

## UNMH Emergency Department First Track Clinical Privileges

**Name:**

**Effective Dates:** \_\_\_\_\_ **To:** \_\_\_\_\_

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 10/31/2014*

### **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.

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### ***Qualifications for Emergency Department First Track***

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***Initial Applicant*** - To be eligible to apply for privileges in emergency medicine first track, 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 emergency medicine, family medicine, or internal medicine

AND/OR

Current certification or active participation in the examination process leading to certification in the relevant specialty by the American Board of Medical Specialties or the American Osteopathic Board

AND

***Required previous experience:*** Applicants must be able to demonstrate active clinical practice since completion of postgraduate training in the provision of outpatient services, reflective of the scope of privileges requested, or successful completion of a hospital affiliated residency, special clinical fellowship, or research within the past 12 months.

***Reappointment (Renewal of Privileges) Requirements*** - To be eligible to renew privileges in emergency medicine first track, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege 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 ability to perform privileges requested is required of all applicants for renewal of privileges.

### ***CORE PRIVILEGES: Emergency Department First Track***

Admit, consult, assess, evaluate, diagnose, and provide initial treatment to patients ages 16 and over who present to the First Track area of the Emergency Department. These patients are typically lower-acuity Emergency Department patients who may present with any symptom, illness, injury, or condition. Provide services necessary to ameliorate minor illnesses or injuries and to assess all patients to determine whether additional care is necessary. Make appropriate follow-up referrals and Emergency Department consultations. Privileges do not include long-term care of patients on an inpatient basis. No privileges to perform scheduled elective procedures with the exception of procedures performed during routine emergency department follow-up visits. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

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Requested

### *Emergency Department First Track core procedures list*

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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. Abscess incision and drainage, including Bartholin's cyst
2. Anoscopy/Proctoscopy
3. Arterial and venous puncture and cannulation
4. Arthrocentesis
5. Dislocation/fracture reduction/immobilization techniques, including splint and cast applications
6. Electrocardiography interpretation
7. Emergency ultrasound as an adjunct to privileged procedure
8. GI decontamination (emesis, lavage, charcoal)
9. Hernia reduction
10. Injection of bursa or joint, to include saline arthrogram
11. Irrigation and management of caustic exposures
12. Management of epistaxis
13. Nail trephine techniques
14. Nasal cautery/packing – including anterior and posterior
15. Nasogastric/orogastric tube placement
16. Ocular tonometry
17. Oxygen therapy
18. Perform history and physical exam
19. Preliminary interpretation of plain films
20. Removal of foreign bodies - airway including nose, eye, ear, rectal, soft tissue instrumentation/irrigation, skin, subcutaneous tissue, and vaginal
21. Removal of IUD
22. Repair of lacerations – including but not limited to skin, soft tissue, muscle
23. Slit lamp for ocular exam and removal of corneal foreign body
24. Wound care, debridement and repair including minor burns

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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 \_\_\_\_\_

**Department Chair recommendation**

I have reviewed the requested clinical privileges with the applicant and the 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 10/31/2014