

**ANESTHESIOLOGIST ASSISTANT CLINICAL PRIVILEGES**

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

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.

**Affiliation with Medical Staff / Physician Involvement**

The exercise of these clinical privileges requires a designated supervising/sponsoring physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed in accordance with hospital policies and protocols developed and approved by the relevant clinical department or service, the Medical Executive Committee, and the governing body.

In addition, the supervising/sponsoring physician must:

- Participate as requested in the evaluation of competency (e.g., FPPE, OPPE, at the time of reappointment and, as applicable, at intervals between reappointment);
- Be physically located on hospital premises / in the anesthetizing or operative area and immediately available to provide consultation when requested and to intervene when necessary; e.g., in the same operative/procedural suite, or in the same labor and delivery unit, and not otherwise occupied in a way that prevents him/her from immediately conducting hands-on intervention, if needed. (CMS Conditions of Participation §410.69(b))
- Assume total responsibility for the care of any patient when requested or required by the policies referenced above or in the interest of patient care;
- Sign the privilege request of the practitioner he/she supervises, accepting responsibility for appropriate supervision of the services provided and agree that the supervised practitioner will not exceed the clinical privileges granted;
- Co-sign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies.

**QUALIFICATIONS FOR ANESTHESIOLOGIST ASSISTANT**

<b>Education and training</b>	<p>Successful completion of a graduate level degree program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), or any of the commission's successor organizations, which qualifies the candidate to sit for the National Commission for Certification of Anesthesiologist Assistants (NCCAA) examination.</p> <p>Continuing education related to the specialty area of practice as mandated by licensure is required.</p>
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BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;  
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**ANESTHESIOLOGIST ASSISTANT CLINICAL PRIVILEGES**

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

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

<b>Certification</b>	Current certification by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) as an Anesthesiologist Assistant-Certified (AA-C) is required for initial applicants and reapplicants.
<b>Licensure (if applicable)</b>	Current licensure to practice as an Anesthesiologist Assistant-Certified issued by the Florida Board of Medicine is required for initial applicants and reapplicants.
<b>Required current experience – initial</b>	Demonstrated current competence and evidence of the provision of anesthesia services for an adequate volume of patients in the past 12 months or completion of training in the past 12 months. Experience must correlate to the privileges requested.
<b>Required current experience – renewal</b>	Demonstrated current competence and an adequate volume of experience for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Experience must correlate to the privileges requested.
<b>Ability to perform (health status)</b>	Evidence of current ability to perform privileges requested is required of all applicants and reapplicants.

**CORE PRIVILEGES — ANESTHESIOLOGIST ASSISTANT**

**Requested**     **BHMC**     **BHCS**     **BHIP**     **BH North**

Gather data, assist in the evaluation of physical and mental status, record surgical procedures, and help administer the therapeutic anesthetic care plan for patients of all ages [includes ICU, pain clinic, other settings as appropriate], under the direction of a qualified supervising anesthesiologist. The core privileges in this specialty include the procedures on the following procedure list and such other procedures that are extensions of the same techniques and skills.

- Provide non-medical assessment of health status relating to the relative risks involved with anesthetic management of the patient during performance of the operative procedure;
- Determine and administer the appropriate anesthesia plan (i.e., selection and administration of anesthetic agents, airway management, monitoring and recording of vital signs, support of life functions, use of mechanical support devices and management of fluid, electrolyte and blood component balance) in consultation with the supervising physician;
- Recognize and take appropriate corrective action to counteract problems that may develop during implementation of the anesthesia plan, in consultation with the supervising physician,
- Provide necessary, normal post anesthesia nonmedical care in consultation with the supervising physician

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**ANESTHESIOLOGIST ASSISTANT CLINICAL PRIVILEGES**

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**ACKNOWLEDGEMENT OF PRACTITIONER**

I have requested only those clinical services/functions for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Broward Corporate, and I understand that:

- a. In exercising any clinical services/functions granted and in carrying out the responsibilities assigned to me, 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 policies governing advanced practice professionals.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**ENDORSEMENT OF PHYSICIAN EMPLOYER(S)/SUPERVISOR(S)**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**DEPARTMENT CHAIRPERSON'S RECOMMENDATION**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend requested clinical privileges
- Recommend clinical privileges with the following conditions/modifications:
- Do not recommend the following requested clinical privileges:

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

**Notes**  
\_\_\_\_\_  
\_\_\_\_\_

**Department Chairperson Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

**Credentials Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

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

**Board of Commissioners Action** \_\_\_\_\_ **Date** \_\_\_\_\_

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**CARDIAC SURGERY CLINICAL PRIVILEGES**

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

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

- Initial Appointment (initial privileges)
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- 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.

**Dr. Herskowitz Please Review DOP and address question below from consultant. Thank you.**

**From Sally – Greeley Consultant - During the second review the notes within trans-catheter mitral valve repair criteria need to be revised as needed to clarify. (Also see cardiology.)**

1. **Since ECMO is not done at Broward, does #18 in the core procedure list need to be revised with ECMO deleted? In regard to ECMO, we do perform ECMO here at Broward Health Medical Center as it is under our purview and, therefore, should be a core privilege for cardiac surgery, however we believe that this is already included under vascular access procedures for use of life support systems. ECMO insertion and management should be added in for clarification as well.**
  
2. **Volumes for renewal for the special non-core maze procedure need to be defined. Also - Should Maze be a Core or Non-Core Maze procedure is a major procedure typically taught in cardiac surgery programs and should be a core privilege. It is already listed under core ablative procedures.**

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**Reviewer – Tishko – See Changes – At the directive of Dr. Ta DOP was sent to Dr. Herskowitz for additional review. 12/07/2020. See notes from J.L. and K.H. 12/11/20**

**See notes from J.L. and K.H. 12/14/20 – Completed per Dr. Ta 03/17/2021**

**BROWARD CORPORATE**

**CARDIAC SURGERY CLINICAL PRIVILEGES**

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

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

**QUALIFICATIONS FOR CARDIAC SURGERY**

<b>Education and training</b>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in thoracic surgery.
<b>Certification</b>	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in thoracic surgery by the American Board of Thoracic Surgery, or the American Osteopathic Board of Surgery (Thoracic Cardiovascular Surgery).
<b>Required current experience – initial</b>	Demonstrated current competence and evidence of at least <del>50</del> <del>42</del> <del>60</del> cardiac surgical procedures, reflective of the scope of privileges requested, the past 12 months or successful completion of an ACGME- or AOA- accredited residency or clinical fellowship within the past 12 months.
<b>Required current experience – renewal</b>	Demonstrated current competence and an adequate volume of experience ( <del>50</del> <del>24</del> <del>420</del> cardiac surgical procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.
<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.

**CORE PRIVILEGES – CARDIAC SURGERY**

Requested     **BHMC**

Requested     **Pediatric**     **Adolescent and Adult**

Admit (in accordance with staff category), evaluate, diagnose, and provide operative, perioperative, and critical care to patients to surgically treat all diseases of the heart and great vessels. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. 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
2. Ablative surgery (RF energy, microwave, cryoablation, laser and high-intensity focused ultrasound, **Maze Procedure (only available at BHMC)**)
3. All procedures upon the heart for the management of acquired/congenital cardiac disease, including surgery upon the pericardium, coronary arteries, the valves, and other internal structures of the heart and for acquired septal defects and ventricular aneurysms
4. **Central Venous Access Catheters and Ports**
5. Correction or repair of all anomalies or injuries of great vessels and branches thereof, including aorta, pulmonary artery, pulmonary veins, and vena cava

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**6. ECMO insertion and management**

- 7. Endarterectomy of pulmonary artery
- 8. Endomyocardial biopsy
- 9. Management of congenital septal and valvular defects
- 10. Minimally invasive direct coronary artery bypass (MIDCAB)
- 11. Off pump coronary artery bypass (OPCAB)
- 12. Operations for myocardial revascularization
- 13. Pacemaker and/or AICD implantation and management, transvenous and transthoracic
- 14. Palliative vascular procedures (not requiring cardiopulmonary bypass) for congenital cardiac disease

**15. Pericardiocentesis**

**16. Pericardial drainage procedures**

**17. Pericardiectomy**

- 18. Pulmonary embolectomy
- 19. Surgery for implantation of artificial heart and mechanical devices to support or replace the heart partially or totally (excludes transplant)
- 20. Surgery of patent ductus arteriosus and coarctation of the aorta
- 21. Surgery of the aortic arch and branches; descending thoracic aorta for aneurysm/trauma
- 22. Surgery of the thoracoabdominal aorta for aneurysm
- 23. Surgery of tumors of the heart and pericardium

**24. Tube Thoracostomy**

**25. Thoracentesis**

- 26. Vascular access procedures for use of life support systems, such as extra corporeal oxygenation and cardiac support
- 27. Vascular operations exclusive of thorax, e.g., caval interruption, embolectomy, endarterectomy, repair of excision of aneurysm, vascular graft or prosthesis

- 1. ~~Pericardiocentesis, pericardial drainage procedures, pericardiectomy~~ should all be added to core privileges. Vascular operations exclusive of the thorax (e.g., caval interruption, embolectomy, endarterectomy, repair of excision of aneurysm, vascular graft or prosthesis) should also be added. **(already there – Number 24)** Finally, so should ~~central venous access catheters and ports, tube thoracostomy, and thoracentesis.~~

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**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.

**ENDOVASCULAR REPAIR OF THORACIC (TAA) AND ABDOMINAL AORTIC ANEURYSMS (AAA)**Requested  BHMC

**Criteria:** Successful completion of an ACGME- or AOA-accredited post graduate training program in thoracic surgery. Successful completion of an STS, AATS, or SVS sponsored endovascular training course. Applicant agrees to limit procedure to use of endovascular graft device for which they have demonstrated training and experience. Qualifications should include experience with at least 10 open thoracic surgical procedures; a minimum of 25 wire/catheter placements; participation in 10 abdominal or 5 thoracic aortic endovascular stent grafting procedures; experience with large bore femoral sheath cannulation; and experience with retroperitoneal exposure of, and procedure on, the iliac arteries.

**Required Current Experience:** Demonstrated current competence and longitudinal experience with patients with thoracic aortic diseases (20 patients in the past 2 years) documentation of experience in at least 10 endovascular repairs of TAA and/or AAA procedures in the past 12 months or completion of training in the past 12 months. **Renewal of Privilege: Demonstrated current competence and evidence of the performance of the procedures involving endovascular repair of TAA and/or AAA in the past 24 months based on results of ongoing professional practice evaluation and outcomes.** ~~Demonstrated current competence and evidence of the performance of at least 20 endovascular repair of TAA and/or AAA procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.~~

**MAZE PROCEDURE**

**Dr. Herskowitz – should this be core or non-core for Cardiac Sx? Already under Core (Ablative Procedures)**

Requested ~~\_\_\_\_\_~~  BHMC

~~**Criteria:** Successful completion of an ACGME or AOA accredited thoracic surgery residency or equivalent training by completion of a formal hands on course. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least 7 maze procedures in the past 12 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least [n] maze procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.~~

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**CARDIAC SURGERY CLINICAL PRIVILEGES**

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**USE OF ROBOTIC ASSISTED SYSTEM**Requested  BHMC  BHCS  BHIP  BHN

**Criteria:** Successful completion of an ACGME or AOA post graduate training program that included training in minimal access procedures and therapeutic robotic devices and their use or completion of an approved structured training program that included didactic education on the specific technology and an educational program for the specialty specific approach to the organ systems. Training should include observation of live cases. Physician must have privileges to perform the procedures being requested for use with the robotic system, hold privileges in or demonstrate training and experience in minimal access procedures. Practitioner agrees to limit practice to only the specific robotic system for which they have provided documentation of training and experience. **Required Current Experience:** Demonstrated current competence and evidence of at least six (6) robotic assisted procedures in the past 12 months, or successful completion of training in the past 12 months, or the applicant's initial two (2) cases will be proctored by a physician holding robotic privileges. **Renewal of Privilege:** Demonstrated current competence and evidence of at least twelve (12) robotic assisted procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

~~1. Robotic surgery — there should be a robotic surgery non-core in both Cardiac surgery and thoracic surgery DOP. For cardiac surgery we believe that the required current experience should have 10 cases that are proctored by a physician holding robotic privileges. For renewal of privileges we believe that they should have 20 robotic assisted procedures in the past 24 months. For the thoracic non-core, privileges should be the same as that for required current experience but should be 10 cases for renewal of privileges.~~

**Criteria must be the same across all specialties of which this privilege appears.**

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~~Drs. Lenchus and Herskowitz: Notes came from Consultant - Please advise as to your final recommendation. Thank you.~~

**TRANS-CATHETER MITRAL VALVE REPAIR**Requested  BHMC

**Criteria:** Successful completion of an ACGME- or AOA-accredited post-graduate training program in interventional cardiology or cardiac surgery that included training in TMVR or successful completion of approved hands on training and certification program of TMVR by the sponsor or manufacture is required. Training must include at least five (5) proctored cases with a certified proctor. ~~NOTE: I think you mean procepted cases vs. proctored cases. The interventional cardiologist must be board certified in interventional cardiology and the cardiac surgeon must be board certified in thoracic surgery. TMVR must be performed by an Interventional Cardiologist or a Cardiothoracic Surgeon whom must be board certified. Interventional Cardiologists and Cardiac Surgeons may jointly participate in the intraoperative technical aspects of TMVR as appropriate.~~

~~NOTE: THIS WOULD EXCLUDE BOARD ELIGIBLE PHYSICIANS:~~

**Required Current Experience:** Demonstrated current competence and evidence of the successful performance of at least 50 structural cardiac procedures for the interventional cardiologist and at least 20 structural cardiac procedures for the cardiac surgeon within a rolling 12-month period over the past 24-months including treatment of atrial septal defects (ASD), patent foramen ovale (PFO), trans-septal approaches, trans-catheter valve procedures (i.e., TAVR, BAV, and TMVR), and LAA closure. Experience in trans-septal punctures in the past 12 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the successful performance of at least six (6) trans-catheter mitral valve repairs in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes. Continuous active participation in the BHMC TMVR program is required. This will include presentation of every case to the BHMC multidisciplinary team for approval prior to scheduling a case, and attendance of meetings.

