

**ATRIUM HEALTH
REAPPOINTMENT
DELINEATION OF PRIVILEGES
SPECIALTY OF ANESTHESIOLOGY**

I have reviewed the DOP/Roster provided to me by MSS and confirm as indicated below:

My DOP is accurate and reflects privileges relevant to my current practice

I have listed privileges that should be removed: _____

Printed Name: _____

Signature: _____

Date: _____

If your roster indicates that you hold any of the privileges listed below, you must provide the maintenance criteria as described, in order to maintain the privilege. Your maintenance criteria and attestation must be returned together.

ANS-1A – TRANSESOPHAGEL ECHOCARDIOGRAPHY (TEE) AND DOPPLER COLOR FLOW INTERPRETATION PRIVILEGES

CRITERIA FOR MAINTENANCE OF PRIVILEGES:

The physician must provide documentation of ten (10) cases over a twenty-four (24) month period to be eligible to reapply for TEE privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold TEE privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for the privilege and submit a Request to Be Proctored Form.

ANS-1B – ADVANCED INTRAOPERATIVE TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) AND DOPPLER COLOR FLOW INTERPRETATION OF CARDIAC FUNCTION

CRITERIA FOR MAINTENANCE OF PRIVILEGES:

The physician must provide documentation of ten (10) cases over a twenty-four (24) month period to be eligible to reapply for Advanced TEE privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold Advanced TEE privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for the privilege and submit a Request to Be Proctored Form

ANS-4A – PERCUTANEOUS VERTEBROPLASTY

MAINTENANCE CRITERIA:

All of Vertebroplasty procedures will be entered into the routine Departmental Quality Assurance process. After initial privileges are granted, the Quality Assurance Committee will specifically review the first twenty (20) Vertebroplasties. Procedure specific Continuing Medical Education is encouraged, but not required.

STOP:

UNLESS YOU ARE REQUESTING NEW PRIVILEGES, YOU DO NOT NEED TO GO BEYOND THIS POINT.

ATRIUM HEALTH
(CAROLINAS MEDICAL CENTERS-CHARLOTTE)
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. |
|--|-----|--|------|---|

****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, the applicant must meet the following qualifications:

- If the applicant is not currently certified in Anesthesiology by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
 1. Provide documentation of successful completion of an ACGME or AOA accredited Anesthesiology residency training program, within the past five (5) years; **AND**
 2. Verification from the residency program director that the Applicant successfully completed the program. 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.

- If the applicant is currently certified by the American Board of Anesthesiology, the applicant must:
 1. Provide documentation of specialty certification in Anesthesiology from the American Board of Anesthesiology or the American Osteopathic Association; **AND**
 2. Documentation of the performance of at least three hundred (300) anesthesiology cases during the past twenty-four (24) months;
OR
 1. Provide documentation of specialty certification in Anesthesiology from the American Board of Anesthesiology or the American Osteopathic Association; **AND**
 2. Anesthesiologist who are specialty trained in Cardiac Anesthesiology or Liver Transplant Anesthesiology must demonstrate that they have managed at least one hundred and twenty (120) patients for cardiac surgery or liver transplant surgery during the past twenty-four (24) months; **OR**

- If the applicant is currently certified in Pain Medicine by the American Board of Anesthesiology or has a Certification of Added Qualification (CAQ) in Pain Management by the American Osteopathic Association, the applicant must:
 1. Provide documentation of specialty certification in Pain Medicine by the American Board of Anesthesiology or a Certification of Added Qualification (CAQ) in Pain Management by the American Osteopathic Association; **AND**
 2. Documentation of the performance of at least three hundred (300) pain management cases during the past twenty-four (24) months; **OR**

- Prior to March 13, 2007, I was granted privileges in the Specialty of Anesthesiology at one or more facilities of Carolinas HealthCare System; therefore, it is not required that I be certified in Anesthesiology.

Print Name _____

NOTE 1: Physicians must apply for “CORE” privileges in order to be eligible for clinical privileges in the specialty of Anesthesiology 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 | CHSP | CHSU | CR | | GENERAL ANESTHESIOLOGY CORE PRIVILEGES |
|--|------|------|-----|-------|--|
| | | | N/A | ANS-1 | 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. |
| <p>Note: Privileges include but are not limited to, airway management, management of sleep apnea, anesthesia for anterior mediastinal mass fiberoptic bronchoscopy, anesthesia for laser surgery of the airway, anesthesia for kidney transplants, anesthesia for pancreas transplants, arterial and central venous cannulation utilizing directional ultrasound as needed, central neuraxial blockade (spinal, epidural), diagnostic and therapeutic management of acute pain, general anesthesia, including invasive monitoring; respiratory therapy, including long-term ventilatory support; and airway management, including cricothyroidotomy, intravenous conscious sedation local and regional anesthesia with and without sedation, including topical and infiltration, minor and major nerve blocks utilizing directional ultrasound as needed, intravenous blocks, spinal, epidural and major plexus blocks utilizing directional ultrasound as needed, 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 body temperature, manipulation of cardiovascular parameters, obstetric anesthesia, peripheral nerve block utilizing directional ultrasound as needed, preoperative evaluation/anesthetic, pulmonary artery catheter insertion and management consultation, resuscitation of patients of all ages sedation/monitored anesthetic care, sedation and analgesia, single lung anesthesia.</p> | | | | | |

