Flexible fiberoptic bronchoscopy: Current privileging trends

This month, the Credentialing Resource Center (CRC) surveyed MSPs regarding which specialties are granted privileges to perform flexible fiberoptic bronchoscopy procedures at their facility. This benchmarking survey is a direct response to interest among MSPs in privileging issues related to this practice area. We thank all of the respondents who completed the survey. The pages that follow detail the survey’s results.

Help us help you

We continually strive to bring you the most helpful information in our benchmarking survey reports. If you have suggestions for future benchmarking survey topics or comments about how we could improve the surveys or reports, please e-mail them to Todd Morrison, managing editor, at tmorrison@hcpro.com. We welcome and value your feedback.

What are benchmarking reports, and how can they help me?

Benchmarking reports are an extension of our popular Clinical Privilege White Papers, which serve as a starting point for healthcare organizations to create their own privileging criteria for a great number of specialties, subspecialties, and procedures.

The Clinical Privilege White Papers combine expertise from The Greeley Company, a division of HCPro, Inc., in Marblehead, MA, with research on medical societies, boards, and experts in the field to detail the training, education, and experience necessary for physicians and allied health practitioners in a given specialty, subspecialty, or procedure. But whereas the white papers describe medical societies’, boards’, and experts’ recommendations for competence, our benchmarking reports distill information from you—MSPs and credentialing experts nationwide—to provide data about how organizations comparable to yours privilege for a given specialty, subspecialty, or procedure. Survey questions ask, “What’s going on at your facility now?” and break down the information in various ways, such as by number of beds, facility type, medical staff size, number of procedures performed annually and by which specialists, and more.

Your responses then form benchmarking reports that illustrate broader, up-to-date privileging trends for that specialty, subspecialty, or procedure. Healthcare organizations, and in particular MSPs, can use the data to determine where they stand in comparison to similar facilities.

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Survey < continued from p. 1

1. The issue at hand

According to the American Thoracic Society, a flexible fiberoptic bronchoscopy is a visual exam of a patient’s breathing passages performed to diagnose problems within those airways. The process involves placing a “thin, tube-like instrument” called a bronchoscope through the nose or mouth and down into the airways of the lungs. A flexible fiberoptic bronchoscope has a mini camera at the tip, and is able to relay pictures to a video screen or camera.

Common reasons why a patient might need a bronchoscopy include infections, lung spots (abnormal spots that show up during an x-ray or a CT scan that may be caused by an infection, cancer, or inflammation), ongoing lung collapse, bleeding, noisy breathing, or airway narrowing. A bronchoscopy may also be performed in order to remove objects blocking the airway. According to the University of Texas Health Science Center’s Web site, a bronchoscopy may be necessary if the patient is unable to cough up samples.

There are two types of bronchoscopes. The flexible bronchoscope is more common than the rigid bronchoscope because it does not require general anesthesia, and it is more comfortable, according to WebMD.com. It also offers a better view of the smaller airways, and allows physicians to perform a biopsy (removal of small samples of tissue). However, in the interest of clarity, this benchmarking report addresses privileging policies for flexible fiberoptic bronchoscopies only.

2. A bird’s-eye view

In this benchmarking report, exactly half of respondents come from rural community hospitals (Figure 2.1). The remaining respondents are from nonacademic acute care hospitals (42%) and academic medical centers (8%).

A plurality of survey respondents (46%) indicated that their facility performs 1–50 flexible fiberoptic bronchoscopies per year (Figure 2.2). Twenty-one percent said their facility sees 101–150 procedures per year. Respondents from facilities that perform either 51–100 or more than 250 procedures annually each registered 12% of the total. Lastly, respondents from facilities that see 151–200 procedures as well as those that see 201–250 procedures both made up 4% of the total.

Nearly half of all respondents (48%) come from hospitals that have between 0–100 physicians on staff (28% coming from facilities in the 0–50 range and 20% coming from those in the 51–100 range), as seen in Figure 2.3. Sixteen percent of respondents said their facility has 101–200 physicians on staff.

Thirty-two percent of all respondents come from hospitals with 0–50 beds (Figure 2.4), followed by facilities with 151–200 beds (20%). Lastly, facilities with 51–100 beds, 101–150 beds, or more than 200 beds each registered 16% of the total.

