

SPECIALTY OF MEDICAL HOSPITALIST

Delineation of Clinical Privileges

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

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) 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
Medical Hospitalist Core	<p>Current board certification in Internal Medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.</p> <p>Or</p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in Internal Medicine and board certification within 5 years of completion.</p> <p>Or</p> <p>Current board certification in Family Medicine by the American Board of Family Medicine or the American Osteopathic Board of Family Medicine</p> <p>Or</p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in Family Medicine and board certification within 5 years of completion.</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>	5 cases including Pneumonia, CHF, Sepsis Management, or first 5 episodes of care.	<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>Chest Tube Placement</i>		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 10 procedures within 24 months
<i>Stress Testing</i>	<p>Training during an Internal Medicine residency program elective and recommendation of training director</p> <p>OR</p> <p>Documentation of informal training including didactic courses or through experience gained under the supervision of a qualified physician proctor</p>	<p>Current ACLS Certification</p> <p>AND</p> <p>Documentation of 50 procedures during an Internal Medicine residency program</p> <p>OR</p> <p>Documentation of 150 procedures performed during previous 3 years if training was completed informally</p>	First 5 procedures	Case log documenting the performance of at least 25 procedures annually with acceptable outcomes and current ACLS certification

Medical Hospitalist Core Privilege Description:

A medical specialty dedicated to the delivery of comprehensive medical care to hospitalized patients. Practitioners of hospital medicine include physicians (“hospitalists”) who engage in clinical care, teaching, research, or leadership in the field of general hospital medicine.

Admit, evaluate, diagnose, treat and provide consultation to patients 13 and above admitted with both common and complex illnesses of cancer, infections, diseases and functional disorders affecting the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, genitourinary digestive, and vascular systems and treatment of common problems of the eyes, ears, skin, nervous system and reproductive organs. May provide care to patients in the intensive care setting in conformance with unit policies.

In addition to their core expertise managing the clinical problems of acutely ill, hospitalized patients, hospital medicine practitioners work to enhance the performance of hospitals and healthcare systems by:

- Prompt and complete attention to all patient care needs including diagnosis, treatment, and the performance of medical procedures (within their scope of practice).
- Employing quality and process improvement techniques
- Collaboration, communication, and coordination with all physicians and healthcare personnel caring for hospitalized patients
- Safe transitioning of patient care within the hospital, and from the hospital to the community, which may include oversight of care in post-acute care facilities.
- Efficient use of hospital and healthcare resources

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

Inherent in core privileges are the following areas/procedures:

- Arthrocentesis
- Central Venous Line Placement
- EKG interpretation
- Lumbar puncture
- Paracentesis
- Thoracentesis
- Focused Ultrasound
 - Focused ultrasound is used to diagnose acute life-threatening conditions, guide invasive procedures, and treat medical conditions
 - Focused ultrasound is the medical use of ultrasound technology for the bedside diagnostic evaluation of medical conditions and diagnoses, resuscitation of the acutely ill, critically ill or injured, guidance of high risk or difficult procedures, monitoring of certain pathologic states and as an adjunct to therapy
 - Typically, focused ultrasound is a goal-directed ultrasound examination that answers brief and important clinical questions in an organ system or for a clinical symptom or sign involving multiple organ systems
 - Focused ultrasound is an medical procedure, and should not be considered in conflict with exclusive "imaging" contracts seen with consultative ultrasound

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

Medical Hospitalist Clinical Privileges

Check below the particular privileges desired as a Medical Hospitalist 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)
	Adults & Adolescents (13-& Above)	Adults & Adolescents (13-& Above)
Medical Hospitalist Core		
Special Privileges		
Chest Tube Placement		
Stress Testing		
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