

CREDENTIALS REPORT TO THE BOARD OF COMMISSIONERS

DATE: September 22nd, 2021

PRESENTED BY: Joshua Lenchus, DO, Interim System CMO

Core Privilege Forms

New DOPs Approved by BHIP C&Q and MEC Committees at the September meetings:

- Allergy and Immunology
- Pulmonary
- Infectious Disease
- Hyperbaric and Wound Medicine
- RNFA
- Colon & Rectal
- General Surgery
- Head & Neck Oncologic Surgery
- Neurological Surgery
- Oral & Maxi Surgery
- Physical Medicine & Rehab
- NP Medicine
- Anesthesia Assistant
- CRNA
- NP Emergency Medicine
- Radiology
- PA Emergency Medicine
- PA Medicine
- Anesthesiology
- Dentistry
- Dermatology
- Emergency Medicine
- Hospital Medicine
- Orthopedics
- Otolaryngology
- Pain Medicine
- Pathology
- Plastic Surgery
- Psychologist
- Radiation Oncology

ALLERGY/IMMUNOLOGY 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 ALLERGY/IMMUNOLOGY

Education and training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in internal medicine or pediatrics followed by an accredited fellowship in allergy and immunology.
Certification	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in allergy and immunology by the American Board of Allergy and Immunology or subspecialty certification of special qualifications (CSQ) in allergy and immunology by the American Osteopathic Board of Internal Medicine.
Required current experience – initial	Demonstrated current competence and evidence of the provision of allergy/immunology 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.
Required current experience – renewal	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.
Ability to perform (health status)	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

ALLERGY/IMMUNOLOGY CLINICAL PRIVILEGES

Name: _____

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Effective From ____ / ____ / ____ To ____ / ____ / ____

CORE PRIVILEGES – ALLERGY / IMMUNOLOGYRequested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Admit (in accordance with staff category), evaluate, diagnose, consult, manage, and provide therapy and treatment for patients of all ages presenting with immune system conditions such as asthma, rhinitis, and eczema as well as adverse reactions to drugs, foods, and insect stings, also immune deficiency diseases and problems related to autoimmune disease, organ transplantation, or malignancies of the immune 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.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.

1. Perform history and physical exam
2. Allergen immunotherapy
3. Blood (RAST) testing
4. Drug hypersensitivity diagnosis and treatment to include drug testing
5. Challenge testing (e.g., food, drug)
6. Food hypersensitivity diagnosis and treatment
7. Immediate hypersensitivity skin testing
8. Immunoglobulin (IVIG) treatment and/or other immunomodulator therapies
9. Laboratory testing
10. Mucociliary function and nasal/lung (e.g., secretions, lavage or biopsy)
11. Nasal, conjunctival & bronchial provocation
12. Oral immunotherapy
13. Pulmonary function testing (e.g. spirometry, bronchoprovocation, body plethysmography, ENO, IOS)
14. Physical urticaria testing
15. Rhinolaryngoscopy
16. Skin testing (e.g. prick, delayed type hypersensitivity, patch)

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ALLERGY/IMMUNOLOGY 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:

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 _____

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PULMONARY MEDICINE CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

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

- Privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- The core procedure list (if applicable) is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques. Applicants wishing to exclude any procedures, should strike through those procedures which they do not wish to request, initial, and date.

QUALIFICATIONS FOR PULMONARY MEDICINE

Education and training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited fellowship in pulmonary disease.
Certification	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in pulmonary medicine by the American Board of Internal Medicine or in pulmonary diseases by the American Osteopathic Board of Internal Medicine.
Required current experience – initial	Demonstrated current competence and evidence of inpatient or consultative services for at least 25 patients, 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.
Required current experience – renewal	Demonstrated current competence and an adequate volume of experience (inpatient or consultative services for at least 50 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.
Ability to perform (health status)	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES – PULMONARY MEDICINERequested ☐ 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 conditions, disorders, and diseases of the lungs and airways. 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.

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PULMONARY MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 6

Effective From ____/____/____ To ____/____/____

1. Perform history and physical exam
2. Airway management e.g., invasive and noninvasive ventilation, endotracheal intubation
3. Diagnostic and therapeutic procedures, including thoracentesis, endotracheal intubation, and related procedures
4. Emergency cardioversion
5. Examination and interpretation of sputum, bronchopulmonary secretions, pleural fluid, and lung tissue
6. Flexible fiber-optic bronchoscopy procedures
7. Inhalation challenge studies
8. Insertion of arterial, central venous, and pulmonary artery balloon flotation catheters
9. Management of pneumothorax (needle insertion and drainage system)
10. Operation of hemodynamic bedside monitoring systems
11. Pulmonary function tests to assess respiratory mechanics and gas exchange, to include spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis, and exercise studies
12. Thoracostomy tube insertion and drainage, to include chest tubes
13. Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry

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.

ENDOBONCHIAL ULTRASOUND (EBUS)Requested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Criteria: Successful completion of an accredited ACGME or AOA post graduate training program that included training in EBUS or completion of a hands-on CME. At least 20 procedures should be performed in training in a supervised setting. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least 5 EBUS procedures 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 10 EBUS procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

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 5 procedures in the past 12 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of 10 procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

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PULMONARY MEDICINE CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

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) 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.

BRONCHIAL THERMOPLASTY**Requested** ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Criteria: Successful completion of an accredited ACGME or AOA post graduate training program that included training in bronchial thermoplasty or completion of a hands-on CME. **Required Current Experience:** Demonstrated current competence and evidence of at least 5 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 10 procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

TRACHEOBRONCHIAL STENTS**Requested** ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Criteria: Successful completion of an accredited ACGME or AOA post graduate training program that included training in tracheobronchial stents or completion of a hands-on CME. **Required Current Experience:** Demonstrated current competence and evidence of at least 5 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 10 procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

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PULMONARY MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 6

Effective From ____/____/____ To ____/____/____

TRANSBRONCHIAL NEEDLE ASPIRATERequested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Criteria: Successful completion of an accredited ACGME or AOA post graduate training program that included training in transbronchial needle aspirations or completion of a hands-on CME. **Required**

Current Experience: Demonstrated current competence and evidence of at least 5 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 10 procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

PHOTODYNAMIC THERAPYRequested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Criteria: Successful completion of an accredited ACGME or AOA post graduate training program that included training in photodynamic therapy or completion of a hands-on CME. **Required Current**

Experience: Demonstrated current competence and evidence of at least 5 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 10 procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

ELECTROMAGNETIC NAVIGATION BRONCHOSCOPYRequested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Criteria: Successful completion of an accredited ACGME or AOA pulmonary medicine fellowship that included training in electromagnetic navigation bronchoscopy or completion of a hands-on CME. Must hold bronchoscopy and transbronchial needle aspirate privileges. **Required Current Experience:**

Demonstrated current competence and evidence of at least 5 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 10 procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

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BROWARD CORPORATE

PULMONARY MEDICINE 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:

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** _____

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INFECTIOUS DISEASE 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 INFECTIOUS DISEASE

Education and training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited fellowship in infectious disease.
Certification	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 infectious disease by the American Board of Internal Medicine or a Certificate of Special Qualifications (CAQ) by the American Osteopathic Board of Internal Medicine.
Required current experience – initial	Demonstrated current competence and evidence of the provision of infectious disease 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.
Required current experience – renewal	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.
Ability to perform (health status)	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES – INFECTIOUS DISEASERequested ☐ BHMC ☐ BHN ☐ BHCS ☐ BHIP

Admit (in accordance with staff category), evaluate, diagnose, consult, and provide care to patients 16 years of age and older with infectious diseases of all types and in all organ 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. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.

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INFECTIOUS DISEASE CLINICAL PRIVILEGES

Name: _____

Page 2

Effective From ____/____/____ To ____/____/____

1. Perform history and physical exam
2. Prescribe antimicrobial and biological products
3. Investigational drug therapy for immunologic disorders
4. Participate in research protocols

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INFECTIOUS DISEASE 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:

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 _____

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HYPERBARIC MEDICINE & WOUND 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 HYPERBARIC MEDICINE

<i>Education and training</i>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in a relevant medical or surgical specialty followed by a training program in hyperbaric oxygen therapy (HBOT) of 40 hours approved by the Undersea and Hyperbaric Medical Society (UHMS) or the American College of Hyperbaric Medicine.
<i>Certification</i>	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) by the relevant American Board of Medical Specialties or American Osteopathic Board. Current ACLS by the American Heart Association is required for initial applicants and reapplicants.
<i>Required current experience – initial</i>	Demonstrated current competence and evidence of hyperbaric medicine/hyperbaric oxygen therapy services reflective of the scope of privileges requested for at least 12 patients during the past 12 months or demonstrate completion of hyperbaric medicine training within the past 12 months.
<i>Required current experience – renewal</i>	Demonstrated current competence and an adequate volume of experience (24 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. Completion of a minimum of 12 CME credit hours in HBOT every two years.
<i>Ability to perform (health status)</i>	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

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HYPERBARIC MEDICINE & WOUND CARE CLINICAL PRIVILEGES

Name: _____

Page 2

Effective From ____/____/____ To ____/____/____

CORE PRIVILEGES – HYPERBARIC MEDICINE**Requested** ☐ **BHIP** ☐ **BHN**

Diagnosis and therapeutic management utilizing hyperbaric oxygen therapy to patients 18 years of age and above presenting with soft tissue radiation injury, cerebral arterial gas embolism, necrotizing soft tissue infections, chronic osteomyelitis, acute traumatic ischemia from crush injury or compartment syndrome, radiation injury, avascular necrosis, skin flaps, treatment of burns, and for acceleration of wound healing. 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. These privileges include the provision of consultation as well as the ordering of diagnostic studies and procedures related to the problem.

QUALIFICATIONS FOR WOUND CARE

Education and training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in a relevant medical or surgical specialty.
Certification	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) by the relevant American Board of Medical Specialties or American Osteopathic Board.
Required current experience – initial	Demonstrated current competence and evidence of wound care for at least 12 patients during the past 12 months or demonstrate completion of training within the past 12 months.
Required current experience – renewal	Demonstrated current competence and an adequate volume of experience (24 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.
Ability to perform (health status)	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

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HYPERBARIC MEDICINE & WOUND CARE CLINICAL PRIVILEGES

Name: _____

Page 3

Effective From ____/____/____ To ____/____/____

CORE PRIVILEGES – WOUND CARE

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

Total wound care and enhancement of healing in selected problem wounds to include but not limited to:

- application of compression wraps and Unna boots for stress ulcers
- application of bi-laminate skin and grafts
- bone biopsies
- complicated wound management
- incision and drainage of abscesses
- local anesthesia
- management of diabetic ulcers
- simple laceration repair
- surgical debridement of wounds
- suture close wound
- tissue/wound biopsy
- tissue cultures
- transcutaneous oximetry interpretation
- treatment of burns
- total contact casting

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HYPERBARIC MEDICINE & WOUND 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:

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** _____

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REGISTERED NURSE FIRST ASSISTANT (RNFA) 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.

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 and agree that the supervised practitioner will not exceed the clinical privileges defined by law and the written agreement;
- Co-sign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies.

QUALIFICATIONS FOR REGISTERED NURSE FIRST ASSISTANT (RNFA)

Education and training	Successful completion of an approved AORN RNFA training program that meets the AORN standards for RN first assistant education programs.
Certification	Current certification in perioperative nursing (CNOR) by the Association of Operating Room Nurses (AORN) and current RNFA certification Current certification is required for reapplicants. Certification in CPR or BCLS is required for initial applicants and reapplicants.
Licensure	Current licensure to practice as a registered nurse first assistant (RNFA) issued by the Florida Board of Nursing is required for initial applicants and reapplicants.
Required current experience – initial	Demonstrated current competence and evidence of the provision of RNFA 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.

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

REGISTERED NURSE FIRST ASSISTANT (RNFA) CLINICAL PRIVILEGES

Name: _____

Page 2

Effective From ____/____/____ To ____/____/____

Required current experience – renewal	Demonstrated current competence and an adequate volume of experience in the past 24 months based on results of ongoing professional practice evaluation and outcomes. Experience must correlate to the privileges requested.
Ability to perform (health status)	Evidence of current ability to perform privileges requested is required of all initial applicants and reapplicants.

CORE PRIVILEGES — REGISTERED NURSE FIRST ASSISTANT (RNFA)**Requested** ☐ **BHMC** ☐ **BHCS** ☐ **BHIP** ☐ **BH North**

Perform first assistant responsibilities in accordance with the Nurse Practice Act of the State of Florida and function as First Assistant for supervising physician when requested for patients within the age group of patients treated by the supervising physician. The core privileges in this specialty include the following procedures and such other procedures that are extensions of the same techniques and skills.

