



Core Privileges *for* Physicians

*A Practical Approach to Developing and
Implementing Criteria-Based Privileges*

Sixth Edition

Sally Pelletier, CPMSM, CPCS

Contributors:

Gina Leeds, CPMSM

Mary Hoppa, MD, MBA

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About the Authors



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Sally J. Pelletier, CPMSM, CPCS, is an advisory consultant and the chief credentialing officer for The Greeley Company, Inc., in Danvers, Massachusetts. She brings more than 20 years of credentialing and privileging experience to her work with medical staff leaders and MSPs across the nation.

Pelletier advises clients in the areas of accreditation, regulatory compliance, credentialing, privileging, onboarding process simplification and redesign, and medical staff services department operations, and also provides leadership and development training for medical staff leaders and MSPs.

She currently serves on the editorial advisory board of the **Credentialing Resource Center Journal** and **Medical Staff Briefing** for HCPro, a division of BLR. Pelletier performs as an expert witness, and presents at state and national seminars on a variety of topics related to medical staff leadership training, leading practices in credentialing and privileging, and practitioner competency management, and is faculty for The Greeley Institute for Medical Services Professional Development and The Greeley Credentialing Solution.

She has coauthored several HCPro and Greeley books, including *The Medical Staff's Guide to Overcoming Competence Assessment Challenges* (2013); *Core Privileges for AHPs: Develop and Implement Criteria-Based Privileging for Non-Physician Practitioners*, Second Edition (2011); *Core Privileges for Physicians: A Practical Approach to Developing and Implementing Criteria-Based Privileges*, Fifth Edition (2010);

About the Authors

Assessing the Competency of Low-Volume Practitioners: Tools and Strategies for OPPE & FPPE Compliance, Second Edition (2009); *The FPPE Toolbox: Field-Tested Documents for Credentialing, Competency, and Compliance* (2008); and *Converting to Core Privileging: 10 Essential Steps to a Criteria-Based Program* (2007).

She has served as secretary and as the Northeast region representative on the board of directors for the National Association Medical Staff Services (NAMSS). Other leadership roles for NAMSS have included serving as a NAMSS instructor; and chairing the Governance, Management, and Manpower Committee; the Bylaws Committee; and the Credentialing Elements Task Force. In addition, she served as president of the New Hampshire Association Medical Staff Services, from which she received the 2008 Excellence in Medical Staff Services Award. Pelletier began her career in 1992 as the medical staff coordinator at The Memorial Hospital in North Conway, New Hampshire.



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Leeds advises clients in the areas of accreditation, regulatory compliance, credentialing and privileging process simplification and redesign, and medical staff services department operations, as well as provides leadership and development training for medical staff leaders and MSPs.

Leeds began her career as an MSP in 1986 in Atlanta. She has worked at Egleston Children's Hospital at Emory University in Atlanta; at Tenet Corporation – Atlanta Medical Center, where she served on a Tenet Advisory Panel for Privileging; and at Scottish Rite Children's Hospital in Atlanta. From 2003 to 2013, she served as director of medical staff services at Hilton Head (South Carolina) Hospital.



Contributor
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Mary J. Hoppa, MD, MBA, is a senior consultant with The Greeley Company, Inc., in Danvers, Massachusetts. She brings more than 25 years of healthcare leadership and management experience to her work with physicians, hospitals, and healthcare organizations across the country. Her roles in hospital administration and medical staff leadership in academic and community hospital settings make her uniquely qualified to assist physicians and medical centers in developing effective solutions to their most significant challenges. She has experience in credentialing and privileging, peer review and quality, medical staff education, and conflict resolution, and is the leader of The

Greeley Company's bylaws division. She brings this experience into the accreditation practice.

Hoppa is one of The Greeley Company's leading national speakers and is the author or coauthor of the following HCPro and Greeley books: *The Top 40 Medical Staff Policies and Procedures*, Fourth Edition (2010); *The Medical Executive Committee Handbook*, Third Edition (2007); *The Medical Staff Leaders' Practical Guide*, Sixth Edition (2007); and *Engage and Align the Medical Staff and Hospital Management* (2010). Dr. Hoppa is a family physician with 15 years of post-residency practice experience, including chief medical officer at Methodist Hospital in Merrillville, Indiana. Her previous positions include physician advisor, medical director of an employed physician group, medical director of various insurance plans, and member of the Iowa Board of Medical Examiners.

