

## **SPECIALTY OF BREAST SURGERY**

### **Delineation of Clinical Privileges**

#### **Criteria for granting privileges:**

Current certification by the American Board of Surgery, or the American Osteopathic Board of Surgery.

**Or**

Successful completion of an ACGME, or AOA accredited post-graduate training program in General Surgery 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
<p><b>Breast Surgery Core</b></p>	<p>Current certification by the American Board of Surgery, or the American Osteopathic Board of Surgery.  <b>Or</b>  Successful completion of an ACGME or AOA accredited post-graduate training program in general surgery and board certification within 5 years of completion.  <b>And</b>  One year fellowship in Breast Surgery preferred  <b>Or</b>  Documentation of equivalent training and experience specific to breast surgery core privileges  <b>And</b>  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.  Successful completion of at least 15 hours of Category 1 continuing medical education in stereotactic breast biopsy.</p>	<p>Aggregate data from primary practice facility HIM department 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 HIM department 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 major cases</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>

## **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.

- Breast biopsy
- Biopsy of superficial lymph node, skin or subcutaneous tumor
- Sentinel Node Biopsy
- Stereotactic Breast Biopsy
- Core needle/vacuum assisted needle biopsy
- Complete mastectomy with or without axillary lymph node dissection
- Modified radical mastectomy
- Lumpectomy/Partial mastectomy with or without lymph node dissection
- Radical mastectomy
- Subcutaneous mastectomy
- Cut down, intravenous or intrarterial
- Cysts and tumors of the neck (in conjunction with breast surgery)
- Chest wall resection and reconstruction (in conjunction with breast surgery)
- Excision of breast lesion
- Incision and drainage of abscesses and cysts
- Chest tube placement
- 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:** 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

## 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.**

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)
Breast Surgery Core					
<b>Special Privileges</b>					
<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.					

**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