Just under half of all respondents (48%) said their facility is part of a healthcare network (Figure 2.5). Respondents indicated the following specialties have flexible fiberoptic bronchoscopy privileges at their facility:

➤ Pulmonologists (65%)
➤ General surgeons (38%)
➤ Critical care specialists (35%)
➤ Internists (15%)
➤ Thoracic surgeons (15%)
➤ Otolaryngologists (12%)

Ninety-six percent of respondents said their facility has not had a dispute over flexible fiberoptic bronchoscopy procedures (Figure 2.7).

And 92% of respondents said their facility requires physicians to have documented privileges in order to perform flexible fiberoptic bronchoscopies (Figure 2.8). Eighty percent of respondents said their facility also requires special training and education for this type of procedure (Figure 2.9).

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Survey  < continued from p. 2

In their detailed responses, survey respondents said their facility has adopted various training and educational requirements regarding flexible fiberoptic bronchoscopy procedures. A sampling of respondents’ various requirements includes:

➤ Fellowship and/or documentation of experience
➤ Residency/fellowship with specific confirmation of training in bronchoscopies
➤ Fellowship in pulmonary medicine
➤ Completion of an accredited residency/fellowship program, along with a letter from either the program director or comparable supervising physician attesting to competency

For those that use core privileging at their facility, 71% of respondents said flexible fiberoptic bronchoscopy procedures are categorized as a special request (Figure 2.10).

The majority of facilities surveyed (54%) do not require physicians to perform a certain number of flexible fiberoptic bronchoscopy procedures in the previous 12 months to demonstrate competency, as shown in Figure 2.11. Of those that do, 12% said they require 1–5 procedures, and another 12% said they require 6–10 procedures. Hospitals that require 11–15 as well as those that require 16–20 procedures each accounted for 8% of the total respondents. Just 4% said their facility requires more than 21 procedures.

Sixty-eight percent of respondents said their facility does not require a certain number of proctored procedures to establish competency. Of the 32% that do, 28% said they require 1–5 procedures (Figure 2.12).

Only 4% of respondents said their facility has created a multidisciplinary team for flexible fiberoptic bronchoscopy procedures at their facility (Figure 2.13).
Survey  
< continued from p. 3

Figure 2.3
Number of physicians on the active medical staff

<table>
<thead>
<tr>
<th>Number of Physicians</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–50</td>
<td>28%</td>
</tr>
<tr>
<td>51–100</td>
<td>20%</td>
</tr>
<tr>
<td>101–200</td>
<td>16%</td>
</tr>
<tr>
<td>201–300</td>
<td>8%</td>
</tr>
<tr>
<td>301–400</td>
<td>12%</td>
</tr>
<tr>
<td>401–500</td>
<td>4%</td>
</tr>
<tr>
<td>501+</td>
<td>12%</td>
</tr>
</tbody>
</table>

Figure 2.4
Number of beds

<table>
<thead>
<tr>
<th>Number of Beds</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–50</td>
<td>32%</td>
</tr>
<tr>
<td>51–100</td>
<td>16%</td>
</tr>
<tr>
<td>101–150</td>
<td>16%</td>
</tr>
<tr>
<td>151–200</td>
<td>20%</td>
</tr>
<tr>
<td>201+</td>
<td>16%</td>
</tr>
</tbody>
</table>

Figure 2.5
Network or stand-alone facility

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network</td>
<td>48%</td>
</tr>
<tr>
<td>Stand-alone</td>
<td>52%</td>
</tr>
</tbody>
</table>

Note: Percentages in some graphs may not add up to 100% due to rounding of figures.