Hoppa is a graduate of the University of Wisconsin Medical School and School of Business. She received her residency training at the Mercy/St. Luke's Family Practice Residency Program in Davenport, Iowa.

Introduction to the Core Privilege Forms

Sources Used to Develop the Core Privilege Forms

We developed the core privilege forms in this book over several years and revised them countless times based on suggestions from many of The Greeley Company's client hospital medical staffs. Initially, we based the qualifications and threshold criteria for each clinical area of practice on:

- The residency core curriculum requirements published in the American Medical Association's *Graduate Medical Education Directory*
- The Credentialing Resource Center's *Clinical Privilege White Papers*
- Position papers published by professional academies and societies, such as the American College of Surgeons, the American College of Cardiology, and the American College of Radiology
- Board certification requirements based on information from the member specialty boards of the American Board of Medical Specialties and the American Osteopathic Association

Customizing the Core Privilege Forms

The Joint Commission standards require that delineation of clinical privileges is hospital-specific. Therefore, when developing your core privileging system, list only those services and procedures that

Introduction to the Core Privilege Forms

your hospital currently provides. Do not include services and procedures that your hospital might offer in the future—the forms will not be hospital-specific if they contain services that the hospital does not currently provide.

Once your hospital adopts a policy governing the threshold or basic qualifications for eligibility to apply for privileges, it should develop a process for the medical staff to prepare specific criteria for evaluating privilege requests. For example, if your hospital requires formal training for a specialty area, the medical staff should decide which procedures and conditions should be listed within the specialty. The medical staff then should identify what constitutes acceptable training in the specialty. The medical staff also should determine requirements for recent experience, such as documentation of the number and types of cases performed in the past 12 months or the minimum number of patients treated within the past 12 months. Throughout the document, you will see [n] used in place of a specific number of cases. Your hospital should define the minimum case/patient volume (the “[n]”) required to maintain clinical competence as recommended by the applicable department chair and the medical executive committee and subject to approval by the governing board.

If criteria allow a physician to substitute experience for formal training, the department or committee not only should determine the privileges that belong in the specialty area and describe the required formal training but also should describe what, if any, minimum experience will be required that is equivalent to formal training to qualify for privileges.

Procedure Lists

The core procedure lists attached to each of the relevant privilege forms provide examples of the procedures that may be performed within a particular specialty or subspecialty clinical area. Please note that these lists are not all-inclusive but, rather, are a sampling of procedures that may fall under a particular specialty or subspecialty. These lists also must be hospital-specific, as noted above.

Each facility should review the privilege request forms and associated procedure lists and then modify the privilege request form by adding or deleting procedures as necessary. Physicians in your facility might not perform all of these procedures or they might perform additional procedures not listed in this book. Therefore, customize these lists to match the scope of your hospital services. Your chief of surgery, operating room scheduling supervisor, medical director of the endoscopy suite, and other clinical chiefs should assist in the review of the procedure lists relevant to the specialty area of clinical practice.

Including a sample procedure list on the core privileging form is one strategy for implementing the use of criteria inherent in the core privileges while simultaneously providing adequate specificity.

This approach also ensures that physicians practice only within the scope of their delineated clinical privileges.

The medical executive committee (MEC) should oversee the process. Once it's complete, the MEC will make its recommendation to the governing board. All of the content within the forms should be reviewed and customized for your organization. We have utilized [brackets] throughout the document to highlight areas of focused discussion and decision.

Important Disclaimer

The sample core privileging forms that follow include a large amount of controversial information—particularly concerning criteria for determining competence for specific specialties and procedures. These forms should be considered sample drafts only—they are not specific or definitive recommendations by the author.

Before adopting these forms, carefully review and modify them to meet the specific needs and environment of your hospital or healthcare facility. The descriptions of the core, the special procedures, the procedure lists, and the criteria should all be customized to your organization. The forms should be consistent with your organization's current medical staff or health plan bylaw provisions governing the credentialing and privileging processes. Have the forms reviewed by knowledgeable legal counsel to ensure that they comply with relevant local, state, and federal laws and regulations. All of the content within the forms should be reviewed and customized for your organization. We have utilized [brackets] throughout the document to highlight areas of focused discussion and decision.

