

**UNIVERSITY HOSPITAL AND HEALTH SYSTEM**  
**UNIVERSITY OF MISSISSIPPI MEDICAL CENTER**  
2500 North State Street, Jackson MS 39216

**EMERGENCY MEDICINE CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

Page 1

- Initial Appointment  
 Reappointment

**All new applicants must meet the following requirements as approved by the governing body effective: 1/6/2016**

**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**

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) 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 and/or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional governance (MS Bylaws, Rules and Regulations) organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**QUALIFICATIONS FOR EMERGENCY MEDICINE**

---

**To be eligible to apply for core privileges in emergency medicine, the initial applicant must meet the following criteria:**

Current specialty certification in emergency medicine by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine.

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in emergency medicine and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to specialty certification in emergency medicine by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine.

**Required Previous Experience:** Applicants for initial appointment must be able to demonstrate they have provided emergency medicine services to a sufficient volume of patients, reflective of the scope of privileges requested, in the past 24 months or demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship setting within the past 12 months.

**UNIVERSITY HOSPITAL AND HEALTH SYSTEM**  
**UNIVERSITY OF MISSISSIPPI MEDICAL CENTER**  
2500 North State Street, Jackson MS 39216

**EMERGENCY MEDICINE CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

Page 2

***Reappointment Requirements:*** To be eligible to renew core privileges in emergency medicine, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient 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. Medical Staff members whose board certificates in emergency medicine bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

**CORE PRIVILEGES**

---

---

**EMERGENCY MEDICINE CORE PRIVILEGES**

---

---

- Requested** Assess, evaluate, diagnose and initially treat patients of all ages, who present in the ED with any symptom, illness, injury or condition and provide services necessary to ameliorate minor illnesses or injuries; stabilize patients with major illnesses or injuries and to assess all patients to determine if additional care is necessary. May admit patients in conformance with hospital policies and/or departmental agreements. Privileges do not include long-term care of patients on an in-patient basis. No privileges to perform scheduled elective procedures with the exception of procedures performed during routine emergency room follow-up visits. The core privileges in this specialty include the procedures on the attached procedure list.

**EMERGENCY MEDICINE CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

Page 3

**SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)**

If desired, Non-Core Privileges are requested individually in addition to requesting the Core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

**MEDICAL TOXICOLOGY**

- Requested** Evaluate, treat and provide consultation to patients of all ages, with accidental or purposeful poisoning through exposure to prescription and nonprescription medications, drugs of abuse, household or industrial toxins, and environmental toxins. Areas of medical toxicology include acute pediatric and adult drug ingestion; drug abuse; addiction and withdrawal; chemical poisoning exposure and toxicity; hazardous materials exposure and toxicity; environmental and occupational toxicology. May provide care to patients in the intensive care setting in conformance with unit policies.

**Criteria:** Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in emergency medicine, preventive medicine, or pediatrics with additional training in medical toxicology. **Required Previous Experience:** Demonstrated current competence and provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for a sufficient volume of patients in the past 24 months and recommendation of UHHS toxicology chief. **Maintenance of Privilege:** Demonstrated current competence and evidence of the provision of inpatient or consultative services, reflective of the scope of privilege requested for a sufficient volume of patients in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**FLUOROSCOPY USE**

- Requested**

**Criteria:**

- Current board certification in Radiology, Diagnostic Radiology or Radiation Oncology by the American Board of Radiology or the American Osteopathic Board of Radiology

**OR**

- Successful completion of a residency/fellowship program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) that included 6 months of training in fluoroscopic imaging procedures and documentation of the successful completion of didactic course lectures and laboratory instruction in radiation physics, radiobiology, radiation safety, and radiation management applicable to the use of fluoroscopy, including passing a written examination in these areas.

**OR**

- Participation in a preceptorship that requires at least 10 procedures be performed under the direction of a qualified physician who has met these standards and who certifies that the trainee meets minimum fluoroscopy safety standards. (Applicable to physicians whose residency/fellowship did not include radiation physics, radiobiology, radiation safety, and radiation management)

**OR**

- Good faith estimate of volume of procedures performed utilizing fluoroscopy in the last 24 months.

