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## 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](http://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.

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## 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.



Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital

**Delineation of Clinical Privileges  
Specialty of Certified Physician Assistant - Hospital**

Privilege	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	Maintenance Requirements
<b>Certified Physician Assistant Core</b>	<p>Current national board certification as a physician assistant from the (NCCPA)</p> <p><b>And</b> Current, unencumbered license to practice as a Certified Physician Assistant, in the state of his/her practice, as applicable to the requested core privileges</p> <p><b>And</b> Current Drug Enforcement Agency (DEA) number or registration in the state of his/her practice, as applicable</p> <p>*If providing Hospitalist team coverage: ACLS required. Current practitioners will be allowed 6 months from Board approval of new criteria to obtain.</p>	Case log documenting 10 inpatient encounters during the previous 12 months at the practitioners primary practice facility	FPPE: First 5 cases
<i>Central venous access</i>	Documentation of training in procedure, supervising physician must validate	Case log documenting 5 procedures during the previous 12 months	FPPE: First 5 procedures  Case log documenting 5 procedures during the previous 12 months
<i>Chest tube placement</i>	Documentation of training in procedure, supervising physician must validate	Case log documenting 5 procedures during the previous 12 months	FPPE: First 5 procedures  Case log documenting 5 procedures during the previous 12 months
<i>Intubation</i>	Documentation of training in procedure, supervising physician must validate	Case log documenting 5 procedures during the previous 12 months	FPPE: First 5 procedures  Case log documenting 5 procedures during the previous 12 months
<i>Lumbar punctures</i>	Documentation of training in procedure, supervising physician must validate	Case log documenting 5 procedures during the previous 12 months	FPPE: First 5 procedures  Case log documenting 5 procedures during the previous 12 months
<i>Open Bridging &amp; Endoscopic Vessel Harvest: Open technique, Bridging technique or Endoscopic technique</i>	Documentation of training in procedure, supervising physician must validate	Case log documenting 5 procedures during the previous 12 months	FPPE: First 5 procedures  Case log documenting 5 procedures during the previous 12 months
<i>Peripherally Inserted Central Catheters</i>	Documentation of training in procedure, supervising physician must validate	Case log documenting 5 procedures during the previous 12 months	FPPE: First 5 procedures  Case log documenting 5 procedures during the previous 12 months
<i>Surgical Assist</i>	Documentation of training in procedure, supervising physician must validate	Case log documenting 5 procedures during the previous 12 months	FPPE: First 5 procedures



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Delineation of Clinical Privileges  
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Privilege	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	Maintenance Requirements
			Case log documenting 5 procedures during the previous 12 months

**Scope of Service and Responsibility:**

Scope of service is based upon education, clinical training, demonstrated skills and capacity to manage procedurally related complications. The PA-C will collaborate with the supervising physician in admitting, managing care, and discharging patients from the hospital and provide select medical/surgical services when within their training and skills when delegated by the physician that are a component of the supervising physician’s scope of practice.

The PA-C shall be in compliance with all applicable state and hospital rules including, but not limited to, supervision, protocols, patient reviews, and prescriptions.

**Clinical Supervision Requirements:**

The supervision of the PA-C will be compliant with all applicable state rules and regulations.

**Core Privilege**

Consistent with the intent of the state rules and regulations, privileges serve the purpose to maximize the collaborative practice of PA-C and supervising physicians in a manner consistent with quality health care delivery. Therefore, written agreements developed jointly by the supervising physician and the PA-C will guide the ongoing medical management of patients and the following privileges.

1. Perform and document initial and subsequent history and physicals. The supervising physician validates the final documented diagnosis after reviewing and confirming the history and physical findings within ten (10) days.
2. Conduct rounds, develop and implement patient management plans, record progress notes, and provide continuity of care. This is not in lieu of daily visits by the supervising physician or a physician who is responsible to cover for the supervising physician, if the physician is directly and primarily responsible for the patient’s care (Refer to Medical Staff Rules and Regulations, Conduct of Care.)
3. Assist the supervising physician in reviewing treatment plans and ordering tests and diagnostic laboratory/radiological services.
4. Order therapies, using procedures reviewed and approved by the supervising physician
5. Order medications, treatments, tests and IV fluids, including rehabilitation and respiratory therapy treatments/services (both inpatient and outpatient) consistent with the scope of practice of the PA-C and of the supervising physician.
6. The PA-C may write prescriptions, and any prescription written and signed by the PA-C under the supervision and control of a supervising physician shall be deemed to be that of the PA-C. Controlled substances may be prescribed consistent with state rules and regulations.
7. Collaborate with supervising physician and other health care providers to provide patient care.



