

Regions Hospital Delineation of Privileges Anesthesiology

Applicant's Name: _____
Last First M.

- Instructions:
- Place a check-mark where indicated for each core group you are requesting.
 - Review *education and basic formal training* requirements to make sure you meet them.
 - Review *documentation and experience* requirements and be prepared to prove them.
 - ✓ Note all renewing applicants are required to provide evidence of their current ability to perform the privileges being requested
 - ✓ When documentation of cases or procedures is required, attach said case/procedure logs to this privileges-request form.
 - Provide complete and accurate names and addresses where requested -- it will greatly assist how quickly our credentialing-specialist can process your requests.

Overview

Core I – General privileges in adult anesthesiology
Core II – General privileges in pediatric anesthesiology
Core III – Cardiothoracic anesthesiology
Core IV – General privileges in obstetric anesthesiology
Core V – Treatment of chronic pain conditions
Core procedure list
Signature page

☐ **CORE I — General privileges in adult anesthesiology**

Privileges	
<p>Administration of anesthesia, including general, regional, and local, and administration of all levels of sedation to patients 16 years and older. 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.</p> <p>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.</p>	
Basic education and minimal formal training	
<ol style="list-style-type: none"> 1. MD, DO, MBBS or MBBCH 2. Completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved anesthesia residency program. 3. Current certification or active participation in the examination process -- with achievement of certification within 5 years -- by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology. 	
Required documentation and experience	
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of performing 250 hospital anesthesia cases within the past 12 months; Or Demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research within the past 12 months. 2. Provide documentation of the number and types of cases performed in the past 24-months; Or Provide contact information for (1) the anesthesiology or surgery chair from applicant's primary hospital and (2) a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competence to perform the privileges requested. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> </div> <div style="width: 45%;"> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> </div> </div> <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of managing of at least 250 hospital cases during the past 12-months; Or Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competence to perform the privileges requested. <div style="margin-top: 20px;"> <p style="text-align: center;">Name: _____</p> <p style="text-align: center;">Name of Facility: _____</p> <p style="text-align: center;">Address: _____</p> <p style="text-align: center;">Phone: _____ Fax: _____</p> <p style="text-align: center;">Email: _____</p> </div>	

☐ **CORE II — General privileges in pediatric anesthesiology**

Privileges	
<p>Administration of anesthesia, including general, regional, and local, and administration of all levels of sedation to patients under 16 years of age. 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.</p> <p>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.</p>	
Basic education and minimal formal training	
<ol style="list-style-type: none"> 1. MD, DO, MBBS or MBBCH 2. Completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved Anesthesia residency program. 3. Current certification or active participation in the examination process -- with achievement of certification within 5 years -- by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology. 	
Required documentation and experience	
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Demonstrate performance of 100 hospital pediatric-anesthesia cases within the past 12 months; Or Demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research within the past 12 months. 2. Provide documentation of the number and types of pediatric anesthesia cases performed in the past 24 months Or Provide contact information for (1) the anesthesiology or surgery chair from applicant's primary hospital and (2) a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competence to perform the privileges requested. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> </div> <div style="width: 45%;"> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> </div> </div> <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide evidence of managing of at least 100 hospital pediatric anesthesia cases during the past 12-months; Or Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your competency to perform the privileges requested. <div style="margin-left: 150px;"> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> </div>	

☐ **CORE III — Cardiothoracic anesthesiology**

Privileges

These privileges are granted to physicians who are qualified by training to render patients insensible to pain and stress during surgical, obstetrical and certain medical procedures using general anesthesia, regional anesthesia, and/or parenteral sedation to a level at which a patient's protective reflexes may be obtunded. The performance of pre-anesthetic, intra-anesthetic, and post-anesthetic evaluation and management and appropriate measures to protect life functions and vital organs is required. Individuals performing techniques or interpreting results that may affect patient safety or well-being may have specific privileges granted on the basis of training and experience or demonstrated competence.

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.

Basic education and minimal formal training

1. MD, DO, MBBS or MBBSCH
2. Successful completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved Anesthesia residency program.
3. Current certification or active participation in the examination process -- with achievement of certification within 5 years -- by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology.

Required documentation and experience

NEW APPLICANTS:

1. Provide documentation of having performed at least 50 cardiothoracic cases in the past 12 months;
Or
Demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship or research in the past 12 months.
2. Provide documentation of the number of cardiothoracic cases performed in the past 24-months;
Or
Provide contact information for (1) the anesthesiology or surgery chair from applicant's primary hospital and (2) a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competence to perform the privileges requested.

