

UNMH Critical Care Clinical Privileges

Name: _____ Effective Dates: From _____ To _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective November 17, 2016:

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.

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.

QUALIFICATIONS FOR CRITICAL CARE:

Initial Privileges: To be eligible to apply for privileges in critical care, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited postgraduate training program in the relevant medical specialty and successful completion of a fellowship in critical care; **AND/OR**
2. Current subspecialty certification or active participation in the examination process, leading to subspecialty certification in critical care medicine by the relevant American Board of Medical Specialties or the American Osteopathic Board or the European Society of Intensive Care Medicine or the United Council on Neurologic Subspecialties; **AND**
3. Required previous experience: Applicants for initial appointment must be able to demonstrate active practice, reflective of the scope of privileges requested, during the past twelve (12) months, or demonstrate successful completion of an ACGME- or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past twelve (12) months, or completion of a department-approved practice re-entry program.

Renewal of Privileges: To be eligible to renew privileges in critical care, 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 twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

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CORE PRIVILEGES: Critical Care

Admit, evaluate, diagnose, and provide treatment or consultative services for patients generally ages 12 and above with multiple organ dysfunction and in need of critical care for life-threatening disorders. Assess, stabilize, and determine the 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 below noted procedure list and such other procedures that are extensions of the same techniques and skills.

Requested

Critical Care Core Procedures List

This list is a sampling of procedures included in the critical care 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 listed in the core, strike through then initial and date those procedures you do not wish to request.

1. Performance of history and physical examination.
2. Airway maintenance and intubation, including fiberoptic bronchoscopy and laryngoscopy.
3. Cardiopulmonary resuscitation.
4. Calculation of oxygen content, intrapulmonary shunt, and alveolar arterial gradients.
5. Cardiac output determinations by thermodilution and other techniques.
6. Temporary cardiac pacemaker insertion and application.
7. Cardioversion and defibrillation.
8. Electrocardiography interpretation.
9. Endoscopy.
10. EFAST exam with ultrasound.
11. Use of ultrasound as procedural adjunct.
12. Basic ultrasound for gross examination.
13. Administration of sedation and analgesia.
14. Insertion of central venous, arterial, pulmonary artery balloon flotation catheters.
15. Insertion of hemodialysis and peritoneal dialysis catheters.
16. Interpretation of intracranial pressure monitoring.
17. Lumbar puncture.
18. Management of life-threatening disorders in intensive care units, including but not limited to, shock, coma, heart failure, oliguria, anaphylaxis, drug reactions, trauma, respiratory arrest, drug overdoses, massive bleeding, diabetic acidosis, and kidney failure.
19. Monitoring and assessment of metabolism and nutrition.
20. Needle and tube thoracostomy.
21. Paracentesis.
22. Percutaneous needle aspiration of palpable masses.
23. Pericardiocentesis.

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24. Peritoneal dialysis.
25. Peritoneal lavage.
26. Preliminary interpretation of imaging studies.
27. Thoracentesis.
28. Use of reservoir masks, nasal prongs/cannulas, and nebulizers for delivery supplemental oxygen and inhalants.
29. Ventilator management, including various modes and continuous positive airway pressure therapies.
30. Wound care.

SPECIAL NON-CORE PRIVILEGES

If desired, non-core privileges are requested individually in addition to requesting the core privileges. 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 competency.

QUALIFICATIONS FOR SPECIAL NON-CORE PRIVILEGES IN CRITICAL CARE:

Criteria: Specific training during fellowship in management of these devices, additional formal training, or extensive demonstrated experience is required.

Required Previous Experience: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months, based on the results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Cardiac Assist Devices

Management of specialized cardiac assist devices such as intra-aortic balloon pump, left ventricular assist devices, right ventricular assist devices, bi-vad management, etc.

Requested

NON-CORE PRIVILEGES: Placement of Intracranial Pressure Monitor

Requested

NON-CORE PRIVILEGES: Placement of Lumbar Drain

Requested

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Name: _____ Effective Dates: From _____ To _____

NON-CORE PRIVILEGES: Placement of Percutaneous Tracheostomy/Cricothyrotomy Tube

Requested

QUALIFICATIONS FOR ADVANCED ECHOCARDIOGRAPHY:

Criteria: To be eligible to apply for advanced echocardiography, the applicant must meet the following criteria:

1. Must have passed the National Board of Echocardiography Examination of Special Competence in Perioperative Echocardiography, **OR**
2. Completion of a fellowship in cardiovascular anesthesiology which included echocardiography training, **OR**
3. Extensive documented previous experience, **OR**
4. Completion of a formal supervised training program.

Required Previous Experience: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months

NON-CORE PRIVILEGES: Advanced Echocardiography (full reading and interpretation)

Requested

QUALIFICATIONS FOR TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE):

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

1. Passage of the National Board of Echocardiography Examination of Special Competence in Perioperative Transesophageal Echocardiography, **OR**
2. Passage of the National Board of Echocardiography Examination of Special Competence in Adult Echocardiography, **OR**
3. Extensive documented previous experience may be considered in lieu of passage of NBE exam, **OR**
4. Completion of a fellowship in cardiovascular anesthesiology which included TEE training.

