

DETROIT MEDICAL CENTER

DEPARTMENT OF EMERGENCY MEDICINE
DELINEATION OF PRIVILEGES

Applicant Name: _____

PLEASE PRINT

INSTRUCTIONS FOR ALL APPLICANTS

1) ALL applicants for appointment requesting ANY clinical privileges must request core privileges in emergency medicine.

Applicants seeking no clinical privileges and Membership Only status, see #7 below.

2) Applicants applying for emergency medicine privileges (detailed below) must choose **ONLY ONE** of either:

- Level One—**Basic Emergency Medicine Privileges**
- Level Two—**Ambulatory Clinic Care Privileges**
- Level Three—**Observation Privileges**
- Level Four—**Full Emergency Medicine Privileges**

Important: Level Four includes all privileges in Levels One through Three, as well as its own set of privileges.

3) Special emergency medicine privileges which must be applied for separately (detailed below) are:

- **Moderate/Deep (Procedural) Sedation Privileges**
- **Application Specific Ultrasound OR Global Ultrasound Privileges** (do not choose both)

4) All applicants for appointment must have an M.D. or a D.O. and be currently licensed to practice medicine in the State of Michigan.

5) Initial applicants for appointment are required to submit three letters of reference from currently licensed physicians who are acquainted with the applicant's current professional status, medical practice and involvement in the field of emergency medicine.

Note: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason must be stated below or on the last page of this form.

6) Detroit Medical Center Board Certification Requirements

- Beginning July 1, 2009, all applicants to the DMC Medical Staff shall be Board Certified, or shall achieve Board Certification within five (5) years of completion of formal training. Relative to eligibility for board certification, completion of formal training (residency versus fellowship) is defined by the primary certification body for that specialty.
- Individual clinical department board certification may be more stringent. If so, the department's requirements supersede the DMC minimum Board certification requirement.
- The Board certification must be in the specialty and specific practice which clinical privileges are requested.
- Board certification must be in a specialty recognized by the American Board of Medical Specialties, American Osteopathic Association, American Dental Association or the American Board of Foot and Ankle Surgery.

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- If Board certification is time-limited, the applicant will have a maximum of three (3) years to achieve re-certification, beginning with the expiration date of his/her current Board Certification, or will be voluntarily resigned from the Medical Staff. DMC medical staff members on staff prior to July 1, 2009 with time-limited certifications will not be required to recertify.
- DMC medical staff members who obtain certification in specialty and subspecialty categories will be required to recertify in the area(s) of certification required by the certification body.
- An extension of the Board certification or re-certification requirement may be granted by the Medical Executive Committee to the applicant who has obtained an extension from the requisite Board for reasons of significant health issues or military service.
- DMC medical staff members on staff prior to July 1, 2009, who are not Board certified will not be required to achieve Board certification. Eligibility for the Board certification waiver requires uninterrupted DMC Medical Staff membership since July 1, 2009.
- Under special circumstances, some outstanding applicants brought to the DMC may be ineligible for Board certification. These members will be considered by their departments on an individual case-by-case basis, and review by a subcommittee of the SICs, may be granted privileges without Board certification with a majority vote of the Medical Executive Committee and the Joint Conference Committee.

7. **Applicants seeking no clinical privileges and desiring Membership Only** status, please refer to the “Emergency Medicine Membership Only (No Clinical Privileges)” section directly below.

EMERGENCY MEDICINE PRIVILEGES

EMERGENCY MEDICINE MEMBERSHIP ONLY (NO CLINICAL PRIVILEGES)

If requesting membership only, do not request any of the privileges in sections I-IV below, check only “requested” directly below.

- Requested (applicant) Approval recommended Recommend with conditions Not recommended

I. EMERGENCY MEDICINE CORE PRIVILEGES

ALL APPLICANTS MUST REQUEST CORE PRIVILEGES

- Requested (applicant) Approval recommended Recommend with conditions Not recommended

CORE EMERGENCY MEDICINE PRIVILEGES

Provide Core Privileges for all physicians in one or more of: a hospital-based Emergency Department, a hospital-based or freestanding Ambulatory Care Clinic, or a hospital-based Observation Unit.

Based on appropriate training, assess, work up and provide initial treatment to patients of all age groups who present with any symptom, illness, injury or condition; provide services necessary to ameliorate minor illnesses or injuries; stabilize patients presenting with major illness or injury; assess all patients to determine if additional care is necessary.

