

SPECIALTY OF FAMILY MEDICINE Delineation of Clinical Privileges

Criteria for granting privileges: Current board certification in Family Medicine by the American Board of Family Medicine or the American Osteopathic Board of Family Physicians.
Or
Successful completion of an accredited ACGME or AOA accredited post-graduate training program in Family Medicine and board certification within 5 years of program completion.

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.

If the applicant's documentation does not meet the age-specific requirements, the applicant may request to be proctored, and apply for privileges after successful completion of proctoring. At the discretion of the Department Chair, the Pediatric Medical Staff may supervise the management of any Family Medicine Pediatric admission.

Current Clinical Competence - MLH

In addition to the required education, experience and/or training specified on each DOP (Delineation of Privilege) form, documentation of current clinical competence is required. Current clinical competence is described as having "performed the privilege recently and performed it well".

Current clinical competence is assessed prior to granting privileges initially and is reassessed when renewing privileges at reappointment – for maintenance of privileges. Current Clinical Competence (CCC) may be location specific (acute hospital care/surgery center (ASC) and/or age specific (adult, pediatric, neonatal).

This should not be confused with Focused Professional Practice Evaluation (FPPE)

- FPPE: an evaluation of clinical competence of all new privileges as performed at the specific licensed MLH facility (MHMH, MHOBH) for which they have been initially granted. This applies to privileges for all new applicants as well as to new/additional privileges for current members.

Both FPPE and current clinical competence assessments are privilege-specific. FPPE is conducted during the period after granting new/additional privileges. FPPE must occur at the MLH facility(ies) where privileges/membership are held. Current clinical competence may be evaluated from case logs provided by non-MLH facilities.

Current Clinical Competence: Requirements for New Applicants

- If applying directly from training, or based on the training received in a formal training program, provider should submit case* logs from the program authenticated by the program director along with their recommendation attesting to the comparable training, experience and qualifications relative to the criteria for the clinical privileges requested.
- If applying more than 1 year after training completion, submit the following:

- Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
- Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
- Case logs (see specifications below) for any special privileges requested that meet the criteria specific for the number of procedures defined for current clinical competence.

Current Clinical Competence: Maintenance of Privileges for Current Members

- **For active staff members:** MLH source data will be aggregated to review cases and procedures performed. If this does not meet the minimum requirement for core and/or special privileges, the practitioner will be required to submit additional case logs from other facilities.
- **For courtesy staff members with low activity and for certain active staff with activity that has diminished and is now low:** Department chair recommendation should be obtained from their primary facility; and the practitioner should submit the following:
 - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Case logs (see specifications below) for any special privileges requested that meet the specific number of procedures defined for current clinical competence.

Case Logs

All required case logs and/or procedure lists must contain the following information at a minimum: Date, patient identifier, CPT/ICD procedure code, diagnosis, complications, and disposition, and the facility name, name/title of the person authenticating the log, signature, date signed, and contact information. If the information requested is not available, please provide an explanation.

*A “case” is defined as an episode of care – either cognitive or procedural. For interpretive care, “case” is interpretation of one diagnostic study.

Ongoing Professional Performance Evaluation (OPPE)

OPPE is evaluated periodically (more frequently than annually) in the facility where membership/privileges are held.

To assure OPPE requirements are satisfied, the practitioner must periodically exercise the privileges in the MLH facility(ies) where he/she has membership. OPPE must occur regularly on patient encounters in the MLH facility(ies) where privileges/membership are held.

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
Family Medicine Core	Current board certification in Family Medicine by the American Board of Family Medicine or the American Osteopathic Board of Family Medicine. Or Successful completion of an ACGME or AOA accredited post-graduate training program in Family Medicine and board certification within 5 years of completion.	Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.	First 5 cases	MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility.
Family Medicine Pediatric Core	Current board certification in Family Medicine by the American Board of Family Medicine or the American Osteopathic Board of Family Medicine. Or Successful completion of an ACGME or AOA accredited post-graduate training program in Family Medicine and board certification within 5 years of completion.	Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.	First 5 cases for evaluation and management: Gastroenteritis (1), Asthma/Bronchiolitis (2), FUO fever undetermined origin (2)	MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility.
<i>Arthrocentesis</i>		Case logs documenting a minimum of 5 cases within the previous 12 months	First 5 cases	Case logs documenting a minimum of 10 cases within the previous 24 months
<i>Chest Tube Placement</i>		Case logs documenting a minimum of 5 cases within the previous 12 months	First 5 cases	Case logs documenting a minimum of 10 cases within the previous 24 months

