

Privileges for: Pulmonary Disease

Request

- ST. ELIZABETH - EDGEWOOD
- ST. ELIZABETH - FLORENCE
- ST. ELIZABETH - FT. THOMAS
- ST. ELIZABETH - GRANT CO. (Surgical & other invasive procedures requiring general anesthetic are not offered)

Critical Care services and ventilatory management are not offered at ST. ELIZABETH - GRANT CO.

MEC Approval: August 27, 2009, Rev. April 24, 2014, February 27, 2014, 8.25.2016

Board Approval: September 14, 2009, Rev. September 13, 2010, 7.2014, 5.5.2014; 11.7.2016

DEPARTMENT APPROVAL

\_\_\_\_\_ Approved      \_\_\_\_\_ Disapproved

\_\_\_\_\_  
Department/Section Chair Signature

\_\_\_\_\_  
Date

MINIMUM REQUIREMENTS

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in internal medicine and a two-year fellowship training program in pulmonary disease or a three-year combined subspecialty educational program in pulmonary disease and critical care medicine, 18 months of which must be clinical training.

Note: For Practitioners (excluding AHPs) who apply for membership after March 2, 2009 be and remain (with a lapse of no longer than one year) board certified in their principal practice specialty, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

I. Core Privileges: Core privileges in Pulmonary Medicine include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

DESCRIPTION OF CORE PRIVILEGES

- \_\_\_\_\_ Admit patients, perform histories and physicals, evaluate, diagnose, treat, and provide consultation to patients of all ages 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, and circulatory system.
- \_\_\_\_\_ Bi-level ventilator support management
- \_\_\_\_\_ PFT testing/interpretation
- \_\_\_\_\_ Thoracentesis
- \_\_\_\_\_ Pleural biopsy
- \_\_\_\_\_ Endotracheal intubation
- \_\_\_\_\_ Fiberoptic bronchoscopy
- \_\_\_\_\_ Fiberoptic bronchoscopy; transbronchial needle and forceps biopsies
- \_\_\_\_\_ Fiberoptic bronchoscopy; endobronchial biopsies, brushings, and lavages

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**Request**

- \_\_\_\_\_ Arterial cannulation
- \_\_\_\_\_ Transtracheal aspiration
- \_\_\_\_\_ Noninvasive and invasive ventilator management

**II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By initialing the procedures below, I certify that I am competent to perform the procedures requested.**

**DESCRIPTION OF ADDITIONAL PRIVILEGES**

- \_\_\_\_\_ Placement of airway dilations and stent placement
- \_\_\_\_\_ Electromagnetic Navigation Bronchoscopy - (extension of fiberoptic bronchoscopy; transbronchial needle and forceps biopsies - requires course completion certificate for equipment usage)
- \_\_\_\_\_ SpinDrive electromagnetic navigation bronchoscopy and navigated percutaneous biopsy (requires course certificate and 10 proctored cases, unless additional course is obtained, then 5 proctored cases) if training not received and documented from fellowship program)
- \_\_\_\_\_ Pleuroscopy
- \_\_\_\_\_ Rigid bronchoscopy
- \_\_\_\_\_ Endobronchial ultrasound (requires course attendance or demonstrated competency). - offered at EDGEWOOD only
- \_\_\_\_\_ Pulmonary Brachytherapy - offered at EDGEWOOD only
- \_\_\_\_\_ Bronchial Thermoplasty (EDGEWOOD only)
- \_\_\_\_\_ Fluoroscopy (Radiation Safety certification required)

**MODERATE / DEEP SEDATION PRIVILEGING**

- \_\_\_\_\_ Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Critical Care, Pulmonology or Emergency Medicine or (b) current ACLS Certification or (c) satisfactory completion of the ASA Moderate Sedation course).
- \_\_\_\_\_ Deep Sedation (Board Certification in Pulmonary and/or Critical Care Medicine) (addressed in Policy 300.302.07) For graduates from a Pulmonary Medicine fellowship who are not yet boarded, a letter of recommendation from the Director of their training program that attests to deep sedation as a part of their curriculum is required. This will be accepted in lieu of board certification provided the practitioner completed the program within the last two years.

\_\_\_\_\_ **Anesthesia Section Chair**

\_\_\_\_\_ **Date**

**I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.**

**Last 4 digits of S.S.N.** \_\_\_\_\_

**Applicants Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_