~~4- Transcatheter mitral valve TMVR with regard to your comment regarding the proctored versus preceptor, the intent is that they are trained by a certified preceptor or proctor so that they can get their privileges. These proctors are typically provided to us through the manufacturer and is usually a physician. I am ok if the nomenclature is understood. We also need to include the fact that TMVR must be performed by an interventional cardiologist or a cardiothoracic surgeon who is board certified and that they may jointly participate in the intraoperative technical aspects of the TMVR as appropriate. I am not sure about excluding board eligible physicians. I suppose that if this is a problem for a new person coming out, we can amend that language if you~~

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~~wish. Please note the required experience is separate for interventional cardiology and cardiothoracic surgeons, I do not believe we need to incorporate the interventional cardiologist requirements here as they will get their own delineation of privileges under their separate DOP. I noticed you also got rid of at least 4 CME required for reappointment that must be related to the privileges requested for renewal of privileges, do we really want to get rid of that?~~

**Removed from Thoracic and Placed on Cardiac as Per Dr. Ta.**

**ENDOVASCULAR REPAIR OF THORACIC (TAA) AND ABDOMINAL AORTIC ANEURYSMS (AAA)**

Requested     BHMC     BHCS     BHIP     BHN

**Criteria:** Successful completion of an ACGME- or AOA-accredited post graduate training program in thoracic surgery. Successful completion of a STS, AATS, or SVS sponsored endovascular training course. Applicant agrees to limit procedure to use of endovascular graft device for which they have demonstrated training and experience. Qualifications should include experience with at least 10 open thoracic surgical procedures; a minimum of 25 wire/catheter placements; participation in 10 abdominal or 5 thoracic aortic endovascular stent grafting procedures; experience with large bore femoral sheath cannulation; and experience with retroperitoneal exposure of, and procedure on, the iliac arteries.

**Required Current Experience:** Demonstrated current competence and longitudinal experience with patients with thoracic aortic diseases (20 patients in the past 2 years) documentation of experience in at least 10 endovascular repairs of TAA and/or AAA procedures in the past 12 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least 20 endovascular repair of TAA and/or AAA procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

**TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR)**

Requested     BHMC

~~REPLACE WITH BH CRITERIA~~

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~~Criteria: Successful completion of an ACGME or AOA accredited post graduate training program in interventional cardiology that included transcatheter aortic valve replacement (TAVR) or successful completion of an approved hands on CME in TAVR for which privileges are requested and will agree to restrict their practice to the device(s) type(s). The physician must be part of a Transcatheter Heart Valve Team that meets STS and ACC guidelines. **Required Current Experience:** Demonstrated current competence and evidence of the successful performance of at least 100 structural procedures lifetime, 30 left sided structural procedures of which 60% should be balloon aortic valvuloplasty or 20 TAVR procedures in the past 12 months. **Renewal of Privilege:** Demonstrated current competence in the performance of at least 60 left sided structural procedures of which 60% should be balloon aortic valvuloplasty or 40 TAVR procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.~~

~~Criteria: Successful completion of an ACGME or AOA accredited post graduate training program in Interventional Cardiology/Cardiac Surgery that included training in TMVR. The Interventional Cardiologist must be board certified in interventional cardiology and the Cardiac Surgeon must be board certified in thoracic surgery.~~

~~Successful completion of an ACGME or AOA accredited postgraduate training program in thoracic surgery that included transcatheter aortic valve replacement (TAVR) or successful completion of an approved hands on CME in TAVR for which privileges are requested and will agree to restrict their practice to the device(s) type(s). The physician must be a part of a transcatheter heart valve team that meets STS and ACC guidelines~~

OR

~~equivalent training and experience as approved by Chief of service or designee.~~

~~Required Experience: To independently perform~~

~~**Interventional Cardiology:** Documentation of performance of  $\geq 50$  structural cardiac procedures within a rolling 12-month period over the last two years including treatment of atrial septal defects (ASD), patent foramen ovale (PFO), trans-septal approaches, trans-catheter valve procedures (i.e. TAVR, BAV, and TMVR), and LAA closure. Experience in trans-septal punctures in the past 12 months or completion of training in the past 12 months.~~

~~**Cardiac Surgeons:** Documentation of performance of  $\geq 20$  structural cardiac procedures within a rolling 12-month period over the last two years including treatment of atrial septal defects (ASD), patent foramen ovale (PFO), trans-septal approaches, trans-catheter valve procedures (i.e. TAVR, BAV, and TMVR), and LAA closure. Experience in trans-septal punctures in the past 12 months or completion of training in the past 12 months~~

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

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**Cardiac Surgeons: Initial privileges: Be credentialed to perform valve surgical procedures and provide documentation of valve specific, FDA mandated vendor-approved training certificate of completion and have completed three (3) proctored TAVR cases by the vendor**

**Renewal of Privilege:**

Demonstrated current competence and evidence of the successful performance of at least 6 trans-catheter mitral valve repairs in the past 24 months based on results of ongoing professional practice evaluation and outcomes. At least 4 CME's required for re-appointment must be related to the privileges requested. Continuous active participation in the BHMC TMVR Program is required. This will include presentation of every case to the BHMC multidisciplinary TMVR team for approval prior to scheduling a case, and attendance of meetings.

**Maintenance of TAVR privilege; demonstrated current competence and evidence of the performance of at least 20 cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes**

**ADMINISTRATION OF SEDATION AND ANALGESIA**

Requested  BHMC  BHCS  BHIP  BHN

See Broward Health's Sedation Protocol for additional information for Sedation and Analgesia by Non-Anesthesiologists

Requested  Level 1 – Deep Sedation

Requested  Level 2 – Moderate Sedation

**Criteria:** Successful completion of ACGME or AOA accredited post graduate training or Commission on Dental Accreditation (CDA) training that included sedation training and completion of Broward Health's online education module for sedation education with a passing score of at least 85%. Initial and ongoing American Health Association certification in ACLS, ATLS, PALS, and/or NRP as specific to the patient population. **Required Current Experience:** Demonstrated current competence and evidence of the administration of at least five (5) cases in the past 24 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the administration of at least five (5) cases in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes. There will be a five-day grace period to present valid life certification if the physician's certification expires.

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;  
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**Reviewer – Tishko – See Changes – At the directive of Dr. Ta DOP was sent to Dr. Herskowitz for additional review. 12/07/2020. See notes from J.L. and K.H. 12/11/20**

**See notes from J.L and K.H. 12/14/20 – Completed per Dr. Ta 03/17/2021**

**BROWARD CORPORATE**

**CARDIAC SURGERY CLINICAL PRIVILEGES**

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

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

**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 Broward Corporate, 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 CHAIRPERSON'S RECOMMENDATION**

Check the appropriate box for recommendation.

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

- 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 Chairperson Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

**Credentials and Qualifications Committee Action** **Date** \_\_\_\_\_

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

**Board of Commissioners Action** **Date** \_\_\_\_\_

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**Reviewer - Tishko - See Changes - At the directive of Dr. Ta DOP was sent to Dr. Herskowitz for additional review. 12/07/2020. See notes from J.L. and K.H. 12/11/20**

**See notes from J.L and K.H. 12/14/20 - Completed per Dr. Ta 03/17/2021**

**BROWARD CORPORATE**

**HOSPITAL MEDICINE CLINICAL PRIVILEGES**

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

Page 1

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.

**Send to Dr. Foster and Dr. Dabbage for Review as per Dr. Ta 03-08-2021**

I would not make any changes. My only addition would be to develop a pathway for a physician who is internal medicine board certified and practices in outpatient medicine. If that physician wants to go into a hospitalist track, perhaps to develop a system to assist in that path. It could be done having a mentorship program for six months to a year with a Hospitalist working closely with that physician.

Kind Regards,

**Nemer Dabage, MD, FACP**

**QUALIFICATIONS FOR HOSPITAL MEDICINE**

<b><i>Education and training</i></b>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in internal medicine or family medicine.
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**Reviewer: Naberezny, Kristoff – See requested revisions provided verbally. – Approved by Reviewer**

**Dr. Ta recommends moving DOP – CMOs – 12/2020 and COS 01/2021**

**BROWARD CORPORATE**

**HOSPITAL MEDICINE CLINICAL PRIVILEGES**

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

Page 2

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

<b>Certification</b>	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in internal medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine or in family medicine by the American Board of Family Medicine or family practice and osteopathic manipulative treatment by the American Osteopathic Board of Family Physicians.
<b>Required current experience – <u>initial</u></b>	Demonstrated current competence and evidence of the provision of care to at least <u>100 inpatients, reflective of scope of privileges requested, in the last 12 months</u> or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.  <b><u>Note: If candidate is transitioning from outpatient practice to hospital medicine, a mentorship / proctoring program will be assigned by Department Chair in lieu of aforementioned case log requirements!</u></b>
<b>Required current experience – <u>renewal</u></b>	Demonstrated current competence and an adequate volume of experience ( <u>200 inpatients</u> ) with acceptable results, reflective of the scope of privileges requested, for the past <u>24 months</u> based on results of ongoing professional practice evaluation and peer review outcomes.
<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.

**CORE PRIVILEGES – HOSPITAL MEDICINE**

Requested     BHCS     BHIP     BHN

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide consultation to patients 18 years of age and above, with common ~~and complex illnesses~~, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, **nervous, integumentary (skin disorders)** and genitourinary systems. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

1. Perform history and physical exam
2. Preliminary interpretation of chest radiograph (own patient)
3. Preliminary interpretation of electrocardiograms (own patient)

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**Reviewer: Naberezny, Kristoff – See requested revisions provided verbally. – Approved by Reviewer**

**Dr. Ta recommends moving DOP – CMOs – 12/2020 and COS 01/2021**

HOSPITAL MEDICINE CLINICAL PRIVILEGES

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

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

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 Broward Corporate, 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 CHAIRPERSON'S RECOMMENDATION

Check the appropriate box for recommendation.

If recommended with conditions or not recommended, provide explanation. I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

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

Table with 2 columns: Privilege, Condition/Modification/Explanation. Rows 1, 2, 3.

Notes:

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

Department Chairperson Signature \_\_\_\_\_ Date \_\_\_\_\_

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Reviewer: Naberezny, Kristoff - See requested revisions provided verbally. - Approved by Reviewer

Dr. Ta recommends moving DOP - CMOs - 12/2020 and COS 01/2021

**HOSPITAL MEDICINE CLINICAL PRIVILEGES**

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

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

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***Credentials and Qualifications Committee Action***

***Date*** \_\_\_\_\_

***Medical Executive Committee Action***

***Date*** \_\_\_\_\_

***Board of Commissioners Action***

***Date*** \_\_\_\_\_

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***Reviewer: Naberezny, Kristoff – See requested revisions provided verbally. – Approved by Reviewer***

***Dr. Ta recommends moving DOP – CMOs – 12/2020 and COS 01/2021***

BROWARD CORPORATE

PEDIATRIC CLINICAL PRIVILEGES

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

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.

~~From Sally Greeley Consultant: Volumes need to be defined for the core for the initial applicant and the reapplicant. Determine whether attendance at deliveries should remain on this form. If it remains as a special, non-core then volumes need to be defined.~~

~~Dr. Swerdloff Pediatrics No attendance at delivery by pediatricians. If an emergency and neonatologist busy with another delivery or emergency, back up is Peds ER and Peds Hospitalist.~~

~~Circumcision take off BHIP and BHN Done~~

~~For numbers now 12/renewal 8.~~

~~For the hospitalist this should not be an issue I would be concerned regarding a higher number for the outside pediatricians who see newborns and share among their group.~~

~~If this number seems too low, we can run reports to see what the numbers actually are currently being seen but again I would have to make sure we are catching everyone in a group.~~

QUALIFICATIONS FOR PEDIATRICS

<b>Education and training</b>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in pediatrics.
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Reviewer: Swerdloff – See requested revisions notated as per email.

**BROWARD CORPORATE**

**PEDIATRIC CLINICAL PRIVILEGES**

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

Page 2

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

<b>Certification</b>	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics.
<b>Required current experience – initial</b>	Demonstrated current competence and evidence of the provision of pediatric services, reflective of the scope of privileges requested, during the past 12 months, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
<b>Required current experience – renewal</b>	Demonstrated current competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes as per the Medical Staff Bylaws.
<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.

**CORE PRIVILEGES – PEDIATRICS**

Requested     **BHMC**     **BHCS**

Requested     **Newborns only**

Requested     **Birth to young adulthood (21 years of age)**

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide consultation to patients, concerning their physical, emotional, and social health as well as treating acute and chronic disease including major complicated illnesses. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. 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
2. Arterial puncture
3. Bladder catheterization
4. Management of burns, superficial and partial thickness
5. Endotracheal intubation
6. I & D abscess
7. Gynecologic evaluation of prepubertal and postpubertal females
8. Local anesthetic techniques
9. Lumbar puncture
10. Placement of intravenous lines
11. Placement of intraosseous lines
12. Remove non-penetrating foreign body from the eye, nose, or ear
13. Simple ligation of extra digits with non-bony base or pedicle
14. Subcutaneous, intradermal, and intramuscular injections
15. Wound care and suture uncomplicated lacerations

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**Reviewer: Swerdloff – See requested revisions notated as per email.**

**PEDIATRIC CLINICAL PRIVILEGES**

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

Page 3

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

**REFER AND FOLLOW PRIVILEGES**

~~Requested~~  ~~BHMC~~  ~~BHCS~~

~~Criteria: Education and training as for pediatric core.~~

~~Perform outpatient pre-admission, history and physical, order non-invasive outpatient diagnostic tests and services; visit patient in hospital, review medical records, consult with attending physician, and observe diagnostic or surgical procedures with the approval of the attending physician or surgeon.~~

Per Dr. Ta – remove from all forms. 03/03/2021

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**Reviewer: Swerdloff – See requested revisions notated as per email.**

BROWARD CORPORATE

**PEDIATRIC CLINICAL PRIVILEGES**

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

Page 4

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

**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.

**ATTENDANCE AT DELIVERY TO ASSUME CARE OF NORMAL NEWBORNS**

Requested  BHMC  BHCS

Dr. Swerdloff to check with neonatologists to see if the pediatricians do this. If it is left on the form, the criteria need to be reviewed and defined!

Dr. Rodriguez-Cortez to Review

**Criteria:** Successful completion of an ACGME- or AOA-accredited residency in pediatrics which included this training, or completion of hands-on training under the supervision of a qualified physician preceptor. Current NALS/NRP certification. **Required Current Experience:** Demonstrated current competence and evidence of attendance at [n] deliveries in the past 12 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of attendance at [n] deliveries in the past 24 months based on results of quality assessment/improvement activities and outcomes.

