

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.

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 Medical Hospitalist

Privilege	Initial Application: Required Education or Training	Initial Application: Current Clinical Competence:	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
Medical Hospitalist Core	<p>1. Current board certification in Internal Medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.</p> <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>OR</p> <p>2. Current board certification in Family Medicine by the American Board of Family Medicine or the American Osteopathic Board of Family Medicine</p> <p>Or</p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in Family Medicine and Board certification within 5 years of completion.</p>	<p>Case logs and procedure list from primary practice facility for the previous 12 month time period.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p>	<p>FPPE: 5 cases including Pneumonia, CHF, Sepsis Management, or first 5 episodes of care.</p>
<i>Chest Tube Placement</i>		<p>Case log documenting successful performance of at least 5 procedures within the past 12 months</p>	<p>FPPE: First 5 cases</p> <p>Case log documenting the performance of at least 10 procedures within the previous 24 months.</p>
<i>Stress Testing</i>	<p>1. Training during an Internal Medicine residency program elective and recommendation of training director</p> <p>OR</p> <p>2. Informal Training: documentation of informal training including didactic courses or through experience gained under the supervision of a qualified physician proctor.</p>	<p>1. Current ACLS Certification</p> <p>AND</p> <p>Documentation of 50 procedures during an Internal Medicine residency program</p> <p>OR</p> <p>2. If training completed informally: documentation of 150 procedures performed during previous 3 years.</p>	<p>FPPE: First 5 procedures</p> <p>Case log documenting the performance of at least 25 procedures annually with acceptable outcomes and current ACLS certification.</p>
<i>Endotracheal Intubation</i>	<p>Provide case logs where the applicant most recently practiced documenting that the applicant has successfully performed a minimum of 35 Endotracheal Intubation techniques within the past 12 months</p> <p>OR</p> <p>Concurrent proctoring of 35 Endotracheal Intubations required by a physician who currently holds privileges to perform Endotracheal Intubation techniques</p>	<p>Case log of 35 successful endotracheal intubations within the past 12 months from primary facility</p> <p>OR</p> <p>Evaluation of 35 successfully proctored endotracheal intubations (may include 20 simulations, 15 proctored)</p>	<p>FPPE: First 5 cases</p> <p>Case log documenting 10 procedures completed during the past 24 months.</p>

Core Privileges

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.

Medical Hospitalist Core Privilege Description:

A medical specialty dedicated to the delivery of comprehensive medical care to hospitalized patients. Practitioners of hospital medicine include physicians (“hospitalists”) who engage in clinical care, teaching, research, or leadership in the field of general hospital medicine.

Admit, evaluate, diagnose, treat and provide consultation to patients 13 and above admitted with both common and complex illnesses of cancer, infections, diseases and functional disorders affecting the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, genitourinary digestive, and vascular systems and treatment of common problems of the eyes, ears, skin, nervous system and reproductive organs.

May provide care to patients in the intensive care setting in conformance with unit policies.

In addition to their core expertise managing the clinical problems of acutely ill, hospitalized patients, hospital medicine practitioners work to enhance the performance of hospitals and healthcare systems by:

- Prompt and complete attention to all patient care needs including diagnosis, treatment, and the performance of medical procedures (within their scope of practice).
- Employing quality and process improvement techniques
- Collaboration, communication, and coordination with all physicians and healthcare personnel caring for hospitalized patients
- Safe transitioning of patient care within the hospital, and from the hospital to the community, which may include oversight of care in post-acute care facilities.
- Efficient use of hospital and healthcare resources

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
 - Central Venous Line Placement
 - EKG interpretation
 - Lumbar puncture
 - Paracentesis
 - Thoracentesis
- Focused Ultrasound
 - The medical use of ultrasound technology for the bedside diagnostic evaluation of medical conditions and diagnoses, resuscitation of the acutely ill, critically ill or injured, guidance of high risk or difficult procedures, monitoring of certain pathologic states and as an adjunct to therapy
 - To diagnose acute life-threatening conditions, guide invasive procedures, and treat medical conditions to diagnose acute life-threatening conditions, guide invasive procedures, and treat medical conditions
 - A goal-directed ultrasound examination that answers brief and important clinical questions in an organ system or for a clinical symptom or sign involving multiple organ systems
 - A medical procedure, and should not be considered in conflict with exclusive "imaging" contracts seen with consultative ultrasound

Special Privileges:

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.

**Moderate Sedation
Administration**

See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists.

Requires: Separate DOP, ACLS, NRP or PALS certification



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**Delineation of Clinical Privileges
Specialty of Medical Hospitalist**

Medical Hospitalist Clinical Privileges

Check below the particular privileges desired as a Medical Hospitalist 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)
		Adults & Adolescents (13-& Above)	Adults & Adolescents (13-& Above)
Medical Hospitalist Core			
Special Privileges			
Chest Tube Placement			
Stress Testing			
Endotracheal Intubation			
Limitations	Clinical privileges are granted only to the extent privileges are available at each facility.		
	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