

DETROIT MEDICAL CENTER

DEPARTMENT OF PEDIATRICS

**DELINEATION OF PRIVILEGES IN PEDIATRIC
ALLERGY, IMMUNOLOGY, RHEUMATOLOGY AND HIV MANAGEMENT**

Applicant Name _____

PLEASE PRINT

QUALIFICATIONS:

Effective July 1, 2009, all new applicants to the DMC will be required to be board certified or in the active certification process in their practice specialty. See attached addendum.

“Affiliate Status, Membership Only” Status

Initial applicants: If you will only be referring patients to the DMC/Children’s Hospital of Michigan, you may wish to apply for Affiliate Status, Membership Only (no clinical privileges). This will allow an affiliation without having to meet other medical staff requirements.

Reappointment applicants: Those practitioners that do not meet minimum eligibility requirements to hold clinical privileges and/or have insufficient DMC based volume to provide for an ongoing professional practice evaluation and/or have an office-based practice only, but wish to maintain a DMC affiliation, may request Affiliate Status, Membership Only (no clinical privileges).

PRIVILEGES REQUESTED:

(R)-Requested (A)-Recommend Approval as Requested (C)-Recommend with Conditions (N)-Not Recommended

Note: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason must be stated below or on the last page of this form and discussed with the applicant.

Applicant: Please place a check mark in the (R) column for each privilege requested.

(R) (A) (C) (N)

AFFILIATE STATUS, MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES

Practice is limited to outpatient office (ambulatory) only. No inpatient privileges.

Do Not Complete The Remainder Of This Form. Sign on page 7 and submit.

DELINEATION OF PRIVILEGES IN PEDIATRIC
ALLERGY, IMMUNOLOGY, RHEUMATOLOGY AND HIV MANAGEMENT

Applicant Name _____

PLEASE PRINT

PEDIATRIC ALLERGY/IMMUNOLOGY

Category A:

Privileges require completion of an ACGME or AOA accredited residency program in Pediatrics or Internal Medicine with board certification and sub-specialty training in Allergy/Immunology and actively participating in the examination process leading to board certification within five (5) years by the American Board of Allergy-Immunology.

Category B:

Privileges may be granted to an adult trained non-pediatric clinical allergist or immunologist, who, in the opinion of the Pediatric Allergy/Immunology Division Chief, and Chief of Pediatrics is capable of performing diagnostic consultation and/or specialty services urgently needed in the care of a critically ill child or one with a diagnostic problem.

Required Previous Experience:

The applicant must demonstrate that he has provided care to at least **30** allergy or primary immune deficient patients during the past 12 months. This requirement is waived for those who have completed an ACGME/AOA Allergy/Immunology fellowship program within the previous two years.

Special Procedures:

Successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable program; and demonstration of indications for the procedure, test, and/or therapy, plus documentation of competence, via focused professional performance evaluation, to obtain and retain clinical privileges as set forth in department policies governing the exercise of specific privileges.

Reappointment Requirements:

Current demonstrated competence as determined through ongoing professional performance evaluations and an adequate volume of acceptable results in the privileges requested for the past 24 months according to the results of quality assessment activities and outcomes.

PRIVILEGES REQUESTED:

(R)-Requested (A)-Recommend Approval as Requested (C)-Recommend with Conditions (N)-Not Recommended

Note: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason must be stated below or on the last page of this form and discussed with the applicant.

Applicant: Please place a check mark in the (R) column for each privilege requested.

PEDIATRIC CORE PRIVILEGES

(R) (A) (C) (N)

Treatment of patients between the ages of birth to 21 years of age, performance of procedures that do not carry a significant threat to life, related admission, consultation and work-up, venipuncture, laceration repair, incisions and drainage of superficial abscesses and treatment of major complicated illnesses.

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Applicant Name _____

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PEDIATRIC ALLERGY/IMMUNOLOGY - Continued

CONSULTANT PRIVILEGES – PEDIATRIC ALLERGY/IMMUNOLOGY

(R) (A) (C) (N)

Provide consultation services for patients presenting with allergic and/or immunologic conditions.

SPECIAL PROCEDURES - PEDIATRIC ALLERGY/IMMUNOLOGY

(R) (A) (C) (N)

Desensitization procedures.

Evaluate and prepare patients with history of adverse reactions to radio-contrast material

Prepare and supervise the preparation of extracts for allergy immunotherapy.

Antigen challenge (oral, bronchial).

DELINEATION OF PRIVILEGES IN PEDIATRIC
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Applicant Name _____

PLEASE PRINT

PEDIATRIC RHEUMATOLOGY

Category A:

Privileges require completion an ACGME or AOA accredited residency program in Pediatrics and sub-specialty training in Pediatric Rheumatology and current Board Certification or actively participating in the examination process leading to certification within five (5) years in Pediatric Rheumatology.

Category B:

Privileges may be granted to a adult trained rheumatologist, who, in the opinion of the Pediatric Rheumatology Attending physician, Division Director, and Chief of Pediatrics is capable of performing diagnostic consultation and/or specialty services urgently needed in the care of a critically ill child or one with a diagnostic problem.

Required Previous Experience: The applicant must demonstrate that he has provided care to at least **30** pediatric patients during the past 12 months. This requirement is waived for those who have completed an ACGME/AOA Pediatric Rheumatology fellowship training program within the previous two years.

Special Procedures:

Successful completion of an approved, recognized course, or acceptable supervised training in residency, fellowship or acceptable program and documentation of competence through focused professional performance evaluation for the following procedures, if requested:

- skin biopsy
- arthrocentesis
- bone marrow aspiration
- use of chemotherapeutic agents for collagen vascular disease
- use of cytokine inhibitors for collagen vascular disease
- IVIG administration

Reappointment Requirements:

Current demonstrated competence and an adequate volume of current experience with acceptable results as determined through ongoing professional performance evaluations in the privileges requested and a result of quality assessment (improvement activities and outcomes); maintain a minimum of **15** hours of rheumatology CME credits per two-year period.

