



# Atrium Health

## IMPORTANT

Dear Applicant

Enclosed you will find the Delineation of Privileges Form specific to your specialty. This form reflects the minimum qualifications as outlined and approved by the Atrium Health Medical Staff.

- Please thoroughly review and select your desired clinical privileges. Check the box corresponding to the privileges that you are requesting. Applicants should only request those privileges where the criteria has been achieved.
- After you have selected your privileges, sign, date, and submit the **required documentation** for each privilege selected. (i.e. case logs, fellowship director letter, ACLS documentation)
- Where case logs are required, please include 1) Date of procedure, 2) Medical Record Number, 3) Procedure Type and 4) Privilege Number listed on the Delineation of Privileges Form.
- Privileges for which you have not selected or do not meet the minimum criteria cannot be performed.
- If you wish to perform privileges and do not have documentation of the minimum criteria requirements as outlined on the Delineation of Privileges Form, you will need to request permission to proctor through Medical Staff Services.
- Failure to return the Delineation of Privileges Form along with the required documentation will **delay** your start date.

If you have any questions or concerns, please contact the Medical Staff Services teammate assigned to your file.

**ATRIUM HEALTH  
PULMONARY DISEASES  
DELINEATION OF PRIVILEGES  
SPECIALTY OF INTERNAL MEDICINE AND SPECIALTY OF PEDIATRICS**

Print Name \_\_\_\_\_

	YES		NO*	I have participated in direct patient care in the hospital setting within the past two (2) years.
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\*If the answer is No, please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.

- Initial appointment     Reappointment     Updated DOP     Request for Clinical Privileges

To be eligible for core privileges in Adult Pulmonology Diseases Privileges, the applicant must meet the following qualifications:

- If the applicant is not currently subspecialty certified in Pulmonary Disease by the American Board of Internal Medicine (ABIM) or the American Osteopathic Board of Internal Medicine (AOBIM), the applicant must:
  1. Provide documentation of successful completion of an ACGME or AOA accredited Pulmonary Disease Fellowship Training Program within the past five (5) years; **AND**
  2. Verification from the Fellowship Program Director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts; **OR**
- If the applicant is currently subspecialty certified in Pulmonary Disease by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
  1. Documentation of inpatient or consultative services for at least six (6) patients during the past two (2) years;

Print Name

To be eligible for core privileges in Pediatric Pulmonary Disease Privileges, the applicant must meet the following qualifications:

- If the applicant is not currently subspecialty certified in Pediatric Pulmonary Disease by the American Board of Pediatrics (ABP), the applicant must:
  1. Provide documentation of successful completion of an ACGME or AOA accredited Pediatric Pulmonary Disease Fellowship Training Program in within the past five (5) years; **AND**
  2. Verification from the Fellowship Program Director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence in Pediatrics during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts; **OR**
- If the applicant is currently subspecialty certified in Pediatric Pulmonary Disease by the American Board of Pediatrics (ABP), the applicant must:
  1. Documentation of inpatient or consultative services for at least six (6) patients during the past two (2) years;

REFERENCE ONLY

Print Name \_\_\_\_\_

NOTE 1: Physicians must apply for "CORE" privileges in order to be eligible for clinical privileges in the specialty of Pulmonary Diseases at any facility within Atrium Health.

NOTE 2: "CORE" privileges cannot be amended or altered in any way.

NOTE 3: If "general" Internal Medicine or "general" Pediatric privileges are required, please request the appropriate additional Delineation of Privileges Forms.

NOTE 4: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

Please check appropriate blocks when applying for privileges:

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland	<b>ADULT PULMONARY DISEASES CORE PRIVILEGES</b>	
			N/A							CPUL-1	Privileges to evaluate; diagnose and treat and provide consultation to patients of all ages 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. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.

