SPECIALTY OF ANESTHESIOLOGY
Delineation of Clinical Privileges

Criteria for granting privileges:

Current certification by the American Board of Anesthesiology, or the American Osteopathic Board of Anesthesiology.

Or

Successful completion of an ACGME, or AOA accredited post-graduate training program in anesthesiology and board certification within 5 years of program 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 described 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) 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 (MHH, 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 Members**

- **For active staff members**: MLH source data will be aggregated to review cases and procedures performed. If this does not meet the minimum requirement for core and/or special privileges, the practitioner will be required to submit additional case logs from other facilities.

- **For courtesy staff members with low activity and for certain active staff with activity that has diminished and is now low**: Department chair recommendation should be obtained from their primary facility; and the 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.
<table>
<thead>
<tr>
<th>Specialty/Procedure Delineation of Privilege Form</th>
<th>Education/Training Documentation for Initial Granting</th>
<th>Initial Application (Proof of current clinical competence)</th>
<th>FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)</th>
<th>Maintenance Requirements</th>
</tr>
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<tbody>
<tr>
<td>Anesthesiology Core</td>
<td>Current certification by the American Board of Anesthesiology, or the American Osteopathic Board of Anesthesiology. Or Successful completion of an ACGME or AOA accredited post-graduate training program in Anesthesiology and board certification within 5 years of completion.</td>
<td>Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD9 codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</td>
<td>First 5 cases, management of difficult airway &amp; CV cases</td>
<td>MLH Data will be obtained for active members 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. Courtesy members should supply case logs from other facilities’ HIM departments to meet the minimum requirement(s) to be considered for the privilege. 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. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility.</td>
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<tr>
<td>Advanced Pediatric Anesthesia</td>
<td>Successful completion of an ACGME or AOA accredited post-graduate training program in Anesthesiology, plus additional post-graduate training in pediatric anesthesiology, and board certification within 5 years of completion.</td>
<td>Case log from primary practice facility documenting 100 hospital cases in previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation.</td>
<td>First 10 cases, General Anesthesia - Children 2 yrs and younger (5 cases); Children over 2 yrs (5 cases)</td>
<td>MLH Data will be obtained for active members 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. Courtesy members should supply case logs from other facilities’ HIM departments to meet the minimum requirement(s) to be considered for the privilege.</td>
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<td>Community Pediatric Privileges</td>
<td>Demonstrated competence in providing ASA 1 &amp; 2 level pediatric anesthesia</td>
<td>Case log from primary practice facility documenting 5 procedures within the previous 12 months</td>
<td>First 5 cases</td>
<td>Case log documenting 5 procedures within the previous 12 months</td>
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<tr>
<td>Chronic Pain Management</td>
<td></td>
<td>Case log from primary practice facility documenting 100 hospital cases within the previous 12 months</td>
<td>First 5 cases</td>
<td>Aggregate data for top 10 diagnosis codes, and procedure list obtained from MLH sources.</td>
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<tr>
<td>Liver Transplant Anesthesia (Adult)</td>
<td></td>
<td>Proctor evaluations for five successful cases OR Letter documenting proctoring from physician to the credentialing office with specific references to the required competencies.</td>
<td>First 5 cases</td>
<td>Case log documenting 8 procedures within the previous 12 months</td>
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<tr>
<td>TEE Basic</td>
<td>Document 20 CME hours</td>
<td>Case log documenting 150 exams studied, 50 proctored procedures under direct supervision</td>
<td>First 5 cases</td>
<td>Case log documenting 25-50 procedures within the previous 24 months</td>
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<tr>
<td>TEE Advanced</td>
<td>Hold current TEE Basic privileges and document 50 CME hours</td>
<td>Case log documenting 300 exams studies, 150 proctored procedures under direct supervision</td>
<td>First 5 cases</td>
<td>Case log documenting 25-50 procedures within the previous 24 months</td>
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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.

Any complications/poor outcomes should be delineated and accompanied by an explanation.

