SPECIALTY OF ALLERGY & IMMUNOLOGY
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 Allergy & Immunology.
Or
Current board certification in Pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics and subspecialty certification in Allergy & Immunology.
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 Allergy & Immunology 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: 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:
  o 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.
  o 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.
  o 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.
<table>
<thead>
<tr>
<th>Specialty/Procedure Delineation of Privilege Form</th>
<th>Education/Training Documentation for Initial Granting</th>
<th>Initial Application (Proof of current clinical competence)</th>
<th>FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)</th>
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<td>5 cases including Asthma, Anaphylaxis, Urticaria / Angioedema, Drug Allergy, Atopic Dermatitis or Recurrent Infection</td>
<td>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.</td>
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**Allergy & Immunology Core Privilege Description:** Admit, evaluate, diagnose, provide consultation and manage patients of all ages except where specifically excluded from practice, presenting with conditions or disorders involving the immune system, both acquired and congenital. Selected examples of such conditions include asthma, anaphylaxis, rhinitis, eczema, urticaria, and adverse reactions to drugs, foods, and insect stings as well as immune deficiency diseases (both acquired and congenital), defects in host defense, and problems related to autoimmune disease, organ transplantation or malignancies of the immune system, including the provision of consultation.

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
- allergy testing and desensitization,
- pulmonary function studies: spirometry and challenge testing
- patch testing for contact dermatitis
- immunotherapy
- evaluation for immunodeficiency
- cell-mediated skin testing
- administration of monoclonal antibodies

**Allergy & Immunology Pediatric Core Privilege Description:** Admit, evaluate, diagnose, provide consultation and manage patients of all ages except where specifically excluded from practice, presenting with conditions or disorders involving the immune system, both acquired and congenital. Selected examples of such conditions include asthma, anaphylaxis, rhinitis, eczema, urticaria, and adverse reactions to drugs, foods, and insect stings as well as immune deficiency diseases (both acquired and congenital), defects in host defense, and problems related to autoimmune disease, organ transplantation or malignancies of the immune system, including the provision of consultation.

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- immunotherapy
- evaluation for immunodeficiency
- cell-mediated skin testing
- administration of monoclonal antibodies

**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.

Administration of moderate sedation: See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists.
Requires: Separate DOP, ACLS, NRP or PALS certification
Allergy & Immunology Clinical Privileges

Check below the particular privileges desired in Allergy & Immunology for each facility:

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

<table>
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<tr>
<th>Privilege Description</th>
<th>Neonates (0-28 days)</th>
<th>Infants (29 days–2 Years)</th>
<th>Children &amp; Adolescents (2-18 years)</th>
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Limitations

Clinical privileges are granted only to the extent privileges are available at each facility.

Lightly shaded areas represent privileges granted only to those practitioners holding a valid contract to provide those services.

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 __________________________________________________

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