

ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

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

Effective: _____/_____/_____.

Initial Privileges (Initial Appointment)

Renewal of Privileges (Reappointment)

Applicant: Please check the ***“Requested”*** box for each privilege requested.

Applicants have the burden of producing information and documentation 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 not recommended, provide the condition or explanation on the last page of this form.

Other Requirements

- 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.
- Note that privileges granted may only be exercised at the site(s) designated by CCRMC and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

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QUALIFICATIONS FOR ANESTHESIOLOGY

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

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

AND

2. Documentation of current ACLS certification.

AND

3. Documentation of required current experience: 200 cases of anesthesia performed in the hospital, reflective of the scope of privileges requested, within the past 24 months; or documented successful completion of an ACGME– or AOA–accredited residency or clinical fellowship within the past 24 months. Please provide a clinical activity/procedure log.

*Specialty Board Certification is encouraged (but not mandated according to CCRMC bylaws).

Renewal of Privileges: To be eligible to renew privileges in anesthesiology, the applicant must meet the following criteria:

1. Current documented competence and an adequate volume of experience. 200 cases of anesthesia performed in the hospital with acceptable results, reflective of the scope of privileges requested, for the past 24 months, based on results of Ongoing Professional Practice Evaluation (OPPE) and outcomes.

*If Board certified, documentation of Maintenance of Certification (ABMS) or OCC (On-Going Continuous Certification) is strongly encouraged.

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***Core Privileges: Anesthesiology— Adolescent (≥ 14 years of age)
and Adult Patients***

- Requested:** Administration of anesthesia, including general, regional, and local, and administration of all levels of sedation to adolescent and adult patients. Care includes pain relief and maintenance, or restoration, of a stable condition during and immediately following surgical, gynecological, and diagnostic procedures. Provide anesthesia services at all appropriate locations in the hospital (e.g. intensive care setting, emergency room, radiology, etc.).

The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

CORE TREATMENT/ PROCEDURE LIST

This is not intended to be an all-encompassing list of treatments. It defines the types of activities/procedures/privileges that most practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Adolescent (≥ 14 years of age) and Adult Anesthesiology

- Performance of history and physical exam
- Assessment of, consultation for, and preparation of patients for anesthesia
- Clinical management and teaching of cardiac and pulmonary resuscitation
- Diagnosis and treatment of acute pain.
- Evaluation of respiratory function and application of respiratory therapy
- Performance of image-guided procedures (i.e. use of ultrasound to locate anatomical structures such as nerves, arteries, veins, etc.)
- Anesthesiological management of critically ill patients
- Monitoring and maintenance of normal physiology during the perioperative period
- Relief and prevention of pain during and following surgical, therapeutic, and diagnostic procedures using sedation/analgesia, general anesthesia, regional anesthesia
- Supervision and evaluation of performance of medical and paramedical personnel involved in perioperative care

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Core privileges: Obstetric Anesthesia

- Requested:** Care is directed toward comprehensive anesthetic management, perioperative care, and pain management of women during pregnancy and the puerperium period. Administration of anesthesia, including general, regional, and local, and administration of all levels of sedation to adult and adolescent female patients. Provide anesthesia services at all appropriate locations in the hospital (e.g. intensive care setting, emergency room, radiology, etc.).
- The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills as determined by the department chair.

CORE TREATMENT/ PROCEDURE LIST

This is not intended to be an all-encompassing list of treatments. It defines the types of activities/procedures/privileges that most practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Obstetric Anesthesia

- Performance of history and physical exam
- Provision of all types of neuraxial analgesia (including epidural, spinal, combined spinal, and epidural analgesia) and different methods of maintaining analgesia (such as bolus, continuous infusion, and patient-controlled epidural analgesia)
- Anesthetic management of both spontaneous and operative vaginal delivery, retained placenta, cervical dilation, and uterine curettage, as well as postpartum tubal ligation, cervical cerclage
- Consultation and management for pregnant patients requiring non-obstetric surgery
- Provision of general anesthesia for cesarean delivery
- Performance of image-guided procedures (i.e. use of ultrasound to locate anatomical structures such as nerves, arteries, veins, etc.)

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**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)
for initial applicants**

1. At least 6 chart reviews (retrospective proctoring) of pre-op, intra-op, and post-op assessments [of these 6 charts, at least 3 (three) need to be ASA III or greater].
2. Concurrent proctoring (direct observation) of at least 3(three) procedures that are representative of procedures regularly performed by anesthesiologists performing adolescent and adult anesthesia.
3. If obstetric anesthesia privileges have been requested/granted, initial FPPE must include additional concurrent proctoring (direct observation) of at least 3 (three) obstetrical cases.
4. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
5. Completed FPPE forms have to be submitted to the Credentialing Office.
6. It is the applicant's ultimate responsibility to make sure that FPE and submission of all required paperwork to the Credentialing Office takes place in a timely manner. Failure to do so may result in loss or limitation of privileges.

ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center, and I understand that:

- a. In exercising any clinical privileges granted, I will adhere 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 _____

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DEPARTMENT / DIVISION CHAIR'S RECOMMENDATION

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

- Recommend All Requested Privileges**
- Recommend Privileges with the Following Conditions/Modifications:**
- Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

Notes:

[Department Chair] Signature: _____ **Date:** _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

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|---|--------------------|
| Credentials Committee Approval | Date: _____ |
| Temporary Privileges | Date: _____ |
| Medical Executive Committee Approval | Date: _____ |
| Board of Supervisors Approval | Date: _____ |