Figure 2.6
Specialties that are granted privileges to perform these procedures

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>General surgeons</td>
<td>38%</td>
</tr>
<tr>
<td>Pulmonologists</td>
<td>65%</td>
</tr>
<tr>
<td>Internists</td>
<td>15%</td>
</tr>
<tr>
<td>Thoracic surgeons</td>
<td>15%</td>
</tr>
<tr>
<td>Otolaryngologists</td>
<td>12%</td>
</tr>
<tr>
<td>Critical care specialists</td>
<td>35%</td>
</tr>
<tr>
<td>Other</td>
<td>19%</td>
</tr>
</tbody>
</table>

> continued on p. 5
**Survey**  
< continued from p. 4

**Figure 2.7**  
Facilities that have experienced a privileging dispute regarding this procedure

- Yes: 4%
- No: 96%

**Figure 2.8**  
Facilities that require physicians to have documented privileges to perform this procedure

- Yes: 92%
- No: 8%

**Figure 2.9**  
Facilities that require physicians to have special training/education

- Yes: 80%
- No: 20%

**Figure 2.10**  
If applicable, is this procedure part of a core privilege, or is it a special request?

- Core: 29%
- Special request: 71%

**Figure 2.11**  
Required number of procedures per year for competency

- No minimum required: 54%
- 1–5: 12%
- 6–10: 12%
- 11–15: 8%
- 16–20: 8%
- 21+: 4%

**Figure 2.12**  
Required number of proctored procedures per year for competency

- No minimum required: 68%
- 1–5: 28%
- 6–10: 4%
- 11–15: 0%
- 16–20: 0%
- 21+: 0%

> continued on p. 6
3. Type of facility

This section summarizes survey data on flexible fiberoptic bronchoscopy privileging trends based on where respondents work: academic medical centers, nonacademic acute care facilities, or rural community hospitals. As we noted before, exactly half of respondents come from rural community hospitals. The remaining respondents are from nonacademic acute care facilities (42%) and academic medical centers (8%).

Respondents indicated that the following specialties hold flexible fiberoptic bronchoscopy procedure privileges at their facility (Figure 3.1):

- **Academic medical centers**: Pulmonologists (100%) and critical care specialists (50%).
- **Rural community hospitals**: General surgeons (58%), followed by pulmonologists (42%), then internists, otolaryngologists, and critical care specialists (17% each), and 25% of respondents marked “other.”
- **Nonacademic acute care hospitals**: Pulmonologists (90%), critical care specialists (60%), followed by thoracic surgeons (40%), and general surgeons and internists (both with 20%), and otolaryngologists (10%). Ten percent of respondents marked “other.”

Most or all of the respondents from each of the categories said they had not experienced privileging disputes at their facility (Figure 3.2). Eight percent of respondents from rural community hospitals, the one exception, said they had experienced such disputes.

Seventeen percent of respondents from rural community centers said they do not require physicians to have documented privileges before performing flexible fiberoptic bronchoscopy procedures, making them least likely to have this kind of requirement (Figure 3.3). Respondents from academic medical centers and nonacademic acute care hospitals said they require this of their physicians.

All respondents from academic medical centers require special training or education to obtain flexible fiberoptic bronchoscopy privileges. Ninety percent of nonacademic acute care hospitals do. Sixty-seven percent of rural community hospitals require special training or education, making this type of facility the least likely to have such a requirement (Figure 3.4).

The number of flexible fiberoptic bronchoscopy procedures a physician must perform in the prior 12 months to demonstrate competency, broken down by the type of facility, is as follows (Figure 3.5):

- **Academic medical centers**: All respondents who work at this type of facility said they require 6–10 procedures.
- **Rural community hospitals**: Fifty-eight percent of respondents said their facility has no required minimum.
Survey  < continued from p. 6

1. Which of the following specialties are granted privileges to perform this procedure at your hospital?

![Figure 3.1](image)

2. Has your medical staff experienced privileging disputes regarding which specialties should be granted privileges to perform this procedure?

![Figure 3.2](image)
Survey < continued from p. 7

3. Does your hospital require physicians to have documented privileges at the facility before they perform this procedure?

Figure 3.3

4. To be granted privileges to perform these procedures at your hospital, must physicians document that they have completed special training/education?

Figure 3.4

> continued on p. 9
number. Seventeen percent said they require 1–5. The remaining 24% of the total is spread out evenly among the facilities with 6–10 procedures, 11–15 procedures, and 16–20 procedures (8% each).

**Nonacademic acute care hospitals:** Sixty percent of respondents said their facility has no required minimum number of procedures to demonstrate competency. The remaining 40% of the total is evenly spread among those facilities that require 1–5, 11–15, 16–20, and more than 20 procedures (10% each).

