Provider Name:

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**PULMONARY MEDICINE CORE PRIVILEGES**

**Criteria:**
- a) Board certified or qualified for certification by the American Board of Internal Medicine with Certificate of Special Qualifications in Pulmonary Disease; OR,
- b) Successful completion of an ACGME or AOA approved Pulmonary Medicine training program, AND certification by a Training Program Director regarding experience and demonstrated current clinical competence in each procedure requested.

**Proctoring Requirements:** A minimum of eight (8) cases, in accordance with the Medical Staff Proctoring Protocol.

**GENERAL PRIVILEGES:**

- Admitting privileges
- Consultation Only privileges
- Sedation Analgesia
  **Criteria:** Requires successful completion of the Sedation Assessment Test
  - a) Adult Sedation
  - b) Pediatric Sedation (17 years and under)
- Restraint and Seclusion
  **Criteria:** Requires successful completion of the Restraint and Seclusion Assessment test

**PULMONARY MEDICINE CORE PRIVILEGES**

Includes the management and coordination of care, treatment and services, including: Medical history and physical examinations, consultations, and prescribing medication in accordance with DEA certificate.

- Arterial line placement
- Arterial puncture (blood gas)
- Endotracheal tube placement
- Indirect laryngoscopy
- Pulmonary function test and interpretation (ACC)
- Thoracentesis
- Ventilator Management
- TPN Management
- Broncho-alveolar lavage

**Diagnostic testing:**
- a) Cardio treadmill stress testing
- b) Cardiopulmonary stress test

**Fiberoptic laryngoscopy**

**BRONCHOSCOPY Privileges**

**Proctoring Requirements:** Three cases must be proctored by direct observation, to include one transbronchial biopsy or aspiration.

- a) Fiberoptic Bronchoscopy
Delineation Of Privileges
Pulmonary Medicine Privileges

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<tr>
<td>b) Electromagnetic Navigational Bronchoscopy (ENB) - PRIMARY OPERATOR</td>
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<td><strong>Criteria:</strong> Applicants must meet one of the following:</td>
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<tr>
<td>1) Must provide a certificate of completion of the Manufacturers Training Course; OR</td>
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<tr>
<td>2) Document completion of the proctoring requirements as the &quot;ENB Assistant Operator&quot;.</td>
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| c) Electromagnetic Navigational Bronchoscopy (ENB) - ASSISTANT OPERATOR    |           |          |          |
| **Criteria:** Applicants must hold fiberoptic bronchoscopy privileges.     |           |          |          |
| **Proctoring Requirements:** Proctoring of two cases by direct observation by a physician with privileges as a PRIMARY OPERATOR, and observation of both cases by the manufacturer’s representative. |           |          |          |

Chest tube placement
**Proctoring Requirements:** Two cases must be proctored by direct observation unless the applicant can provide evidence of the performance of five chest tube placements procedures during the past year.

CVP placement
**Proctoring Requirements:** Two cases must be proctored by direct observation unless the applicant can provide evidence of the performance of five CVP placement procedures during the past year.

**PULMONARY MEDICINE SUPPLEMENTAL PRIVILEGES**

**Criteria:** Must meet the criteria outlined for the Core Pulmonary Medicine privileges; AND, provide certification by a Training Director regarding experience and demonstrated competence to perform the procedure(s) being requested.

**Competency Requirements:** Applicants must provide evidence of performing at least one (1) procedure over a two-year period, in each of the specific Supplemental privileges requested below, unless additional cases are required for a specific procedure, either at this facility or another facility where the applicant holds privileges.

**Proctoring Requirements:** As outlined below for each specific procedure.

**Rigid Bronchoscopy with YAG Laser Ablation of Endobronchial Tumors**

**Criteria:** Documentation of training from the fellowship program or documentation of the performance of ten (10) procedures over the past two years.

**Proctoring Requirements:** A minimum of three (3) cases.

**Competency Requirement:** Documentation of the performance of a minimum of four cases over the past two years.

**Flexible Bronchoscopy with use of Endobronchial Ultrasound (EBUS)**

**Criteria:** Documentation of training from the fellowship program or Certificate of Training from Endobronchial Ultrasound Vendor Course

**Proctoring Requirements:** A minimum of two (2) cases.

**Competency Requirement:** Demonstrated current competence and evidence of the performance of a sufficient number of EBUS procedures over the past two years based on results of ongoing professional practice evaluation and outcomes.

**Deployment of Tracheal and Endobronchial Stents**

**Criteria:** Documentation of training from the fellowship program or documentation of the performance of ten procedures over the past two years.

**Proctoring Requirements:** A minimum of three (3) cases.

**Competency Requirement:** Documentation of the performance of a minimum of four cases over the past two years.

**Medical Thoracoscopy (pleuroscopy): diagnostic and therapeutic (Talc Pleurodesis)**

**Criteria:** Documentation of training from the fellowship program or documentation of the performance of ten procedures over the past two years.

**Proctoring Requirements:** A minimum of three (3) cases.

**Competency Requirement:** Documentation of the performance of a minimum of four cases over the past two years.
Huntington Memorial Hospital

Delineation Of Privileges
Pulmonary Medicine Privileges

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Percutaneous Tracheostomy:

**Criteria:** Documentation of training from the fellowship program or documentation of the performance of ten procedures over the past two years.

**Proctoring Requirements:** A minimum of three (3) cases.

**Competency Requirement:** Documentation of the performance of a minimum of four cases over the past two years.

Sleep Study Interpretation

**Criteria:**
Physicians applying for initial privileges after August 1, 2010 must meet the following criteria:

a) Board Certified by either the American Board of Sleep Medicine or the American Board of Internal Medicine with Certificate of Special Qualifications in Sleep Medicine; OR

b) Board Certified in Internal Medicine AND successful completion of a twelve (12) month ACGME or AOA approved Sleep Medicine Fellowship program, such as to qualify for certification by the American Board of Internal Medicine with Certificate of Special Qualifications in Sleep Medicine and must obtain board certification within two years of completing the Sleep Medicine Fellowship program.

Physicians granted Sleep Study Interpretation privileges prior to August 1, 2010 shall maintain their existing privileges under the following criteria:  "Requires board certification in sleep medicine."

**Proctoring Requirements:** Three sleep study interpretation cases must be proctored.


ACKNOWLEDGEMENT OF THE PRACTITIONER:
I have requested only those privileges for which my education, training, current experience and demonstrated performance I am qualified to perform, and that I wish to exercise at Huntington Hospital, and I understand that: a) in exercising my clinical privileges granted, I am constrained by 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 a situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature of Applicant: ___________________________________
Date:___________________________

DEPARTMENT CHAIR RECOMMENDATIONS
I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Applicant may perform privileges and procedures as indicated: _____ YES _____ NO

Exceptions/Limitations (Please Specify):
________________________________________________________________________
________________________________________________________________________

APPROVALS:

Section Chair: ___________________ Date: ___________

Department Chair: ___________________ Date: ___________

Credential Committee Date: ___________

Medical Executive Committee Date: ___________
Huntington Memorial Hospital

Delineation Of Privileges
Pulmonary Medicine Privileges

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Board of Directors Approved on: __________