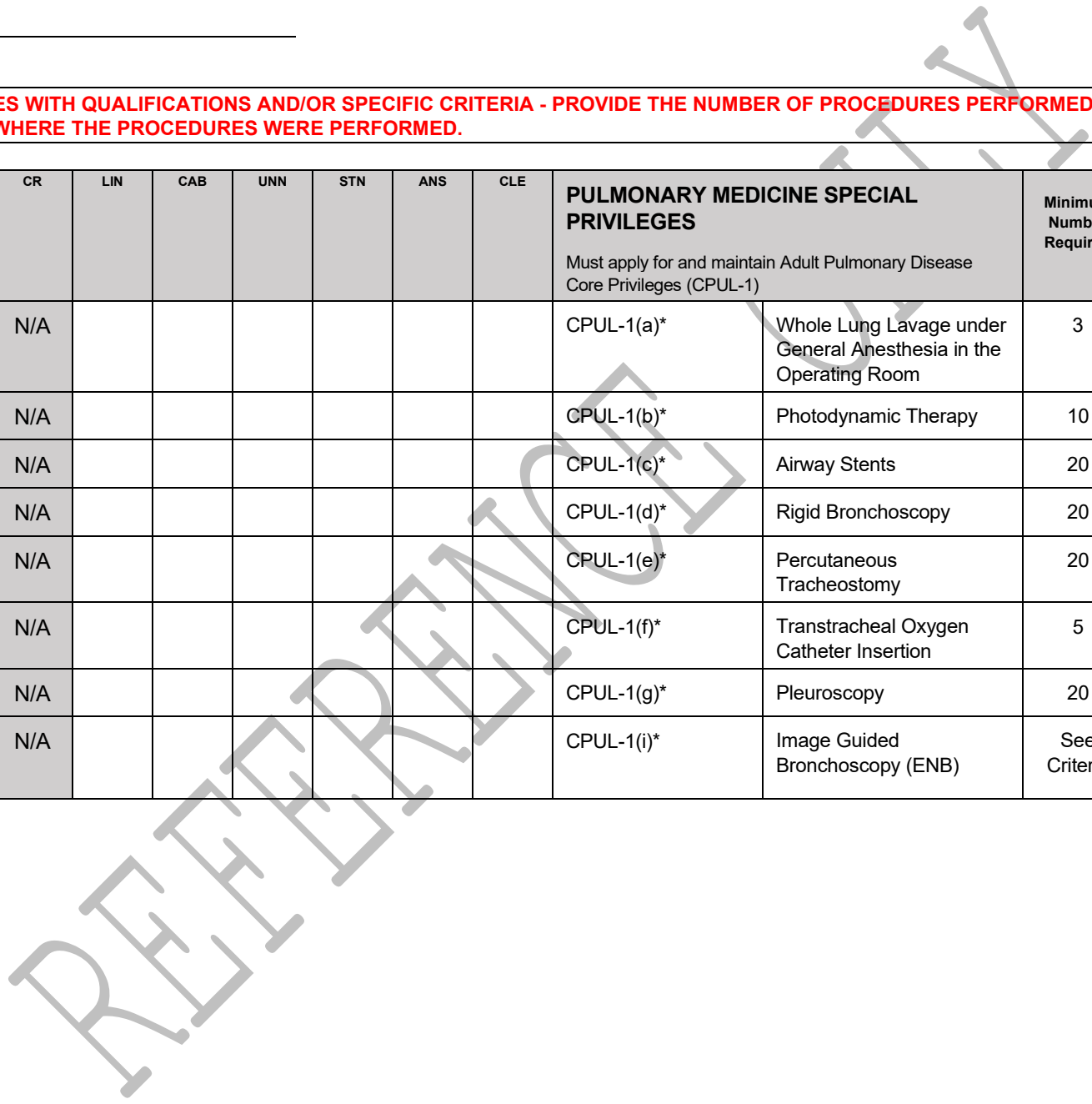
Adult Pulmonary Diseases Core Privileges include but are not limited to interpretation of pulmonary functions testing, endobronchial ultrasound (EBUS); bronchoscopy, chest tube thoracostomy, thoracentesis, insertion and management of central venous catheters, arterial lines, pleural biopsy, elective endotracheal intubation under local anesthesia or \*\*\*moderate sedation and management of the mechanical ventilation.

\*\*\*Note: Pulmonary Physicians function in accordance with the Moderate Sedation Policy and Delineation of Privileges form.

Print Name \_\_\_\_\_

**\* SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	<b>PULMONARY MEDICINE SPECIAL PRIVILEGES</b> Must apply for and maintain Adult Pulmonary Disease Core Privileges (CPUL-1)	Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A							CPUL-1(a)*	Whole Lung Lavage under General Anesthesia in the Operating Room	3	
			N/A							CPUL-1(b)*	Photodynamic Therapy	10	
			N/A							CPUL-1(c)*	Airway Stents	20	
			N/A							CPUL-1(d)*	Rigid Bronchoscopy	20	
			N/A							CPUL-1(e)*	Percutaneous Tracheostomy	20	
			N/A							CPUL-1(f)*	Transtracheal Oxygen Catheter Insertion	5	
			N/A							CPUL-1(g)*	Pleuroscopy	20	
			N/A							CPUL-1(i)*	Image Guided Bronchoscopy (ENB)	See Criteria	