- Provide hemostasis, wound exposure, handle tissue appropriately to reduce the potential for injury, close tissue by suturing or use of other methodologies, and apply dressings to the wound as directed by the surgeon
- Suture and care for wounds except facial wounds, traumatic wounds requiring suturing in layers and infected wounds

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;
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REGISTERED NURSE FIRST ASSISTANT (RNFA) CLINICAL PRIVILEGES

Name: _____

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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 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 services/functions:

Services/Functions	Condition/Modification/Explanation
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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BHIP = Broward Health Imperial Point; BH North = Broward Health North

COLON AND RECTAL SURGERY CLINICAL PRIVILEGES

Name: _____

Page 1

Effective From ____/____/____ To ____/____/____

- ☐ Initial Appointment (renewal of 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 COLON AND RECTAL SURGERY

Education and training	Successful completion of Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in general surgery, followed by successful completion of an accredited fellowship in colon and rectal surgery/proctology.
Certification	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in colon and rectal surgery by the American Board of Colon and Rectal Surgery or the American Osteopathic Board of Proctology.
Required current experience – initial	Demonstrated current competence and evidence of at least 25 colon and rectal surgery procedures, 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.
Required current experience – renewal	Demonstrated current competence and an adequate volume of experience (50 colon and rectal 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.
Ability to perform (health status)	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES – COLON AND RECTAL SURGERYRequested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide consultation to adolescent and adult patients, presenting with diseases, injuries, and disorders of the small intestine, colon, rectum, anal canal, and perianal areas including the organs and tissues related with primary intestinal diseases (such as the liver, urinary, and female reproductive 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. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;
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COLON AND RECTAL SURGERY CLINICAL PRIVILEGES

Name: _____

Page 2

Effective From ____/____/____ To ____/____/____

1. Anorectal fistulotomy
2. Anorectal ultrasound, perform/interpret
3. Anoscopy
4. Colectomy, segmental including ileocolic and colon resection (open/laparoscopic)
5. Colon resection (open/laparoscopic)
6. Colon surgery for benign or malignant disease
7. Colonoscopic polypectomy
8. Colonoscopy, diagnostic/therapeutic
9. Colostomy, open/laparoscopic
10. Colotomy
11. Condylomata acuminata, excision or fulguration
12. Decompression of volvulus or pseudo-obstruction, endoscopic
13. Dilatation of strictures, endoscopic
14. Diverticular disease, resection for
15. Electromyography (EMG), performance and interpretation of
16. Endoanal ultrasound
17. Endorectal advancement flap
18. Endorectal ultrasound
19. Endoscopic Laser Therapy
20. Enterolysis, open/laparoscopic
21. Fistulotomies, including primary and staged advancement flap repairs of complex anorectal/rectovaginal fistulas
22. Flexible Sigmoidoscopy
23. Gastric Electrical Stimulation
24. Gastroscopy
25. Hemorrhoidectomy (including operative & office treatment)
26. Hepatic resection
27. Hidradenitis, treatment of
28. Ileostomy, open/laparoscopic
29. Inflammatory bowel disease, surgery for
30. Infrared photocoagulation
31. Internal sphincterotomy
32. Laparoscopic ileo, colorectal, abdominal resections
33. Laparotomy, exploratory w/or w/out adhesiolysis
34. LAR, J-Pouch or Coloplasty, laparoscopic
35. Low anterior resection w/colorectal & coloanal anastomosis
36. Non-excisional hemorrhoidectomy (ligation, injection, cryotherapy, laser)
37. Ostomy construction
38. Pelvic dissections (total)
39. Perineal Crohn's disease, drainage or fistulotomy
40. Perineal proctectomy
41. Perineal repairs of rectal prolapse

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COLON AND RECTAL SURGERY CLINICAL PRIVILEGES

Name: _____

Page 3

Effective From ____/____/____ To ____/____/____

42. Pilonidal disease, treatment of
43. Polyp removal, open/endoscopic
44. Pouchoscopy
45. Presacral/retrorectal lesions, including cysts
46. Proctocolectomy (total), open/laparoscopic
47. Proctoscopy
48. Prolapse repair (total), abdominal/perineal
49. Reconstructive anorectal surgery
50. Rectal foreign body, removal of
51. Rectal prolapse surgery
52. Rectal tumor, transanal excision or fulguration
53. Rectopexy, w/wo colon resection, laparoscopic
54. Rectovaginal fistulas repair
55. Reversal of colostomy
56. Reversal of ileostomy
57. Rigid Sigmoidoscopy, diagnostic/screening
58. Sclerotherapy
59. Small bowel resection
60. Small bowel surgery for benign or malignant disease
61. Sphincter repairs
62. Sphincteroplasty
63. Stoma creation
64. Stoma takedown (colorectal anast), laparoscopic
65. Strictureplasty
66. Total abdominal colectomy
67. Transanal endoscopic microsurgery/TMIS
68. Transanal excision of rectal neoplasms
69. Transanal Hemorrhoidal Dearterialization
70. Ulcerative colitis, resection w/or w/out proctectomy
71. Virtual Colonoscopy

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COLON AND RECTAL SURGERY CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

CHECK THE BOX BELOW TO REQUEST A GENERAL SURGERY PRIVILEGE FORMRequested ☐**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 LASERRequested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Criteria: Successful completion of an approved residency in a specialty or subspecialty which included training in laser principles or completion of an approved 8 -10-hour minimum CME course which includes training in laser principles. In addition, an applicant for privileges should spend time after the basic training course in a clinical setting with an experienced operator who has been granted laser privileges acting as a preceptor. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience. The applicant must supply a certificate documenting that she/he attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least five (5) procedures in the past 24 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

USE OF ROBOTIC ASSISTED SYSTEMRequested ☐ 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.

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COLON AND RECTAL SURGERY CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

ENDOSCOPIC LASER THERAPYRequested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Criteria: Successful completion of an ACGME or AOA post graduate training program that included training in endoscopic laser therapy or completion of a hands on CME. **Required Current Experience:** Demonstrated current competence and evidence of at least 5 procedures in the past 12 months, or successful completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of at least 10 procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

GASTRIC ELECTRICAL STIMULATION (ENTERRA THERAPY)Requested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Criteria: Successful completion of an ACGME or AOA post graduate training program that included training in gastric electrical stimulation or completion of a hands on CME. **Required Current Experience:** Demonstrated current competence and evidence of at least 5 procedures in the past 12 months, or successful completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of at least 10 procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

GASTROSCOPY (EGD)Requested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Criteria: Successful completion of an ACGME or AOA post graduate training program that included training in gastroscopy or completion of a hands on CME. **Required Current Experience:** Demonstrated current competence and evidence of at least 5 procedures in the past 12 months, or successful completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of at least 10 procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

TRANSANAL HEMORRHOIDAL DEARTERIALIZATION (THD)Requested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Criteria: Successful completion of an ACGME or AOA post graduate training program that included training in THD or completion of a hands on CME. **Required Current Experience:** Demonstrated current competence and evidence of at least 5 procedures in the past 12 months, or successful completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of at least 10 procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

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BROWARD CORPORATE

COLON AND RECTAL 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:

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** _____

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GENERAL SURGERY 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 GENERAL SURGERY

Education and training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in general surgery.
Certification	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.
Required current experience – initial	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.
Required current experience – renewal	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.
Ability to perform (health status)	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES – GENERAL SURGERYRequested ☐ 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

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GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

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. Colectomy (abdominal)
7. Colon surgery for benign or malignant disease
8. Colotomy, colostomy
9. Correction of intestinal obstruction
10. Drainage of intra-abdominal, deep ischiorectal abscess
11. Emergency thoracostomy
12. Endoscopy (intraoperative)
13. Enteric fistulae, management
14. Enterostomy (feeding or decompression)
15. Esophageal perforation - repair/resection
16. Excision of fistula in ano/fistulotomy, rectal lesion
17. Excision of pilonidal cyst/marsupialization
18. Gastric operations for cancer (radical, partial, or total gastrectomy)
19. Gastroduodenal surgery
20. Gastrectomy - Partial/total
21. Gastrostomy open or percutaneous endoscopic
22. Genitourinary procedures incidental to abdominal exploration
23. Gynecological procedure incidental to abdominal exploration
24. Hepatic resection
25. Hemorrhoidectomy, including stapled hemorrhoidectomy
26. Incision and drainage of abscesses and cysts
27. Incision and drainage of pelvic abscess
28. Incision, excision, resection, and enterostomy of small intestine
29. Incision/drainage and debridement, perirectal abscess
30. Insertion and management of pulmonary artery catheters
31. IV access procedures, central venous catheter, and ports
32. Laparoscopy, diagnostic, appendectomy, cholecystectomy, lysis of adhesions, and catheter positioning.
33. Laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis or trauma
34. Liver biopsy (intra operative), liver resection
35. Lymph node biopsy
36. Management of burns
37. Management of intra-abdominal trauma, including injury, observation, paracentesis, lavage
38. Management of multiple trauma
39. Operations on gallbladder, biliary tract, bile ducts, hepatic ducts, including biliary tract reconstruction
40. Pancreatectomy, distal
41. Pancreatic sphincteroplasty
42. Pancreatic debridement / Pancreatic Pseudocyst - Drainage
43. Panniculectomy
44. Proctosigmoidoscopy, rigid with biopsy, with polypectomy/tumor excision
45. Pyloromyotomy

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GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

Page 3

Effective From ____/____/____ To ____/____/____

46. Radical regional lymph node dissections
47. Removal of ganglion (palm or wrist; flexor sheath)
48. Repair of perforated viscus (gastric, small intestine, large intestine)
49. Scalene node biopsy
50. Selective vagotomy
51. Sigmoidoscopy, fiberoptic with or without biopsy, with polypectomy
52. Small bowel surgery for benign or malignant disease
53. Splenectomy / Splenorrhaphy partial (laparoscopic or open)
54. 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
55. Thoracentesis
56. Thoracoabdominal exploration
57. Tracheostomy
58. Transhiatal esophagectomy
59. Tube thoracostomy
60. 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)
12. Subcutaneous mastectomy

Endocrine system

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

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GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

Page 4

Effective From ____/____/____ To ____/____/____

Vascular surgery

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

QUALIFICATIONS FOR BREAST SURGERY

<i>Education and training</i>	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.
<i>Certification</i>	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.
<i>Required current experience – initial</i>	Demonstrated current competence and evidence of at least 25 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.
<i>Required current experience – renewal</i>	Demonstrated current competence and evidence of at least 50 breast surgery procedures, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.
<i>Ability to perform (health status)</i>	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES – BREAST SURGERYRequested ☐ 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

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GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

Page 5

Effective From ____/____/____ To ____/____/____

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.

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.

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GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

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 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 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.

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 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 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.

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.

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

GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

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 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 breast ultrasound exams in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

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.

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

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:

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 _____

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

HEAD AND NECK ONCOLOGIC SURGERY 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 HEAD AND NECK SURGERY ONCOLOGIC SURGERY

Education and training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME or AOA) in Otolaryngology AND a Head and Neck Surgery fellowship or successful completion of (ACGME or AOA) General Surgery Residency AND a Head and Neck Fellowship.
Certification	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in Otolaryngology - Head and Neck Surgery by the American Board of Otolaryngology - Head and Neck Surgery or the American Osteopathic Board of Ophthalmology and Otolaryngology - Head and Neck Surgery or the American Board of Surgery
Required current experience – initial	Demonstrated current competence and evidence of at least 25 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.
Required current experience – renewal	Demonstrated current competence and an adequate volume of experience (50 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.
Ability to perform (health status)	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES – HEAD AND NECK SURGERY ONCOLOGIC SURGERYRequested ☐ 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.

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

HEAD AND NECK ONCOLOGIC SURGERY CLINICAL PRIVILEGES

Name: _____

Page 2

Effective From ____/____/____ To ____/____/____

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. esophagoscopy (diagnostic, foreign body removal, dilation)
 - f. 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. Implant Hypoglossal Nerve Stimulator
7. Implant Vagus Nerve Stimulator
8. Incision/excisional biopsy
9. Lip surgery
 - a. lip shave wedge excision/reconstruction
 - b. upper / lower lip resection/reconstruction
10. Myocutaneous flap (i.e pectoralis, trapezius, sternocleidomastoid)
11. Needle biopsy / punch biopsy
12. Plastic and reconstructive surgery
 - a. facial resurfacing
 - b. blepharoplasty
 - c. rhinoplasty
 - d. rhytidectomy
 - e. otoplasty
 - f. mentoplasty
 - g. implantation of autogenous, homologous, and allograft
 - h. repair of lacerations
 - i. rotational, pedicle, and/or advancement flaps in the head/neck/torso
13. Reconstructive procedure of the upper airway
14. Reduction of facial fractures
15. Repair of fistulas – oral-antral, oral-nasal, oral-maxillary, oral-cutaneous, pharyngocutaneous, tracheo-cutaneous, esophagocutaneous
16. 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. laryngeal biopsy
 - d. partial or total laryngectomy
 - e. tracheoesophageal puncture
 - f. fracture repair
17. Open surgery of the anterior skull base, nasal cavity, and paranasal sinuses (frontal, maxillary, ethmoidal, sphenoidal)
 - a. Maxillectomy with or without orbital exenteration
 - b. Open axillary antrostomy
 - c. Caldwell-Luc procedure
 - d. Maxillofacial bone resection for benign and malignant tumors
 - e. Frontal sinusotomy
 - f. Ethmoidectomy
 - g. Lateral rhinotomy

BPMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;

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

HEAD AND NECK ONCOLOGIC SURGERY CLINICAL PRIVILEGES

Name: _____

Page 3

Effective From ____/____/____ To ____/____/____

18. Surgery of the nasal mucosa and turbinates
 - a. Endoscopic surgery (e.g. nasal septoplasty, inferior turbinoplasty, maxillary antrostomy, ethmoidectomy, sphenoidectomy, frontal sinusotomy, management of CSF fistula, dacryocystorhinostomy)
 - b. non-endoscopic e.g. septoplasty
19. Surgery of the oral cavity, including palate, tongue, mandible e.g.,
 - a. partial/subtotal/total glossectomy
 - b. floor of mouth/buccal resection
 - c. mandibulotomy/mandibulectomy
 - d. resection – hard/soft palate
20. Surgery for obstructive sleep apnea or macroglossia
 - a. uvulopalatopharyngoplasty
 - b. tongue suspension and tongue volume reduction
 - c. genioglossus advancement
 - d. sagittal split osteotomy w/advancement
 - e. hyoid suspension
21. Surgery of the pharynx, trachea, hypopharynx, parapharyngeal space, e.g.,
 - a. Tracheotomy
 - b. Tracheostomy revision
 - c. tracheal resection and repair
 - d. cervical esophagectomy
 - e. Zenker's diverticulum surgery (open and endoscopic)
 - f. mediastinal exploration/ dissection
 - g. cricopharyngeal myotomy
 - h. pharyngectomy with or without reconstruction
22. Surgery of the salivary gland
 - a. Superficial or total parotidectomy
 - b. ranula excision
 - c. plastic repair of salivary complex and ducts
 - d. Submandibular gland excision
 - e. Sublingual gland excision
 - f. Excision of minor salivary glands
 - g. Management of salivary fistula
23. Surgery of the thyroid / parathyroid
 - a. thyroid lobectomy
 - b. subtotal/total thyroidectomy
 - c. parathyroidectomy
 - d. central neck dissection
 - e. re-operative thyroid/parathyroid surgery
 - f. Sistrunk procedure
24. Surgery on the ear, auditory canal, the tympanic membrane, and the contents of the middle ear e.g.,
 - a. mastoidectomy
 - b. auriculectomy/wedge resection/reconstruction
 - c. temporal bone resection
25. Surgical removal of teeth in association with radical resection
26. Neck Surgery
 - a. Selective and comprehensive neck dissection
 - b. Modified radical neck dissection

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HEAD AND NECK ONCOLOGIC SURGERY CLINICAL PRIVILEGES

Name: _____

Page 4

Effective From ____/____/____ To ____/____/____

- c. Radical neck dissection
- d. Re-operative neck dissection
- e. Salvage neck dissection after previous non-operative treatment
- f. Lymph node excision
- g. Excision of carotid body tumor or glomus tumor
- 27. Tonsillectomy, adenoidectomy
 - a. Palatine tonsillectomy
 - b. Radical tonsillectomy
 - c. Lingual tonsillectomy
 - d. Adenoidectomy
 - e. Nasopharyngeal resection
 - f. Maxillary swing procedure
- 28. Surgery for advanced cutaneous malignancy of the head and neck (including malignant melanoma)
 - a. Wide local excision of cutaneous malignancy of the head and neck area (including neck, scalp, ears, lips, nose, eyelids, and face)
 - b. Auriclectomy
 - c. Rhinectomy
 - d. Sentinel lymph node biopsy
- 29. Use of energy sources as an adjunct to granted procedures
- 30. Cranial nerve dissection
 - a. Dissection, neuroplasty, and transposition of cranial nerves as part of head and neck surgical procedures
 - b. Intraoperative nerve monitoring as part of head and neck surgical procedures

HEAD AND NECK ONCOLOGIC SURGERY CLINICAL PRIVILEGES

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.

