

UNMH Anesthesiology Clinical Privileges

Name:

Effective Dates: _____ To: _____

For eligibility to request privileges in Anesthesiology, applicants must have appointment as a Faculty member of the UNM Department of Anesthesiology & Critical Care Medicine.

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 10/31/2014

INSTRUCTIONS

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

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics 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.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

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Qualifications for Anesthesiology

Initial privileges - To be eligible to apply for privileges in anesthesiology, the 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

Board Certification by the American Board of Anesthesiology OR the American Osteopathic Board of Anesthesiology OR active participation in the ABA or AOA board-certification process.

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

Current demonstrated competence and an adequate volume of experience 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.

CORE PRIVILEGES: *Anesthesiology*

Administration of anesthesia, including general, regional, and local, and administration of all levels of sedation. The core privileges in this specialty include the procedures in the following procedure list and such other procedures that are extensions of the same techniques and skills.

Requested

Anesthesiology Core Procedures List

This list is a sampling of procedures included in the core. 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 which you do not wish to request, then initial and date.

1. Assessment of, consultation for, and preparation of patients for anesthesia
2. Basic transesophageal/trans thoracic echocardiography: Passage/placement of probe and basic use to

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determine etiology of cardiovascular instability.

3. Basic ultrasound for gross examination

4. Clinical management and teaching of cardiac and pulmonary resuscitation

5. Evaluation of respiratory function and application of respiratory therapy

6. Fiberoptic bronchoscopy

7. Initiation of ventilator care and patient management in an ICU setting, to include placement of invasive lines.

8. Insertion of arterial lines

9. Insertion of central venous lines, including pulmonary artery catheters

10. Insertion of peripheral venous lines

11. Life-saving procedures in emergent situations—defined as any situation where delay in treatment would, in the judgment of the treating physician, result in significant harm or death to the patient and no better qualified physician or provider is available.

12. Management of all levels of sedation, including monitored anesthesia care

13. Management of critically ill patients

14. Management of Pacemakers for Cardiac Surgery purposes, external pacemakers/defibrillators, and perioperative management of pacemakers/defibrillators.

15. Medical direction and supervision of Certified Registered Nurse Anesthetists (CRNA), Anesthesia Assistants (AA), & Physician Assistants (PA) anesthesiology providers

16. Monitoring and maintenance of normal physiology during the perioperative period

17. Perform history and physical exam

18. Placement of epidural blood patch for post-dural puncture headache

19. Relief and prevention of pain during and following surgical, obstetric, therapeutic, and diagnostic procedures using sedation/analgesia, general anesthesia, regional anesthesia, including narcotic and PCA management

20. The administration of general anesthesia, including preoperative evaluation, administration of hypnotic medications, all aspects of airway and hemodynamic management, medical management/monitoring of the patient during the procedure for which general anesthesia is required, emergence and indicated postoperative care.

21. The performance and management of neuraxial anesthesia (spinal or epidural), including the administration and management of neuraxial narcotics and post-operative local anesthetic infusions

22. The performance of peripheral neural blockade for either primary anesthesia or post-operative pain relief, including peri-neural catheter placement, the use of nerve stimulation and/or ultrasound-guided techniques.

23. Topical anesthesia for awake intubation, including transtracheal injection

24. Tracheal intubation, including laryngoscopy, fiberoptic bronchoscopy, video assisted laryngoscopy, retrograde tracheal intubation, laryngeal mask airway assisted intubation, and in emergency situations cricothyrotomy or combitube placement

25. Treatment of patients for pain management (excluding chronic pain management) to include diagnosis and treatment of acute, chronic, and cancer-related pain

26. Use of ultrasound as procedural adjunct

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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 experience, and maintenance of clinical competence.

Qualifications for Transesophageal Echocardiography (TEE)

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

Passage of the National Board of Echocardiography Examination of Special Competence in Perioperative Transesophageal Echocardiography or extensive documented previous experience may be considered in lieu of passage of NBE exam

OR

Completion of a fellowship in cardiovascular anesthesiology which included TEE training.

Required previous experience: Demonstrated current competence and evidence of satisfactory ultrasound interpretations in the past 12 months.

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

Current demonstrated competence and an adequate volume of experience 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.

NON-CORE PRIVILEGES: *Transesophageal Echocardiography (TEE)*

Full reading and interpretation.

Requested

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Acknowledgment 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 UNM Hospitals and clinics, 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 _____

Department recommendation(s)

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

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation

Notes:

Department Chair Signature _____ Date _____

Print Name _____

Criteria approved by UNMH Board of Trustees on 10/31/2014