ATRIUM HEALTH
DELINEATION OF PRIVILEGES
SPECIALTY OF EMERGENCY MEDICINE

_____
Print Name

	YES		NO	I have participated in direct patient care in the hospital setting within the past two (2) years.

**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 Emergency Medicine, the applicant must meet the following qualifications:

☐ If the applicant is not currently certified in Emergency Medicine by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) the applicant must:

1. Provide documentation of successful completion of an ACGME or AOA accredited Emergency Medicine training program, within the past five (5) years; **AND**

2. Demonstrate sufficient experience in Emergency Medicine skills to safely undertake the full spectrum of the Emergency Medicine procedures being requested. Experience must include evidence of current clinical competence during the past two (2) years. Applicants have 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 certified in Emergency Medicine by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:

1. Documentation of active practice during the past two (2) years in an Emergency Department with a census equal to or exceeding three thousand (3,000) patient visits annually (which may include Residency training).

☐ Carolinas HealthCare System Kings Mountain applicants may be eligible for Core General Emergency Medicine privileges by meeting the following qualifications:

1. Documentation of active practice during the past two (2) years in an Emergency Department with a census equal to or exceeding three thousand (3,000) patient visits annually (which may include Residency training).

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Print Name

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

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

NOTE 3: 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	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		EMERGENCY MEDICINE CORE PRIVILEGES
			N/A								CEMD-1	Privileges to assess, evaluate, diagnose and provide initial treatment to patients of all age groups, except as specifically excluded from practice, who present in the Emergency Department with any symptom, illness, injury or condition; to provide services necessary to ameliorate minor illnesses or injuries and stabilize patients with major illnesses or injuries; and to assess all patients to determine whether additional care is necessary. PLEASE NOTE - privileges do not include long-term care of patients on an inpatient basis, or admitting or performing scheduled elective procedures with the exception of procedures performed during routine Emergency Department follow-up visits.

NOTE: Privileges include but are not limited to abscess incision and drainage, including Bartholin's cyst; Administration of thrombolytic therapy for myocardial infarction, pulmonary embolism, and/or stroke; Anoscopy; Application of splints and plaster fiberglass or similar molds; Arterial puncture and cannulations; Arthrocentesis and joint injection; Regional anesthesia defined as peripheral nerve, field and Bier blocks using local anesthetics for the purpose of providing anesthesia to perform invasive procedures or manage acute pain; Bladder decompression and catheterization techniques; Blood component transfusion therapy; Burn management, including escharotomy; Cannulation, artery and vein; Cardiac pacing, including, but not limited to, external, transthoracic and tranvenous; Cardiac massage, open or closed; Cardioversion (synchronized counter shock); Central venous access (femoral, jugular, peripheral, internal jugular, subclavian, and cutdowns); Cricothyrotomy; Defibrillation (internal or external); Delivery of newborn, emergency; Dislocation/fracture reduction/immobilization techniques; Electrocardiography interpretation; Endotracheal intubation techniques; GI decontamination (emesis, lavage, charcoal); Hernia reduction; Immobilization techniques; Irrigation and management of caustic exposures; Insertion of emergency transvenous pacemaker; Intracardiac injection; Intraosseous infusion; Laryngoscopy, direct and indirect; Lumbar puncture; Management of epistaxis; Nail trephine techniques; Nasal cautery/packing; Nasogastric/orogastric intubation; Ocular tonometry; Oxygen therapy; Paracentesis; Pericardiocentesis, emergency only; Peripheral venous cutdown; Peritoneal lavage or tap; Preliminary interpretation of plain films; Removal of foreign bodies from soft tissues airway, including nose, eye, ear, rectum and vagina; soft instrumentation/ irrigation, skin, or subcutaneous tissue; Removal of IUD; Repair of lacerations; Resuscitation, all ages; Slit lamp used for ocular exam, removal of corneal foreign body; Splint or cast application after reduction of fracture or dislocation; Spine immobilization; Thoracentesis;, Thoracostomy tube or catheter insertion; Thoracotomy, open for patients in extremis; use of manual and mechanical ventilators and resuscitators; wound debridement and repair; moderate and deep sedation in accordance to sedation policy; Confirmation of intrauterine pregnancy by pelvic ultrasound; (FAST) Confirmation of traumatic free intraperitoneal and intrathoracic fluid by Focused Assessment with Sonography for Trauma (FAST) exam; (AAA) Confirmation of presence of abdominal aortic aneurysm by focused abdominal sonography; Basic Resuscitation Cardiac Ultrasound (Pericardial Effusion and Cardiac Activity) and Advanced Emergency Cardiac Ultrasound (Right Ventricle Dilation and Global Left Ventricle Function); Emergency Ultrasound (Ocular for use in evaluation of Intraocular Pathology excluding Optic Nerve Measurements); Emergency Ultrasound (Soft-Tissue Infection and Musculoskeletal)