USE OF ROBOTIC ASSISTED SYSTEMRequested ☐ 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 five (5) 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 ANALGESIARequested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

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

Requested ☐ Level 1 – Deep SedationRequested ☐ 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;
BHIP = Broward Health Imperial Point; BH North = Broward Health North

HEAD AND NECK ONCOLOGIC 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:

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** _____

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NEUROLOGICAL SURGERY 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 NEUROLOGICAL SURGERY

<i>Education and training</i>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in neurological surgery.
<i>Certification</i>	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in neurological surgery by the American Board of Neurological Surgery or the American Osteopathic Board of Surgery in Neurological Surgery.
<i>Required current experience – initial</i>	Demonstrated current competence and evidence of at least 25 neurological surgical procedures, 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.
<i>Required current experience – renewal</i>	Demonstrated current competence and an adequate volume of experience (50 neurological 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.
<i>Ability to perform (health status)</i>	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

NEUROLOGICAL SURGERY CLINICAL PRIVILEGES

Name: _____

Page 2

Effective From ____/____/____ To ____/____/____

CORE PRIVILEGES – NEUROLOGICAL SURGERY**Requested** ☐ **BHMC** ☐ **BHCS** ☐ **BHIP** ☐ **BHN**

Admit (in accordance with staff category), evaluate, diagnose, consult, and provide non-operative and pre-, intra- and post-operative care to patients of all ages presenting with injuries or disorders of the central, peripheral, and autonomic nervous system, including their supporting structures and vascular supply; the evaluation and treatment of pathological processes which modify function or activity of the nervous system, including the hypophysis; and the operative and non-operative management of pain. These privileges include but are not limited to care of patients with disorders of the nervous system: the brain, meninges, skull, and skull base, and their blood supply, including surgical treatment of disorders of the intracranial and extracranial vasculature supplying the brain and spinal cord; the pituitary gland; the spinal cord, meninges, and vertebral column; and the cranial and spinal nerves throughout their distribution. 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. Artificial disc replacement (cervical, lumbar)
3. Carotid endarterectomy
4. Ablative surgery for epilepsy
5. Adult craniotomies, craniectomies, and reconstructive procedures (including microscopic) on the skull, including surgery on the brain, meninges, pituitary gland, cranial nerves and including surgery for cranial trauma and intracranial and extracranial vascular lesions
6. Discography and intradiscal /percutaneous disc treatments
7. Endoscopic minimally invasive surgery
8. Endoscopic laser foraminoplasty
9. Epidural steroid injections for pain
10. Insertion of intraventricular or intrathecal catheter with reservoir or pump for drug infusion or CSF withdrawal
11. Laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents including instrumentation
12. Lumbar puncture, cisternal puncture, ventricular tap, subdural tap
13. Muscle biopsy
14. Myelography
15. Nerve biopsy
16. Ordering of diagnostic studies and procedures related to neurological problems or disorders
17. Percutaneous and subcutaneous implantation of neurostimulator electrodes
18. Peripheral nerve procedures, including decompressive procedures and reconstructive procedures on the peripheral nerves
19. Posterior fossa-microvascular decompression procedures
20. Selective blocks for pain, stellate ganglion blocks, nerve blocks
21. Shunts: ventriculoperitoneal, ventriculoatrial, ventriculopleural, subdural peritoneal, lumbar subarachnoid/peritoneal (or other cavity)
22. Spinal cord surgery for decompression of spinal cord or spinal canal, for intramedullary lesion, intradural extramedullary lesion, rhizotomy, cordotomy, dorsal root entry zone lesion, tethered spinal cord or other congenital anomalies (diastematomyelia)
23. Image guided stereotactic surgery
24. Surgery for intervertebral disc disease

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

NEUROLOGICAL SURGERY CLINICAL PRIVILEGES

Name: _____

Page 3

Effective From ____/____/____ To ____/____/____

- 25. Surgery on the sympathetic nervous system
- 26. Transsphenoidal procedures for lesions of the sellar or parasellar region, fluid leak or fracture
- 27. Ultrasonic surgery procedures
- 28. Ventricular shunt operation for hydrocephalus, revision of shunt operation, ventriculocisternostomy
- 29. Ventriculography
- 30. Vertebral augmentation

BHMC Only

- 31. Management of congenital anomalies, such as encephalocele, meningocele, myelomeningocele
- 32. Pediatric craniotomies, craniectomies, and reconstructive procedures (including microscopic) on the skull, including surgery on the brain, meninges, pituitary gland, cranial nerves and including surgery for cranial trauma and intracranial and extracranial vascular lesions

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.

NONE WERE IDENTIFIED

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

NEUROLOGICAL SURGERY CLINICAL PRIVILEGES

Name: _____

Page 4

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 _____

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

ORAL AND MAXILLOFACIAL SURGERY 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 ORAL AND MAXILLOFACIAL SURGERY

Education and training	Successful completion of a Commission on Dental Accreditation (CODA) accredited residency in oral and maxillofacial surgery that includes training for procedures of the soft and hard tissues as well as history and physicals.
Certification	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in oral and maxillofacial surgery by the American Board of Oral and Maxillofacial Surgery.
Required current experience – initial	Demonstrated current competence and evidence of one of the following in the past 12 months: <ol style="list-style-type: none"> At least three (3) cases in each of the four (4) major surgery categories (trauma, pathology, orthognathic surgery, and reconstructive and cosmetic surgery); or At least four (4) cases in three (3) of the categories above for which privileges are requested; or Successful completion of a CDA accredited residency in oral and maxillofacial surgery.
Required current experience – renewal	Demonstrated current competence and evidence of one of the following in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes: <ol style="list-style-type: none"> At least six (6) cases in each of the four (4) major surgery categories (trauma, pathology, orthognathic surgery, and reconstructive and cosmetic surgery); or At least eight (8) cases in three (3) of the categories above for which privileges are requested.
Ability to perform (health status)	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; BH North = Broward Health North

ORAL AND MAXILLOFACIAL SURGERY CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

CORE PRIVILEGES – ORAL AND MAXILLOFACIAL SURGERY**Requested** ☐ **BHMC** ☐ **BHCS** ☐ **BHIP** ☐ **BH North**

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide consultation to patients of all ages with pathology, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the head, mouth, teeth, gums, jaws, and neck, perform surgical procedures and post-operative management. 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. Dentoalveolar surgery includes management of odontogenic infections of erupted, unerupted, and impacted teeth, including third molar extractions and defects and deformities of the dentoalveolar complex
3. Orthognathic i.e., the surgical correction of functional and cosmetic orofacial and craniofacial deformities of the mandible, maxilla, zygoma, and other facial bones e.g.,
 - a. ramus and body procedures
 - b. subapical segmental osteotomies
 - c. LeFort I and II procedures
 - d. craniofacial operations
4. Pathology
 - a. major maxillary sinus procedures
 - b. treatment of temporomandibular joint pathology
 - c. salivary gland/duct surgery
 - d. management of head and neck infection, including incision and drainage procedures, and
 - e. surgical management of benign and malignant neoplasms and cysts
5. Reconstructive surgery
 - a. bone grafting and soft tissue grafting procedures and the insertion of implants
 - i. Distant bone graft sites may include but are not limited to the calvaria, rib, ilium, fibula, and tibia
 - ii. Distant soft tissue grafts include but are not limited to cartilage, skin, fat, nerve & fascia
 - iii. Fibula bone Graft from a distant site
 - b. reconstructive procedures e.g., vestibuloplasties; augmentation procedures
 - c. temporomandibular joint reconstruction; management of continuity defects
6. Trauma surgery
 - a. tracheostomies
 - b. open and closed reductions of fractures of the mandible, maxilla, zygomatico-maxillary, nose, naso-frontal-orbital-ethmoidal and midface region
 - c. repair of facial, oral, soft tissue injuries and injuries to specialized structures

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

ORAL AND MAXILLOFACIAL SURGERY CLINICAL PRIVILEGES

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.

USE OF LASERRequested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Criteria: Successful completion of an approved residency in a specialty or subspecialty which included training in laser principles or completion of an approved 8 -10-hour minimum CME course which includes training in laser principles. In addition, an applicant for privileges should spend time after the basic training course in a clinical setting with an experienced operator who has been granted laser privileges acting as a preceptor. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience. The applicant must supply a certificate documenting that she/he attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least five (5) procedures in the past 24 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least five (5) procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

COSMETIC ORAL AND MAXILLOFACIAL SURGERYRequested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Criteria: Successful completion of a CDA accredited fellowship in cosmetic oral and maxillofacial surgery or the equivalent in training and experience. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least two (2) cosmetic surgery procedures in the past 12 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of four (4) facial cosmetic surgery procedures in the past 24 months based on ongoing professional practice evaluation and peer review outcomes.

Includes but is not limited to blepharoplasty, brow lifts, treatment of skin lesions, skin resurfacing, cheiloplasty, genioplasty, lipectomy, liposuction, otoplasty, rhinoplasty, rhytidectomy, scar revision, hard and soft tissue augmentation contour procedures.

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

ORAL AND MAXILLOFACIAL SURGERY CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

CRANIOFACIAL AND PEDIATRIC ORAL AND MAXILLOFACIAL SURGERY**Requested** ☐ **BHMC** ☐ **BHCS**

Criteria: Successful completion of a CDA accredited fellowship in craniofacial and pediatric oral and maxillofacial surgery or the equivalent in training and experience. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least two (2) craniofacial surgery procedures in the past 12 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of four (4) craniofacial surgery procedures in the past 24 months based on ongoing professional practice evaluation and peer review outcomes.

Includes correction of primary cleft lip and palate; velopharyngeal incompetence; residual cleft lip and/or nasal deformities (secondary); maxillary alveolar cleft; residual maxillofacial skeletal deformities (secondary); craniofacial deformities (intracranial approach); orbital and naso-orbital deformities.

ORAL AND MAXILLOFACIAL ONCOLOGY**Requested** ☐ **BHMC** ☐ **BHCS** ☐ **BHIP** ☐ **BH North**

Criteria: Successful completion of a CDA accredited fellowship in oral and maxillofacial oncology or the equivalent in training and experience. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least three (3) oral and maxillofacial oncology procedures in the past 12 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of six (6) oral and maxillofacial oncology procedures in the past 24 months based on ongoing professional practice evaluation and peer review outcomes.

Includes excision of malignant tumors; major soft tissue excision for benign or malignant tumors, e.g. hemiglossectomy, floor of mouth excision, parotidectomy, submandibular gland incision; jaw excision for benign and malignant disease, e.g. marginal or segmental mandibulectomy, partial maxillectomy; neck dissection.

MAXILLOFACIAL TRAUMA**Requested** ☐ **BHMC** ☐ **BHCS** ☐ **BHIP** ☐ **BH North**

Criteria: Successful completion of a CDA accredited fellowship in maxillofacial trauma or the equivalent in training and experience. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least three (3) oral and maxillofacial trauma procedures in the past 12 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of six (6) oral and maxillofacial trauma procedures in the past 24 months based on ongoing professional practice evaluation and peer review outcomes.

Includes midfacial fractures including Le Fort III, upper facial fractures including frontal sinus; major soft tissue injuries.

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

ORAL AND MAXILLOFACIAL SURGERY CLINICAL PRIVILEGES

Name: _____

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

ORAL AND MAXILLOFACIAL 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:

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** _____

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

PHYSICAL MEDICINE AND REHABILITATION 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 PHYSICAL MEDICINE AND REHABILITATION

Education and training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in physical medicine and rehabilitation or a combined pediatric/physical medicine and rehabilitation or internal medicine/physical medicine residency.
Certification	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in physical medicine and rehabilitation by the American Board of Physical Medicine and Rehabilitation or the American Osteopathic Board of Physical Medicine and Rehabilitation.
Required current experience – initial	Demonstrated current competence and evidence of the provision of physical medicine and rehabilitation, 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.
Required current experience – renewal	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.
Ability to perform (health status)	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES – PHYSICAL MEDICINE AND REHABILITATIONRequested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Admit (in accordance with staff category), evaluate, diagnose, treat and provide consultation to patients of all ages, with physical and/or cognitive impairments and disability. Includes the diagnosis and treatment of patients with painful or functionally limiting conditions, the management of co morbidities and co impairments and emphasis on the prevention of complications of disability from secondary conditions. 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.

