

UNMH Chiropractic Medicine Clinical Privileges

Name:

Effective Dates: _____ To: _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 12/19/2014

INSTRUCTIONS

Applicant: Check off the "Requested" box for each privilege requested. 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.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

OTHER REQUIREMENTS

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

POLICIES GOVERNING SCOPE OF PRACTICE

Categories of Patients Practitioner May Treat

Only those patients with whom the DC has a pre-existing professional relationship or patients referred by a medical staff member of this hospital.

Supervision

General supervision of the activities and services of the DC is provided by the chair of the department to which the DC is assigned and the supervising physician(s) of record.

Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion describe each service the DC provides to a patient in the hospital and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.

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General Relationship to Others

The DC may have authority to direct any hospital personnel in the provision of clinical services to patients to the extent that such direction is necessary in order to carry out the services required by the patient and which the DC is authorized to provide.

Periodic Competence Assessment

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the hospital's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this Hospital. In addition, continuing education related to the specialty area of practice is recommended/required as mandated by licensure.

Qualifications for Chiropractic Medicine (DC)

Initial Applicant - *To be eligible to apply for privileges in chiropractic medicine, the initial applicant must meet the following criteria:*

Current demonstrated competence and an adequate volume of current experience, documenting the ability to provide services at an acceptable level of quality and efficiency

AND

Successful completion of a Council on Chiropractic Education (CCE) accredited chiropractic training program

AND

Successful completion of the examination offered by the National Board of Chiropractic Examiners (NBCE)

AND

Current licensure to practice as a chiropractor issued by the New Mexico State Board of Chiropractic Examiners.

AND

All provisions of services shall be in accordance with written policies and protocols governing Allied Health Professionals developed and approved by the relevant clinical department or service, the Medical Executive Committee and the Governing Board.

Reappointment (Renewal of Privileges) Requirements - *To be eligible to renew privileges in chiropractic medicine, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:*

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Current demonstrated 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 outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES: *Chiropractic Medicine (DC)*

Pediatric (> 8 years old), adolescent and adult patients except as specifically excluded from practice.

Requested

Chiropractic Medicine (DC) Core Procedures List

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

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

1. Medical History
2. Physical exam (excluding vaginal)
3. Perform routine manual or mechanical osseous and soft tissue chiropractic procedures for axial neuromusculoskeletal disorders or complaints (excluding cervical manipulation therapy)
4. Perform routine manual and mechanical osseous and soft tissue chiropractic procedures for non-axial neuromusculoskeletal disorders or complaints
5. Trigger point therapy (excluding injections)
6. Therapeutic exercises
7. Neuromuscular re-education
8. Utilize therapeutic modalities including air, sound, cold, exercise, heat, light, massage, ultrasound, hydrotherapy and electricity
9. Instruction and recommendations regarding hygiene, basic nutrition (to exclude supplements and homeopathics), exercise, life style changes, stress reduction and modification of ergonomic factors in activities of daily living
11. Order lab tests that are related to possible musculoskeletal disorders on both inpatients and outpatients (Abnormal results that are out of the realm of a chiropractor require referral or consultation to a MD/DO on the medical staff).
11. Order diagnostic radiographic plain films in order to evaluate musculoskeletal pain or disability on inpatients and outpatients. (Abnormal results that are out of the realm of a chiropractor require referral or consultation to a MD/DO on the medical staff.)
12. Prescribe physical therapy and occupational therapy for inpatients and outpatients.

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Acknowledgment of practitioner

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 UNM Hospitals and clinics, 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 _____

Clinical directors' recommendations

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action as presently requested above:

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Department Chair recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

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

Privilege Condition/Modification/Explanation

Notes:

Department Chair Signature _____ Date _____

Criteria approved by UNMH Board of Trustees on 12/19/2014