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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	Pine.	Univ.	CR	Lin.	NE	Union	Stanly	Anson	Cle.	KM	GENERAL EMERGENCY MEDICINE SPECIAL PRIVILEGES Must apply for and maintain Emergency Medicine Core Privileges (CEMD-1)		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	CEMD-1(a)*	Emergency Ultrasound – Biliary (Cholecystitis and Cholelithiasis)	50		
	N/A**	N/A**	N/A	N/A**	N/A**	N/A**		N/A**	N/A	N/A	CEMD -1(b)*	Emergency Ultrasound – Urinary Tract (Hydronephrosis and bladder size)	50		
	N/A**	N/A**	N/A	N/A**	N/A**	N/A**		N/A**	N/A	N/A	CEMD -1(c)*	Emergency Ultrasound – DVT	50		
	N/A**	N/A**	N/A	N/A**	N/A**	N/A**		N/A**	N/A	N/A	CEMD -1(d)*	Emergency Ultrasound – Thoracic	25		
	N/A**	N/A**	N/A	N/A**	N/A**	N/A**		N/A**	N/A	N/A	CEMD -1(e)*	Emergency Ultrasound – Bowel	25		

**Due to contractual restrictions, these privileges cannot be granted at this time.

Maintenance Criteria for Continued Special Privileges (CEMD-1(a-c)):
The Physician must submit a minimum of ten (10) cases over the past two (2) years for each ultrasound privileges held, based on acceptable results of ongoing professional practice evaluation and outcomes, and five (5) ultrasound related Category I or II CME hours over the past two (2) years 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.

Maintenance Criteria for Continued Special Privileges (CEMD-1(d-e)):
The Physician must submit a minimum of two (2) cases over the past two (2) years for each ultrasound privileges held, 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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Print Name

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

o If the applicant is not currently subspecialty certified in Emergency Medicine-Anesthesiology Critical Care Medicine or Emergency Medicine-Internal Medicine-Critical Care Medicine by the American Board of Medical Specialties (ABMS), the applicant must:

1. Provide documentation of certification in Emergency Medicine; **AND**
2. Provide documentation of successful completion of a ACGME accredited Emergency Medicine-Anesthesiology Critical Care Medicine or Emergency Medicine-Internal Medicine-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

o If the applicant is currently subspecialty certified in Emergency Medicine-Anesthesiology Critical Care Medicine or Emergency Medicine-Internal Medicine-Critical Care Medicine by the American Board of Medical Specialties (ABMS), the applicant must:

1. Provide documentation of subspecialty certification in Emergency Medicine-Anesthesiology Critical Care Medicine or Emergency Medicine-Internal Medicine-Critical Care Medicine from the American Board of Medical Specialties (ABMS); **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.

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		**CRITICAL CARE EMERGENCY MEDICINE CORE PRIVILEGES**
			N/A								CEMD-2	Privileges to evaluate, diagnose, and provide treatment to critically ill patients, both adult and young adult, (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 intubation (including direct laryngoscopy and fiberoptic laryngoscopy); arterial puncture and arterial line placement; arterial balloon catheter insertion; bladder catheterization; calibration and operation of hemodynamic recording systems; cardiac output determinations by thermodilution and other techniques (including arterial and pulmonary artery balloon flotation catheters); cardiac temporary pacemaker insertion and application; cardiopulmonary resuscitation; calculation of oxygen content; cardioversion; electrocardiogram interpretation; insertion and management of chest tubes including pig tail catheters and draining systems, needle insertion and drainage systems; insertion of central venous catheters; insertion of hemodialysis catheters; interpretation of intracranial pressure monitoring; lumbar puncture; paracentesis; percutaneous needle aspiration of joints and superficial fluid collections; thoracentesis; trans tracheal catheterization; ultrasound guided venous catheter placement; ventilator management (both invasive and non-invasive); endotracheal intubation techniques; including experience with various modes; intra-aortic balloon pump removal; moderate and deep sedation in accordance to sedation policy; (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).

