

# KALEIDA HEALTH

Name \_\_\_\_\_

Date \_\_\_\_\_

## **SUBSPECIALTY - PEDIATRIC EMERGENCY MEDICINE**

All members of the Department of Pediatrics - Emergency Medicine at Kaleida Health must have the following credentials:

1. Successful completion of an ACGME accredited or an ACGME equivalent Pediatric Emergency Medicine training program.
2. Board certification in Pediatric Emergency Medicine (American Board of Pediatric Emergency Medicine or American Osteopathic Board of Pediatric Emergency Medicine) is required; those not board certified must within seven (7) years following completion of training achieve board certification in Pediatric Emergency Medicine. \*Maintenance of board certification is mandatory for all providers who have achieved this status\*

Under limited circumstance, at the discretion of the Chief of Service, alternatives to meeting this requirement include: a physician board certified / board eligible in Internal Medicine, Family Medicine, Pediatrics, or General Surgery, maintaining current **CPR/BLS, ACLS, PALS, ATLS** certification and meeting the standards for credentialing in moderate and/or deep sedation listed in Kaleida Health Corporate Policy CL 4.

### **NY State Department of Health Training Requirements Physicians working in the Emergency Department:**

*Effective 2014, New York State Code 405.19 requires all providers in the Emergency Department to have current PALS certification (or its equivalent). This includes physicians board certified/board eligible in Emergency Medicine, and/or Pediatric Emergency Medicine.*

**Emergency services attending physicians** – shall be a licensed and currently registered physician, who is currently certified in **ATLS** or has current training and experience equivalent to **ATLS**. Such physician shall also have successfully completed a course and be current in **ACLS** and **PALS**, or have had current training and experience equivalent to **ACLS** and **PALS**.

**Emergency Medicine Trained (completed an ACGME accredited EM program) only** – will continue to be required to be current in **ATLS**, **ACLS** and **PALS** or other structured educational programs that are deemed equivalent by the Department. (Examples: the Department recognizes the Advanced Pediatric Life Support course of the American Academy of Pediatrics and American College of Emergency Physicians as equivalent to **PALS**.)

**Emergency Medicine Trained and Board Certified** – will be considered as having current training and experience to **ATLS** and **ACLS**. They **will not** be considered to have current training and experience equivalent to **PALS**.

- By definition, a physician board certified in Emergency Medicine, and/or Pediatric Emergency Medicine and in the active practice of clinical emergency medicine meets these certification criteria for **BLS**, **ACLS** and **ATLS**.

### **LEVEL II CORE Privileges include:**

- I. History and Physical Exam to establish differential diagnosis and treatment plan.**
- II. Airway Management:** Basic and advanced life support for the pediatric population. \* Including airway assessment, differential diagnosis and initial management. Skills include: mouth to mouth ventilation, bag-valve ventilation, insertion of oral & nasopharyngeal airways, orotracheal intubation, nasotracheal intubation, cricothyrotomy, direct/indirect laryngoscopy, rapid sequence intubation and mechanical ventilation.
- III. Resuscitation Management:** Basic and advanced life support for the initial evaluation, management, and stabilization of the pediatric emergency patient.\* Skills include: CPR, cardioversion, defibrillation, pericardiocentesis, chest tube placement, transcutaneous cardiac pacing, spinal immobilization, arterial puncture/cannulation, and vascular access techniques by peripheral, central (subclavian, internal/external jugular, femoral), cut-down and intraosseous routes.
- IV. Diagnostic Skills:** Appropriate for the interpretation of ED laboratory studies, imaging modalities, and electrocardiograms. The appropriate performance of lumbar punctures and IV contrast injection.

- V. **Anesthesia/Sedation Skills:** The indications, contraindications, initiation, monitoring and recovery for moderate and deep sedation. (Kaleida Health physicians with privileges in Emergency Medicine or Pediatric Emergency Medicine are exempt from the privileging process for moderation/conscious sedation or deep sedation by virtue of their specialty training in Emergency Medicine or Pediatric Emergency Medicine. The Emergency Department will maintain quality reporting responsibility to the department of anesthesiology for their sedation practices.)
- VI. **Wound Skills:** (Evaluation/Management) - Incision/drainage of superficial abscesses, wound debridement/repair, wound dressing, established enteral feeding tube replacement, nail trephination, and foreign body removal.
- VII. **Orthopedic Skills:** (Evaluation/Management) - Fracture immobilization, splinting (plaster & fiberglass), simple fracture reduction, simple dislocation reductions, and arthrocentesis.
- VIII. **HEENT Skills:** (Evaluation/Management) - Emergency dental exam, the replacement/repositioning of the avulsed tooth, nasal cautery, nasal packing/balloon, emergency eye exam including the determination of visual acuity, fundoscopic exam and removal of conjunctival/corneal/nasal foreign body.
- IX. **OB/GYN Skills:** (Evaluation/Management) - Includes the emergency assessment of the pregnant patient, the emergency pelvic exam, and precipitous delivery of the newborn.

