

DETROIT MEDICAL CENTER
DEPARTMENT OF PEDIATRICS
DELINEATION OF PRIVILEGES IN PEDIATRIC PULMONARY MEDICINE

Applicant Name _____

PLEASE PRINT

QUALIFICATIONS:

Successful completion of an ACGME/AOA accredited residency training program in pediatrics followed by a fellowship in Pediatric Pulmonology, **and**,

Current certification or active participation in the certification process leading to certification in Pediatrics with **Special Qualifications** in Pediatric Pulmonology by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics within five (5) years of completion of Pediatric Pulmonary training.

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 supervised training in residency, fellowship or other acceptable program, **and** submission of surgical case logs to support evaluation of competence to obtain and retain clinical privileges as set forth in medical staff policies governing the exercise of specific privileges.

Sleep Disorders:

Current certification or active participation in the certification process leading to certification in a primary medical or surgical specialty within five (5) years of completion of a primary specialty training, and,

Current certification or active participation in the certification process leading to certification in Sleep Disorders Medicine by the American Board of Sleep Medicine or ABMS.

Observation/Proctoring Requirements:

Monitoring 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, ongoing professional performance evaluation and 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).

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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. No inpatient privileges.

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

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

CONSULTANT PRIVILEGES

Provide consultation services to children presenting with conditions, injuries, and diseases of the organs of the thorax or chest; the lungs, cardiovascular and tracheobronchial systems, esophagus and other mediastinal contents, diaphragm, and circulatory system.

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

PEDIATRIC CORE PRIVILEGES

Treatment of patients between the ages of birth and up, 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 PEDIATRIC PULMONARY MEDICINE

Admit, work up, diagnose, and provide treatment or consultative services to children presenting with conditions, injuries, and diseases of the organs of the thorax or chest; the lungs, cardiovascular and tracheobronchial systems, esophagus and other mediastinal contents, diaphragm, and circulatory system, including provocation testing, pulmonary exercise testing, arterial lines, endotracheal intubation and airway management, interpretation of pulmonary function tests. These privileges do not include any of the following special requests.

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

ADULT PULMONARY DISEASE PRIVILEGES

Provide consultation and/or treatment of patients 16 years of age and older with pulmonary diseases.

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SPECIAL PROCEDURES - (See Qualifications and Specific Criteria)

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- Ventilator care of neonates
- Central venous line placement
- Fiberoptic bronchoscopy
- Chest tube placement
- Thorascopy
- Management of mechanical ventilation >24 hours
- High frequency ventilation
- Use of Laser
 - KTP
 - YAG

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Interpretation of apnea monitor downloads
- Investigational drug therapy for immunologic disorders
- Interpretation of polysomnography studies (sleep studies)

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 _____

Pediatric Department Chief (or designee) Recommendation

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

Department 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

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

JCC Approved 12.22.09

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.

JCC APPROVED 2.26.2013