

Pediatrics Soin
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.

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.
Continuing Education	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.
Certification	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)	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.

Refer and Follow Privileges

Qualifications

Education/Training Education and training as for pediatric core.

Request	<i>Request all privileges listed below.</i>
NOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Perform outpatient preadmission, history and physical, order noninvasive outpatient diagnostic tests and services; visit patient in hospital, review medical records, consult with attending physician; and observe diagnostic or surgical procedures with the approval of the attending physician or surgeon.

Primary Privileges Pediatrics

Request	<i>Request all privileges listed below.</i>
NOIN	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.
	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

Primary Privileges Neonatal-Perinatal Medicine

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.
Continuing Education	To be eligible to renew core privileges in neonatal-perinatal medicine, the applicant must document 40 Category I CME hours.
Certification	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)	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	<i>Request all privileges listed below.</i>
SOIN	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.
	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

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>
NOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Circumcision

Special Non-Core Privileges

Description: If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

Request	<i>Request all privileges listed below.</i>
NOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Special Non-Core Privileges

Fluoroscopy

Description: Must demonstrate competence--initial applicants must complete the online quiz; reapplicants must complete online quiz at least once then complete annual attestations thereafter

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

Administration of Sedation and Analgesia (See Hospital Policy for Moderate Sedation)

Request	<i>Request all privileges listed below.</i>
NOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Administration of Sedation and Analgesia

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 Soin Medical Center, 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 _____