DETROIT MEDICAL CENTER

DEPARTMENT OF PEDIATRICS DELINEATION OF PRIVILEGES IN PEDIATRIC PULMONARY MEDICINE

Ap	plica	ant	Name	è

PLEASE PRINT

QUALIFICATIONS:

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

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).

DELINEATION OF PRIVILEGES IN PEDIATRIC PULMONARY MEDICINE

Applicant Name _____

PLEASE PRINT

PRIVILEGES REQUESTED:

(R)-Requested (A)-Recommend Approval as Requested (C)-Recommend with Conditions (N)-Not Recommended

<u>Note</u>: 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.

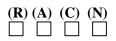
$(\mathbf{R}) (\mathbf{A}) (\mathbf{C}) (\mathbf{N})$	
	<u>MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES</u>
	Practice is limited to outpatient office (ambulatory) only. No inpatient privileges.

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

 $(\mathbf{R}) (\mathbf{A}) (\mathbf{C}) (\mathbf{N})$

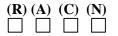
CONSULTANT PRIVILEGES

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.



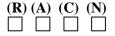
PEDIATRIC CORE PRIVILEGES

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.



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.



ADULT PULMONARY DISEASE PRIVILEGES

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

DELINEATION OF PRIVILEGES IN PEDIATRIC PULMONARY MEDICINE

Applicant Name _____

PLEASE PRINT

	SPECIAL PROCEDURES - (See Qualifications and Specific Criteria) 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 Interpretation of apnea monitor downloads Investigational drug therapy for immunologic disorders Interpretation of polysomnography studies (sleep studies)
(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.

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.			
Depar	tment Chief, Signature		Date	

DELINEATION OF PRIVILEGES IN PEDIATRIC PULMONARY MEDICINE

Applicant Name PLEASE PRINT						
Children's Hospi	tal Medical Staff Operat	ions Committee R	ecomme	endation (if applicable)		
□ Recommend as requested.		□ Do	\Box Do not recommend.			
□ Recommend wi	th conditions/modification	ns as listed.				
Chair, CHM MSO	C Signature			Date		
Specialist-in-Chie	ef Recommendation					
				clinical privileges, verified credentials ade below takes all pertinent factors into		
Recomme	nd as requested			Do not recommend		
Recomme	nd with conditions/modifi	cations as listed.				
Specialist-in-Chief	f, 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