

## UNIVERSITY HOSPITALS AND HEALTH SYSTEM

2500 North State Street, Jackson MS 39216

### ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: \_\_\_\_\_

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- ☐ Initial Appointment
- ☐ Reappointment

**All new applicants must meet the following requirements as approved by the governing body effective: 1/6/2016**

**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**

- Note that privileges granted may only be exercised at the site(s) and/or 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 and/or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional governance (MS Bylaws, Rules and Regulations) 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:**

Current specialty certification in anesthesiology by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology.

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in anesthesiology and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to specialty certification in anesthesiology by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology.

**Required Previous Experience:** Applicants for initial appointment must be able to demonstrate performance of a sufficient volume of hospital anesthesiology cases, reflective of the scope of privileges requested, within the past 24 months or demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship setting within the past 12 months.

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***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 a sufficient volume of experience of hospital anesthesiology 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. Medical Staff members whose board certificates in anesthesiology bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

**CORE PRIVILEGES**

**ANESTHESIOLOGY CORE PRIVILEGES**

- ☐ **Requested** Administration of anesthesia, including general, regional, and local, and administration of all levels of sedation to patients of all ages. 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 preoperative, intraoperative and postoperative evaluation and treatment, 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.

**CHECK HERE TO REQUEST CRITICAL CARE PRIVILEGES FORM**

- ☐ **Requested**

**QUALIFICATIONS FOR PAIN MEDICINE CORE PRIVILEGES**

***To be eligible to apply for core privileges in pain medicine, the initial applicant must meet the following criteria:***

Current subspecialty certification in pain medicine by the American Board of Anesthesiology or American Board of Pain Medicine

OR

Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in anesthesiology followed by successful completion of an ACGME or AOA accredited fellowship in pain medicine of at least twelve (12) months duration and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to subspecialty certification in pain medicine by the American Board of Anesthesiology or the American Board of Pain Medicine.

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***Required Previous Experience:*** Applicants for initial appointment must be able to demonstrate provision of a sufficient volume of inpatient, outpatient, or consultative pain medicine services, reflective of the scope of privileges requested, during the past 24 months, or demonstrate successful completion of a hospital-affiliated accredited residency, or special clinical fellowship, within the past 12 months.

***Reappointment Requirements:*** To be eligible to renew core privileges in advanced pain medicine, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume of experience in inpatient, outpatient, or consultative pain medicine services, 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. Medical Staff members whose board certificates in pain medicine bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

#### **CORE PRIVILEGES**

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##### **PAIN MEDICINE CORE PRIVILEGES**

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- ☐ **Requested** Evaluate, diagnose, treat and provide consultation to patients of all ages, with acute and chronic pain that requires invasive pain medicine procedures beyond basic pain medicine. 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 advanced pain medicine include basic pain medicine core and the procedures on the attached procedure list.

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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 previous experience, and for maintenance of clinical competence.

#### **INTERPRETATION OF TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)**

☐ **Requested**

**Criteria:** Successful completion of a training program in anesthesiology that included education and direct experience in TEE with performance and interpretation of a sufficient volume of supervised TEE cases; OR National Board of Echocardiography certification in TEE OR hold current testamur status by passing the National Board of Echocardiography Certification examination in basic or advanced perioperative transesophageal echocardiography in the past 10 years. **Required Previous Experience:** Demonstrated current competence and evidence of the interpretation of a sufficient volume of TEE studies in the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the interpretation of a sufficient volume of TEE studies in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

#### **FLUOROSCOPY USE**

☐ **Requested**

**Criteria:**

- ☐ Current board certification in Radiology, Diagnostic Radiology or Radiation Oncology by the American Board of Radiology or the American Osteopathic Board of Radiology

**OR**

- ☐ Successful completion of a residency/fellowship program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) that included 6 months of training in fluoroscopic imaging procedures and documentation of the successful completion of didactic course lectures and laboratory instruction in radiation physics, radiobiology, radiation safety, and radiation management applicable to the use of fluoroscopy, including passing a written examination in these areas.

**OR**

- ☐ Participation in a preceptorship that requires at least 10 procedures be performed under the direction of a qualified physician who has met these standards and who certifies that the trainee meets minimum fluoroscopy safety standards. (Applicable to physicians whose residency/fellowship did not include radiation physics, radiobiology, radiation safety, and radiation management)

**OR**

- ☐ Good faith estimate of volume of procedures performed utilizing fluoroscopy in the last 24 months.

Examples of procedures performed: \_\_\_\_\_

Number of procedures performed in the last 24 months: \_\_\_\_\_

Percentage of cases with fluoroscopic time >120 minutes, dose > 3 Gy, or equivalent: \_\_\_\_\_

**AND (all applicants)**

- ☐ Successful completion of a fluoroscopy safety course provided by the UMMC Radiation Safety Officer

**Maintenance of Privilege:** A practitioner must document that procedures have been performed over the past 24 months utilizing fluoroscopy (with acceptable outcomes) in order to maintain active privileges for

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use. In addition, completion of a fluoroscopy safety refresher course provided by the Radiation Safety Officer is required for maintenance of the privilege.

