

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.

Emergency Medicine Board Certification – Adult Hospitals

Effective October 24, 2024, the Board of Directors relaxed the following requirements previously implemented on July 1, 2023, for a period of three years to allow for adult class II applicants to apply for membership and/or clinical privileges.

- Board Certification in Emergency Medicine is required for all initial applicants seeking membership and privileges for Adult Emergency Medicine privileges.
- Physicians who were granted Emergency Medicine Core – Adult Class II Privileges, prior to July 1, 2023, and have maintained Board Certification in Internal Medicine or Family Medicine or otherwise grandfathered per Medical Staff Bylaws, may apply for reappointment.

| Privilege | Initial Application Required Education and/or Training | Initial Application Current Clinical Competence (CCC) | Reappointment Retrospective review of cases performed at MLH facility (FPPE) |
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| Emergency Medicine Core Adult – Class I | <p>Moonlighting physicians must be in their third year of their post-graduate ABMS Emergency Medicine training program, i.e. UTHSC-Memphis, ACGME accredited residency.</p> <p>AND, Current ACLS and PALS certification</p> | Case logs from current residency program for past 12 months. | FPPE: First 5 cases/patients treated in the main Emergency Department, excluding Fast Track patients. |
| Emergency Medicine Core Adult – Class II | <p>Current Board Certification in Internal Medicine, Family Medicine, or Internal Medicine/Pediatrics by the American Board of Internal Medicine or Family Medicine OR the American Osteopathic Board of Internal Medicine or Family Practice</p> <p>AND, Current ACLS and PALS certification Current ATLS certification or obtain within one year of granting of privileges.</p> <p>AND Internal Medicine and Internal Medicine /Pediatric physicians must have additional OB emergency care training, either through the “Emergencies in Clinical Obstetrics” course by the American College of Obstetrics and Gynecology or 6 hours of CMEs in OB Emergencies, including management of precipitous OB deliveries and peri-partum complications.</p> <p>This certification must be renewed every three years. Initial Family Medicine trained physicians and current EM credentialed Class II physicians are exempt from the additional OB emergency care requirement.</p> | Must have 6000 hours of Emergency Medicine experience. | <p>FPPE: First 5 cases/patients treated in the main Emergency Department, excluding Fast Track patients.</p> <p>Current ATLS* *existing physicians must obtain ATLS certification within one year of DOP amendment approval.</p> |
| Emergency Medicine Core Adult – Class III | <p>Current Board certification in Emergency Medicine by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine</p> <p>OR, Successful completion of ACGME or AOA accredited post- graduate training program in Emergency Medicine and board certification within 5 years of completion.</p> | Case logs for past 12 months of practice in Emergency Medicine. | FPPE: First 5 cases/patients treated in the main Emergency Department, excluding Fast Track patients. |

| Privilege | Initial Application Required Education and/or Training | Initial Application Current Clinical Competence (CCC) | Reappointment Retrospective review of cases performed at MLH facility (FPPE) |
|---|--|---|--|
| Emergency Medicine Core Pediatrics – Class I | Physicians actively in their third or fourth year of post- graduate training in an ACGME or AOA Accredited program in Emergency Medicine, Pediatrics, or Internal Medicine/Pediatrics. AND, Must have approval of their training program director and the Medical Director of Pediatric Emergency Medicine AND, Current PALS certification OR, Moonlighters: Fellows in an ABMS Pediatric Emergency Medicine training program are eligible to work in double coverage environments, alongside an EM Pediatrics Class III privileged physician and at the discretion of the fellowship program director. Fellows in this program are eligible for Class III privileges, not Class II, upon completion of fellowship. | Case logs from current training program for past 12 months. | FPPE: 15-20 randomly selected charts reviewed monthly for the first three months. First 5 sedations monitored by an EM Pediatrics Class III provider. |
| Emergency Medicine Core Pediatrics – Class II | Physicians must have current board certification in Emergency Medicine, Pediatrics, or Internal Medicine/Pediatrics. OR, Successful completion of ACGME or AOA accredited post- graduate training program in Emergency Medicine, Pediatrics, or Internal Medicine/Pediatrics and board certification within 5 years of completion. AND, Current PALS certification except physicians who are Board Certified or Board Eligible in Emergency Medicine. | Case logs for past 12 months of practice in specialty. | FPPE: First 5 cases/patients treated in the main Emergency Department, excluding Fast Track patients. |
| Emergency Medicine Core Pediatrics – Class III | Current board certification in Pediatric Emergency Medicine by the American Board of Pediatrics, or the American Board of Emergency Medicine. OR, Successful completion of an American Board of Pediatrics or ACGME accredited post graduate training program in Pediatric Emergency Medicine and Board certification within 5 years of completion. | Case logs for past 12 months of practice in Pediatric Emergency Medicine. | FPPE: First 5 cases/patients treated in the main Emergency Department, excluding Fast Track patients. |

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.

Core Privileges for Emergency Medicine and Pediatric Emergency Medicine

Assess, evaluate, diagnose and initially treat patients except as specifically excluded from practice who present to the Emergency Department with any symptom, illness, injury or condition and provide services necessary to ameliorate minor illnesses or injuries; stabilize patients with major illnesses or injuries and to assess all patients to determine if additional care is necessary. Privileges do not include long-term care of patients on an inpatient basis. No privileges to admit or perform scheduled elective procedures with the exception of procedures performed during routine emergency room visits.