**UNIVERSITY HOSPITAL AND HEALTH SYSTEM**  
**UNIVERSITY OF MISSISSIPPI MEDICAL CENTER**  
2500 North State Street, Jackson MS 39216

**EMERGENCY MEDICINE CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

Page 4

Examples of procedures performed: \_\_\_\_\_

Number of procedures performed in the last 24 months: \_\_\_\_\_

Percentage of cases with fluoroscopic time >120 minutes, dose > 3 Gy, or equivalent: \_\_\_\_\_

**AND (all applicants)**

- Successful completion of a fluoroscopy safety course provided by the UMMC Radiation Safety Officer

***Maintenance of Privilege:*** A practitioner must document that procedures have been performed over the past 24 months utilizing fluoroscopy (with acceptable outcomes) in order to maintain active privileges for use. In addition, completion of a fluoroscopy safety refresher course provided by the Radiation Safety Officer is required for maintenance of the privilege.

**RADIOLOGY CHAIR APPROVAL:**

I have reviewed the above requested privileges and I attest that this practitioner is competent to perform the privileges requested based on the information provided.

\_\_\_\_\_  
Signature, Chair—Department of Radiology

---

**ADMINISTRATION OF SEDATION AND ANALGESIA**

---

- Requested** See Hospital Policy for Procedural Sedation by Non-Anesthesiologists for additional information.

• **Section One--INITIAL REQUESTS ONLY:**

- Completion of residency or fellowship in anesthesiology, emergency medicine or critical care **-OR-**
- Completion of residency or fellowship within the past year in a clinical subspecialty that provides training in procedural sedation training **-OR-**
- Demonstration of prior clinical privileges to perform procedural sedation along with a good-faith estimate of at least 20 such sedations performed during the previous year (the estimate should include information about each type of procedure where sedation was administered with a list of any adverse events related to the sedation during those cases, including causal analysis, treatment, and outcome:  
\_\_\_\_\_

\_\_\_\_\_  
**-OR-**

- Successful completion (within six months of application for privileges) of a UMHC-approved procedural sedation training and examination course that includes practical training and examination under simulation conditions.

**EMERGENCY MEDICINE CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

Page 5

• **Section Two--INITIAL AND RE-PRIVILEGING REQUESTS:**

- Successful completion of the UMHC web based Procedural Sedation Course/Exam initially and at least once every two years **-AND-**

Provision of a good-faith estimate of the number of instances of each type of procedure where sedation is administered with a list of any adverse events related to the sedation during those cases, including causal analysis, treatment, and outcome:

\_\_\_\_\_  
\_\_\_\_\_

**-AND-**

- ACLS, PALS and/or NRP, as appropriate to the patient population. **(Current)**

**-OR-**

- Maintenance of board certification or eligibility in anesthesiology, emergency medicine, pediatric emergency medicine, cardiovascular disease, advanced heart failure and transplant cardiology, clinical cardiac electrophysiology, interventional cardiology, pediatric cardiology, critical care medicine, surgical critical care, neurocritical care or pediatric critical care, as well as active clinical practice in the provision of procedural sedation.

**Section Three--PRIVILEGES FOR DEEP SEDATION:**

- I am requesting privileges to administer/manage deep sedation as part of these procedural sedation privileges.

**Deep Sedation/Anesthetic Agents used:** \_\_\_\_\_

\_\_\_\_\_

APPLICABLE TO REQUESTS FOR DEEP SEDATION ONLY:

**I have reviewed and approve the above requested privileges based on the provider's critical care, emergency medicine or anesthesia training and/or background.**

\_\_\_\_\_  
Signature of Anesthesiology Chair

\_\_\_\_\_  
Date

---

**ULTRASOUND-GUIDED CENTRAL LINE INSERTION**

---

- Requested** See Medical Staff Policy for Ultrasound-Guided Central Line Insertion for additional information.

Initial Privileging:

As for core privileges plus:

- Performance of at least 10 ultrasound-guided central line insertions in the past 24 months; and

**EMERGENCY MEDICINE CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

Page 6

- Completion of a UMMC ultrasound-guided central line insertion Healthstream learning module

Maintenance of Privilege:

As for core privileges plus:

- Performance of at least 10 ultrasound-guided central line insertions in the past 24 months; and
- Completion of a UMMC ultrasound-guided central line insertion Healthstream learning module

If volume requirements are not met, the following may substitute:

- Completion of ultrasound-guided central line insertion simulation training in the UMMC Simulation and Interprofessional Education Center; and
- Focused professional practice evaluation to include proctoring of the ultrasound-guided insertion of at least 5 central lines (femoral or internal jugular) within the first 6 months of re-appointment

**EMERGENCY MEDICINE CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

Page 7

**CORE PROCEDURE LIST**

---

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.

