

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.Pediatrics,

Current Privilege Status Key

Practitioner's Current Privilege status is signified in () preceding each privilege.

G = Granted

W = Withdrawn

T = Temporary

P = With Proctor

A = Assist with

C = With Consult

E = Emergency Only

RQ = Requested

L = Leave of Absence

R = Resigned

S = Suspended

Staff Category - Associate Staff

Requested Granted

_____ () ASSOCIATE MEDICAL STAFF:

The associate Medical Staff shall consist of physicians, dentists and podiatrists who are being considered for advancement to membership as active or courtesy members of the Medical Staff. They shall be appointed to a specific department and may be appointed to serve on committees. They shall be ineligible to hold office in this Medical Staff organization. However, candidates for active staff status shall have voting privileges and shall accept emergency department coverage assignments.

All associate Medical Staff memberships shall be provisional for a period of one year. Associate membership renewal may not exceed an additional year, following which the failure to advance from associate Medical Staff membership shall be deemed a termination of Medical Staff membership. An associate Medical Staff member whose membership is so terminated shall have hearing rights accorded by the Medical Staff bylaws if the termination is an Adverse Action as defined in the Medical Staff bylaws.

Associate Medical Staff members shall be assigned to a department where their performance shall be evaluated by the chairperson of the department or the chairperson's representative in order to determine the eligibility of such associate staff members for continued Medical Staff membership and for exercising the clinical privileges provisionally granted to them.

Staff Category - Active Staff

Requested Granted

_____ () ACTIVE MEDICAL STAFF:

The active Medical Staff shall consist of physicians, dentists and podiatrists who regularly admit patients and/or provide services in the hospital, who are able to comply with response times set by their departments and otherwise provide continuous care to their patients, and who assume all the functions and responsibilities of membership on the active Medical Staff including emergency department coverage and consultation assignment as determined by the medical staff emergency department plan which is approved by the Medical Executive Committee. Members of the active Medical Staff shall be appointed to a specific department, shall be eligible to vote, to hold office, and to serve on Medical Staff committees.

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Staff Category - Affiliate Staff

Requested Granted

_____ _____ () AFFILIATE MEDICAL STAFF:

The affiliate Medical Staff shall consist of physicians, podiatrists and dentists who wish to be associated with Mercy Medical Center and its Medical Staff but have little or no active practice in the hospital. Members of the affiliate Medical Staff shall be appointed to a specific department of the Medical Staff, shall be eligible to vote, and shall be eligible to serve on Medical Staff committees. They shall be ineligible to hold office in this Medical Staff organization.

Affiliate Medical Staff members shall not have clinical privileges or provide orders on inpatients. Affiliate Medical Staff members wishing to refer a patient for inpatient care shall be responsible for arranging, at the time of admission, for the overall medical responsibility for the patient's care in the hospital to be assumed by a Medical Staff member of the appropriate specialty who holds full admitting privileges.

Staff Category - Courtesy Staff

Requested Granted

_____ _____ () COURTESY MEDICAL STAFF:

The courtesy Medical Staff shall consist of physicians, dentists and podiatrists qualified for Medical Staff membership but who only occasionally attend patients in the hospital. Courtesy Medical Staff membership is limited to those individuals who bring a unique skill to the community, or serve only occasionally as consultants in the hospital. Telemedicine members will be members of the courtesy Medical Staff. Courtesy Medical Staff members shall be appointed to a specific department. They shall be ineligible to vote or hold office in this Medical Staff organization and shall not be required to provide emergency department coverage.

Signed: _____ Dated: _____

** The affiliate physician does not have privileges for inpatient care. If Affiliate checked, do not complete the rest of this form. **

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Department of Pediatrics

Basic Education: MD or DO

Minimal formal Education: Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA)

Approved residency in Pediatrics

Board Certification: Current certification or active participation in the examination process leading to certification by the American Board of Pediatrics

Required Previous Experience and Current Competence:

- * Documentation of education and experience to demonstrate ability and competence in performance of procedures and management of conditions requested
- * Documentation of procedures performed during residency and/or during prior experience as requested: and
- * References from residency director and/or chair of Pediatrics from hospital where applicant was affiliated in the last two years
- * Applicants requesting pediatric core privileges, PICU, or pediatric cardiology privileges must be PALS certified.
- * Applicants requesting delivery, newborn nursery, or NICU privileges must have NRP certification.

Privileges in the department of Pediatrics are granted according to both clinical severity categories and for specific diagnostic or therapeutic procedures.

- 1) Any new physician applying for Pediatric and/or NICU privileges must have current NRP/PALS certification at the time of application for privileges.
- 2) At the time of recertification, if the physician does not have current NRP/PALS certification, there will be a six month grace period for that physician to complete NRP and/or PALS recertification.

Date: 1985

Reviewed/Revised: Dec 1989, Feb 1993, Aug 1995, Nov 1995, May 2006, Nov 2010, Jun 2011, Jan 2012, Sep 2013

Category I

Requested Granted

_____ _____ () Illness or problem with no apparent serious threat to life, that is uncomplicated and is expected to require only a short period of hospitalization.

