DEPARTMENT OF ANESTHESIOLOGY DELINEATION OF PRIVILEGES THE DETROIT MEDICAL CENTER

Applicant Name: _	
	PLEASE PRINT

QUALIFICATIONS FOR:

Note: If any privilege(s) are covered by an exclusive contractual agreement, physicians who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training and experience.

CORE PRIVILEGES IN GENERAL ANESTHESIOLOGY:

Current certification or active participation in the examination process leading to certification in anesthesiology by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology or documentation of equivalent credentials.

All new applicants to the DMC will be required to be board certified or in the active certification process in their practice specialty. See Board Certification addendum for complete requirements.

- **Limited Critical Care:** As provided by documentation of current training and/or experience in the management of critically ill patients;
- **Limited Pain Management:** As provided by documentation of current training and/or experience in the administration of anesthesia for pediatric patients.
- **Limited Pediatric Patient Management**: As provided by documentation of current training and/or experience in the administration of anesthesia for pediatric patients.
- Moderate Sedation: As provided by documentation of current training and/or experience in the administration of moderate sedation.

Required Previous Experience: If an anesthesiology training program was completed three (3) or more years ago, the initial applicant must provide documentation of previous experience in anesthesiology and perioperative medicine.

SPECIAL PRIVILEGES IN ANESTHESIOLOGY:

- Comprehensive Critical Care: These privileges require a certificate of Special Qualifications in Critical Care Medicine – Anesthesiology (CCM-A), eligibility for participation in the examination process for CCM-A, or documentation of equivalent credentials.
- Comprehensive Pain Management: These privileges require a certificate of Added Qualifications in Pain Management (PM), eligibility for participation in the examination process for PM or documentation of equivalent credentials.
- Comprehensive Pediatric: These privileges require one year of additional training in Pediatric Anesthesia
 following successful completion of an ACGME/AOA accredited residency in Anesthesiology and either
 certification by the ABA, current participation in the examination process or documentation of equivalent
 credentials.
- Perioperative Transesophageal Echocardiography (TEE): These privileges require successful completion of the Examination of Special Competence in Perioperative TEE (PTEeXAM) or completion of requirements (and/or eligibility) for Board Certification in Perioperative TEE through the National Board of Echocardiography, Inc., or documentation of equivalent credentials.

DELINEATION OF PRIVILEGES FOR ANESTHESIOLOGY

DEDITEATION OF TRIVILEGES FOR ANESTHESIOEOUT					
Applicant Name:	PLEASE PRINT				
Observation/Proctor process.	Observation/Proctoring Requirements: Monitoring through Departmental quality assessment and improvement process.				
	nirements: Current demonstrated competence and an adequate volume of current experience with the privileges requested for the past 24 months as a result of quality assessment and improvement s.				
PRIVILEGES REQU	JESTED:				
(R)-Requested (A)-Rec	ommend Approval as Requested (C)-Recommend with Conditions (N)-Not Recommended				
specific condition	ns for clinical privileges include a condition, modification or are not recommended, the and reason must be stated below or on the last page of this form.				
	ace a check mark in the (R) column for each privilege requested.				
(R) (A) (C) (N)	CORE PRIVILEGES IN GENERAL ANESTHESIOLOGY Management of patients rendered unconscious or insensible to pain and emotional stress 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; management of acute pain, cardiopulmonary resuscitation, and supervision of patients in Post-Anesthesia Care Units. Core privileges shall include all aspects of perioperative medicine including, but not limited to:				
	<u>Limited Critical Care</u> This category is limited to use of procedures such as endotracheal intubation, fiberoptic laryngotracheobronchoscopy, mechanical ventilation, invasive hemodynamic monitoring and insertion of transesophageal echocardiography probe, use of surface echocardiography probe and echocardiographic monitoring.				
	<u>Limited Pain Management</u> Medical management of acute, chronic and cancer pain with the use of procedures limited to: local anesthesia and/or steroid nerve blocks (autonomic, central and peripheral nerves), facet				

blocks, intrathecal narcotics facet block and patient controlled analgesia.

Limited Pediatrics

This category is limited to the care of children in ASA Physical status categories 1 and 2, except in life-threatening emergencies.

