DELINEATION OF PRIVILEGES - PEDIATRICS AND PEDIATRIC SUBSPECIALTIES

The responsibility of Pediatrics begins with the newborn and continues through 21 years of age. There are special circumstances (a chronic illness and/or disability) in which, if mutually agreeable to the pediatrician, the patient, and when appropriate the patients’ family, the services of the pediatrician may continue to be the optimal source of healthcare past the age of 21.

GENERAL REQUIREMENTS
Please read this form carefully. It contains many parts that require responses from both generalist and specialist physicians.

In order for an application to be considered, the applicant must:

1. Provide proof of training equivalent to that required by the American Board of Pediatrics and subspecialty Boards, or provide evidence of certification by an equivalent certifying organization (Royal College of Physicians, etc.). Board certification is highly desirable; however, non-boarded individuals with expertise that fills special needs of the institution also may be considered.

2. Comply with all other requirements of the Medical Staff.

3. Be interviewed and approved by the Department Chief of Service and a Section Chief for that specialty as determined by the Department Chief of Service.

A satisfactory recommendation by the Chief of Service will be forwarded to the Credentials Committee and after ratification by the Medical Executive Committee must be approved by the System Board of Directors.

If a privilege requires proctoring, at least one case needs to be done at a Kaleida Health facility.

LEVEL I (CORE) PRIVILEGES

Level I (core) privileges are those able to be performed after successful completion of an accredited residency program in that core specialty. The removal or restriction of these privileges would require further investigation as to the individual’s overall ability to practice, but there is no need to delineate these privileges individually.

All physicians, whether generalists or subspecialists, are qualified for Level I Privileges.

Emergency Privileges

In case of any emergency, any staff physician or dentist, to the extent allowed by license, regardless of department, staff status or clinical privileges, is permitted to do anything deemed necessary to save a patient from serious harm or death. Such emergencies are defined as the need for immediate intervention where harm to a patient would result from any delay in administering treatment. Examples include but are not limited to: intubation and cardiac resuscitation. Physicians granted admitting privileges will be expected to have a broad range of knowledge, experience, training and competence to diagnose and treat most conditions that have common presentations, recognized treatments and expected outcomes. Department members’ privileges will be expected to request consultations in all cases where specialized skills are required and in any circumstances in which there is significant uncertainty in the optimum management of the patient. Examples where consultation would be expected include but are not limited to life-threatening complications, unanticipated deterioration in the patient’s condition, or absence of expected response to standard therapy. Such consultations will be obtained promptly.
GENERAL PEDIATRICS
LEVEL I (CORE) PRIVILEGES

History and Physical for diagnosis and treatment
Admit and Discharge Privileges
Ambulatory Care Privileges
Venipuncture
Arterial puncture
Bladder catheterization
Lumbar puncture
Laceration repairs
I&D of superficial abscess
Care of full term newborns in a Level I nursery
Care of late preterm infants (35 – 37 wks) in a Level I nursery
Consultation of PICU patients (with prior relationship)
Care of HIV infected patients
Endotracheal intubation
Simple Fractures/Dislocation without Moderate/Conscious Sedation
Lumbar puncture (newborn)
Delivery room management and resuscitation
Arterial puncture, interpretation of blood gas results
Bladder aspiration

LEVEL II PRIVILEGES

Limited Practice – Pediatric Emergency Medicine Privileges

Physicians with these privileges are expected to have completed a residency training program in Pediatrics or Emergency Medicine. These physicians are highly skilled but did not complete a fellowship in Pediatric Emergency Medicine. These individuals must demonstrate a solid fund of knowledge in pediatric emergencies, and have additional training or experience in a pediatric emergency department. Alternatively, the satisfactory completion of an oral and/or written review with the Chief of Service and Chief of the Division of Emergency Medicine may be substituted. They are referred to as ED attendings that work in the ED but are not managing independently patients in the code room or work in the Fast Track.

Effective 2014, New York State Code 405.19 requires all providers in the Emergency Department to have current PALS certification (or its equivalent). This includes physicians board certified/board eligible in Emergency Medicine, and/or Pediatric Emergency Medicine.

<table>
<thead>
<tr>
<th>PHYSICIAN REQUEST</th>
<th>Granted</th>
<th>Not Granted*</th>
<th>With Following Requirements** (Provide Details)</th>
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<tbody>
<tr>
<td>Limited Practice - Pediatric Emergency Medicine</td>
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### MODERATE/CONSCIOUS SEDATION

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<tr>
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| 1. Providers seeking privileges in moderate/conscious sedation must complete either the ASA sedation course ([www.asahq.org/education/online-learning/safe-sedation-training-moderate](http://www.asahq.org/education/online-learning/safe-sedation-training-moderate)) or Medsimulation course ([www.medsimulation.com](http://www.medsimulation.com)) receiving a score of 85% or above. *Note: Providers completing the on-line training course provided by Medsimulation from other institutions receiving a score of 85% or higher will be accepted as an equivalent measure of acceptable knowledge for sedation privileges.

