ATRIUM HEALTH
REAPPOINTMENT DELINEATION OF PRIVILEGES
SPECIALTY OF PEDIATRICS

____
Print Name

	YES		NO*	I have participated in direct patient care in the hospital setting and/or outpatient practice setting within the past two (2) years.

***If the answer is "No", please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.**

Initial appointment **Reappointment** **Updated DOP** **Request for Clinical Privileges**

To be eligible for core privileges in Pediatrics, the applicant must meet the following qualifications:

☐ If the applicant is not currently certified in Pediatrics by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) the applicant must:

1. Provide documentation of successful completion, within the past five (5) years, of an ACGME or AOA accredited residency training program in Pediatrics; **AND**

2. Demonstrate sufficient experience in Pediatrics skills to safely undertake the full spectrum of the Pediatric procedures being requested. Experience must include evidence of current inpatient clinical competence during the past two (2) years, when applying for CPED-1, 2, 5, and 7. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts; **OR**

2. Demonstrate sufficient experience in Pediatrics skills to safely undertake the full spectrum of the Pediatric procedures being requested. Experience must include evidence of current outpatient or consultative clinical competence during the past two (2) years, when applying for CPED-4. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

☐ If the applicant is currently certified in Pediatrics by the American Board of Medical Specialties or the American Osteopathic Association (AOA), the applicant must:

1. Provide documentation of general pediatric certification from the American Board of Medical Specialties or the American Osteopathic Association (AOA); **AND**

2. Documentation of the evaluation and management of at least twenty-four (24) pediatric inpatients during the past two (2) years, when applying for CPED-1, 2, 5, and 7; **OR**

2. Provide documentation from the Applicant's outpatient practice setting or consultative services for at least twenty-four (24) patients during the past two (2) years, when applying for CPED-4.

____
Print Name

☐ If the applicant is currently subspecialty certified in Pediatrics by the American Board of Medical Specialties or the American Osteopathic Association (AOA), and is applying for any of the subspecialty privileges (not general pediatrics) the applicant must:

1. Provide documentation of pediatric subspecialty certification or certification of special qualifications by the subspecialty program director or from the American Board of Medical Specialties or the American Osteopathic Association (AOA); **AND**

2. Documentation of the evaluation and management of at least twenty-four (24) pediatric inpatients during the past two (2) years, when applying for CPED-1, 2, 5, and 7; **OR**

2. Provide documentation from the Applicant's outpatient practice setting or consultative services for at least twenty-four (24) patients during the past two (2) years, when applying for CPED-4.

____
Print Name

NOTE 1: Physicians must apply for "CORE" privileges in order to be eligible for clinical privileges in the specialty of Pediatrics at any facility within Atrium Health.

NOTE 2: "CORE" privileges cannot be amended or altered in any way.

NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

Please check appropriate blocks when applying for privileges:

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		**GENERAL PEDIATRICS STANDARD CORE PRIVILEGES** **Term Newborn Nursery Core Privileges (CPED-5) are included when the applicant applies for and maintains General Pediatrics Standard Core Privileges (CPED-1).**
			N/A							CPED-1	Evaluate, diagnose, treat and provide consultation to patients from birth to young adulthood with acute and chronic diseases including major complicated illnesses. Assess, stabilize, and determine disposition of patients with emergent conditions. The core privileges include procedures that are extensions of the same techniques and skills.

General Pediatric Standard Core Privileges include medical management and or consultation as requested by other physicians; perform history and physical examinations; interpretation of routine laboratory; preliminary interpretation of radiographic studies, dictation and record keeping; burns, superficial and partial thickness; placement of anterior or posterior nasal hemostatic packing; lumbar puncture; incision and drainage of a superficial abscess, local anesthetic techniques; suture uncomplicated lacerations; neonatal intubation; umbilical line placement; intraosseous needle placement; delivery room management; neonatal resuscitation; Medical management of patients on home ventilators (in accordance with the Pediatric Progressive Care Unit Home Ventilator Orders)

NOTE: General Pediatric Standard Core Privileges (CPED-1) extends the provision of care in the neonatal, pediatric and cardiovascular critical care settings provided the intensivist serves as the attending at all times.

Maintenance Criteria for Continued Privileges (CPED-1):

For any privileges that are granted during initial credentialing, the Practitioner must perform a minimum of ten (10) representative samples of General Pediatric Standard Core privilege elements or provide inpatient or consultative services for at least ten (10) General Pediatric patients over a two (2) year period to be eligible to reapply for General Pediatric Standard Core privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any General Pediatric Standard Core privileges (CPED-1) but are unable to document the minimum number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

____
Print Name

*** SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

Please check appropriate blocks when applying for privileges:

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	**PEDIATRICS SPECIAL PRIVILEGES** Must apply for and maintain General Pediatrics Standard Core Privileges (CPED-1)		Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A							CPED-1(a)	Perform simple skin biopsy or excision	5		
			N/A							CPED-1(b)	PICC Lines	10		

Maintenance Criteria for Continued Special Privileges (CPED-1a and 1b):

The Physician must submit at least two (2) cases, for each special privilege held, over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privilege but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		**CORE PEDIATRICS PRIVILEGES – REHABILITATION HOSPITAL SETTING ONLY**
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	CPED-2	Privileges include evaluation and management, as well as procedures approved for performance within the acute rehabilitation setting, in conjunction with the comprehensive rehabilitation treatment plan.

