

UNMH Sleep Medicine Clinical Privileges

Name:

Effective Dates: _____ To: _____

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

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 08/23/2013

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 on the last page of this form.

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.

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Qualifications for Sleep Medicine

Initial Applicant - To be eligible to apply for privileges in sleep medicine, the initial applicant must meet the following criteria:

Successful completion of an American Academy of Sleep Medicine (AASM) – or Accreditation Council for Graduate Medical Education–accredited fellowship program in sleep medicine

AND/OR

Current specialty certification in Anesthesiology, Internal Medicine, Family Medicine, Neurology, Otolaryngology, or Psychiatry by the relevant American Board of Medical Specialties or by the relevant American Osteopathic Board

OR

Current certification by the American Board of Sleep Medicine for applicants who became certified prior to 2007

Required previous experience: Applicants must be able to demonstrate provision of care reflective of scope of privileges requested for an acceptable number of patients within the last 24 months OR demonstrate successful completion of a relevant ACGME- or AOA-accredited residency, clinical fellowship, or research fellowship in a clinical setting within the past 12 months.

Reappointment Requirements - To be eligible to renew privileges in sleep medicine, the reapplicant must meet the following criteria:

Current demonstrated competence and an adequate volume of experience 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.

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CORE PRIVILEGES: *Sleep Medicine*

Admit, evaluate, diagnose, and provide consultation and treatment to patients of all ages presenting with conditions or disorders of sleep, including sleep-related breathing disorders (such as obstructive sleep apnea), circadian rhythm disorders, insomnia, parasomnias, disorders of excessive sleepiness (e.g., narcolepsy), sleep-related movement disorders, and other conditions pertaining to the sleep-wake cycle. May provide care to patients in the intensive care setting in conformance with unit policies. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

Requested

Sleep Medicine Core Procedures List

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.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Performance of history and physical exam
2. Diagnosis and management of sleep/wake disorders
3. Actigraphy interpretation
4. Oximetry interpretation
5. Sleep log interpretation

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Special Non-Core Privileges (See Specific Criteria)

If desired, non-core privileges are requested individually in addition to requesting the core. 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 competence.

Qualifications for Sleep Study Interpretation, including via telemedicine

Criteria: Current subspecialty certification in sleep medicine or certification of added qualification in sleep medicine by the relevant American Board of Medical Specialties or by the relevant American Osteopathic Board.

OR

Current certification by the American Board of Sleep Medicine is acceptable for applicants who became certified prior to 2007.

AND

Provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges.

Required Current Experience: Demonstrated current competence and evidence of an acceptable volume of sleep study interpretation procedures with acceptable results within the past 24 months; or completion of training in the past 12 months.

Renewal of Privilege: Demonstrated current competence and evidence of an acceptable volume of sleep study interpretation procedures with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: *Sleep Study Interpretation, including via telemedicine*

Privilege includes interpretation of polysomnograms (including sleep stage scoring), home sleep testing (also known as respiratory polygraphy or type 3 portable monitoring), multiple sleep latency tests, and maintenance of wakefulness tests in the sleep laboratory or via telemedicine.

Requested

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Acknowledgment of practitioner

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 UNM Hospitals and clinics, 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. 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.

Signed _____ Date _____

Division Chief recommendation

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

Signed _____ Date _____

Patient Safety Officer recommendation

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

Signed _____ Date _____

Department Chair recommendation

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 Signature _____ Date _____

Criteria approved by UNMH Board of Trustees on 08/23/2013