

CREDENTIALS REPORT TO THE BOARD OF COMMISSIONERS

DATE: July 27th, 2022

PRESENTED BY: Joshua Lenchus, DO, Interim System CMO

Core Privilege Forms

Gastroenterology
Geriatric Medicine
Neurology
Podiatry
Psychiatry
Rheumatology
Surgery of the Hand
Surgical Oncology
Urology

GASTROENTEROLOGY CLINICAL PRIVILEGES

Name: _____

Effective From ___ / ___ / ___ To ___ / ___ / ___

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

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

QUALIFICATIONS FOR GASTROENTEROLOGY

Education and training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited fellowship in gastroenterology.
Certification	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in gastroenterology by the American Board of Internal Medicine or a Certificate of Special Qualifications in gastroenterology 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 50 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 (100 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 – GASTROENTEROLOGY

Requested BHMC BHCS BHIP BHN

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide consultation to patients of all ages, with diseases, injuries, and disorders of the digestive organs including the stomach, bowels, liver, gallbladder, and related structures such as the esophagus, and pancreas including the use of diagnostic and therapeutic procedures using endoscopes to see internal organs. 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

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

GASTROENTEROLOGY CLINICAL PRIVILEGES

Name: _____

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Effective From ___ / ___ / ___ To ___ / ___ / ___

2. Administration of sedation and analgesia (in accordance with hospital policy)
3. Argon plasma coagulation (APC)
4. Biopsy of the mucosa of esophagus, stomach, small bowel, and colon
5. Botulinum toxin injection
6. Breath test performance and interpretation
7. Colonoscopy with or without polypectomy
8. Diagnostic and therapeutic EGD
9. Electrogastrography studies
10. Endoscopic full-thickness plication
11. Endoscopic mucosal resection
12. Enteral and parenteral alimentation
13. Enteral stenting
14. Enteroscopy (push-type)
15. Esophageal dilation
16. Esophageal mucosal ablation
17. Esophagogastroduodenoscopy to include foreign body removal or polypectomy
18. Fecal transfusion / bacteriotherapy
19. Flexible sigmoidoscopy
20. Gastral electrical stimulation
21. Gastrointestinal motility studies and 24-hour pH monitoring
22. Hemorrhoidal therapy (banding, thermal, other)
23. Interpretation of gastric, pancreatic, and biliary secretory tests
24. Nonvariceal hemostasis (upper and lower)
25. Paracentesis
26. Percutaneous endoscopic gastrostomy
27. Photodynamic therapy
28. Pneumatic dilation for achalasia
29. Proctoscopy
30. Sengstaken/Minnesota tube intubation
31. Snare polypectomy
32. Spiral enteroscopy
33. Tumor ablation, via endoscope
34. Variceal hemostasis (upper and lower)

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GASTROENTEROLOGY 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.

TRANSPLANT HEPATOLOGY

Evaluation of pre-transplant patients; the evaluation and treatment of the post-transplant patient; and the management of the complications of transplantation.

Requested BHMC

Criteria: Successful completion of an ACGME- or AOA-accredited fellowship in gastroenterology or followed by an ACGME accredited fellowship in transplant hepatology. Initial applicants must have board certification in gastroenterology and board certification or be board eligible (with achievement of certification within one (1) year) in transplant hepatology by the American Board of Internal Medicine. **Required Current Experience:** Demonstrated current competence and evidence of care of at least 30 transplant patients in the past 12 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the care of at least 60 transplant patients in the past 24 months based on results of ongoing performance practice evaluation and outcomes.

ERCP / BILIARY TUBE / STENT PLACEMENTRequested BHMC BHCS BHIP BHN

Criteria: Successful completion of an ACGME- or AOA-accredited fellowship in gastroenterology that included training in ERCP or completion of a hands-on CME. **Required Current Experience:** Demonstrated current competence and the performance of at least 25 ERCP 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 50 ERCP procedures in the past 24 months based on results of ongoing performance practice evaluation and outcomes.

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GASTROENTEROLOGY CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

CAPSULE ENDOSCOPY

Requested BHMC BHCS BHIP BHN

Criteria: Successful completion of an ACGME- or AOA-accredited fellowship in gastroenterology that included training in capsule endoscopy or completion of a hands-on CME. **Required Current Experience:** Demonstrated current competence and the performance 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 the performance of at least 10 procedures in the past 24 months based on results of ongoing performance practice evaluation and outcomes.

ESOPHAGEAL BANDING

Requested BHMC BHCS BHIP BHN

Criteria: Successful completion of an ACGME- or AOA-accredited fellowship in gastroenterology that included training in esophageal banding or completion of a hands-on CME. **Required Current Experience:** Demonstrated current competence and the performance of at least 10 procedures in the past 12 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least 20 procedures in the past 24 months based on results of ongoing performance practice evaluation and outcomes.

ESOPHAGEAL OR DUODENAL STENT PLACEMENT

Requested BHMC BHCS BHIP BHN

Criteria: Successful completion of an ACGME- or AOA-accredited fellowship in gastroenterology that included training in esophageal or duodenal stent placement or completion of a hands-on CME. **Required Current Experience:** Demonstrated current competence and the performance 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 the performance of at least 10 procedures in the past 24 months based on results of ongoing performance practice evaluation and outcomes.

