



## 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.

## 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: Required Education or Training	Initial Application Current Clinical Competence (CCC)	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
<b>Critical Care Medicine Core</b>	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 Critical Care Medicine  <b>OR</b> Successful completion of an ACGME or AOA accredited post-graduate training program in Internal Medicine <b>and</b> completion of an ACGME or AOA accredited post-graduate training program in Critical Care Medicine <b>and</b> board certification within 5 years of completion.	Case log/Procedure list from primary practice facility for the previous 12 month time period.  Any complications/poor outcomes should be delineated and accompanied by an explanation.	FPPE: First 5 cases of ventilator management of patient with ARDS, and first 5 Bronchoscopies
<b>Pediatric Critical Care Medicine Core</b>	Current board certification in Pediatrics by the American Board of Pediatrics <b>and</b> subspecialty certification in Critical Care Medicine  <b>OR</b> Successful completion of an ACGME or AOA accredited post-graduate training program in Pediatrics and completion of an ACGME accredited post-graduate training program in Critical Care Medicine <b>and</b> board certification within 5 years of completion.	Case log/Procedure list from primary practice facility for the previous 12 month time period.  Any complications/poor outcomes should be delineated and accompanied by an explanation.	FPPE: First 5 cases  First 5 cases of Central Venous Line Placement

Privilege	Initial Application: Required Education or Training	Initial Application Current Clinical Competence (CCC)	Reappointment Retrospective review of cases performed at MLH facility (FPPE)
<b>Anesthesia Critical Care Core</b>	Current board certification in Anesthesiology by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology <b>and</b> subspecialty certification in Critical Care Medicine  <b>OR</b> Successful completion of an ACGME or AOA accredited post-graduate training program in Anesthesiology <b>and</b> completion of an ACGME or AOA accredited post-graduate training program in Critical Care Medicine <b>and</b> board certification within 5 years of completion.	Case log/Procedure list from primary practice facility for the previous 12 month time period.  Any complications/poor outcomes should be delineated and accompanied by an explanation.	FPPE: First 5 cases
<b>Neuro Critical Care Core</b>	Current board certification in Neurology by the American Board of Psychiatry <b>and</b> Neurology or the American Osteopathic Board of Neurology and Psychiatry  <b>OR</b> Successful completion of an ACGME or AOA accredited post-graduate training program in Neurology, Neurosurgery, Internal Medicine or Emergency Medicine and board certification within 5 years of completion.  <b>And</b> Completion of fellowship training in Neuro Critical Care  <b>And/Or</b> Certification in Neuro Critical Care by the UCNS- United Council for Neurologic Subspecialties	Case log/Procedure list from primary practice facility for the previous 12 month time period.  Any complications/poor outcomes should be delineated and accompanied by an explanation.	FPPE: First 5 cases for cognitive and first 5 cases for procedures

Privilege	Initial Application: Required Education or Training	Initial Application Current Clinical Competence (CCC)	Reappointment Retrospective review of cases performed at MLH facility (FPPE)
<b>Surgical Critical Care Core</b>	Current board certification in Surgery by the American Board of Surgery or the American Osteopathic Board of Surgery <b>and</b> subspecialty certification in Critical Care Medicine  <b>OR</b> Successful completion of an ACGME or AOA accredited post-graduate training program in Surgery and completion of an ACGME or AOA accredited post-graduate training program in Critical Care Medicine <b>and</b> board certification within 5 years of completion.	Case log/Procedure list from primary practice facility for the previous 12 month time period.  Any complications/poor outcomes should be delineated and accompanied by an explanation.	FPPE: First 5 cases
<i>Bronchoscopy (NCC)</i>		Case log documenting the performance of at least 5 procedures within the previous 24 months	FPPE: First 5 cases  Case log documenting the performance of at least 5 procedures within the previous 24 months
<i>Endobronchial and Endotracheal stent/valves (Pulmonary Critical Care)</i>	Successful completion of an accredited course in endotracheal and endobronchial stent/valve placement, which includes didactic and laboratory training	Case log documenting the performance of at least 10 procedures within the previous 24 months (combination of stents/valves)	FPPE: first 5 cases  Case log documenting the performance of at least 10 procedures within the previous 24 months (combination of stents/valves)
<i>Percutaneous Tracheostomy Tube insertion</i>		Proctor evaluations for 20 successful cases within the previous 24 months	FPPE: First 5 cases  Case log documenting the performance of at least 10 procedures within the previous 24 months

