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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 Rheumatology**

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

<b>Privilege</b>	<b>Initial Application</b> Required Education and/or Training	<b>Initial Application</b> Current Clinical Competence (CCC)	<b>Reappointment</b> Retrospective review of cases performed at MLH facility (FPPE)
<b>Rheumatology Core</b>	Current board certification in Internal Medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine and subspecialty certification in Rheumatology  <b>OR</b> Successful completion of an ACGME or AOA accredited post-graduate training program in Internal Medicine and completion of an ACGME or AOA accredited post-graduate training program in Rheumatology and 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>Rheumatology Pediatric Core</b>	Current board certification in Pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics and subspecialty certification in Rheumatology  <b>OR</b> Successful completion of an ACGME or AOA accredited post-graduate training program in Pediatrics and completion of an ACGME or AOA accredited post-graduate training program in Rheumatology and 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>Internal 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>OR</b> Successful completion of an ACGME or AOA accredited post-graduate training program in Internal Medicine and 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: N/A
<b>Pediatric Core</b>	Current board certification in Pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics.  <b>OR</b> Successful completion of an ACGME or AOA accredited post-graduate training program in Pediatrics and 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: N/A

## 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.

### Rheumatology Core

Admit, evaluate, diagnose, treat and provide consultation to patients over the age of 13, except as specifically excluded from practice, with diseases of the joints, muscle, bones and tendons including but not limited to arthritis, back pain, muscle strains, common athletic injuries, and collagen diseases.

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
- Arthrocentesis
- Bursae, tenosynovial structures and entheses
- Cytotoxic therapy
- Diagnostic aspiration of synovial fluid from diarthrodial joints, bursae, and tenosynovial structures
- Intra-arterial soft tissue injections
- Intra-bursal soft tissue injections
- Immunosuppressive therapy
- Percutaneous synovial biopsy
- Punch biopsy
- Tendon sheath injections

### Rheumatology Pediatric Core

Admit, evaluate, diagnose, treat and provide consultation to pediatric patients, except as specifically excluded from practice, with diseases of inflammation or autoimmunity including but not limited to juvenile idiopathic arthritis (formerly known as juvenile rheumatoid arthritis), systemic lupus, dermatomyositis, scleroderma, vasculitis, and autoinflammatory diseases including periodic fever syndromes.

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
- Arthrocentesis
- Cytotoxic therapy
- Immunosuppressive therapy
- Punch biopsy
- diagnostic aspiration of synovial fluid from joints
- intra-articular corticosteroid joint injection

**Internal Medicine Core**

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.

**Privileges include but are not limited to:**

- Arthrocentesis
- EKG interpretation
- Exercise testing
- Lumbar puncture
- Thoracentesis

**Pediatric Core**

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



Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital

**Delineation of Clinical Privileges  
Specialty of Rheumatology**

**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.

**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 Rheumatology

## Rheumatology Clinical Privileges

Check below the particular privileges desired in Rheumatology 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)
Age Limitations	Neonates (0 - 28 days)	Infants (29 days – 2 Years)	Children & Adolescents (2 - 18 years)	Adults & Adolescents (13 & Above)	Adults & Adolescents (13 & Above)
Rheumatology Core					
Rheumatology Pediatric Core					
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

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Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name