Regions Hospital
Delineation of Privileges
Pulmonary Medicine

Applicant's Name: _____
Last First M.

Instructions:
- Place a check-mark where indicated for each core group you are requesting.
- Review *education and basic formal training* requirements to make sure you meet them.
- Review *documentation and experience* requirements and be prepared to prove them.
  - ✓ Note all renewing applicants are required to provide evidence of their current ability to perform the privileges being requested
  - ✓ When documentation of cases or procedures is required, attach said case/procedure logs to this privileges-request form.
- Provide complete and accurate names and addresses where requested -- it will greatly assist how quickly our credentialing-specialist can process your requests.

Overview

Core I – general non-staff pulmonary medicine privileges for moonlighters
Core II – general staff privileges in pulmonary medicine
Core procedure list
Conscious sedation
Signature page

☐ CORE I — General non-staff pulmonary medicine privileges for moonlighters

Privileges

Appropriate consultation with a physician holding Core II privileges is required.

Admit, evaluate, diagnose, treat, and provide consultation to patients 16 years and older who present 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.

Basic education and minimal formal training

1. MD, DO, MBBS or MB BCH
2. Currently enrolled in an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved Internal Medicine or Internal Medicine/Pediatric residency program;
   Or
   Currently enrolled in an accredited fellowship training program in pulmonary disease.

Required documentation and experience

NEW APPLICANTS:

1. Provide contact information for 2 non-resident physicians whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name: _____ Name: _____

Name of Facility: _____ Name of Facility: _____

Address: _____ Address: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Email: _____ Email: _____

REAPPOINTMENT APPLICANTS:

1. Supply documentation showing numbers of inpatient services performed during the past 24 months;
   Or
   Provide contact information for a pulmonary medicine physician whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name _____ Phone: _____

Name of Facility: _____ Fax: _____

Address: _____ Email: _____

☐ CORE II — General staff privileges in pulmonary medicine

Privileges

Admit, evaluate, diagnose, treat, and provide consultation to patients 16 years and older 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.

The core privileges in this specialty include the procedures on the core procedure list and other procedures that are extensions of the same techniques and skills.

Basic education and minimal formal training

1. MD, DO, MBBS or MB BCH
2. Successful completion of an ACGME or AOA approved residency-training program in Internal Medicine.
3. Successful completion of fellowship training in pulmonary disease.
4. Current certification or active participation in the examination process with achievement of certification within 5 years 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.

Required documentation and experience

NEW APPLICANTS:

1. Provide documentation of inpatient service to at least 30 patients in the past 12 months;
2. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name _____ Phone: _____

Name of Facility: _____ Fax: _____

Address: _____ Email: _____

REAPPOINTMENT APPLICANTS:

1. Supply documentation showing numbers of inpatient services performed during the past 24 months;
   Or
   Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name _____ Phone: _____

Name of Facility: _____ Fax: _____

Address: _____ Email: _____

Core II Procedure List — Pulmonary Medicine Clinical Privileges

To the applicant: Strike though the procedures you do not wish to request.

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

1. Airway management
2. CPAP
3. Diagnostic and therapeutic procedures, including thoracentesis, endotracheal intubation, and related procedures
4. Emergency cardioversion
5. Examination and preliminary interpretation of sputum, bronchopulmonary secretions, pleural fluid, and lung tissue
6. Flexible fiber-optic bronchoscopy procedures
7. Inhalation challenge studies
8. Insertion of arterial, central venous, and pulmonary artery balloon flotation catheters
9. Management of pneumothorax (needle insertion and drainage system)
10. Perform history and physical exam
11. 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
12. Thoracostomy tube insertion and drainage, to include chest tubes
13. Use of a variety of positive pressure ventilatory modes, to include initiation:
    - Ventilatory support to include BiPAP
    - Weaning, and respiratory care techniques
    - Maintenance and withdrawal of mechanical ventilatory support

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 that I wish to exercise at Regions Hospital. I understand that:

1. In exercising any clinical privilege granted, I am governed by Regions Hospital and Regions Medical Staff policies and rules applicable generally and any applicable to the particular situation.
2. In an emergent situation I may perform a procedure for which I am not privileged when no practitioner holding the applicable procedure is available to respond to the emergency.

I agree to supply Regions Hospital Medical Staff Services (or designee) with all the information that has been requested of me for the privileges that I have applied for. I also understand that my application for privileges will not proceed until the information is received.

_____ _____

Signature Date

DIVISION / SECTION HEAD RECOMMENDATION

I have reviewed and/or discussed the clinical privileges requested and supporting documentation for the above-named applicant and make the following recommendation/s:

☐ Recommend all requested privileges

☐ Recommend privileges with the following conditions/modifications

☐ Do not recommend the following requested privileges

Privilege	Condition / Modification / Explanation
1.	
2.	
3.	
4.	

Notes:

_____ _____

Signature Date

Regions Hospital
Delineation of Privileges
Moderate Sedation

Privilege
☐ Administer and manage moderate sedation/analgesia, a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone `or accomplished by light tactile stimulation. A patent airway is maintained and spontaneous ventilation is adequate. Cardiovascular function is always maintained.
Basic education and minimal formal training
1. MD, DO, MBBS, MB BCH, DPM, DMD, DDS, 2. Successful completion of an ACGME or AOA or Royal College of Physicians and Surgeons of Canada, approved residency training program. 3. Current ACLS, ATLS or PALS certification.
Required documentation and experience
NEW APPLICANTS: 1. Provide documentation of successful completion of an examination provided by the Regions medical staff services ***Or*** Document experience by providing one of the following: • Evidence of successful completion of a moderate sedation test with passing score from another hospital; • Governing board letter from another hospital indicating the applicant has moderate sedation privileges; • Letter from Medical Staff Office at another hospital indicating specifically that the practitioner has moderate sedation privileges and the date they were granted; • If a recent graduate, attestation of competency from program director. 2. Provide documentation of current ACLS, ATLS or PALS certification. **REAPPOINTMENT APPLICANTS:** 1. Provide documentation of performing moderate sedation for at least ten (10) patients within the past 24 months; ***Or*** Provide documentation from Division/Section Head that attests to ongoing current competence. 2. Provide documentation of current ACLS, ATLS or PALS certification.

TO BE COMPLETED BY APPLICANT: I agree to supply all of the information being requested of me for the privileges I am applying for. I understand my application for privileges will not proceed until the information is received.

_____ _____

Signature Date

TO BE COMPLETED BY REGIONS HOSPITAL DIVISION/SECTION HEAD AT TIME OF REVIEW AND APPROVAL: I have reviewed and/or discussed the privileges requested and find them to be commensurate with this applicant's training and experience. I recommend this application proceed.

_____ _____

Signature Date