

Anesthesia Soin & KHGM

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
- 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.

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 anesthesiology, the initial applicant must meet the following criteria:		
Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)-accredited residency 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)	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.

Req	uest	Request all privileges listed below.
кнем	SOIN	Click shaded blue check box to Request all privileges.
GN	ž	Uncheck any privileges you do not want to request.
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		- 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- Soin Hospital Only

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.

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		Request all privileges listed below.	
KHGM	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- Soin Hospital Only

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	
equirements Satisfy the requirements for Basic TEE privil	eges

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.

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

AND

are obtained and recorded.

Be familiar with the quantification of the severity of cardiac valvular lesions

AND

AND

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

Clinical Experience (Reappointment)

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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		Request all privileges listed below.	
KHGM	SOIN	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	

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 Greene Memorial and/or Soin Medical Center, 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.				
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Practitioner's Signature	 Date			
Clinical Service Chair Recommendation - Privile	eges			
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 Comment	S			
Clinical Service Chair Signature	Date			

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