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

PHYSICAL MEDICINE AND REHABILITATION CLINICAL PRIVILEGES

Name: _____

Page 2

Effective From ____/____/____ To ____/____/____

1. Perform history and physical exam
2. Anesthetic and/or motor blocks (peripheral nerve; myoneural junction; sympathetic chain/ganglia; caudal; facet nerve/joint; epidural – interlaminar, transforaminal; sacroiliac joint)
3. Arthrocentesis: both aspiration and injection (joints, bursae)
4. Chemolysis (paralytic and non-paralytic): intramuscular, peripheral nerve, cauda equina
5. Manipulation/mobilization (peripheral, spinal – direct/indirect, cranial)
6. Serial casting
7. Soft tissue injections, including ligament, tendon, sheath, muscle, fascial, prolotherapy
8. Trigger point injections

Performance and interpretation of:

1. Electromyography (EMG), nerve conduction studies
2. Small, intermediate, or major joint arthrogram

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.

INTERVENTIONAL PAIN TREATMENT INCLUDING INTRATHECAL MEDICATION ADMINISTRATION AND ELECTRICAL STIMULATION (INCLUDES FLUOROSCOPY)Requested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Criteria: Successful completion of an approved one-year interventional pain fellowship. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least five (5) interventional pain treatments 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 ten (10) interventional pain treatments in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

ADMINISTRATION OF SEDATION AND ANALGESIARequested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

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

Requested ☐ Level 1 – Deep SedationRequested ☐ 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

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PHYSICAL MEDICINE AND REHABILITATION CLINICAL PRIVILEGES

Name: _____

Page 3

Effective From ____/____/____ To ____/____/____

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

BROWARD CORPORATE

PHYSICAL MEDICINE AND REHABILITATION 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:

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** _____

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

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — MEDICINE

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; BH North = Broward Health North

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — MEDICINE

Name: _____

Page 2

Effective From ____/____/____ To ____/____/____

QUALIFICATIONS – NURSE PRACTITIONER MEDICINE

Education and training	Completion of a masters, post-masters, or doctorate degree in a nurse practitioner program (Acute, Adult, Family, Gerontological, Pediatrics as applicable) accredited by the Commission on Collegiate of Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing (ACEN).
Certification	Current certification by the American Nurses Credentialing Center (ANCC) or an equivalent body is required for initial applicants. Current BLS certification (initial and ongoing).
Licensure	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.
Required current experience – initial	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.
Required current experience – renewal	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.
Ability to perform (health status)	Evidence of current ability to perform privileges requested is required of all applicants and reapplicants.

CORE PRIVILEGES – NURSE PRACTITIONER (NP) MEDICINERequested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BH North

Assess, diagnose, monitor, promote health and protection from disease, and manage illnesses and injuries of patients within age group of supervising physician. Nurse practitioners may not admit patients to the hospital. 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 on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

- Perform history and physical
- Apply, remove and change dressings and bandages
- Counsel and instruct patients, families, and caregivers as appropriate
- Dictate discharge summaries
- Direct care as specified by medical staff approved protocols
- Implement palliative and end of life care through evaluation, modification, and documentation according to the patient's response to therapy, changes in condition, and to therapeutic interventions to optimize patient outcomes
- Initiate appropriate referrals

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

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — MEDICINE

Name: _____

Page 3

Effective From ____/____/____ To ____/____/____

- Insert and remove nasogastric tube
- Make rounds on hospitalized patients
- Order and perform initial interpretation of diagnostic testing and therapeutic modalities such as laboratory tests, medications, hemodynamic monitoring, treatments, x-ray, EKG, IV fluids and electrolytes, etc.
- Perform routine immunizations
- Perform urinary bladder catheterization (short term and indwelling) e.g. Robinson, coudé, Foley
- Perform venous punctures for blood sampling, cultures and IV catheterization
- Record progress notes

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.

NEPHROLOGY CLUSTER

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

Includes: Managing the complications of acute and chronic kidney disease for patients within age group of patients seen by supervising physician, assist patients and families with modality choices (including hemodialysis, peritoneal dialysis, transplant, and conservative management), ordering continuous renal replacement therapy, hemodialysis, peritoneal dialysis, removing permacaths, starting femoral dialysis lines

Criteria: Initial applicants must qualify for and be granted core privileges as a NP. **Required current experience:** Demonstrated current competence and an adequate volume of experience in the past 12 months or successful completion of training in the past 12 months with evidence of an adequate volume of nephrology experience during training. **Renewal of privilege:** An adequate volume of experience in the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes.

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

Requested ☐ **BHMC** ☐ **BHCS** ☐ **BHIP** ☐ **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; BH North = Broward Health North

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — MEDICINE

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:

Privilege	Condition/Modification/Explanation
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; BH North = Broward Health North

ANESTHESIOLOGIST ASSISTANT 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.
- 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.

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

ANESTHESIOLOGIST ASSISTANT CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

QUALIFICATIONS FOR ANESTHESIOLOGIST ASSISTANT

Education and training	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. Continuing education related to the specialty area of practice as mandated by licensure is required.
Certification	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.
Licensure (if applicable)	Current licensure to practice as an Anesthesiologist Assistant-Certified issued by the Florida Board of Medicine is required for initial applicants and reapplicants.
Required current experience – initial	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.
Required current experience – renewal	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.
Ability to perform (health status)	Evidence of current ability to perform privileges requested is required of all applicants and reapplicants.

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ANESTHESIOLOGIST ASSISTANT CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

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

ANESTHESIOLOGIST ASSISTANT CLINICAL PRIVILEGES

Name: _____

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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 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:

Privilege	Condition/Modification/Explanation
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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CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA) 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.
- 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 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.

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CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA) CLINICAL PRIVILEGES

Name: _____

Page 2

Effective From ____/____/____ To ____/____/____

QUALIFICATIONS FOR CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)

Education and training	Graduation from an approved program of anesthesia accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs or a predecessor or successor agency.
Certification	Certification by the National Board on Certification and Recertification for Nurse Anesthetists (NBCRNA), or by a predecessor or successor agency to either is required for initial applicants and reapplicants. Current ACLS and PALS
Licensure	Current active licensure to practice as an advanced nurse practitioner in the nurse anesthetist category in the State of Florida is required for initial applicants and reapplicants.
Required current experience – initial	Demonstrated current competence and provision of anesthesia services for at least 25 cases in the past 12 months or completion of an approved accredited program of anesthesia in the past 12 months. Experience must correlate to the privileges requested.
Required current experience – renewal	Demonstrated current competence and an adequate volume of experience (50 cases) for the past 24 months and based on results of ongoing professional practice evaluation and outcomes. Experience must correlate to the privileges requested.
Ability to perform (health status)	Evidence of current ability to perform privileges requested is required of all applicants and reapplicants.

CORE PRIVILEGES — CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)Requested ☐ BMMC ☐ BHCS ☐ BHIP ☐ BH North

Pre-anesthesia evaluation and preparation, administration of general and regional anesthesia and all levels of sedation techniques, and post anesthesia care for children, 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 on the following procedure list and such other procedures that are extensions of the same techniques and skills.

Preanesthetic preparation and evaluation:

- Select, obtain, order, and administer preanesthetic medications
- Conduct an appropriate physical screening assessment
- Obtain an appropriate health history
- Obtain informed consent
- Recommend or request and evaluate pertinent diagnostic studies
- Document the preanesthetic evaluation and obtain a comprehensive informed consent for anesthesia and related services

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CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA) CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

Clinical support functions:

- Insert and manage arterial lines
- Insert and manage peripheral lines
- Insert and manage central intravenous catheters
- Insert and manage pulmonary artery catheters
- Manage emergency situations, including initiating or participating in cardiopulmonary resuscitation
- Manage interventional pain therapy utilizing drugs, regional anesthetic techniques or other accepted pain relief modalities
- Perform arterial puncture to obtain arterial blood samples
- Provide consultation and implementation of respiratory and ventilatory care

Intraoperative care:

- Select, obtain, or administer the anesthetics, adjuvant drugs, accessory drugs, fluids, and blood products necessary to manage the anesthetic
- Evaluate patient response during emergence from anesthesia and institute pharmacological or supportive treatment to ensure patient stability during transfer
- Obtain, prepare, and use all equipment, monitors, supplies, and drugs used for the administration of anesthesia and sedation techniques, perform and order safety checks as needed
- Perform all aspects of airway management, including fiberoptic intubation
- Perform and manage regional anesthetic techniques including, but not limited to:
 - subarachnoid, epidural, and caudal blocks;
 - plexus, major, and peripheral nerve blocks;
 - intravenous regional anesthesia;
 - transtracheal, topical, and local infiltration blocks;
 - intra capsular, intercostal, and ocular blocks.
- Provide appropriate invasive and non-invasive monitoring modalities utilizing current standards and techniques
- Recognize abnormal patient response during anesthesia, select and implement corrective action, and request consultation whenever necessary
- Recommend or request and evaluate pertinent diagnostic studies

Post anesthesia care:

- Discharge patient from a post anesthesia care area in accordance with policy
- Initiate and administer pharmacological or fluid support of the cardiovascular system
- Initiate acute post anesthesia pain management techniques
- Initiate and administer respiratory support to ensure adequate ventilation and oxygenation in the post anesthesia period
- Provide post anesthesia follow up; evaluate the patient's response to anesthesia and surgery, take appropriate corrective actions and obtaining consultation as indicated

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CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA) CLINICAL PRIVILEGES

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:

Privilege	Condition/Modification/Explanation
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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NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES —EMERGENCY MEDICINE

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.
- 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 (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 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.

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NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES —EMERGENCY MEDICINE

Name: _____

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Effective From ____/____/____ To ____/____/____

QUALIFICATIONS FOR NURSE PRACTITIONER (NP) — EMERGENCY MEDICINE

Education and training	Completion of a master's, post-master's, or doctorate from a nurse practitioner program accredited by the Commission on Collegiate of Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing (ACEN).
Certification	Current certification by the American Nurses Credentialing Center (ANCC) or an equivalent body is required for initial applicants and reapplicants.
Licensure	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.
Required current experience – initial	General Core: 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 the privileges requested.
	Emergency Medicine Core: Demonstrated current competence and provision of care, treatment, or services, to an adequate volume of emergency medicine patients in the past 12 months or completion of training in the past 12 months.
Required current experience – renewal	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 for both the general and specialty specific cores.
Ability to perform (health status)	Evidence of current ability to perform privileges requested is required of all applicants and reapplicants.

GENERAL CORE PRIVILEGES — NURSE PRACTITIONER (NP)Requested ☐ BMMC ☐ BHCS ☐ BHIP ☐ BH North

Assess, diagnose, monitor, promote health and protection from disease, and manage patients within age group of supervising physician. Nurse practitioners may not admit patients to the hospital. General core privileges include the procedures on the following procedure list and such other procedures that are extensions of the same techniques and skills.

- Perform history and physical
- Apply, remove and change dressings and bandages
- Counsel and instruct patients, families, and caregivers as appropriate
- Dictate discharge summaries
- Direct care as specified by medical staff approved protocols
- Implement palliative and end of life care through evaluation, modification, and documentation according to the patient's response to therapy, changes in condition, and to therapeutic interventions to optimize patient outcomes

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NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES —EMERGENCY MEDICINE

Name: _____

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Effective From ____/____/____ To ____/____/____

- Initiate appropriate referrals
- Insert and remove nasogastric tube
- Make rounds on hospitalized patients
- Order and perform initial interpretation of diagnostic testing and therapeutic modalities such as laboratory tests, medications, hemodynamic monitoring, treatments, x-ray, EKG, IV fluids and electrolytes, etc.
- Perform routine immunizations
- Perform urinary bladder catheterization (short term and indwelling) e.g. Robinson, coudé, Foley
- Perform venous punctures for blood sampling, cultures and IV catheterization
- Record progress notes

EMERGENCY MEDICINE CORE PRIVILEGES — NURSE PRACTITIONER (NP)**Requested** ☐ **BHMC** ☐ **BHCS** ☐ **BHIP** ☐ **BH North**

Assess, evaluate, diagnose, promote health and protection from disease, stabilize, manage, and treat acute and chronically ill and injured patients of all ages, who present in the ED with any symptom, illness, injury, or condition. Privileges do not include long-term care of patients on an in-patient basis. 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.

Patient management:

- Administer medications and perform other emergency treatment
- Assess for levels of comfort (e.g. pain, palliative care, end of life, bad news) and initiate appropriate interventions
- Complete EMTALA specified medical screening examination
- Perform sexual assault examination
- Specifically assess and initiate appropriate interventions for violence, neglect, and abuse (e.g. physical, psychological, sexual, substance)
- Specifically assess and initiate appropriate interventions and disposition for suicide risk
- Triage patients' health needs / problems

Anesthesia:

- Inject local anesthetics
- Perform regional nerve block, including double cuff method/bier block, digital nerve block

Diagnostic procedures:

- Anoscopy
- Arthrocentesis (e.g. knee, elbow)
- Compartment pressure measurement
- Perform slit lamp examination

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NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES —EMERGENCY MEDICINE

Name: _____

Page 4

Effective From ____/____/____ To ____/____/____

- Tonometry

Head and neck:

- Control of epistaxis
- Removal of rust ring

Skin and wound care management:

- Laceration repair – simple intermediate, complex

Obstetrics:

- Assist with imminent childbirth and post-delivery maternal care
- Patient evaluation

Other techniques:

- Arterial puncture and blood gas sampling
- Perform excision of thrombosed hemorrhoids
- Remove foreign bodies (ears, nose, rectum, soft tissue, throat, vaginal)
- Replace gastrostomy tube
- Insert Heimlich (small gauge) valve
- Perform ear, nose, rectum, soft tissue, throat, vaginal, and gastric lavage
- Trephination nails and removal of nail

Skeletal procedures:

- Fracture/dislocation immobilization techniques (e.g. casting, splinting)
- Fracture/dislocation reduction techniques
- Spine immobilization techniques

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** ☐ **BHCS** ☐ **BHIP** ☐ **BH North**

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

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NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES —EMERGENCY MEDICINE

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:

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

Notes

Department Chairperson Signature _____ Date _____

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Medical Executive Committee Action _____ Date _____

Board of Commissioners Action _____ Date _____

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RADIOLOGY 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.
 - 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.

