



Pulmonary Medicine Soin & KHGM 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.

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	
Membership	To be eligible to apply for core privileges in pulmonary medicine, the initial applicant must meet the following criteria.
Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)-or American Osteopathic Association (AOA)-accredited residency in internal medicine followed by fellowship training pulmonary disease.
Certification	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.
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 (specifically to include endobronchial ultrasound, endobronchial stents and pluerux catheter placement) and 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.
Clinical Experience (Reappointment)	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>
KHGM	SOIN	Click shaded blue check box 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.
		Procedures (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
		CPAP
		Diagnostic and therapeutic procedures, including thoracentesis, endotracheal intubation, and related procedures
		Emergency cardioversion
		Examination and preliminary interpretation of sputum, bronchopulmonary secretions, pleural fluid, and lung tissue
		Flexible fiber-optic bronchoscopy procedures, including endobronchial ultrasound and stent placement
		Fluoroscopy at the bedside (must have a signed test on file)
		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, and exercise studies
		Thoracostomy tube insertion and drainage, to include chest tubes and catheter placement
		Use of a variety of positive pressure ventilatory modes, to include initiation:
		Maintenance and withdrawal of mechanical ventilatory support.
		Ventilatory support to include BiPAP
		Weaning, and respiratory care techniques

Diagnostic Thoracoscopy Including Biopsy

Qualifications

Education/Training	Successful completion of an accredited ACGME 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 24 months based on results of ongoing professional practice evaluation and outcomes.
Clinical Experience (Reappointment)	Demonstrated current competence and evidence of the performance of 200 MMS procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to MMS may be required.

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

Internal Medicine Privileges Form

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

Special Non-Core Privileges

Description: If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

Request		Request all privileges listed below.
KHGM	SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Special Non-Core Privileges

Fluoroscopy

Description: Must demonstrate competence--initial applicants must complete the online quiz; reapplicants must complete online quiz at least once then complete annual attestations thereafter

Request		Request all privileges listed below.
KHGM	SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Fluoroscopy

Administration of Sedation and Analgesia (See Hospital Policy for Moderate Sedation)

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

Use of Laser

Description: 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>
KHGM	SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Use of Laser

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 Greene Memorial and/or Soin Medical Center, 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