

**SLEEP MEDICINE CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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Effective From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

- Initial Appointment (initial privileges)
- Reappointment (renewal of privileges)

- Privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- The core procedure list (if applicable) is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques. Applicants wishing to exclude any procedures, should strike through those procedures which they do not wish to request, initial, and date.

**QUALIFICATIONS FOR SLEEP MEDICINE**

<b><i>Education and training</i></b>	Successful completion of an ACGME or AOA accredited fellowship program in sleep medicine.
<b><i>Certification</i></b>	Initial applicants must have current subspecialty certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) leading to subspecialty certification in sleep medicine by the relevant American Board of Medical Specialties or certificate of added qualifications by the relevant American Osteopathic Board.  Current certification by the American Board of Sleep Medicine is acceptable for applicants who became certified prior to 2007.
<b><i>Required current experience – initial</i></b>	Demonstrated current competence and evidence of evaluation for at least <b>25</b> patients, reflective of the scope of privileges requested, in the past 12 months or successful completion of an accredited residency or clinical fellowship in the past 12 months.
<b><i>Required current experience – renewal</i></b>	Demonstrated current competence and an adequate volume of experience (a minimum of evaluation of 50 patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.
<b><i>Ability to perform (health status)</i></b>	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;  
BHIP = Broward Health Imperial Point; BHN = Broward Health North

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**Approved by MEC = May 11<sup>th</sup>, 2021**

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**CORE PRIVILEGES – SLEEP MEDICINE**

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**Requested**     **BHMC**     **BHCS**

Admit (in accordance with staff category), evaluate, diagnose, provide consultation and treat patients of all ages, presenting with conditions or disorders of sleep, including sleep related breathing disorders (such as obstructive sleep apnea), circadian rhythm disorders, insomnia, parasomnias, disorders of excessive sleepiness (e.g. narcolepsy), sleep related movement disorders and other conditions pertaining to the sleep-wake cycle. May provide care to patients in the intensive care setting in conformance with unit policies. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.

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

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**ACKNOWLEDGEMENT OF PRACTITIONER**

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.

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Broward Corporate, 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.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**DEPARTMENT CHAIRPERSON'S RECOMMENDATION**

Check the appropriate box for recommendation.

If recommended with conditions or not recommended, provide explanation. *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:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____

**Notes:**

**Department Chairperson Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Credentials and Qualifications Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

**Medical Executive Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

**Board of Commissioners Action** \_\_\_\_\_ **Date** \_\_\_\_\_

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