HEMORRHOIDAL THERAPY (BANDING, THERMAL, OTHER)

Requested BHMC BHCS BHIP BHN

Criteria: Successful completion of an ACGME- or AOA-accredited fellowship in gastroenterology that included training in hemorrhoidal therapy or completion of a hands-on CME. **Required Current Experience:** Demonstrated current competence and the performance 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 the performance of at least 10 procedures in the past 24 months based on results of ongoing performance practice evaluation and outcomes.

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GASTROENTEROLOGY CLINICAL PRIVILEGES

Name: _____

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Effective From ___/___/___ To ___/___/___

ENTERAL STENTINGRequested BHMC BHCS BHIP BHN

Criteria: Successful completion of an ACGME- or AOA-accredited fellowship in gastroenterology that included training in enteral stenting or completion of a hands-on CME. **Required Current Experience:** Demonstrated current competence and the performance 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 the performance of at least 10 procedures in the past 24 months based on results of ongoing performance practice evaluation and outcomes.

FECAL TRANSFUSION / BACTERIOTHERAPYRequested BHMC BHCS BHIP BHN

Criteria: Successful completion of an ACGME- or AOA-accredited fellowship in gastroenterology that included training in fecal transfusion / bacteriotherapy 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 the performance of an adequate volume of procedures in the past 24 months based on results of ongoing performance practice evaluation and outcomes.

ULTRASOUND, INCLUDING ENDOSCOPIC AND FINE NEEDLE ASPIRATIONRequested BHMC BHCS BHIP BHN

Criteria: Successful completion of an ACGME- or AOA-accredited fellowship in gastroenterology that included training in ultrasound and FNA or completion of a hands-on CME. **Required Current Experience:** Demonstrated current competence and the performance of at least 25 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 50 procedures in the past 24 months based on results of ongoing performance practice evaluation and outcomes.

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GASTROENTEROLOGY CLINICAL PRIVILEGES

Name: _____

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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GASTROENTEROLOGY 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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GERIATRIC MEDICINE CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

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

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

QUALIFICATIONS FOR GERIATRIC 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 either family medicine or internal medicine and successful completion of an ACGME- or AOA-accredited fellowship program in geriatric medicine.
<i>Certification</i>	Initial applicants must have subspecialty certification or board eligible (with achievement of certification within seven (7) years of post-graduate training) in geriatric medicine by the American Board of Internal Medicine or the American Board of Family Medicine; or a Certificate of Added Qualifications in Geriatric Medicine by the American Osteopathic Board of Family Physicians, or subspecialty certification in geriatric medicine by the American Osteopathic Board of Internal Medicine.
<i>Required current experience – initial</i>	Demonstrated current competence and evidence of the provision of care for at least 20 elderly inpatients or 250 elderly outpatients, 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 an adequate volume of experience (40 elderly inpatients / 500 elderly outpatients) 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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GERIATRIC MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 2

Effective From ___/___/___ To ___/___/___

CORE PRIVILEGES – GERIATRIC MEDICINE**Requested** **BHMC** **BHCS** **BHIP** **BHN**

Admit (in accordance with staff category), evaluate, diagnose, treat, and/or provide consultation to older adult patients with illnesses and disorders that are especially prominent in the elderly, such as confusion and dementia, cognitive impairment, depression, falls, and instability, incontinence, chronic pain management, sensory impairment, and end-of-life care, or have different characteristics in the elderly, including neoplastic, cardiovascular, neurologic, musculoskeletal, metabolic, and infectious disorders. Assess medical, affective, cognitive, functional status, social support, economic, and environmental aspects related to health. Manage aspects of preventive medicine, including nutrition, oral health, exercise, screening, immunization, and chemoprophylaxis against disease. 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. Apply the general principles of geriatric rehabilitation, including those applicable to patients with orthopedic, rheumatologic, cardiac, and neurologic impairments
3. Treat and prevent iatrogenic disorders
4. Draw arterial blood
5. Management of burns, superficial and partial thickness
6. Excision of skin and subcutaneous tumors, nodules, and lesions
7. I & D abscess
8. Local anesthetic techniques
9. Nasogastric intubation
10. Order hyperalimentation (TPN)
11. Perform simple skin biopsy
12. Placement of anterior and posterior nasal hemostatic packing
13. Placement of peripheral venous line
14. Preliminary interpretation of electrocardiograms
15. Remove non-penetrating corneal foreign body, nasal foreign body
16. Soft tissue injections

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GERIATRIC MEDICINE CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed _____ Date _____

DEPARTMENT CHAIRPERSON'S RECOMMENDATION

Check the appropriate box for recommendation.

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

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

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

Notes:

Department Chairperson Signature _____ Date _____

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HOSPICE AND PALLATIVE MEDICINE CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

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

QUALIFICATIONS FOR HOSPICE AND PALLIATIVE MEDICINE

Education and training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in anesthesiology, emergency medicine, family medicine, internal medicine, neurology, ob/gynecology, pediatrics, physical medicine and rehabilitation, psychiatry, radiation oncology, or surgery and at least a 12-month ACGME or AOA affiliated fellowship in palliative 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 hospice and palliative medicine by the American Board of Medical Specialties or the American Osteopathic Board.
Required current experience – initial	Demonstrated current competence and evidence of hospice and palliative medicine services, for at 16 patients in the past 12 months, reflective of the scope of privileges requested, or successful completion of an accredited palliative medicine fellowship program within the past 12 months.
Required current experience – renewal	Demonstrated current competence and an adequate volume of experience (32 hospice or palliative 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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HOSPICE AND PALLIATIVE MEDICINE CLINICAL PRIVILEGES

