

## **SPECIALTY OF CERTIFIED REGISTERED NURSE ANESTHETIST**

### **Delineation of Clinical Privileges**

- Criteria for granting privileges:**
- Current national board certification
  - And**
  - Current unencumbered license to practice as a Registered Nurse and as a Certified Registered Nurse Anesthetist (CRNA) in the state of his/her practice.
  - And**
  - Completed education from a program of nurse anesthesia accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs or its predecessor
  - Or**
  - Current unencumbered license to practice as a Registered Nurse and as a Graduate Registered Nurse Anesthetist (GRNA) in the state of his/her practice.
  - And**
  - Completed education from a program of nurse anesthesia accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs or its predecessor
  - And**
  - National board certification within six months of training completion.

**Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.**

#### **Current Clinical Competence - MLH**

In addition to the required education, experience and/or training specified on each DOP (Delineation of Privilege) form, documentation of current clinical competence is required. Current clinical competence is defined as having “performed the privilege recently and performed it well”.

Current clinical competence is assessed prior to granting privileges initially and is reassessed when renewing privileges at reappointment – for maintenance of privileges. Current Clinical Competence (CCC) may be location specific (acute hospital care/surgery center (ASC) and/or age specific (adult, pediatric, neonatal).

This should not be confused with Focused Professional Practice Evaluation (FPPE)

- FPPE: an evaluation of clinical competence of all new privileges as performed at the specific licensed MLH facility (MHMH, MHOBH) for which they have been initially granted. This applies to privileges for all new applicants as well as to new/additional privileges for current members.

Both FPPE and current clinical competence assessments are privilege-specific. FPPE is conducted during the period after granting new/additional privileges. FPPE must occur at the MLH facility(ies) where privileges/membership are held. Current clinical competence may be evaluated from case logs provided by non-MLH facilities.

### **Current Clinical Competence: Requirements for New Applicants**

- If applying directly from training, or based on the training received in a formal training program, provider should submit case\* logs from the program authenticated by the program director along with their recommendation attesting to the comparable training, experience and qualifications relative to the criteria for the clinical privileges requested.
- If applying more than 1 year after training completion, submit the following:
  - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
  - Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
  - Case logs (see specifications below) for any special privileges requested that meet the criteria specific for the number of procedures defined for current clinical competence.

### **Current Clinical Competence: Maintenance of Privileges for Current Practitioners**

- Practitioner should submit the following:
  - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
  - Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
  - Case logs (see specifications below) for any special privileges requested that meet the specific number of procedures defined for current clinical competence.

### **Case Logs**

All required case logs and/or procedure lists must contain the following information at a minimum: Date, patient identifier, CPT/ICD procedure code, diagnosis, complications, and disposition, and the facility name, name/title of the person authenticating the log, signature, date signed, and contact information. If the information requested is not available, please provide an explanation.

\*A "case" is defined as an episode of care – either cognitive or procedural. For interpretive care, "case" is interpretation of one diagnostic study.

### **Ongoing Professional Performance Evaluation (OPPE)**

OPPE is evaluated periodically (more frequently than annually) in the facility where membership/privileges are held.

To assure OPPE requirements are satisfied, the practitioner must periodically exercise the privileges in the MLH facility(ies) where he/she has membership. OPPE must occur regularly on patient encounters in the MLH facility(ies) where privileges/membership are held.

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
<b>CRNA Core</b>	<p>Current national board certification  <b>And</b>            Current, unencumbered license to practice as a Registered Nurse and as a Certified Registered Nurse Anesthetist (CRNA) in the state(s) of his/her practice.  <b>And</b>            Completed education from a program of nurse anesthesia accredited by the Council on Accreditation of Nurse Anesthesia Education Programs or its predecessor</p>	Case log from primary practice facility documenting 350 hospital cases in previous 12 months	First 5 cases	<p>MLH Data will be obtained for practitioners when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</p> <p>If no activity is found, applicant should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p>
<b>GRNA Core</b>	<p>Current, unencumbered license to practice as a Registered Nurse and as a Graduate Registered Nurse Anesthetist (GRNA) in the state(s) of his/her practice.  <b>And</b>            Completed education from a program of nurse anesthesia accredited by the Council on Accreditation of Nurse Anesthesia Education  <b>And</b>            National board certification within six months of completion of training</p>	Case log from training program documenting 350 hospital cases in previous 12 months	First 5 cases	<p>MLH Data will be obtained for practitioners when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</p> <p>If no activity is found, applicant should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months.</p> <p>Any complications/poor outcomes should be</p>

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
				delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility.
<i>Community Pediatric Privileges</i>	Demonstrated competence in providing ASA 1 & 2 level pediatric anesthesia	Case log from primary practice facility documenting 5 procedures within the previous 12 months	First 5 cases	Case log documenting 5 procedures within the previous 12 months

**Scope of Service and Responsibility:**

Scope of service is based upon education, clinical training, demonstrated skills and capacity to manage procedurally related complications in the categories of pre-anesthetic preparation and evaluation, anesthesia induction, maintenance, and emergence, post-anesthesia care, peri-anesthetic and clinical support functions.

