Critical Care KHMC & KHMB & KHTR

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. 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 and doubts related to qualification of requested privileges.

Clinical Service Chair: 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.
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	To be eligible to apply for core privileges in critical care, the initial applicant must meet the following criteria
Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME), American Board of Medical Specialties (ABMS)- or American Osteopathic Association (AOA)-accredited postgraduate training program in the relevant medical specialty, and successful completion of an accredited fellowship in critical care medicine.
Certification	Current subspecialty certification or active participation in the examination process with achievement of certification within six years after completion of said fellowship leading to subspecialty certification in critical care medicine by the relevant American Board of Medical Specialties or the American Osteopathic Board.
Clinical Experience (Initial)	Applicants for initial appointment must be able to provide inpatient care, reflective of the scope of privileges requested, to at least 100 patients in the critical care unit during the past 12 months or demonstrate successful completion of an ACGME-, ABMS- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months, plus appropriate demonstration of airway management.
Clinical Experience (Reappointment)	Current demonstrated competence and an adequate volume of experience (200 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 outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Core Privileges Critical Care

Description: 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.

Request			***Request all privileges listed below.***
KHMC	KHMB	KHTR	Click **shaded blue check box** to Request all privileges. Uncheck any privileges you do not want to request.
☐	☐	☐	☐ **- Currently granted privileges**
☐	☐	☐	Admit, evaluate, diagnose, and provide treatment or consultative services to critically ill patients of all ages, with complex medical, neurologic, postsurgical, periobstetrical with multiple organ dysfunction and in need of critical care for life threatening disorders. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. 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.
			Procedures (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)
☐	☐	☐	Airway maintenance intubation, including therapeutic fiberoptic bronchoscopy and laryngoscopy
☐	☐	☐	Arterial puncture
☐	☐	☐	Arthrocentesis
☐	☐	☐	Bone marrow aspirations and biopsy
☐	☐	☐	Bronchial lavage w/wo fiberoptic bronchoscopy
☐	☐	☐	Cardiopulmonary resuscitation
☐	☐	☐	Cardiac output determinations by thermodilution and other techniques
☐	☐	☐	Cardioversion
☐	☐	☐	Central cooling
☐	☐	☐	Echocardiography (bedside evaluation)
☐	☐	☐	Electrocardiography (preliminary bedside interpretation)
☐	☐	☐	Hemofiltration
☐	☐	☐	Image guided procedures at the bedside (ultrasound and fluoroscopy)
☐	☐	☐	Image studies, initial interpretation
☐	☐	☐	Insertion of central venous, arterial and pulmonary artery balloon flotation catheters
☐	☐	☐	Insertion of hemodialysis and peritoneal dialysis catheters
☐	☐	☐	Intracranial pressure monitoring
☐	☐	☐	Lumbar puncture
☐	☐	☐	Management of massive transfusions
☐	☐	☐	Needle and tube thoracostomy
☐	☐	☐	Paracentesis
☐	☐	☐	Percutaneous needle aspiration of palpable masses
☐	☐	☐	Perform history and physical exam
☐	☐	☐	Pericardiocentesis
☐	☐	☐	Peritoneal lavage
☐	☐	☐	Preliminary interpretation of imaging studies
☐	☐	☐	Temporary cardiac pacemaker insertion and application

☐	☐	☐	Thoracentesis
☐	☐	☐	Transtracheal aspiration
☐	☐	☐	Ultrasound as an adjunct to privileged procedures and physical exam
☐	☐	☐	Ventilator management
☐	☐	☐	Wound care

Special Non-Core Privileges Critical Care

Description: If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and maintenance of clinical competence.

Request			***Request all privileges listed below.***
KHMC	KHMB	KHTR	
			Click **shaded blue check box** to Request all privileges. Uncheck any privileges you do not want to request.
☐	☐	☐	☐ **- Currently granted privileges**
☐	☐	☐	Special Noncore Privileges (See Specific Criteria)

Percutaneous Dilational Tracheostomy (PDT)

Qualifications	
Education/Training	Criteria: Successful completion of an accredited ACGME, ABMS or AOA postgraduate training program in pulmonary medicine or internal medicine that included, as a portion of training and education, direct experience in PDT. **OR** If training in PDT was not part of the physician's specialty or subspecialty training, the applicant must demonstrate participation in at least one CME course addressing the technical, cognitive, and mechanical aspects of the procedure.
Clinical Experience (Initial)	Required previous experience: Demonstrated current competence and evidence of the performance of at least 5 PDT procedures during the past 12 months; if no evidence of the performance, the first 5 procedures must be proctored.
Clinical Experience (Reappointment)	Maintenance of privilege: Demonstrate current competence and evidence of the performance of at least 2 PDT procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Request			***Request all privileges listed below.***
KHMC	KHMB	KHTR	
			Click **shaded blue check box** to Request all privileges. Uncheck any privileges you do not want to request.
☐	☐	☐	☐ **- Currently granted privileges**
☐	☐	☐	Percutaneous Dilatational Tracheostomy (PDT)

Fluoroscopy

Description: Must demonstrate competence - initial applicants must complete the online quiz; reapplicants must complete online quiz at least once then complete annual attestations thereafter

Request			***Request all privileges listed below.***
KHMC	KHMB	KHTR	
			Click **shaded blue check box** to Request all privileges. Uncheck any privileges you do not want to request.
☐	☐	☐	☐ **- Currently granted privileges**
☐	☐	☐	Fluoroscopy

Administration of Sedation and Analgesia

Description: Moderate sedation privileges are required for any physician who, without the presence of an anesthesia provider, administers a drug-induced depression of consciousness during which patients respond purposely to verbal commands and/or by light tactile stimulation. Deep sedation, a drug-induced depression of consciousness during which patients may not be easily aroused except to repeat/painful stimuli, may only be performed by an anesthesiologist, CRNA under direction of an anesthesiologist or a board eligible/board certified physician trained in surgical airway techniques per the approval of the Department of Anesthesia.

Qualifications	
Clinical Experience (Initial)	The physician will be granted administration of sedation privileges after successful completion of current medical staff approved airway management education and testing, as well as maintaining current ACLS and/or ATLS.
Clinical Experience (Reappointment)	A biennial competency at reappointment as well as current ACLS and/or ATLS as outlined in the KHN Sedation Policy is required.

Request			***Request all privileges listed below.***
KHMC	KHMB	KHTR	Click **shaded blue check box** to Request all privileges. Uncheck any privileges you do not want to request.
☐	☐	☐	☐ **- Currently granted privileges**
☐	☐	☐	Moderate and Deep Sedation

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at a Kettering Health Main Campus, Kettering Health Miamisburg and Kettering Health Troy Hospital and I understand that:

A. In exercising any clinical privileges granted, I am constrained by applicable 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 _____

Clinical Service Chair 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

Clinical Service Chair Signature

Date

Submit