



**Anesthesiology KHDO**  
Delineation of Privileges

**Applicant's Name:**

**Instructions:**

1. Click the **Request** checkbox to request a group of privileges.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation.
5. Applicant 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 doubts related to qualification of requested privileges.

**NOTE:**

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.

**Required Qualifications**

**Membership** I request the following clinical privileges, and I am aware that a denial of privileges relating to a practitioner's professional competence or professional conduct will result in the hospital submitting a report to the National Practitioner Data Bank.

**Clinical Experience (Initial)** Include evidence of your ability to perform the procedures as listed in the Section of Anesthesia delineated privilege requirements.

### Primary Privileges Anesthesiology

**Description:** These privileges are granted to physicians who are qualified by training to render patients insensible to pain and stress during surgical, obstetrical and certain medical procedures using general anesthesia, regional anesthesia and/or parenteral sedation to a level at which a patient's protective reflexes may be obtunded. The performance of preanesthetic, intra-anesthetic and postanesthetic evaluation and management, and appropriate measures to protect life functions and vital organs is required.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	Department/Section Chair	Credentials Committee Chair
	General anesthesia privileges		

### Specialized Competence Areas Anesthesiology

**Description:** Areas in anesthesia practice where the scope and complexity of care provided by physicians require specialized competence; clinical privileges may be tailored to reflect these skills. Tailored privileges would be appropriate for physicians with general privileges in anesthesiology who possess additional skills for highly specialized care by virtue of training and experience or demonstrated competence.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	Department/Section Chair	Credentials Committee Chair
	Anesthesia for premature or high risk neonates		
	Cardiac and transplant surgery		
	Certain neurosurgical procedures		
	Evaluation and treatment of acute pain conditions		
	Evaluation and treatment of chronic pain conditions		
	High risk obstetrical procedures		
	Intrathecal Delivery System Implantation		
	Provision of critical care		

### Specialized Technique Anesthesiology

**Description:** Physicians performing techniques or interpreting results that may affect patient safety or well-being may have specific privileges granted on the basis of training and experience or demonstrated competence.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	Department/Section Chair	Credentials Committee Chair
	EEG or evoked potential monitoring		
	Flexible fiberoptic laryngo/bronchoscopy		

	Pain Management		
	Placement of central venous, pulmonary or peripheral arterial catheters		
	Precordial or transesophageal echocardiography		
	Transcutaneous or transvenous cardiac pacing		

**Basic Intraoperative TEE for Monitoring Purposes Only**

**Description:** TEE is a useful tool for monitoring several aspects of anesthesia care including but not limited to: Venous Air Embolism, Intravascular volume, Myocardial Contractility

**Qualifications**

**Education/Training** Be familiar with the indications, risks, complications and contraindications to TEE probe placement.

**Clinical Experience (Initial)** Perform 10 successful probe placements supervised by a Cardiothoracic Surgeon, Cardiologist, or Advanced Level Anesthesia TEE provider.

**AND**

Perform 10 proctored basic TEE exams identifying the following views: Upper esophageal great vessel view, Mid esophageal Bi-caval view, Aortic valve short and long axis views with and without color doppler, Four Chamber view, Mitral valve Views with and without color doppler, Trans gastric mid papillary muscle view of the Left Ventricle, and Views of the descending aorta

**Clinical Experience (Reappointment)** Demonstrated current competence and evidence of performance in the past 24 months.

**Note** These criteria do not confirm the skills necessary to make diagnosis that may alter the surgical plan. If a basic exam suggests a change in the operative plan the diagnosis needs to be supported by review with an advanced level anesthesia TEE provider, Cardiologist, or Cardiothoracic Surgeon.

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request</i>	Department/Section Chair	Credentials Committee Chair
	Basic Intraoperative TEE for Monitoring Purposes Only		

**Advanced Level Intraoperative TEE for Diagnosis and Monitoring (Includes Basic Intraoperative TEE for Monitoring Purposes)**

**Description:** TEE is a useful tool in cardiac anesthesia and can be used to make a variety of diagnosis including but not limited to: Cardiac valvular function, Success of valve repair, Intravascular volume status, Intracardiac Masses/ Thrombi, Myocardial contractility, Integrity of the great vessels, and Pericardial effusion.

**Qualifications**

**Education/Training** Satisfy the requirements for Basic TEE privileges  
**AND**  
Be familiar with the quantification of the severity of cardiac valvular lesions

**Continuing Education** Perform a minimum of 25 hours of independent study and at least 20 hours of CME every 4 years specifically targeted to intraoperative TEE

**Clinical Experience (Initial)** Perform 10 successful probe placements supervised by a Cardiothoracic Surgeon, or advanced level anesthesia provider.

**AND**

Perform 15 Proctored complete exams or review at least 15 complete exams with an advanced anesthesia provider or cardiologist. A complete examination is one which the 20 standard views are obtained and recorded.

**AND**

Include a legible and detailed report on every examination performed in the patient medical record.

**Clinical Experience (Reappointment)** Demonstrated current competence and evidence of performance in the past 24 months.

**Note** Candidates who fulfill the requirements for Certification in Intraoperative TEE by the American Society of Echocardiography or graduate from a Cardiothoracic Anesthesia Fellowship or residency with special interest in Intraoperative TEE will also meet credentialing requirements for Transesophageal Echocardiography in the Operating Room.

Request	<b><i>Request all privileges listed below.</i></b> <i>Uncheck any privileges that you do not want to request</i>	Department/Section Chair	Credentials Committee Chair
	Advanced Level Intraoperative TEE for Diagnosis and Monitoring (Includes Basic Intraoperative TEE for Monitoring Purposes)		

**Acknowledgment of Applicant**

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I am entitled to perform and that I wish to exercise at Kettering Health Dayton/Kettering Health Washington Township Hospital(s) 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.

\_\_\_\_\_  
Practitioner's Signature \_\_\_\_\_  
Date

**Department of Anesthesiology Recommendation - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

\_\_\_\_\_  
Chair, Department/Section

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair, Credentials Committee

\_\_\_\_\_  
Date