

CREDENTIALS REPORT TO THE BOARD OF COMMISSIONERS

DATE: February 23rd, 2022

PRESENTED BY: Joshua Lenchus, DO, Interim System CMO

Core Privilege Forms

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

- Hospital Medicine

HOSPITAL 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 HOSPITAL MEDICINE

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

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

HOSPITAL MEDICINE CLINICAL PRIVILEGES

Name: _____

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

CORE PRIVILEGES – HOSPITAL MEDICINE

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

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

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

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HOSPITAL MEDICINE CLINICAL PRIVILEGES

Name: _____

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

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

Signed _____ **Date** _____

DEPARTMENT CHAIRPERSON'S RECOMMENDATION

Check the appropriate box for recommendation.

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

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

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

Notes:

Department Chairperson Signature _____ **Date** _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

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

Medical Executive Committee Action _____ **Date** _____

Board of Commissioners Action _____ **Date** _____

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