The use of waived testing by privileged practitioners varies widely from hospital to hospital. When doing core privileging, organizations should query practitioners on what waived testing they are performing. Many, if not all, of these tests are “core” to their specialties and can be noted in the core. There is also the possibility of privileged providers doing “provider performed microscopy” or PPM such as fern testing by obstetricians, urinalysis by urologists, or other such tests that may require proof of additional competencies. As applicable, waived testing and PPM should be addressed, either as core or as special non-core privileges, based on the test and the specialty involved.

For those hospitals that have clinics operating under the provider number of the hospital, those clinics and the practitioners working in those clinics need to be included in the medical staff privileging process. The content of the core forms provided in this book are primarily focused on the “traditional hospital” setting. As there may be additional procedures or testing done in the clinic or ambulatory environment for which the practitioner must be privileged, organizations should be aware of their responsibility to include all such clinical activities, whether they occur in the “traditional hospital” or in the provider-based clinic.

SPECIALTY CORE FORMS

ALLERGY/IMMUNOLOGY CLINICAL PRIVILEGES

Name: _____
Effective from ____/____/____ to ____/____/____

- Initial privileges (initial appointment) Renewal of privileges (reappointment)

All new applicants must meet the following requirements as approved by the governing body, effective: ____/____/____.

If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive or employment contracts are indicated by [EC].

Applicant: Check 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/chief]: Check the appropriate box for recommendation on the last page of this form [and include your recommendation for focused professional practice evaluation (FPPE).¹] If recommended with conditions or not recommended, provide the 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 sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR ALLERGY/IMMUNOLOGY

Initial applicants: To be eligible to apply for privileges in allergy/immunology, the applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in internal medicine or pediatrics followed by an accredited residency in allergy and immunology.

1. For Joint Commission– and HFAP–accredited hospitals only.

ALLERGY/IMMUNOLOGY CLINICAL PRIVILEGES

Name: _____ Effective from ____/____/____ to ____/____/____
--

[AND/OR]

Current certification or board eligible (with achievement of certification within [n] years) leading to certification in allergy and immunology by the American Board of Allergy and Immunology or subspecialty certification of special qualifications in allergy and immunology by the American Osteopathic Board of Internal Medicine.

AND

Required current experience: Allergy/immunology services reflective of the scope of privileges requested to [n] inpatients or outpatients during the past 12 months, or successful completion of an ACGME– or AOA–accredited residency or clinical fellowship within the past 12 months.

Renewal of privileges: To be eligible to renew privileges in allergy/immunology, the applicant must meet the following criteria:

[Maintenance of Certification is required]

Current demonstrated competence and an adequate volume of experience ([n] inpatients or outpatients) 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 physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Core privileges: Allergy/immunology

- Requested** Admit, evaluate, diagnose, consult, manage, and provide therapy and treatment for patients of all ages, presenting with conditions or disorders involving the immune system, both acquired and congenital. Selected examples of such conditions include asthma, anaphylaxis, eczema/atopic dermatitis, contact dermatitis, sinusitis, rhinitis, urticaria, and adverse reactions to drugs, foods, and insect stings, as well as immune deficiency diseases (both acquired and congenital), defects in host defense, and problems related to autoimmune disease, organ transplantation, or malignancies of the immune system. 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 procedures list and such other procedures that are extensions of the same techniques and skills.

ALLERGY/IMMUNOLOGY CLINICAL PRIVILEGES

Name: _____
Effective from _____ / _____ / _____ to _____ / _____ / _____

CORE PROCEDURES LIST

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

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

- Performance of history and physical exam
- Allergen immunotherapy
- Allergy testing, including blood (RAST) testing and prick testing
- Delayed-hypersensitivity skin testing
- Drug desensitization and challenge
- Drug testing
- Exercise challenge testing
- Food challenge testing
- Immediate-hypersensitivity skin testing
- Intravenous immunoglobulin treatment and administration
- Methacholine challenge testing
- Nasal cytology
- Oral challenge testing
- Patch testing
- Physical urticaria testing
- Provocation testing for hyper-reactive airways
- Performance and interpretation of pulmonary function tests
- Rapid desensitization
- Rhinolaryngoscopy

ACKNOWLEDGMENT 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 [hospital name], 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.

