

**DEEP PROCEDURAL SEDATION FOR NON-  
ANESTHESIOLOGISTS**  
**Delineation of Clinical Privileges**

**Criteria for granting privileges:**

Maintain clinical privileges in one of the following specialties: Emergency Medicine, Pulmonary Medicine or Critical Care Medicine  
**And**  
Hold clinical privileges to provide Moderate Sedation

**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.**

**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
<p><b>Deep Procedural Sedation</b> (Exemptions - Emergency Medicine Class III, Pulmonary Critical Care and Pediatric Critical Care board certified/eligible physicians – for which this privilege is core).</p>	<p>Hold clinical privileges to provide Moderate Procedural Sedation</p> <p><b>And</b></p> <p>Maintain clinical privileges in one of the following specialties:</p> <p>1 ) Adult Emergency Medicine Class II or, 2) Other Critical Care Medicine physicians, (excluding physicians currently Critical Care fellowship-trained and boarded, when applicable), &amp; practicing the specialty of Critical Care Medicine,</p> <p><b>AND</b> must provide the following:</p> <p>1) Documentation of deep procedural sedation <b>AND</b> airway management training and clinical competence from program director,</p> <p><b>OR</b></p> <p>2) Certificate of successful completion of a formal deep procedural sedation training course that is approved by the MEC <b>AND</b> either the UTHSC EM Residency Program Director, MLH System EM Department Chair, or MLH System Anesthesia Department Chair, as appropriate.</p> <p><b>AND</b> provide proof of current clinical competence in airway management.</p>	<p>Case log documenting the performance of at least 10 deep procedural sedations within the previous 24 months</p> <p><b>And</b></p> <p>If documentation of intubation training and clinical competency from program director is unavailable, provide a case log documenting the successful performance of 35 endotracheal intubations.</p>	<p>5 cases</p>	<p>Case* log documenting the performance of at least 20 deep procedural sedations within the previous <u>24</u> months.</p> <p>No specific maintenance requirement for any EM III or Critical Care physician for whom the privilege is considered core. Outcomes will be reviewed.</p>

**Deep Procedural Sedation Privileges:** Privileges are to be exercised within the parameters of the Procedural Sedation for Non-Anesthesia Staff Policy. Privileges include the supervision of residents to provide deep procedural sedation.

Privileges are not applicable to the mechanically ventilated patient.

These privileges include, but are not limited to the following areas:

- Emergency Departments
- Critical Care areas
- Radiology
- Operating Rooms
- Starlight Room

## Deep Sedation Clinical Privileges

Check below the particular privileges desired in Deep Procedural Sedation 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 Hospital (MHOBH)
	Neonates (0-28 days)	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13 & Above)	Adults & Adolescents (13 & Above)
Deep Procedural Sedation					
<b>Limitations</b>	<b>Clinical privileges are granted only to the extent privileges are available at each facility.</b>				
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 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