Name: _____

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Effective From ___/___/___ To ___/___/___

CORE PRIVILEGES – HOSPICE AND PALLIATIVE MEDICINE

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

Admit (in accordance with staff category), evaluate, diagnose, and provide primary care or consultative services to all patients with life-threatening illness who require, or may require, specialist-level palliative care services. 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. Administration and management of palliative sedation
3. Assess pertinent diagnostic studies
4. Direct treatment and forming a treatment plan
5. Manage common co-morbidities and complications and neuro-psychiatric co- morbidities
6. Manage palliative care emergencies
7. Manage psychological, social, and spiritual issues of palliative care patients and their families.
8. Manage symptoms including various pharmacologic and non-pharmacologic modalities, and pharmacodynamics of commonly used agents.
9. Perform pain relieving procedures e.g., trigger point injection, joint aspirations
10. Provision of appropriate advanced symptom control techniques such as parenteral infusional techniques
11. Symptom management including patient and family education, psychosocial and spiritual support, and appropriate referrals for other modalities such as invasive procedures.

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HOSPICE AND PALLATIVE MEDICINE CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed _____ **Date** _____

DEPARTMENT CHAIRPERSON'S RECOMMENDATION

Check the appropriate box for recommendation.

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

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

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

Notes:

Department Chairperson Signature _____ **Date** _____

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NEUROLOGY CLINICAL PRIVILEGES

Name: _____

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

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

- Privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
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QUALIFICATIONS FOR ADULT NEUROLOGY

Education and training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in neurology.
Certification	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in neurology by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.
Required current experience – initial	Demonstrated current competence and evidence of neurological services to at least 24 inpatients, 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 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 – ADULT NEUROLOGY

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

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide consultation to adolescent and adult patients, with diseases, disorders, or impaired function of the brain, spinal cord, peripheral nerves, muscles, and autonomic nervous system, as well as the blood vessels that relate to these structures. Includes the provision of care through telemedicine modalities, as 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. Autonomic testing
3. Botulinum toxin injection

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NEUROLOGY CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

4. Caloric testing
5. Evoked potentials
6. Interpretation of EEG
7. Lumbar puncture
8. Tensilon testing
9. Tissue Plasminogen Activator Therapy (tPA)

QUALIFICATIONS FOR CHILD NEUROLOGY

Education and training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in child/adolescent neurology.
Certification	Current certification in child neurology or board eligible (with achievement of certification within seven (7) years of post-graduate training) in child neurology by the American Board of Psychiatry and Neurology or a Certificate of Special Qualifications by the American Osteopathic Board of Neurology and Psychiatry.
Required current experience – initial	Demonstrated current competence and evidence of neurological services to at least 12 inpatients, 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 – CHILD NEUROLOGY

Requested BHMC BHCS

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide consultation to neonates, infants, children, and adolescents with all types of disease or disorders or impaired function, both acquired and congenital, of the brain, spinal cord, peripheral nerves, muscles, and autonomic nervous system, as well as the blood vessels that relate to these structures. 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. Autonomic testing
3. Baclofen pump **management**
4. Botulinum toxin injection
5. Caloric testing
6. Evoked potentials

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

NEUROLOGY CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

- 7. Interpretation of EEG
- 8. Lumbar puncture
- 9. Tensilon testing

QUALIFICATIONS FOR VASCULAR NEUROLOGY

Education and training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME), or American Osteopathic Association (AOA) accredited residency in neurology or child neurology and successful completion of an ACGME-accredited fellowship in vascular neurology.
Certification	Initial applicants must have board 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.
Required current experience – initial	Demonstrated current competence and evidence of at least 25 vascular neurology therapies/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 vascular neurology therapies/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 – VASCULAR NEUROLOGY

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

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide consultation to patients, with vascular diseases of the nervous system including vascular events of arterial or venous origin from a large number of causes that effect the brain or spinal cord. 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. Administering a rehabilitation program for stroke patients
- 3. Emergency treatment of acute stroke including thrombolytic therapy
- 4. Presurgical evaluation and surgical treatment of carotid artery disease
- 5. Use of medical therapies for stroke prevention
- 6. Use of transcranial Doppler and other ultrasound techniques in patient evaluation
- 7. Tissue Plasminogen Activator Therapy (tPA)

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

NEUROLOGY CLINICAL PRIVILEGES

Name: _____

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Effective From ___/___/___ To ___/___/___

QUALIFICATIONS FOR ENDOVASCULAR SURGICAL NEURORADIOLOGY

Education and training	Successful completion of an ACGME-accredited fellowship in endovascular surgical neuroradiology or a NES approved fellowship.
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 neurology by the American Board of Psychiatry and Neurology or in neuroradiology by the American Board of Radiology.
Required current experience – initial	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.
Required current experience – renewal	Demonstrated current competence and an adequate volume of experience (50 endovascular neurology 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 – ENDOVASCULAR SURGICAL NEURORADIOLOGYRequested BHMC BHCS BHIP BH North

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. 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
11. Preliminary Interpreting diagnostic studies
12. Intra-arterial thrombolysis and mechanical thrombectomy

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

Name: _____

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

13. Intracranial angioplasty and stenting
14. Intra-cranial/Intra-arterial chemotherapy
15. Participating in short- and long-term post procedure follow-up care, including neurointensive care
16. Pre- and postoperative management of endovascular patients
17. Preoperative tumor embolization
18. Provocative and occlusion tests
19. Treatment of epistaxis
20. Venous embolization of fistulas/thrombosis

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.