QUALIFICATIONS FOR DIAGNOSTIC RADIOLOGY

<i>Education and training</i>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in diagnostic radiology.
<i>Certification</i>	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in radiology or interventional radiology/diagnostic radiology by the American Board of Radiology or diagnostic radiology by the American Osteopathic Board of Radiology.
<i>Required current experience – initial</i>	Demonstrated current competence and evidence of the performance and interpretation of at least 500 general radiology examinations consisting of a variety and scope, reflective of the scope of privileges requested, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
<i>Required current experience – renewal</i>	Demonstrated current competence and interpretation of at least 1000 general radiology examinations 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.
<i>Ability to perform (health status)</i>	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

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RADIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 2

Effective From ____/____/____ To ____/____/____

CORE PRIVILEGES – DIAGNOSTIC RADIOLOGY**Requested** ☐ **BHMC** ☐ **BHCS** ☐ **BHIP** ☐ **BHN**

Perform general diagnostic radiology (x-ray, radionuclides, ultrasound, CT, mammography, and MRI) to diagnose and treat diseases of patients of all ages. Responsible for communicating critical values and critical findings consistent with medical staff policy. 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. Performance of history and physical exam
2. Angiography / arteriography
3. Arthrography
4. Bone densitometry
5. Computed tomography (CT) of the head, neck, spine, body, chest, including the heart, abdomen, and pelvis, extremities and their associated vasculatures
6. Cardiovascular magnetic resonance (CMR)
7. Cardiac CT angiography (CCTA)
8. Carotid Duplex
9. Diagnostic nuclear radiology of the head, neck, spine, body, chest, including the heart, abdomen, and pelvis, extremities and their associated vasculatures.
10. Image guided biopsy, cyst aspiration, and procedures
 - a. lumbar puncture
 - b. paracentesis
 - c. thoracentesis
 - d. hysterosalpingogram (HSG)
 - e. venograms
 - f. percutaneous nephrostomy (PCN)
 - g. percutaneous transhepatic cholangiography
11. Insertion and management of central venous and dialysis access line/port
12. Magnetic resonance imaging (MRI) of the head, neck, spine, body, chest including the heart, abdomen, and pelvis, extremity and their associated vasculatures
13. Mammography (in accordance with MQSR requirements)
14. Myelography and cisternography
15. Nonvascular interventional procedures including soft-tissue biopsy, abscess and fluid drainage, gastrostomy, nephrostomy, biliary procedures, ablation of neoplasms and cysts, and ureteral stents
16. Noninvasive diagnostic vascular radiology, including ultrasonography, pulse volume recordings, CT, and MRI
17. Placement of inferior vena cava filter
18. Positron emission tomography (PET)
19. Routine imaging, e.g., interpretation of plain films, intravenous pyelography, fluoroscopy, chest/abdomen, pelvis/gastrointestinal, and genitourinary diagnostic and therapeutic procedures
20. Stereotactic core cut breast biopsy
21. Transcranial Doppler (TCD) ultrasonography
22. Ultrasound
23. Venography

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RADIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 3

Effective From ____/____/____ To ____/____/____

QUALIFICATIONS FOR VASCULAR AND INTERVENTIONAL RADIOLOGY

Education and training	Successful completion of an ACGME- or AOA-accredited residency in diagnostic radiology followed by completion of a one-year accredited fellowship in vascular and interventional radiology.
Certification	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 vascular and interventional radiology by the American Board of Radiology or Certificate of Added Qualifications in vascular and interventional radiology by the American Osteopathic Board of Radiology.
Required current experience – initial	Demonstrated current competence and evidence of at least 100 vascular and interventional radiology procedures, 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.
Required current experience – renewal	Demonstrated current competence and evidence of at least 200 vascular and interventional radiology 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.
Ability to perform (health status)	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES – VASCULAR AND INTERVENTIONAL RADIOLOGYRequested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Admit (in accordance with staff category), evaluate, diagnose, treat patients of all ages by various radiologic imaging modalities (fluoroscopy, digital radiography, computed tomography, sonography, and magnetic resonance imaging). 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. Angiography / arteriography
3. Angioplasty
4. Arthrography
5. Balloon Kyphoplasty
6. Coil occlusions of aneurysms
7. Endovenous laser therapy
8. Endovascular repair of thoracic and abdominal aortic aneurysm (in conjunction with qualified surgeon)
9. Insertion and management of central venous and dialysis access line / port
10. Lymphography
11. Myelography and cisternography

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RADIOLOGY CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

12. Neuro interventional procedures for pain including epidural steroid injection, nerve blocks and discography
13. Nonvascular interventional procedure, including soft tissue biopsy, abscess and fluid drainage, gastrostomy, nephrostomy, biliary procedures, and ablation of neoplasms and cysts, ureteral stents
14. Non-invasive diagnostic vascular radiology to include ultrasonography, pulse volume recordings, CT and MRI
15. Placement of catheter for tumor treatment
16. Placement of inferior vena cava filter
17. Percutaneous lumbar discectomy (PLD)
18. Percutaneous thrombolysis / thrombectomy
19. Therapeutic infusion of vasoactive agents
20. Therapeutic vascular radiology including balloon angioplasty, stent placement, atherectomy, intra-arterial and intravenous thrombolytic therapy, and embolization/ablation includes transarterial chemoembolization (excludes carotid and intracranial intervention)
21. Transcervical fallopian tube recanalization
22. Transjugular intrahepatic portosystemic shunt (tips)
23. Uterine artery embolization for leiomyoma
24. Venography and venous sampling
25. Vertebral augmentation

QUALIFICATIONS FOR ENDOVASCULAR SURGICAL NEURORADIOLOGY

<i>Education and training</i>	Successful completion of an ACGME or CAST-accredited fellowship in endovascular surgical neuroradiology
<i>Certification</i>	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 vascular neurology by the American Board of Psychiatry and Neurology or in neuroradiology by the American Board of Radiology.
<i>Required current experience – initial</i>	Demonstrated current competence and evidence of at least 25 endovascular surgical neuroradiology treatments, 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.
<i>Required current experience – renewal</i>	Demonstrated current competence and evidence of at least 50 endovascular surgical neuroradiology treatments 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.
<i>Ability to perform (health status)</i>	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

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RADIOLOGY CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

CORE PRIVILEGES – ENDOVASCULAR SURGICAL NEURORADIOLOGY**Requested** ☐ **BHMC** ☐ **BHCS** ☐ **BHIP** ☐ **BHN**

Admit (in accordance with staff category), evaluate, diagnose, and treat children, adolescent, and adult patients with diseases of the central nervous system by use of catheter technology, radiologic imaging, and clinical expertise to include integration of endovascular therapy into the clinical management of patients with neurological diseases (or diseases of the central nervous system) when performing diagnostic and therapeutic procedures. 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. Angiography and embolization of spinal arteriovenous malformations
3. Catheter directed intra-arterial stroke therapy
4. Cavernous sinus sampling
5. Cerebral and spinal digital subtraction angiography
6. Embolization of brain arteriovenous malformations
7. Endovascular embolization of head and neck tumors
8. Endovascular treatment of intracranial aneurysms
9. Extracranial angioplasty and stenting
10. Extracranial endovascular procedures
11. Integration of endovascular therapy into the clinical management of patients with neurological diseases (or diseases of the central nervous system) when performing diagnostic and therapeutic procedures
12. Interpreting diagnostic studies
13. Intra-arterial thrombolysis and mechanical thrombectomy
14. Intracranial angioplasty and stenting
15. Intra-cranial/Intra-arterial chemotherapy
16. Participating in short- and long-term post procedure follow-up care, including neurointensive care
17. Pre- and postoperative management of endovascular patients
18. Preoperative tumor embolization
19. Provocative and occlusion tests
20. Treatment of epistaxis
21. Venous embolization of fistulas/thrombosis

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RADIOLOGY CLINICAL PRIVILEGES

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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.

STEREOTACTIC BREAST BIOPSYRequested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Criteria: Qualified as an interpreting physician under MQSA. Successful completion of an ACGME- or AOA-accredited diagnostic radiology residency that included training in the stereotactic and ultrasound guided technique of breast biopsy or have at least three hours of Category I CME in stereotactic breast biopsy and 15 hours of Category I CME in breast imaging and disease and have performed at least three hands-on stereotactic breast biopsy procedures under the supervision of a qualified radiologist. **Required Current Experience:** Demonstrated current competence and evidence of the performance of 12 image guided breast biopsies in the prior 12 months; at least 6 of which must be stereotactic breast biopsies or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of 24 image guided breast biopsies in the prior 24 months; Obtain at least 10 hours (half of which are Category I) in the previous 24 months, specific to the imaging modality or organ system. **Source:** ACR Stereotactic Breast Biopsy Physician Qualifications for Stereotactic Breast Biopsy 2016

ADMINISTRATION OF SEDATION AND ANALGESIARequested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

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

Requested ☐ Level 1 – Deep SedationRequested ☐ Level 2 – Moderate Sedation

Criteria: Successful completion of ACGME or AOA accredited post graduate training or Commission on Dental Accreditation (CDA) 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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RADIOLOGY 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:

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** _____

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PHYSICIAN ASSISTANT (PA) CLINICAL PRIVILEGES — EMERGENCY MEDICINE

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.
- 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 (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.

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PHYSICIAN ASSISTANT (PA) CLINICAL PRIVILEGES — EMERGENCY MEDICINE

Name: _____

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Effective From ____/____/____ To ____/____/____

QUALIFICATIONS FOR PHYSICIAN ASSISTANT (PA) — EMERGENCY MEDICINE

Education and training	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).
Certification	Current certification by the National Commission on Certification of Physician Assistants (NCCPA).
Licensure	Current licensure to practice as a physician assistant issued by the Florida Board of Medicine is required for initial applicants and reapplicants.
Required current experience – initial	General Core: Demonstrated current competence and provision of care, treatment, or services for an adequate volume of patients in the past 12 months or completion of ARC-PA approved program in the past 12 months. Experience must correlate to the privileges requested.
	Emergency Medicine Core: Demonstrated current competence and provision of care, treatment, or services for an adequate volume of emergency medicine patients in the past 12 months or completion of training in the past 12 months.
Required current experience – renewal	Demonstrated current competence and an adequate volume of experience in the past 24 months based on results of ongoing professional practice evaluation and outcomes. Experience must correlate to the privileges requested for both the general and specialty specific cores.
Ability to perform (health status)	Evidence of current ability to perform privileges requested is required of all applicants and reapplicants.

GENERAL CORE PRIVILEGES — PHYSICIAN ASSISTANTRequested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BH North

Assess, diagnose, monitor, promote health and protection from disease, and manage patients within age group of supervising physician. Physician Assistants may not independently admit patients to the hospital. General core privileges include the procedures on the following procedure list and such other procedures that are extensions of the same techniques and skills.

- Perform history and physical
- Apply, remove and change dressings and bandages
- Counsel and instruct patients, families, and caregivers as appropriate
- Dictate discharge summaries
- Direct care as specified by medical staff approved protocols
- Implement palliative and end of life care through evaluation, modification, and documentation according to the patient's response to therapy, changes in condition, and to therapeutic interventions to optimize patient outcomes
- Initiate appropriate referrals
- Insert and remove nasogastric tube

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PHYSICIAN ASSISTANT (PA) CLINICAL PRIVILEGES — EMERGENCY MEDICINE

Name: _____

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Effective From ____/____/____ To ____/____/____

- Make rounds on hospitalized patients
- Order and perform initial interpretation of diagnostic testing and therapeutic modalities such as laboratory tests, medications, hemodynamic monitoring, treatments, x-ray, EKG, IV fluids and electrolytes, etc.
- Perform routine immunizations
- Perform urinary bladder catheterization (short term and indwelling) e.g. Robinson, coudé, Foley
- Perform venous punctures for blood sampling, cultures and IV catheterization
- Record progress notes

EMERGENCY MEDICINE CORE PRIVILEGES — PHYSICIAN ASSISTANTRequested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BH North

Assess, evaluate, diagnose, promote health and protection from disease, stabilize, manage, and treat acute and chronically ill and injured patients of all ages, who present in the ED with any symptom, illness, injury, or condition. Privileges do not include long-term care of patients on an in-patient basis or admitting privileges. 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.

Patient management:

- Administer medications and perform other emergency treatment
- Assess for levels of comfort (e.g. pain, palliative care, end of life, bad news) and initiate appropriate interventions
- Complete EMTALA specified medical screening examination
- Perform sexual assault examination
- Specifically assess and initiate appropriate interventions for violence, neglect, and abuse (e.g. physical, psychological, sexual, substance)
- Specifically assess and initiate appropriate interventions and disposition for suicide risk
- Triage patients' health needs / problems

Anesthesia:

- Inject local anesthetics
- Perform regional nerve block, including double cuff method/bier block, digital nerve block

Diagnostic procedures:

- Anoscopy
- Arthrocentesis (e.g. knee, elbow)
- Compartment pressure measurement
- Perform slit lamp examination
- Tonometry

Head and neck:

- Control of epistaxis

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PHYSICIAN ASSISTANT (PA) CLINICAL PRIVILEGES — EMERGENCY MEDICINE

Name: _____

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Effective From ____/____/____ To ____/____/____

- Removal of rust ring

Skin and wound care management:

- Laceration repair – simple intermediate, complex

Obstetrics:

- Assist with imminent childbirth and post-delivery maternal care
- Patient evaluation

Other techniques:

- Arterial puncture and blood gas sampling
- Perform excision of thrombosed hemorrhoids
- Remove foreign bodies (ears, nose, rectum, soft tissue, throat, vaginal)
- Replace gastrostomy tube
- Insert Heimlich (small gauge) valve
- Perform ear, nose, rectum, soft tissue, throat, vaginal, and gastric lavage
- Trephination nails and removal of nail

Skeletal procedures:

- Fracture/dislocation immobilization techniques (e.g. casting, splinting)
- Fracture/dislocation reduction techniques
- Spine immobilization techniques

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** ☐ **BHCS** ☐ **BHIP** ☐ **BH North**

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

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PHYSICIAN ASSISTANT (PA) CLINICAL PRIVILEGES — EMERGENCY MEDICINE

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:

Privilege	Condition/Modification/Explanation
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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PHYSICIAN ASSISTANT (PA) CLINICAL PRIVILEGES — MEDICINE

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 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 – PHYSICIAN ASSISTANT (PA) MEDICINE

Education and training	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).
Certification	Current certification by the National Commission on Certification of Physician Assistants (NCCPA) is required for initial applicants and reapplicants. BLS certification is required (initial and ongoing).
Licensure	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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PHYSICIAN ASSISTANT (PA) CLINICAL PRIVILEGES — MEDICINE

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Effective From ____/____/____ To ____/____/____

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

CORE PRIVILEGES – PHYSICIAN ASSISTANT (PA) MEDICINE**Requested** ☐ **BHMC** ☐ **BHCS** ☐ **BHIP** ☐ **BH North**

Assess, diagnose, monitor, promote health and protection from disease, and manage illnesses and injuries of patients within age group of supervising physician. Physician Assistants may not admit patients to the hospital. 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 on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

- Perform history and physical
- Apply, remove and change dressings and bandages
- Counsel and instruct patients, families, and caregivers as appropriate
- Dictate discharge summaries
- Direct care as specified by medical staff approved protocols
- Implement palliative and end of life care through evaluation, modification, and documentation according to the patient's response to therapy, changes in condition, and to therapeutic interventions to optimize patient outcomes
- Initiate appropriate referrals
- Insert and remove nasogastric tube
- Make rounds on hospitalized patients
- Order and perform initial interpretation of diagnostic testing and therapeutic modalities such as laboratory tests, medications, hemodynamic monitoring, treatments, x-ray, EKG, IV fluids and electrolytes, etc.
- Perform routine immunizations
- Perform urinary bladder catheterization (short term and indwelling) e.g. Robinson, coudé, Foley
- Perform venous punctures for blood sampling, cultures and IV catheterization
- Record progress notes

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PHYSICIAN ASSISTANT (PA) CLINICAL PRIVILEGES — MEDICINE

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.

NEPHROLOGY CLUSTER

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

Includes: Managing the complications of acute and chronic kidney disease for patients within age group of patients seen by supervising physician, assist patients and families with modality choices (including hemodialysis, peritoneal dialysis, transplant, and conservative management), ordering continuous renal replacement therapy, hemodialysis, peritoneal dialysis, removing permacaths, starting femoral dialysis lines

Criteria: Initial applicants must qualify for and be granted core privileges as a PA. **Required current experience:** Demonstrated current competence and an adequate volume of experience in the past 12 months or successful completion of training in the past 12 months with evidence of an adequate volume of nephrology experience during training. **Renewal of privilege:** An adequate volume of experience in the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes.

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

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

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

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PHYSICIAN ASSISTANT (PA) CLINICAL PRIVILEGES — MEDICINE

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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:

Privilege	Condition/Modification/Explanation
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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ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

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

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

QUALIFICATIONS FOR ANESTHESIOLOGY

<i>Education and training</i>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in anesthesiology.
<i>Certification</i>	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in anesthesiology by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology. Current ACLS and PALS certification from the American Heart Association.
<i>Required current experience – initial</i>	Demonstrated current competence and evidence of 60 hospital anesthesiology cases, reflective of the scope of privileges requested, within the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
<i>Required current experience – renewal</i>	Demonstrated current competence and an adequate volume of experience (120 hospital anesthesiology cases) 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.
<i>Ability to perform (health status)</i>	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

ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

CORE PRIVILEGES – ANESTHESIOLOGY**Requested** ☐ **BHMC** ☐ **BHCS** ☐ **BHIP** ☐ **BHN**

Assessment of, consultation for, and preparation of patients for anesthesia. Administration of anesthesia including general, regional, and local, and administration of all levels of sedation to patients of all ages. Care includes relief and prevention of pain and maintenance or restoration of a stable condition during and immediately following surgical, obstetrical, therapeutic and diagnostic or other medical procedures and treatment of acute, and common chronic, and/or cancer pain. Privileges include triage and management of the critically ill patient in a non-operative setting. Supervision and evaluation of performance of personnel, both medical and paramedical, involved in perioperative care and supervision of Certified Registered Nurse Anesthetists and Anesthesiologist Assistants, if applicable. 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. All types of neuraxial analgesia (including epidural, spinal, combined spinal and epidural analgesia), and different methods of maintaining analgesia (such as bolus, continuous infusion, patient controlled epidural analgesia).
3. Clinical management of cardiac and pulmonary resuscitation
4. Evaluation of respiratory function and application of respiratory therapy
5. Image guided procedures, ultrasound
6. Monitoring and maintenance of acceptable physiology during the perioperative period
7. Performance of general anesthesia and varying degrees of sedation and analgesia
8. Performance of regional and major conduction anesthesia including all types of peripheral, intravenous, and central-neuraxial conduction blockade and use of invasive and non-invasive techniques (i.e., ultrasound, imaging, electrical stimulation, etc.) where indicated
9. Performance of regional anesthetic techniques including, but not limited to:
 - subarachnoid, epidural, and caudal blocks;
 - plexus, major, and peripheral nerve blocks;
 - intravenous regional anesthesia;
 - transtracheal, topical, and local infiltration blocks;
 - intra capsular, intercostal, and ocular blocks.
10. Performance of invasive monitoring techniques including placement of indwelling arterial, central venous, and pulmonary artery catheters
11. Preanesthetic evaluation and preparation, peri anesthetic, and postanesthetic care

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ANESTHESIOLOGY CLINICAL PRIVILEGES

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12. Post procedure care:

- Performance and supervision of postoperative care for patients recovering from the effects of anesthesia, including support of ventilation, circulation and resuscitative measures where applicable
- Treatment of postoperative acute pain utilizing pharmaceuticals and regional analgesic techniques as indicated
- Treatment of common chronic painful syndromes as they apply to a general anesthesiology practice
- Evaluation and treatment of complications of anesthetic management and medical or surgical consultation where appropriate

QUALIFICATIONS FOR ADULT CARDIOTHORACIC ANESTHESIOLOGY

Education and training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in anesthesiology, followed by successful completion of an accredited fellowship in adult cardiothoracic anesthesiology or the equivalent in experience. AND Successful completion of advanced perioperative echocardiography education according to the training objectives from the American Society of Echocardiography and the Society of Cardiovascular Anesthesiologists' "Guidelines for Training in Perioperative Echocardiography".
Certification	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in anesthesiology by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology.
Required current experience – initial	Demonstrated current competence and evidence of 24 hospital adult cardiothoracic anesthesiology cases, reflective of the scope of privileges requested, within the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
Required current experience – renewal	Demonstrated current competence and an adequate volume of experience (20 hospital adult cardiothoracic anesthesiology cases) 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.
Ability to perform (health status)	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

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CORE PRIVILEGES – ADULT CARDIOTHORACIC ANESTHESIOLOGY**Requested** ☐ **BHMC** ☐ **BHCS** ☐ **BHIP** ☐ **BHN**

Administration of anesthesia including general, regional, and local, and administration of all levels of sedation to adult patients. The pre-operative, intra-operative, and post-operative care of adult patients who are undergoing cardiothoracic surgery and related invasive procedures. Privileges include triage and management of the critically ill patient in a non-operative setting. Supervision and evaluation of performance of personnel, both medical and paramedical, involved in perioperative care and supervision of Certified Registered Nurse Anesthetists and/or Anesthesiologist Assistants, if applicable. 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. Anesthetic management for patients undergoing minimally invasive cardiac surgery and for congenital cardiac procedures performed on adult patients.
3. Anesthetic management of adult patients undergoing surgery on the ascending or descending thoracic aorta requiring full CPB, left heart bypass and/or deep hypothermic circulatory arrest
4. Anesthetic management of patients undergoing noncardiac thoracic surgery
5. Anesthetic management of coronary and cardiac valvular surgical procedures with or without cardiopulmonary bypass
6. Image guided procedures, ultrasound
7. Manage intra-aortic balloon counter pulsation
8. Management of nonsurgical cardiothoracic patients
9. Management of patients with left ventricular assist devices
10. Managing adult cardiothoracic surgical patients in a critical care (ICU) setting
11. Transesophageal echocardiography

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;
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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 app

PERIOPERATIVE TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) (INCLUDED IN CARDIOTHORACIC ANESTHESIA CORE)Requested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Criteria: Successful completion of an ACGME or AOA post graduate training program that included education and direct experience in transthoracic echocardiography and TEE or National Board of Echocardiography (NBE) active Testamur status. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least 24 TEE procedures in the past 12 months or successful completion of training or NBE certification in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least 24 TEE procedures in the past 24 months.

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TRANSPLANT ANESTHESIOLOGY

Requested ☐ **BHMC**

Criteria: Successful completion of an ACGME or AOA accredited residency in anesthesiology that included training transplant anesthesia with at least ten (10) transplant cases during residency. **Required**
Current Experience: Demonstrated current competence and evidence of the anesthetic management of at least five (5) transplant cases in the past 12 months or successful completion of training in the past 12 months. Applicants who are directly out of training will be proctored for the first three (3) cases. **Renewal of Privilege:** Demonstrated current competence and evidence of the anesthetic management of adequate volume of transplant cases in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

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ACKNOWLEDGEMENT OF PRACTITIONER

Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at 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 _____

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Credentials and Qualifications Committee Action Date _____
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Board of Commissioners Action Date _____

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DENTISTRY CLINICAL PRIVILEGES

Name: _____

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- ☐ 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

Education and training	Successful completion of an American Dental Association approved school of dentistry accredited by the Commission on Dental Accreditation.
Required current experience – initial	Demonstrated current competence and evidence of at least 20 dental procedures, 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.
Required current experience – renewal	Demonstrated current competence and an adequate volume of experience (40 dental 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.
Ability to perform (health status)	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES – DENTISTRYRequested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Consult, evaluate total oral health needs, diagnose, and provide general dental diagnostic, preventive, and therapeutic oral health care to patients of all ages, to correct or treat various routine conditions of the oral cavity and dentition. Provide dental care for:

- Medically compromised patients, oncology patients, and emergency patients with trauma to the head and neck regions
- Children 5 years of age and under who due to extensive nature of dental problems or severe anxiety cannot be treated safely in the dental clinic setting
- Children of any age who because of mental disability such as autism, down's syndrome, etc. or physical disability such as severe cerebral palsy cannot be safely treated in the dental clinic setting
- Adults who because of mental or physical disability cannot cooperate with dental treatment in the dental clinic setting
- Children and adults with high risk medical conditions that necessitate having their dental treatment under general anesthesia in the OR

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DENTISTRY CLINICAL PRIVILEGES

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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 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. Fixed and removable prosthodontics, including cemented or bonded crowns and bridges; implant restorations; complete and partial dentures; maxillofacial prosthetics
5. Oral surgery including dentoalveolar surgery; minor pre-prosthetic surgery; soft tissue intraoral biopsy (less than 1 cm)
6. Emergency oral and maxillofacial care
7. Minor orthodontic tooth movement with removable appliances, space maintenance
8. Fabrication of oral appliances for management of sleep disordered breathing including snoring and obstructive sleep apnea
9. Oral pathology and oral medicine and oral radiology
10. Emergency treatment of infected teeth and oral tissues
11. Emergency treatment of traumatized teeth and oral tissues

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DENTISTRY CLINICAL PRIVILEGES

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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.

USE OF LASERRequested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Criteria: Successful completion of an approved residency in a specialty or subspecialty which included training in laser principles or completion of an approved 8 -10-hour minimum CME course which includes training in laser principles. In addition, an applicant for privileges should spend time after the basic training course in a clinical setting with an experienced operator who has been granted laser privileges acting as a preceptor. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience. The applicant must supply a certificate documenting that she/he attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least five (5) procedures in the past 24 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least five (5) procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

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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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DENTISTRY CLINICAL PRIVILEGES

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ACKNOWLEDGEMENT OF PRACTITIONER

Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at 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 _____

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DERMATOLOGY CLINICAL PRIVILEGES

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- ☐ 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 DERMATOLOGY

<i>Education and training</i>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in dermatology.
<i>Certification</i>	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in dermatology by the American Board of Dermatology or the American Osteopathic Board of Dermatology.
<i>Required current experience – initial</i>	Demonstrated current competence and evidence of inpatient, outpatient or consultative care, reflective of the scope of privileges requested, to at least 120 (inpatient/outpatient/consultative) during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
<i>Required current experience – renewal</i>	Demonstrated current competence and provision of care to (240 inpatient/outpatient/consultative) 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.
<i>Ability to perform (health status)</i>	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES – DERMATOLOGY

Requested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide consultation to patients of all ages, with benign and malignant disorders of the skin, hair, nails, and adjacent mucous membranes. Includes the diagnosis and treatment of skin cancers, melanomas, moles, and other tumors of the skin, and management of contact dermatitis, and other inflammatory skin disorders, cosmetic disorders of the skin such as hair loss, scars, and the skin changes associated with aging, and recognition of skin manifestations of systemic and infectious diseases. 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 on the procedure list below and such other procedures that are extensions of the same techniques and skills.

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1. Perform history and physical exam
2. Botulinum toxin injection
3. Chemical peels
4. Closures of surgical defects using layered repairs
5. Cryosurgery
6. Dermabrasion
7. Destruction and excision of benign and malignant tumors
8. Electrosurgery
9. Repairs of cutaneous surgical defects using flaps and grafts
10. Interpretation of the results of diagnostic techniques including dermatology-relevant serologic testing
11. Intralesional injections
12. KOH examination
13. Liposuction
14. Patch tests
15. Use of light, laser, and other energy-based modalities for skin conditions e.g., photomedicine, phototherapy
16. Skin surgery
17. Sclerotherapy
18. Skin and nail biopsy
19. Soft tissue augmentation
20. Tzanck smears
21. Topical/systemic pharmacotherapy

DERMATOLOGY CLINICAL PRIVILEGES

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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.

