

Privileges for: Hospice & Palliative Care

Request

Document Review: MEC Approval: 5.26.2016; Board Approval: 9.7.2016

- ST. ELIZABETH - EDGEWOOD
- ST. ELIZABETH - FLORENCE
- ST. ELIZABETH - FT. THOMAS
- ST. ELIZABETH - GRANT CO (Surgical & other invasive procedure requiring general anesthetic are not offered)

DEPARTMENT APPROVAL

\_\_\_\_\_ Approved      \_\_\_\_\_ Disapproved

\_\_\_\_\_  
Department/Section Chair Signature

\_\_\_\_\_  
Date

MINIMUM REQUIREMENTS

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics & Gynecology, Pediatrics, Physical Medicine and Rehabilitation, Psychiatry and Neurology, Radiology and Surgery

Successful completion of fellowship training in Hospice and Palliative Medicine

Note: For Practitioners (excluding AHPs) who apply for membership after March 2, 2009 be and remain (with a lapse of no longer than one year) board certified in their principal practice specialty, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

I. Core Privileges: Core privileges in Hospice and Palliative Medicine include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

DESCRIPTION OF CORE PRIVILEGES

\_\_\_\_\_ Performance of history and physical exam

\_\_\_\_\_ Administration and management of palliative sedation

\_\_\_\_\_ Ordering and assessment of pertinent diagnostic studies

\_\_\_\_\_ Direct treatment and formation of a treatment plan