INTREPRETATION OF EMG

Requested BHMC BHCS BHIP BHN

Criteria: Successful completion of an ACGME or AOA post graduate training program that included training in interpretation of EMG. **Required Current Experience:** Demonstrated current competence and evidence of the interpretation of at least [5] EMGs in the past 12 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the interpretation of at least [10] EMGs in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

CAROTID STENTING

Requested BHMC BHCS BHIP BHN

Criteria: Successful completion of an ACGME or AOA post graduate training program that included training in Carotid Stenting. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least [5] Carotid Stenting 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] Carotid Stenting procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

REMOTE INTRAOPERATIVE MONITORING

Requested BHMC BHCS BHIP BH North

Criteria: Successful completion of an ACGME or AOA post graduate training program that included training in remote intraoperative monitoring or completion of an approved intraoperative monitoring interpretation program. **Required Current Experience:** Demonstrated current competence in the past 12 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

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NEUROLOGY 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.

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NEUROLOGY CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed _____ Date _____

DEPARTMENT CHAIRPERSON'S RECOMMENDATION

Check the appropriate box for recommendation.

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

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

<i>Privilege</i>	<i>Condition/Modification/Explanation</i>
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; BH North = Broward Health North

PODIATRY CLINICAL PRIVILEGES

Name: _____

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

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

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

QUALIFICATIONS FOR PODIATRY – TYPE I

Education and training	Successful completion of at least a thirty-six (PSR-36) month podiatric surgical residency accredited by the Council on Podiatric Medical Education (CPME)
Certification	Initial applicants must have current board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) leading to board certification in foot surgery by the American Board of Foot and Ankle Surgery (ABFAS) or by the American Board of Podiatric Medicine (ABPM).
Required current experience – initial	Demonstrated current competence and evidence of at least 50 Type I podiatric procedures, reflective of the scope during the past 12 months or successful completion of a CPME-accredited podiatric surgery residency within the past 12 months.
Required current experience – renewal	Demonstrated current competence and an adequate volume of experience (100 Type I podiatric 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 – TYPE I PODIATRIC

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

Evaluate and treat patients of all ages through the diagnosis or medical, surgical, palliative, and mechanical treatment of ailments of the human foot and leg. The surgical treatment of ailments of the human foot and leg shall be limited anatomically to that part below the anterior tibial tubercle. The practice of podiatric medicine shall include the amputation of the toes or other parts of the foot but shall not include the amputation of the foot or leg in its entirety. 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. Podiatric history and physical examination
2. Anesthesia (topical, local and regional blocks)
3. Ankle fusion
4. Ankle stabilization procedures
5. Arthroplasty, with or without implants, tarsal and ankle joints, e.g. subtalar joint arthrodesis

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PODIATRY CLINICAL PRIVILEGES

Name: _____

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

6. Debridement of superficial ulcer or wound
7. Digital exostectomy
8. Digital fusions
9. Digital tendon transfers, lengthening, repair
10. Digital/Ray amputation
11. Excision of accessory ossicles, midfoot and rearfoot
12. Excision of benign bone cyst or bone tumors
13. Excision of sesamoids
14. Excision of skin lesion of foot and ankle
15. Excision of soft tissue mass (neuroma, ganglion, fibroma)
16. External neurolysis/decompression including tarsal tunnel
17. Extracorporeal shock wave therapy (orthotripsy)
18. Hallux valgus repair with or without metatarsal osteotomy (including 1st metatarsal cuneiform joint)
19. Hammertoe correction
20. Implant arthroplasty forefoot
21. Incision and drainage /wide debridement of soft tissue infection
22. Incision of onychia
23. Major tendon surgery of the foot and ankle such as tendon transpositionings, recessions, suspensions
24. Metatarsal excision
25. Metatarsal exostectomy
26. Metatarsal osteotomy
27. Midfoot/rearfoot fusion
28. Midtarsal and tarsal exostectomy (include posterior calc spur)
29. Neurolysis of nerves, rearfoot
30. Onychoplasty
31. Open/closed reduction of fractures, digital
32. Open/closed reduction of fractures, metatarsal
33. Osteotomies of the midfoot and rearfoot
34. Partial foot amputation, such as transmetatarsal, Syme and Chopart
35. Plantar fasciotomy with or without excision of calc spur
36. Plastic surgery techniques involving midfoot, rearfoot, or ankle
37. Polydactylism revision
38. Removal of foreign body
39. Skin graft
40. Soft tissue surgery involving a nail or plantar wart excision, avulsion of toenail, excision or destruction of nail matrix or skin lesion, removal of superficial foreign body and treatment of corns and calluses.
41. Surgical treatment of osteomyelitis of ankle
42. Syndactylism revision
43. Syndactylization of digits
44. Tarsal coalition repair
45. Tendon lengthening (non-digital)
46. Tendon rupture repair (non-digital)
47. Tendon transfers (non-digital)
48. Tenodesis
49. Tenotomy/capsulotomy, digit
50. Tenotomy/capsulotomy, metatarsal, phalangeal joint
51. Traumatic injury of foot and related structures
52. Treatment of deep wound infections, osteomyelitis

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PODIATRY CLINICAL PRIVILEGES