Department chair recommendation will be obtained from primary practice facility.
Anesthesiology Core Privilege:

Admit, evaluate, diagnose, consult, and provide care management of patients of all ages except as specifically excluded from practice, 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; 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, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

- Airway management, sleep apnea, anterior mediastinal mass, and fiberoptic bronchoscopy
- Anesthesia for laser surgery of the airway
- Arterial and central venous cannulation
- Diagnostic and therapeutic management of acute and chronic pain
- Fiberoptic laryngotracehebronchoscopy and intubation
- General anesthesia, including invasive monitoring; respiratory therapy, including long-term ventilatory support; and airway management, including cricothyroidotomy
- Limited critical care
- Local and regional anesthesia with and without sedation, including topical, and infiltration, minor and major nerve blocks, intravenous blocks, spinal, epidural, and major plexus blocks and peripheral nerve blocks to include indwelling catheters
- Solid Organ Transplant Anesthesia, excluding liver
- Management of common intraoperative problems
- Management of common PACU problems
- Management of acute perioperative pain
- Management of fluid, electrolyte, and metabolic parameters
- Management of hypovolemia from any cause
- Management of malignant hyperthermia
- Manipulation of cardiovascular parameters
- Management of acute postoperative pain – including use of opioids, adjuvant medications, and various nerve block modalities
- Moderate and deep sedation
- Obstetric anesthesia
- Preoperative evaluation/anesthetic
- Pulmonary artery catheter insertion and management consultation
- Resuscitation of patients
- Sedation/monitored anesthetic care
- Single lung anesthesia
- Cardiac anesthesia
Special: The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

Community Pediatric Privileges
Admit, 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.

Advanced Pediatric Care Privileges:
Admit, evaluate, diagnose, consult, and provide care management of pediatric (ages neonate to 18 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; 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, pulmonary care, and supervision of pediatric patients in the neonatal ICU and Well Newborn Nurseries.

- Anesthesiology Core (0-18 years)
- Cardiac Anesthesia
- Single lung anesthesia
- Liver Transplantation

Chronic Pain Management:
Admit, evaluate, diagnose, consult, and provide comprehensive management of chronic and/or cancer pain utilizing a broad range of peripheral nerve block procedures, epidural and subarachnoid injections, joint and bursal sac injections, cryotherapeutic techniques, epidural, subarachnoid, or peripheral neurolysis, electrical stimulation techniques, implanted epidural and intrathecal catheters, ports, and infusion pumps; acupuncture and acupressure, hypnosis, stress management, and relaxation techniques, trigeminal ganglionectomy, peripheral neurectomy and neurolysis, sympathectomy techniques, alternative pain therapies and management of local anesthetic overdose including airway management and resuscitation; management of therapies, side effects and complications of pharmacologic agents used in pain management.

Liver Transplant (Adult)

TEE (Basic)
TEE probe placement and intraoperative monitoring

TEE (Advanced)
Diagnostic
Anesthesiology Clinical Privileges

*Check below the particular privileges desired in Anesthesiology for each facility:*

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

<table>
<thead>
<tr>
<th>Privilege Description</th>
<th>Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South &amp; University, Outpatient Clinics &amp; Diagnostic Facilities</th>
<th>Methodist Healthcare – Olive Branch Hospital (MHOBH)</th>
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<tbody>
<tr>
<td>Age Limitations</td>
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<tr>
<td>Neonates &amp; Infants (0-6 months)</td>
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<td>Infants to Children (6 mos-2)</td>
<td></td>
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<td>Children (2-13)</td>
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<tr>
<td>Adolescents (13-18)</td>
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<tr>
<td>Adolescents &amp; Adults (13 &amp; Above*)</td>
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<td></td>
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<tr>
<td>Adults (13 &amp; Above*)</td>
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</tbody>
</table>

**Special Privileges**

- Community Pediatric Privileges
- Anesthesiology Core & Advanced Pediatric Care
- Chronic Pain Management
- Liver Transplant (Adult)
- TEE Basic
- TEE Advanced

**Limitations**

Clinical privileges are granted only to the extent privileges are available at each facility.

*Note: In the case of Obstetrical cases, privileges are extended regardless of the age of the patient.*

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

__________________________
Physician's Signature

__________________________
Date

__________________________
Printed Name