

# MIDLAND MEMORIAL HOSPITAL

## Delineation of Privileges

### PULMONARY DISEASE



Your home for healthcare

Physician Name: \_\_\_\_\_

### Pulmonary Disease Core Privileges

#### Qualifications

Minimum threshold criteria for requesting core privileges in pulmonary disease:

- Basic education: MD or DO
- Minimal formal training: Successful completion of an ACGME- or AOA-accredited fellowship in pulmonary disease

AND

- Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification in pulmonary medicine by the ABIM or completion of a certificate of special qualifications in pulmonary diseases by the AOBIM. (*\*Members of the Staff prior to the adoption of Bylaws 10/2007 are considered grandfathered in and are encouraged but not required to achieve board certification*).

Required previous experience:

- Inpatient or consultative pulmonary medicine services, reflective of the scope of privileges requested, to at least 50 patients during the past 12 months, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

#### References for New Applicants

If the applicant is recently trained, a letter of reference should come from the director of the applicant's training program. Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced.

#### Reappointment

Reappointment should be based on unbiased, objective results of care according to the organization's existing quality improvement measures. Applicants for pulmonary disease must be able to demonstrate current competence and an adequate volume of experience (inpatient or consultative services for at least 100 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.

#### Please check requested privileges.

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	
<p><b>Core Privileges:</b> Core privileges for pulmonary medicine include the ability to admit, evaluate, diagnose, treat, and provide consultation to patients of all ages presenting with conditions, disorders, and diseases of the lungs and airways. Physicians may provide care to patients in the intensive care setting in conformity with unit policies; they may also assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p>			<p>The core privileges in this specialty include but are not limited to the following procedures:</p> <ul style="list-style-type: none"> <li>• Performance of history and physical exam</li> <li>• Airway management</li> <li>• Non-invasive ventilation (includes: BIPAP/CPAP)</li> <li>• Diagnostic and therapeutic procedures, including thoracentesis, endotracheal intubation, paracentesis, lumbar puncture and related procedures</li> <li>• Emergency cardioversion</li> <li>• Examination and interpretation of sputum, bronchopulmonary secretions, pleural fluid, and lung tissue</li> <li>• Flexible fiber-optic bronchoscopy procedures</li> <li>• Inhalation challenge studies</li> <li>• Insertion of arterial, central venous, and pulmonary artery balloon flotation catheters, and dialysis catheters</li> <li>• Management of pneumothorax (needle insertion and drainage system)</li> </ul>

			<ul style="list-style-type: none"> <li>• Operation of hemodynamic bedside monitoring systems</li> <li>• Pulmonary function tests to assess respiratory mechanics and gas exchange, including spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis, and exercise studies</li> <li>• Thoracostomy tube insertion and drainage, including chest tubes</li> <li>• Use of reservoir masks and CPAP masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry</li> <li>• Endobronchial ultrasound</li> <li>• Use of a variety of positive pressure ventilatory modes, including: <ul style="list-style-type: none"> <li>○ Ventilatory support, including bilevel positive airway pressure</li> <li>○ Weaning and respiratory care techniques</li> <li>○ Maintenance and withdrawal of mechanical ventilatory support</li> </ul> </li> </ul>	
<b>Requested</b> <input type="checkbox"/>	<b>Approved</b> <input type="checkbox"/>	<b>Not Approved</b> <input type="checkbox"/>	<b>Criteria</b>	
<b>Refer-and-follow privileges</b>			Privileges include performing outpatient preadmission history and physical, ordering noninvasive outpatient diagnostic tests and services, visiting patients in the hospital, reviewing medical records, consulting with the attending physician, and observing diagnostic or surgical procedures with the approval of the attending physician or surgeon.	
<b>Requested</b> <input type="checkbox"/>	<b>Approved</b> <input type="checkbox"/>	<b>Not Approved</b> <input type="checkbox"/>	<b>Procedure</b>	<b>Criteria</b>
<b>Non-Core Privileges</b> For each special request, threshold criteria (i.e., additional training or completion of a recognized course and required experience) must be established. Special requests in pulmonary disease include.			<input type="checkbox"/> Medical Thoracoscopy, including biopsy	<b><u>New Applicant:</u></b> Successful completion of an accredited ACGME or AOA postgraduate training program that included training in thoracoscopy. <ul style="list-style-type: none"> <li>• Evidence of the performance of at least 5 thoracoscopy procedures during training or under the supervision of a qualified surgeon.</li> <li>• 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.</li> <li>• Demonstrated current competence and evidence of the performance of at least 5 thoracoscopy procedures during the past 12 months.</li> </ul> <b><u>Reappointment:</u></b> 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.
			<input type="checkbox"/> Moderate Sedation	Meet the criteria set forth by the Rules and Regulations for Anesthesia Services and complete "Requirements for Moderate Sedation Privileges" form.

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Privilege/Criteria
<p><b>Current Privileges:</b> List any current privileges not listed above in core or non-core. These privileges will remain in effect until the end of the current appointment period and then will be moved up to the appropriate core/non-core section.</p> <p>Please provide criteria and supporting documentation to medical staff office for any non-core privileges listed.</p>			<p><b>Core</b></p> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <p><b>Non-Core</b></p> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/>

**To the applicant: If you wish to exclude any privileges, please strike through the privileges that you do not wish to request and then initial.**

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request. 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 Midland Memorial Hospital. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested 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) Applicants have the burden of producing information deemed adequate by Midland Memorial Hospital for a proper evaluation of current competence, other qualifications and for resolving any doubts.
- (c) I will request consultation if a patient needs service beyond my expertise.

\_\_\_\_\_  
Physician's Signature/Printed Name

\_\_\_\_\_  
Date

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

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/modification/explanation  
Notes:

\_\_\_\_\_

\_\_\_\_\_  
Department Chair/Chief Signature

\_\_\_\_\_  
Date