

DETROIT MEDICAL CENTER  
DEPARTMENT OF MEDICINE

**DELINEATION OF PRIVILEGES IN PULMONARY MEDICINE AND CRITICAL CARE**

APPLICANT NAME: \_\_\_\_\_

Please Print

**QUALIFICATIONS:**

**\* You must also complete the General Internal Medicine delineation with this delineation of privileges.**

**Core Privileges in Pulmonary/Critical Care**

*Effective July 1, 2009, all new applicants to the DMC will be required to be board certified or in the active certification process in their practice specialty. See attached Board Certification requirements.*

1. Board Certification, or in the active certification process, in Pulmonary and/or Critical Care Medicine through the American Board of Internal Medicine, or the American Osteopathic Board of Internal Medicine, and/or successful completion of an accredited ACGME or AOA fellowship program in Pulmonary and/or Critical Care Diseases.
2. Documented clinical experience in the practice of Pulmonary and/or Critical Care Medicine:
  - A. If the applicant is within 2 years of completion of an accredited ACGME or AOA fellowship program in Pulmonary/Critical Care Diseases, a letter from the fellowship director (or surrogate) must be supplied.
  - B. If the applicant completed training in Pulmonary/Critical Care Diseases at an accredited ACGME or AOA residency program more than 2 years before the application, documentation of activity in the practice of Pulmonary/Critical Care Medicine may be demonstrated by either (1) or (2).
    - 1) Demonstration of sufficient inpatient activity to allow ongoing professional performance evaluation on delivery of care meeting accepted standards and guidelines, and without variance from standards as recommended by the Specialist-in-Chief (SIC) of Medicine.
      - a. Patients hospitalized at a DMC owned/operated facility within the past 2 years for which the applicant has been the attending of record, **or**
      - b. Submission of documentation of hospital admissions at a Joint Commission accredited hospital and demonstration of certification at that hospital.
    - 2) Proof of sufficient ambulatory activity to demonstrate delivery of care meeting acceptable standards and guidelines for clinical care and without demonstrated variance. The ambulatory practice review may be accomplished by the Specialist-in-Chief, or designee. Upon request the applicant may be requested to gather additional letters of reference or other information to support the application and to determine quality of care.

**Special Privileges**

Successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable program; and demonstration of indications for the procedures/test/therapy, and documentation of the competence to obtain and retain clinical privileges through focused and ongoing professional performance evaluation. Where nationally recognized certification agencies have established specific criteria for minimal clinical experience, the criteria will be cited and followed.

## **DELINEATION OF PRIVILEGES IN PULMONARY/CRITICAL CARE**

APPLICANT NAME: \_\_\_\_\_

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### **QUALIFICATIONS – Special Privileges – Continued:**

#### **Clinical Privilege in Performance of Robotic Bronchoscopy**

The bronchoscopists requesting robotic privileges must:

1. Be board certified in pulmonary medicine.
2. Demonstrate completion of training in robotic bronchoscopy as outlined below.
3. Have endobronchial ultrasound (EBUS) privileges at the DMC and provide documentation of performance of 25 (twenty-five) EBUS procedures.

#### **Robotic Training**

All applicants for robotic privileges must have completed one of two options for robotic training:

1. Successful completion of an approved pulmonary medicine fellowship which included robotic bronchoscopy.  
This requires a letter from their program director stating the applicant successfully completed at least 25 cases.  
OR
2. Completion of training including:
  - a. Completion of all training modules provided by the manufacturer
  - b. Attendance at an offsite one-day training program provided by the manufacturer
  - c. Engage in proctoring as outlined below
  - d. Observation of one case at either DMC or another facility performed by a bronchoscopist with robotic bronchoscopy privileges

#### **Proctoring**

The Medical Staff requires proctoring for at least three initial bronchoscopic robotic cases by proctors identified as physician experts by the manufacturer, and the presence of an industry representative expert for at least 10 additional cases. Bronchoscopists who have successfully completed a pulmonary fellowship which includes formal training in robotic bronchoscopy may be exempted from this requirement.

