

Privileges for: Emergency Medicine

Request

- ST. ELIZABETH - EDGEWOOD & COVINGTON
- ST. ELIZABETH - FLORENCE
- ST. ELIZABETH - FT. THOMAS
- ST. ELIZABETH - GRANT CO.

Check below for the site-specific privileges requested:

Edgewood, Covington and Grant County

Florence and Ft. Thomas

MEC Approval: August 27, 2009; Revised October 25, 2012; Revised 2.27.2014

Board Approval: September 14, 2009; Revised October 25, 2012, May 5, 2014

DEPARTMENT APPROVAL

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

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

\_\_\_\_\_  
Date

There are four categories of Emergency Medicine Physicians: Full Status, Pediatric, Second Coverage and House Physician. The minimum requirements for each category appear first. The common core of privileges and specific procedures follow, together with any applicable supervision and documentation/training requirements.

MINIMUM REQUIREMENTS

**Special Note for Categories I, II and III below: 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.**

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Category I: Full Status Emergency Physician

**Degree required: MD or DO**

**Successful completion of ACGME or AOA approved residency training program in emergency medicine or an approved combined training program in emergency medicine/internal medicine. If applicants have not completed an emergency medicine or combined program, they must be able to document training and experience in emergency medicine or a related specialty that allows them to evaluate and initially manage and treat all patients who seek emergency care.**

**Board certification in Emergency Medicine for new applicants, per the "Special Note" above.**

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Category II: Pediatric Emergency Physician

**Degree required: MD or DO**

**Successful completion of ACGME or AOA approved residency training program in pediatrics or pediatric emergency medicine. If applicants have not completed either program, they must be able to document training and experience in pediatric emergency medicine that allows them to evaluate and initially manage and treat all pediatric patients who seek emergency care.**

**Pediatric subspecialty certification in Emergency Medicine or Pediatric board certification for new applicants, per the "Special Note" above.**

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Category III: Second Coverage Emergency Physician

**Degree required: MD or DO**

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**Request**

**Successful completion of ACGME or AOA approved residency training program in Family Practice or Internal Medicine. Applicants must document sufficient training and experience that allows them to evaluate and initially manage and treat patients who seek emergency care with the back up of a Full Status emergency physician on duty in the Department. Family Practice or Internal Medicine board certification for new applicants, per the "Special Note" above.**

**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 emergency 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.**

**[Legend: \* Documentation of training/experience required for Category III applicants  
+ Procedures require supervision when performed by Category IV applicants]**

**DESCRIPTION OF CORE PRIVILEGES**

Performance of histories and physicals

Provision of any life saving treatment or procedure for a patient in extremis. Emergency Medicine physicians assess, evaluate, diagnose and initially treat patients who present in the Emergency Department with any symptom, illness, injury or condition and provide services necessary to ameliorate minor illnesses or injuries. In addition, they stabilize patients with major illnesses or injuries and assess all patients to determine whether additional care is necessary. Privileges do not include long-term care of patients on an inpatient basis. Core privileges do not include privileges to perform scheduled elective procedures, with the exception of procedures performed during routine E.R. follow-up visits. Core privileges include privileges to admit to an observation unit and privileges to write transition admitting orders that will expire during the order reconciliation process at admission, which is to occur within 24 hours by the admitting physician or designee. Care of the patient is transferred to the admitting physician at the time transition admitting orders are written by the E.D. physician.

**AIRWAY TECHNIQUES**

Airway management and intubation; Use of manual and mechanical ventilators and resuscitators - 31500, 94002, 94799

Cricothyrotomy\*+ - 31605

Endotracheal intubation techniques\* - 31500

Percutaneous transtracheal ventilation\*+ - 31603, 94002

Tracheostomy\*+ - 31610, 31603, 31605

**ANESTHESIA**

Anesthesia: intravenous (upper extremity, local, and regional)\*

Neuro-muscular blockade\* - 64400, 64450

**CARDIAC PROCEDURES**

Administration of thrombolytic therapy for myocardial infarction, stroke\* - 96365, 96366, 96374

Cardiac massage, open or closed; Cardioversion (synchronized counter shock); Defibrillation - 32160, 92950, 92960, 93799

EKG interpretation - 93010

External transcutaneous pacemaker - 95953

Insertion of emergency transvenous pacemaker\*+ - 33210, 33211, 33999

Intracardiac injection and Pericardiocentesis\*+ - 33010

Resuscitation\* - 92950

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**Request****DIAGNOSTIC PROCEDURES**

Arterial puncture and cannulation; Arthrocentesis; Lumbar puncture; Peritoneal lavage; Preliminary interpretation of imaging studies - 36600, 36620, 20600, 20605, 20610, 62270, 49084,

