

The Hospital Medicine dictionary was approved by PMSEC on 9 November 2017

REVIEW PANEL COMPOSITION

The panel was composed of two co-chairs with expertise in the provincial privileging dictionaries and 5 subject matter experts, who work across 4 of the province's health authorities and with representation from the Doctors of BC

RECORD OF REVIEW PANEL DECISIONS AND CRITERIA IDENTIFIED

Below are panel decisions and/or criteria identified to guide discussion of clinical practice and standards.

1. Revise the dictionary name and expand definition

The panel was in agreement to change the dictionary name to "Hospital Medicine" to align with language used in national and provincial documents. The revised definition is intended to be more inclusive.

2. Refer to the Canadian Society of Hospital Medicine for core competencies

The Canadian Society of Hospital Medicine established a set of standards those practicing in hospital medicine across Canada. The Core Competencies document is an evolving document; it will get updated as the scope of practice evolves.

3. Refer to the CFPC Core Procedures List

The 2010 core procedures list published by the College of Family Physicians Canada was used as the basis for hospital medicine core procedures list. The list was revised to align with hospitalist scope of practice.

4. Update requirements for Methadone prescribing to align with the new guidelines

The panel referred to the new guidelines published June 2017. BC Centre on Substance Use is a new provincial program that will oversee the methadone maintenance for opioid use. The College of Physicians and Surgeons BC will remain the licensure for methadone for analgesia.

5. Keep point of care ultrasound as a non-core privilege

The panel was in agreement to keep point of care ultrasound as a non-core privilege. They acknowledge that point of care ultrasound may eventually become core to hospital medicine but not at this point in time. This non-core privilege will be revisited in the next review cycle.

6. Hospital Medicine dictionary is developed for full breadth hospitalists only

The panel decided to limit use of this dictionary to those physicians who provide the full breadth of hospital medicine care. Physicians who provide limited care are recommended to request for Family Medicine dictionary

Overall

Decision / Revision: Refer to College of Family Physicians Canada and Canadian Society of Hospital Medicine for training guidelines and core competencies

Engagement Method: Panel discussion

ORIGINAL	REVISION
There was no defined core competencies for Hospital Medicine when the initial version was developed	C1 The core procedures list reflects the CFPC (version 2010) training objectives and the Canadian Society of Hospital Medicine Core Competencies.

Hospital Medicine Clinical Privileges

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

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

All new applicants must meet the following requirements as approved by the governing body, effective: November 9, 2017

Instructions:

Applicant: Check the “Requested” box for each privilege requested. Applicants are responsible for producing required documentation to allow 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 by uploading the appropriate documents. Privileges should not be requested (checked off) and cannot be granted unless the specific criteria associated with the privilege are met.

Medical/Clinical leaders: 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.

Current experience: Current experience thresholds suggested in this document were developed by practitioners in the field, and are *not* intended as a barrier to practice or to service delivery. They are *not* intended as rigid cut offs, below which clinical privileges must be restricted or removed. Instead, medical/clinical leaders are encouraged to initiate discussions with those practitioners who are close to or below the thresholds, to ensure that mechanisms are in place to ensure adequate practitioner experience and patient outcomes.

Other requirements: Note that even if applicants meet skill or experience requirements, each site will determine if the requested privilege can be supported at that site. 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 training and current experience to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Exemption requests: A request for exemption from meeting specific credentialing requirements for a core or non-core privilege may be made; however, these will be reviewed on a case-by-case basis by the provincial credentialing & privileging oversight committee (CPOC) to determine if an expert panel should be convened to consider the request.

Context: The care of patients presenting with complex problems or uncommon diseases requires access to multidisciplinary groups, experienced teams and institutions with the

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necessary subspecialties and infrastructure for appropriate care.

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.

Continuous Professional Development (CPD): Where suggested in this document, CPD requirements reflect those professional development activities which are eligible for:

1. credit under the Royal College of Physicians and Surgeons of Canada's (Maintenance of Certification (MOC) program;
2. the College of Family Physicians of Canada Mainpro+;
3. those professional development activities held in foreign jurisdictions which would be eligible under the MOC/Mainpro program if held in Canada; or
4. equivalent CPD or Quality Assurance activities for other practitioners.

Planned vs. Unplanned (Emergency) Care: The scope of privileges granted to any individual practitioner is based on considerations of patient care under "normal circumstances." In the setting of risk to life or limb, the rules of privilege are not meant to constrain practitioners from acting in the best interest of a patient.

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

Core privilege: Types of activities a recent graduate of the discipline can reasonably be expected to perform at a specific facility. Under core privileges in this dictionary, if there is a procedure you wish to NOT perform please type into the *Comments* field.