Name: _____

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

QUALIFICATIONS FOR PODIATRY – TYPE II

Education and training	Successful completion of at least a thirty-six (PSR-36) month podiatric surgical residency accredited by the Council on Podiatric Medical Education (CPME)
Certification	Initial applicants must have current board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) leading to board certification in foot surgery by the American Board of Foot and Ankle Surgery (ABFAS) or by the American Board of Podiatric Medicine (ABPM).
Required current experience – initial	Demonstrated current competence and evidence of at least 5 Type II podiatric procedures reflective of the scope of privileges requested during the past 12 months or successful completion of a CPME-accredited podiatric surgery residency within the past 12 months.
Required current experience – renewal	Demonstrated current competence and an adequate volume of experience (10 Type II podiatric procedures) reflective of the scope of privileges requested with acceptable results 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 – TYPE II PODIATRIC

Requested BHMC BHCS BHIP BHN

Evaluate, diagnose, provide consultation, order diagnostic studies and treat the forefoot, midfoot, rearfoot and reconstructive and non-reconstructive hind foot and related structures by medical or surgical means. Includes podiatric problems/conditions of the ankle to include procedures involving osteotomies, arthrodesis, and open repair of fractures of the ankle joint. The core privileges in this specialty include Type I podiatric privileges and procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

1. Podiatric history and physical examination
2. Ankle arthroscopy
3. Arthrodesis tarsal and ankle joints
4. Open and closed reduction fractures of the ankle
5. Osteotomy, multiple, tarsal bones, e.g. tarsal wedge osteotomies
6. Osteotomy, tibia, fibula

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

PODIATRY CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed _____ Date _____

DEPARTMENT CHAIRPERSON'S RECOMMENDATION

Check the appropriate box for recommendation.

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

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

<i>Privilege</i>	<i>Condition/Modification/Explanation</i>
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

PSYCHIATRY CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

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

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

QUALIFICATIONS FOR GENERAL PSYCHIATRY

Education and training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in psychiatry.
Certification	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in psychiatry by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.
Required current experience – initial	Demonstrated current competence and evidence of the provision of psychiatric 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.

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

PSYCHIATRY CLINICAL PRIVILEGES

Name: _____

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

CORE PRIVILEGES – GENERAL PSYCHIATRY

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

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide consultation to patients over the age of 18 presenting with mental, behavioral, addictive, or emotional disorders, e.g., psychoses, depression, anxiety disorders, substance abuse disorders, developmental disabilities, sexual dysfunctions, and adjustment disorders. Privileges include providing consultation with physicians in other fields regarding mental, behavioral, or emotional disorders, pharmacotherapy, psychotherapy, family therapy, behavior modification, consultation to the courts, and emergency psychiatry as well as the ordering of diagnostic, laboratory tests, prescribing medications, and utilizing telemedicine modalities to provide such care, as applicable. Includes the performance of a psychiatric evaluation / consult. 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.

QUALIFICATIONS FOR CHILD AND ADOLESCENT PSYCHIATRY

Education and training	As for General Psychiatry plus successful completion of an accredited ACGME or AOA residency in child and adolescent psychiatry.
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 child and adolescent psychiatry by the American Board of Psychiatry and Neurology or Certificate of Special Qualifications in child and adolescent psychiatry by the American Osteopathic Board of Neurology and Psychiatry.
Required current experience – initial	Demonstrated current competence and evidence of the provision of psychiatric 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.

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PSYCHIATRY CLINICAL PRIVILEGES

Name: _____

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Effective From ___ / ___ / ___ To ___ / ___ / ___

CORE PRIVILEGES – CHILD AND ADOLESCENT PSYCHIATRY

Requested **BHMC**

Evaluate, diagnose, treat, and provide consultation to children and adolescents, who suffer from developmental, mental, behavioral, addictive, or emotional disorders. Privileges include providing consultation with physicians in other fields regarding mental, behavioral, or emotional disorders, pharmacotherapy, psychotherapy and emergency psychiatry as well as the ordering of diagnostic, laboratory tests, and prescribing medications. Includes performance of history and appropriate exam. 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.

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.

BUPRENORPHINE MANAGEMENT

Requested **BHMC**

Criteria: Successful completion of certified training course and possess current DEA authorization.

ELECTROCONVULSIVE THERAPY (ECT)

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

[Criteria: Successful completion of an ACGME- or AOA-accredited residency program in psychiatry.
Required Current Experience: Demonstrated current competence and evidence of the provision of at least 5 ECT treatments to at least 3 different patients during the past 12 months or completion of training in the past 12 months. Treatment must have included the evaluation of the patient for treatment need and suitability, immediate post treatment follow-up and evaluation at completion of the treatment course.
Renewal of Privilege: Demonstrated current competence and evidence of the provision of at least [5] ECT treatments to at least [3] different patients during the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.] **Source:** Clinical Privilege White Paper #1

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BROWARD CORPORATE

PSYCHIATRY 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:

Table with 2 columns: Privilege, Condition/Modification/Explanation. Rows 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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RHEUMATOLOGY CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

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

QUALIFICATIONS FOR RHEUMATOLOGY

<i>Education and training</i>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in rheumatology.
<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 rheumatology by the American Board of Internal Medicine or a Certificate of Added Qualifications in rheumatology by the American Osteopathic Board of Internal Medicine.
<i>Required current experience – initial</i>	Demonstrated current competence and evidence of the provision of Rheumatology services, reflective of the scope of privileges requested, during the past 12 months, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
<i>Required current experience – renewal</i>	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.
<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

RHEUMATOLOGY CLINICAL PRIVILEGES

Name: _____

Page 2

Effective From ___/___/___ To ___/___/___

CORE PRIVILEGES – RHEUMATOLOGY**Requested** **BHMC** **BHCS** **BHIP** **BHN**

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide consultation to adolescent and adult patients, with diseases of the joints, muscle, bones and tendons. Includes evaluation, prevention, and management of disorders such as rheumatoid arthritis; infections of joint and soft tissue; osteoarthritis; metabolic diseases of bone: systemic lupus erythematosus; scleroderma/systemic sclerosis and crystal induced synovitis; polymyositis; spondyloarthropathies; vasculitis; regional, acute, and chronic musculoskeletal pain syndromes; nonarticular rheumatic diseases, including fibromyalgia; nonsurgical exercise related injury; systematic disease with rheumatic manifestations; osteoporosis; and Sjogren's Syndrome 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.