____
Print Name

CPED-3 PEDIATRIC CRITICAL CARE MEDICINE CORE PRIVILEGES:

In order to apply for these privileges the applicant must provide documentation of the following:

- ☐ If the applicant is not currently subspecialty certified in Critical Care Medicine by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) the applicant must:

1. Provide documentation of certification in Pediatrics; **AND**

2. Provide documentation of successful completion of a three (3) year ACGME or AOA accredited Critical Care Medicine Fellowship training program, within the past five (5) years; **AND**

3. Verification from the fellowship program director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

OR

- ☐ If the applicant is currently subspecialty certified in Pediatric Critical Care Medicine by the American Board of Medical Specialties (ABMS), the applicant must:

1. Provide documentation of subspecialty certification in Pediatric Critical Care Medicine from the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA); **AND**

2. Verification from the Department Chief where the Applicant most recently practiced documenting that the Applicant has provided inpatient critical care or consultative services for at least sixty (60) patients during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

____
Print Name

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		**PEDIATRIC CRITICAL CARE MEDICINE CORE PRIVILEGES**
	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	CPED-3	Privileges to evaluate, diagnose, and provide treatment to critically ill patients, children from the term or near-term neonate to the adolescent, (inclusive of neurological or postneurosurgical, postsurgical, postcardiac/thoracic surgical care) in the ICU with multiple organ dysfunction and in need of critical care for life threatening disorders.

NOTE: Privileges include but not limited to evaluation and management of life-threatening disorders or injuries in intensive care units including but not limited to shock, coma, and elevated ICP; seizures; infections; acute and chronic renal failure, acute endocrine electrolyte emergencies, including DKA; non-kenotic hyperosmolar coma; thyrotoxicosis; SIADH; DI; adrenal insufficiency; systemic sepsis; heart failure; trauma; acute and chronic respiratory failure; drug overdoses; massive bleeding; CNS dysfunction, including cerebral resuscitation; diabetic acidosis; and kidney failure; airway maintenance; elective endotracheal intubation under local anesthesia or ***moderate sedation; maintain Advanced Cardiopulmonary Resuscitation Certification; calculation of oxygen content, intrapulmonary shunt and alveolar arterial gradients; cardiac output determinations by thermo dilution and other techniques; cardio version; establishment and maintenance of open airway in non-intubated, unconscious, paralyzed patients; evaluation of oliguria; insertion and management of chest tubes, insertion of central venous, arterial and pulmonary artery balloon flotation catheters, interpretation of antibiotic levels, and sensitivities; intracranial pressure monitoring; maintenance of circulation with arterial puncture and blood sampling; management of anaphylaxis and acute allergic reactions; management of massive transfusions; management of pneumothorax (needle insertion and drainage systems); management of immunosuppressed patient, management of renal and hepatic failure, poisoning; monitoring and assessment of metabolism and nutrition; percutaneous needle aspiration, percutaneous tracheostomy/cricothyrotomy tube placement (seldinger technique); pericardiocentesis or tube placement, peritoneal dialysis, peritoneal lavage; pharmacokinetics; placement of arterial, central venous, and pulmonary artery balloon flotation catheters, pressure-, volume-, time-, and flow-cycled mechanical ventilation, use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry, ventilator management, including experience with various modes, perform history and physical exams; (FAST) Confirmation of traumatic free intraperitoneal and intrathoracic fluid by Focused Assessment with Sonography for Trauma (FAST) exam; Basic Resuscitation Cardiac Ultrasound (Pericardial Effusion and Cardiac Activity) and Advanced Emergency Cardiac Ultrasound (Right Ventricle Dilation and Global Left Ventricle Function); and Emergency Ultrasound (Soft-Tissue Infection and Musculoskeletal). ***Pediatric Critical Care Physicians function in accordance with the Moderate and Deep Sedation in Adult and Pediatric Patients for Critical Care Providers Policy.