Required ongoing experience for continued privileging at time of reappointment:

1. For each applicant granted robotic bronchoscopy privileges, the Medical Staff completes a focused professional practice evaluation after six months following initial privileging to evaluate competence and metrics provided by the manufacturer. This shall be performed by the Chief of the section.
2. Performance of at least twenty (20) robotic bronchoscopy cases in a two year period (coinciding with the credentialing cycle)
3. If less than 20 cases are performed in any two-year period, the Medical Staff may require that a defined number (to be determined by the Chief of the section) subsequent cases be proctored by a pulmonary physician bronchoscopist with bronchoscopy privileges and/or attendance by an industry representative.

#### **Reappointment Requirements**

Maintenance of all core and special privilege qualifications and current demonstrated competence and experience in the practice of Pulmonary and/or Critical Care Medicine, through ongoing professional practice evaluation without demonstrated variance from accepted standards and guidelines for clinical care as recommended by the Specialist-in-Chief of the Department of Medicine.

#### **DMC Affiliation for No Volume or Referring Physicians**

Requesting “**Membership Only (No clinical privileges)**” status is for those practitioners that wish to obtain or maintain a DMC affiliation but do not meet the minimum qualifications as defined by the DMC and/or their clinical department.

**DELINEATION OF PRIVILEGES IN PULMONARY/CRITICAL CARE**

APPLICANT NAME: \_\_\_\_\_

**Please Print**

**PRIVILEGES REQUESTED:**

**(R)=Requested (A)=Recommend Approval as Requested (C)=Recommend with Conditions (N)=Not Recommended**

**Note** If recommendations for clinical privileges include a condition, modification or are not recommended the specific condition and reason must be stated below or on the last page of this form and be discussed with the applicant.

**Applicant: Please place a check mark in the (R) column for each privilege requested.**

**(R) (A) (C) (N)**

**MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES**

Requesting "Membership Only" status. *Do not complete the remainder of this form, Check 'R' box and go directly to Page 4, sign and submit.*

**(R) (A) (C) (N)**

**CORE PRIVILEGES IN PULMONARY MEDICINE**

Admit, work up, diagnose and provide treatment or consultative services to patients of all ages with pulmonary disorders. *Core privileges include the following procedures, which are commonly performed by Pulmonologist:*

- Management of mechanical ventilation
- Bronchoscopy: Therapeutic (Aspiration)
- Bronchoscopy: Diagnostic (with or without BAL, TBBx, TBNA)
- Cardiopulmonary exercise testing
- Evaluation and/or consultation of appropriate diagnostic radiographs
- Moderate Sedation

This procedure requires knowledge of the DMC Moderate Sedation Tier 1 Policy (and Tier 3 Children's Hospital policy for Pediatrics), acknowledgement to observe the policies and complete the Net Learning Modules on Moderate Sedation. My initials attest that I will comply with the policy and have completed the module.

\_\_\_\_\_ Initial

**These core privileges do not include any of the following special procedures:**

**(R) (A) (C) (N)**

**SPECIAL PRIVILEGES IN PULMONARY MEDICINE**

- Tube thoracostomy and management
- Endobronchial Ultrasound
- Rigid bronchoscopy
- Pulmonary stent placement
- Laser therapy
- Closed Pleural biopsy

**DELINEATION OF PRIVILEGES IN PULMONARY/CRITICAL CARE**

APPLICANT NAME: \_\_\_\_\_

**Please Print**

**(R) (A) (C) (N) CLINICAL PRIVILEGES IN PERFORMANCE OF ROBOTIC BRONCHOSCOPY**

Robotic bronchoscopy

**(R) (A) (C) (N)**

**CORE PRIVILEGES IN CRITICAL CARE MEDICINE**

Admit, work up, diagnose and provide treatment or consultative services to patients of all ages with pulmonary problems and critical care. *Core privileges include previously noted Core Pulmonary privileges and the following procedures commonly performed by an Intensivist for the critically ill patient:*

