DETROIT MEDICAL CENTER
DEPARTMENT OF PEDIATRICS
DELINEATION OF PRIVILEGES IN GENERAL PEDIATRICS

Applicant Name ________________________________________________________  PLEASE PRINT

QUALIFICATIONS:
Successful completion an ACGME or AOA accredited residency program in Pediatrics. Board certification by the American Board of Pediatrics or in the active certification process leading to certification within five (5) years.

Effective July 1, 2009, all new applicants to the DMC will be required to be board certified or in the active certification process in their practice specialty. See attached addendum.

Under special circumstances an individual who is Board Certified in other specialties may have been granted pediatric privileges. Staff who were granted these privileges prior to 3/1/08 will be able to retain privileges.

Required Previous Experience:
The applicant must demonstrate that (h)she has provided inpatient and/or consultative services for a minimum of 50 Pediatric patients during the past 24 months. This requirement is waived for those applicants who have completed their General Pediatric residency within the previous two years.

Special Procedures:
Successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable program; and documentation of competence to obtain and retain clinical privileges as set forth in departmental policies governing the exercise of the specific privileges.

Observation/Proctoring Requirements:
Monitoring through ongoing professional performance evaluation, departmental quality assessment and improvement processes.

Reappointment Requirements:
Current demonstrated competence through ongoing professional performance evaluation and an adequate volume of current experience with acceptable results in the privileges requested for the past 24 months as a result of quality assessment/improvement activities and outcomes.

“Affiliate Status, Membership Only” Status

Initial applicants: If you will only be referring patients to the DMC/Children’s Hospital of Michigan, you may wish to apply for Affiliate Status, Membership Only (no clinical privileges). This will allow an affiliation without having to meet other medical staff requirements.

Reappointment applicants: Those practitioners that do not meet minimum eligibility requirements to hold clinical privileges and/or have insufficient DMC based volume to provide for an ongoing professional practice evaluation and/or have an office-based practice only, but wish to maintain a DMC affiliation, may request Affiliate Status, Membership Only (no clinical privileges).
DELINEATION OF PRIVILEGES IN GENERAL PEDIATRICS

Applicant Name _____________________________________________________

PLEASE PRINT

PRIVILEGES REQUESTED:

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

Note: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason must be stated below or on the last page of this form and discussed with the applicant.

Applicant: Please place a check mark in the (R) column for each privilege requested.

<table>
<thead>
<tr>
<th>Privilege Description</th>
<th>(R)</th>
<th>(A)</th>
<th>(C)</th>
<th>(N)</th>
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<tbody>
<tr>
<td>AFFILIATE STATUS, MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES</td>
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<tr>
<td>Practice is limited to outpatient office (ambulatory) only. No inpatient privileges.</td>
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<td>Do Not Complete The Remainder Of This Form. Sign bottom of this page and submit.</td>
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<tr>
<td>PEDIATRIC CORE PRIVILEGES</td>
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<td>Treatment of patients between the ages of birth and up, performance of procedures</td>
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<td>that do not carry a significant threat to life, related admission, consultation and</td>
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<td>work-up, venipuncture, spinal tap, laceration repair, incisions and drainage of</td>
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<td>superficial abscesses and treatment of major complicated illnesses; such as pneumonia,</td>
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<td>bronchitis, asthma, dehydration, diabetes, failure to thrive, seizures.</td>
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<td>NEWBORN CORE PRIVILEGES</td>
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<td>Privileges include ability to provide care to all newborns, including those with</td>
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<td>life-threatening illnesses. Consultation is required in extremely complex, life-</td>
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<td>threatening situations.</td>
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Acknowledgment of Practitioner

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges.

Applicant ___________________________ Date ________________
DELINEATION OF PRIVILEGES IN GENERAL PEDIATRICS

Applicant Name __________________________________________________________

PLEASE PRINT

RECOMMENDATIONS:

Department or Section Chief:
I certify that I have reviewed and evaluated the applicant’s request for clinical privileges, credentials and other supporting documentation, and the recommendation that is made below takes all pertinent factors into consideration:

☐ Recommend as requested ☐ Do not recommend

☐ Recommend with conditions/modifications as listed

Dept or Section Chief, Signature ___________________________ Date __________

Specialist-in-Chief:
I certify that I have reviewed and evaluated the applicant’s request for clinical privileges, credentials and other supporting documentation, and the recommendation that is made below takes all pertinent factors into consideration:

☐ Recommend as requested ☐ Do not recommend

☐ Recommend with conditions/modifications as listed

Specialist-in-Chief, Signature ___________________________ Date __________

Children’s Hospital Medical Staff Operations Committee Recommendation

☐ Recommend as requested. ☐ Do not recommend.