Print Name \_\_\_\_\_

**\* SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	<b>PULMONARY MEDICINE SPECIAL PRIVILEGES</b>	Minimum Number Required	Number Performed Within The Past 2 Years	Location
										Must apply for and maintain Adult Pulmonary Disease Core Privileges (CPUL-1)			
	N/A	N/A	N/A							CPUL-1(j)* Bronchial Thermoplasty (BT)	See Criteria		
			N/A							CPUL-1(k)* Fiducial Marker Placement	3		
			N/A							CPUL-1(l)* Endobronchial Tumor Ablation	3		
			N/A							CPUL-1(m)* Endobronchial Occlusion Device (EOD)	5		
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CPUL-1(n)* Robotic Bronchoscopy	5		

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		<b>CORE PULMONARY DISEASE PRIVILEGES – REHABILITATION HOSPITAL SETTING ONLY</b>
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	CPUL-4	Privileges include evaluation and management, as well as procedures approved for performance within the acute rehabilitation setting, in conjunction with the comprehensive rehabilitation treatment plan.

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Print Name

To be eligible for core privileges in Interventional Pulmonology Core Privileges, the applicant must meet the following qualifications:

If the applicant is not currently subspecialty certified in Pulmonary Disease by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) the applicant must:

1. Apply for and meet the necessary criteria to be granted privileges for Adult Pulmonary Medicine Core Privileges (CPUL-1); **AND**
2. Provide documentation of successful completion of a one (1) year American Association for Bronchology and Interventional Pulmonology (AABIP) accredited Interventional Pulmonology Fellowship training program, within the past five (5) years; **AND**
3. Verification from the fellowship program director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

**OR**

If the applicant is currently subspecialty certified in Pulmonary Disease by the American Board of Medical Specialties (CABMS), the applicant must:

1. Apply for and meet the necessary criteria to be granted privileges for Pulmonary Medicine Core Privileges (CPUL-1); **AND**
2. Hold certification in Interventional Pulmonology administered by the American Association for Bronchology and Interventional Pulmonology; **OR**
2. Submit documentation of inpatient interventional pulmonology or consultative services for at least sixty (60) patients during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

Print Name \_\_\_\_\_

Please check appropriate blocks when applying for privileges:

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	<b>INTERVENTIONAL PULMONOLOGY CORE PRIVILEGES</b>
			N/A							CPUL-2 Privileges to evaluate, diagnose, and provide treatment to patients of all ages with complex, benign and malignant airway diseases, central airway obstruction, pleural diseases, and pulmonary vascular procedures.

NOTE: Interventional Pulmonology Core Privileges include rigid bronchoscopy; transbronchial needle aspiration; autofluorescence bronchoscopy; radial and convex-probe endobronchial ultrasound; transthoracic needle aspiration and biopsy; endobronchial tumor ablation using, but not limited to, LASER, electrosurgery, argon-plasma coagulation, cryotherapy, or bipolar probe; airway stent insertion and/or stent removal; balloon bronchoplasty and dilatation techniques; endobronchial radiation (brachytherapy); photodynamic therapy; endobronchial occlusion device placement for treatment of bronchopleural fistulas; fiducial marker placement, percutaneous dilatational tracheotomy; transtracheal oxygen catheter insertion; Pleuroscopy; imaging-guided thoracic interventions including image guided bronchoscopy, Endobronchial Occlusion Device (EOD).

**Reappointment Criteria for Continued Interventional Pulmonology Core (CPUL-2) Privileges:**

The Physician must submit a minimum of twenty-four (24) inpatient, outpatient or consultative Interventional Pulmonology patient services during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold Interventional Pulmonology Core privileges who are unable to document the minimum number of elements will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

**\* SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

Print Name \_\_\_\_\_

Please check appropriate blocks when applying for privileges:

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland		<b>PEDIATRIC PULMONARY DISEASES CORE PRIVILEGES</b>
			N/A							CPUL-3	Evaluate, diagnose, treat, and provide care to infants, children and adolescents with all types of conditions, disorders and diseases of the respiratory system and the lungs by using a variety of invasive and non-invasive diagnostic and therapeutic techniques. Assess, stabilize and determine the disposition of patients with emergent conditions. The core privileges in this specialty include the procedures that are extensions of the same techniques and skills.

