MIDLAND MEMORIAL HOSPITAL

Delineation of Privileges

PEDIATRICS

Your home for healthcare

Physician Name: ____

Pediatrics Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in pediatrics in the inpatient setting:

- Basic education: MD or DO
- Minimum formal training: Successful completion of an ACGME- or AOA-accredited residency in pediatrics.

AND

- Current certification or active participation in the examination process [with achievement of certification within 5 years] leading to certification in pediatrics by the ABP or 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:

- The successful applicant must have provided care, reflective of the scope of privileges requested, for at least 25 pediatric inpatients in the past 12 months or successfully completed an ACGME- or AOA-accredited 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. To be eligible to renew privileges in pediatrics, the applicant must demonstrate competence and an adequate volume of experience (50 pediatric inpatients) 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 ❑	Approved ❑	Not Approved ❑	The core privileges include but are not limited to:
Core Privileges: Core privileges in pediatrics include the ability to admit, evaluate, diagnose, treat, and provide consultation to patients from birth to young adulthood (21 years of age) concerning their physical, emotional, and social health as well as treating acute and chronic disease, including major complicated illnesses. Core privileges may also include providing care to patients in the intensive care setting in conformity with unit policies. In addition, applicants may assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.			• Attendance at delivery/c-section (Requires NRP certification) • Arterial puncture catheterization • Bladder catheterization/suprapubic aspiration • Bone marrow aspiration • EKG interpretation • Emergency pericardiocentesis • Endotracheal intubation/laryngoscopy • Incision and drainage of abscesses • Gynecologic evaluation of prepubertal and postpubertal females • Local anesthetic techniques • Lumbar puncture • Management of burns, superficial and partial thickness • Mechanical ventilation • Performance of history and physical exam • Performance of simple skin biopsy or excision • Peripheral/regional nerve blocks

			• Placement of intraosseous lines • Placement of IV lines • Reduction and splinting of uncomplicated, minor closed fractures and uncomplicated dislocations • Removal of nonpenetrating foreign bodies from the eye, nose, or ear • Subcutaneous, intradermal, and intramuscular injections • Thoracentesis tests and chest tube insertion • Umbilical artery and vein catheterization • Wound care and suture of uncomplicated lacerations
Requested ❑	**Approved ❑**	**Not Approved ❑**	**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 ❑	**Approved ❑**	**Not Approved ❑**	**Procedure**
Clinical Fellowship – Pediatric Cardiology			• Performance of history and physical exam • Ambulatory EKG monitoring studies • Cardioversion • Diagnostic right- and left-heart cardiac catheterization • Electrocardiography and echocardiography interpretation • Exercise testing with EKG monitoring • Intracardiac electrophysiologic studies • Pericardiocentesis and thoracentesis • Selective angiocardiography • Transthoracic echocardiography

Requested ❑	**Approved ❑**	**Not Approved ❑**	**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 pediatrics include.			❑Neonatal circumcision and regional block	**<u>New Applicant</u>:** 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. • 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. **<u>Reappointment</u>:** 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.

			❑ Lingual Frenotomy	**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 indicating that the special request procedure was part of his or her training. If there is proof of training in frenotomy, 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 the first 5 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 frenotomies performed by the applicant, including any identified quality variation. **Reappointment**: Documentation of 10 frenotomies 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 2 years. It is expected that the practitioner will submit documentation of any adverse outcomes
			❑ Moderate Sedation	Meet the criteria set forth by the Rules and Regulations for Anesthesia Services and complete "Requirements for Moderate Sedation Privileges" form.

Requested ❑	Approved ❑	Not Approved ❑	Privilege/Criteria
Current Privileges: List any current privileges not listed above in core or non-core. These privileges will remain in effect until the end of the current appointment period and then will be moved up to the appropriate core/non-core section. Please provide criteria and supporting documentation to medical staff office for any non-core privileges listed.			**Core** ❑ ____________________ ❑ ____________________ ❑ ____________________
			Non-Core ❑ ____________________ ❑ ____________________ ❑ ____________________

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:

____

____

______________________________________ __________________________

Department Chair/Chief Signature Date