

UNIVERSITY HOSPITAL AND HEALTH SYSTEM
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
2500 North State Street, Jackson MS 39216

PEDIATRIC INFECTIOUS DISEASES CLINICAL PRIVILEGES

Name: _____

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- Initial Appointment
- Reappointment

All new applicants must meet the following requirements as approved by the governing body effective: 4/1/2015.

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information 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.

Service Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional governance (MS Bylaws, Rules and Regulations) organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR PEDIATRIC INFECTIOUS DISEASES

To be eligible to apply for core privileges in Pediatric Infectious Diseases, the initial applicant must meet the following criteria:

Current subspecialty certification in pediatric infectious diseases by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics.

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AO) accredited residency in pediatrics followed by successful completion of an accredited fellowship in pediatric infectious disease and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to subspecialty certification in pediatric infectious disease by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics.

Required Previous Experience: An applicant for initial appointment must be able to demonstrate provision of inpatient or consultative services, reflective of the scope of privileges requested, to a sufficient volume of pediatric infectious disease patients during the past 24 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment Requirements: To be eligible to renew core privileges in pediatric infectious diseases, the applicant must meet the following Maintenance of Privilege Criteria:

Current demonstrated competence and an adequate volume of experience (inpatient or consultative services in pediatric infectious disease), with acceptable results, reflective of the scope of privileges

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requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. Medical Staff members whose board certificates in pediatric infectious disease bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

CORE PRIVILEGES

PEDIATRIC INFECTIOUS DISEASES CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, consult, and provide care to children and adolescents (<25 years of age) – including newborns and infants except where specifically excluded from practice, with acute and chronic infectious or suspected infectious or immunologic diseases, underlying diseases that predispose to unusual severe infections, unclear diagnoses, uncommon diseases and complex or investigational treatments including but are not limited to management of infections caused by virus, fungi, bacteria, parasites, rickettsiae, mycoplasma and HIV/AIDS, or chlamydia. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list.

QUALIFICATIONS FOR HIV/AIDS EVALUATION AND MANAGEMENT ONLY CORE PRIVILEGES

To be eligible to apply for core privileges in HIV/AIDS evaluation and management, the initial applicant must meet the following criteria:

Current specialty certification in pediatrics or family medicine by the appropriate American Board of Medical Specialties or American Osteopathic Association board.

Required Previous Experience: An applicant for initial appointment must be able to demonstrate provision of inpatient or consultative services, reflective of the scope of privileges requested, to a sufficient volume of HIV/AIDS patients during the past 24 months.

Reappointment Requirements: To be eligible to renew core privileges in HIV/AIDS evaluation and management, the applicant must meet the following Maintenance of Privilege Criteria:

Current demonstrated competence and an adequate volume of experience, 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. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. Medical Staff members whose board certificates bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

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- Requested** Admit, evaluate, diagnose, consult, and provide care to children and adolescents (<25 years of age) – including newborns and infants except where specifically excluded from practice and including perinatal (prenatal, intrapartum, or postpartum) pregnant patients of all ages with positive, equivocal, or indeterminate test results for HIV/AIDS, with acute and chronic infectious or suspected infectious or immunologic diseases, including but not limited to management of infections caused by virus, fungi, bacteria, parasites, rickettsiae, mycoplasma and HIV/AIDS, or chlamydia. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list.

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CORE PROCEDURE LIST

To the applicant: *If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.*

Pediatric Infectious Disease

- Administration of antimicrobial and biological products via all routes
- Application and interpretation of diagnostic tests
- Aspiration of superficial abscess
- Interpretation of Gram's stain
- Management of infections caused by virus, fungi, bacteria, parasites, rickettsiae, mycoplasma and HIV/AIDS, chlamydia, or infections in travelers
- Management, maintenance, and removal of indwelling venous access catheters
- Order respiratory services
- Order rehab services
- Perform history and physical exam
- Perform routine medical procedures (Venipuncture, skin biopsy, bladder catheterization, fluid and electrolyte management, foreign body removal from nose or ear, manage and maintain indwelling venous access catheter, administer medications and special diets through all therapeutic routes, basic cardiopulmonary resuscitation, superficial burns, evaluation of oliguria, I & D abscess, interpretation of antibiotic levels and sensitivities, interpretation of EKG (for therapeutic purposes), lumbar puncture, arterial puncture and blood sampling, management of anaphylaxis and acute allergic reactions, management of the immunosuppressed patient, monitoring and assessment of metabolism and nutrition, pharmacokinetics, use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry)
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper method

HIV/AIDS Evaluation and Management

- Administration of antimicrobial and biological products via all routes
- Application and interpretation of diagnostic tests
- Aspiration of superficial abscess
- Interpretation of Gram's stain
- Management of infections caused by virus, fungi, bacteria, parasites, rickettsiae, mycoplasma and HIV/AIDS, chlamydia, or infections in travelers
- Order respiratory services
- Order rehab services
- Perform history and physical exam
- Perform routine medical procedures (Venipuncture, skin biopsy, bladder catheterization, fluid and electrolyte management, foreign body removal from nose or ear, manage and maintain indwelling venous access catheter, administer medications and special diets through all therapeutic routes, basic cardiopulmonary resuscitation, superficial burns, evaluation of oliguria, I & D abscess, interpretation of antibiotic levels and sensitivities, interpretation of EKG (for therapeutic purposes), lumbar puncture, arterial puncture and blood sampling, management of anaphylaxis and acute allergic reactions, management of the immunosuppressed patient, monitoring and assessment of metabolism and nutrition, pharmacokinetics, use of reservoir masks and continuous positive airway

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pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry)

- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods

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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 University Hospital and Health System University of Mississippi Medical Center, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained 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** _____

DIVISION CHIEF'S RECOMMENDATION (AS APPLICABLE)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Division Chief Signature _____ **Date** _____

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CREDENTIALS COMMITTEE REPRESENTATIVE'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Credentials Representative's Signature _____ **Date** _____

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DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege

Condition/Modification/Explanation

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

Notes

Department Chair Signature _____ **Date** _____

Reviewed:

Revised:
2/3/2010, 6/2/2010, 12/16/2011, 2/1/2012, 4/3/2013, 4/1/2015