

Delineation Of Privileges

Pulmonary Medicine Privileges

Provider Name:

Privilege	Requested	Deferred	Approved
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b) **Electromagnetic Navigational Bronchoscopy (ENB) - PRIMARY OPERATOR** — — —
Criteria: Applicants must meet one of the following:
 1) Must provide a certificate of completion of the Manufacturers Training Course; OR
 2) Document completion of the proctoring requirements as the "ENB Assistant Operator".

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.

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.

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.

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Central Venous Catheter Placement

Proctoring Requirements: Two cases must be proctored by direct observation unless the applicant can provide evidence of the performance of five Central Venous Catheter Placement procedures during the past year.

Competency Requirement: Documentation of the performance of a minimum of one case over the past two years.

Right Heart Catheterization

Proctoring Requirements: Two cases must be proctored by direct observation.

Competency Requirement: Documentation of the performance of a minimum of one case 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.

Sleep Study Interpretation

Last Revised: 4/26/07; 10/28/2010; 12/25/2012; 5/22/2014; 12/18/2014

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:** _____

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Credential Committee Date: _____

Medical Executive Committee Date: _____

Board of Directors Approved on: _____