**CIRCUMCISION**

Requested  BHMC  BHCS  BHIP  BH North

**Criteria:** Successful completion of an ACGME- or AOA-accredited residency in pediatrics which included training in circumcision, or completion of hands-on training in circumcision under the supervision of a qualified physician preceptor. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least three (3) circumcisions in the past 12 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least six (6) circumcisions in the past 24 months based on results of quality assessment/improvement activities and outcomes.

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**Reviewer: Swerdloff – See requested revisions notated as per email.**

**PEDIATRIC CLINICAL PRIVILEGES**

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

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

**ADMINISTRATION OF SEDATION AND ANALGESIA**

**Requested**     **BHMC**     **BHCS**     **BHIP**     **BH North**

See Broward Health's Sedation Protocol for additional information for Sedation and Analgesia by Non-Anesthesiologists

**Requested**     **Level 1 – Deep Sedation**

**Requested**     **Level 2 – Moderate Sedation**

**Criteria:** Successful completion of ACGME or AOA accredited post graduate training that included sedation training and completion of Broward Health's online education module for sedation education with a passing score of at least 85%. Initial and ongoing American Health Association certification in ACLS, ATLS, PALS, and/or NRP as specific to the patient population. **Required Current Experience:** Demonstrated current competence and evidence of the administration of at least five (5) cases in the past 24 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the administration of at least five (5) cases in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes. There will be a five-day grace period to present valid life certification if the physician's certification expires.

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**Reviewer: Swerdlhoff – See requested revisions notated as per email.**

**BROWARD CORPORATE**

**PEDIATRIC CLINICAL PRIVILEGES**

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

Page 6

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

**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 Broward Corporate, 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 CHAIRPERSON'S RECOMMENDATION**

Check the appropriate box for recommendation.

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

- 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 Chairperson Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Credentials and Qualifications Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Medical Executive Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Board of Commissioners Action** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Reviewer: Swerdloff – See requested revisions notated as per email.**

**BROWARD CORPORATE**

**CRITICAL CARE CLINICAL PRIVILEGES**

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

Page 1

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.

**QUALIFICATIONS FOR CRITICAL CARE**

<b>Education and training</b>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited postgraduate training program in the relevant medical specialty, and successful completion of an ACGME accredited fellowship in critical care medicine.
<b>Certification</b>	Initial applicants must have subspecialty certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) leading to subspecialty certification in critical care medicine by the relevant American Board of Medical Specialties, or the American Osteopathic Board.
<b>Required current experience – initial</b>	<del>Demonstrated current competence and evidence of inpatient care to at least 30 patients in the critical care unit;</del> reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
<b>Required current experience – renewal</b>	<del>Demonstrated current competence and an adequate volume of experience (60 patients) with acceptable results,</del> reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.
<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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**Reviewer: Kumar – See requested revisions noted by Dr. Kumar thru out document. Received via email 11/07/2020**

**As per Dr. Ta – Move on for final recommendation – CMO, COS, Department Chief. – 12/2020**

**CRITICAL CARE CLINICAL PRIVILEGES**

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

Page 2

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

**CORE PRIVILEGES – CRITICAL CARE**Requested     BHMC     BHCS     BHIP     BHN

Admit (in accordance with staff category), evaluate, diagnose, and provide treatment or consultative services for patients 18 years of age and above, with multiple organ dysfunction and in need of critical care for life threatening disorders. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. 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
2. Airway maintenance intubation, including fiberoptic bronchoscopy and laryngoscopy
3. Arterial puncture and cannulation
4. Calculation of oxygen content, intrapulmonary shunt and alveolar arterial gradients
5. Cardiac output determinations by thermodilution and other techniques
6. Cardiopulmonary resuscitation
7. Cardioversion and defibrillation
8. Cricothyrotomy tube placement
9. Echocardiography and electrocardiography interpretation
10. Evaluation of oliguria
11. Management of extracorporeal membrane oxygenation (ECMO)
12. **Bedside** Image guided procedures – **Recommendation from Dr. Staller**
13. Insertion of central venous, arterial and pulmonary artery balloon flotation catheters
14. Insertion of hemodialysis and peritoneal dialysis catheters
15. Interpretation of intracranial pressure monitoring
16. Lumbar puncture
17. Management of anaphylaxis and acute allergic reactions
18. Management of critical illness in pregnancy
19. Management of life-threatening disorders in intensive care units including but not limited to shock, coma, heart failure, trauma, respiratory arrest, drug overdoses, massive bleeding, diabetic acidosis and kidney failure
20. Management of massive transfusions
21. Management of the immunosuppressed or immunocompromised patient
22. Monitoring and assessment of metabolism and nutrition
23. Needle and tube thoracostomy
24. Paracentesis
25. Percutaneous needle aspiration of palpable masses
26. Pericardiocentesis
27. Peritoneal lavage
28. Preliminary interpretation of imaging studies
29. Temporary cardiac pacemaker insertion and application
30. Thoracentesis
31. Transtracheal catheterization
32. Use of reservoir masks, nasal prongs/cannulas and nebulizers for delivery of supplemental oxygen and inhalants

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**Reviewer: Kumar – See requested revisions notated by Dr. Kumar thru out document. Received via email 11/07/2020**

**As per Dr. Ta – Move on for final recommendation – CMO, COS, Department Chief. – 12/2020**

BROWARD CORPORATE

CRITICAL CARE CLINICAL PRIVILEGES

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

Page 3

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

- 33. Ventilator management, including experience with various modes and continuous positive airway pressure therapies (BiPAP and CPAP)
- 34. Wound care

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.

BEDSIDE PERCUTANEOUS TRACHEOSTOMY (PDT)

Requested  BHMC  BHCS  BHIP  BHN

Criteria: Successful completion of an accredited ACGME or AOA post graduate training program that included training in PDT or completion of a hands-on CME with at least 10 procedures in a supervised setting (training). Required Current Experience: Demonstrated current competence and evidence of at least ten (10) procedures in the past 12 months or completion of training in the past 12 months. Renewal of Privilege: Demonstrated current competence and evidence of at least twenty (10) procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

TRACHEOSTOMY

Requested  BHMC  BHCS  BHIP  BHN

Criteria: Successful completion of an accredited ACGME or AOA post graduate training program that included training in tracheostomy or completion of a hands-on CME with at least 20 procedures in a supervised setting (training). Required Current Experience: Demonstrated current competence and evidence of at least ten (10) procedures in the past 12 months or completion of training in the past 12 months. Renewal of Privilege: Demonstrated current competence and evidence of at least twenty (20) procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

ADMINISTRATION OF SEDATION AND ANALGESIA

Requested  BHMC  BHCS  BHIP  BHN

See Broward Health's Sedation Protocol for additional information for Sedation and Analgesia by Non-Anesthesiologists

Requested  Level 1 – Deep Sedation

Requested  Level 2 – Moderate Sedation

Criteria must be uniform across all specialties for this privilege. This paragraph cannot be altered unless there is a change made through the proper channels by Anesthesia and approved through all Medical Staff Committees including the Board of Commissioners.

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As per Dr. Ta – Move on for final recommendation – CMO, COS, Department Chief. – 12/2020

**CRITICAL CARE CLINICAL PRIVILEGES**

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

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

~~**Criteria:** Successful completion of ACGME or AOA accredited post graduate training or Commission on Dental Accreditation (CDA) training that included sedation training and completion of Broward Health's online education module for sedation education with a passing score of at least 85%. Initial and ongoing American Health Association certification in ACLS, ATLS, PALS, and/or NRP as specific to the patient population. **Required Current Experience:** Demonstrated current competence and evidence of the administration of at least five (5) cases in the past 24 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the administration of at least five (5) cases in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes. There will be a five-day grace period to present valid life certification if the physician's certification expires, completion of Broward Health's online education module for sedation education with a passing score of at least 85%. Ongoing American Health Association certification in ACLS, ATLS, PALS, and/or NRP as specific to the patient population.~~

**Paragraph will be put back to it's original form:**

**Criteria:** Successful completion of ACGME or AOA accredited post graduate training or Commission on Dental Accreditation (CDA) training that included sedation training and completion of Broward Health's online education module for sedation education with a passing score of at least 85%. Initial and ongoing American Health Association certification in ACLS, ATLS, PALS, and/or NRP as specific to the patient population. **Required Current Experience:** Demonstrated current competence and evidence of the administration of at least five (5) cases in the past 24 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the administration of at least five (5) cases in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes. There will be a five-day grace period to present valid life certification if the physician's certification expires.

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**Reviewer: Kumar – See requested revisions noted by Dr. Kumar thru out document. Received via email 11/07/2020**  
**As per Dr. Ta – Move on for final recommendation – CMO, COS, Department Chief. – 12/2020**

**BROWARD CORPORATE**

**CRITICAL CARE CLINICAL PRIVILEGES**

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

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

**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 Broward Corporate, 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 CHAIRPERSON'S RECOMMENDATION**

Check the appropriate box for recommendation.

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

- 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 Chairperson Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

<b>Credentials and Qualifications Committee Action</b>	<b>Date</b> _____
<b>Medical Executive Committee Action</b>	<b>Date</b> _____
<b>Board of Commissioners Action</b>	<b>Date</b> _____

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**Reviewer: Kumar – See requested revisions noted by Dr. Kumar thru out document. Received via email 11/07/2020**

**As per Dr. Ta – Move on for final recommendation – CMO, COS, Department Chief. – 12/2020**

BROWARD CORPORATE

**ENDOCRINOLOGY, DIABETES, AND METABOLISM CLINICAL PRIVILEGES**

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

Page 1

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.

~~From Sally - Greeley: Second review will determine whether 'admit' should remain on the form. Dr. Perez did not feel that admitting privileges were applicable. It has been left on the form for consistency with the other subspecialty areas and the bylaws language.~~

**QUALIFICATIONS FOR ENDOCRINOLOGY, DIABETES, AND METABOLISM**

<b>Education and training</b>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited fellowship in endocrinology, diabetes, and metabolism.
<b>Certification</b>	Initial applicants must have current subspecialty certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) leading to subspecialty certification in endocrinology, diabetes, and metabolism by the American Board of Internal Medicine or Certificate of Special Qualifications in endocrinology by the American Osteopathic Board of Internal Medicine.
<b>Required current experience – initial</b>	<p><i>Demonstrated current competence and evidence of the provision of Endocrinology, Diabetes and Metabolism services, reflective of the scope of privileges requested, during the past 12 months, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.</i></p> <p><del>Demonstrated current competence and evidence of inpatient or consultative services, reflective of the scope of privileges requested, for at least 24 patients during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.</del></p> <p><b><i>No Volume Requirement as per Dr. Ta</i></b></p>

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**Reviewer: Perez – See requested revisions notated as per email. Approved by Reviewer As per Dr. Ta – Move on for final recommendation – CMO, COS, Department Chief. – 12/2020**

**BROWARD CORPORATE**

**ENDOCRINOLOGY, DIABETES, AND METABOLISM CLINICAL PRIVILEGES**

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

Page 2

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

<p><b>Required current experience – renewal</b></p>	<p>Demonstrated current competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes as per the Medical Staff Bylaws</p> <p><b><u>Direct Response from Reviewer: Elys Perez</u></b></p> <p><del><i>This all seems very good, I agree with everything here with the exception of "required experience – renewal" this says that the physician needs to have seen 24 patients in 24 months for renewal to be processed, however this cannot apply to BH employed physicians, because BH employed physicians are required to be credentialed at Broward Health but sometimes they might not see that amount of patients due to either – no consults, or consults going somewhere else, or delays in setting up practice, etc. So I ask that we revise this for BH employed physicians only since we would be the ones affected and it would create an issue when it comes to renewal time (again we are required to be credentialed at the hospital so whether we meet the numbers or not we still need to be credentialed at the hospital to continue with our outpatient practices).</i></del></p>
<p><b>Ability to perform (health status)</b></p>	<p>Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.</p>

**CORE PRIVILEGES – ENDOCRINOLOGY, DIABETES, AND METABOLISM**

Requested     BHMC     BHCS     BHIP     BHN

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide consultation to adolescent and adult patients, with injuries, or disorders of the internal (endocrine) glands such as thyroid and adrenal glands. Includes management of disorders such as but not limited to diabetes, metabolic, and nutritional disorders, obesity, and pituitary diseases. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. 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
2. Interpret hormone assays
3. Interpret laboratory studies, including the effects of non-endocrine disorders
4. Review of radiologic and other imaging studies for diagnosis and treatment of endocrine and metabolic diseases
5. Perform and interpret stimulation and suppression tests
6. Radionuclide localization of endocrine tissue
7. Bedside Ultrasonography of the soft tissues of the neck

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**BROWARD CORPORATE**

**ENDOCRINOLOGY, DIABETES, AND METABOLISM CLINICAL PRIVILEGES**

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

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

**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 Broward Corporate, 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 CHAIRPERSON'S RECOMMENDATION**

Check the appropriate box for recommendation.

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

- 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 Chairperson Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Credentials and Qualifications Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

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

**Board of Commissioners Action** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Reviewer: Perez – See requested revisions notated as per email. Approved by Reviewer  
As per Dr. Ta – Move on for final recommendation – CMO, COS, Department Chief. – 12/2020**

**GENERAL SURGERY CLINICAL PRIVILEGES**

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

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.

**Send to Dr. Lehr for Review – Per Dr. Ta – 03/12/2021**

**Dr. Lehr's response 03/19/2021**

I didn't hear back from you regarding the Core Privileges for Breast Surgery, but I'll share my other ideas with you now.

