RENOWN REGIONAL MEDICAL CENTER
DELINEATION OF PRIVILEGES
DEPARTMENT OF ANESTHESIA

The Department of Anesthesia provides delineation of hospital privileges in two spheres of anesthesia practice: Perioperative Anesthesia Care and Interventional Pain Management. Each sphere of practice will maintain its own criteria for credentialing and delineation of core privileges, special requests and reappointment with ongoing demonstration of clinical competence. Practitioners can maintain privileges in either sphere of practice, or both areas of practice, based on successfully fulfilling the criteria set forth below.

Perioperative Anesthesia Care is defined as that area of medical practice which involves preoperative evaluation, provision of intraoperative anesthesia and monitoring, and post-operative anesthesia care and pain management.

Interventional Pain Management is defined as that area of medical practice, which involves evaluation, and treatment of acute and chronic pain states.

Requirements for Delineation of Privileges for Perioperative Anesthesia Care:

1. Basic Education: MD or DO
2. Minimal Formal Training: Completion of an ACGME accredited residency training program in Anesthesiology.
3. Board certified or in process by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesia.
4. Demonstration of 250 perioperative cases over the past twelve months.
5. Hold a current and unrestricted license to practice medicine in the state of Nevada issued by the Nevada State Board of Medical Examiners.
6. Demonstrate the ability to provide continuous specialty-specific on-call coverage to appropriately treat any potential complications of treatment in the event of the practitioner’s unavailability.
7. Participation in Department of Anesthesia Meetings and Quality Assurance/Peer Review Process.

Board Certification:

Those applicants who are not board certified at the time of application but who have completed their residency or fellowship training within the last five years shall be eligible for Medical Staff appointment. However, in order to remain eligible, those applicants must achieve board certification in their primary area of practice within five (5) years from the date of completion of their residency or fellowship training.
Core Privileges in Perioperative Anesthesia Care: (CR.AN)

Limited to the Following

1. General Anesthesia techniques including the use of inhalation agents and intravenous agents in the perioperative management of patients representing the full scope of surgical specialties.
2. Regional Anesthesia techniques including use of spinal/epidural injections, plexus blocks, peripheral nerve blocks, field blocks, and catheter techniques.
4. Placement of invasive monitoring devices including central venous access, arterial cannulation, and intracardiac pressure monitoring any emergency vascular access technique.
5. Advanced airway management including bronchoscopy, lung isolation techniques, and cricothyrotomy and any emergency airway technique.

Mentoring and elevation to active staff in Anesthesia and Perioperative Care:

New Associate Staff members will be directly supervised for their first three cases by an Active Staff anesthesiologist and are eligible to request elevation to Active Staff in a manner consistent with the Bylaws and Credentialing policies of the Medical Staff. Each new Associate Staff member will be assigned three mentors, which must include physicians outside their group. All anesthesiologists requesting elevation to Active Staff will have a minimum of forty-five anesthetic cases reviewed by their mentors. The charts will be provided by Medical Information Systems office to be reviewed by each mentor. Mentor reviews will be carried out in a timely manner to avoid a delay in elevation to active staff. A recommendation, based on reviewed anesthesia cases, will be forwarded to the Medical Staff Services for consideration by the department for elevation to Active Staff. Elevation to Active Staff will require attendance of at least 50% of Department of Anesthesiology meetings while an Associate Staff member.

Reappointment and Current Clinical Competence:

All Members of the Department are reappointed every two years. Since reappointment is an affirmation of good clinical practice and maintenance of clinical competence, each applicant for reappointment must be able to demonstrate sufficient practice activity. All members must have a minimum of 50 cases involving Perioperative Anesthesia Care during the previous reappointment period at any accredited facility in Washoe County. If this threshold is not met, reappointment will be delayed until the next Anesthesia Department meeting, at which time the case will be reviewed. Upon review, the Anesthesia Department may recommend reappointment, or repeating the mentoring process, based on individual consideration.

Special Requests in Perioperative Anesthesia Care:

Each special request in Perioperative Anesthesia Care must be applied for individually. Once threshold criteria have been met, the first three (3) cases will require proctoring by another active staff physician within the Department of Anesthesiology holding privileges for the special request. The assigned proctor will evaluate patient selection, indications, management and technical competence in
a written format for each case. Additional case/chart reviews will occur via the Q/A and peer review process. If a qualified proctor is not available within the Department of Anesthesia, a qualified staff physician (presently credentialed for the special request) from another RRMC Department may be utilized and will report to the Department of Anesthesia. If a qualified proctor within the RRMC system is otherwise unavailable, special arrangements agreeable to the Department of Anesthesia can be made. Practitioners currently privileged at RRMC in any special request set forth below will continue to be privileged in that special request. All new special requests will require fulfillment of criteria as outlined within this document for granting of privileges.

Threshold criteria for each special request unless otherwise delineated:

1. Letter from ACGME accredited Anesthesiology Program Director confirming successful completion of training and demonstration of competence to perform special request.

   OR

2. Documentation of performance of at least three (3) special request cases in the past 12 months at a Joint Commission or similarly accredited facility within the United States, with documentation review and approval by the Department of Anesthesia.

   OR

3. Documented successful completion of an accredited medical course providing didactic and procedural (cadaver) training in the special request.