Maintenance Criteria for Continued Pediatric Critical Care Medicine Core (CPED-3) Privileges:

The Physician must submit a minimum of fifty (50) inpatient and/or consultative services over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

*** Note: Pediatric Critical Care Physicians function in accordance with the Moderate Sedation Policy and Delineation of Privileges form.*

____
Print Name

*** SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	**SPECIAL PRIVILEGES** Must apply for and maintain Pediatric Critical Care Medicine Core Privileges (CPED-3)		Minimum Number Required	Number Performed Within The Past 2 Years	Location
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CPED-3(a)*	Ultra filtration	5		
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CPED-3(b)*	Extracorporeal Membrane Oxygenation (ECMO)	4		
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CPED-3(c)*	Exchange Transfusion	5		
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CPED-3(d)*	Flexible Bronchoscopy	10		

Maintenance Criteria for Continued Special Privileges (CPED-3):

The Physician must submit at least two (2) cases, for each special privilege held, over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privilege but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

____
Print Name

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		GENERAL PEDIATRICS - OUTPATIENT CORE PRIVILEGES
	N/A	N/A	N/A							CPED-4	Privileges to provide medical services and participate in the teaching activities involving the care of outpatients in the Department of Pediatrics, and the hospital clinics that are on the hospital license, when their participation is requested by the respective Chief or designee of the Department. These privileges shall include management of clinical problems which fall within the purview of Pediatrics.

Maintenance Criteria for Continued Privileges (CPED-4)

For any privileges that are granted during initial credentialing the Appointee must provide the following at the time of reappointment:

1. Provide documentation from the Practitioners outpatient practice setting to include a minimum of ten (10) representative samples of General Pediatrics in lieu of hospital data. These must be cases that you have managed in the most recent two (2) years; **AND**

2. Submission of a Peer Review Evaluation Form completed by one of the Applicant's peers that refers patients to Appointee.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		GENERAL PEDIATRICS - OUTPATIENT SPECIAL PRIVILEGE(S)
	N/A	N/A	N/A						N/A	CPED-4(a)*	Intrauterine Device (IUD) insertion and removal
	N/A	N/A	N/A						N/A	CPED-4(b)*	Long Acting Subdermal Contraception insertion and removal

Print Name

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		TERM NEWBORN NURSERY CORE PRIVILEGES
			N/A							CPED-5	Privileges to provide medical services and participate in the care of newborns in the term newborn nursery. These privileges shall include evaluation and management of clinical problems which fall within the purview of Pediatrics to include extra digit removal.

Maintenance Criteria for Continued Privileges (CPED-5)

For any privileges that are granted during initial credentialing, the Practitioner must perform a minimum of ten (10) Term Newborn Nursery Core privilege elements or provided inpatient or consultative services for at least ten (10) patients over a two (2) year period to be eligible to reapply for (CPED-5). This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any (CPED-5) Term Newborn Nursery Core privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	PEDIATRICS SPECIAL PRIVILEGES Must apply for and maintain Term Newborn Nursery Core Privileges (CPED-5)		Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A							CPED-5(a)	Circumcisions	5		
			N/A							CPED-5(b)	Frenotomy	5		

Maintenance Criteria for Continued Special Privileges (CPED-5):

The Physician must submit at least two (2) cases, for each special privilege held, over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privilege but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CPED-6 PEDIATRIC EMERGENCY MEDICINE CORE PRIVILEGES:

In order to apply for these privileges, the applicant must provide documentation of the following:

1. Provide documentation of successful completion of an ACGME or AOA accredited residency in Pediatrics and/or Emergency Medicine within the past five years; **OR**
1. Provide documentation of successful completion of an ACGME accredited residency in Pediatrics or Emergency Medicine **and** documentation of maintenance of certification in Pediatric Emergency Medicine; **OR**
1. Provide documentation of successful completion of an ACGME or AOA accredited combined Residency in Pediatric and Emergency Medicine with maintenance of certification in both specialties.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		**PEDIATRIC EMERGENCY MEDICINE CORE PRIVILEGES**
	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	CPED-6	Privileges to assess, evaluate, diagnose and provide initial treatment to pediatric patients in the Emergency Department with any symptom, illness, injury or condition; to provide services necessary to ameliorate minor illnesses or injuries and stabilize patients with major illnesses or injuries; and to assess all patients to determine whether additional care is necessary. PLEASE NOTE - privileges do not include long-term care of patients on an inpatient basis or admitting or performing scheduled elective procedures with the exception of procedures performed during routine Emergency Department follow-up visits.

