

## **SPECIALTY OF CRITICAL CARE**

### **Delineation of Clinical Privileges**

**Criteria for granting privileges:** Current board certification by the appropriate ACGME or AOA board for the primary specialty and subspecialty certification in Critical Care.

**Or**

Successful completion of an accredited ACGME or AOA accredited post-graduate training program in the primary specialty and completion of an accredited ACGME or AOA accredited post-graduate training program in Critical Care 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/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
<b>Critical Care Medicine Core</b>	<p>Current board certification in Internal Medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine and subspecialty certification in Critical Care Medicine</p> <p><b>Or</b></p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in Internal Medicine and completion of an ACGME or AOA accredited post-graduate training program in Critical Care Medicine and board certification within 5 years of completion.</p>	<p>Aggregate data from primary practice facility for the previous 12 month time period identifying 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>	<p>First 5 cases of Vent Mgt of Pt with ARDS, and first 5 Bronchoscopies</p>	<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>
<b>Pediatric Critical Care Medicine Core</b>	<p>Current board certification in Pediatrics by the American Board of Pediatrics and subspecialty certification in Critical Care Medicine</p> <p><b>Or</b></p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in Pediatrics and completion of an ACGME accredited post-graduate training program in Critical Care Medicine and board certification within 5 years of completion.</p>	<p>Aggregate data from primary practice facility for the previous 12 month time period identifying 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>	<p>First 5 cases</p> <p>First 5 cases of Central Venous Line Placement</p>	<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>

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				Department chair recommendation will be obtained from primary practice facility.
<b>Anesthesia Critical Care Core</b>	<p>Current board certification in Anesthesiology by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology and subspecialty certification in Critical Care Medicine</p> <p><b>Or</b></p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in Anesthesiology and completion of an ACGME or AOA accredited post-graduate training program in Critical Care Medicine and board certification within 5 years of completion.</p>	<p>Aggregate data from primary practice facility for the previous 12 month time period identifying 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>
<b>Neuro Critical Care Core</b>	<p>Current board certification in Neurology by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry</p> <p><b>Or</b></p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in Neurology, Neurosurgery, Internal Medicine or Emergency Medicine and board certification within 5 years of completion.</p> <p><b>And</b></p> <p>Completion of fellowship training in Neuro Critical Care</p> <p><b>And/Or</b></p> <p>Certification in Neuro Critical Care by the UCNS- United Council for Neurologic Subspecialties</p>	<p>Aggregate data from primary practice facility for the previous 12 month time period identifying 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 for cognitive and first 5 cases for procedures	<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>

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
<b>Surgical Critical Care Core</b>	Current board certification in Surgery by the American Board of Surgery or the American Osteopathic Board of Surgery and subspecialty certification in Critical Care Medicine <b>Or</b> Successful completion of an ACGME or AOA accredited post-graduate training program in Surgery and completion of an ACGME or AOA accredited post-graduate training program in Critical Care Medicine and board certification within 5 years of completion.	Aggregate data from primary practice facility for the previous 12 month time period identifying 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.
<i>Bronchoscopy (NCC)</i>		Case log documenting the performance of at least 5 procedures within the previous 24 months	First 5 cases	Case log documenting the performance of at least 5 procedures within the previous 24 months
<i>Percutaneous Tracheostomy Tube Insertion</i>		Proctor evaluations for 20 successful cases within the previous 24 months	First 5 cases	Case log documenting the performance of at least 10 procedures within the previous 24 months

**Pulmonary Critical Care Medicine Core:** Admit, evaluate, diagnose, treat and provide consultation to patients >13 years of age, except as specifically excluded from practice, presenting with the following conditions: cardiovascular diseases or circulatory disorders; trauma; shock syndromes; sepsis and sepsis syndromes; hypertensive emergencies; acute and chronic respiratory failure; acute metabolic, endocrine, electrolyte and acid-base or nutritional disturbances, including overdoses and intoxication syndromes; multi-organ failures; hematologic and coagulation disorders associated with critical illness; neurological emergencies, renal, gastrointestinal, genitourinary, musculoskeletal, and immune systems, as well as infectious diseases; critical obstetrical and gynecological disorders; management of anaphylaxis and acute allergic reactions; hemodynamic and ventilatory support of patients with organ system damage or in the post operative period; use of paralytic agents and sedative and analgesic drugs; detection and prevention of iatrogenic and nosocomial problems in critical care medicine; and management of end of life issues.

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:**

- Internal Medicine Core
- Insertion of arteriovenous catheter
- Bronchoscopy
- Emergency Cardioversion
- Emergent Temporary Pacemaker Placement
- Emergent Airway Management
- Endotracheal Intubation
- Palliative Extubation
- Chest Tube Insertion and Drainage System
- Insertion and Management of Central Venous, Pulmonary Artery and Arterial Catheters
- Management of Mechanical Ventilation
- Management of Pneumothorax (needle insertion and drainage system)
- Paracentesis
- Pericardiocentesis
- Thoracentesis
- Moderate Procedural Sedation
- Deep Procedural Sedation
- 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

**Pediatric Critical Care Medicine Core:** Admit, evaluate, diagnose, treat and provide consultation to pediatric patients, except as specifically excluded from practice, presenting with the following conditions: cardiovascular diseases or circulatory disorders; trauma; shock syndromes; sepsis and sepsis syndromes; hypertensive emergencies; acute and chronic respiratory failure; acute metabolic, endocrine, electrolyte and acid-base or nutritional disturbances, including overdoses and intoxication syndromes; multi-organ failures; hematologic and coagulation disorders associated with critical illness; neurological emergencies, renal, gastrointestinal, genitourinary, musculoskeletal, and immune systems, as well as infectious diseases; management of anaphylaxis and acute allergic reactions; hemodynamic and ventilatory support of patients with organ system damage or in the post operative period; use of paralytic agents and sedative and analgesic drugs; detection and prevention of iatrogenic and nosocomial problems in critical care medicine; and management of end of life issues.

