

UNMH Pulmonary Medicine Clinical Privileges

Name: _____ Effective Dates: From _____ To _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective Dec 28, 2015:

- Initial Privileges (initial appointment)
- Renewal of Privileges (reappointment)
- Expansion of Privileges (modification)

INSTRUCTIONS:

Applicant: Check off the “requested” box for each privilege requested. 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 any doubts related to qualifications for requested privileges.

Department 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.

OTHER REQUIREMENTS:

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics 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.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR PULMONARY MEDICINE:

Initial Privileges: To be eligible to apply for privileges in pulmonary medicine, the applicant must meet the following criteria:

1. 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 in pulmonary disease; **AND**
2. Current certification in, or active participation in the examination process 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; **AND**
3. Required current experience: Demonstrate provision of care, reflective of the scope of privileges requested, to an adequate number of patients with acceptable outcomes during the past twelve (12) months, or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past twelve (12) months.

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Renewal of Privileges: Demonstrated current competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past twenty-four (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

Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages presenting with conditions, disorders, and diseases of the lungs and airway. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with Medical Staff policy regarding emergency and consultative call services. Core privileges in this specialty include the procedures in the below procedure list and other procedures that are extensions of same techniques and skills

Requested

Pulmonary Medicine Core Procedures List

This list is a sampling of procedures included in the internal medicine core. This is not intended to be an all-encompassing list, but rather reflective of the categories/ types of procedures included in the core.

To the applicant: If you wish to exclude any procedures listed in internal medicine core, strike through then initial and date those procedures you do not wish to request.

1. Perform history and physical examination.
2. Airway management.
3. CPAP
4. Diagnostic and therapeutic procedures, including thoracentesis, endotracheal intubation, and related procedures.
5. Emergency cardioversion.
6. Examination and interpretation of sputum, bronchopulmonary secretions, pleural fluid, and lung tissue.
7. Flexible fiber optic bronchoscopy procedures.
8. Inhalation challenge studies.
9. Insertion of arterial, central venous, and pulmonary artery balloon flotation catheters.
10. Management of pneumothorax (needle insertion and drainage system).
11. Operation of hemodynamic bedside monitoring systems.
12. 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.
13. Thoracostomy tube insertion and drainage, to include chest tubes.
14. Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry.

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15. Use of a variety of positive pressure ventilator modes, to include initiation:
 - a. Ventilatory support to include BiPAP;
 - b. Weaning and respiratory care techniques; and
 - c. Maintenance and withdrawal of mechanical ventilator support.

SPECIAL NON-CORE PRIVILEGES

If desired, non-core privileges are requested individually in addition to requesting the core privileges. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested, including training, required, experience, and maintenance of clinical competency.

QUALIFICATIONS FOR DIAGNOSTIC THORACOSCOPY, INCLUDING BIOPSY:

Initial Privileges: To be eligible to apply for special non-core privileges in diagnostic thoracoscopy, including biopsy, the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA-accredited postgraduate training program that included training in thoracoscopy and evidence of the performance of at least five (5) 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; **AND**
2. Required current experience: Demonstrated current competence and evidence of the performance of an acceptable volume of thoracoscopy procedures in the past twelve (12) months.

Renewal of Privileges: Demonstrated current competence and evidence of the performance of an acceptable volume of thoracoscopy procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Diagnostic Thoracoscopy, Including Biopsy

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QUALIFICATIONS FOR ENDOBRONCHIAL ULTRASOUND (EBUS):

Initial Privileges: To be eligible to apply for special non-core privileges in endobronchial ultrasound, the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA-accredited postgraduate training program that included training in EBUS, or completion of a hands-on CME course, with an acceptable number of procedures performed in training in a supervised setting; **AND**
2. Required current experience: Demonstrated current competence and evidence of the performance of an acceptable volume of EBUS procedures in the past twelve (12) months.

