

DETROIT MEDICAL CENTER

DEPARTMENT OF PEDIATRICS

DELINEATION OF PRIVILEGES IN PEDIATRIC CRITICAL CARE MEDICINE

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.

Category of Privileges:

- A. **Category 0 – Non-Pediatric Intensivist:**
Privileges usually granted to a non-pediatric intensivist specialty consultant who, in the opinion of the attending physician, Chief of Pediatric Critical Care Medicine and Chief of Pediatrics, is capable of performing diagnostic consultation and/or specialty services urgently needed in the care of a critically ill patient or one with a diagnostic problem.
- B. **Category 1 – General Pediatrician:**
May be granted to general pediatricians without formal critical care training.
- C. **Category 2 – Critical Care Medicine Trained:**
Requires one (1) year of pediatric critical care medicine post-doctoral training. Individuals could supervise a non-invasive diagnostic evaluation and/or non life-threatening therapeutic program.
- D. **Category 3 – Post-Graduate Residency Training and Critical Care Medicine Fellowship:**
Intensive care of neonates, infants and children, including ventilatory care and advanced life support. Successful completion of an ACGME/AOA accredited postgraduate residency program in internal medicine, family practice, cardiology, pulmonology, anesthesia, cardiothoracic surgery, pediatrics, neurology plus fellowship in critical care medicine, depending on the scope of practice within the institution.

Required Previous Experience:

The applicant must demonstrate that he or she has admitted and provided inpatient care to at least **30** patients in the CHM critical care unit during the past 12 months (or acted with attendings in a residency/fellowship program), and must have demonstrated skills and experience in providing basic and advanced life support.

Special Procedures:

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 as set forth in departmental policies governing the exercise of specific privileges.

Observation/Proctoring Requirements:

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

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Reappointment Requirements:

Current demonstrated competence and adequate volume of current experience with acceptable results in the privileges requested for the past 24 months as a result of ongoing professional performance evaluation, 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)

PRIVILEGES

AFFILIATE STATUS, MEMBERSHIP ONLY, NO CLINICAL

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

Do Not Complete The Remainder Of This Form, sign on page 4 and submit.

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

GENERAL PEDIATRIC CORE PRIVILEGES

Includes: 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.

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

CONSULTANT PRIVILEGES

Provide consultation services to patients of all ages in need of critical care.

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

CATEGORY 0 - Core Privileges In Pediatric Critical Care Medicine

Admit, work up, diagnose and provide treatment or consultative services to patients of all ages in need of critical care. Core privileges may include the following high-risk, high-volume, problem-prone procedures, which are commonly performed by the non-pediatric intensivist in critically ill patients:

- Airway maintenance intubation
- Ventilator management, including experience with various modes
- Placement of arterial, central venous, and pulmonary artery balloon flotation catheters
- Placement of percutaneous vascular access for pheresis
- Calibration and operation of hemodynamic recording systems

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

CATEGORY 1 - Core Privileges In Pediatric Critical Care Medicine

Admit, work up, diagnose and provide treatment or consultative services to children of all ages presenting with illnesses or problems with no apparent threat to life.

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

CATEGORY 2 - Core Privileges In Pediatric Critical Care Medicine

Provide consultative services to pediatric patients of all ages presenting with illnesses or problems and supervise a non-invasive diagnostic evaluation and/or non life-threatening therapeutic program.

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

CATEGORY 3 - Core Privileges In Pediatric Critical Care Medicine

Admit, treat or provide intensive care of neonates, infants, and children, including ventilator care and advanced life support.

SPECIAL PROCEDURES (See Qualifications and Specific Criteria)

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

- Tube thoracostomy
- Gastroesophageal balloon tamponade (Sengstaken-Blakemore)
- Pericardiocentesis
- Diagnostic peritoneal lavage
- Continuous Renal Replacement Therapy
- Percutaneous lung aspiration
- Intracranial pressure monitoring
- Extracorporeal life support
- Fiberoptic Bronchoscopy
- Percutaneous tracheostomy/cricothyrotomy tube placement (Seldinger technique)
- Central venous catheter, percutaneous
- Central venous catheter, cutdown
- Arterial catheter, percutaneous
- Arterial catheter, cutdown
- Thoracentesis
- Abdominal paracentesis

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SPECIAL PROCEDURES - Continued

(R)	(A)	(C)	(N)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subdural tap
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exchange transfusion (newborn)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exchange transfusion (not newborn)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	External cardiac pacing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-invasive cardiac output monitoring
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Endotracheal intubation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pulmonary artery catheterization
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High frequency ventilation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interpretation of infant pulmonary function testing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interpretation of pulmonary function testing in patients of all ages
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interpretation of energy expenditure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of sedatives and neuromuscular blocking agents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conscious sedation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Percutaneously Inserted Central Catheter (PICC) placement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of non-volatile anesthetic agents such as pentobarbital, propofol and ketamine

(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.

Applicant Date

RECOMMENDATIONS

Pediatric Chief Recommendation (if applicable)

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

Pediatric Chief Signature Date

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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 _____

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 _____

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.