***SPECIAL PRIVILEGES (SEE QUALIFICATIONS AND/OR SPECIFIC CRITERIA) – PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

Please make sure you read all required criteria (begins on page 8) for the privileges listed below and provide all applicable documentation.

| CMC | CHSP | CHSU | CR | | *GENERAL ANESTHESIOLOGY-SPECIAL PROCEDURES | Minimum Number Required | Number Performed Within The Past 2 Years | Location |
|-----|------|------|-----|---------|--|-------------------------|--|----------|
| | | | N/A | ANS-1A* | Transesophageal Echocardiography (TEE) and Doppler Color Flow Interpretation | 20 | | |
| | | | N/A | ANS-1B* | Advanced Intraoperative Transesophageal Echocardiography (TEE) and Doppler Color Flow Interpretation of Cardiac Function | 100 | | |

| CMC | CHSP | CHSU | CR | | CORE ANESTHESIOLOGY PRIVILEGES – REHABILITATION HOSPITAL SETTING <u>ONLY</u> |
|-----|------|------|----|--------|--|
| N/A | N/A | N/A | | ANS-CR | 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. |

Print Name _____

| CMC | CHSP | CHSU | CR | | *PEDIATRIC ANESTHESIOLOGY CORE PRIVILEGES |
|---|------|------|-----|--------|---|
| | | | N/A | ANS-2* | Management of pediatric 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 with Well Newborn Nurseries. |
| <p>Note: The applicant understands the unique physiologic concerns of the preterm and neonatal patient, and is experienced in the intraoperative management of these patients undergoing surgical procedures including the repair of tracheoesophageal fistula, diaphragmatic hernia, meningomyelocele, gastroschisis, omphalocele, and other neonatal emergencies. The applicant is capable of the placement and management of radial, axillary and femoral arterial catheters, and femoral, internal jugular, and subclavian central lines in neonates and infants. Placement and management of caudal and epidural anesthesia in infants and children. The use of neonatal and pediatric fiberoptic bronchoscope in the management of the difficult Pediatric airway. The applicant understands the perioperative concerns in children undergoing scoliosis surgery including management of blood products, monitoring spinal cord integrity, and postoperative ventilatory concerns. The applicant is capable of managing postoperative ventilatory care in Pediatric patients; including the unique concerns of ventilation after repair of TE fistula or diaphragmatic hernia and the use of high frequency ventilation. The applicant is experienced in the management of pain in the postoperative pediatric patient; including the use of epidurals and patient controlled analgesia.</p> <p>** Coverage by an Anesthesiologist with pediatric anesthesiology privileges will be required for children undergoing surgery for congenital diaphragmatic hernia, tracheoesophageal fistula or general surgery in neonates with complex congenital anomalies and/or congenital heart defects.</p> | | | | | |

| CMC | CHSP | CHSU | CR | | PEDIATRIC ANESTHESIOLOGY– SPECIAL PRIVILEGE | Number Performed Within The Past 2 Years | Location |
|-----|------|------|-----|---------|---|---|-----------------|
| | | | N/A | ANS-2A* | Placement of Long Term Percutaneous Intravenous Catheters (PIC Lines) | | |

| CMC | CHSP | CHSU | CR | | *PEDIATRIC CARDIAC ANESTHESIOLOGY | Number Performed Within The Past 2 Years | Location |
|-----|------|------|-----|--------|--|---|-----------------|
| | | | N/A | ANS-3* | Basic Pediatric Cardiac Anesthesiology | | |

Note: Pediatric Cardiac Anesthesiology will be required for the management of any case in a patient under the age of twelve (12) years in which cardiopulmonary bypass is used or could potentially be used in an emergency situation. Pediatric Cardiac Anesthesiologists will be required in neonates undergoing palliative repairs of congenital cardiac disease, including PA banding, BT shunts and repair of coarctation of aorta in neonates. Privileges include, but are not limited to, the placement and management of radial, axillary and femoral arterial catheters and femoral, internal jugular and subclavian central lines in neonates and infants, hemodynamic management of patients with Congenital Heart Disease including the use of vasoactive drugs to manipulate the systemic and pulmonary circulation and inotropic support of the heart, management of cardiopulmonary bypass for the neonate and infants, the use of deep hypothermia and circulatory arrest, anticoagulation for cardiopulmonary bypass and the management of reversal of anticoagulation and coagulation disorders associate with cardiopulmonary bypass in neonates and infants.

