Texas Health Presbyterian Hospital ROCKWALL
Healing Hands. Caring Hearts.

Clinical Privileges in **Anesthesiology and Pain**

DEPARTMENT: *SURGERY* ***SECTION:*** *ANESTHESIOLOGY*

Name: _____
(please print)

Qualifications: EDUCATION / TRAINING / EXPERIENCE

Core privileges in anesthesiology require a MD or DO and successful completion of an American Board of Anesthesiology or AOA accredited post graduate training program or demonstration of the performance of at least 500 anesthesiology cases during the past two years; and current certification or active participation in the examination process leading to certification by the ABA or AOBA. Board certification by ABA or AOBA in Anesthesiology may be required within five years of appointment to medical staff based on departmental guidelines. Applicants shall submit a listing of all major operative or invasive procedures performed in the last 24 months.

PRIVILEGING

As documented by my experience and training on the Application for Appointment/Reappointment to the Medical Staff, I request privileges as indicated below. Applicant: Place a ***check mark and initial*** *in the* ***(R) column*** *for each privilege requested. Initial applicants must provide documentation of the number and types of hospital cases during the past 24 months.*

(R)=Requested (A) =Recommended as Requested (C) = Recommended with Conditions (N) =Not Recommended

Note: If recommendations for clinical privileges includes a condition, modification or not recommended, the specific condition and reason for same must be stated on the last page of this form.

(For office use only) **Initial** _____ **Renewal**_____ Effective ___/___/___ to ___ /___/ ____

(R)	*(A)*	*(C)*	*(N)*	***CATEGORY I: ANESTHESIOLOGY CORE PRIVILEGES***			***Department Chair Initials***
				Management of patients rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical, and certain other medical procedures, including pre-, intra-, and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical, and other medical procedures; management of patients with a difficult airway; ventilator management <24 hours in post-op patients; management of problems in pain relief; cardiopulmonary resuscitation; and supervision of patients in post-anesthesia care units and critically ill patients in special care units; except for those special procedure privileges listed below.			
				Premature and age < 6 months			
				Children 6 months to 14 years			
				Adolescents 14 to 18 years			
				Adults 18 years and greater			
				CATEGORY II: ANESTHESIOLOGY SPECIAL PRIVILEGES *Must meet the requirements outlined for Category I AND demonstrate proof of additional training, clinical competence and/or experience, with documentation of such additional qualifications.*			
				Comprehensive Critical Care Qualifications These privileges require certificate of subspecialty certification in Critical Care Medicine Anesthesiology (*CCM-A), eligibility for participation in the examination process for CCM-A, or documentation of equivalent credentials.*			
(R)	*(A)*	*(C)*	*(N)*	***Privilege Requested***	***Required Previous Experience***	***Reappointment Criteria***	***Department Chair Initials***
				COMPREHENSIVE CRITICAL CARE CORE	Comprehensive management of patients in critical care units including but not limited to the use of procedures such as chest tube insertion, transvenous pacemaker insertion, cardioversion, hemodialysis catheter insertion, ultrafiltration, thoracentesis, and pericardiocentesis.		

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(R)	(A)	(C)	(N)	***CATEGORY II: ANESTHESIOLOGY SPECIAL PRIVILEGES (continued)*** ***Must meet the requirements outlined for Category I AND demonstrate proof of additional training, clinical competence and/or experience, with documentation of such additional qualifications.*** ***Limited Critical Care Qualifications*** All the qualifications for general anesthesiology, plus documentation of current training and/or experience in the management of critically ill patients.			***Department Chair Initials***
				Privilege Requested	***Required Previous Experience***	***Reappointment Criteria***	
				LIMITED CRITICAL CARE CORE	This category is limited to use of the following procedures: fiberoptic laryngotracheo-bronchoscopy, mechanical ventilation, and invasive hemodynamic monitoring.		

(R)	(A)	(C)	(N)	***CATEGORY II: ANESTHESIOLOGY SPECIAL PRIVILEGES (continued)*** ***Must meet the requirements outlined for Category I AND demonstrate proof of additional training, clinical competence and/or experience, with documentation of such additional qualifications.*** ***Comprehensive Pain Management Qualifications*** These privileges require subspecialty certification for pain management (PM), eligibility for participation in the examination process for PM or documentation of equivalent credentials.			***Department Chair Initials***
				Privilege Requested	***Required Previous Experience***	***Reappointment Criteria***	
				COMPREHENSIVE PAIN MANAGEMENT CORE	Comprehensive management of acute and chronic pain; continuous intraspinal narcotics, neurolytic nerve blocks, facet blocks, and dorsal column stimulation.		

