

ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____

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- Initial Appointment
- Reappointment

All new applicants must meet the following requirements as approved by the governing body effective:

Applicant: Check off the "Requested" box for each privilege requested. 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 any doubts related to qualifications for 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.

Other Requirements

- Note that privileges granted may only be exercised at the site(s) and/or 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 and/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 governance (MS Bylaws, Rules and Regulations) organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR ANESTHESIOLOGY

To be eligible to apply for core privileges in anesthesiology, the initial applicant must meet the following criteria:

Current specialty certification in anesthesiology by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology.

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in anesthesiology and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to specialty certification in anesthesiology by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance of a sufficient volume of hospital anesthesiology cases, reflective of the scope of privileges requested, within the past 24 months or demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship setting within the past 12 months.

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Reappointment Requirements: To be eligible to renew core privileges in anesthesiology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume of experience of hospital anesthesiology 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

ANESTHESIOLOGY CORE PRIVILEGES

- Requested** Privileges include the ability to provide medical management of patients of all ages who are to have surgical and other painful procedures requiring anesthesia. Management of such patients includes preoperative evaluation or readiness for anesthesia as well as the provision of anesthesia whether general, regional, or monitored anesthesia care and all associated monitoring, invasive or non-invasive. Also included are CPR, routine post-operative pain relief treated with pre-emptive blocks and/or post-operative opioids, management of patients during the immediate recovery from anesthesia in the post-anesthesia care unit, with admission and consultation as deemed necessary. The core privileges in this specialty include the procedures on the attached procedure list.

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, Non-Core Privileges are requested individually in addition to requesting the core. Each individual requesting Non-Core 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.

CORONARY SINUS CATHETER PLACEMENT

- Requested**

Criteria (Initial Appointment): Completion of an accredited anesthesia residency that included education and direct experience in coronary sinus catheter placement.

OR

Attendance and completion of an observational training program in coronary sinus catheter placement AND two proctored cases where coronary sinus catheter is placed.

OR

Demonstrated current competence and evidence of performance of a sufficient volume of coronary sinus catheter placements in the past 24 months with acceptable outcomes.

Maintenance of Privilege (Reappointment): Demonstrated current competence and evidence of the performance of a sufficient volume of procedures in the past 24 months based on results of quality assessment/improvement activities and outcomes.

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INTERPRETATION OF TEE

Requested

Criteria (Initial Appointment): Hold current National Board of Echocardiography Certification in TEE.

OR

Hold testamur status by having passed the National Board of Echocardiography certification exam in advanced perioperative TEE in the past ten years.

Required Previous Experience: Demonstrated current competence and evidence of interpretation of a sufficient number of TEE studies in the past 24 months with acceptable outcomes.

Maintenance of Privilege (Reappointment): Demonstrated current competence and evidence of interpretation of a sufficient number of TEE studies in the past 24 months based on results of quality assessment/improvement activities and outcomes.

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CORE PROCEDURE LIST

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.

ANESTHESIOLOGY CORE PROCEDURES

- Arterial lines
- Central lines
- Pulmonary artery catheters
- Intubation
- Bronchoscopy
- Ventilator management
- Spinal and epidural anesthesia
- Lumbar and thoracic epidural infusions
- Peripheral nerve blocks for anesthesia or as needed for post-operative pain relief
- Insertion of TEE probe with manipulation for imaging during anesthesia

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ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at University Hospital and Health System, University of Mississippi Medical Center, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by 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.

Signed _____ **Date** _____

SERVICES CHIEF'S RECOMMENDATION (AS APPLICABLE)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Service Chief Signature _____ **Date** _____

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DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Department Chair Signature _____ **Date** _____

Approved:

Reviewed:

Revised: