



Pediatrics KHMC & KHMB

Delineation of Privileges

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation
5. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving and doubts related to qualification of requested privileges.

Clinical Service Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

NOTE:

Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Required Qualifications

| | |
|--|--|
| Membership | To be eligible to apply for core privileges in pediatrics, the initial applicant must meet the following criteria: |
| Education/Training | Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) - or American Osteopathic Association (AOA)-accredited residency in pediatrics. AND Current certification or active participation in the examination process, with achievement of certification within six years of completion of residency, leading to certification in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics. |
| Clinical Experience (Initial) | Applicants for initial appointment must be able to demonstrate provision of care, reflective of the scope of privileges requested, for at least 12 pediatric inpatients in the past 12 months, or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months. |
| Clinical Experience (Reappointment) | To be eligible to renew core privileges in pediatrics, the applicant must document 40 Category I AMA or 40 category 1A and/or 2A CME hours and meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience (20 patient encounters) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. |

Residential Requirement: If called, all members of the Pediatric Clinical Service must be able to respond within 45 minutes.

If on-call, the same response time (45 minutes) is in effect.

Pediatric Core Privileges

Description: This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

| Request | | Request all privileges listed below. |
|---------|-----|---|
| KMHC | SYC | Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request. |
| | | - Currently granted privileges |
| | | Admit, evaluate, diagnose, treat, and provide consultation to patients from birth to young adulthood (21 years of age) with acute and chronic disease including major complicated illnesses and routine newborn care. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills. |
| | | Core Procedures |
| | | Arthrocentesis and joint injection |
| | | Attendance at Delivery to Assume Care of Normal Newborns* |
| | | Attendance at delivery of high risk newborns - emergent only* |
| | | Burns, superficial and partial thickness |
| | | Cardiac life support, including emergent cardioversion - emergent only |
| | | Endotracheal intubation - emergent only |
| | | Frenulectomy |
| | | I & D abscess |
| | | Insertion and management of chest tubes - emergent only |
| | | Local anesthetic techniques |
| | | Manage uncomplicated minor closed fractures and uncomplicated dislocations |
| | | Perform simple skin biopsy or excision |
| | | Perform history and physical exam |
| | | Peripheral nerve blocks |
| | | Ligation of extra digit |
| | | Lumbar Puncture - emergent only |
| | | Preliminary EKG interpretation - emergent only |
| | | Placement of anterior and posterior nasal hemostatic packing |
| | | Remove non-penetrating foreign body from the eye, nose, or ear |
| | | Skin tag - ligation |
| | | Suture uncomplicated lacerations |
| | | Suprapubic bladder tap - emergent only |
| | | Umbilical catheterization - emergent only |

Neonatal-Perinatal Medicine Core Privileges

Qualifications

Membership

To be eligible to apply for core privileges in neonatal-perinatal medicine, the initial applicant must meet the following criteria:

Education/Training

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)-accredited fellowship in neonatal perinatal medicine/neonatology.

AND

Current subspecialty certification or actively pursuing subspecialty certification in leading to subspecialty certification in neonatal-perinatal medicine by the American Board of Pediatrics or in neonatology by the American Osteopathic Board of Pediatrics.

Clinical Experience (Initial)

Applicants for initial appointment must be able to demonstrate provision of inpatient or consultative services, reflective of the scope of privileges requested, to at least 50 neonatal patients during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Clinical Experience (Reappointment)

To be eligible to renew core privileges in neonatal-perinatal medicine, the applicant must document 40 Category I CME hours and meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience (20 neonatal patient encounters) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Additional Qualifications

These privileges are covered by an exclusive contract. Practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience.

| Request | | Request all privileges listed below. |
|---------|-----|---|
| KMC | SYC | Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request. |
| | | - Currently granted privileges |
| | | Admit, evaluate, diagnose, treat, and provide consultation regarding newborns presenting with severe and complex life-threatening problems such as respiratory failure, shock, congenital abnormalities, and sepsis and provide consultation to mothers with high-risk pregnancies (<32 wks). May provide care to patients in the newborn nursery and neonatal intensive care unit in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills. |
| | | Core Procedures |
| | | Attendance at delivery of high risk newborns |
| | | Bone marrow aspiration |
| | | Cardiac life support, including emergent cardioversion |
| | | Endotracheal intubation |
| | | Exchange transfusion |
| | | Insertion and management of central lines |
| | | Insertion and management of chest tubes |
| | | Lumbar puncture |
| | | Paracentesis, thoracentesis, pericardiocentesis |
| | | Perform history and physical exam |
| | | Peripheral arterial artery catheterization |

| | | |
|--|--|--|
| | | Peritoneal dialysis with consultation as appropriate |
| | | Post operative care of newborns |
| | | Preliminary EKG interpretation |
| | | Suprapubic bladder tap |
| | | Umbilical catheterization |
| | | Ventilator care of infants beyond emerging stabilization |

Echo

Description: These privileges are covered by an exclusive contract. Practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience.

Qualifications

| | |
|--|--|
| Membership | To be eligible to apply for core privileges in transthoracic echocardiography, the initial applicant must meet the following criteria: |
| Education/Training | <p>Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) - or American Osteopathic Association (AOA) - accredited residency in pediatrics.</p> <p>AND</p> <p>Successful completion of an approved fellowship in Pediatric Cardiology.</p> <p>AND</p> <p>Successful completion of a one year fellowship in pediatric echocardiography or in non-invasive imaging or three year clinical experience reading pediatric echocardiograms.</p> <p>AND</p> <p>Current subspecialty certification or actively pursuing subspecialty certification in leading to subspecialty certification in neonatal-perinatal medicine by the American Board of Pediatrics or in neonatology by the American Osteopathic Board of Pediatrics.</p> |
| Clinical Experience (Initial) | Applicants for initial appointment must be able to demonstrate provision of inpatient or consultative services, reflective of the scope of privileges requested, to at least 100 pediatric transthoracic echocardiography during the past 12 months or demonstrate successful completion of an ACGME - or AOA - accredited residency clinical fellowship, or research in a clinical setting within the past 12 months. |
| Clinical Experience (Reappointment) | Current demonstrated competence and an adequate volume of experience (performance of 100 pediatric cardiology patient encounters) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. |

| Request | | Request all privileges listed below. |
|---------|-----|---|
| KMC | SYC | Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request. |
| | | - Currently granted privileges |
| | | Echo |

Circumcision

Qualifications

Education/Training Successful completion of formal training in this procedure, or the applicant must have completed hands-on training in this procedure under the supervision of a qualified physician preceptor. Evidence of having performed 2 proctored procedures during training.

Clinical Experience (Initial) Demonstrated current competence and evidence of the performance of at least 2 procedures in the past 12 months.

Clinical Experience (Reappointment) Demonstrated current competence and evidence of the performance of at least 2 procedures in the past 24 months based on results of quality assessment/improvement activities and outcomes.

| Request | | <i>Request all privileges listed below.</i> |
|---------|-----|---|
| KMC | SYC | Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request. |
| | | - Currently granted privileges |
| | | Circumcision |

Administration of Sedation and Analgesia

Description: See Hospital Policy for Moderate Sedation

| Request | | <i>Request all privileges listed below.</i> |
|---------|-----|---|
| KMC | SYC | Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request. |
| | | - Currently granted privileges |
| | | Moderate Sedation |

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Kettering Health Main Campus and Kettering Health Miamisburg and I understand that:

A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature

Date

Clinical Service Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

| | |
|--------------------------|---|
| <input type="checkbox"/> | Recommend all requested privileges |
| <input type="checkbox"/> | Do not recommend any of the requested privileges |
| <input type="checkbox"/> | Recommend privileges with the following conditions/modifications/deletions (listed below) |

| Privilege | Condition/Modification/Deletion/Explanation |
|-----------|---|
| | |
| | |
| | |
| | |
| | |

Clinical Service Chair Recommendation - Additional Comments

| |
|--|
| |
| |
| |
| |
| |

Clinical Service Chair Signature

Date