☐ Recommend with conditions/modifications as listed.

Chair, CHM MSOC Signature ___________________________ Date __________

Joint Conference Committee Approval: ___________________________ Date __________
Qualifications: In order to be eligible to request clinical privileges in Addiction Medicine, an applicant must meet the following minimum threshold criteria:

A. Meet the basic requirements for medical staff membership and privileges as defined in the Medical Staff Bylaws, Article III, Section 2.

B. Minimum formal training: The applicant must have successfully completed an ACGME/AOA approved residency program in a primary care specialty including; Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pediatrics, or Psychiatry.

Effective July 1, 2009, all new applicants to the DMC will be required to be board certified or in the active certification process in their practice specialty. See Board Certification addendum for complete requirements.

C. Completion of an accredited training program in Addiction Medicine or demonstrate that they are working toward certification by ASAM (American Society of Addiction Medicine) or AAAP (American Academy of Addiction Psychiatry), said certification must be completed within 4 years of its onset OR have completed a fellowship program in Addiction Medicine or Addiction Psychiatry.

D. Required previous experience: The applicant must be able to demonstrate that he or she has performed at least 50 diagnostic or therapeutic Addiction Medicine procedures (medical detoxifications) during training and 25 diagnostic or therapeutic Addiction Medicine procedures (medical detoxifications) in a 12 months period to maintain privileges.

Requested Privilege:

(R) (A) (C) (N)

Clinical Privileges in Addiction Medicine

The following procedures should be performed on patients meeting appropriate clinical criteria or through specified protocols by physicians with training and expertise in addiction medicine.

A. Assessment, diagnosis, and treatment of substance use disorders (addiction, abuse, intoxication and withdrawal disorders).

B. Management of the following:
   1. Severe or complex intoxication
   2. Severe or complex withdrawal
   3. Medical complications of substance use disorders

C. Provide consultation services in addiction medicine for patients, in collaboration with the physician who requests the consultation. These services would likely include taking the history, performing a physical examination, ordering evaluative medication management.

D. Integration of addiction medicine expertise with other health care providers including specialist in the emergency department and intensive care units.

E. Work collaboratively with allied health practitioners, including psychologists, nurse practitioners, physician assistants and pharmacists.

Addendum to the following Department Delineation of Privileges:

Emergency Medicine *, Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pediatrics and Psychiatry
Clinical Privileges in Addiction Medicine

APPLICANT NAME: ______________________________________________________________________

Please Print

Acknowledgement of Practitioner

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges and hereby stipulate that I meet the minimum threshold criteria for this request.

__________________________________________________________________________________________________

Applicant Signature ____________________________ Date

Recommendations:

By my signature below, I certify that I have reviewed and evaluated the applicant’s request for clinical privileges, credentials and other supporting information, and the recommendations that has been made takes all pertinent factors into consideration.

☐ Recommend as requested ☐ Do not recommend

☐ Recommend with conditions/modification as listed

__________________________________________________________________________________________________

Chief of Service (or designee) Signature ____________________________ Date

Specialist-in-Chief (or designee) Signature ____________________________ Date

Psychiatry Specialist-in-Chief (or designee) Signature ____________________________ Date

Joint Conference Committee Approval: ____________________________ Date
DETROIT MEDICAL CENTER

BOARD CERTIFICATION REQUIREMENTS

- Beginning July 1, 2009, all applicants to the DMC Medical Staff shall be Board Certified, or shall achieve Board Certification within five (5) years of completion of formal training.

- Individual clinical department Board certification may be more stringent. If so, the department’s requirements supersede the DMC minimum Board certification requirement.

- The Board certification must be in the specialty and specific practice which clinical privileges are requested.

- Board certification must be in a specialty recognized by the American Board of Medical Specialties, American Osteopathic Association, American Dental Association or the American Board of Podiatric Surgery.

- If Board certification is time-limited, in all cases, the applicant will have a maximum of three (3) years to achieve re-certification, beginning with the expiration date of his/her current Board Certification, or will be voluntarily resigned from the Medical Staff.

- DMC medical staff members on staff prior to July 1, 2009, who are not Board certified will not be required to achieve Board certification. Eligibility for the Board certification waiver requires uninterrupted DMC Medical Staff membership since July 1, 2009.

- Under special circumstances, some outstanding applicants brought to the DMC may be ineligible for Board certification. These members will be considered by their departments on an individual case-by-case basis, and review by a subcommittee of the SICs, may be granted privileges without Board certification with a majority vote of the Medical Executive Committee and the Joint Conference Committee.

JCC APPROVED 2.26.2013