**RADIOLOGY CHAIR APPROVAL:**

I have reviewed the above requested privileges and I attest that this practitioner is competent to perform the privileges requested based on the information provided.

\_\_\_\_\_  
Signature, Chair—Department of Radiology

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**ULTRASOUND-GUIDED CENTRAL LINE INSERTION**

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☐ **Requested** See Medical Staff Policy for Ultrasound-Guided Central Line Insertion for additional information.

Initial Privileging:

As for core privileges plus:

- Performance of at least 10 ultrasound-guided central line insertions in the past 24 months; and
- Completion of a UMMC ultrasound-guided central line insertion Healthstream learning module

Maintenance of Privilege:

As for core privileges plus:

- Performance of at least 10 ultrasound-guided central line insertions in the past 24 months; and
- Completion of a UMMC ultrasound-guided central line insertion Healthstream learning module

If volume requirements are not met, the following may substitute:

- Completion of ultrasound-guided central line insertion simulation training in the UMMC Simulation and Interprofessional Education Center; and
- Focused professional practice evaluation to include proctoring of the ultrasound-guided insertion of at least 5 central lines (femoral or internal jugular) within the first 6 months of re-appointment

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**CORE PROCEDURE LIST**

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***To the applicant:*** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.

**Anesthesiology**

- Assessment of, consultation for, and preparation of patients for anesthesia
- Brachioplexus peripheral nerve block
- Clinical management and teaching of cardiac and pulmonary resuscitation
- Diagnosis and treatment of acute pain
- Evaluation of respiratory function and application of respiratory therapy
- Image guided procedures
- Management of critically ill patients
- Monitoring and maintenance of normal physiology during the perioperative period
- Order respiratory services
- Order rehab services
- Perform history and physical exam
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
- Performance of transesophageal echocardiography (TEE)
- Peripheral, cranial, costal, plexus, and ganglion nerve blocks
- Prevention, recognition, and management of local anesthetic overdose, including airway management and resuscitation
- Recognition and management of therapies, side effects, and complications of pharmacologic agents used in management of pain
- Relief and prevention of pain during and following surgical, obstetric, therapeutic, and diagnostic procedures using sedation/analgesia, general anesthesia, regional anesthesia
- Supervision and evaluation of performance of personnel, both medical and paramedical, involved in perioperative care
- Collaboration with Certified Registered Nurse Anesthetists
- Treatment of patients for pain management (excluding chronic pain management)

**Pain Medicine**

- Behavioral modification and feedback techniques
- Chemical neuromuscular denervation (e.g., Botox injection)
- Diagnosis and treatment of chronic and cancer related pain
- Discography
- Epidural and subarachnoid injections
- Epidural, subarachnoid or peripheral neurolysis
- Fluoroscopically guided facet blocks, sacroiliac joint injections and nerve root specific
- Implantation of subcutaneous, epidural and intrathecal catheters
- Implantation and removal of spinal cord stimulators and pulse generators
- Implantation and removal of peripheral nerve/field stimulators
- Infusion port and pump implantation
- Injection of joint and bursa
- Management of chronic headache
- Modality therapy and physical therapy
- Neuroablation with cryo, chemical, and radiofrequency modalities

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- Neuroplasty
- Open placement of padded lead, in conjunction with surgeon
- Order respiratory services
- Order rehab services
- Percutaneous implantation of neurostimulator electrodes
- Percutaneous vertebroplasty/Balloon kyphoplasty
- Perform history and physical exam
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
- Peripheral, cranial, costal, plexus, and ganglion nerve blocks
- Prevention, recognition, and management of local anesthetic overdose, including airway management and resuscitation
- Recognition and management of therapies, side effects, and complications of pharmacologic agents used in management of pain
- Rehabilitative and restorative therapy
- Stress management and relaxation techniques
- Superficial electrical stimulation techniques (e.g., TENS)
- Trigger point injection

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**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 for which I wish to exercise at University Hospital and Health System, University of Mississippi Medical Center, 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** \_\_\_\_\_

**TRAUMA DIRECTOR'S RECOMMENDATION (AS APPLICABLE)**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I 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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**Trauma Director's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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**DEPARTMENT CHAIR'S RECOMMENDATION**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I 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***

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***Department Chair Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

Reviewed:

Revised:

2/3/2010, 6/2/2010, 9/17/2010, 12/1/2010, 10/05/2011, 12/07/2011, 12/16/2011, 5/2/2012, 06/06/2012, 12/05/2012, 4/3/2013, 6/3/2015, 8/05/15, 1/6/2016