Facility: UPMC Horizon

Specialty: MEDICINE

<table>
<thead>
<tr>
<th>KNOWLEDGE</th>
<th>Successful Completion of an ACGME/AOA, accredited program</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRAINING</td>
<td>The successful completion of an approved (ACGME/AOA) post graduate residency program in Internal Medicine</td>
</tr>
<tr>
<td>CERTIFICATION</td>
<td>Board Certification per Policy on Appointment, Reappointment, and Clinical Privileges of UPMC Horizon.</td>
</tr>
</tbody>
</table>

**ALLERGY IMMUNOLOGY**

**Post Graduate training:**
- The successful completion of an approved (*) postgraduate residency program in **PEDIATRICS OR INTERNAL MEDICINE**.
- Successful completion of an approved fellowship in: **Allergy/Immunology**.
- The applicant must provide documentation of his/her training and experience from the director of the residency and/or fellowship program.

**Board Certification:**
- Board Certification per Policy on Appointment, Reappointment, and Clinical Privileges of UPMC Horizon.

**CARDIOLOGY**

**Post Graduate training:**
- The successful completion of an approved postgraduate residency program in **INTERNAL MEDICINE**.
- Successful completion of an approved fellowship (if applicable) in his/her subspecialty.
- The applicant must provide documentation of his/her training and experience from the director of the residency and/or fellowship program.

**Board Certification:**
- Board Certification per Policy on Appointment, Reappointment, and Clinical Privileges of UPMC Horizon.

**If the following privileges are requested, they must be approved by the section leader of radiology:** (must provide documentation of education, training, experience, and current clinical competency)
- Echocardiography interpretation
- Stress Muga studies interpretation
- Transesophageal echocardiography
- Nuclear Stress Testing interpretation
### EKG INTERPRETATION

**EDUCATION:**
MD or DO

**TRAINING:**
3 or more years of approved post-graduate training in Internal Medicine, Family Practice, Emergency Medicine OR 2 or 3 years cardiology fellowship training.

**OR**

**BOARD CERTIFIED:**
In Internal Medicine, Family Practice, Emergency Medicine or Cardiology.

**EXPERIENCE:**
100 EKG's interpreted during the past 12 months and no quality issues associated with EKG interpretations.

If an applicant cannot provide evidence of EKG Interpretation competency during the past 12 months as stated above, the applicant must successfully complete [scored through ACC] the American College of Cardiology EKG home study course. The privilege to interpret EKG’s will be provisional and the first 25 inpatient EKG’s will be proctored.

The Credentials committee will be notified of the successful completion of the Provisional Period indicating the proficiency of the applicant in EKG Interpretations.

**UNSATISFACTORY PROVISIONAL PERIOD:**

The applicant will be notified of unsatisfactory EKG Interpretations. Additional education will be required and proctoring will continue until the applicant reaches a satisfactory level of competence.

**PROCTORING WILL BE THE RESPONSIBILITY OF THE ACTIVE STAFF Cardiologists.** [The Vice Presidents of Medical Affairs may be alternate proctors if a cardiologist is unavailable.]

### DERMATOLOGY

**Post Graduate training:**
- The successful completion of an approved postgraduate residency program in DERMATOLOGY
- Successful completion of an approved fellowship (if applicable) in his/her subspecialty.
- The applicant must provide documentation of his/her training and experience from the director of the residency and/or fellowship program.

**Board Certification:**
- Board Certification per Policy on Appointment, Reappointment, and Clinical Privileges of UPMC Horizon.

### ENDOCRINOLOGY

**Post Graduate training:**
- The successful completion of an approved postgraduate residency program in INTERNAL MEDICINE.
- Successful completion of an approved fellowship (if applicable) in his/her subspecialty.
<table>
<thead>
<tr>
<th>Board Certification:</th>
<th>The applicant must provide documentation of his/her training and experience from the director of the residency and/or fellowship program.</th>
</tr>
</thead>
</table>

**Board Certification:**
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**GASTROENTEROLOGY**

**Post Graduate training:**
- The successful completion of an approved postgraduate residency program in **INTERNAL MEDICINE**.
- Successful completion of an approved fellowship (if applicable) in his/her subspecialty.
- The applicant must provide documentation of his/her training and experience from the director of the residency and/or fellowship program.

**Board Certification:**
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**Capsule Endoscopy Privileges**

**EDUCATION:**
- MD or DO

**TRAINING:**
- The applicant must have completed an ACGME/AOA accredited program in gastroenterology, general surgery, or radiology that included training in standard upper GI endoscopy and colonoscopy or have completed equivalent training under the supervision of an experienced endoscopy physician. Applicants must also have completed capsule endoscopy training by a Given Imaging company representative.
- OR

**EXPERIENCE:**
- Applicants must be able to demonstrate they have performed at least 25 capsule endoscopy procedures in the past twelve (12) months with satisfactory outcomes.

