

SPECIALTY OF HOSPICE & PALLIATIVE CARE

Delineation of Clinical Privileges

- Criteria for granting privileges:** **Criteria for granting privileges:** Current board certification by an American Board of Medical Specialties or the American Osteopathic Association approved board.
- Or**
Successful completion of an accredited ACGME or AOA accredited post-graduate training program and board certification within 5 years of program completion.
- And**
Successful completion of two years in the clinical practice of medicine, following residency or fellowship training.
- Or**
Successful completion of a PMRC accredited fellowship in palliative medicine. Those programs not yet accredited must submit a letter on behalf of the applicant showing that the fellowship program substantially complies with version 9.0 of the standards for fellowship programs in palliative medicine.
- And**
Participation as a physician member of an interdisciplinary clinical care team for at least two years.
- And**
If requesting pediatric privileges, maintain pediatric privileges in a primary specialty.
- Or**
Candidates with unique circumstances may request a waiver of one eligibility requirement (excluding board certification/eligibility), to be considered on a case by case basis. Candidates must demonstrate:
- Outstanding achievement as a specialist in Hospice and Palliative medicine.
 - Exceptional strength in the remaining eligibility requirements.

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.

OPPE (Ongoing Professional Performance Evaluation)

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
Hospice & Palliative Care Core	<p>Current board certification by an American Board of Medical Specialties or the American Osteopathic Association approved board.</p> <p>Or</p> <p>Successful completion of an accredited ACGME or AOA accredited post-graduate training program and board certification within 5 years of program completion.</p> <p>And</p> <p>Successful completion of two years in the clinical practice of medicine, following residency or fellowship training.</p> <p>Or</p> <p>Successful completion of a PMRC accredited fellowship in palliative medicine. Those programs not yet accredited must submit a letter on behalf of the applicant showing that the fellowship program substantially complies with version 9.0 of the standards for fellowship programs in palliative medicine.</p> <p>And</p> <p>Participation as a physician member of an interdisciplinary clinical care team for at least two years.</p> <p>Or</p> <p>Candidates with unique circumstances may request a waiver of one eligibility requirement (excluding board certification/eligibility), to be considered on a case by case basis. Candidates must demonstrate:</p> <ul style="list-style-type: none"> • Outstanding achievement as a specialist in Hospice and Palliative medicine. • Exceptional strength in the remaining eligibility requirements. 	<p>Case log from primary practice facility documenting 50 cases in the previous 36 months, and 100 hours as a member of an interdisciplinary team. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p>	<p>5 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>
Hospice & Palliative Pediatric Care Core	<p>Current board certification by an American Board of Medical Specialties or the American Osteopathic Association approved board.</p> <p>Or</p>	<p>Case log from primary practice facility documenting 50 cases in the previous 36 months, and 100 hours as a member of an interdisciplinary team. Any complications/poor</p>	<p>5 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</p>

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Hospice & Palliative Care Core Privilege Description:

Admit, evaluate, diagnose, treat and provide consultation to patients patients for the purpose of palliative care of terminally ill and/or severely/chronically ill patients.

These privileges include, but are not limited to:

- Gathering a history
- Performing a physical examination
- Assessing pertinent diagnostic studies
- Forming a treatment plan
- Directing treatment
- Prescribing medication
- Prescribing palliative and post acute services

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

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

Hospice & Palliative Care Clinical Privileges

Check below the particular privileges desired in Hospice & Palliative 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				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)
Hospice & Palliative Care Core					
Hospice & Palliative Pediatric Care Core					
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