General Information

All applicants must meet the qualifications, conditions and responsibilities as set forth in MLH Credentials Policies. Policies are located on www.methodistmd.org

Applicants seeking appointment, reappointment, and/or clinical privileges have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current clinical competence, character, ethics, and other qualifications and for resolving any doubts about an individual’s qualifications.

Other requirements:

• Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid for initial granting and reappointment of privileges.

• 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.

• Privileges granted may be exercised only at the Hospitals that offer the service/specialty, have sufficient space, equipment, staffing, and other resources required to support the privilege.

• Requests for clinical privileges that are subject to an exclusive contract will not be processed except as consistent with the contract.

Evaluating Current Clinical Competence at time of Reappointment:

MLH Data will be obtained and analyzed as available from EMR reporting systems or Health Information Management.

If minimal activity/low volume, then the applicant should supply case logs from other facilities’ HIM department or practice billing systems to meet the minimum requirement(s) to be considered for the privilege. Source of the logs must be denoted.

The preferable format for external case logs is Excel or PDF from the sourced system. Handwritten case logs are generally not accepted.

Case logs should include a blinded or partial patient number for case distinction, date of service, type of service (inpatient or outpatient), location of service, diagnostic code and/or procedure codes, and performing provider where applicable.
## Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital

### Delineation of Clinical Privileges

**Specialty of Certified Registered Nurse Anesthetist**

<table>
<thead>
<tr>
<th>Privilege</th>
<th>Initial Application Required Education or Training</th>
<th>Initial Application Current Clinical Competence (CCC)</th>
<th>Reappointment: Retrospective review of cases performed at MLH facility (FPPE)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CRNA Core</strong></td>
<td>Current national board certification</td>
<td>Case log from primary practice facility documenting 350 hospital cases in previous 12 months</td>
<td>FPPE: First 5 cases&lt;br&gt;Department chair recommendation will be obtained from primary practice facility.</td>
</tr>
<tr>
<td></td>
<td>And 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>And Completed education from a program of nurse anesthesia accredited by the Council on Accreditation of Nurse Anesthesia Education Programs or its predecessor</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GRNA Core</strong></td>
<td>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.</td>
<td>Case log from training program documenting 350 hospital cases in previous 12 months</td>
<td>FPPE: First 5 cases&lt;br&gt;Department chair recommendation will be obtained from primary practice facility.</td>
</tr>
<tr>
<td></td>
<td>And Completed education from a program of nurse anesthesia accredited by the Council on Accreditation of Nurse Anesthesia Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>And National board certification within six months of completion of training</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Community Pediatric Privileges</strong></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>FPPE: First 5 cases&lt;br&gt;Case log documenting 5 procedures within the previous 12 months</td>
</tr>
</tbody>
</table>

Board approved: March, 2011, Revised 6/17/13, 4/16/14, 5/17/17, 1/25/18
**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 Privileges**

**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:

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

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.

<table>
<thead>
<tr>
<th>Privilege Description</th>
<th>Methodist Healthcare – Memphis Hospitals (MHMH) Gerntown, Le Bonheur Medical Center, North, South &amp; University, Outpatient Clinics &amp; Diagnostic Facilities</th>
<th>Methodist Healthcare – Olive Branch Hospital (MHOBH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Limitations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neonates (0-28 days)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Infants (29 days – 2 Years)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Children (2 -13 years)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Adolescents (13-18 years)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Adults &amp; Adolescents (13 &amp; Above*)</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Adults &amp; Adolescents (13 &amp; Above*)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Certified or Graduate 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

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.

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

Board approved: March, 2011, Revised 6/17/13, 4/16/14, 5/17/17, 1/25/18
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