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Printed Name

## Clinical Privileges Profile Anesthesia

### Kettering Medical Center System

**Kettering Medical Center**       **Sycamore Medical Center**

*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**

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**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.

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## CORE PRIVILEGES

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### ANESTHESIOLOGY CORE PRIVILEGES

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- 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.

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### SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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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.

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### TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) IN THE OPERATING ROOM

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- Requested BASIC INTRAOPERATIVE TEE FOR MONITORING PURPOSES**

TEE is a useful tool for monitoring several aspects of anesthesia care including but not limited to:

1. Venous Air Embolism
2. Intravascular volume
3. Myocardial Contractility

Credentialing requirements for Basic TEE are as follows:

1. Be familiar with the indications, risks, complications and contraindications to TEE probe placement.
2. Perform 10 successful probe placements supervised by a Cardiothoracic Surgeon, Cardiologist, or Advanced Level Anesthesia TEE provider.
3. Perform 10 proctored basic TEE exams identifying the following views:

Upper esophageal great vessel view  
Mid esophageal Bi-caval view  
Aortic valve short and long axis views with and without color doppler  
Four Chamber view  
Mitral valve Views with and without color Doppler  
Trans gastric mid papillary muscle view of the Left Ventricle  
Views of the descending aorta

**Maintenance Requirement:** Perform a minimum of 5 basic examinations per year.

These criteria do not confirm the skills necessary to make diagnosis that may alter the surgical plan. If a basic exam suggests a change in the operative plan the diagnosis needs to be supported by review with an advanced level anesthesia TEE provider, Cardiologist, or Cardiothoracic Surgeon.

□ **Requested ADVANCED LEVEL INTRAOPERATIVE TEE FOR DIAGNOSIS AND MONITORING**

TEE is a useful tool in cardiac anesthesia and can be used to make a variety of diagnosis including but not limited to:

1. Cardiac valvular function
2. Success of valve repair
3. Intravascular volume status
4. Intracardiac Masses/ Thrombi
5. Myocardial contractility
6. Integrity of the great vessels
7. Pericardial effusion.

Credentialing requirements for Advanced TEE are as follows

Satisfy the requirements for Basic TEE privileges plus:

1. Perform 10 successful probe placements supervised by a Cardiothoracic Surgeon, Or advanced level anesthesia provider.
2. Perform 15 Proctored complete exams or review at least 15 complete exams with An advanced anesthesia provider or cardiologist. A complete examination is one which the 20 standard views are obtained and recorded.
3. Be familiar with the quantification of the severity of cardiac valvular lesions
4. Perform a minimum of 25 hours of independent study and at least 20 hours of CME every 4 years specifically targeted to intraoperative TEE
5. Include a legible and detailed report on every examination performed in the patient medical record.

**Maintenance Requirement:** Perform at least 15 complete examinations per year.

Candidates who fulfill the requirements for Certification in Intraoperative TEE by the American Society of Echocardiography or graduate from a Cardiothoracic Anesthesia Fellowship or residency with special interest in Intraoperative TEE will also meet credentialing requirements for Transesophageal Echocardiography in the Operating Room.

## CORE PROCEDURE LIST

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*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 critically ill patients
18. Management of nonsurgical cardiothoracic patients
19. Management of normal and abnormal airways
20. Mechanical ventilation
21. Monitoring and maintenance of normal physiology during the perioperative period
22. Perform history and physical exam
23. Pharmacologic support of the circulation
24. Placement of venous and arterial catheters
25. Preoperative assessment of children scheduled for surgery
26. Recognition, prevention, and treatment of pain in medical and surgical patients
27. Relief and prevention of pain during and following surgical, obstetric, therapeutic, and diagnostic procedures using sedation/analgesia, general anesthesia, regional anesthesia
28. 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
29. Supervision and evaluation of performance of personnel, both medical and paramedical, involved in perioperative care
30. Supervision of Certified Registered Nurse Anesthetists
31. Treatment of patients for pain management (excluding chronic pain management)

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**ACKNOWLEDGEMENT OF PRACTITIONER**

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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:** \_\_\_\_\_

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**CLINICAL SERVICE CHIEF'S RECOMMENDATION**

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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:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Notes**  
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**Clinical Service Chief Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FOR MEDICAL STAFF OFFICE USE ONLY**

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**Credentials Committee action** **Date:** \_\_\_\_\_

**Medical Executive Committee action** **Date:** \_\_\_\_\_

**Board of Directors** **Date:** \_\_\_\_\_