According to Figure 3.6, the number of proctored fiberoptic bronchoscopies a physician must perform in the prior 12 months, broken down by facility, is as follows:

**Academic medical centers:** Half of the respondents said their facility has no required minimum number of proctored procedures to demonstrate competency. Half said their facility requires 1–5 proctored procedures.

**Rural community hospitals:** Eighty-three percent of respondents said their facility has no required minimum number of proctored procedures to demonstrate competency. Eight percent said their facility requires 1–5 procedures. Another eight requires 6–10.

**Nonacademic acute care hospitals:** Half of the respondents said their facility has no required minimum number of proctored procedures to demonstrate competency. Half said their facility requires 1–5 proctored procedures.

Respondents from rural community hospitals and academic medical centers said they do not have a multidisciplinary team for these kinds of procedures; 10% of nonacademic facilities said they have created such a team (Figure 3.7).

5. In order to be granted the privilege at your hospital, how many procedures must a physician have performed in the past 12 months to demonstrate competency?
Survey  < continued from p. 9

6. In order to be granted the privilege at your hospital, how many proctored cases—in which the assistant is fully trained in these cases—must a physician have performed in the past 12 months to demonstrate competency?

Figure 3.6

<table>
<thead>
<tr>
<th>Type of facility</th>
<th>No minimum required</th>
<th>1–5</th>
<th>6–10</th>
<th>11–15</th>
<th>16–20</th>
<th>21+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic medical center</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural community hospital</td>
<td></td>
<td>40%</td>
<td>20%</td>
<td>60%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Nonacademic acute care hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>80%</td>
</tr>
</tbody>
</table>

7. Has your hospital created a multidisciplinary team for these cases?

Figure 3.7

<table>
<thead>
<tr>
<th>Type of facility</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic medical center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural community hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonacademic acute care hospital</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Survey < continued from p. 10

4. Number of procedures per year

As previously noted, a plurality of survey respondents (46%) indicated that their facility performs 1–50 flexible fiberoptic bronchoscopies per year (Figure 2.2). Twenty-one percent said their facility sees 101–150 procedures per year. Respondents from facilities that perform either 51–100 or more than 250 procedures annually each registered 12% of the total. Lastly, respondents from facilities that see 151–200 procedures as well as those that see 201–250 procedures both made up 4% of the total.

The following specialties are granted flexible fiberoptic privileges according to the numbers of procedures performed at the respondents’ facilities per year (Figure 4.1):

➤ Hospitals that perform 1–50 procedures per year: General surgeons (64%), followed by pulmonologists (36%), and internists, otolaryngologists, and critical care specialists (each with 9%). Twenty-seven percent of respondents marked “other.”

➤ Hospitals that perform 51–100 procedures per year: Pulmonologists (67%), followed by critical care specialists and general surgeons (33%).

➤ Hospitals that perform 101–150 procedures per year: Pulmonologists (100%), followed by critical care specialists (60%), thoracic and general surgeons (both with 40%), and internists and otolaryngologists (both with 20%). Twenty percent marked “other.”

➤ Hospitals that perform 151–200 procedures per year: Pulmonologists, internists, and critical care specialists (all three with 100%).

➤ Hospitals that perform 201–250 procedures per year: Pulmonologists and thoracic surgeons (both with 100%).

1. Which of the following specialties are granted privileges to perform this procedure at your hospital?

![Figure 4.1](image-url)
Survey < continued from p. 11

➤ Hospitals with more than 250 procedures per year: Pulmonologists (100%), critical care specialists (67%), and internists, thoracic surgeons, and otolaryngologists (all three with 33%).

None of the respondents from hospitals that see 1–250 procedures per year said they have had disputes regarding flexible fiberoptic bronchoscopies. However, 33% of those from hospitals that see more than 250 procedures per year said they had (Figure 4.2).

All respondents whose facilities see more than 50 procedures per year said they require physicians to have documented privileges before they can perform flexible fiberoptic bronchoscopy procedures, with one exception (Figure 4.3). Eighteen percent of those that see 1–50 procedures per year said they do not require documented privileges, making this type of facility least likely to have this type of requirement.

All facilities that see 51–100 or more than 150 procedures per year require physicians to have special training or education before they can perform flexible fiberoptic bronchoscopy procedures (Figure 4.4). Eighty percent of facilities that see 101–150 procedures per year require special education and training, making them the least likely type of facility to do so.