Moderate Sedation

The Physician FPPE during the first 6 months of privileges at the DMC requires knowledge of the DMC Moderate Sedation Tier 1 Policy (and Tier 3 Children's Hospital policy for Pediatrics), and satisfactory completion of the Net Learning Modules on Moderate Sedation.

DELINEATION OF PRIVILEGES FOR ANESTHESIOLOGY

Applicant Name:PLEASE PRINT		
	<u>SPECIAL PRIVILEGES IN ANESTHESIOLOGY</u> (See Qualifications/Criteria)	
(R) (A) (C) (N)	<u>Comprehensive Critical Care</u> (requires specialty certification or equivalent) Comprehensive management of patients in Critical Care Units including but not limited to the use of procedures such as chest tube insertion, transvenous pacemaker insertion, cardioversion, hemodialysis catheter insertion, ultrafiltration, thoracentesis, pericardiocentesis, percutaneous tracheostomy and transesophageal echocardiography.	
(R) (A) (C) (N)	Comprehensive Pain Management (requires specialty certification or equivalent) Comprehensive management of acute, chronic and cancer pain including but not limited to the use of procedures such as: radiofrequency ablation and/or neurolytic nerve blocks (autonomic, central and peripheral nerves), cryoanalgesia, facet blocks, intradiscal electrocoagulotherapy, implantation of dorsal cord stimulators, implantation of permanent epidural access ports and/or intrathecal pumps, vertebroplasty, kyphoplasty.	
(R) (A) (C) (N)	Comprehensive Pediatrics Comprehensive management of pediatric patients of all ages regardless of physical status for all types of surgical procedures. (Requires one year additional Pediatric training or equivalent credentials or case log documenting anesthetic care to at least 20 infants less than 12 months old in the last two years).	
(R) (A) (C) (N)	<u>Perioperative Transesophageal Echocardiography</u> (requires completion of examination of special competence in Perioperative TEE (PTEeXAM) or board certification in Perioperative TEE through the National Board of Echocardiography, Inc., or documentation of equivalent credentials.)	

DELINEATION OF PRIVILEGES FOR ANESTHESIOLOGY

Acknowledgement of Practitioner By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges.				
Pediatric Chief Recommendation (if applicable)				
☐ Recommend as requested. ☐ Do not recommen	nd			
Recommend with conditions/modifications as listed				
Pediatric Chief Signature	Date			
Children's Hospital Medical Staff Operations Committee	Recommendation (if applicable)			
☐ Recommend as requested ☐ Do not recommen	nd			
Recommend with conditions/modifications as listed				
Chair, CHM MSOC Signature	Date			
Specialist-in-Chief Recommendation I certify that I have reviewed and evaluated the applicant's recomporting documentation, and the recommendation that is many				
☐ Recommend as requested ☐ Do not recommen	nd			
Recommend with conditions/modifications as listed				
Signature, Specialist-in-Chief	Date			
Joint Conference Committee Approval Date:				

Rev. JCC 11/27/2007 Rev: JCC 5.26.09 Rev: JCC 7.25.2014

DETROIT MEDICAL CENTER

BOARD CERTIFICATION REQUIREMENTS

- Beginning July 1, 2009, all applicants to the DMC Medical Staff shall be Board Certified, or shall achieve Board Certification within five (5) years of completion of formal training.
- Individual clinical department Board certification may be more stringent. If so, the department's requirements supersede the DMC minimum Board certification requirement.
- The Board certification must be in the specialty and specific practice which clinical privileges are requested.
- Board certification must be in a specialty recognized by the American Board of Medical Specialties, American Osteopathic Association, American Dental Association or the American Board of Podiatric Surgery.
- If Board certification is time-limited, in all cases, the applicant will have a maximum of three (3) years to achieve re-certification, beginning with the expiration date of his/her current Board Certification, or will be voluntarily resigned from the Medical Staff.
- DMC medical staff members on staff prior **to July 1, 2009**, who are not Board certified will not be required to achieve Board certification. Eligibility for the Board certification waiver requires uninterrupted DMC Medical Staff membership since July 1, 2009.
- Under special circumstances, some outstanding applicants brought to the DMC may be ineligible
 for Board certification. These members will be considered by their departments on an individual
 case-by-case basis, and review by a subcommittee of the SICs, may be granted privileges without
 Board certification with a majority vote of the Medical Executive Committee and the Joint
 Conference Committee.

ICC APPROVED 2.26.2013