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Required Previous Experience: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Transesophageal Echocardiography (TEE)

Requested

QUALIFICATIONS FOR MANAGEMENT OF ADULT CORPOREAL MEMBRANE OXYGENATION (ECMO):

Criteria: Privileged in critical care with proof of completion of a formal ECMO training program (at least twelve (12) hours) or similar fellowship experience/training. For expansion of privilege requests, applicant must also have signature of approval by proctoring/supervising faculty who is privileged to perform adult ECMO at UNM indicating applicant has demonstrated sufficient experience in adult venoarterial and adult venovenous ECMO.

Required Previous Experience: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months.

For expansion of privilege request, participating in the initiation and discontinuation of three (3) separate ECMO cases, and proctored management of three to six (3-6) ECMO “runs” depending on degree of involvement by trainee. Initiations and discontinuations can be accomplished on cardiac ICU patients undergoing heart lung bypass in the operating room.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

Supervising Physician Approval: The provider requesting ECMO privileges meets the criteria defined above.

Signature

Date Signed

NON-CORE PRIVILEGES: Management of Adult Corporeal Membrane Oxygenation (ECMO)

Requested

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Name: _____ Effective Dates: From _____ To _____

QUALIFICATIONS FOR INTENSIVIST PERFORMED CANNULATION IN ADULT CORPOREAL MEMBRANE OXYGENATION (ECMO):

Criteria: Privileged in critical care with proof of completion of a formal ECMO training program (at least twelve (12) hours) or similar fellowship experience/training and completion of UNM ECMO cannulation pathway. For expansions of privilege requests, applicant must also have signature of approval by proctoring/supervising faculty who is privileged to perform adult ECMO cannulations at UNM stating that applicant has demonstrated sufficient experience in placement of adult veno-arterial and adult veno-venous ECMO cannulae.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of specific procedure(s) requested, with acceptable outcomes in the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

Supervising Physician Approval: The provider requesting ECMO privileges meets the criteria defined above.

Signature

Date Signed

NON-CORE PRIVILEGES: Intensivist Performed Cannulation in Adult Corporeal Membrane Oxygenation (ECMO)

Requested

QUALIFICATIONS FOR PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG) TUBE PLACEMENT:

Criteria: Must have proof of completion of twenty (20) supervised/proctored cases of PEG placement on patients at least 17 years old and have been signed off on this privilege by the Director of the Center for Surgical Critical Care, or Medical Director for Medical Intensive Care Unit and Division Chief General Surgery or Division Chief of Gastrointestinal Service.

Required Previous Experience: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months

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Name: _____ Effective Dates: From _____ To _____

Supervising Physician Approval: The provider requesting Percutaneous Endoscopic Gastrostomy (PEG) Tube Placement privileges meets the criteria defined above.

Signature

Date Signed

NON-CORE PRIVILEGES: Percutaneous Endoscopic Gastrostomy (PEG) Tube Placement

Requested

QUALIFICATIONS FOR EXTERNAL VENTRICULAR DRAINS/INTRACRANIAL PRESSURE MONITORS FOR NON-NEUROSURGEON CRITICAL CARE PHYSICIANS:

Criteria: Currently holding clinical privileges at UNMH in critical care or eligible for and concurrently applying for clinical privileges at UNMH in critical care; **AND** completion of a fellowship which included training specific to placement of External Ventricular Drains/Intracranial pressure monitors, **OR** extensive documented previous experience, **OR** completion of a formal Supervised Training Program. At UNMH, this Supervised Training Program includes proctored placement of a combined ten (10) external ventricular drain/intracranial pressure monitors, of which at least seven (7) are EVDs, by a physician already privileged in the placement of external ventricular drains/intracranial pressure monitors.

Required previous experience: Demonstrated current competence and evidence of the performance of an adequate number of specific procedure(s) requested, with acceptable outcomes in the past twelve (12) months.

Reappointment requirements: Demonstrated current competence and evidence of the performance of an adequate number of specific procedure(s) requested, with acceptable outcomes in the past twenty-four (24) months on the results of ongoing professional practice evaluation and outcomes.

Approval, Neurosurgery Department Chair/Designee: The provider requesting external ventricular drains/intracranial pressure monitors for non-neurosurgeons meets the criteria defined above.

Signature

Date Signed

NON-CORE PRIVILEGES: External Ventricular Drains/Intracranial Pressure Monitors for Non-Neurosurgeons

Requested

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Acknowledgement of Practitioner

I have requested only those clinical 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. 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 Signed

Clinical Director/Division Chief Recommendation(s)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action and presently requested above.

Name: _____ Signature _____ Date _____

Name: _____ Signature _____ Date _____

Department Chair Recommendation

I have reviewed the requested clinical privileges and 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 conditions/modifications noted below
- Do not recommend the clinical privileges noted below

Explanation: _____

Department Chair Signature

Date Signed

Criteria Approved by UNMH Board of Trustees on November 17, 2016