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Print Name

Maintenance Criteria for Continued Critical Care Emergency Medicine Core (CEMD-2) 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.	KM	SPECIAL PRIVILEGES Must apply for and maintain Critical Care Emergency Medicine Core Privileges (CEMD-2)		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	N/A	CEMD-2(a)*	Extracorporeal Membrane Oxygenation (ECMO) Management	4		
			N/A								CEMD-2(b)*	Elective Percutaneous Tracheostomy and Tube Placement	20		
			N/A								CEMD-2(c)*	Flexible Bronchoscopy (not including biopsies)	15		

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Print Name

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

CEMD-1(a) EMERGENCY ULTRASOUND - BILIARY

SHORT DEFINITION **-** Emergency Biliary ultrasound – focused US of the gallbladder and the common bile duct per ACEP Imaging Criteria (Cholecystitis and Cholelithiasis).

SKILLS AND TRAINING NEEDED - The applicant must meet the following:

1 Completed Accredited Emergency Medicine Residency approved by ACGME or AOA within the past five (5) years to include documentation that an Emergency Ultrasound or Emergency Medicine residency director verified successful completion of a training program where emergency biliary ultrasound was included as a part of the training program. Verification can include any of the following: 1) the form of a residency letter, 2) procedure logs, 3) confirmation of attendance at a course and minimum number of US examination performed or 4) proctored session and "sign off" by ultrasound of five (5) cases with ultrasound director. Verification will be judged by the Chief of the Department, or credentialed ED Ultrasound Director, or their designee based on national ACEP guidelines.; **AND**

2 Provide documentation of a minimum of two hundred (200) lifetime ultrasound case, not including biliary studies.

OR

1 Certification in Emergency Medicine (American Board of Emergency Medicine or the American Osteopathic Association); **AND**

2 Successful completion of an Introductory Emergency Medicine Ultrasound Course as set out in the American College of Emergency Physicians (ACEP) Emergency Ultrasound Guidelines 2008; **AND**

3 Documentation of successful performance of a minimum of fifty (50) biliary ultrasounds on patients in the Emergency Department. Cases will be reviewed by Chief of the Department or their designee and compared to other imaging tests, operative procedures or patient outcome. After initial training, proctoring may consist of over-reading by the US Director or designee, comparison with other imaging test or operative procedure, or clinical follow-up. If the physician had privileges at another hospital for urinary tract US, they must show the credentials or proof of performing of 25 satisfactory US as determined by the chief or US director at that hospital.; **AND**

4 Provide documentation of a minimum of two hundred (200) lifetime ultrasound cases to include other applications.

CEMD-1(b) EMERGENCY ULTRASOUND – URINARY TRACT

SHORT DEFINITION **-** Emergency Urinary Tract Ultrasound – focused US of the kidneys and bladder per ACEP Imaging Criteria (Hydronephrosis and bladder size).

SKILLS AND TRAINING NEEDED - The applicant must meet the following:

1 Completed Accredited Emergency Medicine Residency approved by ACGME or AOA within the past five (5) years to include documentation that an Emergency Ultrasound or Emergency Medicine residency director verified successful completion of a training program where emergency urinary tract ultrasound was included as a part of the training program. Verification can include any of the following: 1) the form of a residency letter, 2) procedure logs, 3) confirmation of attendance at a course and minimum number of US examination performed or 4) proctored session and "sign off" by ultrasound of five (5) cases with ultrasound director. Verification will be judged by the Chief of the Department, or credentialed ED Ultrasound Director, or their designee based on national ACEP guidelines; **AND**

2 Provide documentation of a minimum of two hundred (200) lifetime ultrasound cases, not including urinary tract studies.