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 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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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 _____

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EMERGENCY MEDICINE CLINICAL PRIVILEGES

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- ☐ 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.

QUALIFICATIONS FOR EMERGENCY MEDICINE

Education and training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in emergency medicine.
Certification	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in emergency medicine by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine.
Required current experience – initial	Demonstrated current competence and evidence of active practice in an ED, 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.
Required current experience – renewal	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.
Ability to perform (health status)	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES – EMERGENCY MEDICINERequested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Assess, evaluate, diagnose, and initially treat patients of all ages, who present in the ED with any symptom, illness, injury, or condition. Provide immediate recognition, evaluation, care, stabilization, and disposition in response to acute illness and injury. Privileges include the performance of history and physical examinations, the ordering and interpretation of diagnostic studies including laboratory, diagnostic imaging and electrocardiographic examinations, and the administration of medications normally considered part of the practice of emergency medicine. Privileges do not include admitting privileges, long-term care of patients on an in-patient basis or the performance of scheduled elective procedures. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.

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EMERGENCY MEDICINE CLINICAL PRIVILEGES

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Airway Techniques

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

Anesthesia

1. Local
2. Regional nerve block
3. Sedation – analgesia for procedures (in accordance with hospital policy)
4. Anesthesia associated rapid-sequence intubation

Behavioral Health

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

Diagnostic Procedures

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

Genital/Urinary

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

Head and Neck

1. Control of epistaxis
2. Drainage of peritonsillar abscess
3. Laryngoscopy
4. Lateral canthotomy
5. Removal of rust ring
6. Tooth stabilization

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EMERGENCY MEDICINE CLINICAL PRIVILEGES

Name: _____

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Hemodynamic Techniques

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

Obstetrics

1. Delivery of newborn
2. Perform patient evaluation

Other Techniques

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

Resuscitation

1. Cardiopulmonary resuscitation (CPR)
2. Neonatal resuscitation

Skeletal Procedures

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

Thoracic

1. Cardiac pacing (cutaneous, transvenous)
2. Defibrillation/cardioversion
3. Thoracostomy
4. Thoracotomy

Other

1. Universal precautions
2. Biohazard decontamination
3. Blood, fluid, and component therapy administration

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

EMERGENCY MEDICINE 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.

BEDSIDE EMERGENCY ULTRASOUND (EUS)

Requested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Criteria: Successful completion of an accredited ACGME or AOA residency in emergency medicine that included training in EUS, or completion of a practice-based pathway and training that meets ACEP recommendations for emergency ultrasound interpretation with a course and preceptorship certificate that includes documentation of training. This training should have included a minimum of 25-50 quality reviewed ultrasounds per core application and at least five 5 US guided procedures. (A benchmark of 150 -300 total cases is recommended for general emergency ultrasound competency depending upon and reflective of the number of applications being utilized.) **Required Current Experience:**

Demonstrated current competence and continued utilization / performance EUS in the past 12 months as applicable to privileges requested or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of continued utilization / performance of EUS in the past 24 months as applicable to privileges requested and based on results of ongoing professional practice evaluation and peer review outcomes. FPPE monitoring can be performed on a pre-determined number of examinations (i.e., review of the diagnoses made on the first 10 or 20 of a particular US examination).

Requested ☐ Ultrasound guided CVC and peripheral catheters

Requested ☐ FAST exam for trauma

Requested ☐ Advanced applications, e.g., pregnancy, abdominal aorta, airway/thoracic, biliary, urinary tract, deep venous thrombosis, soft tissue/musculoskeletal, ocular, bowel and procedural guidance

Requested ☐ Cardiac/hemodynamic assessment

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

EMERGENCY MEDICINE 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:

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 _____

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.

QUALIFICATIONS FOR HOSPITAL MEDICINE

Education and training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in internal medicine or family medicine.
Certification	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.
Required current experience – initial	Demonstrated current competence and evidence of the provision of care to at least 100 inpatients, 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. <i>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.</i>
Required current experience – renewal	Demonstrated current competence and an adequate volume of experience (200 inpatients) 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.
Ability to perform (health status)	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; BH North = Broward Health North

HOSPITAL MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 2

Effective From ____/____/____ To ____/____/____

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, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, nervous, (inclusive of stroke) 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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BHIP = Broward Health Imperial Point; BH North = Broward Health North

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HOSPITAL MEDICINE 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:

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 _____

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

OTOLARYNGOLOGY 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.
- 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.

QUALIFICATIONS FOR OTOLARYNGOLOGY

<i>Education and training</i>	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.
<i>Certification</i>	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.
<i>Required current experience – initial</i>	Demonstrated current competence and evidence of at least 25 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.
<i>Required current experience – renewal</i>	Demonstrated current competence and an adequate volume of experience (50 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.
<i>Ability to perform (health status)</i>	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

OTOLARYNGOLOGY CLINICAL PRIVILEGES

Name: _____

Page 2

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: _____

Page 3

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: _____

Page 4

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

Education and training	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.
Certification	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.
Required current experience – initial	Demonstrated current competence and evidence of at least 10 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.
Required current experience – renewal	Demonstrated current competence and an adequate volume of experience (20 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.
Ability to perform (health status)	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: _____

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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.

USE OF ROBOTIC ASSISTED SYSTEMRequested ☐ 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 STIMULATORRequested ☐ 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.

OTOLARYNGOLOGY CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

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.

OTOLARYNGOLOGY 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:

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** _____

PAIN 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 PAIN MEDICINE

<i>Education and training</i>	Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in a relevant medical specialty followed by successful completion of an ACGME- or AOA-accredited fellowship in pain medicine of at least twelve (12) months duration.
<i>Certification</i>	Current subspecialty certification or board eligible (with achievement of certification within seven (7) years of post-graduate training) leading to subspecialty certification in pain medicine by the American Board of Anesthesiology, the American Board of Psychiatry and Neurology, the American Board of Physical Medicine and Rehabilitation.
<i>Required current experience – initial</i>	Demonstrated current competence and evidence of inpatient, outpatient, or consultative pain medicine services for at least 12 patients, reflective of the scope of privileges requested, during the past 12 months, or successful completion of an accredited residency, or clinical fellowship within the past 12 months.
<i>Required current experience – renewal</i>	Demonstrated current competence and an adequate volume of experience (24 inpatient, outpatient, or consultative pain medicine services) 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.
<i>Ability to perform (health status)</i>	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

PAIN MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 2

Effective From ____/____/____ To ____/____/____

CORE PRIVILEGES – PAIN MEDICINE**Requested** ☐ **BHMC** ☐ **BHCS** ☐ **BHIP** ☐ **BHN**

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide consultation to patients of all ages, with acute and chronic pain or pain requiring palliative care. Includes invasive pain medicine procedures beyond basic pain medicine. 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 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. Behavioral modification and feedback techniques
3. Chemical neuromuscular denervation (e.g., Botox injection)
4. Diagnosis and treatment of chronic and cancer related pain
5. Discography and intradiscal /percutaneous disc treatments
6. Epidural and intrathecal medication management
7. Epidural, subarachnoid, or peripheral neurolysis
8. Fluoroscopically guided facet blocks,
9. Placement of subcutaneous, epidural, and intrathecal catheters
10. Injection of joint and bursa, including sacroiliac, hip, knee, and shoulder joint injections
11. Management of chronic headache
12. Modality therapy and physical therapy
13. Neuroablation with cryo, chemical, and radiofrequency modalities
14. Percutaneous placement of neurostimulator electrodes
15. Percutaneous needle tenotomy
16. Peripheral, cranial, costal, plexus, and ganglion nerve blocks
17. Prevention, recognition, and management of local anesthetic overdose, including airway management and resuscitation
18. Recognition and management of therapies, side effects, and complications of pharmacologic agents used in management of pain
19. Rehabilitative and restorative therapy
20. Stress management and relaxation techniques
21. Spinal injections including epidural injections: interlaminar, transforaminal, nerve root sheath injections, and zygapophysial joint injections
22. Superficial electrical stimulation techniques (e.g., TENS)
23. Trigger point injection

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PAIN MEDICINE 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.

PERMANENT PLACEMENT OF INFUSION PORT AND PUMPRequested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Criteria: Successful completion of an ACGME- or AOA-accredited residency in pain medicine that included training in permanent placement of infusion ports and pumps or completion of a hands-on CME.

Required Current Experience: Demonstrated current competence and evidence of the placement of at least two (2) infusion ports and pumps in the past 12 months or completion of training in the past 12 months. Initial applicants will have the first three (3) placements proctored. **Renewal of Privilege:**

Demonstrated current competence and evidence of the placement of at least four (4) infusion ports and pumps in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

PERMANENT IMPLANTATION OF NEUROSTIMULATION ELECTRODESRequested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Criteria: Successful completion of an ACGME- or AOA-accredited residency in pain medicine that included training in permanent implantation of neurostimulation electrodes or completion of a hands-on CME. **Required Current Experience:** Demonstrated current competence and evidence of implanting at least two (2) neurostimulation electrodes in the past 12 months or completion of training in the past 12 months. Applicants requesting this privilege for the first time will be required to have the first three (3) implants proctored. **Renewal of Privilege:** Demonstrated current competence and evidence of

implanting of at least four (4) neurostimulation electrodes pumps in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

VERTEBRAL AUGMENTATION PROCEDURES TO INCLUDE PERCUTANEOUS TECHNIQUES USED TO ACHIEVE INTERNAL VERTEBRAL BODY STABILIZATIONRequested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Criteria: Successful completion of an ACGME or AOA-accredited residency program that included vertebral augmentation procedures or completion of an approved ACGME or AOA residency program that included 6 months of training in cross-sectional imaging (including CT and MR) and 4 month of training in image-guided interventional radiological techniques or at least one year of experience to include the performance of vertebral augmentations in at least 3 patients as the primary operator, under the supervision of a qualified physician, and without complications. Applicants must also have completed training in radiation safety. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least five (5) vertebral augmentation procedures in the past 12 months or completion of training in the past 12 months. **Renewal of Privilege:** Applicant must be able to demonstrate maintenance of competence by evidence of the performance of at least ten (10) vertebral augmentation procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;
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PAIN MEDICINE CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

SI FUSION**Requested** ☐ **BHMC** ☐ **BHCS** ☐ **BHIP** ☐ **BHN**

Criteria: Successful completion of an ACGME- or AOA-accredited residency in pain medicine that included training in SI Fusion or completion of a hands-on CME. **Required Current Experience:** Demonstrated current competence and evidence of an adequate volume of procedures in the past 12 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of an adequate volume of procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

VERTIFLEX PROCEDURE**Requested** ☐ **BHMC** ☐ **BHCS** ☐ **BHIP** ☐ **BHN**

Criteria: Successful completion of an ACGME- or AOA-accredited residency in pain medicine and successful completion of the manufacturer's training course. **Required Current Experience:** Demonstrated current competence and evidence of an adequate volume of procedures in the past 12 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of an adequate volume of procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

RADIOFREQUENCY ABLATION PROCEDURES E.G., OSTEOCOOL**Requested** ☐ **BHMC** ☐ **BHCS** ☐ **BHIP** ☐ **BHN**

Criteria: Successful completion of an ACGME- or AOA-accredited residency in pain medicine that included training in radiofrequency ablation or completion of a hands-on CME and manufacturer's training course. **Required Current Experience:** Demonstrated current competence and evidence of an adequate volume of procedures in the past 12 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of an adequate volume of procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

SACROPLEXY**Requested** ☐ **BHMC** ☐ **BHCS** ☐ **BHIP** ☐ **BHN**

Criteria: Successful completion of an ACGME- or AOA-accredited residency in pain medicine that included training in sacroplexy or completion of a hands-on CME. **Required Current Experience:** Demonstrated current competence and evidence of an adequate volume of procedures in the past 12 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of an adequate volume of procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

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PAIN MEDICINE CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

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

PAIN MEDICINE 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:

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 _____

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

PATHOLOGY 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.
- 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.

QUALIFICATIONS FOR PATHOLOGY

Education and training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) accredited residency in anatomic and clinical pathology (APCP-4), anatomic pathology (AP-3) or clinical pathology (CP-3) or American Osteopathic Association (AOA) approved training program in anatomic pathology and laboratory medicine.
Certification	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in clinical and/or anatomic pathology by the American Board of Pathology or in Anatomic Pathology and/or Laboratory Medicine by the American Osteopathic Board of Pathology.
Required current experience – initial	Demonstrated current competence and evidence of part-time pathology services, reflective of the scope of privileges requested, for the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
Required current experience – renewal	Demonstrated current competence and evidence of part-time pathology services 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.
Ability to perform (health status)	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES – ANATOMIC PATHOLOGYRequested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Patient diagnosis, ordering, consultation, laboratory medical direction in the following disciplines: surgical pathology (including intraoperative consultations), cytopathology, autopsy pathology, molecular pathology, and associated ancillary studies. Adhere to medical staff policy regarding emergency and consultative call services.

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;
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PATHOLOGY CLINICAL PRIVILEGES

Name: _____

Page 2

Effective From ____/____/____ To ____/____/____

CORE PRIVILEGES – CLINICAL PATHOLOGY

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

Patient diagnosis, ordering, consultation, laboratory medical direction in the following clinical pathology disciplines: hematology and coagulation; blood bank and immunohematology; microbiology; serology; molecular pathology; clinical chemistry (including the subdivisions of special chemistry, automated chemistry, endocrinology, toxicology, and electrophoresis); clinical microscopy; and other routine clinical pathology functions. Adhere to medical staff policy regarding emergency and consultative call services.

