

Jersey City Medical Center
Medical-Dental Staff Office

June 17, 2008

Dear Doctor:

RE: **REQUEST OF CLINICAL PRIVILEGES**

Attached is a Delineation of Privileges form to request clinical privileges in the Department of Medicine. Please review, place a check corresponding to each privilege that you wish to request and affix your signature approval.

If you are requesting privileges in Interventional Cardiology, please provide documentation of cases performed within the past two (2) years.

Thank you.

**Jersey City Medical Center
Delineation Of Privileges**

Provider:
Department/Specialty: MEDICINE

Code	Privilege	Reqstd (check)	Dept Review	Board Approvd
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CREDENTIAL ELIGIBILITY REQUIREMENTS

A) GENERAL MEDICAL SERVICE: ALL REQUIRE VALID ACTIVE NJ LICENSE

Category I: Satisfactory completion of an ACGME accredited three year residency in Internal Medicine, or equivalent education and training acceptable to the Department. Board Certification in Internal Medicine within five (5) years of completion of training effective 1992, unless waived by the Department. Current competence at this level as indicated by performance improvement / review activities. Adequate health status.

Category II: Satisfactory completion of at least two years of an ACGME accredited Internal Medicine Program, or completion of an ACGME primary care medicine or family practice residency; or equivalent training and experience acceptable to the Department. Current competence as indicated by performance improvement / review activities. Adequate health status.

Category III: Experience in adult medicine practice acceptable to the Department. Current competence as indicated by performance improvement / review activities. Adequate health status.

B) CORONARY CARE UNIT (CCU)

* Without consultation:

Eligibility: An applicant must be a member of the Department of Medicine and be Board Eligible or Board Certified in the subspecialty Board of Cardiovascular Diseases. Other individuals with similar qualifications not meeting this requirement may be granted privileges on the recommendation of the Chief of the Division of Cardiology and approval by the Chairman of the Department of Medicine. Applicants must be able to provide coverage 24 hours/day, 7 days/week. This coverage can be in conjunction with other physicians having Coronary Care unit privileges.

* With consultation:

Eligibility: Applicants must have Category I privileges in medicine and considerable experience in critical settings. Consultation must be obtained from CCU fully credentialed physicians within 24 hours of admission to the CCU. In addition, all physicians serving as Admitting Physicians for CCU patients must be able to provide coverage 24 hours/day, 7 days/week. This coverage can be in conjunction with other physicians having MICU credentials.

C) MEDICAL INTENSIVE CARE UNIT (MICU)

* Without consultation:

Eligibility: An applicant must have satisfactorily completed a fellowship or be board-eligible or certified in Pulmonary Disease, Anesthesia or Medical Critical Care with experience in Medical Critical Care. Applicants not in these subspecialties must have documented experience in Medical Critical Care of at least two years. Applicants must be able to provide coverage 24 hours/day, 7 days/week. This coverage can be in conjunction with other physicians having Medical Critical Care privileges.

* With consultation:

Eligibility: Applicants must have approved Category I privileges in Medicine. Applicants who do not meet requirements as described above must have experience in taking care of critically ill patients in MICU settings. Consultation must be obtained from MICU fully credentialed (privileges without consultation) physicians within 24 hours of admission to the MICU. In addition, all physicians serving as Admitting Physicians for MICU patients must be able to provide coverage 24 hours/day, 7 days/week. This coverage can be in conjunction with other physicians having MICU credentials.

Current Status Codes:

D - Denied
N - Not Requested

L - Limitations/Conditions
A - Approved

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D} CONSULTING PRIVILEGES:

Eligibility: An applicant must be a member of one of the divisions of the Department of Medicine and Board Certified/ qualified in Internal Medicine (for IM consultation privileges) and in one of its subspecialties (for subspecialty consultation privileges). In lieu of Board Certification / qualification in Internal Medicine and / or a subspecialty field, sufficient experience, skill and training to manage advanced consultation in complex diagnosis in a subspecialty must be deemed appropriated by the subspecialty division chief and the Department Chairman prior to the granting of privileges.

APPLICANT'S CERTIFICATION OF MENTAL AND PHYSICAL COMPETENCY

To the best of my knowledge, I am not suffering from, nor undergoing treatment for any physical or mental condition which impairs my ability to discharge my responsibilities for patient care.

Signature of Applicant

Date

DELINEATION OF ADMITTING/CONSULTATION PRIVILEGES

[A] GENERAL MEDICAL SERVICE: ADMITTING PRIVILEGES

- | | | |
|-----|--|-------------------------|
| 001 | Category I:
Comprehensive non-surgical care of patients with critical and non-critical illness encompassing all aspects of diagnosis and management. Consultations should be obtained in areas beyond current competence. | _____

_____ |
| 002 | Category II:
Comprehensive non-surgical care of patients with non-critical illness. Physicians in this category should obtain consultation for complex diagnostic and management problems and critical illness. | _____

_____ |
| 003 | Category III:
Limited privileges. Physicians in this category require consultation on all patients admitted to the medical service. | _____

_____ |

[B] SPECIAL UNIT ADMITTING PRIVILEGES

Coronary Care Unit

Without Consultation

With Consultation

- | | | |
|-----|---|-------------------------|
| 004 | Privileges: Comprehensive Care in the Coronary Care Unit for patients requiring special medical and procedural expertise, monitoring and close observation. | _____

