DETROIT MEDICAL CENTER
DEPARTMENT OF PEDIATRICS

DELINEATION OF PRIVILEGES IN HEMATOLOGY AND ONCOLOGY

Applicant Name _____

PLEASE PRINT

QUALIFICATIONS:

Successful completion of an ACGME/AOA accredited residency training program in pediatrics and completion of a three-year accredited fellowship in Pediatric Hematology/Oncology; AND,

Current certification in Pediatrics by the American Board of Pediatrics and certification or active participation in the certification process leading to certification in the subspecialty of Pediatric Hematology/Oncology by the American Board of Pediatrics within five (5) years of training completion.

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 and/or consultative services for at least **50** children with Hematologic/Oncologic conditions during the past 12 months, and when appropriate, provide documented evidence of expertise in performance and interpretation of bone marrow aspirates, lumbar puncture and administration of intrathecal medication in children with malignant disease. This requirement is waived for those applicants who have completed their Pediatric Hematology/Oncology fellowship 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 documentation of competence to obtain and retain clinical privileges as set forth in departmental policies governing the exercise of specific privileges.

Observation/Proctoring Requirements

Through focused professional performance evaluation, departmental quality assessment and improvement processes.

Reappointment Requirements

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

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 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 Membership Only (no clinical privileges).

DELINEATION OF PRIVILEGES IN PEDIATRIC HEMATOLOGY AND ONCOLOGY

Applicant Name _____

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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)

☐ ☐ ☐ ☐ **MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES**

Practice is limited to outpatient office (ambulatory) only.

Do Not Complete The Remainder Of This Form. Go to page 3, sign and submit.

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

☐ ☐ ☐ ☐ **CONSULTANT PRIVILEGES**

Provide consultation services for children and adolescents presenting with illnesses and disorders of the blood and blood-forming tissues.

(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.

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

☐ ☐ ☐ ☐ **CORE PRIVILEGES IN HEMATOLOGY**

Admit, work up, diagnose, and provide treatment or consultative services to children and adolescents presenting with illnesses and disorders of the blood and blood-forming tissues. Privileges include:

-bone marrow aspirations and biopsy
-administration of chemotherapy

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

☐ ☐ ☐ ☐ **CORE PRIVILEGES IN ONCOLOGY**

Admit, work up, diagnose, and provide treatment or consultative services to children and adolescents with malignant tumors. Privileges include bone marrow aspiration and biopsy, administration of chemotherapeutic agents and biological response modifiers through all therapeutic routes, and management and maintenance of indwelling venous access catheters, cancer chemotherapy with Standard FDA approved Chemotherapy agents.

DELINEATION OF PRIVILEGES IN PEDIATRIC HEMATOLOGY AND ONCOLOGY

Applicant Name _____

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(R)	(A)	(C)	(N)	**SPECIAL PROCEDURES** (See Qualifications and Specific Criteria)
☐	☐	☐	☐	Bone Marrow Transplantation
☐	☐	☐	☐	Cancer Chemotherapy with Investigational Protocols FDA approved Drugs
☐	☐	☐	☐	Cancer Chemotherapy with Investigational Agents

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

Department Chief Recommendation

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

Department 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

Joint Conference Committee Approval: _____

Date

JCC Approved 12.22.09: 07.31.15