Renewal of Privileges: Demonstrated current competence and evidence of the performance of an acceptable volume of EBUS procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Endobronchial Ultrasound (EBUS)

Requested

QUALIFICATIONS FOR NEEDLE BIOPSY OF THE CHEST:

Initial Privileges: To be eligible to apply for special non-core privileges in needle biopsy of the chest, the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA-accredited residency in pulmonary medicine which included training in needle biopsy of the chest, or documentation of a special course for needle biopsy of the chest; **AND**
2. Required current experience: Demonstrated current competence and evidence of the performance of an acceptable volume of needle biopsy of the chest procedures in the past twelve (12) months.

Renewal of Privileges: Demonstrated current competence and evidence of the performance of an acceptable volume of needle biopsy of the chest procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Needle Biopsy of the Chest

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QUALIFICATIONS FOR PERCUTANEOUS TRACHEOSTOMY/CRICOTHYROTOMY TUBE:

Initial Privileges: To be eligible to apply for special non-core privileges in percutaneous tracheostomy/cricothyrotomy tube, the applicant must meet the following criteria:

1. Specific training during fellowship in management of these devices; additional formal training or extensive demonstrated experience is required; **AND**
2. Required current experience: Demonstrated current competence and evidence of the performance of an acceptable volume of requested procedures with acceptable outcomes in the past twelve (12) months.

Renewal of Privileges: Demonstrated current competence and evidence of the performance of an acceptable volume of requested procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Percutaneous Tracheostomy/Cricothyrotomy Tube

Requested

QUALIFICATIONS FOR INTERVENTIONAL PULMONOLOGY WITH ADVANCED DIAGNOSTIC AND THERAPEUTIC BRONCHOSCOPY AND AIRWAY PROCEDURES:

Initial Privileges: To be eligible to apply for special non-core privileges in interventional pulmonology with advanced diagnostic and therapeutic bronchoscopy and airway procedures, the applicant must meet the following criteria:

1. Successful completion of an accredited post-graduate training program that included training in interventional pulmonary, to include airway stents, rigid bronchoscopy, cryoablation and laser ablation of airway lesions and evidence of the performance of at least five (5) of these procedures during training or under supervision of a qualified pulmonologist. Optimally, the applicant should demonstrate completion of an interventional pulmonology course or fellowship with a qualified supervisor; **AND**
2. Required current experience: Demonstrated current competence and evidence of performance of an acceptable volume of advanced airway procedures during the past twelve (12) months.

Renewal of Privileges: Demonstrated current competence and evidence of the performance of an acceptable volume of advanced airway procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Interventional Pulmonology with Advanced Diagnostic and Therapeutic Bronchoscopy and Airway Procedures

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QUALIFICATIONS FOR USE OF LASER:

Criteria: To be eligible to apply for use of laser, the applicant must meet the following criteria:

1. Successful completion of an approved residency program in a specialty or subspecialty which included training in laser principles, or completion of an approved eight (8) to ten (10) hour minimum CME course which included training in laser principles; **AND**
2. Applicant should spend time after the basic training course in a clinical setting with an experienced operator who has been granted laser privileges and is acting as a preceptor; practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience; the applicant must supply a certificate documenting they have attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course; **AND**
3. Required current experience: Demonstrated current competence and evidence of the performance of an acceptable volume of the requested procedure in the past twelve (12) months or completion of training in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: USE OF LASER

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Acknowledgement of Practitioner

I have requested only those clinical privileges for which, by education, training, current experience, and demonstrated performance, I am qualified to perform and for which I wish to exercise at UNM Hospitals and clinics. 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) 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.

Signature

Date Signed

Clinical Director/Division Chief Recommendation(s)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action and presently requested above.

Name: _____ Signature _____ Date _____

Name: _____ Signature _____ Date _____

Department Chair Recommendation

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

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the conditions/modifications noted below
- Do not recommend the clinical privileges noted below

Explanation: _____

Department Chair Signature

Date Signed

Criteria Approved by UNMH Board of Trustees on Dec 18, 2015