

DOP INSTRUCTIONS

1. Complete the attached DOP
2. Use the current privilege roster we have provided in your packet to cross-reference privileges if needed
3. Identify the privileges you need then check each facility box where the privilege will be practiced (see IMAGE #1)
4. If you currently hold a privilege requiring maintenance criteria (see IMAGE #2 as an example) you must submit the required documentation to keep the privilege. Maintenance criteria is highlighted throughout the DOP for you. **No Maintenance – No Privilege**
5. If you are requesting a privilege you do not already hold (check your privilege roster),
 - You must meet the initial criteria detailed on the DOP
 - Privileges for which you have not selected or do not meet the minimum criteria cannot be performed.
 - If you wish to perform privileges and do not have the minimum required criteria or documentation as outlined on the delineation of privileges form, you will need to request permission to proctor through Medical Staff Services.
6. Return all pages of the DOP by email or fax (jpeg images not accepted)

IMAGE #1

You need privilege CALL-1 at Pineville, Cabarrus and Stanly so this is how your request should look

Please check appropriate blocks when applying for privileges:

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLV		ALLERGY AND IMMUNOLOGY CORE PRIVILEGES
	X		N/A		X		X		N/A	CALL-1	Privileges to evaluate, diagnose, and manage patients of all ages presenting with conditions or disorders involving the immune system, both acquired and congenital.
<p>NOTE: Privileges include but are not limited to: asthma, anaphylaxis, rhinitis, eczema, urticaria, and adverse reactions to drugs, foods, and insect stings as well as immune deficiency diseases (both acquired and congenital), defects in host defense, and problems related to autoimmune disease, organ transplantation or malignancies of the immune system. Privileges also include allergy testing and desensitization.</p> <p>These core privileges do not include any of the special procedures listed below.</p>											

IMAGE #2

Maintenance Criteria for Continued Privileges (CHEM-1):

The Physician must perform a minimum of ten (10) representative samples of Adult Hematology Core procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Adult Hematology Core privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any Adult Hematology Core privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

**ATRIUM HEALTH
REAPPOINTMENT DOP
HOSPICE AND PALLIATIVE MEDICINE
SPECIALTIES OF ANESTHESIOLOGY, EMERGENCY MEDICINE, FAMILY MEDICINE, INTERNAL MEDICINE,
NEUROLOGY, PEDIATRICS, PHYSICAL MEDICINE & REHABILITATION AND PSYCHIATRY**

Print Name _____

	YES		NO**	I have participated in direct patient care within the past two (2) years.
--	-----	--	------	---

****If the answer is No, please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.**

To be eligible to apply for privileges for Hospice and Palliative Medicine, the applicant must meet one of the following means of qualification:

- If the applicant is not currently certified in Hospice and Palliative Care by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
 1. Provide documentation of successful completion, within the past five (5) years, of an ACGME or AOA accredited fellowship training program in Hospice and Palliative Care; **AND**
 2. Demonstrate sufficient experience in Hospice and Palliative Care skills to safely undertake the full spectrum of Hospice and Palliative Care procedures being requested. having directly participated in the active care of at least fifty (50) patients during the past twelve (12) months, for whom palliative care was a predominant goal of care. (Active means direct participation in the care of a patient that would include, at a minimum, gathering a history, performing a physical examination, assessing pertinent diagnostic studies and forming a treatment plan. Active care can be provided in the context of being a consultant or the attending physician. The provision of oversight by participation in the interdisciplinary team without seeing that patient does not constitute active care.) Applicants who specialize in pediatric patients must have participated in the active care of twenty-five (25) terminally ill pediatric patients and twenty-five (25) additional severely/chronically ill pediatric patients. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.; **OR**