Pediatric Pulmonary Diseases Core Privileges include performance of history and physical exams; airway management; continuous positive airway pressure (CPAP); diagnostic and therapeutic procedures, including thoracentesis, emergency cardioversion; examination and interpretation of sputum, bronchopulmonary secretions, pleural fluid, and lung tissue; flexible fiber-optic bronchoscopy procedures; inhalation challenge studies; insertion of arterial, central venous, and pulmonary artery balloon floatation catheters; management of pneumothorax (needle insertion and drainage system); operation of hemodynamic bedside monitoring systems; pulmonary function tests to assess respiratory mechanics and gas exchange, including spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis, and exercise studies; thoracostomy tube insertion and drainage, including chest tubes; use of reservoir masks and CPAP masks for delivery of supplemental oxygen humidifiers, nebulizers, and incentive spirometry; use of positive pressure modes, including initiation of: ventilatory support, including bi-level positive airway pressure, weaning and respiratory care techniques, maintenance and withdrawal of mechanical ventilatory support.

**REAPPOINTMENT CRITERIA for Continued Privileges in Pediatric Pulmonary Diseases Core (CPUL-3) Privileges:**

The Physician must submit a minimum of twenty-four (24) inpatient, outpatient or consultative Pediatric Pulmonology patient services during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any Pediatric Pulmonary Diseases Core privileges but are unable to document the minimum number of elements will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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Print Name

### **PULMONARY CRITICAL CARE MEDICINE CORE PRIVILEGES**

To be eligible for core privileges in Pulmonary Critical Care Medicine Core Privileges, the applicant must meet the following qualifications:

- If the applicant is not currently subspecialty certified in Critical Care Medicine by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) the applicant must:
  1. Provide documentation of subspecialty certification in Pulmonary Diseases; **AND**
  2. Provide documentation of successful completion of a three (3) year ACGME or AOA accredited Critical Care Medicine Fellowship training program, within the past five (5) years; **AND**
  3. Verification from the fellowship program director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

**OR**

- If the applicant is currently subspecialty certified in Pulmonary Critical Care Medicine by the American Board of Medical Specialties (ABMS), the applicant must:
  1. Provide documentation of subspecialty certification in Pulmonary Critical Care Medicine from the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA); **AND**
  2. Verification from the Department Chief where the Applicant most recently practiced documenting that the Applicant has provided inpatient critical care or consultative services for at least sixty (60) patients during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

Print Name \_\_\_\_\_

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland		<b>PULMONARY CRITICAL CARE MEDICINE CORE PRIVILEGES</b>
			N/A							CPUL-5	Privileges to evaluate, diagnose, and provide treatment to critically ill patients of all ages (inclusive of neurological or postneurosurgical, postsurgical, postcardiac/thoracic surgical care) in the ICU with multiple organ dysfunction and in need of critical care for life threatening disorders.

NOTE: Privileges include but not limited to airway maintenance, elective endotracheal intubation under local anesthesia or \*\*\*moderate sedation, fiberoptic bronchoscopy and laryngoscopy; arterial puncture, cardiopulmonary resuscitation; calculation of oxygen content, intrapulmonary shunt and alveolar arterial gradients; cardiac output determinations by thermodilution and other techniques; temporary cardiac pacemaker insertion and application; cardioversion; echocardiography and electrocardiography interpretation; evaluation of oliguria; insertion of central venous, arterial and pulmonary artery balloon flotation catheters; insertion of hemodialysis and peritoneal dialysis catheters; intracranial pressure monitoring; lumbar puncture; management of anaphylaxis and acute allergic reactions; management of life-threatening disorders in the intensive care units including but not limited to shock, coma, heart failure, trauma, respiratory arrest, drug overdose, massive bleeding, diabetic acidosis and kidney failure; management of massive transfusions; management of immunosuppressed patients; monitoring and assessment of metabolism and nutrition; needle and tube thoracostomy; paracentesis; percutaneous needle aspiration of palpable masses; percutaneous tracheostomy/cricothyrotomy tube placement; perform history and physical exam, pericardiocentesis, peritoneal dialysis, peritoneal lavage, preliminary interpretation of imaging studies, thoracentesis, tracheostomy, transtracheal catheterization, image guided procedures, use of reservoir masks, nasal prongs/canulas and nebulizers for the delivery of supplemental oxygen and inhalants, ventilator management including experience with various modes and continuous positive airway pressure therapies (BiPAP and CPAP), and wound care; intra-aortic balloon pump removal; (FAST) Confirmation of traumatic free intraperitoneal and intrathoracic fluid by Focused Assessment with Sonography for Trauma (FAST) exam; Basic Resuscitation Cardiac Ultrasound (Pericardial Effusion and Cardiac Activity) and Advanced Emergency Cardiac Ultrasound (Right Ventricle Dilation and Global Left Ventricle Function); and Emergency Ultrasound (Soft-Tissue Infection and Musculoskeletal). Provide basic care and management of patients with implantation of artificial heart and mechanical devices to support or replace the heart partially or totally. **\*\*\*Pulmonary Critical Care Physicians function in accordance with the Moderate and Deep Sedation in Adult and Pediatric Patients for Critical Care Providers Policy.**