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II. LEVEL ONE BASIC EMERGENCY MEDICINE PRIVILEGES

- Requested (applicant) Approval recommended Recommend with conditions Not recommended

LEVEL ONE MINIMUM TRAINING-EXPERIENCE

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency program in one of the following primary care specialties: family practice or internal medicine; AND current certification or documented participation in the certification process offered by either the American Board of Family Practice, the American Board of Internal Medicine or the American Board of Pediatrics (or the respective AOA Board). Board certification must be achieved within 5 years of completion of formal training; OR

2. If not board certified in one of the medical specialties cited in (1) directly above: continuous and uninterrupted Detroit Medical Center medical staff membership and practice beginning prior to July 2009. This does not include approved leaves of absence or other absences that may normally occur, such as vacation, business trips, approved medical leave. The physician must, however, maintain Detroit Medical Center medical staff membership with clinical privileges during such absence; AND

3. Current certification in Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS) (if routinely caring for acutely injured patients) and Pediatric Advanced Life Support (PALS) (if routinely caring for pediatric patients <15 years of age and the applicant has not had formal residency training in pediatrics).

LEVEL ONE BASIC EMERGENCY MEDICINE PRIVILEGES

Provide privileges in a hospital-based Emergency Department and hospital-based or Freestanding Ambulatory Care Clinic, with an annual visit volume of 50,000 visits or less

Level One Privileges include but are not necessarily limited to the following items. These are presented as a broad outline of the types of procedures expected of the physician: Resuscitation; Anoscopy; Arthrocentesis; Bladder Catheterization; Central Venous Catheterization, Delivery of Newborn (emergent); Electrocardiogram Interpretation; Epistaxis Control; Foreign Body Removal (eye, ear, nose, skin, rectal); Fracture/Dislocation Reduction and Immobilization; Gastric Lavage; Incision/Drainage Abscess or Hematoma; Injection of Bursa or Joint; Intraosseous Infusion; Intubation (oral, nasal, rapid sequence) utilizing fiberoptic or other assistive devices; Laboratory Studies Interpretation; Laryngoscopy (Indirect); Lumbar Puncture; Mechanical Ventilation; Nail Trephination; Ocular Tonometry; Radiological Studies Interpretation; Slit Lamp Examination; Venous Cannulation; Fracture or Dislocation Reduction (closed); Wound Management and Repair; Anesthesia, local and regional including oral maxillofacial, mandibular, and median, ulnar and radial nerve blocks.

III. LEVEL TWO EMERGENCY MEDICINE AMBULATORY CLINIC CARE PRIVILEGES

- Requested (applicant) Approval recommended Recommend with conditions Not recommended

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LEVEL TWO MINIMUM TRAINING-EXPERIENCE

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency program in one of the following primary care specialties: family practice, internal medicine, or pediatrics; OR current certification or documented participation in the certification process offered by either the American Board of Family Practice, the American Board of Internal Medicine or the American Board of Pediatrics (or the respective AOA Board). Board certification must be achieved within 5 years of completion of formal training; OR

2. If not board certified in one of the medical specialties cited in (1) directly above: continuous and uninterrupted Detroit Medical Center medical staff membership and practice beginning prior to July 2009. This does not include approved leaves of absence or other absences that may normally occur, such as vacation, business trips, approved medical leave. The physician must, however, maintain Detroit Medical Center medical staff membership with clinical privileges during such absences.

LEVEL TWO EMERGENCY MEDICINE AMBULATORY CARE CLINIC PRIVILEGES

Provide privileges in a hospital-based or freestanding Ambulatory Care Clinic

Level Two Privileges include but are not limited to the following items. These are presented as a broad outline of the types of procedures expected of the physicians: Resuscitation; Anesthesia (Local); Anoscopy; Arthrocentesis; Bladder Catheterization; Electrocardiogram Interpretation; Epistaxis Control; Foreign Body Removal (eye, ear, nose, skin, rectal); Fracture/Dislocation Reduction and Immobilization; Incision/Drainage Abscess or Hematoma; Injection of Bursa or Joint; Laboratory Studies Interpretation; Lumbar Puncture; Nail Trephination; Ocular Tonometry; Radiological Studies Interpretation; Slit Lamp Examination; Venous Cannulation; (closed); Wound Management and Repair; Anesthesia, local and regional including oral maxillofacial, mandibular, and median, ulnar and radial nerve blocks.

