

SPECIALTY OF PULMONARY MEDICINE

Delineation of Clinical Privileges

- Criteria for granting privileges:** Current board certification in Internal Medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine and subspecialty certification in Pulmonary Medicine.
- Or**
- Current board certification in Pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics, and subspecialty certification in Pulmonary Medicine.
- Or**
- Successful completion of an accredited ACGME or AOA accredited post-graduate training program in Internal Medicine or Pediatrics and completion of an accredited ACGME or AOA accredited post-graduate training program in Pulmonary Medicine and board certification within 5 years of program completion.

Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.

Current Clinical Competence - MLH

In addition to the required education, experience and/or training specified on each DOP (Delineation of Privilege) form, documentation of current clinical competence is required. Current clinical competence is described as having “performed the privilege recently and performed it well”.

Current clinical competence is assessed prior to granting privileges initially and is reassessed when renewing privileges at reappointment – for maintenance of privileges. Current Clinical Competence (CCC) may be location specific (acute hospital care/surgery center (ASC) and/or age specific (adult, pediatric, neonatal).

This should not be confused with Focused Professional Practice Evaluation (FPPE)

- FPPE: an evaluation of clinical competence of all new privileges as performed at the specific licensed MLH facility (MHMH, MHOBH) for which they have been initially granted. This applies to privileges for all new applicants as well as to new/additional privileges for current members.

Both FPPE and current clinical competence assessments are privilege-specific. FPPE is conducted during the period after granting new/additional privileges. FPPE must occur at the MLH facility(ies) where privileges/membership are held. Current clinical competence may be evaluated from case logs provided by non-MLH facilities.

Current Clinical Competence: Requirements for New Applicants

- If applying directly from training, or based on the training received in a formal training program, provider should submit case* logs from the program authenticated by the program director along with their recommendation attesting to the comparable training, experience and qualifications relative to the criteria for the clinical privileges requested.
- If applying more than 1 year after training completion, submit the following:

- Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
- Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
- Case logs (see specifications below) for any special privileges requested that meet the criteria specific for the number of procedures defined for current clinical competence.

Current Clinical Competence: Maintenance of Privileges for Current Members

- **For active staff members:** MLH source data will be aggregated to review cases and procedures performed. If this does not meet the minimum requirement for core and/or special privileges, the practitioner will be required to submit additional case logs from other facilities.
- **For courtesy staff members with low activity and for certain active staff with activity that has diminished and is now low:** Department chair recommendation should be obtained from their primary facility; and the practitioner should submit the following:
 - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Case logs (see specifications below) for any special privileges requested that meet the specific number of procedures defined for current clinical competence.

Case Logs

All required case logs and/or procedure lists must contain the following information at a minimum: Date, patient identifier, CPT/ICD procedure code, diagnosis, complications, and disposition, and the facility name, name/title of the person authenticating the log, signature, date signed, and contact information. If the information requested is not available, please provide an explanation.

*A “case” is defined as an episode of care – either cognitive or procedural. For interpretive care, “case” is interpretation of one diagnostic study.

Ongoing Professional Performance Evaluation (OPPE)

OPPE is evaluated periodically (more frequently than annually) in the facility where membership/privileges are held.

To assure OPPE requirements are satisfied, the practitioner must periodically exercise the privileges in the MLH facility(ies) where he/she has membership. OPPE must occur regularly on patient encounters in the MLH facility(ies) where privileges/membership are held.

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
Pulmonary Medicine Core	<p>Current board certification in Internal Medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine and subspecialty certification in Pulmonary Medicine</p> <p>Or</p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in Internal Medicine and completion of an ACGME or AOA accredited post-graduate training program in Pulmonary Medicine and board certification within 5 years of completion.</p>	<p>Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p>	First 5 cases of ventilator of patients with ARDS, and First 5 bronchoscopies	<p>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p>
Pulmonary Medicine Pediatric Core	<p>Current board certification in Pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics and subspecialty certification in Pulmonary Medicine</p> <p>Or</p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in Pediatrics and completion of an ACGME or AOA accredited post-graduate training program in Pulmonary Medicine and board certification within 5 years of completion.</p>	<p>Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p>	First 5 patient consults, and First 5 bronchoscopies	<p>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months.</p> <p>Any complications/poor outcomes should be</p>

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				delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility.
<i>Polysomnography</i>	Subspecialty certification by the American Board of Sleep Medicine, or successful completion of a one year Postgraduate Residency in Sleep Medicine, or successful completion of an approved fellowship by the American Sleep Disorders Association; and demonstrated competence in all aspects of polysomnographics, including administering, scoring, and interpreting polysomnograms.	Case log documenting the performance of at least 20 procedures within the previous 12 months	First 5 cases	Case log documenting the performance of at least 40 procedures within the previous 24 months
<i>Temporary pacemaker</i>	Written documentation of successful completion of an accredited 18-24 month fellowship in Pulmonary Medicine and Critical Care Medicine that includes formal training and clinical expertise in performing temporary pacemaker insertion in emergency situations.	Case log documenting the performance of at least 10 procedures within the previous 12 months	First 5 cases	Case log documenting the performance of at least 10 procedures within the previous 24 months
<i>Laser Use on Intratracheal Lesions</i>	Successful completion of an accredited course in lasers for intratracheal lesions, which includes didactic and laboratory training. A certificate/letter indicating education and training on a specific laser has been completed must be on file in Medical Staff Services	Case log documenting the performance of at least 5 procedures within the previous 12 months	First 5 cases	Case log documenting the performance of at least 10 procedures within the previous 24 months
<i>Endobronchial brachytherapy</i>	Successful completion of an accredited course in endotracheal brachytherapy, which includes didactic and laboratory training.]	Case log documenting the performance of at least 10 procedures within the previous 24 months	First 5 cases	Case log documenting the performance of at least 5 procedures within the previous 24 months
<i>Endobronchial and Endotracheal stent</i>	Successful completion of an accredited course in endotracheal and endobroncheal	Case log documenting the performance of at least 10 procedures within the previous 24 months	First 5 cases	Case log documenting the performance of at least 10 procedures within the previous 24 months