**REAPPOINTMENT CRITERIA for Continued Pulmonary Critical Care Medicine Core (CPUL-5) Privileges:**

The Physician must submit a minimum of fifty (50) inpatient and/or consultative services over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CMC	Pine.	Univ.	CR	Lin.	NE	Union	Stanly	Anson	CLE	<b>SPECIAL PRIVILEGES</b>	Minimum Number Required	Number Performed Within The Past 2 Years	Location
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Must apply for and maintain Pulmonary Critical Care Medicine Core Privileges (CPUL-5)			
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CPUL-5(a)* Extracorporeal Membrane Oxygenation (ECMO) Management	4		

**PRIVILEGES REQUESTED BY:**

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 Atrium Health and;

I understand that:

- a) In exercising any clinical privileges granted, I am constrained by hospital 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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**CPUL-1(a) WHOLE LUNG LAVAGE UNDER GENERAL ANESTHESIA IN THE OPERATING ROOM**

**DEFINITION:** The procedure is performed in the Operating Room with Anesthesia assisting under general anesthesia. A double lumen endotracheal tube is used to isolate each lung. The involved lung is lavaged while maintaining ventilation of the other lung.

**QUALIFICATIONS:** Endotracheal intubation with double lumen tube performed by Anesthesia. Knowledge of confirming placement of the tube with bronchoscope. Knowledge regarding method of instilling lavage fluid and its recovery.

**Applicants shall present evidence of the following:**

1. Provide documentation of the successful completion of a fellowship program in Pulmonary Disease within the past two (2) years and have written documentation from the Program Director demonstrating competency in Whole Lung Lavage Under General Anesthesia In The Operating Room; **OR**
1. Provide a minimum number of three (3) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Whole Lung Lavage Under General Anesthesia In The Operating Room. You must provide documentation of proctoring for three (3) procedures.

**REAPPOINTMENT CRITERIA FOR CONTINUED PRIVILEGES:**

The Physician must submit at least one (1) cases performed over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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## **CPUL-1(b) PHOTODYNAMIC THERAPY**

**DEFINITION:** Photodynamic Therapy (PDT) is a cancer treatment method using intravenous injection of a photosensitizing agent and exposure of tumor cells to a laser light source to cause cellular damage. The clearance of photosensitizing agent occurs over a period of time (40-72 hours) in normal tissue; however, tumor cells retain the photosensitizing agent for a longer period of time. Treatment of the tumor is the result of selective retention of the photosensitizing agent and selective delivery of light.

PDT is a two-stage process. The first stage is the intravenous injection of the photosensitizing agent. Illumination with 630-nm wavelength laser light constitutes the second stage of therapy. The laser treatment induces a photochemical, not a thermal, effect. The photochemical reaction results in the release of toxic, singlet oxygen that causes tumor necrosis.

PDT should only be done for FDA approved pulmonary indications which have been approved for treatment with this modality, which includes the following:

1. Treatment of early-stage, microinvasive, endobronchial nonsmall cell lung cancer in patients for whom surgery and radiotherapy are not indicated; AND
2. Palliation of advanced lung cancer with airway obstruction.

Any routine off-label use must be addressed in a study format under the scrutiny of the Institutional Review Board of Carolinas HealthCare System. Special cases not approved by the FDA, but for which all other approved remedies have failed, should not be forbidden from treatment, but should have documentation attesting to the use of PDT as a last resort in that circumstance.

### **The applicant must meet the following:**

1. Provide documentation of the successful completion of a fellowship program in Pulmonary Disease within the past two (2) years and have written documentation from the Program Director demonstrating competency in Photodynamic Therapy; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Photodynamic Therapy. You must provide documentation of proctoring for five (5) procedures.

### **OR**

1. Provide documentation of the successful completion of a didactic course in PDT (can include a pulmonary interventional session that includes PDT among other interventions); **AND**
2. Provide a minimum number of ten (10) cases performed within the past two (2) years; **OR**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Photodynamic Therapy. You must provide documentation of proctoring for five (5) procedures.

### **REAPPOINTMENT CRITERIA FOR CONTINUED PRIVILEGES:**

The Physician must submit at least twenty (20) cases performed over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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**CPUL-1(c) AIRWAY STENTS (TO BE DONE IN A SPECIALIZED SUITE OR IN THE OPERATING ROOM UNDER GENERAL ANESTHESIA)**

**DEFINITION** – Airway Stents are devices designed to keep tubular structures open and stable. Airway stents are intended for placement in the central tracheobronchial tree. Depending on the design, they may be placed with either flexible or rigid bronchoscopes.