1) On page 2, under the DOP list, I still think that #7, circumcision, should be omitted. I don't know any General Surgeons who do this procedure, and it's not something with which we get much training. This procedure is typically done by Urologists on adult patients, at least in South Florida (and newborns/kids wouldn't apply here anyway). – Done 03/19/2021 – See below

2) Under #23, genitourinary procedures, I would use the same wording as for gynecologic procedures (#24), "incidental to abdominal exploration". There are benign diseases (diverticulitis, etc.) outside of malignancy and trauma that sometimes require GU organ intervention. – Dr Ta- please assist. Thank you – Kathy – DONE 03/19/2021 – see below

3) Under #33, it mentions "mobilization"--I'm not sure what that is referring to? Also, I would put common bile duct exploration under "Advanced Laparoscopic Privileges". – Dr Ta- please assist. Thank you – Kathy – DONE 03/19/2021 – see below

4) Which brings me to my next question. Why is there no section for "Advanced Laparoscopic Privileges"? I think there should be, which would include CBD exploration, colectomy, splenectomy, diaphragmatic hernia repair, etc. I feel this is definitely needed. – Dr Ta- please assist. Thank you – Kathy – DONE 03/19/2021 – see below

5) Same question as yesterday, are the Breast Core Privileges ONLY for breast surgeons, or for General Surgeons? If it's for both, we need to discuss further. – Dr Ta- please assist. Thank you – Kathy – DONE 03/19/2021 – see below

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**BROWARD CORPORATE**

**GENERAL SURGERY CLINICAL PRIVILEGES**

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

Page 2

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

6) Under Bariatric Surgery, I feel the requirements for "with stapling" and "without stapling" should be similar, leaning towards the numbers of the "with stapling" (12 cases in 12 months for initial privileging, and 24 in 24 months for renewal). – Done 03/19/2021 – See below

7) I'm not sure why there is a separate section on Laparoscopic Diaphragmatic Hernia Repair. This should be included under "Advanced Laparoscopic Privileges", in my opinion. – Dr Ta- please assist. Thank you – Kathy - Kathy – DONE 03/19/2021 – see below

That's all I have for now.

Thanks,

Gary

**QUALIFICATIONS FOR GENERAL SURGERY**

<b>Education and training</b>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in general surgery.
<b>Certification</b>	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in general surgery by the American Board of Surgery, or the American Osteopathic Board of Surgery.
<b>Required current experience – initial</b>	Demonstrated current competence and evidence of at least 50 general surgery procedures, reflective of the scope of privileges requested, during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
<b>Required current experience – renewal</b>	Demonstrated current competence and an adequate volume of experience (100 general surgery procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.
<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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**GENERAL SURGERY CLINICAL PRIVILEGES**

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

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

**CORE PRIVILEGES – GENERAL SURGERY**

**Requested**     **BHMC**     **BHCS**     **BHIP**     **BHN**

Admit (in accordance with staff category), evaluate, diagnose, consult, and provide pre-, intra and post-operative care to adolescent and adult patients. Perform surgical procedures to correct or treat various conditions, diseases, disorders, and injuries of the alimentary tract; skin, soft tissues, and breast; endocrine system; head and neck; surgical oncology, and the vascular system. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.

Perform history and physical exam

**Trauma, abdomen, alimentary**

1. Antireflux procedure - Open and Laparoscopic
2. Abdominoperineal resection
3. Amputations, above the knee, below knee; toe, transmetatarsal, digits
4. Anoscopy
5. Appendectomy
- ~~6. Circumcision [Determine core or non-core; if non-core please determine criteria]~~
7. Colectomy (abdominal)
8. Colon surgery for benign or malignant disease
9. Colotomy, colostomy
10. Correction of intestinal obstruction
11. Drainage of intra-abdominal, deep ischiorectal abscess
12. Emergency thoracostomy
13. Endoscopy (intraoperative)
14. Enteric fistulae, management
15. Enterostomy (feeding or decompression)
16. Esophageal perforation - repair/resection
17. Excision of fistula in ano/fistulotomy, rectal lesion
18. Excision of pilonidal cyst/marsupialization
19. Gastric operations for cancer (radical, partial, or total gastrectomy)
20. Gastroduodenal surgery
21. Gastrectomy – Partial/total
22. Gastrostomy open or percutaneous endoscopic
23. Genitourinary procedures incidental to malignancy or trauma abdominal exploration
24. Gynecological procedure incidental to abdominal exploration
25. Hepatic resection
26. Hemorrhoidectomy, including stapled hemorrhoidectomy
27. Incision and drainage of abscesses and cysts
28. Incision and drainage of pelvic abscess
29. Incision, excision, resection, and enterostomy of small intestine
30. Incision/drainage and debridement, perirectal abscess
- ~~31. Insertion and management of pulmonary artery catheters [Determine core or non-core]~~

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**GENERAL SURGERY CLINICAL PRIVILEGES**

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

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

32. IV access procedures, central venous catheter, and ports
33. Laparoscopy, diagnostic, appendectomy, cholecystectomy, ~~common duct~~ (moved to advanced laparoscopic non-core), lysis of adhesions, ~~mobilization~~, and catheter positioning. ~~Should Common Duct be removed? Do we need Advanced Laparoscopic Privileges? If so, please define criteria.~~
34. Laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis or trauma
35. Liver biopsy (intra operative), liver resection
36. Lymph node biopsy
37. Management of burns [~~Determine core or non-core; if non-core please determine criteria.~~]
38. Management of intra-abdominal trauma, including injury, observation, paracentesis, lavage [~~Determine core or non-core; if non-core please determine criteria.~~]
39. Management of multiple trauma [~~Determine core or non-core; if non-core please determine criteria.~~]
40. Operations on gallbladder, biliary tract, bile ducts, hepatic ducts, including biliary tract reconstruction
41. Pancreatectomy, distal
42. Pancreatic sphincteroplasty
43. Pancreatic debridement / Pancreatic Pseudocyst - Drainage
44. Panniculectomy
45. Proctosigmoidoscopy, rigid with biopsy, with polypectomy/tumor excision
46. Pyloromyotomy
47. Radical regional lymph node dissections
48. Removal of ganglion (palm or wrist; flexor sheath)
49. Repair of perforated viscus (gastric, small intestine, large intestine)
50. Scalene node biopsy
51. Selective vagotomy
52. Sigmoidoscopy, fiberoptic with or without biopsy, with polypectomy
53. Small bowel surgery for benign or malignant disease
54. Splenectomy / Splenorrhaphy partial (laparoscopic or open)
55. Surgery of the abdominal wall, including management of inguinal, femoral, ventral, paraesophageal, laparoscopic and open repair of hernias, including orchiectomy in association with hernia repair
56. Thoracentesis
57. Thoracoabdominal exploration
58. Tracheostomy
59. Transhiatal esophagectomy
60. Tube thoracostomy
61. Vagotomy and Drainage

**Breast, skin, and soft tissue**

1. Axillary Sentinel Lymph Node Biopsy
2. Complete mastectomy with or without axillary lymph node dissection
3. Excision of breast lesion
4. Breast biopsy with or without needle localization
5. Incision and drainage of abscess
6. Management of soft-tissue tumors, inflammations, and infection
7. Modified radical mastectomy
8. Operation for gynecomastia
9. Partial mastectomy with or without lymph node dissection
10. Radical mastectomy
11. Skin grafts (partial thickness, simple)

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**GENERAL SURGERY CLINICAL PRIVILEGES**

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

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

12. Subcutaneous mastectomy

**Endocrine system**

1. Excision of thyroid tumors
2. Excision of thyroglossal duct cyst
3. Parathyroidectomy
4. Thyroidectomy

**Vascular surgery**

1. Peritoneal venous shunts, shunt procedure for portal hypertension
2. Peritoneovenous drainage procedures for relief of ascites

**03/18/2021**

**I started looking at this, and have a question. Regarding the Breast Surgery Core privileges, is that ONLY for someone who wants to do Breast Surgery, and NOT General Surgery? Or is it also for practicing General Surgeons who want to do both? I'm assuming it's only for the former, but I want to be sure. – Only for Breast Sx – General Sx do not request core privileges for breast sx. – Dr. Ta 03/19/2020**

Thanks,  
Gary

**QUALIFICATIONS FOR BREAST SURGERY**

<b><i>Education and training</i></b>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in general surgery that included training in advanced breast procedures or completion of a breast surgery fellowship or the equivalent in training and experience.
<b><i>Certification</i></b>	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in general surgery by the American Board of Surgery, or the American Osteopathic Board of Surgery.
<b><i>Required current experience – initial</i></b>	Demonstrated current competence and evidence of at least 25 <del>60</del> breast surgery procedures, reflective of the scope of privileges requested, during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

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**GENERAL SURGERY CLINICAL PRIVILEGES**

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

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

<b><i>Required current experience – renewal</i></b>	Demonstrated current competence and evidence of at least <del>50</del> <b>400</b> breast surgery procedures, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.
<b><i>Ability to perform (health status)</i></b>	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

**CORE PRIVILEGES – BREAST SURGERY**

**Requested**     **BHMC**     **BHCS**     **BHIP**     **BHN**

Admit (in accordance with staff category), evaluate, diagnose, consult, and provide pre-, intra and post-operative care, and perform surgical procedures, to correct or treat various conditions, diseases, disorders, and injuries of the breast for pediatric, adolescent, and adult patients. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. 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
2. Excision of breast lesion
3. Breast biopsy with or without needle localization
4. Nipple exploration and duct excision
5. Nipple/areola reconstruction
6. Axillary sentinel lymph node biopsy
7. Axillary lymph node dissection
8. Partial mastectomy with or without lymph node dissection
9. Total mastectomy with or without axillary lymph node dissection
10. Skin sparing mastectomy with or without axillary lymph node dissection
11. Nipple sparing mastectomy with or without axillary lymph node dissection
12. Modified radical mastectomy
13. Radical mastectomy
14. Incision and drainage of abscess
15. Management of soft-tissue tumors, inflammations, and infection
16. Operation for gynecomastia
17. Skin grafts (partial thickness, simple)
18. Mammary implant and removal
19. Mammoplasty (with or without prosthetic implant and local rotational tissue flaps)
20. Mastopexy
21. Breast ultrasound with or without minimally invasive needle intervention

**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.

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;  
BHIP = Broward Health Imperial Point; BHN = Broward Health North

BROWARD CORPORATE

GENERAL SURGERY CLINICAL PRIVILEGES

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

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

ADVANCED LAPAROSCOPIC PROCEDURES: COMMON BILE DUCT EXPLORATION, COLECTOMY, SPLENECTOMY, DIAPHRAGMATIC HERNIA REPAIR

Requested  BHMC  BHCS  BHIP  BHN

Criteria: Successful completion of an ACGME or AOA accredited residency in general surgery that included training in advanced laparoscopic procedures. Required Current Experience: Demonstrated current competence and evidence of the performance of at least [5] advanced laparoscopic procedures in the past 12 months or completion of training in the past 12 months. Renewal of Privilege: Demonstrated current competence and evidence of the performance of at least [10] advanced laparoscopic procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

~~INSERTION AND MANAGEMENT OF PULMONARY ARTERY CATHETERS (DETERMINE CORE OR NON-CORE)~~

~~Requested  BHMC  BHCS  BHIP  BHN~~

~~Criteria: Successful completion of an ACGME or AOA post graduate training program that included training in the insertion and management of PACs with the performance of at least 50 PACs as primary operator or completion of a Category 1 CME and successful insertion and subsequent management of pulmonary artery catheters in at least 100 patients during the past 36 months. Required Current Experience: Demonstrated current competence and evidence of the performance (as the primary operator) of at least 25 PACs during the past 12 months or completion of training in the past 12 months. Renewal of Privilege: Demonstrated current competence and evidence of the performance of at least 50 PACs in the past 24 months as the primary operator.~~

BARIATRIC SURGERY

Requested  BHMC  BHCS  BHIP  BHN

Open or Laparoscopic with stapling

Criteria: Successful completion of an accredited fellowship in metabolic and bariatric surgery or post general surgery residency training in metabolic and bariatric surgery or the equivalent in experience and training. Surgeon must have been primary or co-surgeon for at least 75 cases during training. Hold privileges to perform advanced laparoscopic surgery. Physicians who primarily perform laparoscopic bariatric surgery are also granted open bariatric surgery privileges. Required Current Experience: Demonstrated current competence and evidence of the performance of at least 12 25 bariatric surgery procedures in the past 12 months or completion of training in the past 12 months. Initial applicants will have at least their first three (3) cases proctored. Renewal of Privilege: Demonstrated current competence and evidence of the performance of at least 24 50 bariatric procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes. In addition, continuing education related to bariatric surgery is required.

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**GENERAL SURGERY CLINICAL PRIVILEGES**

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

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

Requested     BHMC     BHCS     BHIP     BHN

**Open or Laparoscopic without stapling**

**Criteria:** Hold privileges to perform advanced laparoscopic surgery and open or laparoscopic with stapling and evidence of 10 cases with satisfactory outcomes during bariatric surgery fellowship or post residency training under the supervision of an experienced Bariatric Surgeon. **Required Current**

**Experience:** Demonstrated current competence and evidence of the performance of at least ~~12~~ **25** laparoscopic surgery procedures that do not involve stapling of the gastrointestinal tract in the past 12 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least ~~24~~ **50** laparoscopic surgery procedures that do not involve stapling of the gastrointestinal tract in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes. In addition, continuing education related to bariatric surgery is required.

ALSO PERFORMED BY RADIOLOGY. DR. STALLER WANTED TO REVIEW CRITERIA. - Done

**STEREOTACTIC GUIDED BREAST BIOPSY**

Requested     BHMC     BHCS     BHIP     BHN

**Criteria:** Successful completion of an ACGME or AOA accredited post graduate training program that included training in the stereotactic technique of breast biopsy or completion of hands on CME. **Required Current**

**Experience:** Demonstrated current competence and performance of at least 12 stereotactic breast biopsies in the past year or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least 12 stereotactic breast biopsies in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

**ULTRASOUND GUIDED BREAST BIOPSY**

Requested     BHMC     BHCS     BHIP     BHN

**Criteria:** Successful completion of an ACGME or AOA accredited post graduate training program that included training in ultrasound guided breast biopsy or completion of hands on CME. **Required Current**

**Experience:** Demonstrated current competence and evidence of at least ~~25~~ **50** ultrasound guided breast biopsies or completion of training in the past 24 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least ~~25~~ **50** breast ultrasound exams in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

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**GENERAL SURGERY CLINICAL PRIVILEGES**

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

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

**USE OF ROBOTIC ASSISTED SYSTEM**

Requested     BHMC     BHCS     BHIP     BHN

**Criteria:** Successful completion of an ACGME or AOA post graduate training program that included training in minimal access procedures and therapeutic robotic devices and their use or completion of an approved structured training program that included didactic education on the specific technology and an educational program for the specialty specific approach to the organ systems. Training should include observation of live cases. Physician must have privileges to perform the procedures being requested for use with the robotic system, hold privileges in or demonstrate training and experience in minimal access procedures. Practitioner agrees to limit practice to only the specific robotic system for which they have provided documentation of training and experience. **Required Current Experience:** Demonstrated current competence and evidence of at least six (6) robotic assisted procedures in the past 12 months, or successful completion of training in the past 12 months, or the applicant's initial two (2) cases will be proctored by a physician holding robotic privileges. **Renewal of Privilege:** Demonstrated current competence and evidence of at least twelve (12) robotic assisted procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

**ADMINISTRATION OF SEDATION AND ANALGESIA**

Requested     BHMC     BHCS     BHIP     BHN

See Broward Health's Sedation Protocol for additional information for Sedation and Analgesia by Non-Anesthesiologists

Requested     Level 1 – Deep Sedation

Requested     Level 2 – Moderate Sedation

**Criteria:** Successful completion of ACGME or AOA accredited post graduate training or Commission on Dental Accreditation (CDA) training that included sedation training and completion of Broward Health's online education module for sedation education with a passing score of at least 85%. Initial and ongoing American Health Association certification in ACLS, ATLS, PALS, and/or NRP as specific to the patient population. **Required Current Experience:** Demonstrated current competence and evidence of the administration of at least five (5) cases in the past 24 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the administration of at least five (5) cases in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes. There will be a five-day grace period to present valid life certification if the physician's certification expires.