IV. LEVEL THREE EMERGENCY MEDICINE OBSERVATION PRIVILEGES

- Requested (applicant) Approval recommended Recommend with conditions Not recommended

LEVEL THREE MINIMUM TRAINING-EXPERIENCE

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency program in one of the following specialties: family practice, internal medicine, or emergency medicine; OR current certification or documented participation in the certification process offered by either the American Board of Emergency Medicine, American Board of Family Practice, the American Board of Internal Medicine or the American Board of Pediatrics (or the respective AOA Board). Board certification must be achieved within 5 years of completion of formal training; OR

2. If not board certified in one of the medical specialties cited in (1) directly above: continuous and uninterrupted Detroit Medical Center medical staff membership and practice beginning prior to July 2009. This does not include approved leaves of absence or other absences that may normally occur, such as vacation, business trips, approved medical leave. The physician must, however, maintain Detroit Medical Center medical staff membership with clinical privileges during such absences.

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LEVEL THREE EMERGENCY OBSERVATION PRIVILEGES

Provide privileges in a hospital-based Observation Unit

Level Three Privileges include but are not limited to the following items.

These are presented as a broad outline of the types of procedures expected of the physicians:

Resuscitation; Anesthesia (Local); Anoscopy; Arthrocentesis; Bladder Catheterization; Electrocardiogram Interpretation; Epistaxis Control; Foreign Body Removal (eye, ear, nose, skin,

rectal); Gastric Lavage; Incision/Drainage Abscess or Hematoma; Injection of Bursa or Joint; Laboratory Studies Interpretation; Lumbar Puncture; Nail Trephination; Ocular Tonometry; Radiological Studies Interpretation; Slit Lamp Examination; Venous Cannulation; (closed); Wound Management and Repair; Anesthesia, local and regional including oral maxillofacial, mandibular, and median, ulnar and radial nerve blocks.

V. LEVEL FOUR FULL EMERGENCY MEDICINE PRIVILEGES

Requested (applicant)

Approval recommended Recommend with conditions Not recommended

LEVEL FOUR MINIMUM TRAINING-EXPERIENCE

1. Must qualify under one of the following:

- Current certification by the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM); OR,

- Successful completion of an ACGME/AOA accredited residency in emergency medicine. Board certification in emergency medicine must be achieved within five years of completion of residency training; OR,

- If not board certified in emergency medicine: continuous and uninterrupted Detroit Medical Center medical staff membership and practice beginning prior to July 2009. This does not include approved leaves of absence or other absences that may normally occur, such as vacation, business trips, approved medical leave. The physician must, however, maintain Detroit Medical Center medical staff membership with emergency medicine privileges during such absences. Physicians not boarded in Emergency Medicine or having completed an ACGME/AOA accredited residency in emergency medicine must also have current certification in Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS) (if routinely caring for acutely injured patients) and Pediatric Advanced Life Support (PALS) (if routinely caring for pediatric patients <15 years of age and the applicant has not had formal residency training in pediatrics).

2. Those physicians restricting their practice to pediatric emergency medicine must have current certification by EITHER the American Board of Pediatrics, the American Osteopathic Board of Pediatrics, the ABEM or the AOBEM OR,

Successful completion of an ACGME/AOA accredited residency in pediatrics or emergency medicine. Board certification in either emergency medicine or pediatrics must be achieved within five years of completion of residency training.

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LEVEL FOUR FULL EMERGENCY MEDICINE PRIVILEGES

Provide privileges in all hospital-based and free standing Emergency Departments

Level Four Privileges include but are not limited to the following items. All Level One, Two, and Three Privileges pertain. Additionally, Level Four Privileges include but are not limited to the following items. These are presented as a broad outline of the types of procedures expected of the physicians: Arterial Cannulation; Cricothyrotomy; Diagnostic Peritoneal Lavage; Thoracotomy (emergent); Tube Thoracostomy; Venous Cutdown; and Anesthesia, local and regional including oral maxillofacial, mandibular, and median, ulnar and radial nerve blocks.

