

Hospitalist Medicine Clinical Privileges

Name: _____
Effective from ____/____/____ to ____/____/____

Initial privileges (initial appointment) Renewal of privileges (reappointment)

All new applicants should meet the following requirements as approved by the governing body, effective: February 18, 2015.

Applicant: Check the “Requested” box for each privilege requested. Applicants are responsible for producing required documentation for a proper evaluation of current skill, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges. Please provide this supporting information separately.

[Department/Program Head or Leaders/ Chief]: Check the appropriate box for recommendation on the last page of this form and include your recommendation for any required evaluation. If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

Other requirements

- Note that 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.
- 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:

Current experience is an estimate of the level of activity below which a collegial discussion about support should be triggered. It is not a disqualifier. This discussion should be guided not only by the expectations and standards outlined in the dictionary but also by the risks inherent in the privilege being discussed and by similar activities that contribute to the skill under consideration. This is an opportunity to reflect with a respected colleague on one's professional practice and to deliberately plan an approach to skills maintenance.

The dictionary will be reviewed over time to ensure it is reflective of current practices, procedures and technologies.



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Grandparenting: Practitioners holding privileges prior to implementation of the dictionary will continue to hold those privileges as long as they meet current experience and quality requirements.

Definition

The Hospitalist is a hospital medicine expert that provides integrated patient, family, and system-centered health care to hospital based adult patients. They primarily function as the MRP and when appropriate, also provides consultation and/or directive care.

Hospitalists work with multidisciplinary teams to manage and coordinate care. Hospitalists are committed to quality improvement of inpatient care and seamless transitions between hospital and community.

Hospitalists provide continuity of care by practicing within a coordinated physician team in a hospital-based system of care.

Qualifications for Hospitalist Medicine

Initial privileges: To be eligible to apply for privileges in Hospitalist Medicine, the applicant should meet the following criteria:

Current Certification in Family Medicine by the College of Family Physicians of Canada

OR

Recognized by College of Physicians and Surgeons of British Columbia as holding equivalent qualifications

OR

FRCP (C) Internal Medicine

OR

Possession of equivalent credentials acceptable to College of Physician and Surgeons of British Columbia and the Health Authority and its Affiliate(s).by virtue of credentials earned in another jurisdiction or in another specialty



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AND

Recommended current experience: work in a hospital setting for at least twelve months out of the previous twenty-four months reflective of scope of privileges requested
OR

Completion of a recognized training program in the previous 12 months, including six months of training reflective of scope of privileges requested,

OR

Completion of R3 Enhanced Skills Training in Hospital Medicine

OR

Experience commensurate with above, in the opinion of the local Site Chief, to allow granting of temporary privileges for the purposes of mentoring (avenue to privileging to be reviewed in 2016)

AND

ACLS (when required by the Health Authority and its Affiliate(s).)

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

- Works consistently as a hospitalist for at least twelve months out of the previous 36 months, with no continuous gap of greater than 18 months and as deemed appropriate by the local department/division head
- ACLS (where required)
- CME relevant to requested scope of practice.

Return to practice: Individualized evaluation at a recognized training centre that regularly trains physicians to be Hospitalists, with supervision of core procedures relevant to their intended scope of practice.

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Core privileges: Hospitalist Medicine

Core privileges are offered to ALL members in the discipline as long as the facility can support those activities.

❑ Requested

Evaluate, diagnose, treat, and provide consultation to adult patients with acute, chronic and complex illnesses, diseases, injuries, and functional disorders of all body systems; this may include palliative care and addiction medicine. This may include perioperative care but generally excludes preoperative assessments of patients for determination of fitness for surgery. Privileges include the performance of history and physical examinations, advance care planning, 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 hospitalist medicine. May provide care to patients in critical/acute care settings in conformance with unit policies. Assess, stabilize, and determine the disposition of inpatients 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 procedures list and such other procedures that are extensions of the same techniques and skills.

Core privileges: Admitting Privileges

❑ Requested: Full Admitting

Core procedures list

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.

Core procedures list is based on the CFPC objective of training.

To the applicant: If there is a procedure you wish to NOT perform, then please type into the *Comments* field.

