

Regions Hospital Delineation of Privileges Critical Care

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 staff privileges in critical care
Core II – General non-staff critical care privileges for moonlighters
Special privilege – point of care ultrasound
Core procedure list
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CORE I — General staff critical care privileges

Privileges
Admit, evaluate, diagnose, and provide treatment or consultative services to critically ill adult patients with multiple organ dysfunctions and in need of critical care for life threatening disorders. The core privileges in this specialty include the procedures of the attached procedure list and other procedures that are extensions of the same techniques and skills.
Basic education and minimal formal training
1. MD, DO or MBBS, MB BCH. 2. Completion of an approved residency program in anesthesia, emergency medicine, internal medicine, neurology, medical pediatrics, pulmonary medicine or surgery with the ACGME, AOA or Royal College of Physicians and Surgeons of Canada. 3. Successful completion of an accredited fellowship in critical care medicine (NOT REQUIRED IF BOARD CERTIFIED IN CRITICAL CARE MEDICINE). 4. Current subspecialty certification or active participation in the examination process -- with achievement of certification within 5 years -- in subspecialty certification in critical care medicine by the relevant American Board of Medical Specialties, or the American Osteopathic Board. 5. ACLS, ATLS, PALS or APLS certification.
Required documentation and experience
NEW APPLICANTS: 1. Provide documentation of inpatient care, reflective of the scope of privileges requested, to at least 30 patients in the critical care unit during the past 12 months; Or Successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research setting within the past 12 months; and Provide copy of current ACLS, ATLS, PALS, or APLS certification. 2. Provide contact information for physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competence. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____ REAPPOINTMENT APPLICANTS: 1. Provide copy of current ACLS, ATLS, APLS or PALS certification 2. Provide documentation of the number of inpatient services performed during the past 24 months; Or Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competence.

Name: _____
Name of Facility: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

CORE II — General non-staff critical care privileges for moonlighters

Privileges

Appropriate consultation with a physician holding Core I privileges is required

Admit, evaluate, diagnose, and provide treatment or consultative services to critically ill adult patients with multiple organ dysfunctions and in need of critical care for life threatening disorders. The core privileges in this specialty include the procedures of the attached procedure list and other procedures that are extensions of the same techniques and skills.

Basic education and minimal formal training

1. MD, DO or MBBS, MB BCH.
2. Completion of an approved residency program in anesthesia, emergency medicine, internal medicine, neurology, pediatrics, pulmonary medicine or surgery with the ACGME, AOA or Royal College of Physicians and Surgeons of Canada.
3. Currently enrolled-- with at least one year completed--in an accredited fellowship training program in critical care medicine.
4. ACLS, ATLS, PALS or APLS certification.

Required documentation and experience

NEW APPLICANTS:

1. Provide copy of current ACLS, ATLS, APLS or PALS certification.
2. Provide contact information for physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competence.

Name: _____

Name of Facility: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

REAPPOINTMENT APPLICANTS:

1. Provide copy of current ACLS, ATLS, APLS or PALS certification
2. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competence.

Name: _____

Name of Facility: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Special privilege – point of care ultrasound

Privilege

Practitioner agrees to limit the use of ultrasound to inpatient or Emergency Department exams performed at the bedside for the purpose of a rapid evaluation to help establish a diagnosis in situations which applicant has privileges to practice.

Basic education and minimal formal training

1. Hold one of the core privileges
2. Completed residency training in a program that included formal hands on ultrasound instruction and experience;
Or
Completed twenty (20) hours of Point of Care Ultrasound CME with at least six (6) hours of hands on ultrasound scanning and has completed five (5) proctored limited cardiac ultrasound cases (as part of CME).

Required documentation and experience

NEW APPLICANTS:

1. Provide documentation demonstrating satisfactory completion of training ultrasound technology (as noted in section above).
2. Provide documentation of having performed 20 cases of limited cardiac ultrasound (includes all five views) within the last 12 months.
3. Provide documentation of having performed 5 cases of procedural/invasive ultrasound (can be any combination of procedures) within the last 12 months.
4. Provide documentation of having performed 5 cases of each type of non-invasive ultrasound for which privileges are requested within the last 12 months.

REAPPOINTMENT APPLICANTS:

1. Provide documentation of having performed 20 cases of limited cardiac ultrasound (tailored to answer clinical question) within the last 24 months.
2. Provide documentation of having performed 10 cases total of procedural/invasive ultrasound (can be any combination of procedures) within the last 24 months.
3. Provide documentation of having performed 20 cases total of non-invasive ultrasound within the last 24 months.

Core Procedure List — Critical Care Clinical Privileges

Applicant: Strike through those procedures you do not wish to request.

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

1. Airway maintenance intubation, including fiberoptic bronchoscopy and laryngoscopy	22. Needle and tube thoracostomy
2. Arterial puncture	23. Paracentesis
3. Cardiopulmonary resuscitation	24. Percutaneous needle aspiration of palpable masses
4. Calculation of oxygen content, intrapulmonary shunt and alveolar arterial gradients	25. Percutaneous tracheostomy/cricothyrotomy tube placement
5. Cardiac output determinations by thermodilution and other techniques	26. Perform history and physical exam
6. Temporary cardiac pacemaker insertion and application	27. Pericardiocentesis
7. Cardioversion	28. Peritoneal dialysis
8. Echocardiography interpretation	29. Peritoneal lavage
9. Electrocardiography interpretation	30. Preliminary interpretation of imaging studies
10. Esophagoscopy and gastroscopy	31. Thoracentesis
11. Evaluation of oliguria	32. Tracheostomy
12. Extracorporeal membrane oxygenation (ECMO)	33. Transtracheal catheterization
13. Insertion of central venous and arterial lines	34. Image guided techniques as an adjunct to privileged procedures
14. Insertion of hemodialysis, peritoneal dialysis catheters	35. Use of reservoir masks, nasal prongs/canulas and nebulizers to deliver supplemental oxygen and inhalants
15. Intracranial pressure monitoring	36. Ventilatory management, including experience with various modes and continuous positive airway pressure therapies (BiPAP and CPAP)
16. Lumbar puncture	37. Wound care
17. Management of anaphylaxis and acute allergic reactions	38. Interpretation of transcranial Doppler monitoring
18. Management of life-threatening disorders in intensive care units, including but not limited to shock, coma, heart failure, trauma, respiratory arrest, drug overdoses, massive bleeding, diabetic acidosis, and kidney failure	39. Management of thrombolytic therapy
19. Management of massive transfusions	40. Management of patients after peripheral and cerebral endovascular procedures
20. Management of the immunosuppressed patient	41. Management of cerebral perfusion pressure
21. Monitoring and assessment of metabolism and nutrition	

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.	

Signature

Date