**Pediatric Cardiac Anesthesiology coverage will be available twenty-four (24) hours per day, seven (7) days per week.

| | | | | | *PEDIATRIC CARDIAC ANESTHESIOLOGY | Minimum Number Required | Number Performed Within The Past 2 Years | Location |
|--|--|--|-----|---------|---|--|---|-----------------|
| | | | N/A | ANS-3A* | Basic intraoperative Transesophageal Echocardiography (TEE) and Doppler Color Flow Interpretation of Cardiac Function | 20 | | |

Print Name _____

To be eligible for core privileges in Pain Medicine, the applicant must meet the following qualifications:

1. Privileges granted prior to 06/09/09; **OR**
2. Have successfully obtained American Board of Medical Specialties Board Certification in Pain Medicine prior to 1998; **OR**
1. Have met the training requirements which renders the physician eligible for certification by the American Board of Anesthesiology or the American Osteopathic Association; **AND**
2. Provide documentation of successful completion of a one (1) year ACGME or AOA accredited Pain Medicine/Pain Management Fellowship; **AND**
3. Have met the training requirements, within the past five (5) years, which renders the physician eligible for subspecialty certification in Pain Medicine by the American Board of Anesthesiology or eligible for a Certification of Added Qualification (CAQ) in Pain Management by the American Osteopathic Association.

| CMC | CHSP | CHSU | CR | | *PAIN MEDICINE CORE PRIVILEGES |
|-----|------|------|-----|--------|--|
| | | | N/A | ANS-4* | <p>Comprehensive management of acute, chronic and/or cancer pain utilizing a broad range of nerve block procedures to include the performance of nerve blocks with local anesthetics and the use of epidural or intrathecal narcotics, steroids or other agents for pain relief. These privileges include: Brachial Plexus Block, Carpal Tunnel Injection, Celiac Plexus Block, Coccygeal Nerve Block, Costochondral Joint Injection, Differential Subarachnoid Block, Epidural Steroid Injection, Epidural Steroid Injection (Caudal), Facet Joint Injection, Greater Occipital Nerve Block, Ilioinguinal/Iliohypogastric Nerve Block, Infraclavicular Catheter Placement, Regional Injection, Joint Injection, Lateral Femoral Cutaneous Nerve Block, Nerve Root Block (Spinal Somatic block, Paravertebral Spinal Somatic Block), **Intra-Discal procedures, Paravertebral Sympathetic block, Piriformis Injection, Posterior Tibial Nerve Block, Pump Refill, Peripheral Nerve Block, Sacroiliac Joint Injection, Saphenous Nerve Block, Scar Neuroma Injection, Sphenopalatine Ganglion Block, Stellate Ganglion Block, Superficial Peroneal Nerve Block, Superior Hypogastric Plexus Block, Suprascapular Nerve Block, Sural Nerve Block, Trigger Point Injection, Bursa Injection, Ulnar Nerve Block and Radiofrequency lesioning. The management of problems in pain relief and spasticity to include the use of nerve blocks with lytic agents such as phenol or alcohol, or neuro augmentation with spinal cord or peripheral nerve stimulation. The applicant understands the indications and complications of implantable epidural infusion pump systems and spinal cord stimulators and is facile in the placement and management of these devices.</p> <p>**Intradiscal procedures for the purposes of this document are defined as:</p> <ul style="list-style-type: none"> • Needle-based Percutaneous with no open incision • Does not utilize retained material • May be diagnostic (ex. Discography) or therapeutic (ex. Percutaneous mechanical or thermal disc decompression) |

| | | | | PAIN MEDICINE – SPECIAL PRIVILEGE | | Minimum Number Required | Number Performed Within The Past 2 Years | Location |
|--|--|--|-----|--|--|--------------------------------|---|-----------------|
| | | | N/A | ANS-4A* | Percutaneous Vertebroplasty | 10 | | |
| | | | | ANS-4B* | Indirect decompression for spinal stenosis | 5 | | |

| CMC | CHSP | CHSU | CR | *CARDIAC ANESTHESIOLOGY | | Minimum Number Required | Number Performed Within The Past 36 Months | Location |
|------------|-------------|-------------|-----------|--------------------------------|------------------------------------|--------------------------------|---|-----------------|
| | | | N/A | ANS-5* | Basic Adult Cardiac Anesthesiology | | | |

Note: Management of any case in which cardiopulmonary bypass is used or could potentially be used in an emergency situation. Privileges include, but are not limited to, the placement and management of arterial catheters, central lines, pulmonary catheters, hemodynamic management including the use of vasoactive drugs to support the circulation, management of the use of deep hypothermia and circulatory arrest, intraortic balloon pump, patients undergoing Off Pump Coronary Artery Surgery, anticoagulation for cardiopulmonary bypass and the management of reversal of anticoagulation and the management of coagulation disorders associate with cardiopulmonary bypass.

