

INTERNAL MEDICINE / GERIATRICS

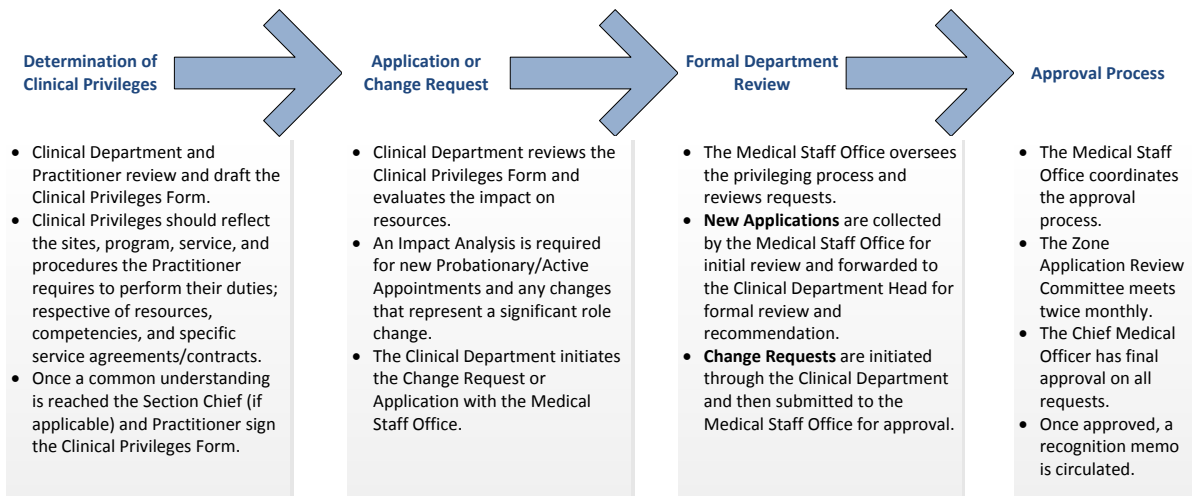
The granting of Clinical Privileges for Procedures for all Practitioners is made on the basis of each Practitioner's documented training, experience, demonstrated abilities and skill, and current competence, as well as the available AHS resources.
(AHS Medical Staff Bylaws article 3.2.6.3)

Please review the procedures listed below and select privileges using the corresponding checkbox. Upon completion, please sign and date where indicated and submit with the Appointment Application Form or Change Request Form per the process summarized below.

| Practitioner Signature | Practitioner Name | Date |
|------------------------|-------------------|------|
| | | |

This Form cannot fulfill a request unless attached to a New Appointment Application or a Change Request Form.

The following summarizes the document flow in the typical application and change processes.



RECOMMENDATION

| | | |
|--|--------------|------|
| Zone Clinical Department Head Signature | Printed Name | Date |
| | | |
| Geriatrics Section Chief Signature | Printed Name | Date |
| | | |

The personal information on this form is collected under the legal authority of section 33(c) of the Freedom of Information and Protection of Privacy Act. The information will be used by or disclosed for employment purposes. For questions, concerns or more information about the collection, use or disclosure of the personal information, please contact Information and Privacy at 1-877-476-9874 or by email at privacy@albertahealthservices.ca

| <u>Section</u> <i>Select new, add, remove, or change then locum and/or primary if applicable</i> | New | Add | Remove | Change | Locum | Primary |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Geriatrics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Legend for Selecting Sites of Clinical Privileges for Geriatrics

| INPATIENT HOSPITAL SERVICE | Primary Site (select 1 site only) | OUTPATIENT CLINICS AND SERVICES IN HOSPITAL AND OTHER FACILITIES | Primary Site |
|----------------------------------|--------------------------------------|---|--------------------------|
| FMC – Foothills Medical Centre | <input type="checkbox"/> | ALLURBAN – All Urban Care Centres | <input type="checkbox"/> |
| PLC – Peter Lougheed Centre | <input type="checkbox"/> | BRIDGESH – Bridgeland Seniors Health Centre | <input type="checkbox"/> |
| RGH – Rockyview General Hospital | <input type="checkbox"/> | CONTCDH – Continuing Care Day Hospitals | <input type="checkbox"/> |
| SHC – South Health Campus | <input type="checkbox"/> | SMCHC – Sheldon M Chumir Health Centre | <input type="checkbox"/> |

| General Privileges | FMC | PLC | RGH | SHC | ALLURBAN | BRIDGESH | CONTCDH | SMCHC | Exclusions |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------|
| Admitting <i>Includes; assessment, evaluating, consulting, diagnosing & treating</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Consultation <i>Includes; conduct history and assessment for the purpose of making recommendations and implement management related to care and treatment.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Geriatric Clinical Privileges | FMC | PLC | RGH | SHC | ALLURBAN | BRIDGESH | CONTCDH | SMCHC | Exclusions |
| Application of the general principles of geriatric rehabilitation, including but not limited to, patients with orthopedic, rheumatologic, cardiac, and neurologic impairments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Arterial puncture and blood sampling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Arthrocentesis and non-spinal joint injections | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Discussion of advanced care planning including goals of care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| ECG interpretation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Lumbar Puncture | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Management of areas of specific geriatric syndromes, including but not limited to, frailty; falls and mobility; polypharmacy; continence; and sensory impairment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Management of aspects of preventative medicine, including nutrition, oral health, exercise, screening, immunization, and chemoprophylaxis against disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Management of complex care and appropriate interdisciplinary coordination of the actions of multiple health professionals, including, but not limited to, physicians, nurses, social workers, dieticians, rehabilitation experts, in the assessment and implementation of treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Paracentesis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Parenteral and enteral nutrition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Performance of comprehensive geriatric assessment to define geriatric syndromes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Punch biopsy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Recognition, evaluation, and treatment of patients with dementia, delirium, and depression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Recognition, treatment, and prevention of iatrogenic disorders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Thoracentesis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Note: No recommendation on Clinical Privileges is meant to prevent any licensed Practitioner from performing any medical procedure on any person in an emergency situation where failure to perform that procedure may result in death or serious injury or harm to the person