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**BROWARD CORPORATE**

**GENERAL SURGERY CLINICAL PRIVILEGES**

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

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

**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 Broward Corporate, 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 CHAIRPERSON'S RECOMMENDATION**

Check the appropriate box for recommendation.

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

- 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 Chairperson Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

**Credentials and Qualifications Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Medical Executive Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Board of Commissioners Action** \_\_\_\_\_ **Date** \_\_\_\_\_

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**BROWARD CORPORATE**

**NEPHROLOGY 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.

**QUALIFICATIONS FOR NEPHROLOGY**

<b>Education and training</b>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited fellowship in nephrology.
<b>Certification</b>	Initial applicants must have current subspecialty certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) leading to subspecialty certification in nephrology by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.
<b>Required current experience – initial</b>	Demonstrated current competence and evidence of nephrology care, reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
<b>Required current experience – renewal</b>	<del>Demonstrated current competence and an adequate volume of experience (48 nephrology patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.</del>  <b>Demonstrated current competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes as per the Medical Staff Bylaws</b>
<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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BHIP = Broward Health Imperial Point; BHN = Broward Health North

**NEPHROLOGY CLINICAL PRIVILEGES**

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

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

**CORE PRIVILEGES – NEPHROLOGY**

Requested     BHMC     BHCS     BHIP     BHN

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide consultation to patients 18 years of age and above, presenting with illnesses and disorders of the kidney, high blood pressure, fluid and mineral balance, and dialysis of body wastes when the kidneys do not function. Includes medical management of kidney transplant patients. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. 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
2. Acute and chronic hemodialysis
3. Continuous renal replacement therapy
4. Peritoneal dialysis, management of

**ADMINISTRATION OF SEDATION AND ANALGESIA**

Requested     BHMC     BHCS     BHIP     BHN

See Broward Health's Sedation Protocol for additional information for Sedation and Analgesia by Non-Anesthesiologists

Requested     Level 1 – Deep Sedation

Requested     Level 2 – Moderate Sedation

**Criteria:** Successful completion of ACGME or AOA accredited post graduate training or Commission on Dental Accreditation (CDA) training that included sedation training and completion of Broward Health's online education module for sedation education with a passing score of at least 85%. Initial and ongoing American Health Association certification in ACLS, ATLS, PALS, and/or NRP as specific to the patient population. **Required Current Experience:** Demonstrated current competence and evidence of the administration of at least five (5) cases in the past 24 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the administration of at least five (5) cases in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes. There will be a five-day grace period to present valid life certification if the physician's certification expires.

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**BROWARD CORPORATE**

**NEPHROLOGY CLINICAL PRIVILEGES**

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

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

**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 Broward Corporate, 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 CHAIRPERSON'S RECOMMENDATION**

Check the appropriate box for recommendation.

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

- 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 Chairperson Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

**Credentials and Qualifications Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

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

**Board of Commissioners Action** \_\_\_\_\_ **Date** \_\_\_\_\_

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**OTOLARYNGOLOGY CLINICAL PRIVILEGES**

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

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.

**General ENT – Review by Zeller – 03/03/2021**

**QUALIFICATIONS FOR OTOLARYNGOLOGY**

<b>Education and training</b>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) in otolaryngology or American Osteopathic Association (AOA) accredited residency in otolaryngology/facial plastic surgery.
<b>Certification</b>	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in otolaryngology by the American Board of Otolaryngology or the American Osteopathic Board of Ophthalmology and Otolaryngology – Head and Neck Surgery.
<b>Required current experience – initial</b>	Demonstrated current competence and evidence of at least <del>50</del> <b>25</b> otolaryngologic surgery procedures, reflective of the scope of privileges requested, during the last 12 months, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
<b>Required current experience – renewal</b>	Demonstrated current competence and an adequate volume of experience ( <del>50</del> otolaryngology surgery procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.
<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.

**OTOLARYNGOLOGY CLINICAL PRIVILEGES**

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

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

**CORE PRIVILEGES – OTOLARYNGOLOGY**

**Requested**     **BHMC**     **BHCS**     **BHIP**     **BHN**

Admit (in accordance with staff category), evaluate, diagnose, provide consultation and comprehensive medical and surgical care to patients of all ages, presenting with diseases, deformities, or disorders of the head and neck that affect the ears, nose, throat, the respiratory and upper alimentary systems and related structures of the head and neck. Head and neck oncology and facial plastic reconstructive surgery and the treatment of disorders of hearing and voice are also included. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. 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
2. Cryosurgery
3. Endoscopic biopsy
4. Endoscopy
  - a. direct laryngoscopy – fiberoptic and rigid
  - b. nasopharyngoscopy
  - c. true vocal fold injection/thyroplasty
  - d. laser/cold knife microlaryngeal surgery/arytenoidectomy
  - e. microdebrider endoscopy
  - f. esophagoscopy (diagnostic, foreign body removal, dilation)
  - g. bronchoscopy (diagnostic, foreign body removal, dilation, laser, fiberoptic)
5. Harvesting of skin, fat, or bone grafts of the head and neck, hip, trunk, and extremities
6. Incision/excisional biopsy
7. Lip surgery
  - a. lip shave wedge excision/reconstruction
  - b. upper / lower lip resection/reconstruction
8. Myocutaneous flap (pectorales, trapezius, sternocleidomastoid)
9. Needle biopsy / punch biopsy
10. Plastic and reconstructive surgery
  - a. facial resurfacing
  - b. blepharoplasty
  - c. rhinoplasty
  - d. rhytidectomy
  - e. otoplasty
  - f. mentoplasty
  - g. liposuction
  - h. implantation of autogenous, homologous, and allograft
  - i. repair of lacerations
11. Reconstructive procedure of the upper airway
12. Reduction of facial fractures
13. Repair of fistulas – oral-antral, oral-nasal, oral-maxillary, oral-cutaneous, pharyngocutaneous, tracheo-cutaneous, esophagocutaneous

**OTOLARYNGOLOGY CLINICAL PRIVILEGES**

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

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

14. Surgery of the larynx
  - a. external approach (e.g. laryngofissure, laryngeal framework surgery)
  - b. internal/endoscopic approach (fiberoptic flexible and direct laryngoscopy, vocal fold surgery, laser surgery, and microdebrider surgery)
  - c. biopsy
  - d. partial, or total laryngectomy
  - e. fracture repair
15. Surgery of the nasal and paranasal sinuses (frontal, maxillary, ethmoidal, sphenoidal)
16. Surgery of the nasal mucosa and turbinates
  - a. endoscopic e.g. nasal septoplasty, inferior turbinoplasty, maxillary antrostomy (Caldwell Luc), ethmoidectomy, sphenoidectomy, frontal sinusotomy, repair of CSF fistula, dacryocystorhinostomy
  - b. non-endoscopic e.g. septoplasty
17. Surgery of the oral cavity, including soft palate, tongue, mandible e.g.,
  - a. uvulopalatopharyngoplasty
  - b. tongue suspension and volume reduction
  - c. genioglossus advancement
  - d. sagittal split osteotomy w/advancement
  - e. lipectomy
  - f. hyoid suspension
  - g. partial/total glossectomy
  - h. floor of mouth resection
  - i. mandibulotomy
  - j. resection – hard/soft palate
18. Surgery of the pharynx, trachea, parapharyngeal space, e.g.,
  - a. tracheotomy
  - b. tracheal resection and repair
  - c. cervical esophagectomy
  - d. Zenker's diverticulum surgery (open and endoscopic)
  - e. mediastinal exploration/ dissection
  - f. cricopharyngeal myotomy/myectomy
  - g. revision stenotic tracheostoma
  - h. partial/total pharyngectomy
  - i. pharyngeal reconstruction
19. Surgery of the salivary gland
  - a. parotidectomy
  - b. ranula excision
  - c. plastic repair of salivary complex
20. Surgery of the thyroid / parathyroid
  - a. thyroid lobectomy
  - b. subtotal/total thyroidectomy
  - c. parathyroidectomy

**OTOLARYNGOLOGY CLINICAL PRIVILEGES**

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

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

21. Surgery on the ear, auditory canal, the tympanic membrane, and the contents of the middle ear e.g.,
  - a. tympanoplasty
  - b. typanomastoidectomy
  - c. labyrinthectomy
  - d. mastoidectomy
  - e. canaloplasty
  - f. stapedectomy
  - g. auricectomy/wedge resection/reconstruction
  - h. temporal bone resection
22. Surgical removal of teeth in association with radical resection
23. Tonsillectomy, adenoidectomy
24. Use of energy sources as an adjunct to granted procedures

**QUALIFICATIONS FOR NEUROTOLOGY**

<b>Education and training</b>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) in otolaryngology or American Osteopathic Association (AOA) accredited residency in otolaryngology/facial plastic surgery followed by successful completion of an ACGME-accredited fellowship in neurotology.
<b>Certification</b>	Current subspecialty certification or board eligible (with achievement of certification within seven (7) years of post-graduate training) leading to subspecialty certification in neurotology by the American Board of Otolaryngology.
<b>Required current experience – initial</b>	Demonstrated current competence and evidence of at least <del>50</del> <b>10</b> neurotological surgery procedures, reflective of the scope of privileges requested, in the last 12 months, or successful completion of an ACGME-accredited residency or clinical fellowship within the past 12 months.
<b>Required current experience – renewal</b>	Demonstrated current competence and an adequate volume of experience ( <del>20</del> <b>20</b> neurotological surgical procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.
<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.

**OTOLARYNGOLOGY CLINICAL PRIVILEGES**

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

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

**CORE PRIVILEGES – NEUROTOLOGY**

**Requested**     **BHMC**     **BHCS**     **BHIP**     **BHN**

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide consultation to patients of all ages, presenting with diseases of the ear and temporal bone, lateral skull base and related structures including disorders of hearing and balance. Includes medical and surgical management skills for the care of diseases and disorders of the petrous apex, infratemporal fossa, internal auditory canals, cranial nerves and lateral skull base, in conjunction with neurological surgery. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. 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
2. Acoustic neuroma surgery
3. Cochlear implantation
4. Facial nerve decompression
5. Decompression membranous labyrinth cochleosaculotomy, endolymphatic sac operation
6. Electrophysiologic monitoring of cranial nerves VII, VIII, X, XI, and XII
7. Excision of glomus tumor
8. Excision of skull base tumor
9. Interpret imaging techniques of the temporal bones and lateral skull base
10. Labyrinthectomy
11. Mastoid tympanoplasty
12. Middle/post fossa skull base surgery
13. Osseo integrated implants, for auricular prosthesis, for bone anchored hearing aid
14. Petrous apicectomy plus radical mastoid
15. Reconstruction congenital aural atresia
16. Repair fistula (OW, RW)
17. Resection CP angle tumor
18. Stapedectomy
19. Temporal bone resection
20. VII nerve repair/substitution
21. VIII nerve section

**OTOLARYNGOLOGY CLINICAL PRIVILEGES**

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

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

**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.

**USE OF ROBOTIC ASSISTED SYSTEM**

**Requested**     **BHMC**     **BHCS**     **BHIP**     **BHN**

**Criteria:** Successful completion of an ACGME or AOA post graduate training program that included training in minimal access procedures and therapeutic robotic devices and their use or completion of an approved structured training program that included didactic education on the specific technology and an educational program for the specialty specific approach to the organ systems. Training should include observation of live cases. Physician must have privileges to perform the procedures being requested for use with the robotic system, hold privileges in or demonstrate training and experience in minimal access procedures. Practitioner agrees to limit practice to only the specific robotic system for which they have provided documentation of training and experience. **Required Current Experience:** Demonstrated current competence and evidence of at least six (6) robotic assisted procedures in the past 12 months, or successful completion of training in the past 12 months, or the applicant's initial [n] cases will be proctored by a physician holding robotic privileges. **Renewal of Privilege:** Demonstrated current competence and evidence of at least twelve (12) robotic assisted procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

**IMPLANT VAGUS NERVE STIMULATOR**

**Requested**     **BHMC**     **BHCS**     **BHIP**     **BHN**

Successful completion of an ACGME- or AOA-accredited residency in Otolaryngology - Head and Neck Surgery that included training in vagus nerve stimulation OR completion of a hands-on CME. **Required Current Experience:** Demonstrated current competence and evidence of the implantation of at least three (3) vagus nerve stimulators in the past 12 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the implantation of at least six (6) vagus nerve stimulators in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**IMPLANT HYPOGLOSSAL NERVE STIMULATOR**

**Requested**     **BHMC**     **BHCS**     **BHIP**     **BHN**

~~Successful completion of an ACGME- or AOA-accredited residency in Otolaryngology - Head and Neck Surgery that included training in hypoglossal nerve stimulation OR completion of a hands-on CME. **Required Current Experience:** Demonstrated current competence and evidence of the implantation of at least three (3) hypoglossal nerve stimulators in the past 12 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the implantation of at least six (6) hypoglossal nerve stimulators in the past 24 months based on results of ongoing professional practice evaluation and outcomes.~~

**OTOLARYNGOLOGY CLINICAL PRIVILEGES**

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

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

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**ADMINISTRATION OF SEDATION AND ANALGESIA**

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**Requested**     BHMC     BHCS     BHIP     BHN

**See Broward Health's Sedation Protocol for additional information for Sedation and Analgesia by Non-Anesthesiologists**

**Requested**     Level 1 – Deep Sedation

**Requested**     Level 2 – Moderate Sedation

**Criteria:** Successful completion of ACGME or AOA accredited post graduate training or Commission on Dental Accreditation (CDA) training that included sedation training and completion of Broward Health's online education module for sedation education with a passing score of at least 85%. Initial and ongoing American Health Association certification in ACLS, ATLS, PALS, and/or NRP as specific to the patient population. **Required Current Experience:** Demonstrated current competence and evidence of the administration of at least five (5) cases in the past 24 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the administration of at least five (5) cases in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes. There will be a five-day grace period to present valid life certification if the physician's certification expires.