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
<i>Flexible Sigmoidoscopy</i>		Case logs documenting a minimum of 25 cases	First 5 cases	Case logs documenting a minimum of 50 cases within the previous 24 months
<i>ICU Care - Limit: Ages 16 & above and only at Germantown, North South, and Olive Branch Hospitals</i>	Program Director's verification of a minimum of two months Critical Care rotation in which the service was total care of the ICU patient and verification of competency in caring for the ICU patient	<p>If applying directly from Family Medicine training or less than 1 year from completion of training:</p> <ul style="list-style-type: none"> • Training Director's letter verifying the applicant's competency in Critical Care AND the duration of Critical Care training <p>OR</p> <p>If applying greater than 1 year from completion of Family Medicine training AND with evidence of continuous ICU experience/competency:</p> <ul style="list-style-type: none"> • Training Director's validation of ICU competency AND duration of Critical Care training. • Case logs that validate longitudinal record of competency in ICU setting. • Two peer references, one of which is a recommendation from the Chairman of the Critical Care Department or the Medical Director of ICU <p>OR</p> <p>If applying greater than 1 year from completion of Family Medicine training AND with a gap in ICU current clinical competence of 1 year or less:</p> <ul style="list-style-type: none"> • Completion of Fundamentals of Critical Care Support course. • Training Director's validation of ICU competency AND duration of Critical Care training. • Case logs that validate longitudinal record of competency in ICU setting. • Two peer references, one of which is a recommendation from the Chairman of the Critical Care Department or the Medical Director of ICU 	First 5 cases with mandatory intensivist consult required.	Maintain Active Staff category and case log documenting a minimum of 15 critical care cases annually with mandatory intensivist consult on each case.
<i>Paracentesis</i>		Case logs documenting a minimum of 5 cases within the previous 12 months	First 5 cases	Case logs documenting a minimum of 10 cases within the previous 24 months

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<i>Thoracentesis</i>		Case logs documenting a minimum of 5 cases within the previous 12 months	First 5 cases	Case logs documenting a minimum of 10 cases within the previous 24 months

Family Medicine Core Privilege: Admit, evaluate, diagnose, and treat patients at or above the age of 13 for common illnesses and injuries including disorders common to old age.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

Privileges include but are not limited to:

- suture uncomplicated lacerations
- I&D abscess
- lumbar puncture
- perform simple skin biopsy or excision
- removal of non-penetrating corneal foreign body
- management uncomplicated minor closed fractures and dislocations
- gynecologic care for female patients (low-risk, non-operative)
- pre-operative and postoperative medical care for surgical patients

Family Medicine Core privileges do not include attending on patients in the Methodist University Critical Care Units, Olive Branch Hospital ICU, or any OR.

Family Medicine Pediatric Core Privilege: Admit, evaluate, diagnose and treat pediatric patients up to the age of 18, without major complications or serious life-threatening diseases and conditions, i.e. those encompassed by the specialty of Family Medicine, which constitutes skills achieved during residency training.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

Consultation with appropriate pediatric specialist or sub-specialist should be obtained when complications develop during hospitalization and/ or when there is unexpected prolonged length of stay >5 days.

Privileges include but are not limited to:

- suture of uncomplicated lacerations
- I&D abscess
- lumbar puncture
- simple skin biopsy or excision
- removal of non-penetrating corneal foreign body
- management of uncomplicated minor closed fractures and dislocations
- gynecologic care for female patients (low-risk, non-operative)
- venipuncture, newborn care, with appropriate consults for neonatal intensive care and newborn circumcision.

Family Medicine Pediatric Core privileges do not include attending on patients in the Methodist University Critical Care Units, Le Bonheur Children's Critical Care Units, Olive Branch Hospital ICU, or any OR.

Special: The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

Administration of moderate sedation: See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists. Requires: Separate DOP, ACLS, NRP or PALS certification

Family Medicine Clinical Privileges

Check below the particular privileges desired in Family Medicine for each facility:

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

Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities				Methodist Healthcare – Olive Branch (MHOBH)
	Neonates (0-28 days)	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13 & Above)	Adults & Adolescents (13 & Above)
Family Medicine Core					
Family Medicine Pediatric Core					
Special					
Arthrocentesis					
Chest Tube Placement					
Flexible Sigmoidoscopy					
ICU Care - Limit: *Ages 16 & above and only at Germantown, North, South and Olive Branch Hospitals				*Ages 16 & above	*Ages 16 & Above
Paracentesis					
Thoracentesis					
Limitations	Clinical privileges are granted only to the extent privileges are available at each facility.				
Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.					

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 services 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