All respondents in the 201–250 range said they do not require physicians to have performed a minimum number of procedures over the prior year to demonstrate competency (Figure 4.5). Sixty-four percent of respondents from hospitals with 1–50 procedures per year said they do not have a minimum number. However, all of the facilities with 151–200 procedures per year require a minimum number from their physicians (16–20 procedures), making them most likely to have such a requirement.

2. Has your medical staff experienced privileging disputes regarding which specialties should be granted privileges to perform this procedure?

Figure 4.2

![Figure 4.2](image-url)
3. Does your hospital require physicians to have documented privileges at the facility before they perform this procedure?

![Figure 4.3](chart1.png)

4. To be granted privileges to perform this procedure at your hospital, must physicians document that they have completed special training/education?

![Figure 4.4](chart2.png)

> continued on p. 14
Survey  < continued from p. 13

5. In order to be granted the privilege at your hospital, how many procedures must a physician have performed in the past 12 months to demonstrate competency?

![Figure 4.5](image)

6. In order to be granted the privilege at your hospital, how many proctored procedures—in which the assistant is fully trained in these procedures—must a physician have performed in the past 12 months to demonstrate competency?

![Figure 4.6](image)
Survey < continued from p. 14

Respondents in the more-than-250 range were next as likely (66% said they had a minimum required number).

The number of proctored procedures facilities require over the previous 12 months in order to demonstrate competency follows a similar pattern (Figure 4.6). Again, none of the facilities with 201–250 procedures said they require a minimum number of proctored procedures. Facilities with 1–50 procedures were almost as likely to not have a required minimum number (82%). All of the facilities in the 151–200 procedure range said they have a required minimum number (1–5 procedures).

Nine percent of the facilities in the 1–50 procedure range have a multidisciplinary team for flexible fiberoptic bronchoscopies. None of the other respondents indicated having such a team at their facility (Figure 4.7).

5. Number of physicians on the active medical staff at the hospital

As we saw in Figure 2.3, nearly half of all respondents (48%) come from hospitals that see between 0–100 procedures per year (28% coming from facilities in the 0–50 range, another 20% coming from those in the 51–100 range). Sixteen percent of the respondents said their facility sees 101–200 procedures per year. The remaining groups each made up anywhere from 4%–12% of the total.

We see in Figure 5.1 what specialties have privileges to perform flexible fiberoptic bronchoscopy procedures, broken down by how many physicians are on staff at the hospital where the respondent works. Those specialties are as follows:

➤ Hospitals with 0–50 physicians on staff: General surgeons (86%), pulmonologists (29%), then internists, otolaryngologists, and critical care specialists (all with 14%). Twenty-nine percent also chose “other.”

➤ Hospitals with 51–100 physicians on staff: General surgeons and pulmonologists (both with 40%), followed by critical care specialists (20%). Twenty percent also chose “other.”

7. Has your hospital created a multidisciplinary team for this procedure?

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Survey  < continued from p. 15

- Hospitals with 101–200 physicians on staff: Pulmonologists (100%), followed by critical care specialists, internists, and general surgeons (all with 50%), and otolaryngologists (25%).

- Hospitals with 201–300 physicians on staff: Pulmonologists (100%) and critical care specialists (50%).

- Hospitals with 301–400 physicians on staff: Pulmonologists (100%), followed by thoracic surgeons (67%), and internists and critical care specialists (both with 33%). Thirty-three percent of respondents also chose “other.”

- Hospitals with 401–500 physicians on staff: Pulmonologists and thoracic surgeons (100% each).

- Hospitals with more than 500 physicians on staff: Pulmonologists and critical care specialists (both 100%), and thoracic surgeons and otolaryngologists (33% for both).

None of the respondents from hospitals with 0–300 or more than 400 physicians on staff said they had seen disputes regarding flexible fiberoptic bronchoscopies at their hospital (Figure 5.2). However, 33% of respondents from hospitals with 301–400 physicians on staff said disputes about this procedure had occurred.

All respondents said their facility requires physicians to have documented privileges at their facility before performing flexible fiberoptic bronchoscopies, with two exceptions (Figure 5.3). Eighty-six percent of those with 0–50 physicians said they require privileges. However, only 75% of those in the 101–200 range said they do, making this type of facility least likely to require this of their physicians.

