

Department of Internal Medicine Core Privileges

Name:
Purpose Physicians who are members of the Department of Internal Medicine will provide diagnostic and therapeutic services related to internal medicine and the sections/subspecialties within the purview of internal medicine, including:
Allergy & Immunology Dermatology Endocrinology & Metabolism Gastroenterology General Medicine Hematology & Oncology Infectious Disease Nephrology Neurology Physical Medicine & Rehabilitation Pulmonary Medicine Radiation Oncology Rheumatology
Qualifications To be eligible to apply for core privileges in the Department of Internal Medicine, the applicant must meet the following qualifications:
 Successful completion of an ACGME- or AOA-accredited residency in Internal Medicine or, for Members in those areas other than general internal medicine, must meet appropriate qualifications for certification by their specialty board; and For section/subspecialties, at least two years of an accredited residency or fellowship in the section/subspecialty; and Documentation of the provision of inpatient or outpatient services to at least 60 patients in the last two
 Current certification or active participation in the examination process leading to certification in Internal Medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine or a designated subspecialty board is highly recommended.
Observation Requirements for Core Privileges Applicants who have Active, unrestricted Internal Medicine privileges at another hospital for the last five (5) years, may be eligible to have the observation requirements waived for specific privileges if the following items are provided: Case list for the last twenty-four (24) months; and A letter from the Chair of the Internal Medicine Department which attests to the applicant's medical staff membership, in good standing; confirms the privileges held and appropriateness of privileges requested; and, provides an assessment of the applicant's overall competence.
Any non-provisional Professional Staff Member holding the privilege(s) may perform concurrent observation or retrospective chart review. Privileges Included for all Members, with no Observation
Requested privileges include but are not limited to:

Name: .			

Admit, work-up, diagnose, and provide non-surgical treatment, including consultation for patients above the age of 12 admitted or in need of care to treat general medical problems.

General Medicine

Privileges to admit, perform history and physical, work-up, diagnose, perform bedside testing, provide non-surgical treatment, including consultation for patients admitted or in need of care to treat general medical problems, except for those special procedure privileges listed on page 8 which must be requested separately.

Observation requirements

Retrospective review of first five (5) cases.

General Medicine Core Privileges,

Requested privileges include but are not limited to:

- Arterial blood gases
- Arterial puncture
- Aspiration / injection for joint effusion
- EKG testing and interpretation
- Endotracheal intubation
- Diagnostic lumbar puncture
- Peripheral nerve block
- Paracentesis
- Pulmonary function testing on own patients
- Skin biopsy
- Swan-Ganz insertion with central venous line placement
- Thoracentesis
- Treadmill exercise testing
- Ventilation management
- *Central venous line placement/removal. (*Must present case logs before the privilege can be granted.)

Name:
SPECIALISTS WITHIN THE DEPARTMENT OF INTERNAL MEDICINE
Allergy and Immunology
Allergy and immunology shall consist of non-surgical therapy for patients presenting with allergic and immunologic disorders and conditions, including the provision of consultation.
Observation requirements Retrospective review of first five (5) cases.
Allergy and Immunology Core Privileges
Requested privileges include, but are not limited to:
Allergy skin testingBronchial provocation testing
 Drug desensitization oral or parenteral
ImmunotherapyPulmonary exercise physiology studies
 Pulmonary function study interpretation
 Rhinopharyngolaryngoscopy
Dermatology Dermatology shall consist of therapy to patients of all ages with illnesses or injuries of the integumentary system (epidermis, dermis, subcutaneous tissue, hair, nails, and cutaneous glands) including consultation and the performance of simple excision and repair, skin and nail biopsy, scalp surgery, skin grafting, sclerotherapy, electrolysis, cutaneous cryosurgery and collagen injections.
Observation requirements Retrospective review of first five (5) cases.
Dermatology Core Privileges
 Requested privileges include, but are not limited to: Excision of simple skin lesions and closure of wounds Skin biopsy Allergy skin testing
Endocrinology & Metabolism
Endocrinology shall consist of treatment or consultative services with illness, injuries, or disorders of the endocrine or metabolic systems.
Observation requirements Retrospective review of first five (5) cases.
Endocrinology & Metabolism Core Privileges
 Requested privileges include but are not limited to: Needle biopsy of thyroid gland Radioisotope therapy

Name:
Gastroenterology
Gastroenterology shall consist of treatment and consultation with illnesses, injuries, and disorders of the stomach, intestines, and related structures, such as the esophagus, liver, gallbladder and pancreas.
Observation requirements Retrospective review of first five (5) cases.
Gastroenterology Core Privileges
Requested privileges include but are not limited to: Acid perfusion study Balloon stone extraction Biliary stent placement Colonoscopy with or without biopsy EGD with or without dilatation Indoscopic polypectomy Endoscopic retrograde cholangiopancreatoscopy (ERCP) Esophageal dilation GI motility studies Liver biopsy Nasobiliary drain placement Percutaneous liver biopsy Peritoneoscopy Sengstaken-Blakemore tube placement Small bowel biopsy Sphincterotomy Variceal banding and sclerotherapy Variceal sclerotherapy
Hematology & Oncology
Hematology & Oncology shall consist of treatment or consultative services with illnesses and disorders of the blood, blood-forming tissues and immunologic systems.
Observation Requirements Retrospective review of first five (5) cases.
Hematology & Oncology Core Privileges Reguested privileges include, but are not limited to:

Requested privileges include, but are not limited to:

- Biological response modifier therapy
- Bone marrow aspiration
- Bone marrow biopsy
- Immune, growth factor and other biological products treatment
- Intrathecal antineoplastic drug therapy
- Regional perfusion and arterial antineoplastic drug therapy
- Single or combination antineoplastic drug therapy
- Therapeutic apheresis
- Plasmapheresis

Name	:
Infection	ous Disease
	Infectious disease shall consist of treatment or consultative services for patients presenting with infectious or immunologic diseases, management of an unusually severe infection such as tuberculosis, meningitis, disseminated tuberculosis, and systemic mycosis, and unusual infections in the immune-compromised host.
	Observation requirements Retrospective review of first five (5) cases.
	Infectious Disease Core Privileges
	 Requested privileges include, but are not limited to: Management of investigational anti-infective agents Lumbar puncture
Nephro	Nephrology shall consist of treatment or consultative services for patients presenting with illnesses and disorders of the kidneys.
	Observation requirements Retrospective review of first five (5) cases.
	Nephrology Core Privileges
	Requested privileges include, but are not limited to: Catheter placement Dialysis catheter placement, peritoneal (acute) Dialysis, peritoneal (acute/chronic) Hemodialysis (acute/chronic) Hemofiltration and continuous arterial venous hemofiltration (CAVH) Hemoperfusion Plasmapharesis (therapeutic aphaeresis) Pulse therapy with biologies and/or antineplastic drug therapy Renal biopsy (needle) Tenckhoff catheter placement
Neurol	
	Neurology shall consist of non-surgical therapy to treat or correct illnesses of the neurologic system, including the provision of consultation.
	Observation requirements Retrospective review of first five (5) cases.
	Neurology Core Privileges
	Requested privileges include, but are not limited to:

Name:
Physical Medicine and Rehabilitation Prevention, diagnosis, and integrated care treatment of persons of all ages with neuromusculoskeletal diseases, injuries, pain syndromes, electrodiagnostic medicine, and rehabilitation of patients with functional impairments involving all body systems.
Observation requirements Retrospective review of first five (5) cases.
Physical Medicine & Rehabilitation Core Privileges
Requested privileges include, but are not limited to: Management of patient with amputation Cardiac, pulmonary and respiratory diseases Cancer rehabilitation CNS degenerative and demyelinating diseases Chronic pain and pain syndromes Cranial nerve dysfunction Deconditioning Diseases of nerve and muscle (including trauma injuries) Disorders of the spine and extremities EMG/NCS (nerve conduction studies) Evaluation of stroke syndromes Musculoskeletal disorder (including disorders of the joint, connective tissue, sports injuries) Myopathies and neuropathies Neuromusculosketal syndromes (acute/chronic) Non-traumatic and other brain dysfunctions Patients with swallowing disorders Pediatric rehab and cerebral palsy Peripheral nerve disorder Peripheral vascular disorders Pressure ulcers

Pulmonary Medicine

Pulmonary Medicine shall consist of treatment or consultative services for conditions, disorders, injuries and diseases of the organs of the thorax or chest, the lungs, cardiovascular and tracheobronchial systems, esophagus and other mediastinal contents, diaphragm and circulatory system.

Observation requirements

Retrospective review of first five (5) medical cases

Spinal cord injuries
Traumatic brain injury

Pulmonary Medicine Core Privileges, with Observation

Requested privileges include, but are not limited to:

- Cardiopulmonary stress testing
- Chest tube thoracostomy
- Cold air/methacholine/exercise/bronchial challenge testing
- Thoracentesis

Name:			
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Pulmonary Medicine (cont):

Special procedures privileges

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience, and provide case logs for the last 24 months and provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges.

Requested	Procedure	Criteria
	Bronchoscopy with/without biopsy	Concurrent observation of first three (3) cases.
	Percutaneous lung biopsy	Concurrent observation of first three (3) cases.
	Pulmonary function testing and interpretation	Concurrent observation of first three (3) cases.
	Whole lung lavage	Concurrent observation of first case.

Radiation Oncology

Radiation Oncology shall consist of treatment or consultative services for patients requiring such services.

Observation requirements

Retrospective review of first six (6) cases. (Observation requirement waived for Radiation Oncology Alliance covering providers.)

