

## **SPECIALTY OF NEONATOLOGY**

### **Delineation of Clinical Privileges**

**Criteria for granting privileges:** Current board certification in Pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics and subspecialty certification in Neonatal-Perinatal Medicine/Neonatology.

**Or**

Successful completion of an accredited ACGME or AOA accredited post-graduate training program in Pediatrics and completion of an accredited ACGME or AOA accredited post-graduate training program in Neonatal-Perinatal Medicine/Neonatology and board certification within 5 years of program completion.

**Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.**

#### **Current Clinical Competence - MLH**

In addition to the required education, experience and/or training specified on each DOP (Delineation of Privilege) form, documentation of current clinical competence is required. Current clinical competence is described as having “performed the privilege recently and performed it well”.

Current clinical competence is assessed prior to granting privileges initially and is reassessed when renewing privileges at reappointment – for maintenance of privileges. Current Clinical Competence (CCC) may be location specific (acute hospital care) and/or age specific (adult, pediatric, neonatal).

This should not be confused with Focused Professional Practice Evaluation (FPPE)

- FPPE: an evaluation of clinical competence of all new privileges as performed at the specific licensed MLH facility (MHMH, MHOBH) for which they have been initially granted. This applies to privileges for all new applicants as well as to new/additional privileges for current members.

Both FPPE and current clinical competence assessments are privilege-specific. FPPE is conducted during the period after granting new/additional privileges. FPPE must occur at the MLH facility(ies) where privileges/membership are held. Current clinical competence may be evaluated from case logs provided by non-MLH facilities.

#### **Current Clinical Competence: Requirements for New Applicants**

- If applying directly from training, or based on the training received in a formal training program, provider should submit case\* logs from the program authenticated by the program director along with their recommendation attesting to the comparable training, experience and qualifications relative to the criteria for the clinical privileges requested.
- If applying more than 1 year after training completion, submit the following:
  - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.

- Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
- Case logs (see specifications below) for any special privileges requested that meet the criteria specific for the number of procedures defined for current clinical competence.

**Current Clinical Competence: Maintenance of Privileges for Current Members**

- **For active staff members:** MLH source data will be aggregated to review cases and procedures performed. If this does not meet the minimum requirement for core and/or special privileges, the practitioner will be required to submit additional case logs from other facilities.
- **For courtesy staff members with low activity and for certain active staff with activity that has diminished and is now low:** Department chair recommendation should be obtained from their primary facility; and the practitioner should submit the following:
  - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
  - Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
  - Case logs (see specifications below) for any special privileges requested that meet the specific number of procedures defined for current clinical competence.

**Case Logs**

All required case logs and/or procedure lists must contain the following information at a minimum: Date, patient identifier, CPT/ICD procedure code, diagnosis, complications, and disposition, and the facility name, name/title of the person authenticating the log, signature, date signed, and contact information. If the information requested is not available, please provide an explanation.

\*A “case” is defined as an episode of care – either cognitive or procedural. For interpretive care, “case” is interpretation of one diagnostic study.

**Ongoing Professional Performance Evaluation (OPPE)**

OPPE is evaluated periodically (more frequently than annually) in the facility where membership/privileges are held.

To assure OPPE requirements are satisfied, the practitioner must periodically exercise the privileges in the MLH facility(ies) where he/she has membership. OPPE must occur regularly on patient encounters in the MLH facility(ies) where privileges/membership are held.

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
<b>Neonatology Core</b>	<p>Current board certification in Pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics and subspecialty certification in Neonatal-Perinatal Medicine.</p> <p><b>OR</b></p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in Pediatrics and an ACGME or AOA accredited post-graduate training program in Neonatal-Perinatal Medicine, and board certification within 5 years of completion.</p>	<p>Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p>	<p>First 5 cases: 3) Patients &amp; Respiratory Distress Syndrome (2) NEC; and First 5 procedures: Intubation, Artery line and Lumbar puncture</p>	<p>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p>
<i>ECMO</i>	<p>The independent supervision of patients on ECMO requires successful completion of an approved course or documentation (case log) of training on 10 patient's management including initiation and stabilization of at least 5 patients</p>	<p>Case log documenting the performance of at least 10 patients managed including 5 with initiation and stabilization within the previous 24 months</p>	<p>Proctoring of 5 cases</p>	<p>Case log documenting the performance of at least 10 patients managed including 5 with initiation and stabilization within the previous 24 months</p>
<b>Pediatric Core</b>	<p>Current board certification in Pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics.</p> <p><b>OR</b></p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in Pediatrics and board certification within 5 years of completion.</p>	<p>Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor</p>	<p>N/A</p>	<p>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the</p>

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
		outcomes should be delineated and accompanied by an explanation.		<p>number of procedures per code for the previous 12 months.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p>

**Neonatology Core Privilege:**

Admit, evaluate, diagnose, treat and provide consultation to neonates (admitted from birth to 28 days and the ongoing care until 1 year of age). Clinical privileges in this category shall include those standard, usual and customary therapies and procedures appropriate for the diagnosis and treatment of congenital and acquired neonatal diseases and conditions encompassed by the specialty of neonatology which constitute skills achieved during fellowship training. Privileges include serving as consultant in neonatology (*including the ante-partum period*).

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

A physician granted privileges in neonatology may render whatever care he/she believes to be indicated at the time of a clinical emergency: *Life Threatening Emergency Privileges*.

Diagnostic / therapeutic procedures permitted Include:

1. Pediatric Core
2. Airway Management
3. Ventilator management of neonates (including sedation and Nitric Oxide therapy)
4. Tube thoracostomy
5. Insertion of intravascular lines
6. Exchange transfusion
7. Thoracentesis
8. Suprapubic bladder aspiration
9. Pericardiocentesis
10. Paracentesis
11. Lumbar puncture
12. Ligation & excision of supra-numerary digits
13. Puncture of Ventricular Access Devices & VP Shunt tubing
14. Moderate or Deep sedation within the Neonatal Intensive Care Unit

**Pediatric Core Privilege:**

Admit, evaluate, diagnose, treat and provide consultation to patients 0-18 admitted with both common illnesses and injuries including disorders common to general pediatric diseases and conditions.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

**Privileges include but are not limited to:**

- Bone marrow aspiration
- Burns, superficial and partial thickness
- I&D of superficial abscess
- Local anesthetic techniques
- Lumbar puncture
- Management uncomplicated minor closed fractures and dislocations
- Perform simple skin biopsy or excision

- Peripheral arterial puncture
- Digital peripheral nerve blocks
- Placement of anterior and posterior nasal hemostatic packing
- Pre-operative and postoperative medical care for surgical patients
- Removal of foreign body by speculum, forceps, or superficial incision
- Removal of non-penetrating corneal foreign body
- Suprapubic bladder aspiration
- Suture uncomplicated lacerations
- Venipuncture

**Special:** The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

**Administration of moderate sedation:** See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists.  
Requires: Separate DOP, ACLS, NRP or PALS certification

## Neonatology Clinical Privileges

Check below the particular privileges desired in Neonatology for each facility:

Please check (✓) applicable age categories for each privilege requested.

Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities	Methodist Olive Branch Hospital (MOBH)
	<b>Neonates &amp; Infants (0-28 days- 2 years)</b>	<b>Neonates &amp; Infants (0-28 days- 2 years)</b>
Neonatology Core		
<b>Special Privileges</b>		
<i>ECMO</i>		
<b>Limitations</b>	<b>Clinical privileges are granted only to the extent privileges are available at each facility.</b>	
Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.		

### 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 the facilities indicated above, to the extent services are available at each facility, and I understand that:

- (a) in exercising any clinical privileges granted, I am constrained by facility 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

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name