**OTOLARYNGOLOGY CLINICAL PRIVILEGES**

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

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

**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 Broward Corporate, 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 CHAIRPERSON'S RECOMMENDATION**

Check the appropriate box for recommendation.

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

- 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 Chairperson Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

<b>Credentials and Qualifications Committee Action</b>	<b>Date</b> _____
<b>Medical Executive Committee Action</b>	<b>Date</b> _____
<b>Board of Commissioners Action</b>	<b>Date</b> _____



## **CHS AND UCC CORE FORMS**

This document includes the following Advanced Practice Professional Core Forms.

1. CHS Family Medicine
2. CHS Internal Medicine
3. CHS Dentistry
4. CHS Pediatrics
5. CHS OB/GYN
6. CHS Certified Nurse Midwife
7. CHS Nurse Practitioner - Primary Care
8. CHS Physician Assistant - Primary Care
9. CHS Nurse Practitioner - Psychiatry and Mental Health
10. Urgent Care (General)
11. Urgent Care – Physician Assistant

**CHS CERTIFIED NURSE MIDWIFE (CNM) CLINICAL PRIVILEGES**

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

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.

**Affiliation with Medical Staff / Physician Involvement**

The exercise of these clinical privileges requires a designated supervising/sponsoring physician with clinical privileges at this hospital in obstetrics. All practice is performed in accordance with hospital policies and protocols developed and approved by the relevant clinical department or service, the Medical Executive Committee, and the governing body.

In addition, the supervising/sponsoring physician must:

- Participate as requested in the evaluation of competency (e.g., FPPE, OPPE, at the time of reappointment and, as applicable, at intervals between reappointment);
- Be physically present, on hospital premises or readily available by electronic communication or provide an alternate to provide consultation when requested and to intervene when necessary;
- Assume total responsibility for the care of any patient when requested or required by the policies referenced above or in the interest of patient care;
- Sign the privilege request of the practitioner he/she supervises, accepting responsibility for appropriate supervision of the services provided and agrees that the supervised practitioner will not exceed the clinical privileges granted;
- Co-sign entries on the medical record of all patients seen or treated by the CNM in accordance with organizational policies.

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;  
BHIP = Broward Health Imperial Point; BHN = Broward Health North

**BROWARD CORPORATE**

**CHS CERTIFIED NURSE MIDWIFE (CNM) CLINICAL PRIVILEGES**

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

Page 2

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

**QUALIFICATIONS FOR CHS CERTIFIED NURSE MIDWIFE (CNM)**

<b>Education and training</b>	Successful completion of an Accreditation Commission for Midwifery Education (ACME) (formerly the American College of Nurse Midwives – ACNM) accredited nurse midwifery program.
<b>Certification</b>	Current active certification by the American Midwifery Certification Board (AMCB) is required for initial applicants and reapplicants. <b><u>AND</u></b> Current BLS certification (initial and ongoing).
<b>Licensure</b>	Current active licensure to practice as an advanced practice registered nurse in the nurse midwife category in the State of Florida is required for initial applicants and reapplicants.
<b>Required current experience – initial</b>	Demonstrated current competence and evidence of the care of at least 25 patients in the past 12 months or have current hospital privileges or completion of an accredited nurse midwifery program in the past 12 months. Experience must correlate to the privileges requested.
<b>Required current experience – renewal</b>	Demonstrated current competence and an adequate volume of experience (50 CHS patients or hold current hospital privileges) for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Experience must correlate to the privileges requested.
<b>Ability to perform (health status)</b>	Evidence of current ability to perform privileges requested is required of all applicants and reapplicants.

**CORE PRIVILEGES — CHS CERTIFIED NURSE MIDWIFE (CNM)**

**Requested**     **BHMC**     **BHN**

Evaluate, diagnose, treat and provide consultation to adolescent and adult female patients for preventive care and disorders of the female reproductive system including major medical diseases that are complicating factors in pregnancy. Includes the utilization of telemedicine modalities, as applicable. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

1. Perform history and physical exam
2. Management of normal pregnancy
3. Management of high-risk pregnancy in consultation with sponsoring physician including but not limited to such conditions as pre-eclampsia, postpartum, third trimester bleeding, intrauterine growth restriction, premature rupture of membranes, premature labor, and placental abnormalities.
4. Provide routine prenatal and post-partum care in all trimesters

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;  
BHIP = Broward Health Imperial Point; BHN = Broward Health North

**CHS CERTIFIED NURSE MIDWIFE (CNM) CLINICAL PRIVILEGES**

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

Page 3

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

**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.

**PRESCRIPTIVE AUTHORITY AS DELEGATED BY A PHYSICIAN IN A COLLABORATIVE PRACTICE AGREEMENT IN ACCORDANCE WITH STATE AND FEDERAL LAW**

Requested  BHMC  BH North

The delegation to the CNM to administer or dispense drugs shall include the prescribing of controlled substances.

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;  
BHIP = Broward Health Imperial Point; BHN = Broward Health North

**BROWARD CORPORATE**

**CHS CERTIFIED NURSE MIDWIFE (CNM) CLINICAL PRIVILEGES**

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

Page 4

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

**ACKNOWLEDGEMENT OF PRACTITIONER**

I have requested only those clinical services/functions for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Broward Health, and I understand that:

- a. In exercising any clinical services/functions granted and in carrying out the responsibilities assigned to me, 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 policies governing privileged advanced practice professionals.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**ENDORSEMENT OF SUPERVISING PHYSICIAN / PHYSICIAN EMPLOYER(S)**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**DEPARTMENT CHAIRPERSON'S RECOMMENDATION**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend requested clinical privileges
- Recommend clinical privileges with the following conditions/modifications:
- Do not recommend the following requested clinical privileges:

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

**Notes**  
\_\_\_\_\_  
\_\_\_\_\_

**Department Chairperson Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

**Credentials Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

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

**Board of Commissioners Action** \_\_\_\_\_ **Date** \_\_\_\_\_

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;  
BHIP = Broward Health Imperial Point; BHN = Broward Health North

**BROWARD CORPORATE**

**CHS DENTISTRY CLINICAL PRIVILEGES**

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

Page 1

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.

**QUALIFICATIONS FOR DENTISTRY**

<b>Education and training</b>	Successful completion of an American Dental Association approved school of dentistry accredited by the Commission on Dental Accreditation. <b>AND</b> Current BLS certification (initial and ongoing)
<b>Required current experience – initial</b>	Demonstrated current competence and evidence of at least 500 dental patients, reflective of the scope of privileges requested, in the past 12 months or successful completion of an accredited training program in the past 12 months.
<b>Required current experience – renewal</b>	Demonstrated current competence and an adequate volume of experience (1000 dental patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.
<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.

**CORE PRIVILEGES – CHS DENTISTRY**

Requested     BHMC     BH North

Consult, evaluate total oral health needs, diagnose, and provide general dental diagnostic, preventive, and therapeutic oral health care to patients ~~seven (7)~~ eighteen (18) years of age and above, to correct or treat various routine conditions of the oral cavity and dentition. The core privileges in this specialty include the procedures on the procedure list below and such other procedures that are extensions of the same techniques and skills.

1. Perform dental history and physical
2. Local anesthesia, pain and anxiety, control utilizing behavioral and pharmacological techniques
3. Operative dentistry including:
  - Direct fillings with amalgam, composite resin, or other approved material
  - Bonded or cemented restorations fabricated in a laboratory
  - Bleaching or other esthetic procedures
4. Emergency treatment of infected teeth and oral tissues
5. Emergency treatment of traumatized teeth and oral tissues
6. Simple extractions

**CHS DENTISTRY CLINICAL PRIVILEGES**

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

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

**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.

**ADMINISTRATION OF SEDATION AND ANALGESIA**

Requested  BHMC  BHCS  BHIP  BH North

See Broward Health's Sedation Protocol for additional information for Sedation and Analgesia by Non-Anesthesiologists

Requested  Level 1 – Deep Sedation

Requested  Level 2 – Moderate Sedation

**Criteria:** Successful completion of ACGME or AOA accredited post graduate training or Commission on Dental Accreditation (CDA) training that included sedation training and completion of Broward Health's online education module for sedation education with a passing score of at least 85%. Initial and ongoing American Health Association certification in ACLS, ATLS, PALS, and/or NRP as specific to the patient population. **Required Current Experience:** Demonstrated current competence and evidence of the administration of at least five (5) cases in the past 24 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the administration of at least five (5) cases in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes. There will be a five-day grace period to present valid life certification if the physician's certification expires.

**BROWARD CORPORATE**

**CHS DENTISTRY CLINICAL PRIVILEGES**

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

Page 3

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

**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 Broward Corporate, 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 CHAIRPERSON'S RECOMMENDATION**

Check the appropriate box for recommendation.

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

- 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:**

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

**Department Chairperson Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

**Credentials and Qualifications Committee Action** | **Date** \_\_\_\_\_

**Medical Executive Committee Action** | **Date** \_\_\_\_\_

**Board of Commissioners Action** | **Date** \_\_\_\_\_

**BROWARD CORPORATE**

**CHS FAMILY MEDICINE CLINICAL PRIVILEGES**

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

Page 1

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.

**QUALIFICATIONS FOR CHS FAMILY 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 family medicine.
<b>Certification</b>	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in family medicine by the American Board of Family Medicine or family practice and osteopathic manipulative treatment by the American Osteopathic Board of Family Physicians.  <u><b>AND</b></u>  Current BLS certification (initial and ongoing).
<b>Required current experience – initial</b>	Demonstrated current competence and evidence of the provision of care, reflective of the scope of privileges requested, for at least 1000 patients as the attending physician during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
<b>Required current experience – renewal</b>	Demonstrated current competence and an adequate volume of experience (2000 patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.
<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.

**CORE PRIVILEGES – CHS FAMILY MEDICINE**

Requested     BHMC     BHN

Evaluate, diagnose, treat and provide consultation to ~~18 years old and above adolescent and adult patients 18 and above~~ for preventive care or for a wide variety of illnesses, diseases, injuries, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, integumentary, nervous, female reproductive and genitourinary systems. Includes the utilization of telemedicine modalities, as applicable. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**CHS FAMILY MEDICINE CLINICAL PRIVILEGES**

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

Page 2

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

1. Perform history and physical exam
2. Appropriate screening examination (including breast examination)
3. Arthrocentesis and joint injection, excluding hip
4. Bursa injection
5. Cryosurgery/cautery for benign disease
6. Excision of cutaneous and subcutaneous lesions, tumors and nodules
7. I & D abscess, superficial
- ~~8. Incision and drainage of Bartholin Duct cyst or marsupialization~~
9. Interpretation of EKG
10. Interpretation of pulmonary function test
11. Local anesthetic techniques
12. Management of wounds including 1st degree burns
13. Perform simple skin biopsy or excision
- ~~14. Physician performed microscopy for fern testing, vaginal smears, urinalysis~~
15. Placement of anterior nasal hemostatic packing
16. Preliminary interpretation of plain films
17. Provider-performed Microscopy Procedures to include wet mounts, **fern testing**, including preparations of vaginal, cervical or skin specimens, potassium hydroxide (KOH) preparations, urinalysis (microscopic and by dipstick or tablet reagent with microscopy).
18. Removal of foreign body from vagina
19. Remove non-penetrating foreign body from the eye, nose, or ear
20. Remove superficial penetrating foreign bodies from the skin
21. Suture (simple closure) uncomplicated lacerations
22. Suturing of uncomplicated lacerations with simple closure
23. Waived laboratory testing e.g., mono tests, strep tests, hemocult

**CHS FAMILY MEDICINE CLINICAL PRIVILEGES**

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

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

**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.

**OSTEOPATHIC MANIPULATIVE TECHNIQUE**

Requested     BHMC     BHN

**Criteria:** Successful completion of an American Osteopathic Association (AOA) two year residency in neuromusculoskeletal medicine (NMM)/osteopathic manipulative medicine (OMM); or completion of a one year program in NMM/OMM following completion of an AOA approved residency in another discipline; or completion of an integrated 3 year program in family practice and NMM/OMM. **Required Current Experience:** NMM/OMM services to at least 10 patients, reflective of the scope of privileges requested, in the last 12 months or successful completion of an AOA residency in the past 12 months. **Renewal of Privilege:** Current demonstrated competence and an adequate volume of current experience (20 patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**CHS FAMILY MEDICINE CLINICAL PRIVILEGES**

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

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

**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 Broward Corporate, 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 CHAIRPERSON'S RECOMMENDATION**

Check the appropriate box for recommendation.

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

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

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____

Notes:

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

Department Chairperson Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

Credentials and Qualifications Committee Action \_\_\_\_\_ Date \_\_\_\_\_

Medical Executive Committee Action \_\_\_\_\_ Date \_\_\_\_\_

Board of Commissioners Action \_\_\_\_\_ Date \_\_\_\_\_

**CHS INTERNAL MEDICINE CLINICAL PRIVILEGES**

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

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.

**QUALIFICATIONS FOR CHS INTERNAL 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 internal medicine.
<b>Certification</b>	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in internal medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.  <b><u>AND</u></b>  Current BLS certification (initial and ongoing).
<b>Required current experience – initial</b>	Demonstrated current competence and evidence of the provision of care to at least 1000 patients, reflective of scope of privileges requested, in the last 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
<b>Required current experience – renewal</b>	Demonstrated current competence and an adequate volume of experience (2000 patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.
<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.

