
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

Privilege	Initial Application: Required Education or Training	Initial Application Current Clinical Competence (CCC)	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
<p>Moderate Procedural Sedation (Exemptions include specialties, for which this privilege is core:</p> <ul style="list-style-type: none"> • Gastroenterology • Pulmonary Critical Care • Pediatric Critical Care • Neuro Critical Care • Emergency Medicine Class I • Emergency Medicine Class III • Pediatric Emergency Medicine Class II **if working in Fast Track or Urgent Care • Pediatric Emergency Medicine Class III • Neonatology **within Neonatology ICU 	<p>Maintain clinical privileges at the facility AND Have a working knowledge of the medications to be prescribed/utilized AND Successfully complete a MLH Dept of Anesthesia approved education module on Moderate Sedation For Non-Anesthesia Staff</p>	<p>Case log documenting the performance of at least 10 procedures within the previous 12 months AND Hold an ACLS, NRP, PALS, or demonstrate by core privilege qualification in airway maintenance or qualified exception as outlined in the Credentials Plan AND Attestation of applicant's knowledge as to whether there have been any questionable outcomes related to their use of moderate sedation</p>	<p>FPPE: First 5 cases</p> <p>Case log documenting the performance of at least 5 procedures within the previous 24 months</p> <p>AND</p> <p>Successfully complete a MLH Dept of Anesthesia approved education module on Moderate Sedation For Non-Anesthesia Staff</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.

- 1) Any physician with current deep procedural sedation privileges and successful outcomes will be granted moderate procedural sedation privileges and will not be subject to any additional requirements for FPPE, maintenance, education, etc.

Moderate Procedural Sedation Privileges:

Privileges are to be exercised within the parameters of the Procedural Sedation for Non-Anesthesia Staff Policy. Privileges include the supervision of residents to provide moderate procedural sedation.



Moderate Procedural Sedation Clinical Privileges

Check below the particular privileges desired in Moderate Procedural Sedation 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)
Moderate Procedural Sedation					
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

I have read the Moderate Procedural Sedation Policy and agree to abide by its requirements. I also attest that I meet the physician qualifications as outlined for administering moderate procedural sedation. To the best of my knowledge, I attest that there: _____ have not been any questionable outcomes related to my use of moderate procedural sedation;

_____ have been questionable outcomes related to my use of moderate procedural sedation, my explanation follows:

(Physician's Signature) _____

(Date) _____

(Printed Name) _____