VI. EMERGENCY MEDICINE SPECIAL PRIVILEGES

A. MODERATE/DEEP (PROCEDURAL) SEDATION

- Requested (applicant) Approval recommended Recommend with conditions Not recommended

MODERATE/DEEP (PROCEDURAL) SEDATION MINIMUM TRAINING-EXPERIENCE

1. Knowledge of the DMC Sedation Tier 1 Policy and for those taking care of children, the Tier 3 Children's Hospital Sedation Policy and acknowledgement that the physician will be compliant with these policies.
2. Completion of DMC on-line learning module(s) on Moderate/Deep Procedural Sedation and compliance with future on-line learning modules and other requirements.

MODERATE/DEEP (PROCEDURAL) SEDATION PRIVILEGES

Provide privileges for provision of moderate/deep (procedural) sedation when necessary and while remaining in compliance with all pertaining Detroit Medical Center policies

B. GENERAL EMERGENCY ULTRASOUND

- Requested (applicant) Approval recommended Recommend with conditions Not recommended

GENERAL EMERGENCY ULTRASOUND MINIMUM TRAINING-EXPERIENCE

Successful completion of an emergency medicine residency and/or ongoing involvement in the CME and Ongoing Proficiency Program Requirements developed by the Department of Emergency Medicine.

- FAST exam
- Trans-abdominal pregnancy evaluation
- Procedural guidance including peripheral and central access
- Cardiac imaging
- Skin and soft tissue imaging
- Ultrasound-guided regional nerve blocks to include upper and lower extremity peripheral nerves (but not spinal or epidural blocks)

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C. GLOBAL EMERGENCY ULTRASOUND

- Requested (applicant) Approval recommended Recommend with conditions Not recommended

GLOBAL EMERGENCY ULTRASOUND MINIMUM TRAINING-EXPERIENCE

1. Current certification by The American Registry for Diagnostic Medical Sonography (or documentation of equivalent credentials as jointly established by the Departments of Emergency Medicine and Radiology), including requirements for ongoing CME and proficiency.
2. Reappointment requirements: the applicant must demonstrate current competence and an adequate volume of clinical experience in the privileges requested. Proof of competence should include documentation of standard of care ultrasound interpretations during the previous 24 months, as reflected by department and/or hospital peer review/process improvement activities.

GLOBAL EMERGENCY ULTRASOUND PRIVILEGES

Provides privileges for all Application Specific Emergency Ultrasound studies and all other emergency ultrasound applications that are endorsed by the American College of Emergency Physicians in the Emergency Ultrasound Imaging Criteria Compendium.

JCC Revised 01.05.18

JCC Revised 06.01.18

JCC Revised 02.22.19

DELINEATION OF PRIVILEGES IN EMERGENCY MEDICINE

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FOR CORE AND THE SINGLE SELECTED LEVEL OF LEVEL ONE THROUGH FOUR EMERGENCY PRIVILEGES

Acknowledgment of Practitioner

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges.

Applicant Signature Date

Pediatric SIC Recommendation (if applicable)

- Recommend as requested Do not recommend
- Recommend with conditions/modifications as listed _____

Pediatric SIC Signature (or designee) Date

Children’s Hospital Medical Staff Operations Committee Recommendation (if applicable)

- Recommend as requested Do not recommend
- Recommend with conditions/modifications as listed _____

CHM MSOC Chairperson (or designee) Date

Emergency Medicine SIC Recommendation

- Recommend as requested Do not recommend
- Recommend with conditions/modifications as listed _____

Emergency Medicine SIC Signature (or designee) Date

Joint Conference Committee Approval: _____
Date

DELINEATION OF PRIVILEGES IN EMERGENCY MEDICINE

Applicant Name: _____
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FOR MODERATE/DEEP (PROCEDURAL) SEDATION PRIVILEGES

Acknowledgment of Practitioner

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges.

Applicant Signature Date

Emergency Medicine SIC Recommendation

- Recommend as requested Do not recommend
- Recommend with conditions/modifications as listed _____

Emergency Medicine SIC Signature (or designee) Date

Joint Conference Committee Approval: _____
Date

FOR GENERAL EMERGENCY OR GLOBAL ULTRASOUND PRIVILEGES

Acknowledgment of Practitioner

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges.

Applicant Signature Date

Emergency Medicine SIC Recommendation

- Recommend as requested Do not recommend
- Recommend with conditions/modifications as listed _____

Emergency Medicine SIC Signature (or designee) Date

Joint Conference Committee Approval: _____
Date