

SPECIALTY OF TRANSPLANT SURGERY

Delineation of Clinical Privileges

Criteria for granting privileges:

Maintain current General Surgery clinical privileges at the facility

Or

Current certification by the American Board of Surgery

Or

Successful completion of an ACGME, accredited post-graduate training program in General Surgery and board certification within 5 years of program completion.

And

One year formal transplant fellowship training and one year of experience to complete a two year formal transplant fellowship at a transplant program meeting UNOS membership criteria.

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 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
Transplant Surgery Core	<p>Maintain current General Surgery clinical privileges</p> <p>Or</p> <p>Current certification by the American Board of Surgery.</p> <p>Or</p> <p>Successful completion of an ACGME accredited post-graduate training program in general surgery and board certification within 5 years of completion</p> <p>And</p> <p>One year formal transplant fellowship training and one year of experience to complete a two year formal transplant fellowship at a transplant program meeting UNOS membership criteria.</p>	<p>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.</p> <p>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.</p>	First 5 cases	<p>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.</p> <p>Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>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.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p>
<i>Use of Laser</i>	<p>Completion of an approved eight hour minimum CME course which includes training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and hands-on experience with lasers. A letter outlining the content and successful completion of course must be submitted, or documentation of successful completion of an approved residency in a specialty or subspecialty which included training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and a minimum of six hours observation and hands-on experience with lasers.</p>		First 5 cases	<p>Case log documenting at least 5 procedures within the previous 24 months.</p>

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>Renal/Pancreas Transplant</i>	One year formal transplant fellowship training and one year of experience to complete a two year formal transplant fellowship at a transplant program meeting UNOS membership criteria.	Case log documenting the performance of at least 20 procedures within the previous 24 months	First 5 cases	Case log documenting the performance of at least 15 procedures within the previous 24 months
<i>Liver Transplant</i>	One year formal transplant fellowship training and one year of experience to complete a two year formal transplant fellowship at a transplant program meeting UNOS membership criteria.	Case log documenting the performance of at least 20 procedures within the previous 24 months, as either primary or 1 st assist	First 5 cases	Case log documenting the performance of at least 20 procedures within the previous 24 months, as either primary or 1 st assist
<i>Laparoscopic Procedures</i>	If applying directly from or within five (5) years of training, documentation from training director regarding qualifications and experience. If not applying directly from training, documentation of hands on course or training under a preceptor or accredited fellowship (may be modified by the department chair upon evidence of prior experience), And Recommendation of the medical director or department chair of the facility.	Case log documenting the performance of at least 5 procedures within the previous 12 months	First 5 cases	Case log documenting the performance of at least 5 procedures within the previous 24 months
<i>Robotic Surgery</i>	Applicants whose formal surgical training included robotic surgery: Training director letter validating competence in robotic surgery OR Applicants without formal surgical training in robotic surgery: Training Certificate validating completion of a robotic surgery training course which included didactic and laboratory training	Applicants whose formal surgical training included robotic surgery: Case log from training reflecting applicant was primary surgeon OR If training logs are not available, privilege will be initially granted with a limit requiring five successful cases evidenced by retrospective review. OR Applicants without formal surgical training in robotic surgery: Privilege initially granted with a limit requiring concurrent proctoring of five successfully completed cases.	First 5 cases	Case log documenting the performance of at least 10 procedures over the previous 24 months

Transplant Surgery Core Privileges:	Includes privileges to admit, evaluate, diagnose and treat solid organ transplant patients and perform routine procedures including those listed below: <ul style="list-style-type: none"> • Organ procurement from deceased or living donors • Selection of recipient • Selection of donor (living or deceased) • Knowledge and interpretation of histocompatibility and tissue typing • Immediate postoperative care • Postoperative transplant care • Management of immunosuppressive drugs • Management of allograft dysfunction • Interpretation of ancillary tests for allograft dysfunction • Performing allograft biopsy • Interpretation of allograft biopsy • Management of complications of allograft • Long term patient care
Renal Transplant:	Admit, evaluate, diagnose, consult and manage patients of all ages except as specifically excluded from practice with renal dysfunction or end stage renal disease requiring kidney transplantation
Pancreas Transplant:	Admit, evaluate, diagnose, consult and provide surgical care to patients of all ages except as specifically excluded from practice with end stage pancreatic disease requiring pancreas transplantation
Liver Transplant:	Admit, evaluate, diagnose, consult and manage patients of all ages except as specifically excluded from practice with liver dysfunction or end stage liver disease requiring liver transplantation
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

Transplant Surgery Clinical Privileges

Check below the particular privileges desired in Transplant Surgery 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			
	Neonates (0-28 days)	Infants (29 days–2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13 & Above)
Transplant Surgery Core				
Renal Transplant				
Pancreas Transplant				
Liver Transplant				
Special Privileges				
<i>Laparoscopic Procedures</i>				
<i>Robotic Surgery</i>				
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.				

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