



Critical Care Soin
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 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 critical care, 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 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- 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.
NOIN	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, 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.
	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
	Calculation of oxygen content, intrapulmonary shunt and alveolar arterial gradients
	Cardiac output determinations by thermodilution and other techniques
	Cardioversion
	Central cooling
	Echocardiography (bedside evaluation)
	Electrocardiography (preliminary bedside interpretation)
	Evaluation of oliguria
	Hemofiltration
	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 anaphylaxis and acute allergic reactions
	Management of life-threatening disorders in intensive care units including but not limited to shock, anaphylaxis, coma, heart failure, trauma, respiratory arrest, drug overdoses, massive bleeding, diabetic acidosis and kidney failure
	Management of massive transfusions
	Management of the immunosuppressed patient

	Monitoring and assessment of metabolism and nutrition
	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
	Image guided procedures at the bedside (ultrasound and fluoroscopy)
	Use of reservoir masks, nasal prongs/canulas and nebulizers for delivery of supplemental oxygen and inhalants
	Ventilator management, including experience with various modes and continuous positive airway pressure therapies (BiPAP, CPAP, NIPVV)
	Wound care

Special Non-Core Privileges

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>
SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Special Non-Core Privileges

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>
NIOIN	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	<i>Request all privileges listed below.</i>
NOIN	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 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.

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