Name: _____

Name: _____

Name of Facility: _____

Name of Facility: _____

Address: _____

Address: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Email: _____

Email: _____

REAPPOINTMENT APPLICANTS:

1. Provide evidence of managing of at least 25 cardiothoracic surgical cases during the past 12-months;
Or
Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your competency to perform the privileges requested.

Name: _____

Name of Facility: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

☐ **CORE IV — General privileges in obstetric anesthesiology**

Privileges																					
<p>Administration of anesthesia, including general, regional, and local, and administration of all levels of sedation to adult female patients. Care is directed toward comprehensive anesthetic management, perioperative care, and pain management of women during pregnancy and the puerperium period.</p> <p>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.</p>																					
Basic education and minimal formal training																					
<ol style="list-style-type: none"> 1. MD, DO, MBBS or MBBCH 2. Completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved Anesthesia residency program. 3. Current certification or active participation in the examination process -- with achievement of certification within 5 years -- by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology. 																					
Required documentation and experience																					
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of the number and types of cases performed in the past 24 months; <p style="margin-left: 20px;">Or</p> <p style="margin-left: 20px;">Provide contact information for (1) the anesthesiology or surgery chair from applicant's primary hospital and (2) a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competence to perform the privileges requested.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Name: _____</td> <td style="width: 50%;">Name: _____</td> </tr> <tr> <td>Name of Facility: _____</td> <td>Name of Facility: _____</td> </tr> <tr> <td>Address: _____</td> <td>Address: _____</td> </tr> <tr> <td>Phone: _____ Fax: _____</td> <td>Phone: _____ Fax: _____</td> </tr> <tr> <td>Email: _____</td> <td>Email: _____</td> </tr> </table> <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide evidence of managing of at least 100 obstetrical hospital cases during the past 12-months; <p style="margin-left: 20px;">Or</p> <p style="margin-left: 20px;">Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competence to perform the privileges requested.</p> <table style="width: 100%; border: none; margin-left: 150px;"> <tr> <td style="width: 50%;">Name: _____</td> <td style="width: 50%;"></td> </tr> <tr> <td>Name of Facility: _____</td> <td></td> </tr> <tr> <td>Address: _____</td> <td></td> </tr> <tr> <td>Phone: _____ Fax: _____</td> <td></td> </tr> <tr> <td>Email: _____</td> <td></td> </tr> </table>		Name: _____	Name: _____	Name of Facility: _____	Name of Facility: _____	Address: _____	Address: _____	Phone: _____ Fax: _____	Phone: _____ Fax: _____	Email: _____	Email: _____	Name: _____		Name of Facility: _____		Address: _____		Phone: _____ Fax: _____		Email: _____	
Name: _____	Name: _____																				
Name of Facility: _____	Name of Facility: _____																				
Address: _____	Address: _____																				
Phone: _____ Fax: _____	Phone: _____ Fax: _____																				
Email: _____	Email: _____																				
Name: _____																					
Name of Facility: _____																					
Address: _____																					
Phone: _____ Fax: _____																					
Email: _____																					

☐ **CORE V — Treatment of chronic pain conditions**

Privilege																					
Treatment of chronic pain conditions																					
Basic education and minimal formal training																					
<ol style="list-style-type: none"> 1. MD, DO, MBBS or MBBCH 2. Completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved anesthesia residency program. 3. Current certification or active participation in the examination process -- with achievement of certification within 5 years -- by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology. 4. Completion of a fellowship in Chronic Pain Management; <p style="margin-left: 20px;">Or</p> <p style="margin-left: 20px;">One year of documented experience in treatment of chronic pain conditions.</p>																					
Required documentation and experience																					
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of the number and types of cases performed in the past 24-months; <p style="margin-left: 20px;">Or</p> <p style="margin-left: 20px;">Provide contact information for (1) the anesthesiology or surgery chair from applicant's primary hospital and (2) a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competence to perform the privileges requested;</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Name: _____</td> <td style="width: 50%;">Name: _____</td> </tr> <tr> <td>Name of Facility: _____</td> <td>Name of Facility: _____</td> </tr> <tr> <td>Address: _____</td> <td>Address: _____</td> </tr> <tr> <td>Phone: _____ Fax: _____</td> <td>Phone: _____ Fax: _____</td> </tr> <tr> <td>Email: _____</td> <td>Email: _____</td> </tr> </table> <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of caring for at least 50 patients with chronic pain conditions during the past 12-months; <p style="margin-left: 20px;">Or</p> <p style="margin-left: 20px;">Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competence to perform the privileges requested.</p> <table style="width: 100%; border: none; margin-top: 20px;"> <tr> <td style="width: 50%;">Name: _____</td> <td style="width: 50%;"></td> </tr> <tr> <td>Name of Facility: _____</td> <td></td> </tr> <tr> <td>Address: _____</td> <td></td> </tr> <tr> <td>Phone: _____ Fax: _____</td> <td></td> </tr> <tr> <td>Email: _____</td> <td></td> </tr> </table>		Name: _____	Name: _____	Name of Facility: _____	Name of Facility: _____	Address: _____	Address: _____	Phone: _____ Fax: _____	Phone: _____ Fax: _____	Email: _____	Email: _____	Name: _____		Name of Facility: _____		Address: _____		Phone: _____ Fax: _____		Email: _____	
Name: _____	Name: _____																				
Name of Facility: _____	Name of Facility: _____																				
Address: _____	Address: _____																				
Phone: _____ Fax: _____	Phone: _____ Fax: _____																				
Email: _____	Email: _____																				
Name: _____																					
Name of Facility: _____																					
Address: _____																					
Phone: _____ Fax: _____																					
Email: _____																					

