DELINEATION OF GENERAL PEDIATRICS PRIVILEGES

APPLICANT’S NAME: ________________________________________________

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 any concerns related to qualifications for requested privileges. Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege. This document is focused on defining qualifications related to competency to exercise clinical privileges.

REFER AND FOLLOW – To be eligible for category one privileges the applicant must meet the following education and training requirements:

- Successful completion of an ACGME or AOA accredited residency in pediatrics, (or equivalent as outlined in the Medical/Dental Staff Bylaws); AND

- Current certification by the American Board of Medical Specialties or American Osteopathic Association in General Pediatrics, or an equivalent Board as defined in the Medical/Dental Staff Bylaws; OR must become certified in the physician’s appropriate specialty or sub-specialty area within the time frame outlined in the Medical/Dental Staff Bylaws; OR meet the criteria (and be approved) for a board certification waiver as outlined in the Medical/Dental Staff Bylaws

Request | Refer and Follow Privileges in GENERAL PEDIATRICS | Setting
---|---|---
☐ | Privileges to perform outpatient pre-admission, visit patient in hospital, review medical records and progress notes for patients referred for admission/services; consult with attending physician; observe diagnostic or surgical procedures with the approval of the attending physician or surgeon. This category does not include privileges to admit, write in the patient’s chart, or manage the care of the patient. | General Pediatrics Refer and Follow Privileges may be exercised at all inpatient and outpatient areas at Our Children’s House. |
DELINEATION OF GENERAL PEDIATRICS PRIVILEGES

APPLICANT’S NAME: _____________________________

CATEGORY ONE GENERAL PEDIATRICS CORE – To be eligible for category two privileges the applicant must meet the following education and training requirements:

- Successful completion of an ACGME or AOA accredited post-graduate training residency in pediatrics, (or equivalent as outlined in the Medical/Dental Staff Bylaws); AND
- Current certification by an approved American Board of Medical Specialties certifying body or American Osteopathic Association in General Pediatrics, or an equivalent Board as defined in the Medical/Dental Staff Bylaws; OR
- Must become certified in the physician’s appropriate specialty or sub-specialty area within the time frame outlined in the Medical/Dental Staff Bylaws; OR meet the criteria (and be approved) for a board certification waiver as outlined in the Medical/Dental Staff Bylaws.

Initial Competency Requirements:
Each initial applicant shall submit documentation either from their training program or from a Joint Commission accredited institution, of at least 10 cases from within the last 12 months demonstrating the provision of inpatient and consultative services in general pediatrics, where the applicant functioned as the attending physician or as a pediatric resident.

Focused Review: The assigned proctor will perform retrospective chart reviews and/or direct observations on, at a minimum, 10 patient encounters (representative of the entire core), for all newly granted clinical privileges. For applicants who currently hold privileges at a Children’s Health facility, the Service Chief may assign a tiered approach to FPPE in accordance to M/D Staff Policy #3.05 – Focused Professional Practice Evaluations (FPPE). If a new applicant is unable to provide documentation that meets the initial case log criteria, the Service Chief shall recommend an additional level of FPPE in accordance to the FPPE policy.

Reappointment Criteria: Each practitioner must be able to provide documentation from a Joint Commission accredited institution of at least 20 cases from within the last 24 months demonstrating the provision of inpatient or consultative services for general pediatrics, where the applicant functioned as the attending physician.

**Request** | Core Privileges in GENERAL PEDIATRICS | Setting
--- | --- | ---
☐ | Privileges to admit, evaluate, conduct histories and physicals, diagnose, and treat patients meeting the appropriate age criteria as defined in Administrative Policy #2.06 – Age Criteria for Inpatient Admissions and Operative Procedures, perform routine procedures, treatment of complicated illness requiring hospital (non-ICU) admission, and the care of neonates outside the ICU. | General Pediatrics Core Privileges may be exercised at all inpatient and outpatient areas at Our Children’s House

General Pediatrics Core Procedures will include but are not limited to the following: Please note if you do not want to request a procedure that is included in the core submit that exclusion request in writing.

