

## **SPECIALTY OF GASTROENTEROLOGY**

### **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 and subspecialty certification in Gastroenterology.
- Or**
- Current board certification in Pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics, and subspecialty certification in Gastroenterology.
- Or**
- Successful completion of an accredited ACGME or AOA accredited post-graduate training program in Internal Medicine or Pediatrics and completion of an accredited ACGME or AOA accredited post-graduate training program in Gastroenterology 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 defined 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) 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 performed 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>Gastroenterology Core</b></p>	<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 Gastroenterology</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 Gastroenterology and board certification within 5 years of completion.</p> <p><b><u>In order for Moderate Procedural Sedation to be a Gastroenterology Core privilege, applicant must:</u></b>  <u>Provide her/his Program Director's verification of successful performance of, and clinical competency in providing moderate procedural sedation.</u></p> <p><b><u>AND</u></b>  <u>Successfully complete the MLH Cornerstone module Moderate Sedation For Non-Anesthesia Staff</u></p> <p><b><u>OR</u></b>  <u>Gastroenterologists who currently hold the Moderate Procedural Sedation privilege and successfully met the maintenance requirement for this privilege during their previous credentialing cycle are eligible to have moderate</u></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 GI Bleed, and First 5 cases EGD, Colonoscopy with or without polyp removal</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>

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	<u>procedural sedation added as a core Gastroenterology privilege.</u>			
<b>Gastroenterology Pediatric Core</b>	Current board certification in Pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics and subspecialty certification in Gastroenterology <b>Or</b> Successful completion of an ACGME or AOA accredited post-graduate training program in Pediatrics and completion of an ACGME or AOA accredited post-graduate training program in Gastroenterology and board certification within 5 years of completion.	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.  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 3 admissions, and first 5 cases: EGD (2), colonoscopy (1), polypectomy (1), and Liver biopsy (1)	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>Balloon Assisted Enteroscopy</i>	Successful completion of a postgraduate ACGME Gastroenterology/Endoscopy Residency that includes balloon assisted enteroscopy evidenced by case logs and attestation from Program Director. <b>Or</b> Completion of Balloon assisted enteroscopy procedure training course as evidenced by a certificate of completion.	Case log documenting successful performance of at least 5 procedures within the past 24 months  <b>Or</b> Completion of 2 successfully proctored cases as evidenced by submission of proctor evaluation forms.	First 5 cases	Case log documenting the performance of at least 5 procedures within the previous 24 months
<i>Endoscopic Laser</i>	Successful completion of an ASGE approved eight-hour minimum CME course that includes training in laser	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

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	<p>principles and safety, basic laser principals, laser tissue interaction, discussions of the clinical specialty field and hands-on experience with lasers. Must provide documentation outlining the successful completion and contents of the course.</p> <p><b>Or</b></p> <p>Documentation of successful completion of an approved Residency in a specialty or subspecialty which included training in laser principles.</p>			
<i>ERCP (Therapeutic) &amp; Papillotomies</i>	Successful completion of a postgraduate ACGME Gastroenterology/Endoscopy Residency that includes Advanced Endoscopic training in ERCP and related therapeutic procedures.	<p>If applying directly from training, case log documenting the performance of at least 150 procedures within the previous 24 months</p> <p>If not applying directly from training, case log documenting the performance of at least 150 procedures, with a minimum of 10 procedures within the previous 24 months.</p>	First 5 cases	Case log documenting the performance of at least 10 procedures within the previous 24 months

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<i>Endoscopic Submucosal Dissection (ESD)</i>	Successful completion of a postgraduate ACGME Gastroenterology/Endoscopy Residency that includes endoscopic submucosal dissection (ESD) as evidenced by case logs and attestation from Program Director. <b>Or</b> Completion of ESD procedure training course, which includes didactic and cadaver laboratory training as evidenced by a certificate of completion.	If applicant is experienced in ESD: Provide a case log of 5 cases performed in the past 24 months.  <b>OR</b> Certificates validating successful completion of a minimum of two ESD training programs  <b>AND</b> The first 5 cases shall be limited to distal stomach and rectum.  <b>THEN</b> For ESD cases in the esophagus, the proximal stomach or colon cases proximal to the rectum, five (5) successfully proctored cases as evidenced by proctor evaluation forms are required. See the Credentials Policies section 24.0 External Proctor for details.	First 2 cases	Case log documenting the performance of 2 procedures within the previous 24 months.
<i>Pneumatic Dilation for Achalasia</i>	Successful completion of a postgraduate ACGME Gastroenterology/Endoscopy Residency that includes Advanced Endoscopic training where Pneumatic Dilation for Achalasia was included.	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>Endoscopic Ultrasounds/Fine Needle Aspirations</i>	Successful completion of a postgraduate ACGME Gastroenterology/Endoscopy Residency that included Advanced Endoscopic training where Diagnostic Ultrasound, and Fine Needle Aspirations was included.	Case log documenting the performance of at least 190 procedures within the previous 48 months including at least 75 mucosal tumor (esophagus, stomach, rectum) cases, 40 submucosal abnormality cases, and 75 pancreaticobiliary cases	First 5 cases	Case log documenting the performance of at least 10 procedures within the previous 24 months
<b>Internal Medicine Core</b>	Current board certification in Internal Medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.	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	N/A	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.