ALLERGY/IMMUNOLOGY CLINICAL PRIVILEGES

Name: _____
 Effective from ____/____/____ to ____/____/____

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** _____

[DEPARTMENT CHAIR/CHIEF]’S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/modification/explanation

Notes: _____

[Department chair/chief] signature _____ **Date** _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials committee action **Date** _____

Medical executive committee action **Date** _____

[Governing board] action **Date** _____

ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____ Effective from ____/____/____ to ____/____/____
--

Initial privileges (initial appointment)
 Renewal of privileges (reappointment)

All new applicants must meet the following requirements as approved by the governing body, effective: ____/____/____.

If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive or employment contracts are indicated by [EC].

Applicant: Check 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/chief]: Check the appropriate box for recommendation on the last page of this form [and include your recommendation for focused professional practice evaluation (FPPE).¹] If recommended with conditions or not recommended, provide the 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 sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR ANESTHESIOLOGY

Initial applicants: To be eligible to apply for privileges in anesthesiology, the applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in anesthesiology.

[AND/OR]

1. For Joint Commission– and HFAP–accredited hospitals only.

ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____ Effective from ____/____/____ to ____/____/____
--

Current certification or board eligible (with achievement of certification within [n] years) leading to certification in anesthesiology by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology.

AND

Required current experience: [n] hospital anesthesiology cases, reflective of the scope of privileges requested, within the past 12 months, or demonstrate successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

Renewal of privileges: To be eligible to renew privileges in anesthesiology, the applicant must meet the following criteria:

[Maintenance of Certification is required]

Current demonstrated competence and an adequate volume of experience ([n] 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 physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Core privileges: Anesthesiology—[pediatric], adolescent, and adult patients

Requested Administration of anesthesia, including general, regional, and local, and administration of all levels of sedation to [pediatric]², adolescent, and adult patients. Care includes pain relief and maintenance, or restoration, of a stable condition during and immediately following surgical, obstetrical, and diagnostic procedures. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the 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 procedures list and such other procedures that are extensions of the same techniques and skills.

2. Ages of patients treated should be specific to the setting. The American Academy of Pediatrics recommended categories as follows: 0 to 1 month, 1 to 6 months, 6 months to 2 years, and older than 2 years, with additional differentiation of pediatric age groups for patients older than 2 years recommended.

ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____
Effective from ____/____/____ to ____/____/____

QUALIFICATIONS FOR PEDIATRIC ANESTHESIOLOGY

Initial applicants: To be eligible to apply for privileges in pediatric anesthesiology, the applicant must meet the following criteria:

Successful completion of an ACGME– or AOA–accredited residency in anesthesiology, followed by successful completion of an accredited fellowship in pediatric anesthesiology.

[AND/OR]

Current certification or board eligible (with achievement of certification within [n] years) leading to certification in anesthesiology by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology [and successful completion of an accredited fellowship in pediatric anesthesiology or the equivalent in experience].

[AND/OR]

Current certification or active participation in the examination process [with achievement of certification within (n) years] leading to certification in pediatric anesthesiology by the American Board of Anesthesiology.³

Required current experience: [n] hospital pediatric anesthesiology cases, reflective of the scope of privileges requested, within the past 12 months, or successful completion of an ACGME– or AOA–accredited residency or clinical fellowship within the past 12 months.

Renewal of privileges: To be eligible to renew privileges in pediatric anesthesiology, the applicant must meet the following criteria:

[Maintenance of Certification is required]

Current demonstrated competence and an adequate volume of experience ([n] hospital pediatric 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 physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

3. American Board of Anesthesiology introduced Pediatric Anesthesiology certification as of 2013.

ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____ Effective from ____/____/____ to ____/____/____
--

Core privileges: Pediatric anesthesiology (includes neonates, infants, children, and adolescents)

- Requested** Up to 1 month of age
- Requested** 1 to 6 months of age
- Requested** 6 months to 2 years of age
- Requested** > 2 years of age

Administration of anesthesia, including general, regional, and local, and administration of all levels of sedation to pediatric patients. Includes evaluation of complex medical problems in infants and children when surgery is needed, planning and care before and after surgery, pain control, if needed after surgery, and anesthesia and sedation for procedures out of the operating room, such as an MRI, CT scan, and radiation therapy. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the 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 procedures list and such other procedures that are extensions of the same techniques and skills.

