Chief Medical Officer Privileges
Delineation of Clinical Privileges

Criteria for granting privileges: Concurrent membership in an appropriate Medical Staff Department.
And
Employment and/or contractual arrangement with facility or system to serve in the capacity of CMO or equivalent position while also serving on the Utilization Review Committee.

Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.

Core Privilege Description: Participate in various administrative functions of the medical staff, including but not limited to, serving on various committees, providing peer review, case review, and reviewing patient assessments and care management plans.

Evaluate, diagnose, provide consultation, and write orders for treatment, transfers or discharges for patients of any age, who are admitted to Methodist Le Bonheur Healthcare facilities within the scope of their responsibilities, and not as part of a private practice, unless otherwise credentialed to do so. These activities would include (but are not limited to) writing orders to comply with protocols, standards of care, and CMS requirements for a specific patient or patient population. Additionally, privileges would extend to writing orders that ensure a patient is in the correct level of care. As a member of the Utilization Review Committee, these privileges would include all functions of “Second Level Physician Review,” including writing orders (admission/inpatient status orders) to ensure the patient is in the correct level of care – after thorough review and becoming knowledgeable of the patient's course of care/treatment and with the agreement of the admitting physician.

Supervision of AHC
Supervision of AHP
<table>
<thead>
<tr>
<th>Specialty/Procedure Delineation of Privilege Form</th>
<th>Education/Training Documentation for Initial Granting</th>
<th>Initial Application (Proof of current clinical competence)</th>
<th>FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)</th>
<th>Maintenance Requirements</th>
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<tbody>
<tr>
<td><strong>Chief Medical Officer Core</strong></td>
<td>Current board certification in an appropriate ABMS or AOA specialty board. OR Successful completion of an ACGME or AOA accredited post-graduate training program in an appropriate specialty and board certification within 5 years of completion.</td>
<td>Expert knowledge of all current core measures, SCIP, CMS, and other quality requirements and performance metrics for pertinent patient populations.</td>
<td>First 5 reviewed cases</td>
<td>Attestation to the review of at least 50 charts annually</td>
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Chief Medical Officer Clinical Privileges

Check below the particular privileges desired for Administrative Clinical Privileges for each facility:

Please check (✓) applicable age categories for each privilege requested.

<table>
<thead>
<tr>
<th>Privilege Description</th>
<th>Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South &amp; University, Outpatient Clinics &amp; Diagnostic Facilities</th>
<th>Methodist Healthcare – Olive Branch Hospital (MHOBH)</th>
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</thead>
<tbody>
<tr>
<td>Chief Medical Officer Core</td>
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<tr>
<td>Limitations</td>
<td>Clinical privileges are granted only to the extent privileges are available at each facility.</td>
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</table>

Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.

Acknowledgement of practitioner

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the facilities indicated above, to the extent privileges are available at each facility, and I understand that:

(a) in exercising any clinical privileges granted, I am constrained by facility 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 situation my actions are governed by the applicable section of the medical staff bylaws or related documents

Physician's Signature                                                                 Date

Printed Name

Board approved: March, 2011, Revised 6/17/13, 4/16/14