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Applicant Name _____
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PEDIATRIC RHEUMATOLOGY – Continued

PEDIATRIC CORE PRIVILEGES

(R) (A) (C) (N)

Treatment of patients between the ages of birth to 21 years of age, performance of procedures that do not carry a significant threat to life, related admission, consultation and work-up, venipuncture, laceration repair, incisions and drainage of superficial abscesses and treatment of major complicated illnesses.

CONSULTANT PRIVILEGES – PEDIATRIC RHEUMATOLOGY

(R) (A) (C) (N)

Provide consultation services for patients presenting with rheumatic diseases.

CORE PRIVILEGES IN PEDIATRIC RHEUMATOLOGY

(R) (A) (C) (N)

Admit, work up, and provide therapy to patients presenting with rheumatic diseases, including the provision of consultation.

SPECIAL PROCEDURES IN PEDIATRIC RHEUMATOLOGY
(See Qualifications and Specific Criteria)

(R) (A) (C) (N)

Diagnostic aspiration of synovial fluid from diarthrodial joints, bursae, and tenosynovial structures and therapeutic injection of diarthrodial joints, bursae, tenosynovial structures and entheses and arthrocentesis, and injection of therapeutic agents.

Skin biopsy.
Bone marrow aspiration.
Use of chemotherapeutic agents for collagen vascular disease.
Use of cytokine inhibitors for collagen vascular disease
IVIG administration

DELINEATION OF PRIVILEGES IN PEDIATRIC
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Applicant Name _____

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PEDIATRIC HIV MANAGEMENT

Qualifications: Board Certification, or in the active certification process, in Pediatrics or Adolescent Medicine.

Required Previous Experience:

Documentation (case logs) of three or more years of experience in providing care to a minimum of 15 HIV-infected pediatric/adolescent patients per year. Experience in treating opportunistic illnesses and managing antiretroviral drug therapy.

Reappointment Requirements:

Current demonstrated competence and an adequate volume of current experience with acceptable results as determined through ongoing professional performance evaluations in the privileges requested and a result of quality assessment/improvement activities and outcomes. Attendance at a minimum of one national/regional meeting per year on HIV issues and therapies.

PEDIATRIC CORE PRIVILEGES

(R) (A) (C) (N)

Treatment of patients between the ages of birth to 21 years of age, performance of procedures that do not carry a significant threat to life, related admission, consultation and work-up, venipuncture, laceration repair, incisions and drainage of superficial abscesses and treatment of major complicated illnesses.

CONSULTANT PRIVILEGES – PEDIATRIC HIV MANAGEMENT

(R) (A) (C) (N)

Provide consultation services for patients presenting with HIV infection or exposure to HIV.

CORE PRIVILEGES IN PEDIATRIC HIV MANAGEMENT

(R) (A) (C) (N)

Admit, work up, and provide therapy to patients (birth and up) presenting with HIV infection or exposure to HIV, including the provision of consultation.

Management of antiretroviral drugs.

Management of prophylaxis and treatment of opportunistic infections.

IVIG administration.

Management and care of indwelling venous access catheters.

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Applicant Name _____

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Acknowledgment of Practitioner

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges.

Applicant

Date

RECOMMENDATIONS:

Division Director Recommendation

- Recommend as requested Do not recommend
- Recommend with conditions/modifications as listed.

Division Director, Signature

Date

Specialist-in-Chief Recommendation

I certify that I have reviewed and evaluated the applicant's request for clinical privileges, verified credentials and other supporting documentation, and the recommendation that is made below takes all pertinent factors into consideration:

- Recommend as requested Do not recommend
- Recommend with conditions/modifications as listed.

Specialist-in-Chief, Signature

Date

Children's Hospital Medical Staff Operations Committee Recommendation

- Recommend as requested. Do not recommend.
- Recommend with conditions/modifications as listed.

Chair, CHM MSOC Signature

Date

Joint Conference Committee Approval: _____

Date

DETROIT MEDICAL CENTER

BOARD CERTIFICATION REQUIREMENTS

- Beginning July 1, 2009, all applicants to the DMC Medical Staff shall be Board Certified, or shall achieve Board Certification within five (5) years of completion of formal training.
- Individual clinical department Board certification may be more stringent. If so, the department's requirements supersede the DMC minimum Board certification requirement.
- The Board certification must be in the specialty and specific practice which clinical privileges are requested.
- Board certification must be in a specialty recognized by the American Board of Medical Specialties, American Osteopathic Association, American Dental Association or the American Board of Podiatric Surgery.
- If Board certification is time-limited, in all cases, the applicant will have a maximum of three (3) years to achieve re-certification, beginning with the expiration date of his/her current Board Certification, or will be voluntarily resigned from the Medical Staff.
- An extension of the Board certification or re-certification requirement may be granted by the Medical Executive Committee to the applicant who has obtained an extension from the requisite Board for reasons of significant health issues or military service.
- DMC medical staff members on staff prior **to July 1, 2009**, who are not Board certified will not be required to achieve Board certification. Eligibility for the Board certification waiver requires uninterrupted DMC Medical Staff membership since July 1, 2009.
- Under special circumstances, some outstanding applicants brought to the DMC may be ineligible for Board certification. These members will be considered by their departments on an individual case-by-case basis, and review by a subcommittee of the SICs, may be granted privileges without Board certification with a majority vote of the Medical Executive Committee and the Joint Conference Committee.