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:**

- Pediatrics Core
- Arteriovenous hemofiltration and dialysis ( CVVHD, CAVHD or renal replacement modality)
- Bronchoscopy
- Emergency Cardioversion
- Emergent Temporary Pacemaker Placement
- Emergent Airway Management
- Endotracheal Intubation
- Palliative Extubation
- Chest Tube Insertion and Drainage System
- Insertion and Management of Central Venous, Pulmonary Artery and Arterial Catheters
- Management of Mechanical Ventilation
- Extracorporeal membrane oxygenation (ECMO)
- Pericardiocentesis
- Thoracentesis
- Paracentesis
- High Frequency Oscillatory Ventilation (HFOV)
- Nitric Oxide Administration/Utilization
- Hemodialysis catheter insertion
- Ultrafiltration
- Physician direction of transport
- Moderate Procedural Sedation
- Deep Procedural Sedation

**Anesthesia Critical Care Core:** Comprehensive diagnosis, treatment and management of patients with multiple organ dysfunction in critical care units including but not limited to use of procedures such as chest tube insertion, transvenous pacemaker insertion, cardioversion, hemodialysis catheter insertion, ultrafiltration, thoracentesis, pericardiocentesis..

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:**

- Anesthesiology Core
- Chest Tube Insertion and Drainage System
- Transvenous pacemaker insertion
- Cardioversion
- Hemodialysis catheter insertion
- Ultrafiltration
- Thoracentesis
- Pericardiocentesis

**Neuro Critical Care Core:** Comprehensive multisystem care including diagnosis, treatment and management of the critically ill neurological patient as the primary care physician coordinating both the neurological and medical management of the patient and focused on the interface between the brain and other organ systems.

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:**

- Neurology Core
- Administration of intravenous and intraventricular thrombolysis
- Administration of vasoactive medications (hemodynamic augmentation and hypertension lysis)
- Central venous and arterial catheter placement;
- Direct laryngoscopy
- Emergency airway management
- Emergency Cardioversion
- Emergent Chest Tube Insertion and Drainage System
- Emergent Pericardiocentesis
- Emergency Temporary Pacemaker Insertion
- Endotracheal intubation
- Induction and maintenance of therapeutic coma and hypothermia
- Interpretation and management of ICP and CPP data
- Interpretation and performance of bedside pulmonary function tests



- Management of mechanical ventilation and airway maintenance
- Interpretation of S<sub>ijv</sub>O<sub>2</sub> and P<sub>bt</sub>O<sub>2</sub> data
- Jugular venous bulb catheterization
- Management of plasmapheresis and IVIG
- Placement and management of external ventricular and lumbar drains
- Placement of parenchymal intracranial pressure monitor
- Shunt and ventricular drain tap for CSF sampling
- Thoracentesis

**Surgical Critical Care Core:**

Admit, evaluate, diagnose, treat and provide consultation to patients >13 years of age, except as specifically excluded from practice, presenting with the following conditions: cardiovascular diseases or circulatory disorders; trauma; shock syndromes; sepsis and sepsis syndromes; hypertensive emergencies; acute and chronic respiratory failure; acute metabolic, endocrine, electrolyte and acid-base or nutritional disturbances, including overdosages and intoxication syndromes; multi-organ failures; hematologic and coagulation disorders associated with critical illness; neurological emergencies, renal, gastrointestinal, genitourinary, musculoskeletal, and immune systems, as well as infectious diseases; critical obstetrical and gynecological disorders; management of anaphylaxis and acute allergic reactions; hemodynamic and ventilatory support of patients with organ system damage or in the post operative period; use of paralytic agents and sedative and analgesic drugs; detection and prevention of iatrogenic and nosocomial problems in critical care surgery; and management of end of life issues.

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:**

- General Surgery Core
- Bronchoscopy
- Emergency Cardioversion
- Emergent Temporary Pacemaker Placement
- Emergent Airway Management
- Endotracheal Intubation
- Palliative Extubation
- Chest Tube Insertion and Drainage System
- Insertion and Management of Central Venous, Pulmonary Artery and Arterial Catheters
- Management of Mechanical Ventilation
- Management of Pneumothorax (needle insertion and drainage system)
- Paracentesis
- Pericardiocentesis
- Thoracentesis

**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 and/or deep procedural sedation:** See Procedural Sedation for Non-Anesthesia Staff Policy.

Requires: Separate DOP, ACLS, NRP or PALS certification

## Critical Care Clinical Privileges

Check below the particular privileges desired in Critical Care 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)
Critical Care Medicine Core					
Pediatric Critical Care Medicine Core					
Anesthesia Critical Care Core					
Neuro Critical Care Core					
Surgical Critical Care Core					
<b>Special</b>					
Bronchoscopy (NCC)					
Percutaneous Tracheostomy					
<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