Category II

Requested Granted

_____ _____ () Illness or problem requiring skills usually acquired after PL-1 training in Pediatrics. Physicians in this category are expected to obtain consultation if doubt exists as to the diagnosis, where expected improvement is not soon apparent and when specialized therapeutic/diagnostic techniques are indicated.

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Category III

Requested Granted

- _____ _____ () Complex or severe illness or problem with immediate or serious threat to life requiring skills usually achieved only during training to attain eligibility for board certification in pediatrics.
Such physicians may act as consultants to others and may, in turn, be expected to request consultation when:
- a. diagnosis and/or management remain in doubt over an unduly long period of time, especially in the presence of a life-threatening illness;
 - b. unexpected complications arise which are outside this level of competence; specialized treatment or procedures are contemplated with which they are not familiar.

Category IV

Requested Granted

- _____ _____ () Illness or problem requiring expertise or techniques usually acquired only during pediatric subspecialty training or experience. Exceptions can be made for physicians with extensive non-fellowship training/experience and/or upon recommendation of the department chair. (See subspecialty)

Category IV Subspecialties

Requested Granted

- _____ _____ () Allergy/Immunology (4)
_____ _____ () Cardiology (4)
_____ _____ () Critical Care (4)
_____ _____ () Endocrinology (4)
_____ _____ () Gastroenterology (4)
_____ _____ () Hematology/Oncology (4)
_____ _____ () Nephrology (4)
_____ _____ () Neonatology (4)
_____ _____ () Neurology (4)
_____ _____ () Pulmonary (4)

Anesthesia

Requested Granted

- _____ _____ () Moderate (conscious) sedation *

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Cardiovascular

Requested Granted

- | | | | |
|-------|-------|--------|------------------------------------|
| _____ | _____ | () | Percutaneous arterial catheter |
| _____ | _____ | () | PICC line |
| _____ | _____ | () | Central venous line |
| _____ | _____ | () | Cardioversion, electrical |
| _____ | _____ | () | Neonatal umbilical artery catheter |
| _____ | _____ | () | Neonatal umbilical vein catheter |
| _____ | _____ | () | Peripheral arterial cutdown (4) |

ENT

Requested Granted

- | | | | |
|-------|-------|--------|-----------------|
| _____ | _____ | () | Myringotomy |
| _____ | _____ | () | Tympanocentesis |

Gastrointestinal

Requested Granted

- | | | | |
|-------|-------|--------|---|
| _____ | _____ | () | Abdominal paracentesis |
| _____ | _____ | () | Initiation, maintenance of total parenteral nutrition (TPN) |
| _____ | _____ | () | Initiation, maintenance of transpyloric feedings |
| _____ | _____ | () | Sigmoidoscopy (4) |
| _____ | _____ | () | Endoscopy (4) |
| _____ | _____ | () | Rectal Biopsy (4) |
| _____ | _____ | () | Esophageal manometry (4) |
| _____ | _____ | () | Rectal manometry (4) |

Hematology/Oncology

Requested Granted

- | | | | |
|-------|-------|--------|----------------------|
| _____ | _____ | () | Exchange transfusion |
|-------|-------|--------|----------------------|

Interpretations

Requested Granted

- | | | | |
|-------|-------|--------|--------------------------------|
| _____ | _____ | () | Pneumogram |
| _____ | _____ | () | EEG (4) |
| _____ | _____ | () | EKG, formal interpretation (4) |
| _____ | _____ | () | Pulmonary function tests (4) |
| _____ | _____ | () | Echocardiogram (4) |

Nephrology

Requested Granted

- | | | | |
|-------|-------|--------|-------------|
| _____ | _____ | () | Bladder tap |
|-------|-------|--------|-------------|

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Neurology

Requested Granted

_____ () Lumbar puncture

_____ () Ventricular tap (4)

Pulmonary

Requested Granted

_____ () Mechanical ventilation, initiation, maintenance *

_____ () Thoracentesis

_____ () Chest tube

Orthopaedic

Requested Granted

_____ () Arthrocentesis

_____ () Simple fractures (not requiring reduction) - skull, clavicle, nasal, toes,
fingers, forearm, hand, foot

_____ () Subluxation radius

Surgery

Requested Granted

_____ () Circumcision, newborn

_____ () Foreign body, superficial corneal

_____ () Burns, moderate 2nd, 3rd degree less than 2cm (3)

Other

Requested Granted

_____ () Subspecialty: Medical Genetics; venipuncture and skin biopsy

_____ () Subspecialty: Developmental / Behavioral Pediatrics

_____ () Neurodevelopmental evaluation

_____ () Consult for self-hypnosis for pain management on non-emergency
basis

Signature

I have requested and will exercise only those privileges for which by education, training, current experience, and demonstrated performance, I am qualified to perform.

Signed: _____ Date: _____

* specific privilege criteria or requires evidence of education and experience