

**PEDIATRIC CLINICAL PRIVILEGES**

<b>Name:</b> _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

All new applicants must meet the following requirements as approved by the governing body.  
Effective: April 14, 2020

**Initial Privileges (Initial Appointment)**

**Renewal of Privileges (Reappointment)**

**Applicant:** Please check the **“Requested”** box for each privilege requested. Applicants have the burden of producing information and documentation 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 not recommended, provide the condition or explanation on the last page of this form.

**Other Requirements**

- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- Note that privileges granted may only be exercised at the site(s) designated by CCRMC and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

<b>Name:</b> _____
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**QUALIFICATIONS FOR PEDIATRICS**

**Initial Applicants:** To be eligible to apply for privileges in pediatrics, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in pediatrics.

**AND**

2. Current certification, or Board eligibility leading to certification in pediatrics, by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics. Board certification must be achieved within 7 years (ABP) or 6 years (AOBP) from graduation from a pediatric residency.

**AND**

3. Documentation of required current experience:  
Provision of care, reflective of the scope of privileges requested, for at least 100 newborns (if working in the level II nursery/postpartum/perinatal), and/or 500 outpatients (if working in the ambulatory setting), within the past 24 months **or** successful completion of an ACGME– or AOA–accredited residency within the past 24 months.  
Please provide a clinical activity/procedure log.

**Renewal of Privileges:** To be eligible to renew privileges in pediatrics, the applicant must meet the following criteria:

1. Documentation of Maintenance of Certification (ABMS) or OCC (Osteopathic Continuous Certification) is required.

**AND**

2. Current documented competence and an adequate volume of experience (100 newborns in level II nursery and/or 500 pediatric outpatients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months, based on results of Ongoing Professional Practice Evaluation (OPPE) and outcomes.

**\*For inpatient work a valid NRP, and PALS or APLS certification is required.**

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***Core Privileges: Pediatrics— Ambulatory Care***

**Requested:** Admit, evaluate, diagnose, treat, and provide consultation to patients from birth to young adulthood (21 years of age) concerning their physical, emotional, and social health as well as treating acute and chronic disease, including major complicated illnesses. Assess, stabilize, and determine the disposition of patients with emergent conditions. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills as determined by the pediatrics department chair.

**CORE TREATMENT/PROCEDURE LIST**

This is not intended to be an all-encompassing list of treatments. It defines the types of activities/procedures/privileges that most practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques as determined by the pediatrics department chair.

**To the Applicant:** If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

**Pediatrics— Ambulatory Care**

- Performance of history and physical exam
- Bladder catheterization
- Incision and drainage of abscesses
- Local anesthetic techniques
- Management of burns, superficial and partial thickness
- Peripheral nerve blocks
- Placement of anterior nasal hemostatic packing
- Placement of IV lines
- Placement of intraosseous lines
- Care of simple fractures and dislocations
- Removal of non-penetrating foreign bodies from the eye, nose, or ear
- Subcutaneous, intradermal, and intramuscular injections
- Wound care and suture of uncomplicated lacerations

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- Frenulotomy
- Removal of cerumen
- Cryotherapy (e.g. removal of warts)

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***Core Privileges: Pediatrics— Hospital***

***(Level II Nursery/Postpartum/Emergency Room)***

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- Requested:** Admit, evaluate, diagnose, treat and determine disposition of newborn patients (birth to 30 days of age) in the level II nursery and/or postpartum. This includes providing comprehensive care to critically ill newborns in the level II nursery. Assess, stabilize, and determine the disposition of patients with emergent conditions in the emergency room and other areas of the hospital from birth to 21 years of age.
- The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills as determined by the department chair.

**CORE TREATMENT/PROCEDURE LIST**

This is not intended to be an all-encompassing list of treatments. It defines the types of activities/procedures/privileges that most practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques as determined by the department chair.

**To the Applicant:** If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

**Pediatrics— Hospital**

- Performance of history and physical exam
- Attendance at delivery to assume care of normal and sick newborns
- Arterial puncture
- Bladder catheterization
- Endotracheal intubation, including administration of medication for rapid sequence intubation
- Management of pain/agitation e.g. intubated patients, patients with neonatal

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- abstinence syndrome, etc. (administration of opioids, benzodiazepines)
- Incision and drainage of abscesses
  - Local anesthetic techniques
  - Lumbar puncture
  - Performance of simple skin biopsy or excision
  - Placement of IV lines
  - Placement of intraosseous lines
  - Subcutaneous, intradermal, and intramuscular injections
  - Umbilical artery and vein catheterization
  - Wound care and suture of uncomplicated lacerations
  - Frenulotomy

**Special Non-Core Privileges (See Specific Criteria Below)**

Non-core privileges are requested individually in addition to requesting the core. Each practitioner requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant or re-applicant.

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***Non-Core Privilege: Thoracentesis***

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***Requested***

***Initial Applicants:*** To be eligible to apply for the Thoracentesis non-core privilege, the applicant must meet the following criteria:

1. Successful completion of an ACGME– or AOA–accredited post graduate training program which included training in thoracentesis or documentation of completion of a hands-on training in thoracentesis under the supervision of a qualified physician preceptor.

**AND**

2. Documented current competence and evidence of the performance of at least 1 thoracentesis procedure in the past 24 months (please provide a clinical activity/procedure log) or documentation of completion of relevant training/in-service in the past 24 months.

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**Renewal of Privileges** To be eligible to renew the Thoracentesis privilege, the applicant must meet the following criteria:

1. Documented current competence and evidence of the performance of at least 1 thoracentesis procedure in the past 24 months, **or** documentation of completion of relevant training/in-service in the past 24 months.

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***Non-Core Privilege: Evaluation and Treatment of Victims of Sexual Abuse***

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***Requested***

**Initial Applicants:** To be eligible to apply for the Evaluation and Treatment of Victims of Sexual Abuse non-core privilege, the applicant must meet the following criteria:

1. Successful completion of an ACGME– or AOA–accredited residency in pediatrics, which included this training **or** documented completion of a recognized relevant course or training under the supervision of a qualified provider
- AND**
2. Documented current competence and evidence of evaluation and treatment of at least 2 sexual abuse cases in the past 24 months (please provide a clinical activity/procedure log) **or** documented completion of relevant training/in-service in the past 24 months.

**Renewal of Privilege:** To be eligible to renew the Evaluation and Treatment of Victims of Sexual Abuse non-core privilege, the applicant must meet the following criteria:

1. Documented current competence and evidence of attendance at evaluation and treatment of at least 2 sexual abuse cases in the past 24 months **or** documented completion of relevant training/in-service in the past 24 months.

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***Non-Core Privilege: Long Acting Reversible Contraception (LARC)  
– Nexplanon, Injectable Contraceptives***

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***Requested***

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***Initial Applicants and Renewal:*** The following criteria apply to initial requests and renewal of the Long Acting Reversible Contraception (LARC) – Nexplanon, Injectable Contraceptives non-core privilege:

1. Documented completion of a recognized relevant course and/or certification

**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)  
for initial applicants**

**Inpatient**

1. Retrospective or concurrent proctoring (chart review or direct observation) of at least 9 hospitalized patients. FPPE/proctoring must be representative of the provider’s scope of practice.
2. Concurrent proctoring (direct observation) of at least three (3) procedures (procedures must be representative of what is usually performed on the unit). FPPE/proctoring must be representative of the provider’s scope of practice.

**Outpatient**

3. Chart review (“retrospective proctoring”) of at least 3 charts from 3 different clinic days (totaling a minimum of 9 charts). FPPE/proctoring must be representative of the provider’s scope of practice.
4. FPPE/Proctoring is also required for at least one (1) procedure/case of each of the requested “non-core” privileges.
5. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
6. Completed FPPE forms must be submitted to the Credentialing Office.
7. It is the applicant’s ultimate responsibility to make sure that FPPE and submission of all required paperwork to the Credentialing Office takes place in a timely manner. Failure to do so may result in loss or limitation of privileges.
8. **For low volume providers: please see separate FPPE/proctoring guidelines.**
9. **For more detailed information, please see separate FPPE/proctoring guidelines.**

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**ACKNOWLEDGMENT OF PRACTITIONER**

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center, and I understand that:

- a. In exercising any clinical privileges granted, I will adhere 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** \_\_\_\_\_



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**DEPARTMENT CHAIR’S RECOMMENDATION**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend All Requested Privileges**
- Recommend Privileges with the Following Conditions/Modifications:**
- Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

*Notes:*

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**[Department Chair] Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

<b>Credentials Committee Approval</b>	<b>Date:</b> _____
<b>Temporary Privileges</b>	<b>Date:</b> _____
<b>Medical Executive Committee Approval</b>	<b>Date:</b> _____
<b>Board of Supervisors Approval</b>	<b>Date:</b> _____