**CORE PRIVILEGES – CHS INTERNAL MEDICINE**

Requested     BHMC     BHN

Evaluate, diagnose, treat and provide consultation to patients 18 years of age and above for preventive care or for a wide variety of illnesses, diseases, injuries, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, integumentary, nervous, female reproductive and genitourinary systems. Includes the utilization of telemedicine modalities, as applicable. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

1. Perform history and physical exam
2. Arthrocentesis and joint injections, excluding hip
3. Cryosurgery/cautery for benign disease
4. Excision of skin and subcutaneous tumors, nodules, and lesions

**CHS INTERNAL MEDICINE CLINICAL PRIVILEGES**

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

Page 2

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

5. I & D superficial abscess
6. Interpretation of EKG
7. Interpretation of pulmonary function tests
8. Local anesthetic techniques
9. Management of wounds, including 1<sup>st</sup> degree burns
10. Perform simple skin biopsy
11. Preliminary interpretation of plain films
12. Provider-performed Microscopy Procedures to include wet mounts, including preparations of vaginal, cervical or skin specimens, potassium hydroxide (KOH) preparations, urinalysis (microscopic and by dipstick or tablet reagent with microscopy).
13. Remove non-penetrating foreign body
14. Remove superficial penetrating foreign bodies of the skin
15. Simple closure (one-layer closure) of uncomplicated lacerations
16. Waived laboratory testing e.g., mono tests, strep tests, hemocult

**CHS INTERNAL MEDICINE CLINICAL PRIVILEGES**

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

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

**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 Broward Corporate, 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 CHAIRPERSON'S RECOMMENDATION**

Check the appropriate box for recommendation.

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

- 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:**

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**Department Chairperson Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

**Credentials and Qualifications Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

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

**Board of Commissioners Action** \_\_\_\_\_ **Date** \_\_\_\_\_

**CHS NP CLINICAL PRIVILEGES — PRIMARY CARE**

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.

**Affiliation with Medical Staff / Physician Involvement**

The exercise of these clinical privileges requires a designated supervising/sponsoring physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed in accordance with hospital policies and protocols developed and approved by the relevant clinical department or service, the Medical Executive Committee, and the governing body.

In addition, the supervising/sponsoring physician must:

- Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable, at intervals between reappointment, as necessary);
- Be physically present, on hospital / designated premises or readily available by electronic communication or provide an alternate to provide consultation when requested and to intervene when necessary;
- Assume total responsibility for the care of any patient when requested or required by the policies referenced above or in the interest of patient care;
- Sign the privilege request of the practitioner he/she supervises, accepting responsibility for appropriate supervision of the services provided under his/her supervision and agrees that the supervised practitioner will not exceed the clinical privileges granted;
- Co-sign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies.

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;  
BHIP = Broward Health Imperial Point; BHN = Broward Health North

**BROWARD CORPORATE**

**CHS NP CLINICAL PRIVILEGES — PRIMARY CARE**

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

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

**QUALIFICATIONS – CHS NURSE PRACTITIONER PRIMARY CARE**

<b>Education and training</b>	Completion of a masters, post-masters, or doctorate degree in a nurse practitioner program accredited by the Commission on Collegiate of Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing (ACEN).
<b>Certification</b>	Current certification by the American Nurses Credentialing Center (ANCC) or an equivalent body is required for initial applicants and reapplicants. <b>AND</b> Current BLS certification (initial and ongoing).
<b>Licensure</b>	Current active licensure to practice as an advanced practice registered nurse in the nurse practitioner category in the State of Florida is required for initial applicants and reapplicants.
<b>Required current experience – initial</b>	Demonstrated current competence and provision of care, treatment, or services, to an adequate volume of patients in the past 12 months or completion of master's /post master's degree program in the past 12 months. Experience must correlate to requested privileges.
<b>Required current experience – renewal</b>	Demonstrated current competence and an adequate volume of experience for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Experience must correlate to the privileges requested.
<b>Ability to perform (health status)</b>	Evidence of current ability to perform privileges requested is required of all applicants and reapplicants.

**CHS PRIMARY CARE CORE PRIVILEGES – NURSE PRACTITIONER (NP)**

Requested     BHMC     BHN

Evaluate, diagnose, treat and provide consultation to patients within age group of supervising physician, for preventive care or for a wide variety of illnesses, diseases, injuries, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, integumentary, nervous, female reproductive and genitourinary systems. Includes the utilization of telemedicine modalities, as applicable. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

1. Perform history and physical exam
2. Appropriate screening examination (including breast examination)
3. I & D abscess, superficial
4. ~~Incision and drainage of Bartholin's Duct cyst or marsupialization~~
5. Preliminary interpretation of EKG
6. Local anesthetic techniques
7. Management of wounds including 1st degree burns
8. Perform simple skin biopsy or excision
9. Placement of anterior nasal hemostatic packing
10. Removal of foreign body from vagina
11. Remove non-penetrating foreign body from the eye, nose, or ear

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;  
BHIP = Broward Health Imperial Point; BHN = Broward Health North

**BROWARD CORPORATE**

**CHS NP CLINICAL PRIVILEGES — PRIMARY CARE**

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

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

- 12. Remove superficial penetrating foreign bodies from the skin
- 13. Suture (simple closure) uncomplicated lacerations
- 14. Suturing of uncomplicated lacerations with simple closure
- 15. Waived laboratory testing e.g., mono tests, strep tests, hemocult

**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.

**PRESCRIPTIVE AUTHORITY AS DELEGATED BY A PHYSICIAN IN A WRITTEN AGREEMENT IN ACCORDANCE WITH STATE AND FEDERAL LAW**

Requested  BHMC  BHN

The delegation to the NP to administer or dispense drugs shall include the prescribing of controlled substances.

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;  
BHIP = Broward Health Imperial Point; BHN = Broward Health North

**CHS NP CLINICAL PRIVILEGES — PRIMARY CARE**

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

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

**ACKNOWLEDGEMENT OF PRACTITIONER**

I have requested only those clinical privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Broward Health, and I understand that:

- a. In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, 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 policies governing privileged advanced practice professionals.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**ENDORSEMENT OF PHYSICIAN EMPLOYER(S)/SUPERVISOR(S)**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**DEPARTMENT CHAIRPERSON'S RECOMMENDATION**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend requested clinical privileges
- Recommend clinical privileges with the following conditions/modifications:
- Do not recommend the following requested clinical privileges:

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

**Notes**  
\_\_\_\_\_  
\_\_\_\_\_

**Department Chairperson Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

**Credentials Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

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

**Board of Commissioners Action** \_\_\_\_\_ **Date** \_\_\_\_\_

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;  
BHIP = Broward Health Imperial Point; BHN = Broward Health North

**CHS NP CLINICAL PRIVILEGES — PSYCHIATRIC AND MENTAL HEALTH**

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

Page 1

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.

**Affiliation with Medical Staff / Physician Involvement**

The exercise of these clinical privileges requires a designated supervising/sponsoring physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed in accordance with hospital policies and protocols developed and approved by the relevant clinical department or service, the Medical Executive Committee, and the governing body.

In addition, the supervising/sponsoring physician must:

- Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable, at intervals between reappointment, as necessary);
- Be physically present, on hospital premises or readily available by electronic communication or provide an alternate to provide consultation when requested and to intervene when necessary;
- Assume total responsibility for the care of any patient when requested or required by the policies referenced above or in the interest of patient care;
- Sign the privilege request of the practitioner he/she supervises, accepting responsibility for appropriate supervision of the services provided under his/her supervision and agrees that the supervised practitioner will not exceed the clinical privileges granted;
- Co-sign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies.

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;  
BHIP = Broward Health Imperial Point; BHN = Broward Health North

**BROWARD CORPORATE**

**CHS NP CLINICAL PRIVILEGES — PSYCHIATRIC AND MENTAL HEALTH**

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

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

**QUALIFICATIONS – CHS NURSE PRACTITIONER PSYCHIATRY AND MENTAL HEALTH**

<b>Education and training</b>	Completion of a masters, post-masters, or doctorate degree in a nurse practitioner adult psychiatric and mental health program accredited by the Commission on Collegiate of Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing (ACEN).
<b>Certification</b>	Certification as a Psychiatric and Mental Health Nurse Practitioner – Board Certified (PMHNP – BC) by the American Nurses Credentialing Center (ANCC) or an equivalent body is required for initial applicants and reapplicants.  <u>AND</u> Current BLS certification (initial and ongoing).
<b>Licensure</b>	Current active licensure to practice as an advanced practice registered nurse in the nurse practitioner category in the State of Florida is required for initial applicants and reapplicants.
<b>Required current experience – initial</b>	Demonstrated current competence and provision of care, treatment, or services, to at least 250 patients in the past 12 months or completion of master's /post master's degree program in the past 12 months. Experience must correlate to requested privileges.
<b>Required current experience – renewal</b>	Demonstrated current competence and an adequate volume of experience (500 patients) for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Experience must correlate to the privileges requested.
<b>Ability to perform (health status)</b>	Evidence of current ability to perform privileges requested is required of all applicants and reapplicants.

**CHS CORE PRIVILEGES – NURSE PRACTITIONER (NP) PSYCHIATRIC AND MENTAL HEALTH**

Requested     BHMC     BHN

Assess, diagnose, monitor, promote health and protection from disease, and manage primary mental health care and treatment using a variety of therapeutic and interpersonal techniques for patients within age group seen by supervising physician who are at risk for developing or presently have psychiatric disorders. Includes the utilization of telemedicine modalities, as applicable. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

- Perform comprehensive psychiatric evaluation
- Obtain social and psychological admission history
- Assess and treat individual patients with disease states and non-disease-based etiologies, using advanced theoretical and empirical knowledge of physiology, path physiology, and pharmacology
- Clinically manage psychiatric disorders including but not limited to severe and persistent neurobiological disorders
- Complete comprehensive assessments, develop the differential diagnosis, formulate and implement a treatment plan

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;  
BHIP = Broward Health Imperial Point; BHN = Broward Health North

**CHS NP CLINICAL PRIVILEGES — PSYCHIATRIC AND MENTAL HEALTH**

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

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

- Conduct behavioral health care maintenance of the population served
- Conduct individual, group, and family psychotherapy
- Direct care as specified by medical staff approved protocols
- Evaluate and manage psychobiological interventions
- Initiate appropriate referrals
- Order and perform initial interpretation of diagnostic testing and therapeutic modalities such as laboratory tests, medications, hemodynamic monitoring, etc.
- Utilize advanced practice skills to independently provide (1) case management, including psychiatric rehabilitation and home care; and (2) teaching, promotion, and prevention

**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.

**PRESCRIPTIVE AUTHORITY AS DELEGATED BY A PHYSICIAN IN A WRITTEN AGREEMENT IN ACCORDANCE WITH STATE AND FEDERAL LAW**

Requested  BHMC  BH North

The delegation to the NP to administer or dispense drugs shall include the prescribing of controlled substances!

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;  
BHIP = Broward Health Imperial Point; BHN = Broward Health North

**CHS NP CLINICAL PRIVILEGES — PSYCHIATRIC AND MENTAL HEALTH**

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

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

**ACKNOWLEDGEMENT OF PRACTITIONER**

I have requested only those clinical privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Broward Health, and I understand that:

- a. In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, 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 policies governing privileged advanced practice professionals.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**ENDORSEMENT OF PHYSICIAN EMPLOYER(S)/SUPERVISOR(S)**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**DEPARTMENT CHAIRPERSON'S RECOMMENDATION**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend requested clinical privileges
- Recommend clinical privileges with the following conditions/modifications:
- Do not recommend the following requested clinical privileges:

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

**Notes**  
\_\_\_\_\_  
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**Department Chairperson Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

**Credentials Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

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

**Board of Commissioners Action** \_\_\_\_\_ **Date** \_\_\_\_\_

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**CHS OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

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

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.

**QUALIFICATIONS FOR CHS OBSTETRICS**

<b>Education and training</b>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in obstetrics and gynecology.
<b>Certification</b>	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.  <b><u>AND</u></b> Current BLS certification (initial and ongoing).
<b>Required current experience – initial</b>	Demonstrated current competence and evidence of care to at least 25 patients in the past 12 months reflective of the scope of privileges requested in the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
<b>Required current experience – renewal</b>	Demonstrated current competence and an adequate volume of experience (25 CHS patients or have current hospital privileges) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.
<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.

**CORE PRIVILEGES – CHS OBSTETRICS**

Requested     BHMC     BHN

Evaluate, diagnose, treat and provide consultation for pregnant and non-pregnant adolescent and adult female patients for preventive care and disorders of the female reproductive system and the genitourinary system including major medical diseases that are complicating factors in pregnancy and non-surgical treatment of disorders and injuries of the mammary glands. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

1. Perform history and physical exam

**BROWARD CORPORATE**

**CHS OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

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

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

2. Management of normal and high-risk pregnancy including but not limited to such conditions as pre-eclampsia, post-datism, third trimester bleeding, intrauterine growth restriction, premature rupture of membranes, premature labor, and placental abnormalities.
3. Provide routine prenatal and post-partum care in all trimesters

**QUALIFICATIONS FOR CHS GYNECOLOGY**

<b>Education and training</b>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in obstetrics and gynecology.
<b>Certification</b>	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.  <b><u>AND</u></b> Current BLS certification (initial and ongoing).
<b>Required current experience – initial</b>	Demonstrated current competence and evidence of care to at least 25 patients in the past 12 months reflective of the scope of privileges requested in the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
<b>Required current experience – renewal</b>	Demonstrated current competence and an adequate volume of experience (25 CHS patients or hold current hospital privileges) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.
<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.

**CORE PRIVILEGES – CHS GYNECOLOGY**

Requested     BHMC     BHN

Evaluate, diagnose, treat and provide consultation to adolescent and adult female patients for preventive care and disorders of the female reproductive system and the genitourinary system including major medical diseases that are complicating factors in pregnancy and non-surgical treatment of disorders and injuries of the mammary glands. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

1. Perform history and physical exam
2. Aspiration of breast masses
3. Cerclage
4. Cervical biopsy or conization of cervix in pregnancy
5. Colposcopy
6. Diaphragm fitting
7. Endometrial ablation
8. Endometrial biopsy

**CHS OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

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

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

9. I & D of abdominal or perineal abscess
10. Implantation of contraceptive devices
11. Perform and interpret diagnostic tests for urinary incontinence and lower urinary tract dysfunction, fecal incontinence, pelvic organ prolapse
12. Provide routine prenatal and post-partum care in all trimesters
13. Wart destruction with chemical agents (including TCA)

**CHS OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

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

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

**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 Broward Corporate, 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 CHAIRPERSON'S RECOMMENDATION**

Check the appropriate box for recommendation.