**CREDENTIALS:**

Should have extensive experience in flexible and rigid bronchoscopy and management of central airway lesions, and should perform at least 20 supervised procedures in a supervised setting to establish basic competency.

**Applicants shall present evidence of the following:**

1. Provide documentation of the successful completion of a fellowship program within the past two (2) years and have written documentation from the Program Director demonstrating competency in Airway Stents; **OR**
1. Provide a minimum number of twenty (20) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Airway Stents. You must provide documentation of proctoring for twenty (20) procedures.

**REAPPOINTMENT CRITERIA FOR CONTINUED PRIVILEGES:**

The Physician must submit at least ten (10) cases performed over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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**CPUL-1(d) RIGID BRONCHOSCOPY (UNDER GENERAL ANESTHESIA)**

**EXPLANATION:** Placement of a rigid or fiberoptic bronchoscope through the nasal or oral opening through the larynx into the bronchus to evaluate the upper airways.

**QUALIFICATIONS:** Knowledge of the anatomy of the head, neck and tracheobronchial tree. Skills should also include pulmonary fellowship or equivalent training with respect to these procedures and demonstrated expertise with these procedures.

**Applicants shall present evidence of the following:**

1. Provide documentation of the successful completion of a fellowship program within the past two (2) years and have written documentation from the Program Director demonstrating competency in Rigid Bronchoscopy; **OR**
1. Provide a minimum number of twenty (20) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Rigid Bronchoscopy. You must provide documentation of proctoring for twenty (20) procedures.

**REAPPOINTMENT CRITERIA FOR CONTINUED PRIVILEGES:**

The Physician must submit at least twenty (20) cases performed over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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**CPUL-1(e) PERCUTANEOUS TRACHEOSTOMY (TO BE DONE IN THE ICU OR IN THE OPERATING ROOM ONLY)**

**DEFINITION:** The procedure is balloon-facilitated percutaneous dilational tracheostomy tube placement. Percutaneous tracheostomy placement via Seldinger technique using a single dilator.

**Applicants shall present evidence of the following:**

1. Provide documentation of the successful completion of a fellowship program within the past two (2) years and have written documentation from the Program Director demonstrating competency in Percutaneous Tracheostomy; **OR**
1. Provide a minimum number of twenty (20) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Percutaneous Tracheostomy. You must provide documentation of proctoring for twenty (20) procedures.

**REAPPOINTMENT CRITERIA FOR CONTINUED PRIVILEGES:**

The Physician must submit at least twenty (20) cases performed over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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**CPUL-1(f) TRANSTRACHEAL OXYGEN CATHETER INSERTION**

**EXPLANATION:** Placement of a transtracheal catheter for the delivery of oxygen directly to the upper trachea.

**QUALIFICATIONS:** Knowledge of the anatomy of the head, neck and upper respiratory system. Skills should also include pulmonary fellowship or equivalent training with respect to these procedures and demonstrated expertise with these procedures.

**Applicants shall present evidence of the following:**

1. Provide documentation of the successful completion of a fellowship program within the past two (2) years and have written documentation from the Program Director demonstrating competency in Transtracheal Oxygen Catheter Insertion; **OR**
1. Provide a minimum number of five (5) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Transtracheal Oxygen Catheter Insertion. You must provide documentation of proctoring for five (5) procedures.

**REAPPOINTMENT CRITERIA FOR CONTINUED PRIVILEGES:**

The Physician must submit at least ten (10) cases performed over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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**CPUL-1(g) PLEUROSCOPY**

**DEFINITION:** Pleuroscopic procedures are those operations performed inside the chest using a fiberoptic scope for visualization and illumination. The procedure usually requires conscious sedation only. Indications include evaluation of spontaneous pneumothorax, preoperative staging of patients with bronchogenic carcinoma in whom pleural metastases are suspected, and evaluation of the diaphragm after trauma, evaluation of exudative pleural effusions. Therapeutic uses of pleuroscopy are limited to talc or chemical pleurodesis, or video guided chest tube placement only.

**Applicants shall present evidence of the following:**

1. Provide documentation of the successful completion of a fellowship program within the past two (2) years and have written documentation from the Program Director demonstrating competency in Pleuroscopy; **OR**
1. Provide a minimum number of twenty (20) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Pleuroscopy. You must provide documentation of proctoring for twenty (20) procedures.

