

CREDENTIALS REPORT TO THE BOARD OF COMMISSIONERS

DATE: May 25th, 2022

PRESENTED BY: Joshua Lenchus, DO, Interim System CMO

Core Privilege Forms

The following Core Privilege was approved at all 4 Regional MEC meetings:

- Emergency Medicine Clinical Privileges
Addition of the following:
 - BHMC: ACLS, ATLS – ongoing certification is required
 - BHN: ACLS, PALS, ATLS – ongoing certification is required
 - BHCS: ACLS, PALS – ongoing certification is required
 - BHIP: ACLS, PALS – ongoing certification is required

- Pediatric Clinical Privileges
Addition of the following under Core:
Suprapubic Bladder Aspiration

EMERGENCY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

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

- BHMC: ACLS, ATLS – ongoing certification is required
- BHN: ACLS, PALS, ATLS – ongoing certification is required
- BHCS: ACLS, PALS – ongoing certification is required
- BHIP: ACLS, PALS – ongoing certification is required

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

QUALIFICATIONS FOR EMERGENCY MEDICINE

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

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

EMERGENCY MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 2

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

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

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

Airway Techniques

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

Anesthesia

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

Behavioral Health

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

Diagnostic Procedures

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

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

EMERGENCY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

Genital/Urinary

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

Head and Neck

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

Hemodynamic Techniques

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

Obstetrics

1. Delivery of newborn
2. Perform patient evaluation

Other Techniques

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

Resuscitation

1. Cardiopulmonary resuscitation (CPR)
2. Neonatal resuscitation

Skeletal Procedures

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

Thoracic

1. Cardiac pacing (cutaneous, transvenous)

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

EMERGENCY MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 4

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

2. Defibrillation/cardioversion
3. Thoracostomy
4. Thoracotomy

Other

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

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

EMERGENCY MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 5

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

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

BEDSIDE EMERGENCY ULTRASOUND (EUS)

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

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

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

Requested Ultrasound guided CVC and peripheral catheters

Requested FAST exam for trauma

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

Requested Cardiac/hemodynamic assessment

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

EMERGENCY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

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

Signed _____ **Date** _____

DEPARTMENT CHAIRPERSON'S RECOMMENDATION

Check the appropriate box for recommendation.

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

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

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

Notes:

Department Chairperson Signature _____ **Date** _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials and Qualifications Committee Action **Date** _____

Medical Executive Committee Action **Date** _____

Board of Commissioners Action **Date** _____

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

PEDIATRIC CLINICAL PRIVILEGES

Name: _____

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

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

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

QUALIFICATIONS FOR PEDIATRICS

<i>Education and training</i>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in pediatrics.
<i>Certification</i>	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics.
<i>Required current experience – initial</i>	Demonstrated current competence and evidence of the provision of pediatric services, reflective of the scope of privileges requested, during the past 12 months, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
<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.

CORE PRIVILEGES – PEDIATRICS

- Requested** **BHMC** **BHCS**
- Requested** **Newborns only**
- Requested** **Birth to young adulthood (21 years of age)**

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide consultation to patients, concerning their physical, emotional, and social health as well as treating acute and chronic disease including major complicated illnesses. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.

1. Perform history and physical exam
2. Arterial puncture
3. Bladder catheterization

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

PEDIATRIC CLINICAL PRIVILEGES

Name: _____

Page 2

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

4. Management of burns, superficial and partial thickness
5. Endotracheal intubation
6. I & D abscess
7. Gynecologic evaluation of prepubertal and postpubertal females
8. Local anesthetic techniques
9. Lumbar puncture
10. Placement of intravenous lines
11. Placement of intraosseous lines
12. Remove non-penetrating foreign body from the eye, nose, or ear
13. Simple ligation of extra digits with non-bony base or pedicle
14. Subcutaneous, intradermal, and intramuscular injections
15. Suprapubic bladder aspiration
16. Wound care and suture uncomplicated lacerations

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

PEDIATRIC CLINICAL PRIVILEGES

Name: _____

Page 3

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

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

CIRCUMCISION

Requested **BHMC** **BHCS**

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

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

PEDIATRIC CLINICAL PRIVILEGES

Name: _____

Page 4

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

ADMINISTRATION OF SEDATION AND ANALGESIA

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

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

Requested **Level 1 – Deep Sedation**

Requested **Level 2 – Moderate Sedation**

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

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

PEDIATRIC CLINICAL PRIVILEGES

Name: _____

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

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

Signed _____ **Date** _____

DEPARTMENT CHAIRPERSON'S RECOMMENDATION

Check the appropriate box for recommendation.

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

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

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

Notes:

Department Chairperson Signature _____ **Date** _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials and Qualifications Committee Action **Date** _____

Medical Executive Committee Action **Date** _____

Board of Commissioners Action **Date** _____

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