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

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

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

**Notes:**

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Department Chairperson Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

Credentials and Qualifications Committee Action \_\_\_\_\_ Date \_\_\_\_\_

Medical Executive Committee Action \_\_\_\_\_ Date \_\_\_\_\_

Board of Commissioners Action \_\_\_\_\_ Date \_\_\_\_\_

**CHS PHYSICIAN ASSISTANT (PA) CLINICAL PRIVILEGES — PRIMARY CARE**

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.

**Affiliation with Medical Staff / Physician Involvement**

The exercise of these clinical privileges requires a designated supervising/sponsoring physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed in accordance with hospital policies and protocols developed and approved by the relevant clinical department or service, the Medical Executive Committee, and the governing body.

In addition, the supervising/sponsoring physician must:

- Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable, at intervals between reappointment, as necessary);
- Be physically present, on hospital or designated premises or readily available by electronic communication or provide an alternate to provide consultation when requested and to intervene when necessary;
- Assume total responsibility for the care of any patient when requested or required by the policies referenced above or in the interest of patient care;
- Sign the privilege request of the practitioner he/she supervises, accepting responsibility for appropriate supervision of the services provided under his/her supervision and agrees that the supervised practitioner will not exceed the clinical privileges granted;
- Co-sign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies.

**QUALIFICATIONS – CHS PHYSICIAN ASSISTANT PRIMARY CARE**

<b>Education and training</b>	Completion of an Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) approved program (prior to January 2001 – Commission on Accreditation of Allied Health Education Programs).
<b>Certification</b>	Current certification by the National Commission on Certification of Physician Assistants (NCCPA) is required for initial applicants and reapplicants. <b><u>AND</u></b> Current BLS certification is required (initial and ongoing).
<b>Licensure</b>	Current licensure to practice as a physician assistant issued by the Florida Board of Medicine is required for initial applicants and reapplicants.

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BHIP = Broward Health Imperial Point; BHN = Broward Health North

**BROWARD CORPORATE**

**CHS PHYSICIAN ASSISTANT (PA) CLINICAL PRIVILEGES — PRIMARY CARE**

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

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

<b>Required current experience – initial</b>	Demonstrated current competence and provision of care, treatment, or services to an adequate volume of patients in the past 12 months or completion of training in the past 12 months. Experience must correlate to the privileges requested.
<b>Required current experience – renewal</b>	An adequate volume of experience for the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes. Experience must correlate to the privileges requested.
<b>Ability to perform (health status)</b>	Evidence of current ability to perform privileges requested is required of all applicants and reapplicants.

**CHS PRIMARY CARE CORE PRIVILEGES — PHYSICIAN ASSISTANT (PA)**

Requested     **BHMC**     **BHN**

Evaluate, diagnose, treat and provide consultation to patients within age group of supervising physician, for preventive care or for a wide variety of illnesses, diseases, injuries, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, integumentary, nervous, female reproductive and genitourinary systems. Includes the utilization of telemedicine modalities, as applicable. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

1. Perform history and physical exam
2. Appropriate screening examination (including breast examination)
3. I & D abscess, superficial
4. Incision and drainage of Bartholin Duct cyst or marsupialization
5. Preliminary interpretation of EKG
6. Local anesthetic techniques
7. Management of wounds including 1st degree burns
8. Perform simple skin biopsy or excision
9. Placement of anterior nasal hemostatic packing
10. Removal of foreign body from vagina
11. Remove non-penetrating foreign body from the eye, nose, or ear
12. Remove superficial penetrating foreign bodies from the skin
13. Suture (simple closure) uncomplicated lacerations
14. Suturing of uncomplicated lacerations with simple closure
15. Waived laboratory testing e.g., mono tests, strep tests, hemocult

**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.

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;  
BHIP = Broward Health Imperial Point; BHN = Broward Health North

**CHS PHYSICIAN ASSISTANT (PA) CLINICAL PRIVILEGES — PRIMARY CARE**

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

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

PRESCRIPTIVE AUTHORITY AS DELEGATED BY A PHYSICIAN IN A WRITTEN AGREEMENT IN ACCORDANCE WITH STATE AND FEDERAL LAW

Requested  BHMC  BH North

The delegation to the PA to administer or dispense drugs shall include the prescribing of controlled substances.

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;  
BHIP = Broward Health Imperial Point; BHN = Broward Health North

**BROWARD CORPORATE**

**CHS PHYSICIAN ASSISTANT (PA) CLINICAL PRIVILEGES — PRIMARY CARE**

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

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

**ACKNOWLEDGEMENT OF PRACTITIONER**

I have requested only those clinical privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Broward Health, and I understand that:

- a. In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, 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 policies governing privileged advanced practice professionals.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**ENDORSEMENT OF PHYSICIAN EMPLOYER(S)/SUPERVISOR(S)**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**DEPARTMENT CHAIRPERSON'S RECOMMENDATION**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend requested clinical privileges
- Recommend clinical privileges with the following conditions/modifications:
- Do not recommend the following requested clinical privileges:

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

**Notes**

**Department Chairperson Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

**Credentials Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

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

**Board of Commissioners Action** \_\_\_\_\_ **Date** \_\_\_\_\_

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;  
BHIP = Broward Health Imperial Point; BHN = Broward Health North

**CHS PEDIATRIC CLINICAL PRIVILEGES**

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

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.

**QUALIFICATIONS FOR CHS PEDIATRICS**

<b>Education and training</b>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in pediatrics, internal medicine/pediatrics, or family medicine.
<b>Certification</b>	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in pediatrics by the applicable American Board of Medical Specialties Board or the American Osteopathic Board.  <b><u>AND</u></b> Current BLS certification (initial and ongoing).
<b>Required current experience – initial</b>	Demonstrated current competence and evidence of the provision of care, reflective of the scope of privileges requested, for at least 1000 pediatric patients in the past 12 months, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
<b>Required current experience – renewal</b>	Demonstrated current competence and an adequate volume of experience (2000 pediatric patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.
<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.

**CORE PRIVILEGES – CHS PEDIATRICS**

Requested     BHMC     BHN

Evaluate, diagnose, treat and provide consultation to patients 21 years of age and younger; from birth to young adulthood (21 years of age), concerning their physical, emotional, and social health as well as treating acute and chronic disease including major complicated illnesses. Includes the utilization of telemedicine modalities, as applicable. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

1. Perform history and physical exam
2. Bladder catheterization
3. Gynecologic evaluation of prepubertal and post-pubertal females
4. I & D abscess
5. Local anesthetic techniques

**CHS PEDIATRIC CLINICAL PRIVILEGES**

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

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

6. Management of burns, superficial and partial thickness
7. Perform simple skin biopsy or excision
8. Placement of anterior ~~and posterior~~ nasal hemostatic packing
9. Preliminary interpretation of plain films
10. Provider-performed Microscopy Procedures to include wet mounts, including preparations of vaginal, cervical or skin specimens, potassium hydroxide (KOH) preparations, urinalysis (microscopic and by dipstick or tablet reagent with microscopy).
11. Remove non-penetrating foreign body from the eye, nose, or ear
12. Subcutaneous, intradermal, and intramuscular injections
13. Waived laboratory testing
14. Wound care and suture uncomplicated lacerations

**CHS PEDIATRIC CLINICAL PRIVILEGES**

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

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

**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 Broward Corporate, 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 CHAIRPERSON'S RECOMMENDATION**

Check the appropriate box for recommendation.

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

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

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____

**Notes:**

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

Department Chairperson Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

**Credentials and Qualifications Committee Action** Date \_\_\_\_\_

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

**Board of Commissioners Action** Date \_\_\_\_\_

**PHYSICIAN ASSISTANT (PA) CLINICAL PRIVILEGES — URGENT CARE**

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

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.

**Affiliation with Medical Staff / Physician Involvement**

The exercise of these clinical privileges requires a designated supervising/sponsoring physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed in accordance with hospital policies and protocols developed and approved by the relevant clinical department or service, the Medical Executive Committee, and the governing body.

In addition, the supervising/sponsoring physician must:

- Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable, at intervals between reappointment, as necessary);
- Be physically present, on hospital or designated premises or readily available by electronic communication or provide an alternate to provide consultation when requested and to intervene when necessary;
- Assume total responsibility for the care of any patient when requested or required by the policies referenced above or in the interest of patient care;
- Sign the privilege request of the practitioner he/she supervises, accepting responsibility for appropriate supervision of the services provided under his/her supervision and agrees that the supervised practitioner will not exceed the clinical privileges granted;
- Co-sign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies.

**QUALIFICATIONS FOR PHYSICIAN ASSISTANT (PA) — URGENT CARE**

<b>Education and training</b>	Completion of an Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) approved program (prior to January 2001 – Commission on Accreditation of Allied Health Education Programs).
<b>Certification</b>	Current certification by the National Commission on Certification of Physician Assistants (NCCPA). <b><u>AND</u></b> Current BLS certification is required (initial and ongoing).
<b>Licensure</b>	Current licensure to practice as a physician assistant issued by the Florida Board of Medicine is required for initial applicants and reapplicants.

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;  
BHIP = Broward Health Imperial Point; BHN = Broward Health North

BROWARD CORPORATE

PHYSICIAN ASSISTANT (PA) CLINICAL PRIVILEGES — URGENT CARE

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

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

Table with 2 columns: Requirement Category and Description. Rows include: Required current experience – initial, Required current experience – renewal, and Ability to perform (health status).

URGENT CARE CORE PRIVILEGES — PHYSICIAN ASSISTANT (PA)

Requested  BHMC  BHN

Assess, evaluate, diagnose, and provide initial treatment to patients of all ages who present in the urgent care center. These patients are typically low acuity patients who may present with any symptom, illness, injury, or condition. Provide services necessary to ameliorate minor illnesses or injuries and to assess all patients to determine whether additional care is necessary. Make appropriate follow-up referrals. Includes the utilization of telemedicine modalities, as applicable. 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
2. Abscess debridement
3. Anesthesia, topical/local block/digital block
4. Immobilization techniques, including splint and cast applications
5. Incision and drainage of abscess
6. Preliminary Interpretation of electrocardiography
7. Intravenous regional anesthesia (Bier Block)
8. Manage minor burns
9. Placement of anterior nasal packing
10. Oxygen therapy
11. Preliminary interpretation of plain films
12. Removal of foreign bodies, airway including nose, eye, ear, soft instrumentation/irrigation, skin, or subcutaneous tissue
13. Remove non-penetrating foreign body from the eye, nose, or ear
14. Remove superficial penetrating foreign bodies from the skin
15. Repair of simple lacerations
16. Wound debridement and repair

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs; BHIP = Broward Health Imperial Point; BHN = Broward Health North

**PHYSICIAN ASSISTANT (PA) CLINICAL PRIVILEGES — URGENT CARE**

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

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

**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.

**PRESCRIPTIVE AUTHORITY AS DELEGATED BY A PHYSICIAN IN A WRITTEN AGREEMENT IN ACCORDANCE WITH STATE AND FEDERAL LAW**

Requested  BHMC  BH North

The delegation to the PA to administer or dispense drugs shall include the prescribing of controlled substances:

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;  
BHIP = Broward Health Imperial Point; BHN = Broward Health North

**BROWARD CORPORATE**

**PHYSICIAN ASSISTANT (PA) CLINICAL PRIVILEGES — URGENT CARE**

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

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

**ACKNOWLEDGEMENT OF PRACTITIONER**

I have requested only those clinical privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Broward Health, and I understand that:

- a. In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, 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 policies governing privileged advanced practice professionals.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**ENDORSEMENT OF PHYSICIAN EMPLOYER(S)/SUPERVISOR(S)**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**DEPARTMENT CHAIRPERSON'S RECOMMENDATION**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend requested clinical privileges
- Recommend clinical privileges with the following conditions/modifications:
- Do not recommend the following requested clinical privileges:

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

**Notes**  
\_\_\_\_\_  
\_\_\_\_\_

**Department Chairperson Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

**Credentials Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

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

**Board of Commissioners Action** \_\_\_\_\_ **Date** \_\_\_\_\_

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;  
BHIP = Broward Health Imperial Point; BHN = Broward Health North

**URGENT CARE CENTER PHYSICIAN CLINICAL PRIVILEGES**

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

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.

**QUALIFICATIONS FOR URGENT CARE CENTER PHYSICIAN**

<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, internal medicine or pediatrics.
<b>Certification</b>	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in a relevant specialty by the American Board of Medical Specialties or the American Osteopathic Board.  AND  Current BLS certification (initial and ongoing).
<b>Required current experience – initial</b>	Demonstrated current competence and evidence of outpatient services <del>for at least 1000 patients</del> reflective of the scope of privileges requested, or successful completion of a hospital affiliated residency or clinical fellowship within the past 12 months.  <u>No Volume Requirements</u>
<b>Required current experience – renewal</b>	Demonstrated current competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes as per the Medical Staff Bylaws.  <u>No Volume Requirements</u>
<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.

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;  
BHIP = Broward Health Imperial Point; BHN = Broward Health North

**URGENT CARE CENTER PHYSICIAN CLINICAL PRIVILEGES**

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

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

**CORE PRIVILEGES – URGENT CARE CENTER**

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**Requested**     **BHMC**     **BHN**

Assess, evaluate, diagnose, and provide initial treatment to patients of all ages who present in the urgent care center. These patients are typically low acuity patients who may present with any symptom, illness, injury, or condition. Provide services necessary to ameliorate minor illnesses or injuries and to assess all patients to determine whether additional care is necessary. Make appropriate follow-up referrals. 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
2. Abscess debridement
3. Anesthesia, topical/local block/digital block
4. Arthrocentesis
5. Immobilization techniques, including splint and cast applications
6. Incision and drainage of abscess
7. Manage minor burns
8. Oxygen therapy
9. Placement of anterior nasal packing
10. Preliminary interpretation of electrocardiography
11. Preliminary interpretation of plain films
12. Removal of foreign bodies, airway including nose, ear, soft instrumentation/irrigation, skin, or subcutaneous tissue
13. Repair of simple lacerations
14. Simple wound debridement and repair

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;  
BHIP = Broward Health Imperial Point; BHN = Broward Health North

**URGENT CARE CENTER PHYSICIAN CLINICAL PRIVILEGES**

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

Page 3

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

**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 Broward Corporate, 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 CHAIRPERSON'S RECOMMENDATION**

Check the appropriate box for recommendation.

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

- 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 Chairperson Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

**Credentials and Qualifications Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

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

**Board of Commissioner's Action** \_\_\_\_\_ **Date** \_\_\_\_\_

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BHIP = Broward Health Imperial Point; BHN = Broward Health North