NOTE: Privileges include but are not limited to abscess incision and drainage, including Bartholin's cyst; Administration of thrombolytic therapy for myocardial infarction, pulmonary embolism, and/or stroke; Anoscopy; Application of splints and plaster fiberglass or similar molds; Arterial puncture and cannulations; Arthrocentesis and joint injection; Regional anesthesia defined as peripheral nerve, field and Bier blocks using local anesthetics for the purpose of providing anesthesia to perform invasive procedures or manage acute pain; Bladder decompression and catheterization techniques; Blood component transfusion therapy; Burn management, including escharotomy; Cannulation, artery and vein; Cardiac pacing, including, but not limited to, external, transthoracic and tranvenous; Cardiac massage, open or closed; Cardioversion (synchronized counter shock); Central venous access (femoral, jugular, peripheral, internal jugular, subclavian, and cutdowns); Cricothyrotomy; Defibrillation (internal or external); Delivery of newborn, emergency; Dislocation/fracture reduction/immobilization techniques; Electrocardiography interpretation; Endotracheal intubation techniques; GI decontamination (emesis, lavage, charcoal); Hernia reduction; Immobilization techniques; Irrigation and management of caustic exposures; Insertion of emergency transvenous pacemaker; Intracardiac injection; Intraosseous infusion; Laryngoscopy, direct and indirect; Lumbar puncture; Management of epistaxis; Nail trephine techniques; Nasal cautery/packing; Nasogastric/orogastric intubation; Ocular tonometry; Oxygen therapy; Paracentesis; Pericardiocentesis, emergency only; Peripheral venous cutdown; Peritoneal lavage or tap; Preliminary interpretation of plain films; Removal of foreign bodies from soft tissues airway, including nose, eye, ear, rectum and vagina; soft instrumentation/ irrigation, skin, or subcutaneous tissue; Removal of IUD; Repair of lacerations; Resuscitation, all ages; Slit lamp used for ocular exam, removal of corneal foreign body; Splint or cast application after reduction of fracture or dislocation; Spine immobilization; Thoracentesis;, Thoracostomy tube or catheter insertion; Thoracotomy, open for patients in extremis; use of manual and mechanical ventilators and resuscitators; wound debridement and repair; moderate and deep sedation in accordance to sedation policy; Confirmation of intrauterine pregnancy by pelvic ultrasound; (FAST) Confirmation of traumatic free intraperitoneal and intrathoracic fluid by Focused Assessment with Sonography for Trauma (FAST) exam; (AAA) Confirmation of presence of abdominal aortic aneurysm by focused abdominal sonography; Basic Resuscitation Cardiac Ultrasound (Pericardial Effusion and Cardiac Activity) and Advanced Emergency Cardiac Ultrasound (Right Ventricle Dilation and Global Left Ventricle Function); Emergency Ultrasound (Ocular for use in evaluation of Intraocular Pathology excluding Optic Nerve Measurements); Emergency Ultrasound (Soft-Tissue Infection and Musculoskeletal).

Print Name

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	**PEDIATRIC EMERGENCY MEDICINE SPECIAL PRIVILEGES** Must apply for and maintain Pediatric Emergency Medicine Core Privileges (CPED-6)		Minimum Number Required	Number Performed Within The Past 2 Years	Location
	N/A**	N/A**	N/A	N/A**	N/A**	N/A**	N/A	N/A**	N/A	CPED-6(a)*	Emergency Ultrasound – Biliary (Cholecystitis and Cholelithiasis)	50		
	N/A**	N/A**	N/A	N/A**	N/A**	N/A**	N/A	N/A**	N/A	CPED-6(b)*	Emergency Ultrasound – Urinary Tract (Hydronephrosis and bladder size)	50		
	N/A**	N/A**	N/A	N/A**	N/A**	N/A**	N/A	N/A**	N/A	CPED-6(c)*	Emergency Ultrasound – DVT	50		
	N/A**	N/A**	N/A	N/A**	N/A**	N/A**	N/A	N/A**	N/A	CPED-6(d)*	Emergency Ultrasound – Thoracic	25		
	N/A**	N/A**	N/A	N/A**	N/A**	N/A**	N/A	N/A**	N/A	CPED-6(e)*	Emergency Ultrasound – Bowel	25		

**Due to contractual restrictions, these privileges cannot be granted at this time.

CPED-7 PEDIATRIC NEONATAL-PERINATAL MEDICINE (NEONATOLOGY) CORE PRIVILEGES:

In order to apply for these privileges the applicant must provide documentation of the following:

1. Have met the training requirements which renders the physician eligible for certification by the American Board of Pediatrics or American Osteopathic Association (AOA) and sub-specialty certification in Pediatric Neonatal-Perinatal Medicine; **AND**

2. Documentation of the successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited fellowship program in Pediatric Neonatal-Perinatal Medicine; **OR**

2. Documentation of active practice for at least the past two (2) years in a pediatric critical care setting where the applicant provided pediatric critical care medicine services to at least fifty (50) pediatric patients during that time.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		**PEDIATRIC NEONATAL-PERINATAL MEDICINE (NEONATOLOGY) CORE PRIVILEGES** **Term Newborn Nursery Core Privileges (CPED-5) are included when the applicant applies for and maintains Pediatric Neonatal-Perinatal Medicine (Neonatology) Core Privileges (CPED-7).**
			N/A							CPED-7	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. Assess, stabilize, and determine disposition of patients with emergent conditions. The core privileges include procedures that are extensions of the same techniques and skills.

Pediatric Neonatal-Perinatal Medicine/Neonatology Core Privileges include attendance at delivery of high risk newborns; cardiac life support, including emergent cardio version; exchange transfusion; insertion and management of central lines; insertion and management of chest tubes; lumbar puncture; paracentesis, thoracentesis, and pericardiocentesis; perform history and physical exam; arterial catheterization; peritoneal dialysis with consultation as appropriate; post operative care of newborns; preliminary EKG interpretation; suprapubic bladder tap; umbilical catheterization; and ventilator care of infants beyond emergent stabilization.***Pediatric Neonatal-Perinatal Physicians function in accordance with the Moderate and Deep Sedation in Adult and Pediatric Patients for Critical Care Providers Policy.

____
Print Name

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	**PEDIATRIC NEONATAL-PERINATAL MEDICINE (NEONATOLOGY) SPECIAL PROCEDURES** Must apply for and maintain Pediatric Neonatal-Perinatal Medicine (Neonatology) Core Privileges (CPED-7)		Minimum Number Required	Number Performed Within The Past 2 Years	Location
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CPED-7(a)	Extracorporeal Membrane Oxygenation (ECMO)	4		

Maintenance Criteria for Continued Special Privileges (CPED-7(a)):
The Physician must submit at least two (2) cases performed over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privilege but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

____
Print Name

CPED-8 DEVELOPMENTAL AND BEHAVIORAL PEDIATRIC CORE PRIVILEGES:
In order to apply for these privileges the applicant must provide documentation of the following:
If the applicant is not currently subspecialty certified in Developmental and Behavioral Pediatrics by the American Board of Medical Specialties (ABMS) the applicant must:

1. Provide documentation of certification in Pediatrics by the American Board of Medical Specialties (ABMS); **AND**

2. Provide documentation of successful completion of an ACGME accredited Developmental and Behavioral Pediatrics Fellowship training program, within the past five (5) years; **AND**

3. Verification from the fellowship program director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

OR

If the applicant is currently subspecialty certified in Developmental and Behavioral Pediatrics by the American Board of Medical Specialties (ABMS), the applicant must:

1. Provide documentation of subspecialty certification in Developmental and Behavioral Pediatrics by the American Board of Medical Specialties (ABMS); **AND 2**

2. Verification from the Department Chief where the Applicant most recently practiced documenting that the Applicant has provided inpatient or consultative services for at least sixty (60) patients during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		**DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS CORE PRIVILEGES**
	N/A		N/A							CPED-8	Evaluate, diagnose, treat and provide consultation to patients from infancy through adolescence with developmental delays, or learning disorders including, but not limited to, those associated with visual and hearing impairment, mental retardation, cerebral palsy, spina bifida, autism, ADD, and other chronic neurologic conditions including education of caregivers and interdisciplinary management of care.

Developmental and Behavioral Pediatrics Core Privileges include assessment of behavioral adjustment and temperament; behavioral screening and surveillance techniques; developmental screening and surveillance techniques; interviewing and assessment of family history and functioning; neurodevelopmental assessment; perform history and physical exam; psychiatric interviewing and diagnosis; understanding of the major diagnostic classification schemas; anticipatory guidance; behavioral treatment methods; developmental interventions; individual and family counseling; and psychopharmacotherapy.

PRIVILEGES REQUESTED BY:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Atrium Health and;

I understand that:

(a) In exercising any clinical privileges granted, I am constrained by 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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

____ ________________

Signature of Applicant Date

____

Print Name

==

CPED-3(b) EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) MANAGEMENT

SHORT DEFINITION: ECMO is the specialized technique of mechanical extracorporeal cardiac and/or respiratory support for patients with life-threatening failure of heart or lung function.

SKILLS AND TRAINING NEEDED:

1. Provide verification from the fellowship program director that the Applicant has been trained in ECMO and has participated in the management of four (4) cases within the past two (2) years;

OR

1. Provide documentation of certification of attendance at an ECMO Management Course indicating the completion of didactic and simulation training exercise within the past two (2) years; **AND**

2. Upon documentation of above, the Applicant must complete the Permission to be Proctored Request Form requesting to be proctored for four (4) cases of active ECMO management;

OR

1. Provide verification from the Chief/Chairman of the Applicant’s Department that the Applicant has performed active ECMO management within the two (2) years; **AND**

2. Provide case log documentation of successful active ECMO management of four (4) cases within the past two (2) years.

CRITERIA FOR MAINTENANCE OF PRIVILEGES (CPED-3(b)):
The Physician must provide documentation of ECMO management of two (2) cases over a two (2) year period to be eligible to reapply for ECMO privileges. This will be reviewed at the time of the physician’s reappointment. Physicians who would like to continue to hold ECMO privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for the privilege and submit a Request to Be Proctored Form.

CPED-4(a): INTRAUTERINE DEVICE (IUD) PLACEMENT AND REMOVAL

DEFINITION: An Intrauterine Device (IUD) is a small T-shaped plastic device that is placed in the uterus to prevent pregnancy. A plastic string is attached to the end to ensure correct placement and for removal. IUDs are an easily reversible form of birth control and can be inserted at any time during the menstrual cycle provided the patient is not pregnant. Before insertion, a bimanual examination and a sounding of the uterus are necessary to determine the uterus position and the depth of the uterine cavity. The IUD is inserted into the uterus according to individual protocols, with the threads cut at a length to allow the patient to check the position of the device.