## 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.

### Pulmonary Critical Care Medicine Core:

Admit, evaluate, diagnose, treat and provide consultation to patients >13 years of age, except as specifically excluded from practice, presenting with the following conditions cardiovascular diseases or circulatory disorders; trauma; shock syndromes; sepsis and sepsis syndromes; hypertensive emergencies; acute and chronic respiratory failure; acute metabolic, endocrine, electrolyte and acid- base or nutritional disturbances, including overdosages and intoxication syndromes; multi-organ failures; hematologic and coagulation disorders associated with critical illness; neurological emergencies, renal, gastrointestinal, genitourinary, musculoskeletal, and immune systems, as well as infectious diseases; critical obstetrical and gynecological disorders; management of anaphylaxis and acute allergic reactions; hemodynamic and ventilatory support of patients with organ system damage or in the post-operative period; use of paralytic agents and sedative and analgesic drugs; detection and prevention of iatrogenic and nosocomial problems in critical care medicine; and management of end of life issues.

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
- Insertion of arteriovenous catheter
- Bronchoscopy
- Emergency Cardioversion
- Emergent Temporary Pacemaker Placement
- Emergent Airway Management
- Endotracheal Intubation
- Palliative Extubation
- Chest Tube Insertion and Drainage System
- Insertion and Management of Central Venous, Pulmonary Artery and Arterial Catheters
- Management of Mechanical Ventilation
- Management of Pneumothorax (needle insertion and drainage system)
- Paracentesis
- Pericardiocentesis
- Thoracentesis
- Moderate Procedural Sedation
- Deep Procedural Sedation
- Focused Ultrasound
  - Focused ultrasound is used to diagnose acute life-threatening conditions, guide invasive procedures, and treat medical conditions
  - Focused ultrasound is 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
  - Typically, focused ultrasound is 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
  - Focused ultrasound is a medical procedure, and should not be considered in conflict with exclusive "imaging" contracts seen with consultative ultrasound

**Pediatric Critical Care Medicine Core:**

Admit, evaluate, diagnose, treat and provide consultation to pediatric patients, except as specifically excluded from practice, presenting with the following conditions: cardiovascular diseases or circulatory disorders; trauma; shock syndromes; sepsis and sepsis syndromes; hypertensive emergencies; acute and chronic respiratory failure; acute metabolic, endocrine, electrolyte and acid- base or nutritional disturbances, including overdosages and intoxication syndromes; multi-organ failures; hematologic and coagulation disorders associated with critical illness; neurological emergencies, renal, gastrointestinal, genitourinary, musculoskeletal, and immune systems, as well as infectious diseases; management of anaphylaxis and acute allergic reactions; hemodynamic and ventilatory support of patients with organ system damage or in the post-operative period; use of paralytic agents and sedative and analgesic drugs; detection and prevention of iatrogenic and nosocomial problems in critical care medicine; and management of end of life issues.

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:**

- Pediatrics Core
- Arteriovenous hemofiltration and dialysis ( CVVHD, CAVHD or renal replacement modality)
- Bronchoscopy
- Emergency Cardioversion
- Emergent Temporary Pacemaker Placement
- Emergent Airway Management
- Endotracheal Intubation
- Palliative Extubation
- Chest Tube Insertion and Drainage System
- Insertion and Management of Central Venous, Pulmonary Artery and Arterial Catheters
- Management of Mechanical Ventilation
- Extracorporeal membrane oxygenation (ECMO)
- Pericardiocentesis
- Thoracentesis
- Paracentesis
- High Frequency Oscillatory Ventilation (HFOV)
- Nitric Oxide Administration/Utilization
- Hemodialysis catheter insertion
- Ultrafiltration
- Physician direction of transport
- Moderate Procedural Sedation
- Deep Procedural Sedation

**Anesthesia Critical Care Core**

Comprehensive diagnosis, treatment and management of patients with multiple organ dysfunction in critical care units including but not limited to use of procedures such as chest tube insertion, transvenous pacemaker insertion, cardioversion, hemodialysis catheter insertion, ultrafiltration, thoracentesis, pericardiocentesis.