**REFERENCES:**
- A letter of reference must come from the director of the applicant’s endoscopy training program as well as from the director of the applicant’s capsule endoscopy training program.

Alternately, a letter of reference regarding competence should come from the chief of gastroenterology at the institution where the applicant has most recently practiced.

**REAPPOINTMENT:**
- Renewal of the procedure will be based on unbiased, objective results of care according to the hospital’s performance improvement program. Applicant must demonstrate maintained competence by having performed at least 50 capsule endoscopy procedures in the past 24 months with satisfactory outcomes.
In addition, continuing education related to capsule endoscopy will be required.

**HEMATOLOGY/ONCOLOGY**

**Post Graduate training:**
- The successful completion of an approved postgraduate residency program in **INTERNAL MEDICINE**.
- Successful completion of an approved fellowship (if applicable) in his/her subspecialty.
- The applicant must provide documentation of his/her training and experience from the director of the residency and/or fellowship program.

**Board Certification:**
- Board Certification per Policy on Appointment, Reappointment, and Clinical Privileges of UPMC Horizon.

**INFECTIOUS DISEASES**

**Post Graduate training:**
- The successful completion of an approved postgraduate residency program in **INTERNAL MEDICINE**.
- Successful completion of an approved fellowship (if applicable) in his/her subspecialty.
- The applicant must provide documentation of his/her training and experience from the director of the residency and/or fellowship program.

**Board Certification:**
- Board Certification per Policy on Appointment, Reappointment, and Clinical Privileges of UPMC Horizon.

**NEPHROLOGY**

**Post Graduate training:**
- The successful completion of an approved postgraduate residency program in **INTERNAL MEDICINE**.
- Successful completion of an approved fellowship (if applicable) in his/her subspecialty.
- The applicant must provide documentation of his/her training and experience from the director of the residency and/or fellowship program.

**Board Certification:**
- Board Certification per Policy on Appointment, Reappointment, and Clinical Privileges of UPMC Horizon.

**NEUROLOGY PRIVILEGES**

**Post Graduate training:**
- The successful completion of an approved postgraduate residency program in **INTERNAL MEDICINE**.
- Successful completion of an approved fellowship (if applicable) in his/her subspecialty.
<table>
<thead>
<tr>
<th><strong>UPMC</strong></th>
<th>5</th>
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<tbody>
<tr>
<td><strong>Delineation of Privileges Request</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Criteria Summary Sheet</strong></td>
<td></td>
</tr>
</tbody>
</table>

- The applicant must provide documentation of his/her training and experience from the director of the residency and/or fellowship program.

**Board Certification:**
- Board Certification per Policy on Appointment, Reappointment, and Clinical Privileges of UPMC Horizon.

If the following privileges are requested, they must be approved by the section leader of radiology: (must provide documentation of education, training, experience, and current clinical competency)
- Noninvasive Intracranial Doppler Vascular Studies
- Noninvasive Carotid Duplex Studies

**PHYSICAL MEDICINE & REHABILITATION**

**Post Graduate training:**
- The successful completion of an approved postgraduate residency program in PHYSICAL MEDICINE AND REHABILITATION.
- Successful completion of an approved fellowship (if applicable) in his/her subspecialty.
- The applicant must provide documentation of his/her training and experience from the director of the residency and/or fellowship program.

**Board Certification:**
- Board Certification per Policy on Appointment, Reappointment, and Clinical Privileges of UPMC Horizon.

**ACUPUNCTURE**

**EDUCATION:**
- MD or DO

**TRAINING:**
- Obtain 200 hours of graduate training in medical acupuncture at an American Medical Association Category 1 certified program or completion of an equivalent formal medical acupuncture training program endorsed by the AAMA (American Academy of Medical Acupuncture).

**CONTINUING ED:**
- Provide documentation of a minimum of 30 accredited hours over a three year period of continuing education in medical acupuncture.

**LICENSURE:**
- Licensed in the Commonwealth of Pennsylvania to practice medical acupuncture.

**COMPETENCY:**
- Present two letters of recommendation, specifically addressing and attesting to the applicant’s qualifications and experience in practicing medical acupuncture.
PULMONOLOGY

Post Graduate training:
- The successful completion of an approved postgraduate residency program in INTERNAL MEDICINE.
- Successful completion of an approved fellowship (if applicable) in his/her subspecialty.
- The applicant must provide documentation of his/her training and experience from the director of the residency and/or fellowship program.

Board Certification:
- Board Certification per Policy on Appointment, Reappointment, and Clinical Privileges of UPMC Horizon.