- If the applicant is currently certified in Hospice and Palliative Care by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
 1. Demonstrate sufficient experience in Hospice and Palliative Care skills to safely undertake the full spectrum of Hospice and Palliative Care procedures being requested. having directly participated in the active care of at least fifty (50) patients during the past twelve (12) months, for whom palliative care was a predominant goal of care. (Active means direct participation in the care of a patient that would include, at a minimum, gathering a history, performing a physical examination, assessing pertinent diagnostic studies and forming a treatment plan. Active care can be provided in the context of being a consultant or the attending physician. The provision of oversight by participation in the interdisciplinary team without seeing that patient does not constitute active care.) Applicants who specialize in pediatric patients must have participated in the active care of twenty-five (25) terminally

ill pediatric patients and twenty-five (25) additional severely/chronically ill pediatric patients. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.; **OR**

Qualification for other Physicians who are not currently certified Hospice and Palliative Care by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA):

1. Provide documentation of certification from the American Board of Medical Specialties or the American Osteopathic Association; **OR**
1. Have met the training requirements which renders the physician eligible for certification by the American Board of Medical Specialties or the American Osteopathic Association; **AND**
2. Demonstrate sufficient experience in active clinical practice, within their specialty, for at least the past two (2) years; **AND**
3. Demonstrate sufficient experience in Hospice and Palliative Care skills to safely undertake the full spectrum of Hospice and Palliative Care procedures being requested. having directly participated in the active care of at least fifty (50) patients during the past twelve (12) months, for whom palliative care was a predominant goal of care. (Active means direct participation in the care of a patient that would include, at a minimum, gathering a history, performing a physical examination, assessing pertinent diagnostic studies and forming a treatment plan. Active care can be provided in the context of being a consultant or the attending physician. The provision of oversight by participation in the interdisciplinary team without seeing that patient does not constitute active care.) Applicants who specialize in pediatric patients must have participated in the active care of twenty-five (25) terminally ill pediatric patients and twenty-five (25) additional severely/chronically ill pediatric patients. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

The Medical Staff acknowledges that the care of patients with active, progressive and far advanced diseases that are not responsive to curative treatment is in the purview of physicians of all specialties. This form is for use by those Physicians whose scope of practice is or will be exclusive to the care of Hospice and Palliative Medicine patients.

NOTE 1: Physicians must apply for “CORE” privileges in order to be eligible for clinical privileges in the specialty of Hospice & Palliative Care at any facility within Atrium Health.

NOTE 2: “CORE” privileges cannot be amended or altered in any way.

NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		HOSPICE AND PALLIATIVE MEDICINE CORE PRIVILEGES
			N/A							CPAL-1	Evaluate, diagnose, treat, and provide consultation to patients of all ages, with life-threatening or severe advanced illness, including assessment of suffering and quality of life, managing terminal symptoms, patient/family education, bereavement, and organ donation.

											May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative services. The core privileges include the procedures listed on the attached privilege list and such other procedures that are extensions of the same techniques and skills.
--	--	--	--	--	--	--	--	--	--	--	---

Hospice and Palliative Care Core Privileges include, but are not limited to assess pertinent diagnostic studies; direct treatment and forming a treatment plan; manage common comorbidities and complications and neuro-psychiatric co- morbidities; manage palliative care emergencies (e.g. spinal cord compression, suicidal ideation); manage psychological, social, and spiritual issues of palliative care patients and their families; manage symptoms including various pharmacologic and nonpharmacologic modalities, and pharmacodynamics of commonly used agents; perform history and physical exam; perform pain relieving procedures; and symptom management including patient and family education, psychosocial and spiritual support, and appropriate referrals for other modalities such as invasive procedures.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		CORE HOSPICE & PALLIATIVE CARE PRIVILEGES – REHABILITATION HOSPITAL SETTING <u>ONLY</u>
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	CPAL-2	Privileges include evaluation and management, as well as procedures approved for performance within the acute rehabilitation setting, in conjunction with the comprehensive rehabilitation treatment plan.

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 Atrium Health 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.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

Signature

Date

Print Name