



Printed Name

Anesthesia

Kettering Medical Center Kettering Memorial Hospital/Sycamore Hospital

Clinical Privileges Profile

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: 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.

Clinical Service Chief: 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

1. 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.
2. Note that 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.
3. 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.

QUALIFICATIONS FOR ANESTHESIOLOGY

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

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in anesthesiology.

AND

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.

Required previous experience: 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.

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 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

ANESTHESIOLOGY CORE 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.

SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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.

TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) FORTHCOMING

CORE PROCEDURE LIST

This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

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

1. 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)
2. 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
3. Anesthetic management for patients undergoing minimally invasive cardiac surgery and for congenital cardiac procedures performed on adult patients
4. 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
5. 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
6. Anesthetic management of patients undergoing noncardiac thoracic surgery
7. Assessment of, consultation for, and preparation of patients for anesthesia
8. Clinical management and teaching of cardiac and pulmonary resuscitation
9. Consultation and management for pregnant patients requiring nonobstetric surgery
10. Consultation for medical and surgical patients
11. Diagnosis and treatment of acute pain
12. Evaluation of respiratory function and application of respiratory therapy
13. General anesthesia for cesarean delivery
14. Image guided procedures
15. Interpretation of laboratory results
16. Management of both normal perioperative fluid therapy and massive fluid or blood loss
17. Management of children requiring general anesthesia for elective and emergent surgery for a wide variety of surgical conditions, including neonatal surgical emergencies, cardiopulmonary bypass, solid organ transplantation, and congenital disorders
18. Management of critically ill patients
19. Management of nonsurgical cardiothoracic patients
20. Management of normal and abnormal airways
21. Mechanical ventilation
22. Monitoring and maintenance of normal physiology during the perioperative period
23. Perform history and physical exam
24. Pharmacologic support of the circulation
25. Placement of venous and arterial catheters
26. Preoperative assessment of children scheduled for surgery
27. Recognition, prevention, and treatment of pain in medical and surgical patients
28. Relief and prevention of pain during and following surgical, obstetric, therapeutic, and diagnostic procedures using sedation/analgesia, general anesthesia, regional anesthesia
29. 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
30. Supervision and evaluation of performance of personnel, both medical and paramedical, involved in perioperative care
31. Supervision of Certified Registered Nurse Anesthetists
32. Treatment of patients for pain management (excluding chronic pain management)

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 that I wish to exercise at Hospital, 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.

Signature: _____ **Date:** _____

CLINICAL SERVICE CHIEF'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and 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

Clinical Service Chief Signature: _____ **Date:** _____

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee action **Date:** _____
Medical Executive Committee action **Date:** _____
Board of Directors **Date:** _____

Adopted: Anesthesia Clinical Service 5/6/2009
 Credentials Committee 5/11/2009
 Medical Executive Committee 5/19/2009
 Board of Directors 6/8/2009