



Anesthesia KHMC & KHMB & KHTR

Delineation of Privileges - Privileges are covered by an exclusive contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training and experience.

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 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.

*** An anesthesiologists "on call" outside the hospital should be no further than 45 minutes away from the facility when "on call". This specifically applies to the Kettering Medical Center second-call anesthesiologist who provides back-up coverage from home (KAA, Inc. provides first call, in-house anesthesiologist coverage at Kettering Hospital 24 hrs/day, 7 days/week), as well as the Sycamore Medical Center first call anesthesiologist who also provides coverage from home. ***

Required Qualifications

Membership	To be eligible to apply for core privileges in anesthesiology, the initial applicant must meet the following criteria:
Education/Training	Completion of a residency/fellowship approved by Accreditation Council of Graduation Medical Education (ACGME), American Board of Medical Specialties (ABMS), or American Osteopathic Association (AOA) in anesthesiology.
Certification	Current certification or active participation in the examination process, with achievement of certification within six years leading to certification in anesthesiology by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, as outlined in the Medical Staff Bylaws.
Clinical Experience (Initial)	Applicants for initial appointment must be able to demonstrate performance of 50 cases, reflective of the scope of privileges requested, within the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.
Clinical Experience (Reappointment)	Current demonstrated competence and an adequate volume of experience 50 cases 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 Anesthesia

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>
KMHC	SYC	TROY	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Requested Administration of anesthesia, including general, regional, and local, and administration of all levels of sedation to adolescent and adult patients. Care is directed toward patients rendered unconscious or insensible to pain and the management of emotional stresses during surgical, obstetrical, and certain other medical procedures, including pre-, intra-, and postoperative evaluation and treatment and the support of life functions and vital organs under the stress of anesthetic, surgical, and other medical procedures. May provide care to patients in the intensive care setting in conformance with unit policies. 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.)
			All types of neuraxial analgesia (including epidural, spinal, combined spinal and epidural analgesia) and different methods of maintaining analgesia (e.g., bolus, continuous infusion, patient-controlled epidural analgesia)
			Anesthetic management of both spontaneous and operative vaginal delivery, retained placenta, cervical dilation and uterine curettage, postpartum tubal ligation, cervical cerclage, and assisted reproductive endocrinology interventions
			Anesthetic management for patients undergoing minimally invasive cardiac surgery and for congenital cardiac procedures performed on adult patients
			Anesthetic management of adult patients for cardiac pacemaker and automatic implantable cardiac defibrillator placement, surgical treatment of cardiac arrhythmias, cardiac catheterization, and cardiac electrophysiologic diagnostic/therapeutic procedures
			Anesthetic management of adult patients undergoing surgery on the ascending or descending thoracic aorta requiring full CPB, left heart bypass, or deep hypothermic circulatory arrest
			Anesthetic management of patients undergoing noncardiac thoracic surgery
			Assessment of, consultation for, and preparation of patients for anesthesia
			Clinical management and teaching of cardiac and pulmonary resuscitation
			Consultation and management for pregnant patients requiring nonobstetric surgery
			Consultation for medical and surgical patients
			Diagnosis and treatment of acute pain
			Evaluation of respiratory function and application of respiratory therapy
			General anesthesia for cesarean delivery
			Image guided procedures
			Interpretation of laboratory results
			Management of both normal perioperative fluid therapy and massive fluid or blood loss
			Management of critically ill patients
			Management of nonsurgical cardiothoracic patients

		Management of normal and abnormal airways
		Mechanical ventilation
		Monitoring and maintenance of normal physiology during the perioperative period
		Perform history and physical exam
		Pharmacologic support of the circulation
		Placement of venous and arterial catheters
		Preoperative assessment of children scheduled for surgery
		Recognition, prevention, and treatment of pain in medical and surgical patients
		Relief and prevention of pain during and following surgical, obstetric, therapeutic, and diagnostic procedures using sedation/analgesia, general anesthesia, regional anesthesia
		Sedation or anesthesia for children outside the operating rooms, including those undergoing radiologic studies and treatment and acutely ill and severely injured children in the emergency department
		Supervision and evaluation of performance of personnel, both medical and paramedical, involved in perioperative care
		Supervision of Certified Registered Nurse Anesthetists
		Treatment of patients for pain management (excluding chronic pain management)

Basic Transesophageal Echocardiography (TEE) in the Operating Room

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 for maintenance of clinical competence.

Qualifications

Requirements 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; Views of the descending aorta

Clinical Experience (Reappointment) Perform a minimum of 5 basic examinations per year.

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.</i>
KMC	SYC	TROY	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			TEE is a useful tool for monitoring several aspects of anesthesia care including but not limited to: (Venous Air Embolism; Intravascular volume; Myocardial Contractility)
			Basic intraoperative Transesophageal Echocardiography (TEE) for monitoring purposes

Advanced Transesophageal Echocardiography (TEE) in the Operating Room

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 for maintenance of clinical competence.

Qualifications

Requirements Satisfy the requirements for Basic TEE privileges

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
 Be familiar with the quantification of the severity of cardiac valvular lesions
AND
 Include a legible and detailed report or every examination performed in the patient medical record.

Clinical Experience (Reappointment) Perform at least 15 complete examinations per year.

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			<i>Request all privileges listed below.</i>
KMC	SYC	TROY	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			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; Pericardial effusion.)
			Advance level intraoperative Transesophageal Echocardiography (TEE) for diagnosis and monitoring

Special Noncore Privileges (See Specific Criteria)

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			<i>Request all privileges listed below.</i>
KMC	SYC	TROY	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Fluoroscopy - Must demonstrate competence - initial applicants must complete the online quiz; reapplicants must complete online quiz at least once then complete annual attestations thereafter.

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 Kettering Health Main Campus, Kettering Health Miamisburg and Kettering Health Troy 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):

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	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