OR

1 Certification in Emergency Medicine (American Board of Emergency Medicine or the American Osteopathic Association); **AND**

2 Successful completion of an Introductory Emergency Medicine Ultrasound Course as set out in the American College of Emergency Physicians (ACEP) Emergency Ultrasound Guidelines 2008; **AND**

3 Documentation of successful performance of a minimum of fifty (50) urinary tract ultrasounds on patients in the Emergency Department. Cases will be reviewed by Chief of the Department or their designee and compared to other imaging tests, operative procedures or patient outcome. After initial training, proctoring may consist of over-reading by the US Director or designee, comparison with other imaging test or operative procedure, or clinical follow-up. If the physician had privileges at another hospital for urinary tract US, they must show the credentials or proof of performing of 25 satisfactory US as determined by the chief or US director at that hospital.; **AND**

4 Provide documentation of a minimum of two hundred (200) lifetime ultrasound cases to include other applications.

CEMD-1(c) EMERGENCY ULTRASOUND - DVT

SHORT DEFINITION **-** Emergency Deep Venous Thrombosis ultrasound – focused US of the venous system for DVT per ACEP Imaging Criteria

SKILLS AND TRAINING NEEDED - The applicant must meet the following:

1 Completed Accredited Emergency Medicine Residency approved by ACGME or AOA within the past five (5) years to include documentation that an Emergency Ultrasound or Emergency Medicine residency director verified successful completion of a training program where emergency DVT ultrasound was included as a part of the training program. Verification can include any of the following: 1) the form of a residency letter, 2) procedure logs, 3) confirmation of attendance at a course and minimum number of US examination performed or 4) proctored session and "sign off" by ultrasound of five (5) cases with ultrasound director. Verification will be judged by the Chief of the Department, or credentialed ED Ultrasound Director, or their designee based on national ACEP guidelines.; **AND**

2 Provide documentation of a minimum of two hundred (200) lifetime ultrasound cases, not including DVT studies.

OR

1 Certification in Emergency Medicine (American Board of Emergency Medicine or the American Osteopathic Association); **AND**

2 Successful completion of an Introductory Emergency Medicine Ultrasound Course as set out in the American College of Emergency Physicians (ACEP) Emergency Ultrasound Guidelines 2008; **AND**

3 Documentation of successful performance of a minimum of fifty (50) DVT ultrasounds on patients in the Emergency Department. Cases will be reviewed by Chief of the Department or their designee and compared to other imaging tests, operative procedures or patient outcome. After initial training, proctoring may consist of over-reading by the US Director or designee, comparison with other imaging test or operative procedure, or clinical follow-up. If the physician had privileges at another hospital for DVT US, they must show the credentials or proof of performing of 25 satisfactory US as determined by the chief or US director at that hospital.; **AND**

4 Provide documentation of a minimum of two hundred (200) lifetime ultrasound cases to include other applications.

CEMD-1(d) EMERGENCY ULTRASOUND – THORACIC

SHORT DEFINITION **-** Emergency Thoracic Ultrasound – focused US of the thoracic cavity to determine pleural fluid, pneumothorax, and increased interstitial lung fluid in **non-traumatic** conditions per ACEP Imaging Criteria

SKILLS AND TRAINING NEEDED - The applicant must meet the following:

1 Completed Accredited Emergency Medicine Residency approved by ACGME or AOA within the past five (5) years to include documentation that an Emergency Ultrasound or Emergency Medicine residency director verified successful completion of a training program where emergency thoracic ultrasound was included as a part of the training program. Verification can include any of the following: 1) the form of a residency letter, 2) procedure logs, 3) confirmation of attendance at a course and minimum number of US examination performed or 4) proctored session and "sign off" by ultrasound of five (5) cases with ultrasound director. Verification will be judged by the Chief of the Department, or credentialed ED Ultrasound Director, or their designee based on national ACEP guidelines.

OR

1 Completed Accredited Emergency Medicine Residency approved by ACGME or AOA within the past five (5) years; **AND**

2 Successful completion of an Introductory Emergency Medicine Ultrasound Course as set out in the American College of Emergency Physicians (ACEP) Emergency Ultrasound Guidelines 2008; **AND**

3 Documentation of successful performance of a minimum of twenty-five (25) thoracic ultrasounds on patients in the Emergency Department. Cases will be reviewed by Chief of the Department or their designee and compared to other imaging tests, operative procedures or patient outcome. After initial training, proctoring may consist of over-reading by the US Director or designee, comparison with other imaging test or operative procedure, or clinical follow-up. If the physician had privileges at another hospital for thoracic US, they must show the credentials or proof of performing of 25 satisfactory US as determined by the chief or US director at that hospital.