Slit lamp used for ocular exam, Removal of corneal foreign body\* - 65220, 65222

**GASTROINTESTINAL**

Anoscopy - 46600

Nasogastric/orogastric intubation; GI decontamination (emesis, lavage, and charcoal)

Hernia reduction - 49999

Paracentesis - 49082, 49083

**GENTOURINARY TECHNIQUES**

Bladder decompression and catheterization techniques; Suprapubic aspiration/catheterization - 51102

**HEAD/NECK**

Laryngoscopy, direct and indirect\*+ - 31505, 31525

Management of epistaxis, including nasal cautery/packing - 30901, 30903, 30905, 30906

Ocular tonometry - 92499

**HEMODYNAMIC TECHNIQUES**

Blood component transfusion therapy - 36430

Central venous access: femoral, jugular, peripheral, internal, subclavian, and cutdowns - 36555, 36556, 36557, 36558, 36568, 36569

Intraosseous infusion+ - 36681

**OBSTETRICAL/GYN PROCEDURES**

Delivery of newborn, emergency - 59409

**ORTHOPEDIC PROCEDURES**

Dislocation/fracture reduction/immobilization techniques; Immobilization techniques; Application of splints and plaster molds; Injection of bursa or joint; Nail trephine techniques

Repair of extensor tendons\*+

Spine immobilization\*

**THORACIC PROCEDURES**

Thoracentesis - 32421, 32422

Thoracostomy tube insertion\*+ - 32551

Thoracostomy, open for patient in extremis\*+

**OTHER TECHNIQUES**

Repair of lacerations; Wound debridement and repair; Abscess incision and drainage, including Bartholin's cyst; Removal of foreign bodies (e.g., airway, nose, eye, ear)

Burn management - 16000, 16020, 16025, 16030

Irrigation and management of caustic exposures

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\_\_\_\_\_ Ultrasound - (vascular access and superficial foreign body location)

**II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. 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.**

**DESCRIPTION OF ADDITIONAL PRIVILEGES**

\_\_\_\_\_ Fluoroscopy (ADDITIONAL REQUIREMENT: Radiation Safety certification required. )

**MODERATE / DEEP SEDATION PRIVILEGING**

\_\_\_\_\_ Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Intensive Care, Pulmonology or Emergency Medicine or (b) current ACLS Certification or (c) satisfactory completion of the ASA Moderate Sedation course). - 99144, 99149

\_\_\_\_\_ Deep Sedation (Board Certification in Emergency Medicine) (addressed in policy 300.302.07) For graduates from an Emergency Medicine residency who are not yet boarded, a letter of recommendation from the Director of their training program that attests to deep sedation as a part of their curriculum is required. This will be accepted in lieu of board certification provided the practitioner completed the program within the last two years.

\_\_\_\_\_ **Anesthesia Section Chairman**

\_\_\_\_\_ **Date**

**EMERGENCY ULTRASONOGRAPHY PRIVILEGING**

Successful completion of one of the four pathways identified below:

1. Residency training in emergency ultrasonography with verification from program director. Practitioner must present letter from residency director attesting to training and competency.
2. Fellowship training which included emergency ultrasound and verification from program director. Practitioner must present letter from fellowship director attesting to training and competency
3. For those with previous experience, demonstration of successful performance of at least 25 ultrasounds for each primary application for which privileges are requested
4. Practiced based pathway to credentialing in emergency ultrasonography
  - a. 16 hours of formal education in emergency ultrasonography or an ultrasound course that conforms to ACEP guidelines. Such training should entail lectures, structured reading, and performing practice ultrasound examinations on models.
  - b. Performance of 25 verified ultrasounds per primary indication. These examinations are performed by the physician on patients in the E.D. The ultrasounds must be conducted with a credentialed ultrasonographer (as defined by above), certified ultrasound technician or confirmed by official follow-up study (CT/formal ultrasound). Documentation will be entered in the patient's medical chart that an examination was performed after verbal consent and the results of the ultrasound will be included.

Reappointment:

1. Documentation of ongoing use (25 for each primary application for which privileges are requested annually).

NOTE: The ability to track ultrasounds by type was implemented November 2012. Prior to this time, type was not tracked.

\_\_\_\_\_ Ultrasonography - Trauma

\_\_\_\_\_ Ultrasonography - Intra-uterine pregnancy

\_\_\_\_\_ Ultrasonography - AAA

\_\_\_\_\_ Ultrasonography - Cardiac

\_\_\_\_\_ Ultrasonography - Biliary

\_\_\_\_\_ Ultrasonography - Urinary tract

\_\_\_\_\_ Ultrasonography - DVT

\_\_\_\_\_ Ultrasonography - Soft-tissue/musculoskeletal

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- \_\_\_\_\_ Ultrasonography - Thoracic
- \_\_\_\_\_ Ultrasonography - Ocular

\_\_\_\_\_ Radiology Section Chairman

\_\_\_\_\_ Date

I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.

**Applicants Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_