SPECIFIC SKILLS AND TRAINING REQUIRED:

1. Apply for and meet the necessary criteria to be granted privileges for General Pediatrics Outpatient Core privileges (CPED-4); **AND**

2. Provide documentation of two (2) IUD Placements and two (2) IUD Removals services in adolescent patients during the past two (2) years; **OR**

2. Complete the PERMISSION TO BE PROCTORED REQUEST FORM, requesting to be proctored for two (2) IUD Placements and two (2) IUD Removals by someone who is currently credentialed in IUD Placement and Removal. It is noted that should an Applicant wish to obtain IUD Placement and Removal via this method, the Applicant will withdraw their request for this privileges until the proctoring is completed. Upon completion of the proctoring form, the Appointee will submit the completed proctoring reports along with an updated Delineation of Privileges Form requesting to perform the privileges independently.

OTHER CRITERIA: Placement of IUD for contraception under standard procedure guidelines with time out as used for other long acting reversible contraception (LARC) such as subcutaneous contraception. The performance of these procedures should include patient selection and requires the ability to measure uterine length with appropriate equipment and use of placement device which is packaged with IUD from manufacturer.

MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES (CPED-4(a)):
The Physician must provide documentation of IUD Placement and Removal of four (4) cases over a two (2) year period to be eligible to reapply for privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for the privilege and submit a Request to Be Proctored Form.

CPED-4(b): LONG ACTING SUBDERMAL CONTRACEPTION INSERTION AND REMOVAL

SPECIFIC SKILLS AND TRAINING REQUIRED:

1. Apply for and meet the necessary criteria to be granted privileges for General Pediatrics Outpatient Core privileges (CPED-4); **AND**

2. Provide documentation of two (2) Placements and two (2) Removals services in adolescent patients during the past two (2) years; **OR**

2. Complete the PERMISSION TO BE PROCTORED REQUEST FORM, requesting to be proctored for two (2) IUD Placements and two (2) IUD Removals by someone who is currently credentialed in Long Acting Subdermal Contraception Placement and Removal. It is noted that should an Applicant wish to obtain Long Acting Subdermal Contraception Placement and Removal via this method, the Applicant will withdraw their request for this privileges until the proctoring is completed. Upon completion of the proctoring form, the Appointee will submit the completed proctoring reports along with an updated Delineation of Privileges Form requesting to perform the privileges independently.

MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES (CPED-4(b)):
The Physician must provide documentation of Placements and Removals of four (4) cases over a two (2) year period to be eligible to reapply for privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for the privilege and submit a Request to Be Proctored Form.

CPED-6(a) EMERGENCY ULTRASOUND - BILIARY

SHORT DEFINITION **-** Emergency Biliary ultrasound – focused US of the gallbladder and the common bile duct per ACEP Imaging Criteria (Cholecystitis and Cholelithiasis).

SKILLS AND TRAINING NEEDED - The applicant must meet the following:

1 Completed Accredited Residency in Emergency Medicine and/or Fellowship in Pediatric Emergency Medicine approved by ACGME or AOA within the past five (5) years to include documentation that an Emergency Ultrasound, Residency or Fellowship Director verified successful completion of a training program where emergency biliary ultrasound was included as a part of the training program. Verification can include any of the following: 1) the form of a residency/fellowship letter, 2) procedure logs, 3) confirmation of attendance at a course and minimum number of US examination performed or 4) proctored session and "sign off" by ultrasound of five (5) cases with ultrasound director. Verification will be judged by the Chief of the Department, or credentialed ED Ultrasound Director, or their designee based on national ACEP guidelines.; **AND**

2 Provide documentation of a minimum of two hundred (200) lifetime ultrasound case, not including biliary studies.

OR

1 Certification in Pediatric Emergency Medicine or Emergency Medicine (ABMS or AOA); **AND**

2 Successful completion of an Introductory Emergency Medicine Ultrasound Course as set out in the American College of Emergency Physicians (ACEP) Emergency Ultrasound Guidelines 2008; **AND**

3 Documentation of successful performance of a minimum of fifty (50) biliary ultrasounds on patients in the Emergency Department. Cases will be reviewed by Chief of the Department or their designee and compared to other imaging tests, operative procedures or patient outcome. After initial training, proctoring may consist of over-reading by the US Director or designee, comparison with other imaging test or operative procedure, or clinical follow-up. If the physician had privileges at another hospital for urinary tract US, they must show the credentials or proof of performing of 25 satisfactory US as determined by the chief or US director at that hospital.; **AND**

4 Provide documentation of a minimum of two hundred (200) lifetime ultrasound cases to include other applications.

Maintenance Criteria for Continued Special Privileges (CPED-6(a-c)):
The Physician must submit a minimum of ten (10) cases over the past two (2) years for each ultrasound privileges held, based on acceptable results of ongoing professional practice evaluation and outcomes, and five (5) ultrasound related Category I or II CME hours over the past two (2) years to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CPED-6(b) EMERGENCY ULTRASOUND – URINARY TRACT

SHORT DEFINITION **-** Emergency Urinary Tract Ultrasound – focused US of the kidneys and bladder per ACEP Imaging Criteria (Hydronephrosis and bladder size).