1. Perform history and physical exam
2. Diagnostic aspiration and analysis by light and compensated polarized light microscopy of synovial fluid;
3. Therapeutic injection of diarthrodial joints, bursae, tenosynovial structures, and entheses with or without ultrasound;
4. Use of nonsteroidal anti-inflammatory drugs, disease-modifying drugs, biologic response modifiers, glucocorticoids, cytotoxic drugs, antihyperuricemic drugs, and antibiotic therapy for septic joints.
5. Perform periarticular / soft tissue injections
6. Interpretation of:
 - biopsies of tissues relevant to the diagnosis of rheumatic diseases
 - bone and joint imaging (preliminary)
 - bone density measurements
 - nailfold capillaroscopy
 - controlled clinical trials in rheumatic diseases

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

RHEUMATOLOGY CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed _____ Date _____

DEPARTMENT CHAIRPERSON'S RECOMMENDATION

Check the appropriate box for recommendation.

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

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

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

Notes:

Department Chairperson Signature _____ Date _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials and Qualifications Committee Action Date _____

Medical Executive Committee Action Date _____

Board of Commissioners Action Date _____

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

SURGERY OF THE HAND CLINICAL PRIVILEGES

Name: _____

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

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

QUALIFICATIONS FOR SURGERY OF THE HAND

Education and training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in general surgery, orthopedic, or plastic surgery and successful completion of an accredited fellowship in surgery of the hand.
Certification	Initial applicants must have current subspecialty certification in surgery of the hand or be board eligible (with achievement of certification within seven (7) years of post-graduate training) leading to subspecialty certification in surgery of the hand by the American Board of Surgery, or Plastic Surgery; or Orthopedic Surgery; or completion of a Certificate of Added Qualifications in Hand Surgery by the American Osteopathic Board of Orthopedic Surgery.
Required current experience – initial	Demonstrated current competence and evidence of at least 25 surgical procedures on the internal structures of the hand and related structures, 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 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.

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

SURGERY OF THE HAND CLINICAL PRIVILEGES

Name: _____

Page 2

Effective From ___/___/___ To ___/___/___

CORE PRIVILEGES – SURGERY OF THE HAND**Requested** **BHMC** **BHCS** **BHIP** **BHN**

Admit (in accordance with staff category), evaluate, diagnose, treat, provide consultation (includes investigation, preservation, and restoration) for patients of all ages by medical, surgical, and rehabilitative means of all structures of the upper extremity directly affecting the form and function of the hand and wrist. 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. Amputation (related to hand / upper extremity)
3. Arthroscopy
4. Bone grafts and corrective osteotomies
5. Dupuytren's contracture
6. Fasciotomy, deep incision and drainage for infection, and wound debridement
7. Foreign body and implant removal
8. Joint and tendon sheath repairs, including release of contracture, synovectomy, arthroplasty with and without implant, arthrodesis, trigger finger release, and stiff joints that result from rheumatoid or other injury management of arthritis
9. Joint repair and reconstruction, including contracture release and management of stiff joints
10. Management of congenital deformities, including syndactyly, polydactyly, radia aplasia and others (Excluded at BH North and BH Imperial Point)
11. Management of fingertip injuries
12. Management of fractures and dislocations, including phalangeal or metacarpal with and without internal fixation; carpus, radius, and ulna with and without internal fixation; and injuries to joints and ligaments
13. Management of tumors of the bone and soft tissue
14. Management of upper extremity vascular disorders and insufficiencies
15. Nerve repair and reconstruction, including upper extremity peripheral nerves, nerve graft, neurolysis, neuroma management, nerve decompression and transposition
16. Osteonecrosis, including Kinebock's disease (BHMC only)
17. Replantation and revascularization
18. Tendon sheath release
19. Tendon transfer and tendon balancing
20. Tenorrhaphy, including flexor tendon repair and graft, implantation of tendon spacer, extensor tendon repair, and tenolysis/tenodesis
21. Thumb reconstruction, including pollicization, toe-hand transfer, and thumb metacarpal lengthening
22. Treatment of thermal injuries
23. Upper extremity pain management
24. Wound closure, including skin grafts, tissue flaps (local, regional and distant) and free microvascular tissue transfer

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SURGERY OF THE HAND CLINICAL PRIVILEGES

Name: _____

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

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

Non-Core Privileges are requested individually in addition to requesting the core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria as applicable to the initial applicant or reapplicant.

USE OF 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.

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

SURGERY OF THE HAND CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed _____ **Date** _____

DEPARTMENT CHAIRPERSON'S RECOMMENDATION

Check the appropriate box for recommendation.