QUALIFICATIONS FOR ADULT CARDIOTHORACIC ANESTHESIOLOGY

Initial applicants: To be eligible to apply for privileges in adult cardiothoracic anesthesiology, the initial applicant must meet the following criteria:

Successful completion of an ACGME– or AOA–accredited residency in anesthesiology, followed by successful completion of an accredited fellowship in adult cardiothoracic anesthesiology [or the equivalent in experience].

[AND/OR]

Current certification or board eligible (with achievement of certification within [n] years) leading to certification in anesthesiology by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology and successful completion of an accredited fellowship in adult cardiothoracic anesthesiology [or the equivalent in experience].

AND

Successful completion of advanced perioperative echocardiography education according to the training objectives from the American Society of Echocardiography and the Society of Cardiovascular Anesthesiologists’ “Guidelines for Training in Perioperative Echocardiography.”

ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____
Effective from _____ / _____ / _____ to _____ / _____ / _____

AND

Required current experience: [n] hospital adult cardiothoracic anesthesiology cases, reflective of the scope of privileges requested, within the past 12 months or successful completion of an ACGME– or AOA–accredited residency or clinical fellowship within the past 12 months.

Renewal of privileges: To be eligible to renew privileges in adult cardiothoracic anesthesiology, the applicant must meet the following criteria:

[Maintenance of Certification is required]

Current demonstrated competence and an adequate volume of experience ([n] hospital adult cardiothoracic 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 physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Core privileges: Adult cardiothoracic anesthesiology

- Requested** Administration of anesthesia, including general, regional, and local, and administration of all levels of sedation to adult patients. Includes preoperative, intraoperative, and postoperative care of adult patients undergoing cardiothoracic surgery and related invasive procedures. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the 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 procedures list and such other procedures that are extensions of the same techniques and skills.

QUALIFICATIONS FOR OBSTETRICS ANESTHESIA

Initial applicants: To be eligible to apply for privileges in obstetrics anesthesia, the applicant must meet the following criteria:

Successful completion of an ACGME– or AOA–accredited residency in anesthesiology, followed by successful completion of an accredited fellowship in obstetrics anesthesia [or the equivalent in experience].

[AND/OR]

Current certification or board eligible (with achievement of certification within [n] years) leading to certification in anesthesiology by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology and a minimum of 12 months subspecialty training in obstetrical anesthesiology.

ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____
Effective from ____/____/____ to ____/____/____

AND

Required current experience: [n] hospital obstetrical anesthesiology cases, reflective of the scope of privileges requested, within the past 12 months, or successful completion of an ACGME– or AOA–accredited residency or clinical fellowship within the past 12 months.

Renewal of privileges: To be eligible to renew privileges in obstetrical anesthesiology, the applicant must meet the following criteria:

[Maintenance of Certification is required]

Current demonstrated competence and an adequate volume of experience ([n] hospital obstetrical 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 physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Core privileges: Obstetric anesthesia

- Requested** 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. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the 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 procedures list and such other procedures that are extensions of the same techniques and skills.

Special Non-Core Privileges (See Specific Criteria)

Non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant or reapplicant.

ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____ Effective from ____/____/____ to ____/____/____
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Non-core privileges: Perioperative transesophageal echocardiography (TEE) (included in cardiothoracic anesthesiology core)

Requested

Criteria: Successful completion of an accredited residency in cardiology, anesthesiology, radiology, or cardiothoracic surgery that included education and direct experience in transthoracic echocardiography and TEE with performance and interpretation of at least 25 esophageal intubations and 50 supervised diagnostic studies with an additional 50 studies under supervision or National Board of Echocardiography (NBE) certification in TEE. Knowledge of and experience in the administration of conscious sedation is also required.

AND

Required current experience: Demonstrated current competence and evidence of the performance of at least 50 TEE procedures in the past 12 months, or completion of training or NBE certification in the past 12 months.

Renewal of privileges: Demonstrated current competence and evidence of the performance of at least 50 TEE procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Source: ACCF Training Statement Endorsed by the American Society of Echocardiography 2008.