### **LEVEL II privileges Qualifications:**

**Criteria A:** Documentation of the successful completion of five (5) supervised procedures. Alternatively, documentation of competency from the immediate past departmental supervisor may be accepted. Continuing accreditation for credential renewal may be achieved by demonstrating competency to the current supervising Clinical Director or designee. This competency demonstration may be in oral and/or written format.

**Criteria B:** Documentation of a onetime completion of REMAC course is required **OR** documentation of prior experience either through a previous employer **OR** successful completion of an ACGME accredited Pediatric Emergency/Emergency Medicine Fellowship training program. Continuing accreditation for credential renewal may be achieved by demonstrating competency to the current supervising Clinical Director or designee. This competency demonstration may be in an oral and/or written format.

**Criteria C:** Documentation of prior credentialing (per the ACEP guidelines) either through a previous employer or Pediatric Emergency Medicine Fellowship or completion of the following criteria; 1. Participate in an accredited Emergency US Course and provide written documentation of course completion. 2. Complete an in-service on the use and maintenance of the US machine in the emergency department at OCH. 3. Submit 250 ultrasound exams for review with at least 25 exams each in the following areas: FAST, ABDOMEN, PELVIC, CARDIAC, SOFT TISSUE

**PLEASE NOTE: Please check the box for each privilege requested. Do not use an arrow or line to make selections. We will return applications that ignore this directive.**

<u>LEVEL II PRIVILEGES</u> <i>Appropriate criteria <u>must</u> be documented and accompany request.</i>  <i>Initial request: must meet criteria’s as indicated.</i> <i>Reappointment: Daily Skill – Proficient for those actively practicing.</i>	PHYSICIAN REQUEST		Granted	Not Granted*	With Following Requirements** (Provide Details)
Nitrous Inhalation Sedation (Criteria A)					
Direction of Prehospital Care (Criteria B)					
Suprapubic Bladder Aspiration (Criteria A)					
Thoracentesis (Criteria A)					
Umbilical Arterial/Venous, Catheterization (Criteria A)					
Urethral Catheterization (Criteria A)					

<b><u>LEVEL II PRIVILEGES (cont.)</u></b>	<b>PHYSICIAN REQUEST</b>		<b>Granted</b>	<b>Not Granted*</b>	<b>With Following Requirements** (Provide Details)</b>
<b>ULTRASONOGRAPHY</b>					
Abdominal US Exam: for evaluation of suspected cholelithiasis, cholecystitis, intussusception (Criteria C)					
Cardiac US Exam: for evaluation of cardiac activity, pericardial effusion (Criteria C)					
FAST (Focused Assessment with Sonography in Trauma) Exam: for evaluation of abdominal trauma (Criteria C)					
Pelvic US Exam: for evaluation of pregnancy (Criteria C)					
Soft Tissue US Exam: for evaluation of foreign body or abscess. (Criteria C)					

The Emergency Physician shall be able to adequately treat illness and other condition typically seen in a non-emergency setting such as a physician's office or clinic.

In case of emergencies, the physician member of the medical staff, to the degree permitted by his/her license, and regardless of service or staff status, shall be permitted and assisted to do everything possible to save the life, or limb, of the patient, using every facility of the hospital necessary, including calling for any consultation deemed necessary or desirable.

<b>KEY</b>	
<b>*NOT GRANTED DUE TO:</b> Provide Details Below	<b>**WITH FOLLOWING REQUIREMENTS</b> Provide Details Below
1) Lack of Documentation	1) With Consultation
2) Lack of Required Training/Experience	2) With Assistance
3) Lack of Current Competence (Databank Reportable)	3) With Proctoring
4) Other (Please Define) (e.g., Exclusive Contract)	4) Other (Please Define)

**DETAILS:** \_\_\_\_\_

**National Practitioner Databank Disclaimer Statement**

Kaleida Health must report to the National Practitioner Data Bank when any clinical privileges are not granted for reasons related to professional competence or conduct. (Pursuant to the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11101 et seq.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chief of Service

\_\_\_\_\_  
Date

**APPLICANT: PLEASE RETAIN A COPY OF THIS SIGNED DELINEATION FOR YOUR RECORDS**