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

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

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

Notes:

Department Chairperson Signature _____ **Date** _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials and Qualifications Committee Action _____ **Date** _____

Medical Executive Committee Action _____ **Date** _____

Board of Commissioners Action _____ **Date** _____

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SURGICAL ONCOLOGY CLINICAL PRIVILEGES

Name: _____

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

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

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

QUALIFICATIONS FOR SURGICAL ONCOLOGY

Education and training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) accredited fellowship in complex general surgical oncology or a Society of Surgical Oncology approved fellowship in surgical oncology.
Certification	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) leading to subspecialty certification in complex surgical oncology by the American Board of Surgery OR 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 20 oncological 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.
Required current experience – renewal	Demonstrated current competence and an adequate volume of experience (40 oncological 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.

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SURGICAL ONCOLOGY CLINICAL PRIVILEGES

Name: _____

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Effective From ___/___/___ To ___/___/___

CORE PRIVILEGES – SURGICAL ONCOLOGYRequested BHMC BHCS BHIP BHN

Admit (in accordance with staff category), evaluate, diagnose, and surgically treat, or provide consultation to adolescent and adult patients with benign and/or malignant tumors within the head, neck, esophagus, chest, abdomen, alimentary, endocrine, gynecologic, or renal systems and extremities including the ordering of diagnostic studies and procedures related to oncologic problems. 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. Endoscopic procedures of the aerodigestive tract and minimally invasive surgery
3. Insertion of indwelling access devices for systemic or regional chemotherapy
4. Management of distant metastatic disease, including resection
5. Staging for lymphoproliferative malignancies
6. Surgical management of cancer cases/cancer related operative procedures for the above listed anatomic areas or disease site categories
7. Sentinel node biopsy
8. Regional node dissection (any location)
9. Complex upper gastrointestinal procedures (esophagus, stomach, pancreas, hepatobiliary)
10. Sarcomas of soft tissue or bone

USE OF LASERRequested BHMC BHCS BHIP BH North

[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 and a minimum of 6 hours observation and hands-on experience with lasers. 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. **Renewal of Privilege:** Laser privileges must be reviewed with each renewal of clinical privileges. A physician must document that a minimum [n] procedures have been performed over the past 24 months in order to main active privileges for laser use.] **Source:** American Society for Laser Medicine and Surgery

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SURGICAL ONCOLOGY CLINICAL PRIVILEGES

Name: _____

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Effective From ___/___/___ To ___/___/___

BREAST CRYOABLATIONRequested BHMC BHCS BHIP BH North

Criteria: Successful completion of an ACGME- or AOA-accredited residency-training program in general surgery or radiology that included formal training in ultrasound and breast cryoablation. **Required**

Current Experience: Demonstrated current competence and evidence of the performance of at least 5 breast cryoablation procedures in the past 12 months or completion of training in the past 12 months.

Renewal of Privilege: Demonstrated current competence and evidence of the performance of at least [n] breast cryoablation procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.] **Source:** Clinical Privilege White Paper #222

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.

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.

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SURGICAL ONCOLOGY CLINICAL PRIVILEGES

Name: _____

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Effective From ___ / ___ / ___ To ___ / ___ / ___

CKNOWLEDGEMENT 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** _____

Medical Executive Committee Action **Date** _____

Board of Commissioners Action **Date** _____

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UROLOGY CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

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

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

QUALIFICATIONS FOR UROLOGY

Education and training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in urology
Certification	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in urology by the American Board of Urology or the American Osteopathic Board of Surgery (Urological Surgery).
Required current experience – initial	Demonstrated current competence and evidence of at least 25 urological 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 (50 urological 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 – UROLOGY

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

Admit (in accordance with staff category), evaluate, diagnose, treat (surgically or medically) and provide consultation to patients of all ages, presenting with medical and surgical disorders of the genitourinary system and the adrenal gland and including endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures. 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. Appendectomy as component of urologic procedure
3. Bowel resection as component of urologic procedure
4. Closure evisceration

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UROLOGY CLINICAL PRIVILEGES

Name: _____

Page 2

Effective From ___/___/___ To ___/___/___

5. Continent reservoirs
6. Enterostomy as component of urologic procedure
7. Inguinal herniorrhaphy as related to urologic operation
8. Management of congenital anomalies of the genitourinary tract (presenting in the adult), including epispadias and hypospadias
9. Microscopic surgery-epididymovasostomy, vasovasotomy
10. Open stone surgery on kidney, ureter, bladder
11. Percutaneous aspiration or tube insertion
12. Performance and evaluation of urodynamic studies
13. Radioactive seed implantation in collaboration with radiation oncologist
14. Sacral nerve stimulation
15. Surgery of the lymphatic system including lymph node dissection-inguinal, retroperitoneal, or pelvic, excision of retroperitoneal cyst or tumor, exploration of retroperitoneum
16. Surgery of the prostate including transrectal ultrasound guided and other biopsy techniques, all forms of prostate ablation, all forms of prostatectomy
17. Surgery of the testicle, scrotum, epididymis and vas deferens including biopsy, excision and reduction of testicular torsion, orchiopexy, orchiectomy, epididymectomy, vasectomy, vasovasostomy, repair of injury
18. Surgery upon the adrenal gland including adrenalectomy and excision of adrenal lesion
19. Surgery upon the kidney, including total or partial nephrectomy, including radical transthoracic approach, renal surgery through established nephrostomy or pyelostomy, open renal biopsy
20. Surgery upon the penis including circumcision, penis repair for benign or malignant disease including grafting, excision, or biopsy of penile lesion, insertion, repair, removal of penile prosthesis, penectomy
21. Surgery upon the ureter and renal pelvis including: uterolysis, insertion/removal of ureteral stent, ureterocele repair, open, or endoscopic
22. Surgery upon the urethra including treatment of urethral valves, open and endoscopic, urethral fistula repair, all forms including grafting, urethral suspension procedures including grafting, all material types, visual urethrotomy, sphincter prosthesis, periurethral injections, e.g., collagen, transurethral microwave thermotherapy
23. Surgery upon the urinary bladder for benign or malignant disease, including partial resection, complete resection, diverticulectomy and reconstruction, bladder instillation treatments, cystolithotomy, total or simple cystectomy, creation of neobladders, repair of bladder injury bladder neck suspension
24. Ventral/flank herniorrhaphy as related to urologic operation

