

UNMH Palliative Care Clinical Privileges

Name:

Effective Dates: _____ **To:** _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 09/25/2015

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.

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Qualifications for Palliative Medicine

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

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in a primary medical specialty and maintenance of board certification in this primary medical specialty and/or board certification in an American Board of Medical Specialties (ABMS) subspecialty (other than Hospice and Palliative Medicine)

AND

Hospice and Palliative Medicine (HPM) Board eligibility or certification through the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) and maintenance of board certification in HPM.*

AND

Required Current Experience: Palliative medicine services reflective of the scope of privileges requested, or successful completion of an accredited palliative medicine fellowship program within the past 24 months.

Renewal of Privileges *To be eligible to renew privileges in palliative medicine, the reapplicant must meet the following criteria:*

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 physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

*The last opportunity to sit experientially (i.e. without doing a fellowship) for the ABMS boards was in 2012, and for the AOA boards is 2013. After that point, all physicians must complete an ACGME or AOA certified Hospice and Palliative Medicine fellowship in order to take the HPM boards (ABMS or AOA).

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CORE PRIVILEGES: Palliative Medicine

Admit, evaluate, diagnose, and provide primary care or consultative services to all patients with serious or life-threatening illness who require, or may require, specialist-level palliative care services. 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 on the attached privilege list and such other procedures that are extensions of the same techniques and skills.

Requested

Palliative Care Core Procedures List

This is not intended to be an all-encompassing procedures 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.

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

1. Perform history and physical exam
2. Run a family goal-setting meeting
3. Function on an interdisciplinary team
4. Manage common medical and neuropsychiatric co-morbidities and complications of end of life care
5. Manage palliative care emergencies, such as non-surgical management of spinal cord compression
6. Symptom management including pharmacologic and non-pharmacologic modalities.
7. Provision of appropriate advanced non-invasive symptom control techniques such as parenteral infusional techniques
8. Symptom management including patient and family education, psychosocial and spiritual support, and appropriate referrals for modalities such as invasive procedures

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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 Director/Division Chief recommendation(s) *(if applicable)*

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

Name _____ Signed _____ Date _____

Name _____ 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 with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and 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 09/25/2015