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	<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>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>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 Core</b>	<p>Current board certification in Pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics.</p> <p>OR</p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in Pediatrics 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>	N/A	<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>

**Gastroenterology Core Privilege:** Admit, evaluate, diagnose, treat and provide consultation to patients except where specifically excluded from practice, with diseases, injuries, and disorders of the digestive organs including the stomach, bowels, liver, and gallbladder, and related structures such as the esophagus, and pancreas including the use of diagnostic and therapeutic procedures using an endoscope to see internal organs.

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 the specialty include the procedures listed below:**

- Internal Medicine Core
- EGD with or without biopsy
- Total Colonoscopy with or without biopsy
- Hemostasis (upper and lower)
- Flexible sigmoidoscopy with or without biopsy
- PEG
- Esophageal dilatation
- Enteral/Parenteral Alimentation
- Percutaneous Liver Biopsy
- Tumor Ablation
- Esophageal/Duodenogastric/Colon Enteral Stent Placement
- Moderate Procedural Sedation (when criteria are met)

**Gastroenterology Pediatric Core Privilege:** Admit, evaluate, diagnose, consult, and provide care to infants, children, adolescents and young adults with diseases, and disorders of the digestive system, stomach, intestines, and related structures such as the esophagus, liver, gallbladder, and pancreas.  
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 pediatric gastroenterology include the procedures listed below:**

- Pediatric Core
- Diagnostic EGD includes biopsy and polypectomy
- Total colonoscopy with biopsy
- Snare Polypectomy
- Nonvariceal hemostasis (upper and lower)
- Variceal
- Esophageal dilation with guidewire
- PEG
- Hydrogen Breath Test
- Esophageal Manometry
- Ano-rectal Manometry
- Anal dilatation
- Esophageal pH Monitoring
- Percutaneous Liver Biopsy
- Pediatric Diagnostic Upper Panendoscopy
- Tumor Ablation
- Esophageal/Duodenogastric/Colon Enteral Stent Placement



**Internal Medicine Core Privilege:**

Admit, evaluate, diagnose, treat and provide consultation to patients 13 and above admitted with both common and complex illnesses of cancer, infections and diseases affecting the heart, blood, kidneys, joints and the digestive, respiratory and vascular systems and treatment of common problems of the eyes, ears, skin, nervous system and reproductive organs.

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
- Lumbar puncture
- Thoracentesis
- Exercise testing
- EKG interpretation

**Pediatric Core Privilege:**

Admit, evaluate, diagnose and treat patients ages 0-18 for common illnesses and injuries including disorders common to general pediatric diseases and conditions.

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:**

- Bone marrow aspiration
- Burns, superficial and partial thickness
- I&D of superficial abscess
- Local anesthetic techniques
- Lumbar puncture
- Management uncomplicated minor closed fractures and dislocations
- Perform simple skin biopsy or excision
- Peripheral arterial puncture
- Digital peripheral nerve blocks
- Placement of anterior and posterior nasal hemostatic packing
- Pre-operative and postoperative medical care for surgical patients
- Removal of foreign body by speculum, forceps, or superficial incision
- Removal of non-penetrating corneal foreign body
- Suprapubic bladder aspiration
- Suture uncomplicated lacerations
- Venipuncture

**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.

**Endoscopic Ultrasounds/Fine Needle Aspirations, includes:**

- Mucosal Tumors
- Submucosal Lesions (Only)
- Mucosal and Submucosal (Combined)
- Pancreaticobiliary
- EUS Guided FNA: Non-Pancreatic
- EUS Guided FNA: Pancreatic
- Comprehensive Competence
- Diagnostic Ultrasound

**Balloon Assisted Enteroscopy** - Indications include the need for treatment of small intestinal lesions found on other gastrointestinal exams. The procedure is not used as a first line therapy and is performed only after careful evaluation by the gastroenterologist. Most procedures are done for bleeding lesions and worrisome lesions or masses identified by other modalities, polyps in patients with hereditary syndromes, retained foreign objects, and small bowel strictures.

**Endoscopic Submucosal Dissection (ESD)**

**Patient selection criteria:** Patients with benign gastrointestinal neoplasms or superficial malignant gastrointestinal neoplasms in which en bloc resection is preferred or in which alternative endoscopic methods are not feasible. The first 5 cases shall be limited to distal stomach and rectum.

**A provider's initial cases in esophagus, proximal stomach or colon cases proximal to the rectum require 5 successfully proctored cases. See the Credentials Policies section 24.0 External Proctor for details.**

**Administration of moderate sedation:** See Credentialing Policy for Procedural Sedation for Non-Anesthesia Staff.  
If criteria are not met for inclusion as core privilege, a separate DOP, ACLS, NRP or PALS certification are required.

## Gastroenterology Clinical Privileges

Check below the particular privileges desired in Gastroenterology 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)
Gastroenterology Core					
Gastroenterology Pediatric Core					
<b>Specials</b>					
Balloon Assisted Enteroscopy					
Endoscopic Laser					
Endoscopic Submucosal Dissection (ESD)					
ERCP (therapeutic) & Papillotomies					
Pneumatic Dilation for Achalasia					
Endoscopic Ultrasounds/Fine Needle					
<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