

UNIVERSITY HOSPITAL AND HEALTH SYSTEM
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
2500 North State Street, Jackson MS 39216

PEDIATRIC CRITICAL CARE MEDICINE CLINICAL PRIVILEGES

Name: _____

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- ☐ Initial Appointment
- ☐ Reappointment

All new applicants must meet the following requirements as approved by the governing body effective: 8/5/2015.

Applicant: Check off the "Requested" box for each privilege requested. 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 doubts related to qualifications for requested privileges.

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

Other Requirements

- Note that privileges granted may only be exercised at the site(s) and/or 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 and/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 governance (MS Bylaws, Rules and Regulations) organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR PEDIATRIC CRITICAL CARE MEDICINE

To be eligible to apply for core privileges in Pediatric Critical Care Medicine, the initial applicant must meet the following criteria:

- PATH 1: Current subspecialty certification in pediatric critical care medicine by the American Board of Pediatrics or intensive care by the American Osteopathic Board of Pediatrics.

OR

- PATH 2: Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in pediatrics followed by successful completion of an accredited fellowship in pediatric critical care medicine and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to subspecialty certification in pediatric critical care medicine by the American Board of Pediatrics or intensive care by the American Osteopathic Board of Pediatrics¹.

OR

- PATH 3: Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in a pediatric subspecialty and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to subspecialty certification in the applicable pediatric subspecialty by the American Board of Pediatrics or American Osteopathic Board of Pediatrics.

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AND

Successful completion of a formal training program that includes sufficient training and experience in pediatric critical care

AND

Demonstrated current work experience in the UMMC PICU over the past 6 months

AND

Current PALS certification;

OR

- PATH 4: Current subspecialty certification in a pediatric subspecialty by the American Board of Pediatrics or by the American Osteopathic Board of Pediatrics.

AND

Successful completion of formal training program that includes sufficient training and experience in pediatric critical care

AND

Demonstrated current work experience in the UMMC PICU over the past 6 months

AND

Current PALS certification;

Required Previous Experience: Applicants for initial appointment must demonstrate provision of care, reflective of the scope of privileges requested to a sufficient volume of pediatric critical care patients during the past 24 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.

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Reappointment Requirements: To be eligible to renew core privileges in Pediatric Critical Care Medicine, the applicant must meet the following Maintenance of Privilege Criteria:

Current demonstrated competence and a sufficient volume of experience with pediatric critical care patients, 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. Medical Staff members whose board certificates in pediatric critical care medicine or intensive care bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

CORE PRIVILEGES

PEDIATRIC CRITICAL CARE MEDICINE CORE PRIVILEGES

- ☐ **Requested** Admit, evaluate, diagnose and provide treatment or consultative services and critical care management of life-threatening organ system failure from any cause in children from the term or near-term neonate to the adolescent/adult with special needs or disease process consistent with these privileges, and support of vital physiological functions. 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.

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SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, Non-Core Privileges are requested individually in addition to requesting the Core. Each individual requesting Non-Core 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.

ADMINISTRATION OF SEDATION AND ANALGESIA

- ☐ **Requested** See Hospital Policy for Procedural Sedation by Non-Anesthesiologists for additional information.

Section One--INITIAL REQUESTS ONLY:

- ☐ Completion of residency or fellowship in anesthesiology, emergency medicine or critical care **-OR-**
- ☐ Completion of residency or fellowship within the past year in a clinical subspecialty that provides training in procedural sedation training **-OR-**
- ☐ Demonstration of prior clinical privileges to perform procedural sedation along with a good-faith estimate of at least 20 such sedations performed during the previous year (the estimate should include information about each type of procedure where sedation was administered with a list of any adverse events related to the sedation during those cases, including causal analysis, treatment, and outcome:

-OR-

- ☐ Successful completion (within six months of application for privileges) of a UMHC-approved procedural sedation training and examination course that includes practical training and examination under simulation conditions.

Section Two--INITIAL AND RE-PRIVILEGING REQUESTS:

- ☐ Successful completion of the UMHC web based Procedural Sedation Course/Exam initially and at least once every two years **-AND-**

Provision of a good-faith estimate of the number of instances of each type of procedure where sedation is administered with a list of any adverse events related to the sedation during those cases, including causal analysis, treatment, and outcome:

-AND-

- ☐ ACLS, PALS and/or NRP, as appropriate to the patient population. **(Current)**

-OR-

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- ☐ Maintenance of board certification or eligibility in anesthesiology, emergency medicine, pediatric emergency medicine, cardiovascular disease, advanced heart failure and transplant cardiology, clinical cardiac electrophysiology, interventional cardiology, pediatric cardiology, critical care medicine, surgical critical care, neurocritical care or pediatric critical care, as well as active clinical practice in the provision of procedural sedation.

