

DETROIT MEDICAL CENTER

DEPARTMENT OF PEDIATRICS

DELINEATION OF PRIVILEGES IN PEDIATRIC CARDIOVASCULAR SURGERY

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.

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

Pediatric Cardiovascular Surgery:

Current certification or active participation in the process leading to certification in Thoracic Surgery by the American Board of Thoracic Surgery or an equivalent recognized Board AND, successful completion of an approved residency training program in Thoracic and Cardiovascular Surgery, AND; successful completion of a one (1) year Fellowship in Pediatric Cardiovascular Surgery in a national or internationally recognized program. Initial applicants must submit surgical logs to support proof of completion of a minimum of **180** total cardiac surgical procedures as primary surgeon, to include

- a minimum of 25 Congenital Heart Operations, with 10 of those being open operations;
- a minimum of 20 Acquired Valvular Heart Operations;
- a minimum of 35 Myocardial Revascularization Operations;
- a minimum of 10 Pacemaker Implantations.

Required Previous Experience:

For those applicants who have completed training greater than two years ago, submission of surgical case logs to demonstrate that he or she has completed a minimum of **150** Pediatric Cardiovascular surgical procedures as primary surgeon during the past two years. This requirement is waived for those who completed fellowship training in 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 demonstrated proficiency for the procedure, test, or therapy, and documentation (submission of pediatric surgical logs) of competence to obtain and retain clinical privileges as set forth in departmental policies governing the exercise of specific privileges.

Use of Laser:

Completion of an accredited laser training program documenting laser treatment, physics and clinical indications for utilization of the specific laser therapy; or documentation from the Chief of an accredited residency training program attesting to the laser training in specific laser privileges requested.

Observation/Proctoring Requirements:

Monitoring through focus professional performance evaluation process, departmental quality assessment and improvement activities.

Reappointment Requirements:

Current demonstrated competence through ongoing professional performance evaluation and an adequate volume of current experience with acceptable results in the privileges requested, a result of quality assessment/improvement activities and outcomes.

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“Affiliate Status, Membership Only” Status, No Clinical Privileges

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
Do Not Complete the Remainder of This Form, sign on page 3.

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

PEDIATRIC CORE PRIVILEGES

Includes: Treatment of patients of all ages 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.

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

CORE PRIVILEGES – PEDIATRIC CARDIOVASCULAR

Includes: Admission, work up, and the performance of surgical care to patients of all ages to correct or treat various conditions of the heart and related blood vessels including open and closed heart procedures. These core privileges do not include any of the following special procedures

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

PEDIATRIC SPECIAL PROCEDURES - (See Qualifications and Specific Criteria)

Neonatal Cardiac Surgery

Cardiac transplantation

Automatic Implantable Cardioverter Defibrillator (AICD) Insertion

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(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

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.

Signature, Applicant

Date

RECOMMENDATIONS

Pediatric Chief Recommendation (if applicable)

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

Pediatric Chief Signature

Date

Children’s Hospital Medical Staff Operations Committee Recommendation (if applicable)

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

Chair, CHM MSOC Signature

Date

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Chief of Service/Specialist-in-Chief Recommendations

I certify that I have reviewed and evaluated the applicant's request for clinical privileges, 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.

Signature, Chief of Service _____ Date _____

Signature, Specialist-in-Chief _____ Date _____

Joint Conference Committee Approval: _____
Date _____

JCC Approved 12.22.09; Revised JCC 09.28.18

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. Relative to eligibility for board certification, completion of formal training (residency versus fellowship) is defined by the primary certification body for that specialty.
- 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 Foot and Ankle Surgery.
- If Board certification is time-limited, 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 with time-limited certification will not be required to recertify.
- DMC medical staff members who obtain certification in specialty and subspecialty categories will be required to recertify in the area(s) of certification required by the certification body
- 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.