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PATHOLOGY 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:

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 _____

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PLASTIC SURGERY 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 PLASTIC SURGERY

Education and training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in plastic surgery.
Certification	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in plastic surgery by the American Board of Plastic Surgery or the American Osteopathic Board of Surgery in Plastic and Reconstructive Surgery.
Required current experience – initial	Performance of at least 25 plastic surgery procedures, 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.
Required current experience – renewal	Demonstrated current competence and an adequate volume of experience (50 plastic and reconstructive 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.
Ability to perform (health status)	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES – PLASTIC SURGERY

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

Admit (in accordance with staff category), evaluate, diagnose, provide consultation, and surgically repair, reconstruct, or replace physical defect of form or function involving the skin, musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast and trunk and external genitalia or cosmetic enhancement of these areas of the body to patients of all ages. 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.

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PLASTIC SURGERY CLINICAL PRIVILEGES

Name: _____

Page 2

Effective From ____/____/____ To ____/____/____

Perform history and physical exam

Treatment of Skin Neoplasms, Diseases and Trauma

1. Reconstruction by tissue transfer, including grafts and flaps
2. Reconstruction of soft tissue disfigurement / scar revisions
3. Removal of benign and malignant lesions of the skin and soft tissue

Surgery of the breast

1. Breast augmentation
2. Breast implant revision
3. Breast implant removal
4. Breast lift (mastopexy)
5. Breast reconstruction
6. Breast reduction
7. Breast biopsy
8. Congenital anomalies
9. Fat transfer to the breast
10. Gender reassignment
11. Gynecomastia
12. Mastectomy (subcutaneous and simple)
13. Oncoplastic breast surgery

Treatment of facial disease and injuries including maxillofacial structures

1. Deformities – nose, ear, jaw, eyelid, cleft lip and palate
2. Facial deformity and wound treatment
3. Facial fractures including the mandible
4. Tumors of the head and neck

Surgery of the hand and extremities

1. Carpal tunnel syndrome (endoscopic and open)
2. Dupuytren's contracture
3. Fractures of the hand and wrist
4. Hand wounds
5. Tendon injuries
6. Tumors of the bones and soft tissues

Reconstructive microsurgery

1. Microvascular flaps and grafts/free tissue transfer
2. Replantation and revascularization of the upper and lower extremities and digits
3. Reconstruction of peripheral nerve injury

Reconstruction of congenital and acquired defects of the trunk and genitalia

1. Chest and abdominal wall reconstruction
2. Repair of penis deformities
3. Vaginal reconstruction and rejuvenation

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PLASTIC SURGERY CLINICAL PRIVILEGES

Name: _____

Page 3

Effective From ____/____/____ To ____/____/____

Complex wound healing and burn treatment

1. Acute and reconstructive burn treatment
2. Initial burn management
3. Management of late sequelae of burns

Cosmetic surgery of the body

1. Liposuction (including laser, UAL, PAL)
2. Body contouring e.g., brachioplasty, abdominoplasty, thigh lift, buttock enhancement (transfer or implant), skin and fat removal after massive weight loss
3. Vein injection sclerotherapy

Cosmetic surgery of the face and neck

1. Cosmetic procedures including otoplasty; brow lift, blepharoplasty, face lift; rhinoplasty; facial implants (cheek, nasal, and chin); facial resurfacing; and liposuction/lipoplasty
2. Gender reassignment (facial)
3. Endoscopic cosmetic surgery
4. Laser therapy for vascular and cutaneous lesions
5. Skin peeling and dermabrasion
6. Subcutaneous injections

QUALIFICATIONS FOR PLASTIC SURGERY WITHIN THE HEAD AND NECK

Education and training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in otolaryngology or plastic surgery followed by successful completion of an accredited fellowship in plastic surgery within the head and neck (craniofacial surgery) or the equivalent in training and experience as determined by Department of Surgery Chair.
Certification	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in plastic surgery by the American Board of Plastic Surgery or the American Osteopathic Board of Surgery in Plastic and Reconstructive Surgery.
Required current experience – initial	Demonstrated current competence and evidence of at least 50 plastic surgery within the head and neck procedures, 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.
Required current experience – renewal	Current demonstrated competence and an adequate volume of experience (50 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.
Ability to perform (health status)	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

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PLASTIC SURGERY CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

CORE PRIVILEGES – PLASTIC SURGERY WITHIN THE HEAD AND NECK**Requested** ☐ **BHMC** ☐ **BHCS** ☐ **BHIP** ☐ **BHN**

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide consultation to patients of all ages, presenting with conditions or disorders requiring reconstructive procedures within the head, face, neck and associated structures, including cutaneous head and neck oncology and reconstruction, management of maxillofacial trauma, soft tissue repair and neural 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. Aesthetic contour deformities, such as masseteric hypertrophy and frontal cranial remodeling
3. Diagnose and treat temporomandibular joint disorders
4. Fabrication of dental splints
5. Management of craniofacial patients from the preoperative through the postoperative stages
6. Perform elective orthognathic surgery for orthodontic problems
7. Reconstructive management of defects after ablative surgery for malignancy about the maxillofacial region, including pedicle and free flap surgery and bone grafting techniques.
8. Rigid fixation of skull facial bones
9. Reconstructive procedures including:
 - a. Management of maxillofacial trauma;
 - b. Skin grafts and flaps
 - c. Repair of congenital facial defects (hemangiomas, cleft lip and palate, nasal abnormalities)
 - d. Reconstruction of the jaws and other facial bones
 - e. Reanimation/rehabilitation of the paralyzed face
 - f. Nerve repair
 - g. Periorbital surgery
 - h. Biomedical implant insertion

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.

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PLASTIC SURGERY CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

USE OF LASER**Requested** ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Criteria: Successful completion of an approved residency in a specialty or subspecialty which included training in laser principles or completion of an approved 8 -10-hour minimum CME course which includes training in laser principles. In addition, an applicant for privileges should spend time after the basic training course in a clinical setting with an experienced operator who has been granted laser privileges acting as a preceptor. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience. The applicant must supply a certificate documenting that she/he attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least five (5) procedures in the past 24 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least five (5) procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

GENDER REASSIGNMENT (GENITALIA)**Requested** ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Criteria: Successful completion of an ACGME- or AOA- accredited residency in plastic surgery that included training in gender reassignment of the genitalia or completion of a hands-on CME. **Required Current Experience:** Demonstrated current competence and evidence of the performance of an adequate volume of procedures in the past 12 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of an adequate volume of procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

OCULOPLASTIC SURGERY

Includes: Lid and ocular adnexal surgery (tumors and flaps); nasolacrimal surgery including dacryocystectomy, dacryocystorhinostomy, excision of lacrimal sac mass; oculoplastic / orbit surgery including removal of the globe and contents of the orbit, exploration by lateral orbitotomy, exenteration, blowouts, rim repairs, tumor.

Requested ☐ BHMC ☐ BHCS ☐ BHIP ☐ BHN

Criteria: Successful completion of an ACGME- or AOA-accredited residency in ophthalmology or plastic surgery followed by successful completion of a fellowship in oculoplastic surgery. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least ten (10) oculoplastic surgeries, reflective of the scope of privileges requested, 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 oculoplastic surgeries, reflective of the scope of privileges requested, in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

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PLASTIC SURGERY CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

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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PLASTIC 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:

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 _____

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CLINICAL OR COUNSELING PSYCHOLOGIST 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 CLINICAL OR COUNSELING PSYCHOLOGIST

Education and training	<p>Completion of an approved professional doctoral degree in psychology from an ASPPB/National Register Designated Doctoral Program in Psychology;¹</p> <p><u>OR</u></p> <p>Completion of a doctoral degree in psychology from an American Psychological Association (APA)- or Canadian Psychological Association (CPA)-accredited program;¹</p> <p><u>AND</u></p> <p>Completion of at least two years (3,000 hours) of supervised experience in health services, including:</p> <ul style="list-style-type: none"> -one-year (1,500 hours) internship or training program meeting the National Register's Guidelines, and -one-year (1,500 hours) of supervised postdoctoral experience meeting the National Register's Guidelines.¹ <p><u>AND</u></p> <p>An active, unrestricted license or certification by a State, Provincial or Territorial Board of Examiners of Psychology to practice psychology at the independent practice level.^{1,2}</p> <p>Specialty Description: Study of the mind and mental processes, especially in relation to behavior. (www.medterms.com)</p> <p>¹ Training requirements can be found at the National Register of Health Service Providers in Psychology at http://www.nationalregister.org/cred_requirements.html</p> <p>² State licensing board information can be found at www.nationalregister.org/licensing_boards.html</p>
Certification	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in psychology by the American Board of Psychology.
Licensure	Current active certification and license to practice issued by the Florida Board of Psychology is required for applicants and reapplicants.
Required current experience – initial	Demonstrated current competence and evidence of the provision of Psychology services, reflective of the scope of privileges requested, during the

CLINICAL OR COUNSELING PSYCHOLOGIST CLINICAL PRIVILEGES

Name: _____

Page 2

Effective From ____/____/____ To ____/____/____

	past 12 months.
Required current experience – renewal	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.
Ability to perform (health status)	Evidence of current ability to perform privileges requested is required of all applicants and reapplicants.

CLINICAL OR COUNSELING PSYCHOLOGIST CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

CORE PRIVILEGES — CLINICAL OR COUNSELING PSYCHOLOGIST**Requested** ☐ **BHMC** ☐ **BHCS** ☐ **BHIP** ☐ **BHN**

Diagnose, provide treatment and consultation to children, adolescent, and adult patients who suffer from mental, behavioral, or emotional disorders. Assess patients to determine the nature, causes, and potential effects of personal distress; of personal, social, and work dysfunctions; and the psychological factors associated with physical, behavioral, emotional, nervous, and mental disorders, through interviews, behavioral assessments, and the administration and interpretation of tests of intellectual abilities, aptitudes, personal characteristics, and other aspects of human behavior relative to the disturbance. 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 on the following procedure list and such other procedures that are extensions of the same techniques and skills.

- Perform psychological or bio-psychosocial evaluation
- Obtain social and psychological admission history

Intervention procedures:

- Family assessment/therapy
- Group therapy
- Marital or couples' therapy
- Psychological assessment
- Individual therapy
- Personal enhancement

Assessment procedures to include:

- Structured and unstructured interviews
- Measures of intelligence and achievement
- Objective and projective personality tests
- Direct observation
- Functional analysis of behavior and behavioral rating scales
- Tests of cognitive impairment and higher cortical functioning
- Physiological measures
- Analysis of archival data
- Milieu measures
- Batteries of techniques consisting of one or more of the above

CLINICAL OR COUNSELING PSYCHOLOGIST CLINICAL PRIVILEGES

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.

NEUROPSYCHOLOGICAL TESTING**Requested** ☐ **BHMC** ☐ **BHCS** ☐ **BHIP** ☐ **BHN**

Criteria: Applicants must meet the criteria for core privileges in clinical psychology and hold current certification in clinical neuropsychology by the American Board of Clinical Neuropsychology (ABCN) in affiliation with the American Board of Professional Psychology (ABPP) or the equivalent in training and experience. **Required current experience:** Demonstrated current competence and evidence of the performance of at least 15 neuropsychological testing procedures in the past 12 months or completion of training in the past 12 months. Supervision of an academic training program may suffice in lieu of meeting the volume requirement. **Renewal of privilege:** Demonstrated current competence and the performance of at least 30 neuropsychological testing procedures in the past 24 months. Supervision of an academic training program may suffice in lieu of meeting the volume requirement.

CLINICAL OR COUNSELING PSYCHOLOGIST CLINICAL PRIVILEGES

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:

Privilege	Condition/Modification/Explanation
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 _____

RADIATION ONCOLOGY 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 RADIATION ONCOLOGY

Education and training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in radiation oncology.
Certification	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in therapeutic radiology or radiation oncology by the American Board of Radiology or the American Osteopathic Board of Radiology.
Required current experience – initial	Demonstrated current competence and evidence of at least 25 irradiation therapy treatments, 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
Required current experience – renewal	Demonstrated current competence and an adequate volume of experience (50 irradiation therapy treatments) 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.
Ability to perform (health status)	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES – RADIATION ONCOLOGYRequested ☐ BHMC ☐ BHN

Admit (in accordance with staff category), conduct comprehensive (multidisciplinary) evaluation, consult and provide treatment planning including therapeutic radiation treatment to patients of all ages with cancer (malignant and benign) and related disorders. 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. Inpatient consultations only are applicable at BHCS and BHIP. Therapeutic treatments are only provided at BHMC and BH North.

1. Perform history and physical exam
2. Administration of drugs and medicines related to radiation oncology and cancer supportive care
3. Administration of radiosensitizers, radioprotectors under appropriate circumstances

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

RADIATION ONCOLOGY CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

4. Brachytherapy both interstitial and intracavitary and unsealed radionuclide therapy (including breast)
5. Combined modality therapy (e.g., surgery, radiation therapy, chemotherapy, or immunotherapy used concurrently or in a timed sequence)
6. Computer assisted treatment simulation and planning (external beam therapy and radioactive implants)
7. Fractionated stereotactic radiotherapy
8. Intraoperative radiation therapy
9. Interpretation of studies as they pertain to neoplastic or benign conditions
10. Placement of catheters, IV's, IV contrast dye and radiopaque devices that pertain to treatment planning
11. Radiation prescription of doses, treatment volumes, field blocks, molds and other special devices for external beam therapy
12. Radiation therapy by external beam (photon and electron irradiation)
13. Radiation therapy contact therapy (SR, molds, etc.)
14. Radioactive isotope therapy: intracavitary, interstitial, intraluminal implantation, regional and systemic, and intravenous, radioactive antibody therapy
15. Stereotactic radiosurgery
16. X-ray, ultrasound, CT, MRI and PET for therapeutic radiation planning purposes. (Does not include interpretation.)

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

RADIATION ONCOLOGY CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

ADMINISTRATION OF SEDATION AND ANALGESIA**Requested** ☐ **BHMC** ☐ **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) 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;
BHIP = Broward Health Imperial Point; BHN = Broward Health North

RADIATION ONCOLOGY 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:

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 _____