Section Three--PRIVILEGES FOR DEEP SEDATION:

- ☐ I am requesting privileges to administer/manage deep sedation as part of these procedural sedation privileges.

Deep Sedation/Anesthetic Agents used: _____

APPLICABLE TO REQUESTS FOR DEEP SEDATION ONLY:

I have reviewed and approve the above requested privileges based on the provider's critical care, emergency medicine or anesthesia training and/or background.

Signature of Anesthesiology Chair

Date

ULTRASOUND-GUIDED CENTRAL LINE INSERTION

- ☐ **Requested** See Medical Staff Policy for Ultrasound-Guided Central Line Insertion for additional information.

Initial Privileging:

As for core privileges plus:

- Performance of at least 10 ultrasound-guided central line insertions in the past 24 months; and
- Completion of a UMMC ultrasound-guided central line insertion Healthstream learning module

Maintenance of Privilege:

As for core privileges plus:

- Performance of at least 10 ultrasound-guided central line insertions in the past 24 months; and
- Completion of a UMMC ultrasound-guided central line insertion Healthstream learning module

If volume requirements are not met, the following may substitute:

- Completion of ultrasound-guided central line insertion simulation training in the UMMC Simulation and Interprofessional Education Center; and
- Focused professional practice evaluation to include proctoring of the ultrasound-guided insertion of at least 5 central lines (femoral or internal jugular) within the first 6 months of re-appointment

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CORE PROCEDURE LIST

To the applicant: *If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.*

- 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, SIADH, DI, adrenal insufficiency, systemic sepsis, heart failure, trauma, acute and chronic respiratory failure, drug overdoses, massive bleeding, CNS dysfunction including cerebral resuscitation
- Airway maintenance intubation
- Basic and advanced cardiopulmonary resuscitation
- Bladder catheterization
- Burns, superficial and partial thickness
- Calculation of oxygen content, intrapulmonary shunt and alveolar arterial gradients
- Cardiac output determinations by thermodilution and other techniques
- Cardioversion
- Cricothyrotomy tube placement (Seldinger technique)
- Establishment and maintenance of open airway in nonintubated, unconscious, paralyzed patients
- Evaluation of oliguria
- Femoral line placement
- Fluid/electrolyte management
- Foreign body removal from ear, nose or eye (non-penetrating)
- I & D of abscess
- Insertion and management of chest tubes
- Insertion and management of central venous, arterial and pulmonary artery balloon flotation catheters (femoral and internal jugular access require special privileges for ultrasound guided central line insertion)
- Interpretation of antibiotic levels and sensitivities
- Interpretation of EKG (for therapeutic purposes)
- Intracranial pressure monitoring
- Intraosseous infusion
- Local anesthetic techniques
- Lumbar puncture
- 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 renal and hepatic failure, poisoning
- Management of the immunosuppressed patient
- Medical management of extracorporeal membrane oxygenation (ECMO)
- Minor laceration repair
- Monitoring and assessment of metabolism and nutrition
- Order respiratory services
- Order rehab services
- Paracentesis
- Pericardiocentesis

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- Percutaneous arterial line placement
- Perform history and physical exam
- Perform simple skin biopsy or excision
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
- Peritoneal dialysis
- Peritoneal lavage
- Pharmacokinetics
- Pressure-cycled, volume-cycled, time-cycled, and flow-cycled mechanical ventilation
- Temporary pacemaker management
- Thoracentesis
- Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry
- Vasoactive drug infusion
- Ventilator management, including experience with various modes

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ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at University Hospital and Health System University of Mississippi Medical Center, 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 situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed _____ **Date** _____

DIVISION CHIEF'S RECOMMENDATION (AS APPLICABLE)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- ☐ Recommend all requested privileges.
- ☐ Recommend privileges with the following conditions/modifications:
- ☐ Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Division Chief Signature _____ **Date** _____

CREDENTIALS COMMITTEE REPRESENTATIVE'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully

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perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- ☐ Recommend all requested privileges.
- ☐ Recommend privileges with the following conditions/modifications:
- ☐ Do not recommend the following requested privileges:

Privilege

Condition/Modification/Explanation

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Notes

Credentials Representative's Signature _____ ***Date*** _____

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DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- ☐ Recommend all requested privileges.
- ☐ Recommend privileges with the following conditions/modifications:
- ☐ Do not recommend the following requested privileges:

Privilege

Condition/Modification/Explanation

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Notes

Department Chair Signature _____ ***Date*** _____

Reviewed:

Revised:

2/3/2010, 6/2/2010, 11/3/2010, 9/7/2011, 2/1/2012, 4/3/2012, 8/05/2015