Integumentary Procedures

- Abscess incision and drainage

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- Wound debridement
- Insertion of sutures; simple, mattress, and subcuticular
- Wound closure
- Skin biopsy; shave, punch, and excisional
- Excision of dermal lesions, e.g., papilloma, nevus, or cyst
- Cryotherapy of skin lesions
- Electrocautery of skin lesions
- Skin scraping for fungus determination
- Use of Wood's lamp
- Release subungual hematoma
- Drainage acute paronychia
- Partial toenail removal
- Wedge excision for ingrown toenail
- Removal of foreign body, e.g., fish hook, splinter, or glass
- Pare skin callus

Local Anesthetic Procedures

- Infiltration of local anesthetic
- Digital block in finger or toe

Eye Procedures

- Instillation of fluorescein
- Slit lamp examination
- Removal of corneal or conjunctival foreign body
- Application of eye patch

Ear Procedures

- Removal of cerumen
- Removal of foreign body

Nose Procedures

- Removal of foreign body
- Cautery for anterior epistaxis
- Anterior nasal packing

Cardiothoracic Procedures

- Removal of chest tube

Gastrointestinal Procedures

- Nasogastric tube insertion
- Reinsertion of gastric tube
- Fecal occult blood testing
- Anoscopy/proctoscopy
- Incise and drain thrombosed external hemorrhoid

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Genitourinary and Women's Health Procedures

- Placement of transurethral catheter
- Reestablishment of suprapubic catheter
- Cryotherapy or chemical therapy genital warts
- Aspirate breast cyst
- Pap smear
- Removal of intrauterine device

Musculoskeletal Procedures

- Splinting of injured extremities
- Application of sling—upper extremity
- Reduction of dislocated finger
- Reduce dislocated radial head (pulled elbow)
- Reduce dislocated shoulder
- Application of forearm cast
- Application of ulnar gutter splint
- Application of below-knee cast
- Aspiration and injection of joints except ankle and hip
- Injection of lateral epicondyle (tennis elbow)
- Aspiration and injection of bursae, e.g., patellar, subacromial

Resuscitation Procedures

- All ACLS procedures
- Removal of lines and tubes

Non-core Privileges (See Specific Criteria)

Non-core privileges are permits for activities that require further training, experience and demonstrated skill.

Non-core privileges are requested individually in addition to requesting the core.

Each individual requesting non-core privileges should meet the specific threshold criteria as outlined.

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Non-core privileges: Adult Lumbar Puncture

Requested

Initial privileges:

Successful demonstration of adult lumbar puncture to a member of the medical staff at this institution that holds privileges for this procedure.

OR

Demonstrated current skill by evidence of the performance of 1 adult lumbar puncture per year, averaged over the past 24 months, including in a recognized training program.

Renewal of privilege: Demonstrated current skill by evidence of the performance of 1 adult lumbar puncture per year, averaged over the past 36 months, with demonstration of adequate outcomes.

Return to practice: Demonstrated ongoing skill through an adequate practical demonstration to a member of the medical staff that holds privileges for this procedure.

Non-core privileges: Insertion of Chest Tube and Thoracocenteses

Requested

Initial privileges:

Successful demonstration of chest tube insertion or thoracocenteses to a member of the medical staff at this institution that holds privileges for this procedure.

OR

Demonstrated current skill by evidence of the performance of 1 chest tube insertion or thoracocenteses per year, averaged over the past 24 months, including in a recognized training program.

Renewal of privilege: Demonstrated current skill by evidence of the performance of 1 chest tube insertions or thoracocenteses per year, averaged over the past 36 months, and a demonstration of adequate outcomes.

Return to practice: Demonstrated ongoing skill through a practical demonstration to a member of the medical staff that holds privileges for this procedure.



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Non-core privileges: Paracentesis

Requested

Initial privileges:

Successful demonstration of paracentesis to a member of the medical staff at this institution that holds privileges for this procedure.

OR

Demonstrated current skill by evidence of the performance of 1 paracentesis per year, averaged over the past 24 months, including in a recognized training program.

Renewal of privilege: Demonstrated current skill by evidence of the performance of 1 paracentesis per year, averaged over the past 36 months, with demonstration of adequate outcomes.

Return to practice: Demonstrated ongoing skill through a practical demonstration to a member of the medical staff that holds privileges for this procedure.

Non-core privileges: Central Venous Lines Insertion

Requested

Initial privileges:

Successful demonstration of central venous lines insertion to a member of the medical staff at this institution that holds privileges for this procedure.