Similarly, all respondents in Figure 5.4 said their facility

1. Which of the following specialties are granted privileges to perform this procedure at your hospital?

![Figure 5.1](image-url)
Survey < continued from p. 16

2. Has your medical staff experienced privileging disputes regarding which specialties should be granted privileges to perform this procedure?

![Figure 5.2](image)

3. Does your hospital require physicians to have documented privileges at the facility before they perform this procedure?

![Figure 5.3](image)

> continued on p. 18
Survey < continued from p. 17

requires their physicians to have completed special training or education in order to obtain flexible fiberoptic privileges, with the exception of the same two groups. Fifty-seven percent of those from facilities with 0–50 physicians on staff have the same requirement. However, only half of those in the 101–200 physician range require special training or education in order to obtain privileges, making them least likely to have this requirement.

None of the respondents from facilities with 201–300 or 401–500 physicians on staff said their facilities require physicians to perform a minimum number of flexible fiberoptic bronchoscopies over the previous 12 months in order to obtain privileges (Figure 5.5). Facilities with 0–50 physicians were next (71% said their facility did not), followed by facilities with 101–200 physicians (50%), and facilities with 51–100 (40%). Facilities with 301–400 or more than 500 physicians were most likely to have such a requirement (only 33% said they had no required minimum number).

In Figure 5.6, none of the respondents from facilities with 301–400 physicians on staff said they required a minimum number of proctored flexible fiberoptic bronchoscopies during the prior 12 months in order to obtain privileges. That’s followed by facilities with 0–50 physicians (86%), 101–200 physicians (75%), 51–100 physicians (60%), 201–300 physicians (50%), and more than 500 physicians (33%). All of the respondents in the 401–500 range said they require a minimum number (1–5 procedures) of proctored procedures, making facilities in this range most likely to do so.

None of the respondents said they have a multidisciplinary team for this procedure, except for respondents

4. To be granted privileges to perform this procedure at your hospital, must physicians document that they have completed special training/education?

Figure 5.4

![Bar Chart]

Number of physicians on the active medical staff

> continued on p. 19
Survey < continued from p. 18

5. In order to be granted the privilege at your hospital, how many procedures must a physician have performed in the past 12 months to demonstrate competency?

Figure 5.5

6. In order to be granted the privilege at your hospital, how many proctored procedures—in which the assistant is fully trained in these cases—must a physician have performed in the past 12 months to demonstrate competency?

Figure 5.6

> continued on p. 20
at hospitals with 0–50 physicians. Fourteen percent of physicians in this group said they have such a team at their facility (Figure 5.7).

6. Number of beds at the hospital

As noted in Figure 2.4, 32% of all respondents come from hospitals with 0–50 beds, followed by facilities with 151–200 beds (20%). Lastly, facilities with 51–100 beds, 101–150 beds, and more than 200 beds each took 16% of the total.

We see in Figure 6.1 what specialties have privileges to perform flexible fiberoptic bronchoscopy procedures, broken down by the number of beds at the hospital where the respondent works. Those specialties are as follows:

- **Hospitals with 0–50 beds**: General surgeons (63%), followed by pulmonologists (38%), and otolaryngologists (13%). Thirty-eight percent also chose “other.”

- **Hospitals with 51–100 beds**: Critical care specialists (75%), followed by general surgeons and pulmonologists (both with 50%), and internists (25%).

- **Hospitals with 101–150 beds**: Pulmonologists (75%), followed by critical care specialists, internists, and general surgeons (all with 50%), and otolaryngologists (25%).

- **Hospitals with 151–200 beds**: Pulmonologists (100%); thoracic surgeons and critical care specialists (40%); and general surgeons and internists (20%).

- **Hospitals with more than 200 beds**: Pulmonologists (100%), followed by thoracic surgeons and critical care specialists (50%), and otolaryngologists (25%). Twenty-five percent also marked “other.”

All respondents, except for those that work at facilities with 151–200 beds, said they have not had disputes regarding privileging for flexible fiberoptic bronchoscopies.