_____ |
|-----|---|-------------------------|

Medical Intensive Care Unit

Without Consultation

With Consultation

Current Status Codes:

D - Denied
N - Not Requested

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Delineation Of Privileges**

Provider:
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Code	Privilege	Reqstd (check)	Dept Review	Board Approvd
005	Privileges: Comprehensive Care in the Medical Intensive Care Unit for adult patients requiring special medical and procedural expertise, monitoring and close observation. Privileges without consultation requires current competence in managing patients in shock, patients requiring mechanical ventilation and procedural competence in hemodynamic monitoring.	_____	_____	_____
[C] CONSULTATION PRIVILEGES				
006	Internal Medicine	_____	_____	_____
007	Cardiology	_____	_____	_____
007.1	Electromyography	_____	_____	_____
008	Endocrinology	_____	_____	_____
009	Gastroenterology	_____	_____	_____
010	Geriatrics	_____	_____	_____
011	Hematology	_____	_____	_____
012	Infectious Disease	_____	_____	_____
013	Nephrology	_____	_____	_____
014	Neurology	_____	_____	_____
015	Oncology	_____	_____	_____
016	Pulmonary	_____	_____	_____
016.1	Rehabilitation Medicine	_____	_____	_____
017	Rheumatology	_____	_____	_____

DELINEATION OF PRIVILEGES FOR PROCEDURES

GENERAL

018	Arterial Puncture	_____	_____	_____
019	Arthrocentesis	_____	_____	_____
020	Paracentesis	_____	_____	_____
021	Diagnostic Thoracentesis	_____	_____	_____
022	Lumbar Puncture	_____	_____	_____
023	Punch or Shave Skin Biopsy	_____	_____	_____
024	I / D at Uncomplicated Abscess	_____	_____	_____

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Code	Privilege	Reqstd (check)	Dept Review	Board Approvd
025	Central Line Placement	_____	_____	_____
026	Peripheral Inserted Central Line Placement	_____	_____	_____
027	Management of Indwelling Vascular Ports	_____	_____	_____
CARDIOVASCULAR				
028	Cardiac Catheterization	_____	_____	_____
029	Swan Ganz Catheter	_____	_____	_____
030	Temp. Transvenous Pacing	_____	_____	_____
031	Permanent Pacemaker	_____	_____	_____
032	Arterial Line Insertion	_____	_____	_____
033	IA Balloon Pump Insertion	_____	_____	_____
034	DC Cardioversion	_____	_____	_____
035	Pericardiocentesis	_____	_____	_____
036	Tilt Table Testing	_____	_____	_____
037	Transesophageal Echocardiography	_____	_____	_____
037.2	Echocardiogram (Trans Thoracic)	_____	_____	_____
039	IV Thrombolytic Administration	_____	_____	_____
040	Stress Testing	_____	_____	_____
041	Iliac Artery Stenting	_____	_____	_____
042	Nuclear Cardiology	_____	_____	_____
ENDOCRINE				
043	Fine Needle Aspiration of the thyroid gland	_____	_____	_____
HEMATOLGY/ONCOLOGY				
044	Bone Narrow Aspiration Bx	_____	_____	_____
045	Plasmapheresis	_____	_____	_____
046	Cytotoxic Chemotherapy	_____	_____	_____
047	IV IgG	_____	_____	_____
GASTROENTEROLOGY				
048	Sigmoidoscopy	_____	_____	_____

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049	Sigmoidoscopy with biopsy	_____	_____	_____
050	Esophagogastroduodenoscopies (EGD)	_____	_____	_____
051	with biopsy, cytology, cautery	_____	_____	_____
052	with injection sclerotherapy	_____	_____	_____
053	with laser therapy	_____	_____	_____
054	Retrograde Cholangipancreatography	_____	_____	_____
055	Colonoscopy with biopsy, polypectomy	_____	_____	_____
056	Esophageal Bouginage	_____	_____	_____
NEPHROLOGY				
057	Peritoneal Dialysis	_____	_____	_____
058	Hemodialysis	_____	_____	_____
059	Arteriovenous Hemofiltration	_____	_____	_____
060	Renal Biopsy	_____	_____	_____
INFECTIOUS DISEASE				
061	Antibiotic Desensitization	_____	_____	_____
NEUROLOGY				
062	EMG/NCS Performance and Interpretation	_____	_____	_____
PULMONARY/CRITICAL CARE				
063	Thoracentesis with pleural biopsy	_____	_____	_____
064	Thoracentesis with chemotherapy/sclerotherapy	_____	_____	_____
065	Pericardiocentesis	_____	_____	_____
066	Arterial Line Placement	_____	_____	_____
067	Swan Ganz Catheter	_____	_____	_____
068	Bronchoscopy with biopsy	_____	_____	_____
069	Cardioversion Emergent	_____	_____	_____
070	Peritoneal Dialysis Emergent	_____	_____	_____
071	Chest Tube Placement	_____	_____	_____
072	Percutaneous Tracheostomy	_____	_____	_____

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073	Supervision of Respiratory Therapy including Management of Mechanical Ventilation.	_____	_____	_____
074	Intubation. Endotracheal and/or Nasotracheal.	_____	_____	_____

DECLARATION

I, the undersigned, attest that I will discharge at the Jersey City Medical Center only those privileges which are specifically recommended by the Director of Medicine as indicated above.

Applicant's Signature

Director of Medicine

Date Approved by Board of Trustees