



## Pulmonary Medicine KHMC & KHMB & KHTR 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 and doubts related to qualification of requested privileges.

**Clinical 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.

### 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>Membership</b>	To be eligible to apply for core privileges in pulmonary medicine, the initial applicant must meet the following criteria.
<b>Education/Training</b>	Completion of a residency/fellowship approved by Accreditation Council of Graduation Medical Education (ACGME), American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) in internal medicine followed by successful completion of an Accreditation Council for Graduate Medical Education (ACGME), American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) approved fellowship training in pulmonary disease.
<b>Certification</b>	Current certification or active participation in the examination process with achievement of certification within six years leading to certification in pulmonary medicine by the American Board of Internal Medicine or a certificate of special qualifications in pulmonary diseases by the American Osteopathic Board of Internal Medicine.
<b>Clinical Experience (Initial)</b>	Applicants for initial appointment must be able to demonstrate provision of inpatient or consultative services, reflective of the scope of privileges requested, for at least 50 patients (specifically to include endobronchial ultrasound, endobronchial stents and pluerux catheter placement) during the last 12 months or demonstrate successful completion of an ACGME-, ABMS 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 pulmonary medicine, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience (inpatient or consultative services) 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.

**Core Privileges Pulmonary Medicine**

**Description:** 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.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
			<b>- Currently granted privileges</b>
			Admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult 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. 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 and such other procedures that are extensions of the same techniques and skills.
			<b>Privileges</b> (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)
			Airway management
			Emergency cardioversion
			Examination and preliminary interpretation of sputum, bronchopulmonary secretions, pleural fluid, and lung tissue
			Flexible fiber-optic bronchoscopy and related procedures
			Insertion of arterial, central venous, and pulmonary artery balloon flotation catheters
			Management of pneumothorax (needle insertion and drainage system)
			Perform history and physical exam
			Pulmonary function tests to assess respiratory mechanics and gas exchange, to include spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis
			Thoracentesis, endotracheal intubation, and related procedures
			Thoracostomy tube insertion and drainage, to include chest tubes placement
			Use of a variety of positive pressure ventilatory modes, to include initiation: ventilatory support to include BiPAP; weaning, and respiratory care techniques; and maintenance and withdrawal of mechanical ventilatory support.

**Interventional Pulmonary Medicine**

**Qualifications**

**Membership** To be eligible to apply for core privileges in interventional pulmonary medicine, the initial applicant must meet the following criteria:

**Education/Training** Completion of a residency/fellowship approved by Accreditation Council of Graduation Medical Education (ACGME), American Board of Medical Specialties (ABMS), or American Osteopathic Association (AOA) in internal medicine followed by successful completion of fellowship training in interventional pulmonary medicine.

**AND**

**Clinical Experience (Initial)** Applicants for initial appointment must be able to demonstrate provision of inpatient or consultative services, reflective of the scope of privileges requested, for at least 50 patients.

**Clinical Experience (Reappointment)** To be eligible to renew core privileges in interventional pulmonary medicine, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience (inpatient or consultative services) 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.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages 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. 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 and such other procedures that are extensions of the same techniques and skills.
			Balloon dilation
			Cryotherapy
			Fluorescence Bronchoscopy
			Navigational Bronchoscopy
			PleurX Catheter placement
			Rigid Bronchoscopy
			Stent Placement

**Internal Medicine Privileges Form**

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Check here to Request Internal Medicine Privileges Form

## Diagnostic Thoracoscopy Including Biopsy

### Qualifications

- Education/Training** Successful completion of an accredited ACGME, ABMS or AOA postgraduate training program that included training in thoracoscopy and evidence of the performance of at least five thoracoscopy procedures during training or under the supervision of a qualified surgeon. Optimally, the applicant should demonstrate completion of a thoracoscopy course that confirms to the guidelines of the AATS/STS Joint Committee on Thoracoscopy and Video-Assisted Thoracic Surgery.
- Clinical Experience (Initial)** Demonstrated current competence and evidence of the performance of at least 5 thoracoscopy procedures in the past 12 months.
- Clinical Experience (Reappointment)** Demonstrated current competence and evidence of the performance of at least 5 thoracoscopy procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Diagnostic Thoracoscopy Including Biopsy

## Use of Laser

### Qualifications

- Membership** Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or provide documentation appropriate to the specific laser to be utilized. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Use of Laser

## Fluoroscopy

### Qualifications

**Membership** Must demonstrate competence - initial applicants must complete online quiz; reapplicants must complete annual attestations.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Fluoroscopy

## Administration of Sedation and Analgesia

**Description:** See Hospital Policy for Moderate Sedation

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Administration of Sedation and Analgesia

## Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Kettering Health Main Campus, Kettering Health Miamisburg and Kettering Health Troy Hospital and I understand that:

- A. In exercising any clinical privileges granted, I am constrained by applicable 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.

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

Date \_\_\_\_\_

**Clinical Service 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

Clinical Service Chair Recommendation - Additional Comments

\_\_\_\_\_  
Clinical Service Chair Signature

\_\_\_\_\_  
Date