- Bladder Catheterization
- IV Access
- Venipuncture
- Arterial puncture
- Lumbar puncture
- Bladder Puncture
- Incision and drainage of superficial abscesses
- Drainage of subungual hematoma
- Local Anesthesia
- Nasogastric tube placement
- Needle aspiration of the bladder
- Reduction of radial head subluxation
- Removal of cerumen
- Subcutaneous, intradermal intramuscular injection
- Tympanometry
- Uncomplicated debridement of a burn or wound
- Wart destruction
- Foreign body removal from nose or ear
- Transfusion Performance and Management
- Oxygen therapy
- Management of common cold symptoms/upper airway congestion
- Management of first degree burns
- Management of minor abrasions/contusions
- Management of minor GI/GU problems
- Management of minor insect bites
- Check bilirubin levels
- Suture or staple removal
- Venipuncture and Cannulation
- Wound re-checks not needing packing or pain management
- Colposcopy procedure
- Ligating a simple supernumery digit in a newborn
- Emergent intubation
- PICC line/un-tunneled central line removal
- Gastric tube replacement (non-surgical)
DELINEATION OF GENERAL PEDIATRICS PRIVILEGES

APPLICANT’S NAME: ____________________________

CATEGORY TWO OUTPATIENT CLINIC PRIVILEGES – To be eligible for category three privileges the applicant must meet the following education and training requirements:

- Successful completion of an ACGME or AOA accredited post-graduate training in pediatrics, (or equivalent as outlined in the Medical/Dental Staff Bylaws); AND
- Current certification by an approved American Board of Medical Specialties certifying body or American Osteopathic Association in General Pediatrics, or an equivalent Board as defined in the Medical/Dental Staff Bylaws; OR
- Must become certified in the physician’s appropriate specialty or sub-specialty area within the time frame outlined in the Medical/Dental Staff Bylaws; OR meet the criteria (and be approved) for a board certification waiver as outlined in the Medical/Dental Staff Bylaws.

Initial Competency Requirements:
Each initial applicant shall submit documentation either from their training program or from a Joint Commission accredited institution, of at least 10 cases from within the last 12 months demonstrating the provision of inpatient and consultative services in general pediatrics, where the applicant functioned as the attending physician or as a pediatric resident. These 10 cases should include documentation of care of a newborn, a child under the age of 13, an adolescent, one urgent care visit, and care of one chronically ill patient.

Focused Review: The assigned proctor will perform retrospective chart reviews and/or direct observations on, at a minimum, 10 patient encounters (representative of the entire core), for all newly granted clinical privileges. For applicants who currently hold privileges at a Children’s Health facility, the Service Chief may assign a tiered approach to FPPE in accordance to M/D Staff Policy #3.05 – Focused Professional Practice Evaluations (FPPE). If a new applicant is unable to provide documentation that meets the initial case log criteria, the Service Chief shall recommend an additional level of FPPE in accordance to the FPPE policy.

Reappointment Criteria: Each practitioner must be able to provide documentation from a Joint Commission accredited institution of at least 20 cases from within the last 24 months demonstrating the provision of inpatient or consultative services for general pediatrics, where the applicant functioned as the attending physician. These 10 cases should include documentation of care of a newborn, a child under the age of 13, an adolescent, one urgent care visit, and care of one chronically ill patient.

<table>
<thead>
<tr>
<th>Request</th>
<th>Outpatient Clinic Privileges in GENERAL PEDIATRICS</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>Privileges to admit, evaluate, conduct histories and physicals, diagnose, and treat patients meeting the appropriate age criteria as defined in Administrative Policy #2.06 – Age Criteria for Inpatient Admissions and Operative Procedures, perform routine procedures listed in the core on the attached list, and provide treatment of minor emergencies with the ability to stabilize complicated illnesses requiring hospitalization, prior to admission.</td>
<td>General Pediatrics Outpatient Clinic Privileges may be exercised in the Outpatient Clinics</td>
</tr>
</tbody>
</table>

Outpatient Clinic Core Procedures will include but are not limited to the following: Please note if you do not want to request a procedure that is included in the core submit that exclusion request in writing.

- Oxygen therapy
- Management of common cold symptoms/upper airway congestion
- Management of first degree burns
- Management of minor abrasions/contusions
- Management of minor GI/GU problems
- Management of minor insect bites
- Check bilirubin levels
- Removal of foreign bodies from nose and ear
- Suture or staple removal
- Venipuncture and Cannulation
- Wound re-checks not needing packing or pain management
Special Privileges/Procedures (see qualifications and/or specific criteria)

*The X by each procedure denotes where that procedure is offered. If you are granted a special privilege, you will have privileges to perform the procedure at all locations where that procedure is offered."

