

Name _____

Date _____

DELINEATION OF PRIVILEGES - ANESTHESIOLOGY

(This DOP is meant for Anesthesiologist actively participating in anesthesia care within the operating room. If you are exclusively a pain management specialist please complete the "Delineation of privileges –Pain Management")

PLEASE NOTE: Please check the box for each privilege requested. Do not use an arrow or line to make selections. We will return applications that ignore this directive.

All members of the Department of Anesthesia at Kaleida Health must have the following Credentials:

1. *Successfully completed an ACGME, AOA, Royal College of physicians and surgeons of Canada, or an ACGME equivalent Anesthesiology Residency Program.*
2. *Members of the Clinical Service of Anesthesiology must within 5 years of appointment achieve Board Certification in Anesthesiology. (This criteria is waived for present members who have been credentialed for at least the last 7 years) *Maintenance of Board Certification is mandatory for all providers who have achieved this status**
3. *Demonstrate or document requisite training for credentials and requested privileges as indicated below.*
4. *Current ACLS Certification.*

LEVEL I (CORE) PRIVILEGES

<p>a. <u>Limited Admitting Privileges:</u> Limited admitting privileges in Anesthesiology are specific to placing patients in Ambulatory status for the purposes of conducting anesthetic supported diagnostics. Any transfer to inpatient status would need to be conducted by a member of the Medical Staff with full admitting privileges.</p> <p><i>(For full admitting privileges in the Department of Anesthesia, see Level II Admitting Privileges)</i></p>	<p>f. The management of acute, chronic and postoperative pain management.</p>
<p>b. History and Physical for diagnosis and anesthetic plan.</p>	<p>g. The clinical performance and management of diagnostic/therapeutic regional and local nerve blocks not delineated in level II-Pain management.</p>
<p>c. Procedures included in Level I (Core) Privileges include: intubation, spinal/epidural/caudal, epidural blood patch, arterial cannulation, TEE insertion, Conscious and deep Sedation.</p>	<p>h. The management of problems in resuscitation.</p>
<p>d. PEDIATRIC: The management of pediatric patients 2 years of age and older that may or may not require admission, and management of pediatric ambulatory surgical patients under two years of age in which admission is not anticipated.</p>	<p>i. The clinical management of fluid, electrolyte and metabolic disturbances.</p>
<p>e. Clinical management as a consultant of patients in the intensive care unit.</p>	

Level II: Central Line Placement with Ultrasound (Ultrasound is not routinely used for subclavian access.)

A. New Appointment Requirement

- Applicant must provide documentation of successful completion of Ultrasound Guidance training in residency/fellowship **OR**
- Applicant must provide documentation of an acceptable course of didactic training by either the American Thoracic Society, the American College of Chest Physicians or the Society for Critical Care Medicine or the American Society of Anesthesiology **OR**
- Applicant must be proctored for 5 (five) cases by a Kaleida Health credentialed Internal Medicine Physician or Anesthesiologist who has the requested privilege.

B. Reappointment Requirement

- Applicant must have completed a minimum of 10 cardiac cases per year and submit documentation **OR**
- Applicant must submit documentation of 3 Subclavian and 3 Internal Jugular lines in the last 2 years **OR**
- Applicant must submit documentation from simulator lab at UB Medical School of 3 Subclavian and 3 Internal Jugular lines in the last 2 years.

<u>LEVEL II PRIVILEGES</u>	PHYSICIAN REQUEST		Granted	Not Granted*	With Following Requirements** (Provide Details)
Central Line Placement with Ultrasound					
<u>LEVEL II PRIVILEGES</u>					
Pulmonary Arterial Catheter Placement: Applicant must provide documentation of successful completion of Pulmonary Arterial Catheter placement in Residency/Fellowship or proctored in (5) cases by an anesthesiologist that holds the privilege: [5] cardiac per year for reappointment.					

<u>PEDIATRIC LEVEL II PRIVILEGES</u>	PHYSICIAN REQUEST		Granted	Not Granted*	With Following Requirements** (Provide Details)
Satisfactory completion of a Pediatric Anesthesiology Fellowship training program or Board Certification in Pediatric Anesthesiology, if Board Certified must maintain certification. (for new applicants)					
Management of pediatric patients under 2 yrs of age in which admission is anticipated. [Reappointment: if above criteria are not met and applicant is grandfathered in then documented experience of 2 yrs. with documentation of performance of at least 10 cases per year during that period of time is required.]					