2. Once the provider has successfully passed the course, he/she must send the certificate of course completion to the medical staff office via e-mail (medicalstaffoffice@kaleidahealth.org) or fax (859-5592 or 859-5593).

3. In addition to demonstrating medical knowledge through completion of this course, providers must also maintain airway management skills through current completed training and certification in ACLS, ATLS or PALS. (ACLS is offered through Kaleida Health Corporate Clinical Education. Please call 716-859-5515 for information. You can also take either course online if you prefer. The following are just a few suggestions. You may be able to obtain this training somewhere else: [https://promedcert.com](https://promedcert.com), [www.buffalocpr.com/aclsatubcampus.html](http://www.buffalocpr.com/aclsatubcampus.html) or [www.wnyhe.com/courses/acls/](http://www.wnyhe.com/courses/acls/).)

4. After a four year period of privileging the provider must repeat either the ASA sedation course or Medsimulation course and receive a score of 85% or greater or a comparable course reviewed and accepted by the Chief of Anesthesiology. They must also maintain airway management skills through completed and current training and certification in ACLS, ATLS or PALS. |
### DEEP SEDATION

(Common medications include Ketamine, Propofol, Etomidate, Thiopental)

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1. Providers seeking privileges initially for deep sedation must have current moderate/conscious sedation privileges.

2. The provider must also complete five proctored cases of deep sedation. These cases must be recorded on a criteria log and returned to the medical staff office prior to being granted privileges to perform deep sedation. The criteria log can be obtained by contacting the Medical Staff Office at 859-5501.

3. After a four year period of privileging the provider must repeat either the ASA sedation course or Medsimulation course and receive a score of 85% or greater or a comparable course reviewed and accepted by the Chief of Anesthesiology. They must also maintain airway management skills through completed and current training and certification in ACLS, ATLS or PALS. Additionally, they must again submit five proctored cases of deep sedation. These cases must be recorded on a criteria log and returned to the medical staff office prior to being granted privileges to perform deep sedation.
LEVEL III PRIVILEGES

Level III privileges are those that require the highest level of specialty training and education. These will require documented additional training and education, and will require current volume criteria for initial privileges and for renewal. All data provided will be verified. Level III privileges may also be grouped or clustered by categories and have very specific criteria for requesting the privileges. In most cases level III privileges will require subspecialty Board certification or its equivalent.

SUBSPECIALTY FORMS ARE ATTACHED IF APPLICABLE

Individual divisions will determine requests for privileges in specific procedures in each subspecialty with corresponding form being required and submitted with this form. All privileges commensurate with requirements for Board certification in each subspecialty.

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<tbody>
<tr>
<td>1.) Adolescent Medicine (no form needed)</td>
<td>9.) Pediatric Genetic Diseases</td>
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<tr>
<td>2.) Developmental Pediatrics</td>
<td>10.) Pediatric Hematology/Oncology</td>
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<tr>
<td>3.) Pediatric Allergy/Immunology</td>
<td>11.) Pediatric Neonatology/Perinatology</td>
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<tr>
<td>4.) Pediatric Cardiology</td>
<td>12.) Pediatric Infectious Disease</td>
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<td>5.) Pediatric Critical Care</td>
<td>13.) Pediatric Nephrology</td>
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<td>6.) Pediatric Emergency Medicine</td>
<td>14.) Pediatric Pulmonology</td>
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<td>7.) Pediatric Endocrinology</td>
<td>15.) Pediatric Rheumatology</td>
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<td>8.) Pediatric Gastroenterology</td>
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</tbody>
</table>

KEY

**NOT GRANTED DUE TO:**  
Provide Details Below

1) Lack of Documentation  
2) Lack of Required Training/Experience  
3) Lack of Current Competence (Databank Reportable)  
4) Other (Please Define) (e.g., Exclusive Contract)

**WITH FOLLOWING REQUIREMENTS**  
Provide Details Below

1) With Consultation  
2) With Assistance  
3) With Proctoring  
4) Other (Please Define)

DETAILS:__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

National Practitioner Databank Disclaimer Statement
Kaleida Health must report to the National Practitioner Data Bank when any clinical privileges are not granted for reasons related to professional competence or conduct. (Pursuant to the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11101 et seq.)

_________________________________________________________ /   ________________________________ / 
Signature of Applicant Date Signature of Chief of Service Date

APPLICANT: PLEASE RETAIN A COPY OF THIS SIGNED DELINEATION FOR YOUR RECORDS