<table>
<thead>
<tr>
<th>Special Privileges and Procedures</th>
<th>Our Children’s House</th>
<th>Out-Patient Clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laceration Repair</td>
<td></td>
<td></td>
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<tr>
<td>Initial Competency Requirements:</td>
<td></td>
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<tr>
<td>❖ Each initial applicant shall submit documentation of at least 6 cases performed in the last 24 months</td>
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<tr>
<td>Focused Review:</td>
<td>X</td>
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<td>The assigned proctor will proctor one procedure/patient encounter for all new members who are granted clinical privileges.</td>
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<tr>
<td>Reappointment Criteria:</td>
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<td>Each practitioner must be able to provide documentation at least 6 patients in the last 24 months. If the practitioner has not performed the sufficient number of cases at this hospital, he/she will be requested to provide appropriate documentation from another hospital to demonstrate his/her current clinical competence.</td>
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<tr>
<td>Management of simple fractures/dislocations</td>
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<td></td>
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<td>Focused Review:</td>
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<tr>
<td>Gastric Lavage</td>
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Children's Health Our Children’s House – Delineation of General Pediatrics Privileges

Revised: 5/26/2016

Approved by the BOD: 6/24/2016; 9/20/2015

PRIVILEGED AND CONFIDENTIAL *** FOR CREDENTIALING PURPOSES ONLY
### Special Privileges and Procedures

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Our Children's House</th>
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</thead>
<tbody>
<tr>
<td><strong>Endotracheal intubation – Non-Emergent</strong></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Lumbar Puncture</strong></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#### Endotracheal intubation – Non-Emergent

**Initial Competency Requirements:**
Each initial applicant shall submit documentation of at least 6 cases performed in the last 12 months; AND

**Documentation of current PALS certification**

**Focused Review:**
The assigned proctor will proctor one procedure/patient encounter for all new members who are granted clinical privileges.

**Reappointment Criteria:**
Each practitioner must be able to provide documentation at least 6 patients in the last 12 months. If the practitioner has not performed the sufficient number of cases at this hospital, he/she will be requested to provide appropriate documentation from another hospital to demonstrate his/her current clinical competence.

#### Lumbar Puncture

**Initial Competency Requirements:**
Each initial applicant shall submit documentation of at least 6 cases performed in the last 12 months

**Focused Review:**
The assigned proctor will proctor one procedure/patient encounter for all new members who are granted clinical privileges.

**Reappointment Criteria:** Each practitioner must be able to provide documentation at least 6 patients in the last 12 months. If the practitioner has not performed the sufficient number of cases at this hospital, he/she will be requested to provide appropriate documentation from another hospital to demonstrate his/her current clinical competence.
I hereby request clinical privileges in the specialty and/or subspecialty fields as shown on this form and attest that I have only requested those privileges for which by education, training and current experience I am qualified to perform and wish to exercise at Our Children’s House. I further understand that:

- Privileges requested may differ from those finally approved;
- Completion of this form, at the present time, does not preclude me from requesting additional privileges in the future;
- I shall be authorized to treat, in a life-threatening emergency, any medical disease or perform any medically appropriate or surgical procedure to save life or limb or alleviate suffering of the patient that I am attending until proper consultation can be obtained;
- Staff appointments and clinical privileges will be made in conformance with the existing Medical/Dental Staff Bylaws, Rules and Regulations and policies and procedures of the Medical/Dental Staff and shall be evaluated biennially;
- Staff privileges may also be evaluated as deemed necessary based on concerns identified through the peer review process, or during the ongoing professional practice or focused professional practice evaluation processes;
- Failure to obtain board certification as outlined above in the timeframe required by the Medical/Dental Staff Bylaws, or non-compliance with Children’s policies, Medical/Dental Staff Bylaws, Rules and Regulations, or Code of Ethical Conduct may constitute grounds for non-renewal or restriction/limitation of clinical privileges.

By my signature, I agree to be bound by the Medical/Dental Staff Bylaws, Rules and Regulations, and the policies and procedures of Our Children’s House. I understand that non-compliance with any of these documents may constitute grounds for termination or restriction of privileges.

Applicant’s Signature       Date

APPROVALS

Exceptions to above recommended by Service Chief:

REVIEWED/APPROVED BY:

M. Brad Tate, MD  Service Chief, Pediatrics/Hospitalists

Signature:______________________________  Date:__________________________