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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



**Delineation of Clinical Privileges  
Specialty of Advanced Wound Care**

**Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital**

<b>Privilege</b>	<b>Initial Application: Required Education or Training</b>	<b>Initial Application Current Clinical Competence (CCC)</b>	<b>Reappointment: Retrospective review of cases performed at MLH facility (FPPE)</b>
<b>Advanced Wound Core</b>	<p>Provide documentation of residency training in Hyperbaric Medicine and satisfactory evidence from the program director of satisfactory completion</p> <p><b>OR</b> Board Certification in Hyperbaric Medicine</p> <p><b>OR</b> Documentation of training in the past year in an accredited Hyperbaric Medicine program</p> <p><b>OR</b> Provide certification of satisfactory attendance at a course in Hyperbaric Medicine and Wound Care as approved by the American College of Hyperbaric Medicine and/or the Undersea and Hyperbaric Medical Society consisting of at least 40 hours CME credits</p>	<p>Proctor evaluations for six successful cases <b>AND</b> Maintain current ACLS certification.</p>	<p>FPPE: Proctor evaluations for 6 successful cases or surgical specialty privileges</p> <p>Department chair recommendation will be obtained from primary practice facility.</p> <p>Maintain current ACLS certification.</p> <p>Data obtained from MHMH sources documenting 6 procedures within the previous 24 months.</p> <p>If the numbers obtained do not meet the minimum requirements, the practitioner will be required to submit additional case logs from other facilities.</p> <p>6 hours CME credits from the previous two years applicable to privileges in wound care.</p>
<i>Debridement- Subcutaneous &amp; Muscle</i>		Case log documenting 6 procedures within the previous 24 months	<p>FPPE: Proctor evaluations for 6 successful cases or surgical specialty privileges</p> <p>Case log documenting 6 procedures within the previous 24 months</p>
<i>Debridement- Subcutaneous &amp; Muscle/Bone</i>		Case log documenting 6 procedures within the previous 24 months	<p>FPPE: Proctor evaluations for 6 successful cases or surgical specialty privileges</p> <p>Case log documenting 6 procedures within the previous 24 months</p>
<i>I &amp; D, Abscess, Complex</i>		Case log documenting 6 procedures within the previous 24 months	<p>FPPE: Proctor evaluations for 6 successful cases or surgical specialty privileges</p> <p>Case log documenting 6 procedures within the previous 24 months</p>
<i>Cauterization</i>		Case log documenting 6 procedures within the previous 24 months	<p>FPPE: Proctor evaluations for 6 successful cases or surgical specialty privileges</p> <p>Case log documenting 6 procedures within the previous 24 months</p>



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<i>Biopsy, Bone</i>		Case log documenting 6 procedures within the previous 24 months	FPPE: Proctor evaluations for 6 successful cases or surgical specialty privileges  Case log documenting 6 procedures within the previous 24 months
<i>Preparation &amp; application of skin substitutes (bilaminate &amp; dermal)</i>		Case log documenting 6 procedures within the previous 24 months	FPPE: Proctor evaluations for 6 successful cases or surgical specialty privileges  Case log documenting 6 procedures within the previous 24 months

## 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.

### Advanced Wound Care Core Privileges:

#### Debridement:

Skin - Partial Thickness  
Skin - Full Thickness  
Skin and Subcutaneous Tissue

#### Hyperbaric Therapy

Physician Supervision-HBO<sub>2</sub> Tx

#### Other Procedures

I & D, Abscess, simple  
Biopsy Skin  
TcPO<sub>2</sub> interpretation - Multi Level  
Doppler Study – Interpretation  
Vacuum Assisted Closure Application

## 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

### Advanced Wound Care Clinical Privileges

Check below the particular privileges desired in Advanced Wound 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			
	Neonates (0-28 days)	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13-& Above)
Advanced Wound Care Core				
<b>Special Privileges</b>				
Debridements – subcutaneous muscle				
Debridements – subcutaneous muscle/bone				
I & D, Abscess, Complex				
Cauterization				
Biopsy, Bone				
Preparation and application of skin substitutes (bilaminar & dermal)				
<b>Limitations</b>	<b>Clinical privileges are granted only to the extent privileges are available at each facility.</b>			
	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