Endourology/Stone Disease

1. Extracorporeal shock wave lithotripsy

Endoscopic Surgery

1. Cystoscopy
2. Laparoscopic surgery, urologic for disease of the urinary tract
3. Laparotomy for diagnostic or exploratory purposes (urologic related conditions)
4. Percutaneous nephrolithotripsy
5. Transurethral surgery, including resection of prostate and bladder tumors
6. Transvesical ureterolithotomy
7. Ureteroscopy including treatment of all benign and malignant processes
8. Urethroscopy including treatment for all benign and malignant processes

Reconstructive Surgery

1. Plastic and reconstructive procedures on ureter, bladder and urethra, genitalia, kidney

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

UROLOGY CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

2. Reconstructive procedures on external male genitalia requiring prosthetic implants or foreign materials
3. Other plastic and reconstructive procedures on external genitalia

QUALIFICATIONS FOR FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY (UROGYNECOLOGY)

Education and training	Successful completion of an ACGME approved fellowship in female pelvic medicine and reconstructive surgery/urogynecology or AOA approved fellowship in female pelvic medicine and reconstructive surgery.
Certification	Current subspecialty certification or board eligible (with achievement of certification within seven (7) years of post-graduate training) leading to subspecialty certification in female pelvic medicine and reconstructive surgery by the American Board of Obstetrics and Gynecology or the American Board of Urology or AOA CSQ in female pelvic medicine/reconstructive surgery.
Required current experience – initial	Demonstrated current competence and evidence of at least 12 25 female pelvic medicine and reconstructive 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.
Required current experience – renewal	Demonstrated current competence and an adequate volume of experience (12 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 – FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY / UROGYNECOLOGY

Requested BHMC BHCS BHIP BHN

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide consultation, pre-, intra- and post-operative care necessary to correct or treat female adolescent and adult patients presenting with injuries and disorders of the genitourinary system. Includes diagnosis and management of genitourinary and rectovaginal fistulae, urethral diverticula, injuries to the genitourinary tract, congenital anomalies, infectious and non-infectious irritative conditions of the lower urinary tract and pelvic floor, and the management of genitourinary complications of spinal cord injuries. 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. Perform and interpret diagnostic tests for urinary incontinence and lower urinary tract dysfunction, fecal incontinence, pelvic, organ prolapse
3. Continence Procedures for Genuine Stress Incontinence
 - Periurethral bulk injections (e.g. polytef, collagen, fat)

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UROLOGY CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

- Long needle procedures (e.g. Pereyra, Raz, Stamey, Gittes, Muzsnai)
- Vaginal urethropexy (e.g. bladder neck placcation, vaginal paravaginal defect repair)
- Retropubic urethropex (e.g. Marshall-Marchetti-Krantz, Burch, and paravaginal defect repair)
- Sling procedures (e.g. fascia lata, rectus fascia, heterologous materials, vaginal wall)
- 4. Continence procedures for overflow incontinence due to anatomic obstruction following continence surgery
 - Cutting of one or more suspending sutures
 - Retropubic urethrolysis with or without repeat bladder neck suspension
 - Revision, removal, or release of a suburethral sling
- 5. Other surgical procedures for treating urinary incontinence
 - Placement of an artificial urinary sphincter
 - Continent vesicotomy or supravescical diversion
 - Augmentation cystoplasty, supravescical diversion, sacral nerve stimulator implantation, and bladder denervation
 - Urethral closure and suprapubic cystotomy
- 6. Anal Incontinence Procedures
 - Sphincteroplasty
 - Colostomy
 - Bowel resection
 - Muscle transposition
 - Retrorectal repair
 - Dynamic (stimulated muscle transposition)
- 7. Pelvic Floor Dysfunction and Genital Prolapse Procedures
 - Abdominal (closure or repair of enterocele, transabdominal sacrocolpopexy, paravaginal repair)
 - Vaginal (transvaginal hysterectomy with or without colporrhaphy; anterior and posterior colporrhaphy and perineorrhaphy; paravaginal repair; Manchester operation; enterocele repair; vagina vault suspension; colpocleisis; retro-rectal levator plasty and post anal repair)

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

Non-Core Privileges are requested individually in addition to requesting the core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria as applicable to the initial applicant or reapplicant.

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

UROLOGY CLINICAL PRIVILEGES

Name: _____

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

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.

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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UROLOGY CLINICAL PRIVILEGES

Name: _____

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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UROLOGY CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed _____ Date _____

DEPARTMENT CHAIRPERSON'S RECOMMENDATION

Check the appropriate box for recommendation.

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

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

<i>Privilege</i>	<i>Condition/Modification/Explanation</i>
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