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<i>placement</i>	stent placement, which includes didactic and laboratory training			
<i>Endobronchial Ultrasound</i>	Trained as part of fellowship with training director recommendation OR Successful completion of an course in endotracheal ultrasound which includes didactic and laboratory training	Case log documenting the performance of at least 5 procedures within the previous 24 months or proctored on the first 10 cases performed.	First 5 cases	Case log documenting the performance of at least 10 procedures within the previous 24 months.
Internal Medicine Core	Current board certification in Internal Medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine. OR Successful completion of an ACGME or AOA accredited post-graduate training program in Internal Medicine and board certification within 5 years of completion.	Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD9 codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.	N/A	MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility.
Pediatric Core	Current board certification in Pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics. OR Successful completion of an ACGME or AOA accredited post-graduate training program in Pediatrics and board certification within 5 years of completion.	Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD9 codes and	N/A	MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.

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		the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.		<p>Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p>

Pulmonary Medicine Core Privilege: Admit, evaluate, diagnose, treat and provide consultation to patients >13 years of age, except as specifically excluded from practice, presenting with conditions, disorders, and diseases of the organs of the thorax or chest; the lungs and airways, cardiovascular and tracheobronchial systems, esophagus and other mediastinal contents, diaphragm, circulatory system.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

Privileges include but are not limited to:

- Internal Medicine Core
- Interpretation of pulmonary functions testing
- Bronchoscopy
- Thoracentesis
- Chest tube placement
- Endotracheal intubation and management of mechanical ventilation
- Pleural biopsy
- Percutaneous lung biopsy
- Transbronchial lung biopsy and lymph node aspiration
- Insertion and management of central venous and pulmonary artery catheters
- Emergency cardioversion
- Thoracostomy Tube Insertion and drainage

Pulmonary Medicine Pediatric Core Privilege: Admit, evaluate, diagnose, treat and provide consultation to patients from birth to age 13 with acute and chronic disease including major complicated illnesses.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

Privileges include but are not limited to:

- Pediatric Core
- provocation testing,
- pulmonary function testing and interpretation
- infant pulmonary function testing and interpretation
- insertion and management of arterial and central venous lines
- endotracheal intubation and airway management
- ventilator management
- bronchoscopy
- thoracentesis
- interpretation of pulmonary function tests
- techniques of chest physiotherapy
- pulmonary rehabilitation

Internal Medicine Core Privilege:

Admit, evaluate, diagnose, treat and provide consultation to patients 13 and above admitted with both common and complex illnesses of cancer, infections and diseases affecting the heart, blood, kidneys, joints and the digestive, respiratory and vascular systems and treatment of common problems of the eyes, ears, skin, nervous system and reproductive organs.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

Inherent in core privileges are the following areas/procedures:

- Arthrocentesis
- Lumbar puncture
- Thoracentesis
- Exercise testing
- EKG interpretation

Pediatric Core Privilege:

Admit, evaluate, diagnose and treat patients ages 0-18 for common illnesses and injuries including disorders common to general pediatric diseases and conditions.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

Privileges include but are not limited to:

- Bone marrow aspiration
- Burns, superficial and partial thickness
- I&D of superficial abscess
- Local anesthetic techniques
- Lumbar puncture
- Management uncomplicated minor closed fractures and dislocations
- Perform simple skin biopsy or excision
- Peripheral arterial puncture
- Digital peripheral nerve blocks
- Placement of anterior and posterior nasal hemostatic packing
- Pre-operative and postoperative medical care for surgical patients
- Removal of foreign body by speculum, forceps, or superficial incision
- Removal of non-penetrating corneal foreign body
- Suprapubic bladder aspiration
- Suture uncomplicated lacerations
- Venipuncture

Special: The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

Administration of moderate sedation: See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists.
Requires: Separate DOP, ACLS, NRP or PALS certification

Pulmonary Medicine Clinical Privileges

Check below the particular privileges desired in Pulmonary Medicine for each facility:

Please check (✓) applicable age categories for each privilege requested.

Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities				Methodist Healthcare – Olive Branch Hospital (MHOBH)
	Neonates (0-28 days)	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13 & Above)	Adults & Adolescents (13 & Above)
Pulmonary Medicine Core					
Pulmonary Medicine Pediatric Core					
Polysomnography					
Temporary pacemaker					
Laser Use on Intratracheal Lesions					
Endobronchial brachytherapy					
Endobronchial and Endotracheal stent placement					
Endobronchial Ultrasound					
Limitations	Clinical privileges are granted only to the extent privileges are available at each facility.				
Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.					

Acknowledgement 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 the facilities indicated above, to the extent services are available at each facility, and I understand that:

- (a) in exercising any clinical privileges granted, I am constrained by facility 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

Physician's Signature

Date

Printed Name