

ATRIUM HEALTH
ANESTHESIOLOGY CRITICAL CARE
REAPPOINTMENT DELINEATION OF PRIVILEGES
SPECIALTY OF ANESTHESIOLOGY

Print Name _____

	YES		NO	I have participated in direct patient care in the hospital setting within the past two (2) years.
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If the answer is No, please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.

Initial appointment Reappointment Updated DOP Request for Clinical Privileges

To be eligible for core privileges in Anesthesiology Critical Care Medicine Core Privileges, the applicant must meet the following qualifications:

- If the applicant is not currently subspecialty certified in Anesthesiology Critical Care Medicine by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) the applicant must:
 1. Provide documentation of certification in Anesthesiology; **AND**
 2. Provide documentation of successful completion of a one (1) year ACGME or AOA accredited Anesthesiology Critical Care Medicine Fellowship training program, within the past five (5) years; **AND**
 3. Verification from the fellowship program director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

OR

- If the applicant is currently subspecialty certified in Anesthesiology Critical Care Medicine by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
 1. Provide documentation of certification from the American Board of Anesthesiology or the American Osteopathic Association in Anesthesiology; **AND**
 2. Verification from the Department Chief where the Applicant most recently practiced documenting that the Applicant has provided inpatient critical care or consultative services for at least sixty (60) patients during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

Print Name _____

NOTE 1: Physicians must apply for “CORE” privileges in order to be eligible for clinical privileges in the specialty of Anesthesiology Critical Care at any facility within Atrium Health.

NOTE 2: “CORE” privileges cannot be amended or altered in any way.

NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE		ANESTHESIOLOGY CRITICAL CARE MEDICINE CORE PRIVILEGES
			N/A							CANS-9	Privileges to evaluate, diagnose, and provide treatment to critically ill patients of all ages (inclusive of neurological or postneurosurgical, postsurgical, postcardiac/thoracic surgical care) in the ICU with multiple organ dysfunction and in need of critical care for life threatening disorders.

NOTE: Privileges include but not limited to airway maintenance, elective intubation with ***moderate sedation (including direct laryngoscopy and fiberoptic laryngoscopy); chest tube insertion; bronchoscopy; transvenous pacemaker insertion; cardioversion; hemodialysis catheter insertion; ultrafiltration; thoracentesis; pericardiocentesis; percutaneous tracheostomy; transesophageal and echocardiography; (FAST) Confirmation of traumatic free intraperitoneal and intrathoracic fluid by Focused Assessment with Sonography for Trauma (FAST) exam; Basic Resuscitation Cardiac Ultrasound (Pericardial Effusion and Cardiac Activity) and Advanced Emergency Cardiac Ultrasound (Right Ventricle Dilation and Global Left Ventricle Function); and Emergency Ultrasound (Soft-Tissue Infection and Musculoskeletal).
 ***Anesthesiology Critical Care Physicians function in accordance with the Moderate and Deep Sedation in Adult and Pediatric Patients for Critical Care Providers Policy.

Maintenance Criteria for Continued Anesthesiology Critical Care Medicine Core (CANS-9) Privileges:

The Physician must submit a minimum of fifty (50) inpatient and/or consultative services over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE		CORE ANESTHESIOLOGY PRIVILEGES – REHABILITATION HOSPITAL SETTING <u>ONLY</u>
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	CANS-10	Privileges include evaluation and management, as well as procedures approved for performance within the acute rehabilitation setting, in conjunction with the comprehensive rehabilitation treatment plan.

PRIVILEGES REQUESTED BY:

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 Atrium Health 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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

Name

Date

Signature

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CASE LOG

Physician's Name: _____

Date: _____

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CANS-9)
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