**REAPPOINTMENT CRITERIA FOR CONTINUED PRIVILEGES:**

The Physician must submit at least ten (10) cases performed over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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### **CPUL-1(i) IMAGE-GUIDED BRONCHOSCOPY**

**Definition:** Image-guided bronchoscopy is a method of specialized bronchoscopy for guidance of the bronchoscope to peripheral lung lesions. Data suggests that use of image guidance results in higher diagnostic yield and lower complication rates compared to traditional bronchoscopy. The technology supporting image-guided bronchoscopy is based on virtual image synchronization, electromagnetic or shape-sensing technology. The latter technologies may be utilized with robotic bronchoscopy platforms. Indications for image-guided bronchoscopy include biopsy of peripheral lung nodules, biopsy of mediastinal lymphadenopathy or masses, and/or preoperative staging of patients with bronchogenic carcinoma in whom metastasis is suspected. Therapeutic uses of robotic bronchoscopy are fiducial marker placement to guide stereotactic radiosurgery guidance and marking peripheral lung nodules with dyes or inks for easier identification during surgical wedge resection.

#### **Applicants shall present evidence of the following:**

1. Provide documentation of the successful completion of a fellowship program within the past two (2) years and have written documentation from the Program Director demonstrating competency in Image Guided Bronchoscopy, **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Image Guided Bronchoscopy. You must provide documentation of proctoring for five (5) procedures. **OR**
1. Provide documentation of attendance at an accepted training course in the use of Electromagnetic Navigational Bronchoscopy **AND**
2. Provide a minimum number of five (5) cases performed within the past two (2) years; **OR**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Bronchoscopy. You must provide documentation of proctoring for five (5) procedures.

#### **REAPPOINTMENT CRITERIA FOR CONTINUED PRIVILEGES:**

The Physician must submit at least five (5) cases performed over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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**CPUL-1(j) BRONCHIAL THERMOPLASTY (BT)**

**Definition:** Bronchial Thermoplasty (BT) procedures are those operations performed inside the chest using a bronchoscope for visualization and illumination with the concomitant use of a thermoplasty system that delivers thermal energy to the airway wall, in a precisely controlled manner, in order to reduce excessive airway smooth muscle (ASM). Reducing airway smooth muscle decreases the ability of the airways to constrict, thereby reducing the frequency of asthma attacks.

This minimally invasive bronchoscopic procedure is performed in three outpatient procedure visits, each treating a different area of the lungs and scheduled approximately three weeks apart. After all three procedures are performed; the bronchial thermoplasty treatment is complete. No clinical data are available studying the safety and/or effectiveness of repeat treatments.

Bronchial thermoplasty is routinely performed under moderate sedation or light anesthesia, and the patient typically goes home the same day.

Bronchial thermoplasty is expected to complement asthma maintenance medications by providing long-lasting asthma control and improving asthma-related quality of life of patients with severe asthma. In addition, bronchial thermoplasty has been demonstrated to reduce severe exacerbations (asthma attacks) emergency rooms visits for respiratory symptoms, and time lost from work, school and other daily activities due to asthma.

**Applicants shall present evidence of the following:**

1. Provide documentation of the successful completion of a fellowship program within the past two (2) years and have written documentation from the Program Director demonstrating competency in Electromagnetic Navigational Bronchoscopy; **OR**
1. Provide a minimum number of five (5) cases performed within the past two (2) years; **OR**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Electromagnetic Navigational Bronchoscopy. You must provide documentation of proctoring for five (5) procedures.

**REAPPOINTMENT CRITERIA for Continued Privileges:**

The Physician must submit at least two (2) cases performed over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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### **CPUL-1(k) FIDUCIAL MARKER PLACEMENT**

**EXPLANATION:** Fiducial marker placement uses imaging guidance to place small metal objects called fiducial markers in or near a tumor in preparation for radiation therapy. The markers help pinpoint the tumor's location with greater accuracy and allow the treatment team to deliver the maximum radiation dose to the tumor while sparing healthy tissue.

**The applicant must meet the following:**

1. Provide documentation of the successful completion of a fellowship program in Pulmonary Disease within the past two (2) years and have written documentation from the Program Director demonstrating competency in Fiducial Marker Placement; **OR**
1. Provide a minimum number of three (3) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Fiducial Marker Placement. You must provide documentation of proctoring for three (3) procedures.