<u>LEVEL II TEE PRIVILEGES</u>	PHYSICIAN REQUEST		Granted	Not Granted*	With Following Requirements** (Provide Details)
Intraoperative transesophageal echocardiography <i>[The anesthesiologist must perform a minimum of ten (10) exams under supervision of a privileged anesthesiologist or cardiologist, or provide evidence of having passed the perioperative TEE exam administered by the National Board of Echocardiography.] A minimum of 15 CMEs specific to the practice of Peri-operative TEE is required at the initial request for TEE privileges and at each reappointment thereafter.</i>					
LEVEL II CRITICAL CARE UNIT MANAGEMENT <i>Requires satisfactory completion of a critical care fellowship or Board Certification in Critical Care Medicine, if Board Certified must maintain certification.</i>					
Clinical management of a critical care unit. Bronchoscopy					
<u>LEVEL II ADMITTING PRIVILEGES</u> <i>Admitting privilege requires completion of Critical Care Fellowship training</i>	PHYSICIAN REQUEST		Granted	Not Granted*	With Following Requirements** (Provide Details)
Full Admitting Privileges: Physicians granted full admitting privileges will be expected to have a broad range of knowledge, experience, training and competence to diagnose and treat most conditions that have common presentations, recognized treatments and expected outcomes. Anesthesia Department members with full admitting privileges will be expected to request consultations in all cases where specialized skills are required and in any circumstances in which there is significant uncertainty in the optimum management of the patient. Examples where consultation would be expected include, but are not limited to, life-threatening complications, unanticipated deterioration in the patient's condition, or absence of expected response to standard therapy. Such consultations must be obtained promptly.					

<u>PAIN MANAGEMENT LEVEL II PRIVILEGES</u> Satisfactory completion of an Anesthesia Pain Management Fellowship training program or Board Certification in Pain Management.	PHYSICIAN REQUEST		Granted	Not Granted*	With Following Requirements** (Provide Details)
History and Physical for diagnosis and treatment plan.					
Limited Admission and Discharge privileges					
Perform interventional and medical pain medicine treatments, which include neurolytic techniques and implantable technology to include the following:					
Celiac plexus blockade					
Cryotherapy					
Epidural steroid injections					
Epidural sympathetic blockade					
Facet joint injections					
Fluoroscopic (C-arm) guidance blocks					
Implantable devices (spinal cord stimulators, intrathecal pumps and catheters, radiofrequency lesioning, etc)					
Intercostal nerve blockade					
Intrapleural blockade of the stellate ganglion					
Intrapleural catheter insertion for chronic therapy					
Intravenous lidocaine					
Intravenous phentolamine					
Lumbar sympathetic blockade					
Stellate ganglion blockade					
Trigger Point injections					
Tunneled epidural					
<u>Myelography/Discography</u> (including spine biopsies and drainages) <i>Criteria:- Neuroradiology fellowship or experience equal to ACR standards.</i>					
<u>Balloon Kyphoplasty</u> <ul style="list-style-type: none"> <i>Criteria: Successful completion of an ACGME accredited fellowship program in pain medicine that included training in balloon kyphoplasty or completion of an approved training course.</i> 					

KEY	
*NOT GRANTED DUE TO: Provide Details Below	**WITH FOLLOWING REQUIREMENTS Provide Details Below
1) Lack of Documentation	1) With Consultation
2) Lack of Required Training/Experience	2) With Assistance
3) Lack of Current Competence (Databank Reportable)	3) With Proctoring
4) Other (Please Define) (i.e., Exclusive Contract)	4) Other (Please Define)

DETAILS: _____

National Practitioner Databank Disclaimer Statement: Kaleida Health must report to the National Practitioner Data Bank when any clinical privileges are not granted for reasons related to professional competence or conduct. (Pursuant to the Health Care Quality Improvement Act of 1986 (43 U.S.C. 11101 et seq.)

_____/_____
Signature of Applicant Date

_____ I recommend approval of the procedures requested by the applicant:

_____ a) as requested _____ b) as amended

_____/_____
Signature of Chief of Service Date

APPLICANT: PLEASE RETAIN A COPY OF THIS SIGNED DELINEATION FOR YOUR RECORDS