For the following privilege to be granted, applicant must meet established criteria listed below:
- **Rapid Sequence Intubation** - 5 cases must be performed in order to grant initial privileges.

Rapid Sequence Induction/Intubation
(includes administration of paralytic agents)

EDUCATION:
M.D., D.O.

TRAINING:
The applicant must be able to demonstrate successful completion of an approved residency program in anesthesiology, emergency medicine, family practice, internal medicine, general surgery or a surgical subspecialty. The applicant must provide evidence of use of rapid sequence induction/intubation as part of residency training with at least 10 cases performed. The applicant must also hold current ACLS certification.

OR
If rapid sequence induction/intubation was not part of the residency program and the physician has no recent experience (within the last 24 months), the physician must satisfactorily complete the rapid sequence induction/intubation education and demonstrate current competency by completing five (5) observed intubations in the OR, ER or on intubation mannequin. Intubation to be observed by a member of the Anesthesia Staff, the Medical Director of Emergency Department or an ACLS Instructor. The applicant must also hold current ACLS certification.

OR

EXPERIENCE:
Physician has or has had privileges in rapid sequence induction/intubation at another facility and can document satisfactory completion of 5 inductions/intubations with satisfactory outcomes during the last 12 months. Physician must also hold current ACLS certification.

OR

REFERENCES:
A letter of reference must come from the department chairman or another appropriate physician at the hospital/organization where the physician currently has rapid sequence induction/intubation privileges, or from the director of the physician’s residency program.
### INITIAL REQUEST:
Prior to approval being granted, the physician must complete 5 observed intubations in the OR, ER or on intubation mannequin. Intubation to be observed by a member of the Anesthesia Staff, the Medical Director of Emergency Department or an ACLS Instructor.

### REAPPOINTMENT:
Completion of 6 rapid sequence inductions/intubations with good outcomes during the last 24 months and current ACLS certification.

### RHEUMATOLOGY

**Post Graduate training:**
- The successful completion of an approved postgraduate residency program in INTERNAL MEDICINE.
- Successful completion of an approved fellowship (if applicable) in his/her subspecialty.
- The applicant must provide documentation of his/her training and experience from the director of the residency and/or fellowship program.

**Board Certification:**
- Board Certification per Policy on Appointment, Reappointment, and Clinical Privileges of UPMC Horizon.

### SLEEP MEDICINE

**Post Graduate training:**
- The successful completion of an approved postgraduate residency or appropriate post graduate training.
- Successful completion of an approved fellowship (if applicable) in SLEEP MEDICINE.
- The applicant must provide documentation of his/her training and experience from the director of the residency and/or fellowship program.

**Board Certification:**
- Board Certification per Policy on Appointment, Reappointment, and Clinical Privileges of UPMC Horizon.

### ADMINISTRATION OF MODERATE (CONSCIOUS) SEDATION

Documentation of all training and experience to perform the requested privilege must be supplied. All qualifications and satisfactory patient outcomes must be validated in writing. The applicant’s training and experience must meet one of the following criteria prior to consideration of the request:

1. Moderate (Conscious) sedation performed as part of residency training and at least 10 cases performed as the primary physician in the last 24 months. **(5 cases/12 months)** OR

2. Physician has Moderate (Conscious) Sedation privileges at another hospital and has performed at least 10 cases in the last 24 months. **(5 cases/12 months)** OR

3. Physician has administered Moderate (Conscious) Sedation at least 10
4. Physician currently holds an Anesthesia Unrestricted Permit Certified by the Commonwealth of Pennsylvania and has administered Moderate (Conscious) Sedation at least 10 times in the last 24 months. *(5 times in 12 months)*

OR

5. Physician has successfully completed the educational program “Practice Guidelines for Sedation and Analgesia by non-Anesthesiologists” and requests provisional privileges pending the successful completion of monitored administration of 10 Moderate (Conscious) Sedation cases within 24 months. *(5 cases in 12 months)* *(Includes physicians who previously have been granted Moderate (Conscious) Sedation Privileges however cannot provide evidence of experience / outcomes in the past 12 months.)*

AND

6. Physician is qualified to rescue patients who unavoidably or unintentionally slip into a deeper-than-desired level of sedation. At a minimum, physician must have (in addition to one of the above) current basic life support certification for airway management.

**Criteria for General Laser Surgery**

**EDUCATION:**
M.D., D.O., D.M.D., D.D.S., D.P.M.

**TRAINING:**
The applicant must be able to demonstrate successful completion of an approved residency program in general surgery or a surgical subspecialty (with exceptions made for practitioners such as dermatologists and podiatrists). The applicant must also have participated in at least 10 hours of residency/post-graduate education concerning laser physics, indications, equipment use, and complications.