**REAPPOINTMENT CRITERIA for Continued Privileges:**

The Physician must submit at least two (2) cases performed over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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### **CPUL-1(l) ENDOBRONCHIAL TUMOR ABLATION**

Definition: Endobronchial tumor ablation is the destruction of abnormal tissue, usually cancerous tissue, within the tracheobronchial tree. The tumor ablation can be accomplished with a variety of tools which apply concentrated heat to the abnormal tissue causing coagulation of microvascular structures supplying the tissue and destruction of the tissue itself. Such tools include argon plasma laser, electrocautery probe, Bipolar probe, YAG laser, etc. Similar effect on the tissue can be accomplished using cryotherapy probes

**The applicant must meet the following:**

1. Provide documentation of the successful completion of a fellowship program in Pulmonary Disease within the past two (2) years and have written documentation from the Program Director demonstrating competency in Endobronchial Tumor Ablation; **OR**
1. Provide a minimum number of three (3) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Endobronchial Tumor Ablation. You must provide documentation of proctoring for three (3) procedures.

**REAPPOINTMENT CRITERIA for Continued Privileges:**

The Physician must submit at least two (2) cases performed over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

**CPUL-1(m) ENDOBRONCHIAL OCCLUSION DEVICE**

**Definition:** Endobronchial devices are small, metallic, silicone or similar valves that can be implanted in subsegmental airways using rigid or flexible bronchoscopy. They allow air out of, but not into, a corresponding lung subsegment, allowing the subsegment to empty itself of air. Endobronchial valves have been shown to be helpful in the treatment of persistent bronchopleural fistulas and in the non-surgical treatment of advanced COPD. The occlusion devices are usually removable.

**The applicant must meet the following:**

1. Provide documentation of the successful completion of a fellowship program in Pulmonary Disease within the past two (2) years and have written documentation from the Program Director demonstrating competency in Endobronchial Occlusion Device; **OR**
1. Provide a minimum number of five (5) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Endobronchial Occlusion Device. You must provide documentation of proctoring for five (5) procedures.

**REAPPOINTMENT CRITERIA for Continued Privileges:**

The Physician must submit at least three (3) cases performed over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

**CPUL-1(n)      ROBOTIC BRONCHOSCOPY**

**DEFINITION:** Robotic Bronchoscopy procedures are those operations performed inside the chest using a bronchoscope for visualization and illumination with the concomitant use of CT based navigational guidance that provides minimally invasive access to lesions deep in the lungs as well as mediastinal lymph nodes. Indications include evaluation of mediastinal adenopathy or masses, preoperative staging of patients with bronchogenic carcinoma in whom metastases is suspected. Therapeutic uses of robotic bronchoscopy are fiducial marker placement to guide stereotactic radiosurgery guidance. It can also be used to mark a peripheral lung nodule for surgical wedge resection.

**SPECIFIC SKILLS AND TRAINING REQUIRED:** Physicians should be skilled in the techniques of fiberoptic bronchoscopy and associated techniques for obtaining tissue sampling

1. Provide documentation of the successful completion of a fellowship program within the past two (2) years and have written documentation from the Program Director demonstrating competency in Robotic bronchoscopy, **OR**
1. Provide documentation of attendance of an educational course on the Use of Robotic Bronchoscopy **AND** Provide a minimum number of five (5) cases performed within the past two (2) years **OR**
1. Hold privileges for Electromagnetic Bronchoscopy **AND**
2. Provide documentation of attendance of an educational course on the Use of Robotic Bronchoscopy **OR**
3. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Robotic Bronchoscopy. You must provide documentation of proctoring for five (5) procedures.

**REAPPOINTMENT CRITERIA for Continued Privileges:**

The Physician must submit at least five (5) cases performed over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

### **CPUL-5(a) EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) MANAGEMENT**

**SHORT DEFINITION:** ECMO is the specialized technique of mechanical extracorporeal cardiac and/or respiratory support for patients with life-threatening failure of heart or lung function.

#### **SKILLS AND TRAINING NEEDED:**

1. Provide verification from the fellowship program director that the Applicant has been trained in ECMO and has participated in the management of four (4) cases within the past two (2) years;

**OR**

1. Provide documentation of certification of attendance at an ECMO Management Course indicating the completion of didactic and simulation training exercise within the past two (2) years; **AND**
2. Upon documentation of above, the Applicant must complete the Permission to be Proctored Request Form requesting to be proctored for four (4) cases of active ECMO management;

**OR**

1. Provide verification from the Chief/Chairman of the Applicant's Department that the Applicant has performed active ECMO management within the past two (2) years; **AND**
2. Provide case log documentation of successful active ECMO management of four (4) cases within the past two (2) years.

#### **REAPPOINTMENT CRITERIA FOR CONTINUED PRIVILEGES (CPUL-5(a)):**

The Physician must provide documentation of ECMO management of four (4) cases over a two (2) year period to be eligible to reapply for ECMO privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold ECMO privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for the privilege and submit a Request to Be Proctored Form.

**CASE LOG**

Physician's Name: \_\_\_\_\_

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

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CPUL-1(a))
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