

ST. DAVID'S MEDICAL CENTER
PULMONOLOGY -
Special, Invasive, Diagnostic, or High-Risk Procedure Requirements

Special Privileges and training/volume requirements:

If a practitioner is unable to provide documentation of current competence as required in the following criteria, whether via training or case log documentation, the practitioner may receive a recommendation for conditional approval of the privilege requiring proctoring for (x) number of cases by a practitioner who is currently approved / privileged to perform the procedure being requested. The number of cases for proctoring will be recommended by the Department Chairman and approved by the Board of Directors.

Proctors Defined:

All proctors must be credentialed in pulmonary medicine and must hold unrestricted privileges for the specific procedure which is being requested. The proctor may be allowed to first assist. The proctor must also sign and fully adhere to the proctoring agreement, complete an evaluation after each proctored case, and after the completion of the number of cases for which proctoring is recommended determine if further proctoring is recommended or if the applicant has successfully completed proctoring. Additional proctoring may be required at the discretion of the Department Chair. (See "Proctoring Review & Recommendations" below).

Proctoring Review & Recommendations:

The Department Chair will base his/her recommendations on the review of the proctor evaluations. After completion of the required proctored cases the department chair must review the operative notes, discharge summaries on inpatient cases, and proctor evaluations and make a recommendation to the Credentials Committee (or to the Medical Executive Committee, at Heart Hospital Campus) as to whether FPPE (100% review of the next five [5] cases) should proceed. After completion of FPPE the Department Chair will recommend whether full privileges should be granted, further proctoring is recommended, or the privilege should be denied.

Proctoring outside of SDMC:

Cases proctored during Fellowship training or at another accredited hospital during the immediate past two years may be included in meeting this requirement.

Credentialing Criteria:

Percutaneous Dilatational Tracheostomy

Initial Credentialing Requirements:

- Documentation of completion of an approved post-graduate residency program in pulmonary medicine that included, as a portion of training and education, direct experience in PDT.
OR,
- If training in PDT was not part of the physician's specialty or subspecialty training, the applicant must demonstrate participation in at least one CME course addressing the technical, cognitive, and mechanical aspects of the procedure and exposing the student to potential complications.
OR,
- the applicant must have prior experience in the performance of conventional tracheostomies,

AND,

In addition to the requirements above, the applicant must be proctored for the first three (3) cases by a fully-trained surgeon or pulmonologist who has privileges in the procedure and has performed at least fifteen (15) such procedures.

After completion of the required proctored cases the department chair must review the operative notes, discharge summaries on inpatient cases, and proctor evaluations and make a recommendation to the credentials committee as to whether FPPE (100% review of the next five [5] cases) should proceed. After completion of FPPE the Department Chair will recommend whether unrestricted privileges should be granted, further proctoring is recommended, or the privilege should be denied.

Waiving of Proctoring for PDT: If the applicant is credentialed in PDT at another accredited hospital, provides case logs, AND provides a letter from that hospital stating that the physician holds unrestricted PDT privileges and is not under review for said privileges, proctoring may be waived at the discretion of the Department Chief based on this data. Other requests for waiver will be considered on a case by case basis at the discretion of the Department Chief and Medical Executive Committee.

Recredentialing Requirements:

- Case logs must be submitted documenting number of procedures performed during past two years. In the absence of case logs from this facility** documentation of current clinical competence as evidenced through a letter from the hospital or the appropriate department chair where the applicant does perform the procedure, attesting to his/her current competence / unrestricted privilege to perform this procedure.

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Endobronchial Ultrasound

Initial and Recredentialing Requirements:

- Documentation of completion of an approved training course for endobronchial ultrasound in prior 2 years AND practitioner must successfully complete proctoring of five (5) procedures by an appropriately privileged physician.
OR,
- Documentation of the successful performance of at least ten (10) procedures in prior 2 years
OR,
- If 10 procedures in prior 2 years are not achieved, practitioner must successfully complete proctoring of one (1) procedure by an appropriately privileged physician.
OR,
- If unable to demonstrate training or performance in the prior 2 years, practitioner must successfully complete proctoring of five (5) procedures by an appropriately privileged physician.

Clinical Ultrasound in the Critical Care Setting

- See attached criteria sheet.

Electromagnetic Navigation Bronchoscopy – Super Dimensions (ENB)

Initial Credentialing Requirements:

- Applicant must be board certified/eligible in Pulmonary Medicine or Thoracic Surgery;
AND
- Applicant must have basic Bronchoscopy privileges;
AND
- Applicant must provide proof of training during fellowship OR documentation of vendor certification on the ENB system;
AND
- Applicant must provide documentation of performance of 5 procedures per year. If applicant has no prior experience, the applicant must be proctored on a minimum of 5 cases by a vendor certified expert

Recredentialing Requirements:

- Practitioner must provide documentation of performance of 5 procedures per year (10 in 24 months).

Temporary Mechanical Circulatory Support (MCS) /Extracorporeal Life Support (ECLS) Patient Management

Minimum Training: Successful completion of AGME-approved fellowship in Cardiothoracic Surgery, Interventional Cardiology, or Pulmonary Critical Care and meet the threshold criteria for privileges. Board certified in Cardiothoracic Surgery, Interventional Cardiology, Heart Failure Cardiology and Critical Care.

Initial Appointment Requirements

a) **Pathway One**

- Completed fellowship training within previous twelve (12) months.
- Evidence that fellowship program specifically included temporary MCS/ECLS Patient Management training with a letter from the Program Director and evidence of management of at least ten (10) temporary MCS/ECLS patients in the previous twenty-four (24) months.

b) **Pathway Two**

- Privileged to perform temporary MCS/ECLS Patient Management at another TJC accredited facility.
- Documentation of performance as primary provider of at least ten (10) temporary MCS/ECLS patients within the previous twenty-four (24) months.

Pathway Three

- Provide a certification of completion of a temporary MCS/ECLS course approved by the MCS Medical Director.
- Documentation of observation of the management of three (3) adult temporary MCS/ECLS patients in the previous twelve (12) months.
- First three (3) patient management cases proctored.

Reappointment Requirements

- Must provide primary, independent care of at minimum of ten (10) temporary MCS/ECLS patients AND at least thirty (30) days of temporary MCS/ECLS patient care within the past twenty-four (24) months.
- Documentation from the facility program director to be provided with each reappointment; OR
- Documentation of successful completion of a temporary MCS/ELCS patient management course in the past 24 months.