7. Has your hospital created a multidisciplinary team for this procedure?
Survey <continued from p. 20>

1. Which of the following specialties are granted privileges to perform this procedure at your hospital?

![Figure 6.1](image)

2. Has your medical staff experienced privileging disputes regarding which specialties should be granted privileges to perform this procedure?

![Figure 6.2](image)

> continued on p. 22
Survey < continued from p. 21

(Figure 6.2). Twenty percent of respondents from hospitals in that range said they have experienced disputes about this procedure in the past.

In Figure 6.3, we see that all respondents from facilities with 51–100, 101–150, or more than 200 beds said their facility requires documented privileges in flexible fiberoptic bronchoscopy procedures to perform this procedure, with two exceptions. Eighty-eight percent of respondents from facilities with 0–50 beds said they have the same requirement. Eighty percent of those from facilities with 151–200 beds said they require privileges, making this type of facility the least likely to do so.

All respondents who work at facilities with more than 200 beds said they require special training or education in order to obtain privileges in flexible fiberoptic bronchoscopy (Figure 6.4). Facilities with 151–200 beds were next (80% of respondents said their facility requires this). Seventy-five percent of respondents with 0–150 beds collectively (0–50, 51–100, and 101–150) said they do, making them least likely to require special training or education.

The number of flexible fiberoptic bronchoscopy procedures a physician must perform in the prior 12 months to demonstrate competency, broken down by the number of beds at that facility, is shown in Figure 6.5. None of the respondents from facilities with 51–100 beds said they require a minimum number of procedures at their facility. Sixty percent of facilities with 151–200 beds do not have a minimum number, followed by facilities with 0–50 beds (50%), and facilities with 101–150 beds (33%). Twenty-five percent of facilities with more than 200 beds said they did not have a required minimum number of procedures, making them

3. Does your hospital require physicians to have documented privileges at the facility before they perform this procedure?

![Figure 6.3](image-url)
Survey  < continued from p. 22

4. To be granted privileges to perform this procedure at your hospital, must physicians document that they have completed special training/education?

**Figure 6.4**

![Bar chart showing the percentage of hospitals requiring special training for procedure privileges based on the number of beds in the hospital.](chart)

**Figure 6.5**

![Bar chart showing the number of procedures a physician must perform to demonstrate competency by hospital size.](chart)

5. In order to be granted the privilege at your hospital, how many procedures must a physician have performed in the past 12 months to demonstrate competency?
the most likely to require some number of procedures in order to obtain privileges.

The number of proctored flexible fiberoptic bronchoscopy procedures a physician must perform in the prior 12 months to demonstrate competence per year, based on the number of beds at that facility, is illustrated in Figure 6.6. Seventy-five percent of respondents at facilities with 0–150 beds said their facility has no required minimum number of proctored procedures before privileges can be granted. Sixty-percent of facilities with 151–200 beds do not have a minimum. And just 50% of those with more than 200 beds said they have no minimum, making facilities in this range the most likely to require some number of proctored procedures in order to obtain privileges.

All of the respondents said their facility has not created a multidisciplinary team for flexible fiberoptic procedures, with one exception. One-quarter of those from hospitals with 51–100 beds said they have such a team at their facility (Figure 6.7).

6. In order to be granted the privilege at your hospital, how many proctored procedures—in which the assistant is fully trained in these cases—must a physician have performed in the past 12 months to demonstrate competency?

---

**Figure 6.6**

![Bar chart showing the percentage of respondents at facilities with different number of beds that have no minimum required for proctored procedures to obtain privileges.](chart)

- No minimum required
- 1–5
- 6–10
- 11–15
- 16–20
- 21+

Number of beds in your hospital

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7. Has your hospital created a multidisciplinary team for this procedure?

Figure 6.7

Number of beds in your hospital

<table>
<thead>
<tr>
<th>Number of Beds</th>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–50</td>
<td>100</td>
<td>0</td>
</tr>
<tr>
<td>51–100</td>
<td>80</td>
<td>20</td>
</tr>
<tr>
<td>101–150</td>
<td>60</td>
<td>40</td>
</tr>
<tr>
<td>151–200</td>
<td>40</td>
<td>60</td>
</tr>
<tr>
<td>201+</td>
<td>20</td>
<td>80</td>
</tr>
</tbody>
</table>

> continued on p. 26
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