Radiation Oncology Core Privileges

Requested privileges include, but are not limited to:

- Treatment planning
- External beam radiation therapy (linear accelerator generator, gamma rays from sealed cobalt courses)
- Brachytherapy (including surgical privileges for implantation of applicators, radioactive sources and/or examination under anesthesia) to include: intracavitary applications, interstitial implants, free-hand procedures, template procedures, high intensity after loading procedures, adequate placement of after-loading apparatus
- Perform simulation procedures including fluoroscopy, filming and contrast injections, as in use of IV, enteric and intralymphatic contrast media, use of catheters including placement of same, use of IV fluids, and use of fabrication of immobilization/shielding devises
- Needle aspiration
- Anoscopy
- Mirror laryngoscopy
- Rhinolaryngoscopy
- Administration of ultrasound or microwaves for hyperthermia application
- Administration of drugs to augment, change or facilitate distribution/management of therapeutic radiation
- Invasive procedures
- Unsealed radiopharmaceuticals

Name:		

Rheumatology

Rheumatology shall consist of treatment or consultative services with rheumatic or suspected rheumatic diseases.

Observation requirements

Retrospective review of first five (5) cases

Rheumatology Core Privileges, with Observation

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Requested	privileges	inciuae,	but are not	IImitea	to:

- Diagnostic aspiration of synovial fluid from diarthrodial joints, bursae, and tenosynovial structures
- Therapeutic injection of diarthrodial joints, bursae, tenosynovial structures and enthuses
- Arthrocentesis

Special procedures privileges

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience, and provide case logs for the last 24 months and provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges.

Requested	Procedure	Criteria
Bone	Marrow biopsy	Concurrent observation of first three (3) cases.
Botulii	n toxin injections	Documentation of training and experience.
Brain	stem auditory evoked potentials	Documentation of training and experience.
Chem	ical Pleurodesis	Documentation of training and experience.
Cysto	scopy	Documentation of training and experience.
Disco	graphy	Documentation of training and experience.
Electiv	ve Cardioversion	Concurrent observation of first case required.
		Biennial Renewal: 1 elective cardioversion case.
		No specific requests for documentation of currency for renewal shall be required for physicians who have completed a fellowship and are at least actively participating in the examination process leading to board certification when the procedure is included as part of his training unless recommended by the Section Chair.
Facet	joint arthrogram	Documentation of training and experience.
	optic endoscopic evaluation of owing (FEES)	Documentation of training and experience.
Fibero	optic rhinopharyngolaryngoscopy	Documentation or training and experience.
Interve	entional pain treatment including	Documentation of training and experience.

Name:	

intrathecal pumps and/or electrical stimulation		
Laser surgery	Documentation of training and experience.	
Medical acupuncture	If requested, specific privileging guidelines will be forwarded to you.	
Moderate Sedation	If requested, specific privileging guidelines will be forwarded to you.	
Motor point blocks	Documentation of training and experience.	
OMT	Retrospective review of six (6) cases. Concurrent review may be assigned by Chair.	
Pericardiocentesis	Concurrent observation of first two (2) cases required	
Permanent pacemaker insertion	Documentation of training and experience.	
Somatosensory evoked potentials	Documentation of training and experience.	
Temporary pacemaker insertion	Concurrent observation of first three (3) cases.	
Tumor ablation	Documentation of training and experience.	
Urodynamic studies	Documentation of training and experience.	
Variceal and non-variceal hemostasis	Documentation of training and experience.	
Visual evoked potentials	Documentation of training and experience.	

Provisional year chart review requirement

All of the extension cases will be retrospectively reviewed, during the quality improvement process, during the first year at 6 and 12-month intervals.

If there is not a sufficient level of activity during the provisional period, recommendations for privileges or an extension of provisional status will be at the discretion of the Department Chairman.

Acknowledgement of practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at **McLaren Greater Lansing**, 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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: Date:

Name:		
*********	(For Office Use C	Only)
I have reviewed the requested clinical papplicant and recommend action on the property of the		pportive documentation for the above named above.
() Approve as requested() Approve with modifications as noted b() Denial of privileges	elow	
Modifications:		
Observers:		
Observers.		
Section Chairman (if applicable)		 Date
Chairman, Department of Internal Medicin	e	Date
Co-Chief of Professional Staff (for interim	privileges)	Date
Action:		
Credentials Committee	Date:	
Professional Staff Executive Committee		
Board of Trustees		
Comments:		

Approval:

Department of Internal Medicine 11/01/2006; revisions 5/21/08, 9/30/09, 11/18/09, 9/15/10, revisions 10/25/12 Credentials Committee: 07/12/2007; revisions 4/9/09, 12/10/09, 10/14/10, revisions 2/14/13 PSEC: 07/23/2007; revisions 4/27/09, 1/25/10, 10/25/10, revisions 2/26/13

Board of Trustees: revisions 03/18/2013