**EXPERIENCE:**
The applicant must provide evidence that during the education/training, hands-on application of the laser was included. The suggested level of activity for initial granting /renewal of privileges is five (5) procedures in 12 months.

Proctoring will be required for those not meeting the suggested level of activity. Proctoring will continue until the practitioner has successfully reached the suggested 12 month activity level (5).

**REFERENCES:**
A letter of reference must come from the department chairman or another appropriate physician at the hospital/organization where the physician currently holds laser privileges, or from the director of the physician’s residency program, or continuing medical education course director.

**REAPPOINTMENT:**
Reappointment will be recommended according to the “Policy on Appointment, Reappointment and Clinical Privileges.” Consideration will be given to continuing medical education programs that cover
developments in the use of this facility’s type of laser, and actual results of laser usage during the past 12 months.

For the following privileges to be granted, the applicant must provide documentation of specialized or fellowship training and documentation of satisfactory performance of the procedure. The documentation may be in the form of continuing medical education, a letter from a training program director and/or documentation of clinical experience:

<table>
<thead>
<tr>
<th>Privilege</th>
<th>Suggested level of activity for granting initial privileges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nasal and Sinus endoscopy</td>
<td>10</td>
</tr>
<tr>
<td>Moderate conscious sedation</td>
<td>5 (in last 12mo)</td>
</tr>
<tr>
<td>Diagnostic cardiac catheterization</td>
<td>200</td>
</tr>
<tr>
<td>Liposuction procedures</td>
<td>50</td>
</tr>
<tr>
<td>Laser procedures of skin using CO2 laser</td>
<td>10</td>
</tr>
<tr>
<td>Mohs micrographic surgery</td>
<td>10</td>
</tr>
<tr>
<td>Insulin pump insertion</td>
<td>25</td>
</tr>
<tr>
<td>Management of insulin pump therapy</td>
<td>25</td>
</tr>
<tr>
<td>Fine needle biopsy of endocrine glands (including thyroid)</td>
<td>25</td>
</tr>
<tr>
<td>Diagnostic laparoscopy</td>
<td>10</td>
</tr>
<tr>
<td>Operative endoscopy</td>
<td>10</td>
</tr>
<tr>
<td>Endoscopy with laser</td>
<td>3</td>
</tr>
<tr>
<td>Injection of Botox A (Botulinum Toxin Type A) for Achalasia</td>
<td></td>
</tr>
</tbody>
</table>

**Gastrointestinal Endoscopy Procedures**

- Esophagogastroduodenoscopy with or without biopsy EGD
  - with polypectomy (15 EGD's to include polypectomy procedure) plus 15
- Esophageal Bougie (except pneumatic dilatation) 10
- Sigmoidoscopy with polypectomy
  - (15 sigmoidoscopies to include polypectomy procedure) plus 15
- Colonoscopy with or without biopsy 50
- Colonoscopy with polypectomy
  - (15 colonoscopies to include polypectomy procedure) plus 15

**Respiratory tract Endoscopy Procedures**

- Bronchoscopy, including diagnostic with/without biopsy 100
- Percutaneous placement of peritoneal dialysis catheters 25
- Autonomic Testing 10
- Intrathecal administration of medications 5
- Myelography 10
- Electrodiagnostic procedures 100
- Nerve blocks 5
- Motor point blocks 5
- Acupuncture (Current PA licensure to practice acupuncture is required) 10
- Hypnosis 5
- Amytal Interview 5
- Group Therapy 5
- Individual Therapy 5
### Delineation of Privileges Request

#### Criteria Summary Sheet

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Therapy</td>
<td>5</td>
</tr>
<tr>
<td>Family Therapy</td>
<td>5</td>
</tr>
<tr>
<td>Supportive Therapy</td>
<td>5</td>
</tr>
<tr>
<td>Emergency Psychiatry</td>
<td>5</td>
</tr>
<tr>
<td>Management of symptomatic chemical abuse- dependency, detox/withdrawl</td>
<td>5</td>
</tr>
<tr>
<td>Intensive Insight Therapy</td>
<td>5</td>
</tr>
<tr>
<td>Psychopharmacological Management</td>
<td>5</td>
</tr>
<tr>
<td>Psychological Testing</td>
<td>10</td>
</tr>
<tr>
<td>Interpretation of psychological testing reports</td>
<td>10</td>
</tr>
<tr>
<td>Bone Marrow Aspiration</td>
<td>10</td>
</tr>
<tr>
<td>Punch biopsy skin</td>
<td>5</td>
</tr>
<tr>
<td>Intercostal nerve block</td>
<td>5</td>
</tr>
<tr>
<td>Closed synovial tissue biopsy</td>
<td>5</td>
</tr>
<tr>
<td>Microscopic analysis of tissue to diagnose vasculitis</td>
<td>5</td>
</tr>
</tbody>
</table>