Core Procedure List — Anesthesiology Clinical Privileges

To the applicant: If you want to exclude any procedures, please strike through those procedures you do not wish to request.

This list is a sampling of procedures included in the core. This is not intended to be all-encompassing but rather reflective of the categories/types of procedures included in the core.

Adult Anesthesiology (patients 16 years and older)

1. Assessment of, consultation for, and preparation of patients for anesthesia
2. Clinical management and teaching of cardiac and pulmonary resuscitation
3. Diagnosis and treatment of acute pain
4. Evaluation of respiratory function and application of respiratory therapy
5. Image guided procedures
6. Management of critically ill patients
7. Monitoring and maintenance of normal physiology during the perioperative period
8. Perform history and physical exam
9. Relief and prevention of pain during and following surgical, obstetric, therapeutic, and diagnostic procedures using sedation/analgesia, general anesthesia, regional anesthesia
10. Supervision and evaluation of performance of personnel, both medical and paramedical, involved in perioperative care
11. Supervision of Certified Registered Nurse Anesthetists
12. Treatment of Patients for pain management (excluding chronic pain management)

Pediatric Anesthesiology (patients under 16 years)

1. Consultation for medical and surgical patients
2. Image guided procedures
3. Interpretation of laboratory results
4. Management of both normal perioperative fluid therapy and massive fluid or blood loss
5. Management of children requiring general anesthesia for elective and emergent surgery for a wide variety of surgical conditions, including neonatal surgical emergencies, cardiopulmonary bypass, and congenital disorders
6. Management of normal and abnormal airways
7. Mechanical ventilation
8. perform history and physical exam
9. Pharmacologic support of the circulation
10. Placement of venous and arterial catheters
11. Preoperative assessment of children scheduled for surgery\
12. Recognition, prevention, and treatment of pain in medical and surgical patients
13. Sedation or anesthesia for children outside the operating room, including those undergoing radiologic studies and treatment and acutely ill and severely injured children in the emergency department
14. Temperature regulation

Adult Cardiothoracic Anesthesiology

1. Anesthetic management for patients undergoing minimally invasive cardiac surgery and for congenital cardiac procedures performed on adult patients
2. 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
3. Anesthetic management of adult patient undergoing surgery on the ascending or descending thoracic aorta requiring full CPB, left heart bypass, or deep hypothermic circulatory arrest

4. Anesthetic management of patient undergoing noncardiac thoracic surgery
5. Image guided procedures
6. Manage intra-aortic balloon counterpulsation
7. Management of nonsurgical cardiothoracic patients
8. Management of patient s with left ventricular assist devices
9. Managing adult cardiothoracic surgical patient in a critical care (ICU) setting
10. Perform history and physical exam
11. Transesophageal echocardiography

Obstetric Anesthesia

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. Consultation and management for pregnant patients requiring nonobstetric surgery
4. General anesthesia for cesarean delivery
5. Image guided procedures
6. Interpretation of antepartum and intrapartum fetal surveillance tests
7. Perform history and physical exam

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 that I wish to exercise at Regions Hospital. I understand that:

1. In exercising any clinical privilege granted, I am governed by Regions Hospital and Regions Medical Staff policies and rules applicable generally and any applicable to the particular situation.
2. In an emergent situation I may perform a procedure for which I am not privileged when no practitioner holding the applicable procedure is available to respond to the emergency.

I agree to supply Regions Hospital Medical Staff Services (or designee) with all the information that has been requested of me for the privileges that I have applied for. I also understand that my application for privileges will not proceed until the information is received.

Signature

Date

DIVISION / SECTION HEAD RECOMMENDATION

I have reviewed and/or discussed the clinical privileges requested 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

Privilege	Condition / Modification / Explanation
1.	
2.	
3.	
4.	

Notes:

Signature

Date