

**Delineation of Privileges Request  
Criteria Summary Sheet**

**Facility: UPMC Bedford**

**Specialty: MEDICINE**

<b>KNOWLEDGE</b>	Successful Completion of an ACGME/AOA, accredited program
<b>TRAINING</b>	The successful completion of an approved (ACGME/AOA) post graduate residency program in Internal Medicine
<b>CERTIFICATION</b>	Board Certification in Internal Medicine unless otherwise stated below
<b>OTHER</b>	<p>The granting of privileges in General Medicine, Physical Medicine &amp; Rehabilitation, Psychiatry and Dermatology shall be based upon verified information using, but not limited to, the following criteria:</p> <ul style="list-style-type: none"> <li>▪ Current medical license in the Commonwealth of Pennsylvania;</li> <li>▪ Federal, and where applicable, state registration to dispense narcotics;</li> <li>▪ Relevant training and experience;</li> <li>▪ Demonstrated clinical competence;</li> <li>▪ Review of quality assurance and risk management findings;</li> <li>▪ References and recommendations from a credible source;</li> <li>▪ An adverse findings report from the National Practitioner Data Bank;</li> <li>▪ No Medicare/Medicaid sanctions report;</li> <li>▪ Proof of current professional liability insurance.</li> </ul> <p><b>PHYSICAL MEDICINE &amp; REHABILITATION PRIVILEGES</b></p> <p><b>CATEGORY I</b></p> <ul style="list-style-type: none"> <li>▪ Physicians requesting privileges in this category must have board certification/admissibility in physical medicine and rehabilitation.</li> </ul> <p><b>CATEGORY II</b></p> <ul style="list-style-type: none"> <li>▪ Physicians requesting privileges in this category must have board certification/admissibility in family practice, general surgery or internal medicine, and documentation of training relevant to specific privilege(s) requested</li> </ul> <p><b>CATEGORY III</b></p> <ul style="list-style-type: none"> <li>▪ Other category as defined.</li> </ul> <p><b>DERMATOLOGY</b></p> <p><b>CATEGORY I</b></p> <ul style="list-style-type: none"> <li>▪ Illness or problem with no threat to life. When doubt exists as to the diagnosis or in cases in which improvement from treatment is not soon apparent, consultation must be sought.</li> </ul>

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	<p><b>CATEGORY II</b></p> <ul style="list-style-type: none"> <li>▪ Illness or problem requiring skills usually acquired during post internship specialty training, or as a consequence of experience.</li> </ul> <p><b>CATEGORY III</b></p> <ul style="list-style-type: none"> <li>▪ Complex or severe illness or problem and those with immediate or serious threat to life, requiring skills usually achieved only during training sufficient to attain eligibility for board certification.</li> </ul> <p><b>Criteria for Initial Conscious Sedation Privileges:</b></p> <ol style="list-style-type: none"> <li>a) Documentation of training in the administration of conscious sedation.</li> <li>b) Documented knowledge of the drugs planned for use including their therapeutic effects, their interaction with other agents and the treatment of adverse effects. Records will be maintained for individual drug agents.</li> <li>c) Documented knowledge in airway management, including but not limited to, nasal canula, simple mask, nasal airway, oral airway, jaw lift, bag-valve mask, venti-mask, non-rebreathing mask or ACLS training.</li> </ol> <p><b>Criteria for reappointment conscious sedation privileges:</b></p> <ol style="list-style-type: none"> <li>a) Satisfactory performance as measured by performance improvement monitors.</li> <li>b) If a physician does not currently maintain verification of basic airway skill competency (BLS, PALS, ATLS, ACLS) they may be given a 3 month provisional grant of privilege with the understanding they will refresh these skills with the Chief of Anesthesiology.</li> </ol> <p><b>Monitoring of conscious sedation privileges:</b></p> <ol style="list-style-type: none"> <li>a) The Chief of Anesthesiology, with the assistance of the RM/QC, will maintain ongoing monitoring of the quality of conscious sedation practices of physicians so privileged. Any quality problems will be presented during the peer review portion of the Department of Anesthesia meeting.</li> </ol> <ul style="list-style-type: none"> <li>▪ Privileges requested for GI endoscopy and Colonoscopy must be substantiated with proof of adequate training and experience.</li> </ul> <p>Must provide documentation of certification in Fluoroscopy in the Operating room.</p>
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