedures**

1. Anoscopy
2. Arthrocentesis
3. Compartment pressure measurement
4. Cystourethrogram
5. Lumbar puncture
6. Nasogastric tube
7. Paracentesis
8. Pericardiocentesis
9. Peritoneal lavage
10. Thoracentesis

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**Genital/Urinary**

1. Bladder catheterization (Foley catheter, suprapubic)
2. Testicular detorsion

**Head and Neck**

1. Control of epistaxis
2. Removal of rust ring
3. Tooth stabilization

**Hemodynamic Techniques**

1. Arterial catheter insertion
2. Central venous access
3. Intraosseous infusion
4. Peripheral venous cutdown

**Obstetrics**

1. Delivery of newborn

**Other Techniques**

1. Escharotomy/burn management
2. Excision of thrombosed hemorrhoids
3. Foreign body removal
4. Gastric lavage
5. Gastrostomy tube replacement
6. Incision/drainage
7. Pain management (see anesthesia)
8. Sexual assault examination
9. Trephination nails
10. Wound closure techniques
11. Wound management

**Resuscitation**

1. Cardiopulmonary resuscitation (CPR)
2. Neonatal resuscitation

**Skeletal Procedures**

1. Fracture/dislocation immobilization techniques
2. Fracture/dislocation reduction techniques
3. Spine immobilization techniques

**Thoracic**

1. Cardiac pacing (cutaneous)
2. Defibrillation/cardioversion
3. Thoracostomy

**Other**

4. Universal precautions
5. Biohazard decontamination

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6. Blood, fluid, and component therapy administration

**SPECIAL 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 initial applicant or reapplicant.

**VENTILATOR MANAGEMENT (NOT COMPLEX INCLUDING CPAP – UP TO 36 HOURS)**

☐ **Requested**

**Criteria:** For ventilator cases not categorized as complex\* (up to 36 hours), successful completion of an ACGME- or AOA-accredited post graduate training program that provided the necessary cognitive and technical skills (basic training) for ventilator management not categorized as complex.

**Required Current Experience:** Demonstrated current competence and adequate volume of experience, reflective of the scope of privileges requested in the past 12 months based on results of ongoing professional practice evaluation and peer review outcomes.

**Renewal of Privilege:** Demonstrated current competence and evidence critical care cases in the ICU setting.

**ADMINISTRATION OF SEDATION AND ANALGESIA**

☐ **Requested**

See Hospital Policy for Moderate Sedation.

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**ACKNOWLEDGEMENT OF PRACTITIONER**

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.

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 Moore County Hospital District, 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 CHIEF'S RECOMMENDATION**

***I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendations. (If recommended with conditions or do not recommend, please provide explanation.)***

- ☐ Recommend all requested privileges.
- ☐ Recommend privileges with the following conditions/modifications:
- ☐ Do not recommend the following requested privileges:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____

**Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Department Chief Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

**Medical Executive Committee Action** ☐ **Favorable** **Date** \_\_\_\_\_

**Medical Staff Committee Action** ☐ **Favorable** **Date** \_\_\_\_\_

**Board of Directors Action** ☐ **Approved** **Date** \_\_\_\_\_