

NEONATOLOGY CLINICAL PRIVILEGES

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

All new applicants must meet the following requirements as approved by the governing body.

Effective: _____/_____/_____.

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.

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QUALIFICATIONS FOR NEONATOLOGY

Initial Applicants: To be eligible to apply for privileges in Neonatology, 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 fellowship in neonatal/perinatal medicine or neonatology.
AND
2. Current certification or Board eligibility (with achievement of certification within the required time frame set forth by the respective Boards) leading to subspecialty certification in neonatal/perinatal medicine by the American Board of Pediatrics or in neonatology by the American Osteopathic Board of Pediatrics.
AND
3. Required current experience: Provision of inpatient or consultative services, reflective of the scope of privileges requested, to at least 50 neonatal patients within the past 24 months, or successful completion of an ACGME- or AOA-accredited clinical fellowship within the past 24 months. Please provide clinical activity/procedure log.
AND
4. Valid NRP (or APLS) certification

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

1. Documentation of Maintenance of Certification (ABMS) or OCC (On-Going Continuous Certification) is required.
AND
2. Current documented competence and an adequate volume of experience (50 neonatal 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.
AND
3. Valid NRP (or APLS) certification

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Core Privileges: Neonatology

- Requested:*** Admit, evaluate, diagnose, treat, and provide consultation for sick newborns presenting with any life-threatening problems or conditions, such as breathing disorders, infections, and birth defects. Coordinate care and medically manage newborns born prematurely, critically ill, or in need of surgery. Provide consultation to mothers with high-risk pregnancies. May provide care to patients in the perinatal unit, including Level II nursery. Assess, stabilize, and determine the disposition of patients with emergent conditions regarding emergency and consultative call services.

The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills, as determined by the department chair.

CORE PROCEDURE/TREATMENT LIST

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of 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.

Neonatology

- Attendance at delivery of high-risk newborns
- Cardiac life support, including emergent cardioversion
- Conscious sedation (e.g. versed, morphine, fentanyl)
- Endotracheal intubation, including administration of RSI medications
- Exchange transfusion
- Insertion and management of central lines
- Insertion and management of chest tubes
- Lumbar puncture
- Neonatal resuscitation
- Nutritional support

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- Paracentesis, thoracentesis, pericardiocentesis
- Performance of history and physical exam
- Peripheral arterial artery catheterization
- Postoperative care of newborns
- Preliminary EKG interpretation
- Suprapubic bladder tap
- Umbilical catheterization
- Ventilator care of infants beyond emerging stabilization

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

1. **Neonatologists contracted with CCRM/Health centers are low volume providers. For FPPE/proctoring requirements, please see separate FPPE/proctoring guidelines.**

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 / DIVISION 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:

[Department Chair] Signature: _____ **Date:** _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials Committee Approval	Date _____
Temporary Privileges	Date _____
Medical Executive Committee Approval	Date _____
Board of Supervisors Approval	Date _____