The CRNA/GRNA shall be in compliance with all applicable state and hospital rules including, but not limited to, supervision and protocols.

**Clinical Supervision Requirements:**

The CRNA/GRNA will be supervised by an anesthesiologist who is a member of the Medical Staff and appropriately credentialed and privileged. CRNA/GRNA privileges shall be exercised in accordance with their delineated privileges and shall not exceed those of the supervising anesthesiologist. The supervision of the CRNA/GRNA will be compliant with all applicable state rules and regulations.

**Core CRNA/GRNA Core Privileges:**

Management of patients of all ages rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and invasive medical procedures under the supervision of an anesthesiologist, with the exception of liver transplant procedures in the adult population. In pediatric transplant cases, the anesthesiologist must be in attendance during reperfusion and other critical points of the case.

Privileges include:

1. Administration of specific types of anesthesia for assigned cases under supervision
2. Pre-anesthesia evaluation and preparation
3. Administration of general anesthesia including adjunct drugs and regional anesthesia/analgesia techniques
4. Administration of emergency ancillary drugs and fluids to maintain physiological homeostasis and prevent or treat emergencies during the peri-anesthetic period
5. Airway management techniques
6. Peri-anesthetic invasive and non-invasive monitoring
7. Tracheal intubation/extubation
8. Mechanical ventilation/oxygen therapy
9. Post-anesthesia care/discharge

**Process Protocol:**

The Certified Registered Nurse Anesthetist in collaboration with the supervising physicians identifies the following evidence-based resources, texts, and reference documents that are applicable standards of care and provide the applicable process protocols for care management:

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**Special Procedures:**

The applicant must provide documentation of current clinical competence in performing the procedure consistent with the criteria set forth in medical staff policies governing the exercise of specific privileges and the appended competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.

**Community Pediatric Privileges**

Evaluate, diagnose, consult, and provide care management of pediatric (ages 2-13 years) patients rendered unconscious or insensible to pain and emotional stress utilizing various pediatric sedation, general or regional anesthesia, place and use of invasive monitors (including arterial, central venous, and pulmonary artery catheters,) during surgical and certain other medical procedures, limited to ASA classifications 1 and 2; including pre-, intra-, and postoperative evaluation and treatment, support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures, medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation and pulmonary care.

## Certified or Graduate Registered Nurse Anesthetist Clinical Privileges

Check below the particular privileges desired as Certified or Graduate Registered Nurse Anesthetist for each facility:

Please check (✓) applicable age categories for each privilege requested.

Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities					Methodist Healthcare – Olive Branch Hospital (MHOBH)
	Neonates (0-28 days)	Infants (29 days– 2 Years)	Children 2 - 13 years)	Adolescents (13-18 years)	Adults & Adolescents (13 & Above*)	Adults & Adolescents (13 & Above*)
Certified Registered Nurse Anesthetist Core						
Community Pediatric Core						
Graduate Registered Nurse Anesthetist Core						
Specialty Focus: condition(s), disease(s) for the patient population (e.g. pediatric neurology, adult cardiology)				Anesthesia		
Limitations	<b>Clinical privileges are granted only to the extent privileges are available at each facility and to the extent the supervising physician is granted privileges. *Note: In the case of Obstetrical cases, privileges are extended regardless of the age of the patient.</b>					
Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.						

### 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 the facilities indicated above, to the extent services are available at each facility, and I understand that:

(a) in exercising any clinical privileges granted, I am constrained by facility 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

\_\_\_\_\_  
Practitioner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



**Acknowledgement of sponsor**

I agree to abide by the clinical supervision responsibilities listed and the CRNA will abide by the privileges outlined above and the appropriate facility Medical Staff Rules and Regulations.

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature (No Stamps)  
Employing or Supervising Physician

\_\_\_\_\_ ID # \_\_\_\_\_  
Printed Name