SKILLS AND TRAINING NEEDED - The applicant must meet the following:

1 Completed Accredited Residency in Emergency Medicine and/or Fellowship in Pediatric Emergency Medicine approved by ACGME or AOA within the past five (5) years to include documentation that an Emergency Ultrasound, Residency or Fellowship Director verified successful completion of a training program where emergency urinary tract ultrasound was included as a part of the training program. Verification can include any of the following: 1) the form of a residency/fellowship letter, 2) procedure logs, 3) confirmation of attendance at a course and minimum number of US examination performed or 4) proctored session and "sign off" by ultrasound of five (5) cases with ultrasound director. Verification will be judged by the Chief of the Department, or credentialed ED Ultrasound Director, or their designee based on national ACEP guidelines; **AND**

2 Provide documentation of a minimum of two hundred (200) lifetime ultrasound cases, not including urinary tract studies.

OR

1 Certification in Pediatric Emergency Medicine or Emergency Medicine (ABMS or AOA); **AND**

2 Successful completion of an Introductory Emergency Medicine Ultrasound Course as set out in the American College of Emergency Physicians (ACEP) Emergency Ultrasound Guidelines 2008; **AND**

3 Documentation of successful performance of a minimum of fifty (50) urinary tract ultrasounds on patients in the Emergency Department. Cases will be reviewed by Chief of the Department or their designee and compared to other imaging tests, operative procedures or patient outcome. After initial training, proctoring may consist of over-reading by the US Director or designee, comparison with other imaging test or operative procedure, or clinical follow-up. If the physician had privileges at another hospital for urinary tract US, they must show the credentials or proof of performing of 25 satisfactory US as determined by the chief or US director at that hospital.; **AND**

4 Provide documentation of a minimum of two hundred (200) lifetime ultrasound cases to include other applications.

Maintenance Criteria for Continued Special Privileges (CPED-6(a-c)):

The Physician must submit a minimum of ten (10) cases over the past two (2) years for each ultrasound privileges held, based on acceptable results of ongoing professional practice evaluation and outcomes, and five (5) ultrasound related Category I or II CME hours over the past two (2) years to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CPED-6(c) EMERGENCY ULTRASOUND - DVT

SHORT DEFINITION **-** Emergency Deep Venous Thrombosis ultrasound – focused US of the venous system for DVT per ACEP Imaging Criteria

SKILLS AND TRAINING NEEDED - The applicant must meet the following:

1. Completed Accredited Residency in Emergency Medicine and/or Fellowship in Pediatric Emergency Medicine approved by ACGME or AOA within the past five (5) years to include documentation that an Emergency Ultrasound, Residency or Fellowship Director verified successful completion of a training program where emergency DVT ultrasound was included as a part of the training program. Verification can include any of the following: 1) the form of a residency/fellowship letter, 2) procedure logs, 3) confirmation of attendance at a course and minimum number of US examination performed or 4) proctored session and "sign off" by ultrasound of five (5) cases with ultrasound director. Verification will be judged by the Chief of the Department, or credentialed ED Ultrasound Director, or their designee based on national ACEP guidelines.; **AND**

2. Provide documentation of a minimum of two hundred (200) lifetime ultrasound cases, not including DVT studies.

OR

1. Certification in Pediatric Emergency Medicine or Emergency Medicine (ABMS or AOA); **AND**

2. Successful completion of an Introductory Emergency Medicine Ultrasound Course as set out in the American College of Emergency Physicians (ACEP) Emergency Ultrasound Guidelines 2008; **AND**

3. Documentation of successful performance of a minimum of fifty (50) DVT ultrasounds on patients in the Emergency Department. Cases will be reviewed by Chief of the Department or their designee and compared to other imaging tests, operative procedures or patient outcome. After initial training, proctoring may consist of over-reading by the US Director or designee, comparison with other imaging test or operative procedure, or clinical follow-up. If the physician had privileges at another hospital for DVT US, they must show the credentials or proof of performing of 25 satisfactory US as determined by the chief or US director at that hospital.; **AND**

4. Provide documentation of a minimum of two hundred (200) lifetime ultrasound cases to include other applications.

Maintenance Criteria for Continued Special Privileges (CPED-6(a-c)):

The Physician must submit a minimum of ten (10) cases over the past two (2) years for each ultrasound privileges held, based on acceptable results of ongoing professional practice evaluation and outcomes, and five (5) ultrasound related Category I or II CME hours over the past two (2) years to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CPED-6(d) EMERGENCY ULTRASOUND – THORACIC

SHORT DEFINITION **-** Emergency Thoracic Ultrasound – focused US of the thoracic cavity to determine pleural fluid, pneumothorax, and increased interstitial lung fluid in **non-traumatic** conditions per ACEP Imaging Criteria

SKILLS AND TRAINING NEEDED - The applicant must meet the following:

1 Completed Accredited Residency in Emergency Medicine and/or Fellowship in Pediatric Emergency Medicine approved by ACGME or AOA within the past five (5) years to include documentation that an Emergency Ultrasound, Residency or Fellowship Director verified successful completion of a training program where emergency thoracic ultrasound was included as a part of the training program. Verification can include any of the following: 1) the form of a residency/fellowship letter, 2) procedure logs, 3) confirmation of attendance at a course and minimum number of US examination performed or 4) proctored session and "sign off" by ultrasound of five (5) cases with ultrasound director. Verification will be judged by the Chief of the Department, or credentialed ED Ultrasound Director, or their designee based on national ACEP guidelines.

