

DETROIT MEDICAL CENTER

DEPARTMENT OF PEDIATRICS

DELINEATION OF PRIVILEGES IN PEDIATRIC CARDIOLOGY

Applicant Name _____

PLEASE PRINT

QUALIFICATIONS:

Current Board Certification or active participation in the certification process leading to board certification in Pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics, **and** completion of a Pediatric Cardiology program accredited by the ACGME/AOA with either Board Certification by the sub-specialty board of Pediatric Cardiology or active participation in the process leading to certification leading to certification within five (5) years.

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

Required Previous Experience:

The applicant must demonstrate that (s)he has provided inpatient or consultative services for at least **50** patients during the past 12 months. This requirement is waived for those applicants that completed fellowship training within the previous two years.

Special Procedures:

Proof of successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable program, and documentation of competence to obtain and retain clinical privileges through focused professional performance evaluation as set forth in departmental policies governing the exercise of specific privileges.

Cardiac Catheterization:

To obtain cardiac catheterization and intervention privileges, the applicant must have completed a formal Pediatric Cardiology training program **and** must demonstrate recent training and/or experience in catheterization that meets approval of the Director of the Catheterization Laboratory and Director of the Division of Cardiology. He/she must have performed at least **50** catheterization procedures as the primary operator during the previous 12 months on patients with congenital heart disease, or children/adolescents with acquired heart disease, or children/adolescents with electrophysiology problems.

To maintain catheterization privileges, applicant must perform at least 50 catheterization procedures by the end of the first 12 months (provisional period) of practice at Children's Hospital of Michigan. To be eligible for **interventional catheterization**, the applicant must have performed at least 75 procedures, at least 25 of which must be interventions, during the previous 12 months. In order to maintain privileges in interventional catheterization, he/she must have performed at least 25 procedures by the end of the first 12 months of practice at Children's Hospital of Michigan, in addition to the basic requirement of 50 procedures. There is an on-going requirement to continue to perform the same number of procedures annually to maintain privileges. To be eligible for **electrophysiology catheterization**, the applicant must have performed at least 30 invasive electrophysiology studies or ablation procedures, during the previous 12 months. Proof of catheterization procedures are submitted through case logs for that procedure.

Observation/Proctoring Requirements:

Monitoring will occur through focused professional performance evaluation and departmental quality assessment and improvement processes.

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QUALIFICATIONS - continued:

Adult Consultant/Treatment Requirements:

Successful completion of an ACGME/AOA accredited residency training program in Internal Medicine and completion of an accredited fellowship in Adult Cardiology, and; current certification by the American Board of Internal Medicine with certification in Adult Cardiology, or in the active certification process, with certification attained within 5 years of training completion..

Reappointment Requirements: Current demonstrated competence and an adequate volume of current experience with acceptable results as demonstrated through ongoing professional performance evaluation in the privileges requested for the past 24 months and as a result of quality assessment/improvement activities and outcomes.

“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 4.

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

PEDIATRIC CORE PRIVILEGES

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.

DELINEATION OF PRIVILEGES IN PEDIATRIC CARDIOLOGY

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CONSULTANT PRIVILEGES – PEDIATRIC CARDIOLOGY

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

Provide consultation services to children and adolescents presenting with cardiovascular disease.

CORE PRIVILEGES IN PEDIATRIC CARDIOLOGY

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

Admit, evaluate, diagnose, and provide treatment or consultative services to children and adolescents presenting with cardiovascular disease. Additionally, provide services to patients with congenital heart disease, operated or unoperated, who are older than 21 years of age (adults with congenital heart disease). Privileges include interpretation of non-invasive tests, such as electrocardiograms, echocardiograms, Holter monitors, and stress tests; administration of advanced cardiac life support (ACLS), and cardioversion.

These privileges do not include any of the following Special Requests.

ADULT CARDIOLOGY PRIVILEGES

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

Provide consultation and/or treatment of patients 18 years of age and older with congenital and acquired heart disease.

SPECIAL PROCEDURES IN PEDIATRIC CARDIOLOGY

(See Qualifications and Specific Criteria)

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

Transesophageal echocardiography

Fetal echocardiography

Cardiac catheterization

Balloon septostomy

Interventional cardiac catheterization, including valvuloplasty, angioplasty, and coil/stent/device implantation

Cardiac biopsy

Insertion of temporary pacemaker electrode

Pericardiocentesis

Electrophysiology study and/or radiofrequency ablation

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

MODERATE SEDATION

This category requires knowledge of the DMC Moderate Sedation Tier 1 Policy (and Tier 3 Children’s Hospital policy for Pediatrics), acknowledgement to observe the policies and complete the Net Learning Modules on Moderate Sedation. My initials attest that I will comply with the policy and have completed the module.

Initials

DELINEATION OF PRIVILEGES IN PEDIATRIC CARDIOLOGY

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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.

Pediatric Chief, 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.
- 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.