Special Requests for Perioperative Anesthesia Care:

_____Transesophageal Echocardiogram placement/manipulation-(42.23T)

Requirements for Delineation of Privileges for Interventional Pain Management:

1. Basic Education: MD or DO
2. Minimal Formal Training: Completion of an ACGME or equivalent accredited specialty training program in Anesthesiology with current Board Certification/Eligibility by the ABA.
3. Current Board Certification/Eligibility in Pain Management by an ABMS-recognized Board established by practice experience or completion of an ACGME accredited Pain Management fellowship program.
4. Hold a current and unrestricted license to practice medicine in the state of Nevada issued by the Nevada State Board of Medical Examiners.
5. Demonstrate the ability to provide continuous specialty-specific on-call coverage to appropriately treat any potential complications of treatment in the event of the practitioner’s unavailability.
6. Participation in Department of Anesthesia Meetings and Quality Assurance/Peer Review Process.
7. Demonstration of 250 pain management cases involving core procedures in the past 12 months. If a core procedure is not a routine part of an applicant’s practice, the procedure can be applied for as a special request set forth below.

Core Privileges of Interventional Pain Management: Limited to the Following:

1. Hospital admission privileges for the evaluation and treatment of appropriate pain conditions
2. Provide consultative services
3. Prescribe Medications
4. Develop rehabilitative treatments
5. Direct/organize a multidisciplinary team and coordinate care with other providers
6. Perform interventional injections and procedures involving the LUMBAR spine and extremities as follows:

(PAI.00)
   a. Epidural Injections/catheter placement
   b. Subarachnoid injections/catheter placement
   c. Facet joint injections
   d. Sacroiliac joint injections
   e. Sympathetic plexus injections
   f. Trigger-point/tendon injections
   g. Peripheral nerve injections
   h. Peripheral joint/bursa injections
   i. Botulinum Toxin injections

Special Requests in Interventional Pain Management:

Each special request in Interventional Pain Management must be applied for individually. Once threshold criteria have been met, the first three (3) cases will require proctoring by another active staff physician within the Department of Anesthesiology holding privileges for the special request. The assigned proctor will evaluate patient selection, indications, management, and technical competence in a written format for each case. These evaluations will be reviewed at the departmental level prior to any recommendation for granting privileges. If a qualified proctor is not available within the Department of Anesthesia, a qualified staff physician (presently credentialed for the special request) from another RRMC Department may be utilized and will report to the Department of Anesthesia. If a qualified proctor within the RRMC system is otherwise unavailable, special arrangements agreeable to the Department of Anesthesia can be made. Neurolytic procedures are reserved for board certified/eligible specialists.

Threshold criteria for each special request unless otherwise delineated:

   1. Letter from ACGME accredited Pain Management fellowship Program Director confirming successful completion of training and demonstration of competence to perform special request.

OR
2. Documentation of performance of an appropriate number of special request cases in the past 12 months at a Joint Commission or similarly accredited facility within the United States, with documentation review and approval by the Department of Anesthesia.

OR

3. Documented successful completion of an accredited medical course providing didactic and procedural (cadaver) training in the special request.

Special Requests for Interventional Pain Management: (Note this was to be reviewed and specific number of documentation to be attached.)

1. Epidural Injections (interlaminar/transforaminal):
   - Cervical PAI.10
   - Thoracic PAI.11

2. Intervertebral disc injections/discography
   - Cervical PAI.12
   - Thoracic PAI.13
   - Lumbar PAI.14

3. Facet injections/neurolysis
   - Cervical PAI.15
   - Thoracic PAI.16

4. Sympathetic/Ganglion injections/neurolysis
   - Stellate/superior cervical ganglion PAI.17
   - Sphenopalatine ganglion PAI.18
   - Thoracic sympathetic PAI.19
   - Celiac/Hypogastric Plexus/Splanchnic PAI.20

5. Cranial nerve injections PAI.21

6. Placement of spinal cord/peripheral neurostimulator systems PAI.22

7. Placement of spinal infusion systems PAI.23

8. Intradiscal Procedures:
   - Intradiscal thermal annuloplasty (IDET) PAI.24
   - Percutaneous Discectomy (mechanical, coblation, or laser) PAI.25

9. Spinal Endoscopy PAI.26
Elevation to Active Staff:

Each Associate Staff member practicing Interventional Pain Management is eligible to request elevation to Active Staff consistent with the Bylaws and Credentialing Policies of the Medical Staff. All practitioners requesting elevation to Active Staff will have a minimum of 20 (twenty) charts reviewed by their mentors or other appropriate members of the Department of Anesthesia.

Reappointment/Current Clinical Competence:

All members of the Department of Anesthesia are reappointed every two years in accordance with the Bylaws and Credentialing Policies of the Medical Staff. Since reappointment is an affirmation of ongoing clinical practice and current clinical competence, each applicant will be able to provide evidence of active practice and experience in the privileges requested. All members should have a minimum of 50 interventional pain management cases during the last reappointment period at any accredited facility in Washoe County. If this threshold is not met, reappointment will be delayed until the next Anesthesia Department meeting, at which time the case will be reviewed. Upon review, the Anesthesia Department may recommend reappointment, or repeating the mentoring process, based on individual consideration.

Applicant ____________________ Date ______________

Chief, Department of Anesthesia ____________________ Date ______________

Date of Recommendation by the Credentials & Privileges Committee: ___________
Date of Recommendation by the Executive Committee: ___________
Date of Approval by the Board of Governors: ___________