

INTERNAL MEDICINE / HEMATOLOGY

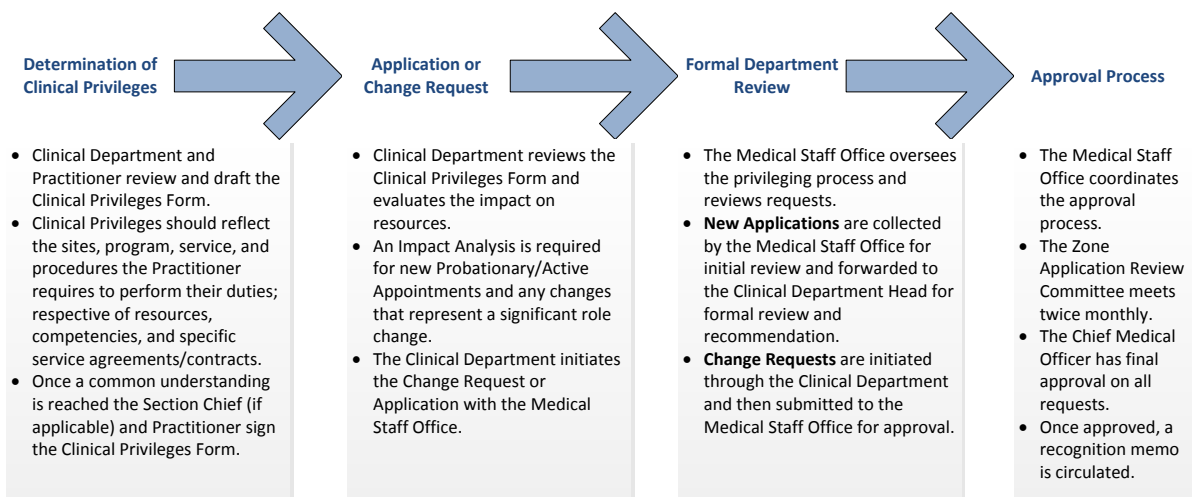
The granting of Clinical Privileges for Procedures for all Practitioners is made on the basis of each Practitioner's documented training, experience, demonstrated abilities and skill, and current competence, as well as the available AHS resources.
(AHS Medical Staff Bylaws article 3.2.6.3)

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
Hematology 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> Select new, add, remove, or change then locum and/or primary if applicable	New	Add	Remove	Change	Locum	Primary
Hematology	<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 Hematology

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"/>	RRDTC – Richmond Road Diagnostic & Treatment Centre	<input type="checkbox"/>
PLC – Peter Lougheed Centre	<input type="checkbox"/>	TBCC – Tom Baker Cancer Centre	<input type="checkbox"/>
RGH – Rockyview General Hospital	<input type="checkbox"/>		
SHC – South Health Campus	<input type="checkbox"/>		

General Privileges	FMC	PLC	RGH	SHC	RRDTC	TBCC	Exclusions
Admitting <i>Includes; assessment, evaluating, consulting, diagnosing, treating</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Clinical Associate <i>Includes; conduct history and assessment for the purpose providing primary care to inpatients to support the attending specialist. Non-admitting</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"/>	
Hematology Clinical Privileges	FMC	PLC	RGH	SHC	RRDTC	TBCC	Exclusions
Interpretation of blood smears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lumbar puncture with or without Intrathecal chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lymph node aspiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Management, care, and removal of venous catheters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Needle and/or skin punch biopsy	<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"/>	
Percutaneous shunt aspiration /Ommaya reservoir or similar device with or without administration of chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Performance of bone marrow aspiration and biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prescription of biologic agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prescription of chemotherapeutic agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Prescription of immunotherapeutic agents	<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"/>	
Thrombolytic therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Hematology Privileges Requiring Additional Training/Experience/Skills	FMC	PLC	RGH	SHC	RRDTC	TBCC	Exclusions
Hematopoietic stem cell transplantation (HSCT) <i>Successful completion of specialized training program in HSCT/bone marrow transplantation as well as inpatient or consultative services in HSCT, and/or demonstrated combination of education, training and/or experience to satisfy the ZCDH.</i>	<input type="checkbox"/>					<input type="checkbox"/>	
Interpretation of bone marrow biopsy <i>Demonstrated combination of education, training and/or experience to satisfy the ZCDH.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Procedural Sedation <i>Compliance with the AHS Procedural Sedation Policy (PS-21) and Procedure (PS-21-01)5. Demonstrated combination of education, training AND/OR experience in conscious sedation to satisfy the ZCDH.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

[Procedural Sedation Policy, Procedure and Education Materials http://insite.albertahealthservices.ca/9227.asp](http://insite.albertahealthservices.ca/9227.asp)

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