

SPECIALTY OF BREAST SURGERY

Delineation of Clinical Privileges

General Information

All applicants must meet the qualifications, conditions and responsibilities as set forth in MLH Credentials Policies. Policies are located on www.methodistmd.org

Applicants seeking appointment, reappointment, and/or clinical privileges have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current clinical competence, character, ethics, and other qualifications and for resolving any doubts about an individual's qualifications.

Other requirements:

- Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid for initial granting and reappointment of privileges.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- Privileges granted may be exercised only at the Hospitals that offer the service/specialty, have sufficient space, equipment, staffing, and other resources required to support the privilege.
- Requests for clinical privileges that are subject to an exclusive contract will not be processed except as consistent with the contract.

Evaluating Current Clinical Competence at time of Reappointment:

MLH Data will be obtained and analyzed as available from EMR reporting systems or Health Information Management.

If minimal activity/low volume, then the applicant should supply case logs from other facilities' HIM department or practice billing systems to meet the minimum requirement(s) to be considered for the privilege. Source of the logs must be denoted.

The preferable format for external case logs is Excel or PDF from the sourced system. Handwritten case logs are generally not accepted.

Case logs should include a blinded or partial patient number for case distinction, date of service, type of service (inpatient or outpatient), location of service, diagnostic code and/or procedure codes, and performing provider where applicable.

Privilege	Initial Application: Required Education or Training	Initial Application: Current Clinical Competence:	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
Breast Surgery Core	<p>Current certification by the American Board of Surgery, or the American Osteopathic Board of Surgery.</p> <p>OR</p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in general surgery and board certification within 5 years of completion.</p> <p>AND</p> <p>One year fellowship in Breast Surgery preferred</p> <p>OR</p> <p>Documentation of equivalent training and experience specific to breast surgery core privileges</p> <p>AND</p> <ol style="list-style-type: none"> 1. Successful completion of training in the stereotactic and ultrasound guided technique of breast biopsy during residency or in an accredited course or institution; and possession of privileges for breast imaging interpretation. 2. Successful completion of at least 15 hours of Category 1 continuing medical education in stereotactic breast biopsy. 	<p>Case logs and Procedure Lists from Primary Practice Facility for previous 12 month time period</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation</p>	<p>FPPE: First 5 major cases</p>

Core Privileges

The core privileges in the following specialties include procedures outlined in lists and such other procedures that are extensions of the same techniques and skills.

Breast Surgery Core Privilege:

Admit, evaluate, diagnose, consult, and provide pre-, intra-, and post-operative care, and perform surgical procedures, to patients of all ages, except where specifically excluded from practice, to correct or treat various conditions, diseases, disorders, and injuries of the breast.

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

The core privileges in this specialty include the procedures on the attached list and such other procedures that are extensions of the same techniques and skills.

- Biopsy of: breast, superficial lymph node, skin or subcutaneous tumor, Sentinel Node; Stereotactic Breast Biopsy; Core needle/vacuum assisted needle biopsy
- Mastectomy: Modified radical, Radical, Lumpectomy/Partial with or without lymph node dissection, Complete with or without axillary lymph node dissection, Subcutaneous
- Cut down, intravenous or intra-arterial
- Cysts and tumors of the neck (in conjunction with breast surgery); Incision and drainage of abscesses and cysts
- Chest wall resection and reconstruction (in conjunction with breast surgery)
- Excision of breast lesion
- Chest tube placement
- Venous access: Portacath, Hickman, Groshong, Infusaport placement and removal; Intravenous access devices
- Mammosite catheter placement
- Lymph node dissection (including axillary)
- Lymphatic mapping
- Split thickness skin graft, small areas
- Operation for gynecomastia
- Interpretation of intraoperative images pertaining to procedures
- Intraoperative angiography, imaging and ultrasound guided procedure
- Intraoperative radiation therapy (including partial breast irradiation catheter placements in conjunction with radiation oncologist)
- Laceration Suturing

Special Privileges

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

Robotic Surgery: See Physician Credentialing requirements for Robotic Surgery. Requires: Separate DOP



Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital

**Delineation of Clinical Privileges
Specialty of Breast Surgery**

Breast Surgery Clinical Privileges

Check below the particular privileges desired in Breast Surgery for each facility:

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

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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)
Age Limitations	Neonates (0-28 days)	Infants (29 days–2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13-& Above)	Adults & Adolescents (13-& Above)
Breast Surgery Core					
Special Privileges					
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.				

Note: Privileges for administration of moderate sedation and robotic surgery require completion of a separate Delineation of Privilege form.

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