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:**

- Anesthesiology Core
- Chest Tube Insertion and Drainage System
- Transvenous pacemaker insertion
- Cardioversion
- Hemodialysis catheter insertion
- Ultrafiltration
- Thoracentesis
- Pericardiocentesis

**Neuro Critical Care Core**

Comprehensive multisystem care including diagnosis, treatment and management of the critically ill neurological patient as the primary care physician coordinating both the neurological and medical management of the patient and focused on the interface between the brain and other organ systems.

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:**

- Neurology Core
- Administration of intravenous and intraventricular thrombolysis
- Administration of vasoactive medications (hemodynamic augmentation and hypertension lysis)
- Central venous and arterial catheter placement;
- Direct laryngoscopy
- Emergency airway management
- Emergency Cardioversion
- Emergent Chest Tube Insertion and Drainage System
- Emergent Pericardiocentesis
- Emergency Temporary Pacemaker Insertion
- Endotracheal intubation
- Induction and maintenance of therapeutic coma and hypothermia
- Interpretation and management of ICP and CPP data
- Interpretation and performance of bedside pulmonary function tests
- Management of mechanical ventilation and airway maintenance
- Interpretation of SjvO<sub>2</sub> and PbtO<sub>2</sub> data
- Jugular venous bulb catheterization
- Management of plasmapheresis and IVIG
- Placement and management of external ventricular and lumbar drains
- Placement of parenchymal intracranial pressure monitor
- Shunt and ventricular drain tap for CSF sampling
- Thoracentesis

**Surgical Critical Care Core:**

Admit, evaluate, diagnose, treat and provide consultation to patients >13 years of age, except as specifically excluded from practice, presenting with the following conditions: cardiovascular diseases or circulatory disorders; trauma; shock syndromes; sepsis and sepsis syndromes; hypertensive emergencies; acute and chronic respiratory failure; acute metabolic, endocrine, electrolyte and acid- base or nutritional disturbances, including overdoses and intoxication syndromes; multi-organ failures; hematologic and coagulation disorders associated with critical illness; neurological emergencies, renal, gastrointestinal, genitourinary, musculoskeletal, and immune systems, as well as infectious diseases; critical obstetrical and gynecological disorders; management of anaphylaxis and acute allergic reactions; hemodynamic and ventilatory support of patients with organ system damage or in the post-operative period; use of paralytic agents and sedative and analgesic drugs; detection and prevention of iatrogenic and nosocomial problems in critical care surgery; and management of end of life issues.

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:**

- General Surgery Core
- Bronchoscopy
- Emergency Cardioversion
- Emergent Temporary Pacemaker Placement
- Emergent Airway Management
- Endotracheal Intubation
- Palliative Extubation
- Chest Tube Insertion and Drainage System
- Insertion and Management of Central Venous, Pulmonary Artery and Arterial Catheters
- Management of Mechanical Ventilation
- Management of Pneumothorax (needle insertion and drainage system)
- Paracentesis
- Pericardiocentesis
- Thoracentesis

**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





Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital

**Delineation of Clinical Privileges  
Specialty of Critical Care Medicine**

**Critical Care Clinical Privileges**

*Check below the particular privileges desired in Critical Care 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)
Critical Care Medicine Core					
Pediatric Critical Care Medicine Core					
Anesthesia Critical Care Core					
Neuro Critical Care Core					
Surgical Critical Care Core					
<b>Special</b>					
Bronchoscopy (NCC)					
Endobronchial and Endotracheal stent/valves (Pulmonary Critical Care)					
Percutaneous Tracheostomy					
<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.				



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**Delineation of Clinical Privileges  
Specialty of Critical Care Medicine**

**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