- Abscess incision and drainage, including Bartholin's cyst
- Administration of thrombolytic therapy for myocardial infarction, stroke
- Airway management and intubation with adjuncts
- Local and regional anesthesia and analgesia
- Anoscopy
- Arterial puncture and cannulation
- Arthrocentesis
- Bladder decompression and catheterization techniques
- Blood component transfusion therapy
- Burn management, including escharotomy
- Cannulation, artery and vein
- Cardiac pacing to include, but not limited to, external, transthoracic, transvenous
- Cardioversion (synchronized counter shock)
- Central venous access: femoral, internal jugular, peripheral, subclavian and cutdowns (femoral and internal jugular access require special privileges for ultrasound guided central line insertion)
- Chemical or physical restraint of agitated patient in accordance with hospital policy
- Contemporaneous interpretation of EKGs, plain radiographs, CT, and MRI scans
- Cricothyrotomy
- Cystourethrogram
- Defibrillation
- Delivery of newborn, emergency
- Diagnostic nasopharyngoscopy
- Digital dermatomy
- Dislocation/fracture reduction/immobilization techniques, including splint and cast applications
- Emergency dental repair to include: reimplantation of teeth, care of fractured teeth, splinting of loose teeth
- Excision of thrombosed hemorrhoids
- Femoral traction pinning
- GI decontamination (emesis, lavage, charcoal)
- Hernia reduction
- Injection therapy and diagnostic joint injection (bursa, tendon sheath, trigger point, etc.)
- Insertion of rectal tubes
- Interpretation of impedance cardiography and capnography
- Intraosseous infusion
- Irrigation and management of caustic exposures
- Laryngoscopy, direct, indirect, fiber optic
- Limited diagnostic ultrasound (e.g. FAST, uterine, gall bladder, limited TEE, DVT, etc.)
- Lumbar puncture
- Management of epistaxis
- Nail trephine techniques
- Ocular tonometry

**EMERGENCY MEDICINE CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

Page 8

- Order respiratory services
- Order rehab services
- Oxygen therapy
- Paracentesis
- Perform history and physical exam
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
- Pericardiocentesis
- Peritoneal lavage
- Preservation of severed extremities (digits, ear, nose, penis)
- Proctoscopy/rigid proctoscopy
- Rapid sequence intubation
- Reduction of paraphimosis
- Reduction of prolapsed globe including lateral canthotomy
- Reduction of rectal prolapse
- Reinsertion of PEG tube
- Removal of foreign bodies, including but not limited to: airway nose, eye, ear, skin or subcutaneous tissue
- Removal of IUD
- Resuscitation
- Sexual assault examination to include colposcopy
- Slit lamp used for ocular exam, removal of corneal foreign body including removal of rust ring
- Spine immobilization
- Telehealth
- Testicular detorsion
- Thoracentesis
- Thoracostomy tube insertion
- Thoracotomy, open for patient in extremis
- Tracheostomy
- Urethral catheterization/suprapubic catheterization
- Variceal/nonvariceal hemostasis
- Venous cutdown
- Wound debridement and repair



**UNIVERSITY HOSPITAL AND HEALTH SYSTEM**  
**UNIVERSITY OF MISSISSIPPI MEDICAL CENTER**  
2500 North State Street, Jackson MS 39216

**EMERGENCY MEDICINE CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

Page 9

**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 for which I wish to exercise at University Hospital and Health System, University of Mississippi Medical Center, 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** \_\_\_\_\_

**TRAUMA DIRECTOR'S RECOMMENDATION (AS APPLICABLE)**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Notes**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Trauma Director's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**DEPARTMENT CHAIR'S RECOMMENDATION**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

**EMERGENCY MEDICINE CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

Page 10

***Privilege***

***Condition/Modification/Explanation***

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

***Notes***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Department Chair Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

Reviewed:

Revised:

2/3/2010, 6/2/2010, 2/2/2011, 10/5/2011, 12/16/2011, 1/4/2012, 10/3/2012, 11/07/2012, 4/3/2013,  
12/3/2014, 05/26/2015, 06/03/15, 8/05/2015, 1/6/2016