



**Hospice and Palliative Medicine Privileges
Department of Family Medicine**

Name: _____
(Please print)

- ' Initial privileges (initial appointment)
- ' Renewal of privileges (*reappointment, on 2 year specialty cycles*)
- ' Modification of privileges (*request for any additional privileges beyond those previously granted*)

Basic Education: MD or DO

Minimal formal training: Successful completion of an ACGME or AOA accredited residency in a primary specialty followed by completion of a 12-month ACGME-affiliated fellowship in HPM or the equivalent in practice experience and/or current certification or active participation in the examination process (with achievement of certification within 5 years of training completion leading to certification in HPM by the ABMS or the AOA, or current certification in HPM by the ABHPM). Maintenance of Basic Life Support (BLS) at a minimum. ACLS, ATLS, PALS as clinically appropriate.

Required current experience: Provision of Hospice and/or Palliative Medicine services for at least 50 patients during the past 24 months (with at least 16 in the past 12 months), reflective of the scope of privileges requested, or successful completion of an accredited HPM fellowship program within the past 12 months.

Facility (Check ALL that are applicable to your request)				
Baroness*	Children's**	North	East	Bledsoe/Sequatchie

* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics

**Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

Core Hospice and Palliative Medicine Privileges:

Core privileges for HPM include the ability to admit, evaluate, diagnose, and provide care (inpatient or outpatient) or consultative services to patients of all ages with life-threatening illness who require, or may require, specialist-level palliative care services.

Core privileges may include the ability to provide care to patients in the intensive care setting in conformance with unit policies. Physicians may assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff regulations regarding emergency and consultative call services. The core privileges include the procedures listed on the attached privileges list and such other procedures that are extensions of the same techniques and skills.

This is not intended to be an all-encompassing procedures 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.

If the applicant wishes to exclude any procedures, the applicant should strike through the procedures that he or she does not wish to request, and then initial and date.

Performance of history and physical exam

Administration and management of palliative sedation

Assessment of pertinent diagnostic studies

Direct treatment and formation of a treatment plan

Management of symptoms related to common comorbidities and complications, including neuropsychiatric comorbidities

Management of palliative care emergencies (e.g., spinal cord compression, cancer-related pain crisis)

Management of psychological, social, and spiritual issues of palliative care patients and their families

Management of symptoms with appropriate utilization of various pharmacologic and non-pharmacologic modalities and familiarity with pharmacodynamics of commonly used agents

Performance of pain-relieving procedures and appropriate referrals for other modalities, such as invasive procedures.

Provision of appropriate advanced symptom control techniques, such as parenteral infusion techniques

Provision of appropriate patient and family education, psychosocial and spiritual support utilizing available multidisciplinary team.

Special Non-Core Privileges in Hospice and Palliative Medicine:

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence. Noncore privileges may include:

<i>Procedure</i>	<i>Baroness</i>	<i>Children's</i>	<i>North</i>	<i>East</i>	<i>Bledsoe/Sequatchie</i>
Administration of Moderate sedation and analgesia (see below for criteria).					

Request for Privilege Not Listed in Core or Special Non-Core *(please list the privilege and provide justification as well as any accompanying certifications or case logs)*

***Special Procedures Privileges Criteria
Moderate Sedation***

CRITERIA – To administer Moderate Sedation

1. Basic education: MD, DO, DDS, or DMD
2. Successful completion of a post-graduate residency training program of at least three years' duration.
3. Trained in the professional standards and techniques to administer pharmacologic agents to predictably achieve either minimal or moderate sedation and monitor patients carefully in order to maintain them at either of these levels of sedation-either intentionally or unintentionally. Acceptable training may be the completion of a course offered by any local hospital or the local Medical Society. Documentation of completion is required.
4. Must be able to evaluate and document evaluation of the patient prior to performing minimal or moderate sedation.
5. Must be qualified to rescue patients from *deep* sedation and trained to manage a compromised airway and to provide adequate oxygenation and ventilation.
6. Current proof of ACLS, PALS, or ATLS
7. Able to demonstrate that he/she has administered minimal or moderate sedation or analgesia to at a minimum of five (5) patients during the past 12 months.

NOTE: Deep Sedation is limited to Anesthesia/CRNAs, Critical Care, and Emergency Medicine and full Anesthesia is limited to Anesthesiologists and CRNAs and is outlined in their delineation of privileges.

Department Chief Recommendation:

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

- ' Recommended as Requested
- ' Recommended with Modifications (See comments below)
- ' Not Recommended (See comments below)

Chief Comments: _____

Provider Signature

Date

Chief Signature

Date