- Endotracheal intubation and airway management
- Management of mechanical ventilation
- Placement of arterial and central venous catheters
- Placement of percutaneous vascular access for pheresisi/dialysis
- Calibration, operation and interpretation of hemodynamic recording systems
- Evaluation and/or consultation of appropriate diagnostic radiographs
- Placement of pulmonary artery balloon flotation catheters
- Tube thoracostomy
- Total parenteral nutrition
- Moderate Sedation

This procedure requires knowledge of the DMC Moderate Sedation Tier 1 Policy (and Tier 3 Children’s Hospital policy for Pediatrics), acknowledgement to observe the policies and complete the Net Learning Modules on Moderate Sedation. My initials attest that I will comply with the policy and have completed the module.

\_\_\_\_\_ Initial

**These core privileges do not include any of the following special procedures:**

**(R) (A) (C) (N) SPECIAL PRIVILEGES IN CRITICAL CARE MEDICINE**

- Gastroesophageal balloon tamponade (Sengstaken-Blakemore)
- Pericardiocentesis
- Diagnostic peritoneal lavage
- Intracranial pressure monitoring
- Extracorporeal life support
- Fiberoptic bronchoscopy
- Cricothyrotomy tube placement (Seldinger technique)
- Percutaneous tracheostomy

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**Acknowledgement of Practitioner**

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**RECOMMENDATIONS**

**Service Chief / Specialist-in-Chief Recommendations:**

By my signature below, I certify that I have reviewed and evaluated the applicant’s request for clinical privileges, credentials and other supporting information, and the recommendations that has been made takes all pertinent factors into consideration.

Recommend as requested

Do not recommend

Recommend with conditions/modification as listed

\_\_\_\_\_  
Chief of Service (or designee) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Specialist-in-Chief (or designee) Signature

\_\_\_\_\_  
Date

**Joint Conference Committee Approval:**

\_\_\_\_\_  
Date

**JCC Approved 10.27.09**  
**JCC Revised 01.06.17**  
**JCC Revised 07.28.23**

DETROIT MEDICAL CENTER  
**BOARD CERTIFICATION REQUIREMENTS**

- Beginning July 1, 2009, all applicants to the DMC Medical Staff shall be Board Certified, or shall achieve Board Certification within five (5) years of completion of formal training. Relative to eligibility for board certification, completion of formal training (residency versus fellowship) is defined by the primary certification body for that specialty.
- Individual clinical department Board certification may be more stringent. If so, the department's requirements supersede the DMC minimum Board certification requirement.
- The Board certification must be in the specialty and specific practice which clinical privileges are requested.
- Board certification must be in a specialty recognized by the American Board of Medical Specialties, American Osteopathic Association, American Dental Association or the American Board of Foot and Ankle Surgery.
- If Board certification is time-limited, the applicant will have a maximum of three (3) years to achieve re-certification, beginning with the expiration date of his/her current Board Certification, or will be voluntarily resigned from the Medical Staff. DMC medical staff members on staff prior to July 1, 2009 with time-limited certification will not be required to recertify.
- DMC medical staff members who obtain certification in specialty and subspecialty categories will be required to recertify in the area(s) of certification required by the certification body
- An extension of the Board certification or re-certification requirement may be granted by the Medical Executive Committee to the applicant who has obtained an extension from the requisite Board for reasons of significant health issues or military service.
- DMC medical staff members on staff prior **to July 1, 2009**, who are not Board certified will not be required to achieve Board certification. Eligibility for the Board certification waiver requires uninterrupted DMC Medical Staff membership since July 1, 2009.
- Under special circumstances, some outstanding applicants brought to the DMC may be ineligible for Board certification. These members will be considered by their departments on an individual case-by-case basis, and review by a subcommittee of the SICs, may be granted privileges without Board certification with a majority vote of the Medical Executive Committee and the Joint Conference Committee.

JCC Approved 10.27.2017