OR

1 Completed Accredited Residency in Emergency Medicine and/or Fellowship in Pediatric Emergency Medicine approved by ACGME or AOA within the past five (5) years; **AND**

2 Successful completion of an Introductory Emergency Medicine Ultrasound Course as set out in the American College of Emergency Physicians (ACEP) Emergency Ultrasound Guidelines 2008; **AND**

3 Documentation of successful performance of a minimum of twenty-five (25) thoracic ultrasounds on patients in the Emergency Department. Cases will be reviewed by Chief of the Department or their designee and compared to other imaging tests, operative procedures or patient outcome. After initial training, proctoring may consist of over-reading by the US Director or designee, comparison with other imaging test or operative procedure, or clinical follow-up. If the physician had privileges at another hospital for thoracic US, they must show the credentials or proof of performing of 25 satisfactory US as determined by the chief or US director at that hospital.

Maintenance Criteria for Continued Special Privileges (CPED-6(d)):
The Physician must submit a minimum of two (2) cases over the past two (2) years for each ultrasound privileges held, based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CEMD-6(e) EMERGENCY ULTRASOUND - BOWEL

SHORT DEFINITION **-** Emergency Bowel ultrasound – focused US of the bowel to determine bowel dilation, wall thickness, free fluid, constriction or peristalsis.

SKILLS AND TRAINING NEEDED - The applicant must meet the following:

1 Completed Accredited Residency in Emergency Medicine and/or Fellowship in Pediatric Emergency Medicine approved by ACGME or AOA within the past five (5) years to include documentation that an Emergency Ultrasound or Residency Director verified successful completion of a training program where emergency bowel ultrasound was included as a part of the training program. Verification can include any of the following: 1) the form of a residency letter, 2) procedure logs, 3) confirmation of attendance at a course and minimum number of US examination performed or 4) proctored session and "sign off" by ultrasound of five (5) cases with ultrasound director. Verification will be judged by the Chief of the Department, or credentialed ED Ultrasound Director, or their designee based on national ACEP guidelines.

OR

1 Completed Accredited Residency in Emergency Medicine and/or Fellowship in Pediatric Emergency Medicine approved by ACGME or AOA within the past five (5) years; **AND**

2 Successful completion of an Introductory Emergency Medicine Ultrasound Course as set out in the American College of Emergency Physicians (ACEP) Emergency Ultrasound Guidelines 2008; **AND**

3 Documentation of successful performance of a minimum of twenty-five (25) bowel ultrasounds on patients in the Emergency Department. Cases will be reviewed by Chief of the Department or their designee and compared to other imaging tests, operative procedures or patient outcome. After initial training, proctoring may consist of over-reading by the US Director or designee, comparison with other imaging test or operative procedure, or clinical follow-up. If the physician had privileges at another hospital for bowel US, they must show the credentials or proof of performing of 25 satisfactory US as determined by the chief or US director at that hospital.

Maintenance Criteria for Continued Special Privileges (CPED-6(e)):
The Physician must submit a minimum of two (5) cases over the past two (2) years for each ultrasound privileges held, based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CPED-7(a): EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) MANAGEMENT

SHORT DEFINITION: ECMO is the specialized technique of mechanical extracorporeal cardiac and/or respiratory support for patients with life-threatening failure of heart or lung function.

SKILLS AND TRAINING NEEDED:

1. Provide verification from the fellowship program director that the Applicant has been trained in ECMO and has participated in the management of four (4) cases within the past two (2) years; **OR**

1. Provide documentation of certification of attendance at an ECMO Management Course indicating the completion of didactic and simulation training exercise within the past two (2) years; **AND**

2. Upon documentation of above, the Applicant must complete the Permission to be Proctored Request Form requesting to be proctored for four (4) cases of active ECMO management;

OR

1. Provide verification from the Chief/Chairman of the Applicant's Department that the Applicant has performed active ECMO management within the two (2) years; **AND**

2. Provide case log documentation of successful active ECMO management of four (4) cases within the past two (2) years.

CRITERIA FOR MAINTENANCE OF PRIVILEGES (CPED-7(a)):
The Physician must provide documentation of ECMO management of two (2) cases over a two (2) year period to be eligible to reapply for ECMO privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold ECMO privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for the privilege and submit a Request to Be Proctored Form.