



**Medicine - Pulmonary/Critical Care Medicine KHHM**  
Delineation of Privileges

**Applicant's Name:**

**Instructions:**

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and submit with required documentation.
5. 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 doubts related to qualification of requested privileges.

**Note:**

Privileges granted may only be exercised at the site(s) and 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 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 organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**Required Qualifications**

<b>Education/Training</b>	Must have successfully completed an ACGME/AOA-accredited residency in internal medicine followed by fellowship training in Pulmonary Medicine and/or Critical Care Medicine.
<b>Certification</b>	The applicant physician must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.
<b>Clinical Experience (Initial)</b>	The successful applicant for initial appointment must provide documentation of provision of inpatient or consultative services, reflective of the scope of privileges requested, for at least 50 patients during the past 12 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.
<b>Clinical Experience (Reappointment)</b>	To be eligible to renew core privileges in Critical Care/Pulmonary Medicine, the applicant must demonstrate 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.

## Primary Privileges Pulmonary Critical Care Medicine

**Description:** Core Privileges include admit, evaluate, diagnose, treat, and provide consultation to critically ill patients and patients presenting with conditions, disorders, and diseases of the organs of the thorax or chest; the lungs and airways, cardiovascular and tracheobronchial systems, esophagus and other mediastinal contents, diaphragm, circulatory system. Assess, stabilize, and determine disposition of patients with emergent conditions. The core privileges in this specialty include the procedures on the list below and such other procedures that are extensions of the same techniques and skills.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Admit and manage patients in non-critical care and unmonitored settings	
	Admit and manage patients in ICU and other monitored settings	
	Perform History and Physical Examinations	
	Consultation privileges in Pulmonary / Critical Care.	
	Airway maintenance intubation, including therapeutic fiberoptic bronchoscopy and laryngoscopy	
	Arterial puncture	
	Calculation of oxygen content, intrapulmonary shunt and alveolar arterial gradients	
	Cardiac output determinations by thermodilution and other techniques	
	Cardiopulmonary resuscitation	
	Cardioversion	
	Central cooling	
	CPAP	
	Diagnostic and therapeutic procedures, including thoracentesis, endotracheal intubation, and related procedures	
	Echocardiography (bedside evaluation)	
	Electrocardiography (preliminary bedside interpretation)	
	Evaluation of oliguria	
	Examination and preliminary interpretation of sputum, bronchopulmonary secretions, pleural fluid, and lung tissue	
	Image guided procedures (ultrasound and fluoroscopy)	
	Insertion of central venous, arterial and pulmonary artery balloon flotation catheters	
	Insertion of hemodialysis	
	Intracranial pressure monitoring	
	Lumbar puncture	
	Management of anaphylaxis and acute allergic reactions	
	Management of life-threatening disorders in intensive care units including but not limited to shock, anaphylaxis, coma, heart failure, trauma, respiratory arrest, drug overdoses, massive bleeding, diabetic acidosis and kidney failure	
	Management of massive transfusions	
	Management of pneumothorax (needle insertion and drainage system)	
	Management of the immunosuppressed patient	
	Monitoring and assessment of metabolism and nutrition	
	Paracentesis	
	Percutaneous needle aspiration of palpable masses	
	Pericardiocentesis	

	Preliminary interpretation of imaging studies	
	Pulmonary function tests to assess respiratory mechanics and gas exchange, to include spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis, and exercise studies	
	Temporary cardiac pacemaker insertion and application	
	Thoracentesis	
	Transtracheal aspiration	
	Use of reservoir masks, nasal prongs/cannulas and nebulizers for delivery of supplemental oxygen and inhalants	
	Ventilator management, including experience with various modes and continuous positive airway pressure therapies (BiPAP, CPAP, NIPVV)	

### Bronchial Thermoplasty

#### Qualifications

**Education/Training** Documentation of successful completion of vendor training.

**Clinical Experience (Reappointment)** Demonstrated current competence and evidence of sufficient volume with acceptable results.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Bronchial Thermoplasty	

### Navigational Bronchoscopy

#### Qualifications

**Education/Training** Demonstrate current competence.

**Clinical Experience (Initial)** Documentation of 20 procedures.

**Clinical Experience (Reappointment)** Demonstrated current competence and documentation and documentation of at least 10 examinations per year.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Navigational Bronchoscopy	

**Endobronchial Ultrasound (EBUS)**

**Qualifications**

**Education/Training** Demonstrated current competence.

**Clinical Experience (Initial)** Documentation of 50 procedures

**Clinical Experience (Reappointment)** Demonstrated current competence and documentation of at least 20 examinations per year.

<b>Request</b>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	<b>Dept Chair Rec</b>
	Endobronchial Ultrasound (EBUS)	

**Airway Stent Placement**

**Qualifications**

**Education/Training** Board Certification in Pulmonary diseases with experience in advanced bronchoscopy (examples include but not limited to endobronchial ultrasound, navigational bronchoscopy, bronchial thermoplasty, endobronchial laser therapy etc.)  
**AND**  
 Documentation of completion of vendor training with certificate issued.  
**AND**  
 Upon credentialing all procedures should be performed in the operating room in the presence of anesthesia and vendor representative.

**Clinical Experience (Reappointment)** Demonstrated current competence and evidence of 2 per year with acceptable results.

<b>Request</b>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	<b>Dept Chair Rec</b>
	Airway Stent Placement	

**Medical Pleuroscopy**

**Qualifications**

**Education/Training** Demonstrated current competence.

**Clinical Experience (Initial)** Documentation of 20 procedures.

**Clinical Experience (Reappointment)** Demonstrated current competence and documentation of at least 10 procedures per year

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request</i></p>	Dept Chair Rec
	Medical Pleuroscopy	

## Percutaneous Dilatational Tracheostomy

### Qualifications

**Education/Training**      Demonstrated current competence.

**Clinical Experience (Initial)**      Documentation of 20 procedures.

**Clinical Experience (Reappointment)**      Demonstrated current competence and documentation of at least 10 procedures per year.

<b>Request</b>	<b><i>Request all privileges listed below.</i></b> <i>Uncheck any privileges that you do not want to request</i>	<b>Dept Chair Rec</b>
	Percutaneous Dilatational Tracheostomy	

## Thoracostomy (Chest tube insertion)

**Description:** Chest Tube Placement Using Blunt Dissection, Seldinger's, Troacar Techniques, Tunnelled & Non-Tunnelled

### Qualifications

**Education/Training**      Demonstrated current competence.

**Clinical Experience (Initial)**      Documentation of 20 procedures.

**Clinical Experience (Reappointment)**      Demonstrated current competence and documentation of at least 10 procedures per year.

<b>Request</b>	<b><i>Request all privileges listed below.</i></b> <i>Uncheck any privileges that you do not want to request</i>	<b>Dept Chair Rec</b>
	Thoracostomy	

## Special Privileges Pulmonary Critical Care Medicine

**Description:** The below special privileges are not routinely part of the post-graduate training program. Additional proof of training and/or experience may be necessary to request the privilege and is noted within the privilege block. If documentation is required, please submit all required elements with your application/reapplication.

<b>Request</b>	<b><i>Request all privileges listed below.</i></b> <i>Uncheck any privileges that you do not want to request</i>	<b>Dept Chair Rec</b>

	Special Privileges Pulmonary Critical Care Medicine	

**Fluoroscopy**

**Description:** All practitioners requesting fluoroscopically-guided procedures at this hospital are required to take a competency assessment examination prior to being granted these privileges. Practitioners may submit documentation of competency from another hospital for consideration by the Radiology Department Chair. Please contact the Medical Staff Office.

<b>Request</b>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	<b>Dept Chair Rec</b>
	Fluoroscopy	

**Mild/Moderate Sedation**

**Description:** Moderate Sedation (Requires written examination - please contact Medical Staff Office) Current ACLS certification is also required.

<b>Request</b>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	<b>Dept Chair Rec</b>
	Mild/Moderate Sedation	

**Acknowledgment of Applicant**

I hereby request the clinical privileges as indicated. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in performance of the privileges I have requested, and in treating associated diseases with adequate consultation when indicated.

I recognize that in emergency situations where immediate life-saving action is necessary, any member of the medical staff is authorized to perform such life-saving treatment as may be required.

I further understand that any and all privileges granted me shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Credentials and Executive Committees of the medical staff and the Board of Trustees of the hospital reserve the right to grant or limit my privileges in accord with my continuing performance in rendering patient care.

\_\_\_\_\_  
Practitioner's Signature

\_\_\_\_\_  
Date

**Department Chair Recommendation - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Additional Comments

\_\_\_\_\_  
Signature of Department Chair/Designee

\_\_\_\_\_  
Date