



Clinical Privileges Profile Sleep Medicine

Kettering Medical Center System

Kettering Medical Center Sycamore Medical Center

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

[Department Chair/Chief]: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

- Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR SLEEP MEDICINE

To be eligible to apply for core privileges in sleep medicine, the initial applicant must meet the following criteria:

1. Minimum formal training: Applicants must demonstrate successful completion of an ACGMS/AOA accredited postgraduate training program in a primary medical specialty such as pulmonology, psychiatry, pediatrics, otolaryngology, neurology or internal medicine.
2. Successful completion of a postgraduate sleep medicine training accredited by the AASM or ACGME, or Board Certification in Sleep Medicine. Otherwise, applicants must be able to demonstrate that they have successfully evaluated at least 400 sleep medicine patients, including 200 new patients and 200 follow-up patients, in addition to the successful interpretation/review of raw data for 200 PSGs and 25 MSLTs.
3. For new applicants to medical staff, not yet Board Certified, a letter of reference must come from the director of the applicant’s sleep medicine training program. Alternatively, a letter of reference regarding competence should come from the chief of sleep medicine at the institution where the applicant most recently practiced.

Reappointment requirements: To be eligible to renew core privileges in sleep medicine, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing

professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES

SLEEP MEDICINE CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, provide consultation, and treat patients of all ages, presenting with conditions or disorders of sleep, (e.g., sleep-disordered breathing, circadian rhythm disorders, insomnia, parasomnias, narcolepsy, restless leg syndrome). May provide care to patients in the intensive care setting in conformance with unit policies. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

CORE PROCEDURE LIST

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

To the applicant: If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date.

1. Actigraphy
2. Home/ambulatory testing
3. Maintenance of wakefulness testing (MWT)
4. Monitoring with interpretation of EKG, EEG, EOG, EMG+, Flow, O2 saturation, leg movements, thoracic and abdominal movement, CPAP/BiPAP titration
5. Multiple sleep latency testing (MSLT)
6. Oximetry
7. Perform history and physical exam
8. Polysomnography (PSG) (including sleep stage scoring)
9. Sleep log interpretation

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at Hospital, 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 situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature: _____

Date: _____

CLINICAL SERVICE CHIEF'S RECOMMENDATION

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

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

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

Notes

Clinical Service Chief Signature: _____ **Date:** _____

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee action **Date:** _____

Medical Executive Committee action **Date:** _____

Board of Directors action **Date:** _____