



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.

Department 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.

Table with 2 columns: Requirement Category and Description. Categories include Membership, Education/Training, Certification, Clinical Experience (Initial), Clinical Experience (Reappointment), and Professional Practice Evaluation.

## 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			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click <span style="background-color: #add8e6;">shaded blue check box</span> to Request all privileges. Uncheck any privileges you do not want to request.
			<b>- Currently granted privileges</b>
			Admit, evaluate, diagnose, and provide treatment or consultative services to critically ill patients of all ages, with complex medical, neurologic, postsurgical, periparturient 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.
			<b>Procedures</b> (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
			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)
			Hemodialysis catheter insertion
			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
			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
			Temporary cardiac pacemaker insertion and application
			Thoracentesis
			Transtracheal aspiration

		Ultrasound as an adjunct to privileged procedures and physical exam
		Ventilator management
		Wound care

**Percutaneous Dilatational Tracheostomy (PDT)**

**Qualifications**

**Education/Training** 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)** 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)** Demonstrate current competence and evidence of the performance of at least 3 PDT procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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

**Advanced Cardiovascular Critical Care Medicine**

**Description:** To be eligible for core privileges in Advanced Cardiovascular Critical Care Medicine, the applicant must meet the following criteria:

**Qualifications**

**Education/Training** Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or an American Osteopathic Association (AOA) accredited residency in specialties or subspecialties in the relevant specialty followed by completion of an accredited fellowship training program in Critical Care Medicine.

**AND**

Current certification or active participation in the examination process leading to certification or maintenance of certification in Critical Care Medicine with achievement of certification in accordance with the requirements set forth in the Medical Staff Bylaws. An applicant for reappointment whose board certification has lapsed will have twelve (12) months or the equivalent of two (2) exam cycles, whichever is the longer period, to remedy the lapse.

**Clinical Experience (Initial)** Applicants for initial appointments must be able to demonstrate advanced cardiovascular critical care services, reflective of the scope of privileges requested, for at least 50 patients during the previous 12 months.

**OR**

Demonstrate successful completion of an ACGME- or AOA accredited clinical Critical Care Medicine fellowship, preferentially with emphasis on cardiovascular critical care, within the last 12 months.

**Clinical Experience  
(Reappointment)**

The current provider must show competence and have evidence of successfully delivering advanced cardiovascular critical care reflective of the scope of privileges requested to at least 50 patients in the past 12 months, based on ongoing professional evaluations and outcomes at KH or a comparable tertiary facility with comparable level of acuity.  
Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate support equipment, license, beds, staff and other support required to provide the services defined in this document.

**Core Privileges in  
Advanced Cardiovascular  
Critical Care**

Core privileges include but are not limited to: Ability to admit, evaluate, diagnose, treat, and provide consultation to patients presenting with critical illness of the heart, lungs, and blood vessels and manage highly complex cardiovascular conditions.  
This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extension of the same techniques and skills may also be performed.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
			<b>- Currently granted privileges</b>
			Cardiogenic and non-cardiogenic shock management
			Electrocardiography (bedside interpretation) including rhythm strips analysis
			Hemofiltration and general management of renal replacement
			Infusion and management of GP IIb/IIIa agents and thrombolytic agents and antithrombotic agents
			Management of acute coronary syndromes.
			Management of unstable/complex cardiac arrhythmias
			Management of inotropes, vasopressors and antiarrhythmic agents
			Management of patients pre- and post-complex cardiac, thoracic, and vascular operations and interventions.
			Management of patients before and after transplantation of thoracic organs
			Management of pneumothorax (needle insertion and drainage system)
			Management and repositioning of temporary percutaneous left ventricular assist devices different from Extracorporeal Membrane Oxygenation (ECMO).
			Management of temporary right ventricular assist devices different from ECMO.
			Management and repositioning of intra-aortic balloon pumps
			Non-invasive and invasive hemodynamic monitoring
			Neuro-monitoring invasive and non-invasive (Critical care)
			Transcutaneous external pacemaker placement and management

**Management of Durable Left Ventricular Support Device**

**Qualifications**

**Clinical Experience (Initial)** Demonstrate advanced cardiovascular critical care services reflective of the scope of privileges requested during the previous six months.

**AND**

Board certification in cardiac anesthesia, critical care, or cardiac surgery

**AND**

Must complete training course(s) provided by the manufacturer of the specific support system(s) to be used.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Management of Durable Left Ventricular Support Device

**Co-Management of LVAD Support Device**

**Qualifications**

**Clinical Experience (Initial)** Board certification in cardiac anesthesia, critical care, or cardiac surgery

**AND**

Must complete training course(s) provided by the manufacturer of the specific support system (s) to be used

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Co-Management of LVAD Support Device

**Critical Care Transesophageal Echocardiography (TEE) for Hemodynamic Assessment and Resuscitation**

**Qualifications**

**Clinical Experience (Initial)** Successfully completed the certification examination in basic or advanced perioperative TEE, advanced critical care echocardiography, or adult echocardiography as administered by the National Board of Echocardiography or is actively participating in the maintenance of certification process for the pertinent examination(s).

**AND**

Performing at least 15 basic TEEs within the last three (3) years by supplying a case log and/or a letter of attestation from the fellowship Program Director or Intensive Care Unit (ICU) Director or be proctored a minimum of 15 TEEs within a 24-month period.

**Clinical Experience (Reappointment)** Provider must be actively involved in the National Board or Echocardiography (NBE) annual longitudinal assessment (MOC) program.  
Must provide a case log documenting performance of at least 10 TEEs within the past 24 months.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Critical Care Transesophageal Echocardiography (TEE) for Hemodynamic Assessment and Resuscitation

**Assisting with Emergency Surgical Procedures at Bedside Including Emergent (Re-)Sternotomy**

**Qualifications**

**Clinical Experience (Initial)** Must provide documentation of at least 2 years of residency training in general surgery or cardiothoracic surgery, or formal Surgical Assistant (SA) training.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Assisting with Emergency Surgical Procedures at Bedside Including Emergent (Re-)Sternotomy

**Advanced Critical Care Transthoracic Echocardiography (TTE) with Doppler and Color Flow, Including Ultrasound Enhancing Substances**

**Qualifications**

**Clinical Experience (Initial)** Successfully completed the certification examination in advanced critical care echocardiography, or adult echocardiography as administered by the National Board of Echocardiography or is actively participating in the maintenance of certification process for the pertinent examination(s).

**AND**

Performing at least 45 TTEs within the last three years by supplying a case log and/or a letter of attestation from the fellowship Program Director or Intensive Care Unit (ICU) Director or be proctored a minimum of 45 TTEs within a 24-month period.

**Clinical Experience (Reappointment)** Must provide a case log documenting performance of at least 30 TTEs within the past 24 months.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Advanced Critical Care Transthoracic Echocardiography (TTE) with Doppler and Color Flow, Including Ultrasound Enhancing Substances

**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			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click <b>shaded blue check box</b> 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			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click <b>shaded blue check box</b> 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 \_\_\_\_\_

**Department 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

Department Chair Recommendation - Additional Comments

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_