(R)	(A)	(C)	(N)	***CATEGORY II: ANESTHESIOLOGY SPECIAL PRIVILEGES (continued)*** ***Must meet the requirements outlined for Category I AND demonstrate proof of additional training, clinical competence and/or experience, with documentation of such additional qualifications.*** ***Limited Pain Management*** These privileges do not require sub specialty certification for pain management.			***Department Chair Initials***
				Privilege Requested	***Required Previous Experience***	***Reappointment Criteria***	
				LIMITED PAIN MANAGEMENT CORE	Epidural Steroids; Postop Pain Blocks (including spinal and epidural); Femoral, interscalene, sciatic catheters for short term pain management; epidural blood patch; trigger point injections; acupuncture.		

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				CATEGORY II: ANESTHESIOLOGY SPECIAL PRIVILEGES (continued) ***Must meet the requirements outlined for Category I AND demonstrate proof of additional training, clinical competence and/or experience, with documentation of such additional qualifications.***			
				OBSTETRIC ANESTHESIA CORE These privileges do not require sub specialty certification for pain management.			***Department Chair Initials***
(R)	***(A)***	***(C)***	***(N)***	***Privilege Requested***	***Required Previous Experience***	***Reappointment Criteria***	
				OBSTETRIC ANESTHESIA CORE	Epidural; spinal; general anesthesia for peripartum. Intrathecal and epidural narcotics.		

PRIVILEGE CRITERION

Provisional Privileges: *Provisional privileges, during the first fourteen months of practice of the procedure at Presbyterian Hospital of Rockwall, are conferred to facilitate the pursuit of full anesthesiology privileges at Presbyterian Hospital of Rockwall. With this classification, it is appropriate for the physician to assist in cases and complete any proctoring requirements to meet full privilege requirements for Presbyterian Hospital of Rockwall.*

Special procedures: *Unless otherwise set out in this document, successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable experience; and documentation of competence to obtain and retain clinical privileges as set forth in medical staff policies governing the exercise of specific privileges.*

Use of Laser: *Completion of an approved 6 hour minimum CME course which includes training in laser principles of safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and hands-on experience with lasers. A letter outlining the content and successful completion of course must be submitted, or documentation of successful completion of an approved residency in a specialty or subspecialty which included training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty fields and a minimum of 4 hours didactic and 2 hours hands-on experience with lasers.*

Observation / Proctoring Requirements: *Guidelines, scheduling, payment and approval process for the proctoring programs are defined in the Medical Staff policy.*

Reappointment Requirements: *Current demonstrated competence and an adequate volume of current experience with acceptable results in the privileges requested for the past 24 months based on results of quality assessment/improvement activities and outcomes. Practice will be monitored for the first 12 months as per Joint Commission guidelines.*

Continuing Medical Education: *In compliance with Joint Commission standard, the physician must participate in continuing medical education (CME) as per state licensure regulations, outlined by the medical staff by-laws rules and regulations.*

Participation in Societies: *Active participation in societies related to this field is also strongly recommended.*

Note: If any privileges are covered by an exclusive contractual agreement, physicians who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training and experience

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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 Presbyterian Hospital of Rockwall, and

1) I understand that:
   a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation and agree to be proctored.

   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.

2) I do attest that I have participated in continuing medical education activities related to the privileges I have requested.

_____ _____ _____/_____/_____
Applicant Name – Printed Signature Date

DEPARTMENT CHAIRMAN RECOMMENDATION

I have reviewed the requested clinical privileges, as well as the appointment / reappointment application, performance improvement profile, and other pertinent appointment / reappointment information. Based on my review I propose the following:

☐ **Recommend**	☐ **Recommend with Conditions**	☐ **Not Recommended**	☐ **Deferred for Committee Discussion**
Comments:			

_____ _____/_____/_____
Department Chairman Signature **Date**

ACCEPTANCE AND APPROVAL

_____ _____/_____/_____
Credentials Chairman Signature **Date**

_____ _____/_____/_____
President of Medical Staff Signature **Date**