CORE PROCEDURES LIST

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

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

Adolescent and adult anesthesiology

- Performance of history and physical exam
- Assessment of, consultation for, and preparation of patients for anesthesia
- Clinical management and teaching of cardiac and pulmonary resuscitation
- Diagnosis and treatment of acute, chronic, and cancer-related pain
- Evaluation of respiratory function and application of respiratory therapy

ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____ Effective from ____/____/____ to ____/____/____
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- Image-guided procedures
- Management of critically ill patients
- Monitoring and maintenance of normal physiology during the perioperative period
- 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
- Supervision of certified registered nurse anesthetists
- Treatment of patients for pain management (excluding chronic pain management)

Pediatric anesthesiology

- Performance of history and physical exam
- Consultation for medical and surgical patients
- Image-guided procedures
- Interpretation of laboratory results
- Management of both normal perioperative fluid therapy and massive fluid and/or blood loss
- Management of children requiring general anesthesia for elective and emergent surgery for a wide variety of surgical conditions, including neonatal surgical emergencies, cardiopulmonary bypass, solid organ transplantation, and congenital disorders
- Management of normal and abnormal airways
- Mechanical ventilation
- Pharmacologic support of the circulation
- Placement of venous and arterial catheters
- Preoperative assessment of children scheduled for surgery
- Recognition, prevention, and treatment of pain in medical and surgical patients
- Sedation or anesthesia for children outside the operating rooms, including those undergoing radiologic studies and treatment and acutely ill and severely injured children in the emergency department
- Temperature regulation

Adult cardiothoracic anesthesiology

- Performance of history and physical exam
- Anesthetic management for patients undergoing minimally invasive cardiac surgery and for congenital cardiac procedures performed on adult patients

ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____ Effective from ____/____/____ to ____/____/____
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- 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
- Anesthetic management of adult patients undergoing surgery on the ascending or descending thoracic aorta requiring full CPB, left heart bypass, and/or deep hypothermic circulatory arrest
- Anesthetic management of patients undergoing noncardiac thoracic surgery
- Image-guided procedures
- Management of intra-aortic balloon counterpulsation
- Management of nonsurgical cardiothoracic patients
- Management of patients with left ventricular assist devices
- Management of adult cardiothoracic surgical patients in a critical care (ICU) setting
- Transesophageal echocardiography

Obstetric anesthesia

- Performance of history and physical exam
- All types of neuraxial analgesia (including epidural, spinal, combined spinal, and epidural analgesia) and different methods of maintaining analgesia (such as bolus, continuous infusion, and patient-controlled epidural analgesia)
- Anesthetic management of both spontaneous and operative vaginal delivery, retained placenta, cervical dilation, and uterine curettage, as well as postpartum tubal ligation, cervical cerclage, and assisted reproductive endocrinology interventions
- Consultation and management for pregnant patients requiring nonobstetric surgery
- General anesthesia for cesarean delivery
- Image-guided procedures
- Interpretation of antepartum and intrapartum fetal surveillance tests

ACKNOWLEDGMENT 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 [hospital name], 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.

ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____
 Effective from ____/____/____ to ____/____/____

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** _____

[DEPARTMENT CHAIR/CHIEF]'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/modification/explanation

Notes: _____

[Department chair/chief] signature _____ **Date** _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials committee action **Date** _____
Medical executive committee action **Date** _____
[Governing board] action **Date** _____

Core Privileges *for* Physicians

This comprehensive resource contains over 75 physician specialty and subspecialty forms, along with nearly 40 procedure lists corresponding to the specialties and subspecialties. Feel confident knowing the criteria in the forms have been researched and reviewed by privileging experts, saving you the time and hassle of doing so. These forms are downloadable and customizable, so you can edit them to fit your medical staff's specific needs.

Developing core privilege forms is a lengthy and complex process that requires weeks of researching specialty medical societies for competency benchmarks. Let us do the research for you. ***Core Privileges for Physicians, Sixth Edition***, contains ready-made forms drafted from The Greeley Company's best practices and expert research.

Using these customizable privileging forms, medical staffs will be able to:

- Meet Joint Commission requirements for criteria-based privileging
- Develop a starting point for criteria privilege forms or update current forms
- Manage physician competency and criteria-based privileging in an increasingly data-driven environment
- Eliminate weeks of researching specialty medical societies for competency benchmarks, evaluating data, and creating draft forms
- Utilize expert insights to develop core forms, design an effective core system, and overcome implementation hurdles

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