Non-core privilege: Types of activities that require further training, experience and demonstrated skill. Non-core privileges are requested in addition to requesting core. Individuals requesting these privileges should meet the specific threshold criteria associated to such non-core privileges.

Context specific privileges: Privileges that take into account what medical services and procedures a facility can support.

Additional privilege: An additional privilege is any privilege that is not included in the core, non-core, or context-specific privileges dictionary for your discipline. Additional privileges already listed in this document were previously requested by others who practice in your discipline; they may or may not be relevant to you. If there are any privileges not listed in your dictionary that you wish to request, please complete an additional privilege request form and attach any evidence of training to support your request.

Restricted procedures: Some dictionaries have procedures identified by the Ministry of Health as [DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]. Privileges identified as restricted procedures may be flagged in this document. Where it

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appears, the restricted procedures flag is for administrative tracking only, and has no impact on clinical content.

Reference Only

Hospital Medicine Clinical Privileges

Definition

The Hospitalist is a Hospital Medicine expert, who provides integrated patient, family, and system-centered health care to hospital based adult patients. They primarily function as the MRP. In some situations, they may also provide consultation and/or directive care.

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

Hospitalists work as an expert team to provide longitudinal continuity of care with focused practice in a hospital based setting. Hospitalists are leaders in quality and patient safety initiatives.

Qualifications for Hospital Medicine

Initial privileges: To be eligible to apply for privileges in Hospital 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 which are acceptable to the Health Authority and its affiliates

OR

FRCP (C) Internal Medicine

OR

Possession of equivalent credentials in Internal Medicine 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

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

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Experience commensurate with above, in the opinion of the appropriate medical leader

AND

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

AND

Meets the standard Core Competencies in Hospital Medicine as defined by the Canadian Society of Hospital Medicine

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

- Work as a hospitalist for at least 300 hours in the past 12 months and as deemed appropriate by the appropriate medical leader
- ACLS (where required)
- CME relevant to requested scope of practice.

Return to practice: Individualized evaluation with supervision of core procedures relevant to their intended scope of practice and acceptable to the appropriate medical leader.

Core privileges: Hospital 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 hospital 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 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

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organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

The core procedures list reflects the CFPC (version 2010) training objectives and the Canadian Society of Hospital Medicine Core Competencies.

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
- Wound debridement
- Laceration repair; suture and gluing
- 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

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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

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

Core privileges: Admitting Privileges

Requested: Full Admitting

Non-core privileges (see specific criteria)

- Are permits for activities that require further training, experience and demonstrated skill
- 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 Thoracenteses

Requested

Initial privileges: Successful demonstration of chest tube insertion or thoracenteses 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 thoracenteses 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 thoracenteses 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.

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

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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.

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 hospital 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.

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Renewal of privilege: 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: Methadone Prescribing for Analgesia

Requested

Initial privileges/ Renewal/ Return to Practice: Compliance with the College of Physicians and Surgeons of British Columbia (CPSBC) Practice Standard – Prescribing Methadone with regard to prescribing for analgesia.

Continuation of an established prescription for inpatients during hospitalization is a core privilege.

Non-core privileges: Methadone Prescribing for Opioid Use Disorder

Requested

Initial privileges/ Renewal/ Return to Practice: Compliance with the College of Physicians and Surgeons of British Columbia (CPSBC) Practice Standard – Prescribing Methadone with regard to prescribing for the treatment of opioid use disorder.

Continuation of an established prescription for inpatients during hospitalization is a core privilege.

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.

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Additional privileges

Definition: An additional privilege is any privilege that is not included in the core, non-core, or context-specific privileges dictionary for your discipline.

To request a privilege that is not included in the core, non-core, or context specific privileges for your discipline, notify your medical leader or local credentialing office.

A credentialing coordinator will send you an additional privilege request form to complete.

Instructions

On the additional privilege request form, you'll be asked to provide the following details:

- a) the privilege requested (*the procedure or activity you are requesting*)
- b) the site or facility where the privilege would be exercised, and
- c) your relevant training, experience or certification, if applicable.

Your request for additional privileges will be submitted to your medical leader. Please note that additional privileges are not automatically granted, but are reviewed to determine alignment with the site capacity and to ensure training requirements are met.

Dictionary content and feedback

The privileging dictionaries on this site (bcmqi.ca) are the official versions.

Dictionary content will be updated as according to the review schedule posted at the bcmqi.ca dictionary review hub. You can provide input on a dictionary at any time, by submitting a [Dictionary Feedback](#) form to the BC MQI office.

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Acknowledgement 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: _____

Medical / Clinical Leader'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/ Facility:

Name of Medical Leader:

Title:

Signature:

Date: