

UNMH Neonatal-Perinatal Clinical Privileges

Name:

Effective Dates: _____ To: _____

- Initial privileges (initial appointment)
- Renewal of privileges (reappointment)
- Expansion of privileges (modification)

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 10/25/2013

INSTRUCTIONS

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.

Department 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

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics 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 or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

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Qualifications for Neonatal-Perinatal Medicine

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

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited fellowship in neonatal perinatal medicine/neonatology.

AND/OR

Current subspecialty certification or active participation in the examination process 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

Required Current Experience: Provision of inpatient or consultative services, reflective of the scope of privileges requested, to an acceptable volume of neonatal patients during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

Reappointment (Renewal of Privileges) Requirements - *To be eligible to renew privileges in pediatrics, the reapplicant must meet the following criteria:*

Current demonstrated competence and an adequate volume of experience of 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. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES: *Pediatric Neonatal-Perinatal Medicine*

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 premature, critically ill, or in need of surgery. Provide consultation to mothers with high-risk pregnancies. 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 and such other procedures that are extensions of the same techniques and skills.

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Requested

Pediatric Neonatal-Perinatal Medicine Core Procedures List

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

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

1. Perform history and physical exam
2. Attendance at delivery of high-risk newborns
3. Cardiac life support, including emergent cardioversion
4. Endotracheal intubation
5. Insertion and management of umbilical lines
6. Insertion and management of peripherally placed PICC lines
7. Insertion and management of cutdown PICC lines
8. Insertion and management of chest tubes
9. Lumbar puncture
10. Neonatal resuscitation
11. Nutritional support
12. Paracentesis, thoracentesis, and pericardiocentesis
13. Peripheral arterial catheterization
14. Arterial puncture
15. Perhipheral arterial cutdown
16. Double volume and partial exchange transfusion
17. Suturing
18. Ventricular reservoir taps
19. Bone marrow aspiration
20. Post-operative care of newborns
21. Preliminary EKG interpretation
22. Suprapubic bladder tap
23. Umbilical catheterization
24. Ventilator care of infants beyond emergent stabilization
25. Interosseous line placement
26. Circumcision

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Acknowledgment 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 UNM Hospitals and clinics, 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 _____

Department recommendation(s)

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

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation

Notes:

Division Chief Signature _____ Date _____

Print Name _____ Title _____

Department Chair Signature _____ Date _____

Print Name _____

Criteria approved by UNMH Board of Trustees on 10/25/2013