

MIDLAND MEMORIAL HOSPITAL
Delineation of Privileges
NEONATAL-PERINATAL MEDICINE



Your home for healthcare

Physician Name: _____

Neonatal-Perinatal Medicine Core Privileges

Qualifications

Minimum threshold criteria for requesting privileges in neonatal-perinatal medicine or neonatology:

- Basic education: MD or DO
- Minimal formal training: Successful completion of an ACGME- or AOA-accredited fellowship in neonatal-perinatal medicine or neonatology.

AND

- Current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years) leading to subspecialty certification in neonatal-perinatal medicine by the ABP or in neonatology by the AOBP.
*(*Members of the Staff prior to the adoption of Bylaws 10/2007 are considered grandfathered in and are encouraged but not required to achieve board certification).*

Required current experience:

- Provision of inpatient or consultative services, reflective of the scope of privileges requested, to at least 50 neonatal patients during the past 12 months or successful completion of an ACGME- or AOAAccredited residency or clinical fellowship within the past 12 months.

References for New Applicants

If the applicant is recently trained, a letter of reference should come from the director of the applicant’s training program. Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced.

Reappointment

Reappointment should be based on unbiased, objective results of care according to the organization’s existing quality improvement measures. Applicants in neonatal-perinatal medicine must be able to document that they have current demonstrated competence and an adequate volume of experience (100 neonatal patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Please check requested privileges.

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	
<p>Core Privileges: Core privileges for neonatal-perinatal medicine include the ability to admit, evaluate, diagnose, treat, and provide consultation for sick newborns presenting with any life-threatening problems or conditions, such as breathing disorders, infections, and birth defects. Physicians may also provide care to patients in the intensive care setting in conformity with unit policies. Privileges also include the ability to coordinate care and medically manage newborns who are born prematurely, critically ill, or in need of surgery; provide consultation to mothers with high-risk pregnancies; provide care to patients in the newborn nursery and NICU in conformity with unit policies; and assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p>			<p>The core privileges include but are not limited to:</p> <ul style="list-style-type: none"> • Performance of history and physical exam • Attendance at delivery of high-risk newborns • Bone marrow aspiration • Cardiac life support, including emergent cardioversion • Endotracheal intubation • Exchange transfusion • Insertion and management of central lines • Insertion and management of chest tubes • Lumbar puncture • Neonatal resuscitation • Nutritional support • Paracentesis, thoracentesis, pericardiocentesis • Peripheral arterial artery catheterization • Peritoneal dialysis with consultation as appropriate • Postoperative care of newborns • Preliminary EKG interpretation • Suprapubic bladder tap • Umbilical catheterization • Ventilator care of infants beyond emerging stabilization

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Criteria	
Refer-and-follow privileges			Privileges include performing outpatient preadmission history and physical, ordering noninvasive outpatient diagnostic tests and services, visiting patients in the hospital, reviewing medical records, consulting with the attending physician, and observing diagnostic or surgical procedures with the approval of the attending physician or surgeon.	
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Procedure	Criteria
Non-Core Privileges: For each special request, threshold criteria (i.e., additional training or completion of a recognized course and required experience) must be established. Special requests in neonatal-perinatal medicine include.			<input type="checkbox"/> Moderate Sedation	Meet the criteria set forth by the Rules and Regulations for Anesthesia Services and complete "Requirements for Moderate Sedation Privileges" form.
			<input type="checkbox"/> Neonatal circumcision and regional block	New Applicant: Applicant who has completed a residency and/or fellowship in the last two years may submit a letter from his or her program director indicating that the special request procedure was part of his or her training. <ul style="list-style-type: none"> • If there is proof of training in circumcision, the applicant must perform the first 5 cases with a proctor. • If there is no proof of training, the applicant will need a proctor to monitor first 10 cases. The proctor will provide a written report to the Medical Staff Office or, • If the applicant has the special request privilege at an outside hospital, the hospital must provide a list of circumcision procedures performed by the applicant, including any identified quality variation. Reappointment: Documentation of 20 circumcisions in the last 24 months performed as the primary physician at MMH or in an outpatient setting without significant quality variations and within the last two years. It is expected that the practitioner will submit documentation of any adverse outcomes.

To the applicant: If you wish to exclude any privileges, please strike through the privileges that you do not wish to request and then initial.

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request. 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 Midland Memorial Hospital. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested and I understand that:

(a) In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

(b) Applicants have the burden of producing information deemed adequate by Midland Memorial Hospital for a proper evaluation of current competence, other qualifications and for resolving any doubts.

(c) I will request consultation if a patient needs service beyond my expertise.

Physician's Signature/Printed Name

Date

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/modification/explanation
Notes:

Neonatal Medical Director

Date

Department Chair/Chief Signature

Date