

**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.

| Privilege                                      | Initial Application<br>Required Education or Training   | Initial Application<br>Current Clinical Competence  | Reappointment<br>Retrospective Review of Cases<br>Performed at MLH Facility (FPPE)  |
|--|---|---|---|
| <b>Allergy &amp; Immunology Core</b>           | <p>Current board certification in Internal Medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine <b>and</b> subspecialty certification in Allergy &amp; Immunology</p> <p><b>OR</b></p> <p>Successful completion of ACGME or AOA accredited post-graduate training programs in both:</p> <ul style="list-style-type: none"> <li>Internal Medicine</li> <li>Allergy &amp; Immunology</li> </ul> <p><b>and</b> board certification within 5 years of completion.</p> | <p>Case logs and Procedure Lists from Primary Practice Facility for previous 12 month time period</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation</p> | <p>FPPE: First 5 cases including:</p> <ul style="list-style-type: none"> <li>Asthma</li> <li>Anaphylaxis</li> <li>Urticaria / Angioedema</li> <li>Drug Allergy</li> <li>Atopic Dermatitis or Recurrent Infection</li> </ul> |
| <b>Allergy &amp; Immunology Pediatric Core</b> | <p>Current board certification in Pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics and subspecialty certification in Allergy &amp; Immunology</p> <p><b>OR</b></p> <p>Successful completion of ACGME or AOA accredited post-graduate training programs in both:</p> <ul style="list-style-type: none"> <li>Pediatrics</li> <li>Allergy &amp; Immunology</li> </ul> <p><b>and</b> board certification within 5 years of completion.</p>                                    | <p>Case logs and Procedure Lists from Primary Practice Facility for previous 12 month time period</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation</p> | <p>FPPE: First 5 cases including:</p> <ul style="list-style-type: none"> <li>Asthma</li> <li>Anaphylaxis</li> <li>Urticaria / Angioedema</li> <li>Drug Allergy</li> <li>Atopic Dermatitis or Recurrent Infection</li> </ul> |
| <b>Internal Medicine Core</b>                  | <p>Current board certification in Internal Medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.</p> <p><b>OR</b></p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in Internal Medicine <b>and</b> board certification within 5 years of completion.</p>   | <p>Case logs and Procedure Lists from Primary Practice Facility for previous 12 month time period</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation</p> | FPPE: N/A   |
| <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><b>OR</b></p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in Pediatrics <b>and</b> board certification within 5 years of completion.</p>   | <p>Case logs and Procedure Lists from Primary Practice Facility for previous 12 month time period</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation</p> | FPPE: N/A   |

## Core Privileges

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The core privileges in the following specialties include procedures outlined in lists and such other procedures that are extensions of the same techniques and skills.

### 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.

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:

- Pediatric 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

**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 Privileges:**

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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



Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital

**Delineation of Clinical Privileges  
Specialty of Allergy & Immunology**

## 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.**

| Privilege Description               | Methodist Healthcare – Memphis Hospitals (MHMH)<br>Germantown, Le Bonheur Medical Center,<br>North, South & University, Outpatient Clinics & Diagnostic Facilities |                                  |   |                                      |
|-------------------------------------|--|----------------------------------|---|--------------------------------------|
|                                     | Neonates<br>(0-28 days)  | Infants<br>(29 days–<br>2 Years) | Children &<br>Adolescents<br>(2-18 years) | Adults & Adolescents<br>(13 & Above) |
| Allergy & Immunology Core           |  |                                  |   |                                      |
| Allergy & Immunology Pediatric Core |  |                                  |   |                                      |
| 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