OR

Demonstrated current skill by evidence of the performance of 1 central venous lines insertion per year, averaged over the past 24 months, including in a recognized training program.

Renewal of privilege: Demonstrated current skill by evidence of the performance of 1 central venous lines insertion per year averaged over the past 36 months, with demonstration of adequate outcomes.

Return to practice: Demonstrated ongoing skill through a practical demonstration to a member of the medical staff that holds privileges for this procedure.



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Non-core privileges: Aspiration of an Ankle

Requested

Initial privileges:

Successful demonstration of aspiration of an ankle to a member of the medical staff at this institution that holds privileges for this procedure

OR

Demonstrated current skill by evidence of the performance of 1 aspiration of an ankle per year, averaged over the past 24 months, including in a recognized training program.

Renewal of privilege: Demonstrated current skill by evidence of the performance of 1 aspiration of an ankle per year, averaged over the past 36 months, with demonstration of adequate outcomes.

Return to practice: Demonstrated ongoing skill through a practical demonstration to a member of the medical staff that holds privileges for this procedure.

Non-core privileges: Point of care ultrasound

(While considered non-core at the time this revision of the dictionary was created, it is anticipated POC ultrasound will become core to hospitalist medicine in the future.)

Requested

Initial privileges: Successful completion of an accredited postgraduate training program that included training in ultrasound OR completion of the practice-based pathway and training that meets currently available locally determined standards.

AND

Recommended current experience: Demonstrated current skill and evidence of the performance of regular ultrasound interpretations, reflective of the scope of privileges requested, in the past 36 months.

Renewal of privilege: To be eligible to renew privileges in point of care ultrasound, the applicant must meet the following criteria:



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Demonstrated current skill and evidence of the performance of regular ultrasound interpretations, reflective of the scope of privileges requested, in the past 36 months based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Demonstrated ongoing skill through a practical demonstration or by repeating an acceptable ultrasound course.

Non-core privileges: Licensed Methadone Prescribing

- Requested** Methadone Maintenance for Opioid Dependence
- Requested** Methadone for Hospitalists
- Requested** Methadone for Chronic Pain

Initial privileges required: Licensure by CPSBC to prescribe requested substance.

Renewal of privileges: Active license from the CPSBC to prescribe requested substance.

Context Specific Privileges

Context refers to the capacity of a facility to support an activity

Context Specific Privileges: Procedural Sedation

Requested

To be performed in accordance with the organization's policy on procedural sedation by non-anesthesiologists.

FOR REFERENCE ONLY

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Process for requesting privileges not included in the dictionary

Where a member of the medical staff requests a privilege not included in the core, non-core or context specific privileges for a discipline, the following process will be followed.

1. The practitioner will request a **Change Request Form** from the Medical Affairs Office. This will be submitted to the head of department or chief of staff as part of the electronic application process
2. The practitioner will complete the privileges section of the **Change Request Form** and submit with the following information; the privilege requested, the location within the facility where the privilege would be exercised, and the relevant training and experience held by the practitioner in this area.
3. The department head or chief of staff, in consultation with the senior medical administrator and medical administrator responsible for the facility, will determine if the requested privilege can be supported at that site.
4. Where it is deemed appropriate, the practitioner, the department head or chief of staff and the senior medical administrator will agree on any additional training required, and a minimum level of activity required to maintain the privilege. The specific minimum number requirement indicating the level of experience needed to demonstrate skill to obtain clinical privileges for the requested procedure must be evidence-based. Where no supporting literature exists for a specific number, the criteria are established by the consensus of a multidisciplinary group of practitioners who do not have self-interest in creating an artificially high volume requirement.
5. Any additional training will be done in a facility that normally trains practitioners in this activity. Exceptions may be granted in circumstances where all that is required is training by a member of the medical staff who holds the privilege in question.
6. On satisfactory completion of training, the department head or chief of staff may recommend to the governing body through the medical advisory committee that the privilege be granted.

The privileging dictionaries on this site (bcmqi.ca) are the official versions. They will be reviewed beginning in 2016. In the meantime if you have any questions or comments please contact your medical administration office or the BC MQI Office by completing the [Provincial Privileging Dictionary Feedback form](#).

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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 the facility I am applying, 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/Program Head or Leaders/Chief'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

Notes: _____

Name of Department / Division / Program: _____

Name of Medical Leader: _____

Title: _____

Signature: _____

Date: _____