CEMD-1(e) EMERGENCY ULTRASOUND - BOWEL

SHORT DEFINITION **-** Emergency Bowel ultrasound – focused US of the bowel to determine bowel dilation, wall thickness, free fluid, constriction or peristalsis.

SKILLS AND TRAINING NEEDED - The applicant must meet the following:

1 Completed Accredited Emergency Medicine Residency approved by ACGME or AOA within the past five (5) years to include documentation that an Emergency Ultrasound or Emergency Medicine residency director verified successful completion of a training program where emergency bowel ultrasound was included as a part of the training program. Verification can include any of the following: 1) the form of a residency letter, 2) procedure logs, 3) confirmation of attendance at a course and minimum number of US examination performed or 4) proctored session and "sign off" by ultrasound of five (5) cases with ultrasound director. Verification will be judged by the Chief of the Department, or credentialed ED Ultrasound Director, or their designee based on national ACEP guidelines.

OR

1 Completed Accredited Emergency Medicine Residency approved by ACGME or AOA within the past five (5) years; **AND**

2 Successful completion of an Introductory Emergency Medicine Ultrasound Course as set out in the American College of Emergency Physicians (ACEP) Emergency Ultrasound Guidelines 2008; **AND**

3 Documentation of successful performance of a minimum of twenty-five (25) bowel ultrasounds on patients in the Emergency Department. Cases will be reviewed by Chief of the Department or their designee and compared to other imaging tests, operative procedures or patient outcome. After initial training, proctoring may consist of over-reading by the US Director or designee, comparison with other imaging test or operative procedure, or clinical follow-up. If the physician had privileges at another hospital for bowel US, they must show the credentials or proof of performing of 25 satisfactory US as determined by the chief or US director at that hospital.

CEMD-2 (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.

MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES (CEMD-2 (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.

CEMD-2 (b) ELECTIVE PERCUTANEOUS TRACHEOSTOMY AND TUBE PLACEMENT (TO BE DONE IN THE ICU OR IN THE OPERATING ROOM ONLY)

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

CREDENTIALS:

Credentials to perform Percutaneous Tracheostomy should include:

1. Provide verification from the fellowship program director that the Applicant has been trained and has participated in Elective Percutaneous Tracheostomy and Tube Placement for minimum of twenty (20) procedures within the past two (2) years; **OR**

1. Provide verification from the Department Chief where the Applicant most recently practiced documenting that the Applicant has successfully performed a minimum of twenty (20) Elective Percutaneous Tracheostomy and Tube Placement procedures within the past two (2) years; **OR**

1. The Applicant must complete the Permission to be Proctored Request Form requesting to be proctored for at least twenty (20) procedures cases.

MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES (CEMD-2 (b)):
The physician must perform ten (10) cases over a two (2) year period to be eligible to reapply for Percutaneous Tracheostomy privileges. This will be reviewed at the time of the physician's reappointment.

CEMD-2 (c) FLEXIBLE BRONCHOSCOPY (not including biopsy)

DEFINITION: Flexible bronchoscopy is a medical procedure in which a cylindrical fiberoptic scope, bronchoscope, is inserted into the airways. The instrument contains a light and an eyepiece that allows the visual examination of the lower airways. The procedure is used to examine the mucosal surface of the airways for abnormalities that might be associated with a variety of lung diseases. Its use includes the visualization of airway obstructions such as a tumor, or the collection of specimens for the diagnosis of cancer originating in the bronchi of the lungs (bronchogenic cancer).

CREDENTIALS:

Credentials to perform Flexible Bronchoscopy should include:

1. Provide verification from the fellowship program director that the Applicant has been trained and has participated in a minimum of fifteen (15) Flexible Bronchoscopy procedures within the past two (2) years; **OR**

1. Provide verification from the Department Chief where the Applicant most recently practiced documenting that the Applicant has successfully performed a minimum of fifteen (15) Flexible Bronchoscopy procedures within the past two (2) years; **OR**

1. Complete the Permission to be Proctored Request Form requesting to be proctored for at fifteen (15) cases.

MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES (CEMD-2 (c)):
Perform a minimum of ten (10) Flexible Bronchoscopies procedures over a two (2) year period to be eligible to reapply for privileges. This will be reviewed at the time of reappointment.

CASE LOG

Physician's Name: _____ **Date: _____**

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