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

Cardiology

- Cardiopulmonary Resuscitation
- Defibrillation
- Electrical Cardioversion

Critical Procedures

- Abdominal Paracentesis
- Arterial puncture
- Aspiration Procedures
- Chest tube insertion
- Cricothyrotomy
- Cut down
- Emergency Point of Care Ultrasound
- External Cardiac pacing
- Gastric lavage
- Intraosseous infusion device placement
- Intubation: endotracheal, nasotracheal
- Line placement: intravenous, peripheral, central venous, arterial, EJ, US guided
- Lumbar puncture
- Pericardiocentesis
- Peritoneal lavage
- Subdural tap
- Suprapubic aspiration /catheterization, device change
- Thoracentesis
- Thoracotomy – emergency
- Transvenous pacemaker insertion
- Umbilical vessel catheterization
- Venipuncture

Otolaryngology

- Aspirate abscess on tonsil
- Foreign body removal – ear, nose, throat
- Myringotomy
- Nasal packing – anterior, posterior
- Reimplantation of tooth
- Treatment of mandible dislocation
- Treatment of nasal fracture

Orthopedic Treatment/Procedures

- Emergency joint reduction
- Application of extremity splints, casts
- Arthrocentesis joints: medium, large
- Cast removal or bivalving
- Compartment pressure evaluation
- Elbow subluxation
- Fractures: clavicle, distal phalanx, great toe
- Fractures: emergency reduction

Obstetrical Care

- Assess fetal heart tones
- Emergency obstetrical delivery (vaginal)
- Post-Mortem/Peri-Mortem surgical delivery

Surgical Treatment/Procedures

- Aspiration of corpus for priapism
- Bronchoscopy
- Complex wound/laceration repair
- Corneal foreign body removal
- Debridement of skin
- Emergency fasciotomy
- Incision and drainage of abscesses
- Incision and drainage of cyst: Bartholin, pilonidal, sebaceous
- Incision and drainage of thrombosed hemorrhoid
- Lateral Canthotomy
- Reconstruction of nail bed
- Reduction of paraphimosis
- Reduction of rectal prolapse
- Removal of intrauterine device
- Removal of subcutaneous foreign body
- Repair of lacerations not involving nerve or tendon repair
- Replacement of gastrostomy tube
- Tonometry and slit lamp examination
- Urethral catheterization

*Procedures are performed as applicable to the patient's age, privileges granted, standard practice within an adult or pediatric facility and/or the physician's level of training.

Focused Ultrasound

- Used to diagnose acute life-threatening conditions and guide invasive procedures and management of medical conditions.

Point of Care Ultrasonography (Diagnostic, Procedural) as part of Core privileges**Class III only – Adult and Pediatric**

Performed at the bedside simultaneously with clinical examination, resuscitation or procedure to answer a single focused clinical question in a timely manner. The following ultrasounds may be performed: procedural, trauma, and echocardiography. Includes:

- Focused assessment by sonography for trauma (FAST exam) (Class II with appropriate training)
- Pulmonary, pleural and pericardial fluid identification
- Abscess location and aspiration
- Foreign body localization
- Peri arrest scenario for pulseless electrical activity
- AAA screening in symptomatic patients
- Ocular Ultrasonography
- IVC Measurement For Fluid Resuscitation
- Emergent ultrasound, as needed, including Cardiac, Renal, Biliary to assess for life-threatening conditions

Administration of Moderate and/or Deep Procedural Sedation in Emergency Departments

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|--------------------------------|--|
| EM Core Adult – Class I | Included in core privileges for moonlighters who are in their third year of an approved EM training program. |
| EM Core Adult – Class II | Not included in core privileges. Request sedation privileges. Refer to Moderate Sedation DOP and Procedural Sedation for Non-Anesthesia Staff Policy. Must complete special education for moderate and/or deep sedation. |
| EM Core Adult – Class III | Included as part of core privileges. |
| EM Core Pediatrics – Class I | Residents do not have sedation privileges. Included in core privileges for fellows in EM training program. |
| EM Core Pediatrics – Class II | Physicians in this class serve as primary attending physician when working in Fast Track or Urgent Care. If working in the hospital's Emergency Department, then request sedation privileges. Refer to Moderate Sedation DOP and Procedural Sedation for Non-Anesthesia Staff Policy Must complete special education for moderate sedation. |
| EM Core Pediatrics – Class III | Included as part of core privileges. |



Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital

Delineation of Clinical Privileges
SPECIALTY OF EMERGENCY MEDICINE

Emergency Medicine Privileges

Check (☑) applicable age categories for each privilege requested for each facility.

| | Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, North, South & University | | | Methodist Healthcare – Olive Branch Hospital (MHOBH) |
|--|---|--------------------|-----------------|--|
| Emergency Medicine - Adult Core Clinical Privileges | All Ages | | | All Ages |
| EM Core Adult - Class I | | | | |
| EM Core Adult - Class II | | | | |
| EM Core Adult - Class III | | | | |
| | Methodist Healthcare - Le Bonheur Children's Hospital, Le Bonheur Urgent Care or Germantown Pediatric Emergency Department | | | |
| Emergency Medicine - Pediatric Core Clinical Privileges | Ages (0-18) | Ages (0-21) | All Ages | |
| EM Core Pediatrics - Class I | | | | |
| EM Core Pediatrics - Class II | | | | |
| EM Core Pediatrics - Class III | | | | |
| Special Privileges | | | | |
| Thoracentesis – EM Ped Class I Limit: Proctor Required | | | | |
| Central Venous line placement – EM Ped Class I Limit: Proctor Required | | | | |
| Limitations | Clinical privileges are granted only to the extent privileges are available at each facility. | | | |
| | <i>Darkly shaded areas represent privileges that are not available or performed at the facility.</i> | | | |



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, and
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency and in such situation my actions are governed by the applicable Medical Staff governance document or related MLH policies.

Physician's Signature

Printed Name

Date