- 8. May prepare a discharge summary, including final diagnosis and procedures, and incorporate the physical findings, laboratory reports, and the patient’s course in the hospital. In addition the summary will indicate the instructions given the patient in reference to diet, medication, physical activity, and follow-up care. The discharging physician will certify the completed medical record.

**Core Procedures:**

- |                                              |                                  |                                    |
|----------------------------------------------|----------------------------------|------------------------------------|
| a. Dressing: application, change, removal of | d. urinary catheters: insertion, | g. removal or shortening of drains |
| b. arterial and venous puncture              | removal                          | h. removal of sutures and staples  |
| c. incision and drainage of abscesses        | e. removal of arterial lines     | i. wound care, cleanse and debride |
|                                              | f. removal of chest tubes        |                                    |

**Process Protocol**

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The Certified Physicians Assistant in collaboration with the supervising physicians identifies the following evidence-based resources, texts, and reference documents that are applicable standards of care and provide the applicable process protocols for care management:

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**Consultation:**

The Certified Physicians Assistant will be managing Primary, Secondary, and Tertiary care conditions for the above described patient population. In general, communication with a physician will be sought for all of the following situations and any others deemed appropriate:

- Whenever situations arise which go beyond the intent of the Protocols or the competence, scope of practice or experience of the Certified Physicians Assistant.
- Whenever patient conditions fail to respond to the management plan in an appropriate time.
- Any rare or unstable patient conditions.
- Any patient conditions which do not fit the commonly accepted diagnostic patterns for a disease or disorder.

- Any unexplained physical examination or historical finding.
- At the request of the patient, the Certified Physician's Assistant or the physician.
- All emergency situations after initial stabilizing care has been started.

Whenever a physician is consulted, a notation to that effect, including the physician's name, must be made in the medical record.

## **Special Procedures**

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The applicant must provide documentation of current clinical competence in performing the procedure consistent with the criteria set forth in medical staff policies governing the exercise of specific privileges and the appended 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.

Previously credentialed PA-C presently performing the following procedures must attest to their experience and outcomes below. The supervising physician must validate this.

### **Central venous access (femoral, internal jugular, and subclavian)**

**Chest tube placement:** The non-emergent placement of a chest tube with the direct supervision of a physician

**Intubation: oral and nasal, and rapid sequence**

**Lumbar punctures**

**Vein Harvest: Open, Bridging, or Endoscopic techniques** - Documentation of completion of an approved course.

**Peripherally Inserted Central Catheters:** Independent placement of PICC requires the documentation of completion of an approved course.

### **Surgical Assist (Including but not limited to the following:**

- Using instruments/medical devices
- Providing exposure
- Handling and/or cutting tissue
- Providing hemostasis
- Suture insertion & removal



Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital

Delineation of Clinical Privileges  
Specialty of Certified Physician Assistant - Hospital

### Certified Physician Assistant Clinical Privileges

Check below the particular privileges desired as Certified Physician Assistant 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)
Certified Physician Assistant Core					
<b>Special Privileges</b>					
Central venous access					
Chest tube placement					
Intubation					
Lumbar punctures					
Vessel Harvest: Open technique, Bridging technique or Endoscopic technique					
Peripherally Inserted Central Catheters					
Surgical Assist					
Specialty Focus: condition(s), disease(s) for the patient population (e.g. pediatric neurology, adult cardiology)					
<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

\_\_\_\_\_  
Practitioner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

### Acknowledgement of sponsor

I agree to abide by the clinical supervision responsibilities listed and the Certified Physicians Assistant will abide by the privileges outlined above and the appropriate facility Medical Staff Rules and Regulations.

\_\_\_\_\_  
Signature (No Stamps)  
Employing or Supervising Physician

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

ID # \_\_\_\_\_



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