

JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL
DEPARTMENT OF MEDICINE
PULMONARY MEDICINE
Delineation of Privileges

PHYSICIAN NAME

QUALIFICATIONS: Licensed physician (DO or MD) as defined in the Medicine Department Rules and Regulations with appropriate specialty training.

INITIAL APPLICANTS

A letter from the residency/fellowship program director confirming training/experience in procedures requested is required for all new applicants who have recently (within the past 5 years) completed training. Applicants should provide a copy of procedural case logs from their training program. Applicants out of training over 5 years must provide documentation of training and recent experience.

RE-APPLICANTS

Physician must be able to show current demonstrated competence and adequate volume of experience in Pulmonary Medicine for the past 24 months reflective of the scope of privileges requested.

OF THE FOLLOWING, INDICATE PARTICULAR PRIVILEGES REQUESTED: Privileges granted will permit the physician to treat patients in all inpatient and outpatient areas, including intensive care units, and Emergency Department.
(REQ=Requested) - (APP=Approved)

REQ	APP	Privilege Requested
		ADMIT, evaluate, diagnose and provide treatment or consultative services solely to patients in need of pulmonary medicine related illnesses. These privileges do not include the privilege to admit patients with general Internal medicine or Family Practice diseases.

PULMONARY MEDICINE PRIVILEGES: General Pulmonologists are eligible to perform or to apply for the following core procedures including: Pleural Biopsy, Central Line Placement, Intubation, Thoracentesis, Bronchoscopy, Full Ventilator Management, and Transbronchial Biopsy.

REQ	APP	PRIVILEGE REQUESTED
		Pulmonary Medicine Core Privileges

PULMONARY MEDICINE PROCEDURES: Pulmonologists with appropriate specialty training/experience are eligible to apply for the following special procedures. Physicians must be able to show successful completion of an approved and recognized course or acceptable training in residency, fellowship or other acceptable experience will be required to demonstrate competency.

REQ	APP	PRIVILEGE REQUESTED	REQ	APP	PRIVILEGE REQUESTED
		Percutaneous Lung Biopsy			Percutaneous Dilation Tracheostomy
		Endobronchial Needle Biopsy			Thorocscopy
		Bronchogram			Pulmonary Stress Testing
		Swan Ganz			Pulmonary Brachytherapy
		Chest Tube Placement			Intra-Thoracic Ultrasound (EBUS-TBNA)

PROCEDURAL SEDATION

REQ	APP	Privilege Requested:
		Procedural sedation (**see criteria on WWW.JCL.Com WEBSITE)

- I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been trained accordingly I am requesting permission to do these procedures.
- By my signature below, I certify that my malpractice insurance meets or exceeds the limits required by the Board of Directors.

Applicant's Signature:	Date
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APPROVALS:

SIGNATURE: Department Chairman/Designee	Date
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Executive Committee	Date	Board of Directors	Date
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APPROVED: 3/2011
REVISED: 8/2011

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PERCUTANEOUS DILATIONAL TRACHEOSTOMY

A physician requesting these privileges will provide documentation as follows:

Training

- Applicants who have recently (within past 5 years) completed Fellowship training must submit a letter from the program director confirming training and experience in Percutaneous Dilational Tracheostomy OR;
- Satisfactory completion with documentation of attendance at an accredited Percutaneous Dilational Tracheostomy course.
- The applicant must have unsupervised bronchoscopy and intubation privileges.
- It is recommended that the procedure be performed with a bronchoscopic airway management. It is further recommended that each of the two physicians: one doing the bronchoscopy airway management and the other doing the PDT, be accredited by participation in a PDT class.
- After the physician doing the PDT has successfully completed a minimum of five (5) supervised cases and with the approval of the supervising physician, the reviewed physician will then be qualified to perform the procedure.
- Those who have attended the PDT certification class and have performed at least five (5) successful cases at other Valley institutions or training program including one (1) supervised cased at JCLH-NM and with the approval of the supervising physician will be qualified to perform the procedure.

APPROVED: 3/2011

1.1 Reapplicants will need to provide case logs for five (5) cases per year to maintain competency

APPROVED: 8/2011

FELLOWSHIP ADDITION APPROVED: 8/24/11

RIGHT HEART CATH (SWAN-GANZ INSERTION)

A physician requesting these privileges will provide documentation as follows:

Training:

- Three (3) year standard cardiology fellowship performing a minimum of 20 cases;
- Pulmonary fellowship with Swan-Ganz catheter insertion training; or
- Critical Care fellowship

OR

Practice:

- Verification of 20 cases performed within the last five (5) years

INTRA-THORACIC ULTRASOUND (EBUS-TBNA)

A physician requesting these privileges will provide documentation as follows:

1. Training:

1.1 Qualifications and competency requirements for privileges to perform EBUS-TBNA by an applicant at the time of appointment to the Medical Staff shall include:

- Satisfactory completion with documentation of attendance at an accredited EBUS-TBNA course with hands on experience; or documentation of training in a Pulmonary Fellowship with at least 20 successful cases **AND**
- The applicant must have unsupervised bronchoscopy and intubation privileges.

1.2 After the physician doing the EBUS-TBNA has successfully completed a minimum of five (5) supervised cases **AND** with the approval of the supervising physician, the reviewed physician will then be qualified to perform the procedure.

1.3 Those who have attended the EBUS-TBNA certification class and have performed at least ten (10) successful cases at other Valley institutions or post graduate training program including one (1) supervised cased at JCLH-NM **AND** with the approval of the supervising physician will be qualified to perform the procedure.

1.4 Reapplicants must provide case logs for a minimum of four (4) cases per year, or eight (8) cases per reappointment cycle to maintain competency.

APPROVED: 8/2011

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