- Anesthesia for Thoracic Surgery. The applicant is capable of placing and managing a double lumen endotracheal tube and/or endobronchial blocker including the use of Fiberoptic Bronchoscopy in positioning. The applicant is experienced in the placement and management of thoracic epidural catheters for post operative pain management.
- Anesthesia for Major Vascular Surgery. The applicant understand the physiologic concerns of carotid and aortic surgery and is able to manage cerebral perfusion during carotid surgery and the effects of aortic clamping and unclamping in aortic surgery.
- Anesthesia for Cardiac Transplantation. The applicant understands the physiologic concerns of patients undergoing cardiac transplantation and is experienced in the care of patients for cardiac transplantation.
- Management of patients undergoing placement of left and right ventricular support devices including Heartmate Left Ventricular support Systems.

****Cardiac Anesthesiology coverage will be available twenty-four (24) hours per day, seven (7) days per week.**

| CMC | CHSP | CHSU | CR | *CARDIAC ANESTHESIOLOGY-SPECIAL PROCEDURES | | Minimum Number Required | Number Performed Within The Past 2 Years | Location |
|------------|-------------|-------------|-----------|---|--|--------------------------------|---|-----------------|
| | | | N/A | ANS-5A* | Transesophageal Echocardiography (TEE) and Doppler Color Flow Interpretation | 20 | | |
| | | | N/A | ANS-5B* | Advanced Intraoperative Transesophageal Echocardiography (TEE) and Doppler Color Flow Interpretation of Cardiac Function | 100 | | |
| | | | N/A | ANS-5C* | Anesthesia for Port-Access Cardiac Surgery | 3 | | |

Print Name _____

| CMC | CHSP | CHSU | CR | | *TRANSPLANT ANESTHESIOLOGY | Minimum Number Required | Number Performed Within The Past 2 Years | Location |
|-----|------|------|-----|--------|----------------------------|-------------------------|--|----------|
| | | | N/A | ANS-6* | Transplant Anesthesiology | 3 | | |

Note: Anesthesiologists specialty trained in Transplant Anesthesiology will be required for the management of patients undergoing liver transplantation.

- The applicant understands the pathophysiology of liver disease and is experienced in the intraoperative management of patients undergoing liver transplantation, including management of venovenous bypass, the anhepatic phase and hepatic reperfusion.
- The applicant is facile in the placement and management of lines required for hepatic transplantation including arterial, central venous, and pulmonary artery catheters and the cannulae used for venovenous bypass.
- Understanding of the coagulation disorders associated with hepatic transplantation and the pharmacologic agents and blood products available for support. Understanding of the coagulation studies used to monitor coagulation status including the thromboelastogram.

**Transplant Anesthesiology coverage will be available twenty-four (24) hours per day, seven (7) days per week.

| CMC | CHSP | CHSU | CR | | *SPECIAL PRIVILEGE | Minimum Number Required | Number Performed Within The Past 36 Months | Location |
|-----|------|------|-----|--------|--|-------------------------|--|----------|
| | | | N/A | ANS-7* | Neuroanesthesia/ Neuroelectrophysiological Monitoring | 100 | | |

| CMC | CHSP | CHSU | CR | | | Number Performed Within The Past 2 Years | Location |
|-----|------|------|-----|----------|---------------------|--|----------|
| | | N/A | N/A | ANS-13 * | Medical Acupuncture | | |

*Applicant must provide documentation from their training program of at least 200 hours of AMA Category I training in Medical Acupuncture, deemed satisfactory by the Anesthesiology Chief. In addition, the applicant may be required to demonstrate to the Anesthesiology Chief knowledge of the risks, benefits, and contraindications of the procedure.

Physicians practicing Medical Acupuncture are expected to establish diagnoses within the traditional framework of Western medical thought, through an appropriate work-up of the patient's condition. It is noted that Acupuncture shall be used in concert with traditional Western medical thought and will not be used as the first alternative unless medical necessity indicates that it is the preferred procedure. The patients' treatment options should also be documented and the rationale for using Medical Acupuncture in each particular situation.

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.

Signature

Date

Print Name

ANS-1A – TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) AND DOPPLER COLOR FLOW INTERPRETATION PRIVILEGES

Basic Intraoperative Transeophageal Echocardiography (TEE) and Doppler Color Flow Interpretation of Cardiac Function. Placement of the TEE probe and ability to obtain the views required for a standard exam. At this level the Cardiac Anesthesiologist will be capable of using TEE as a monitoring tool and be able to make general assessments of ventricular function. An individual credentialed at this level would call in consultative support for more detailed assessment of cardiac structure such as assessment of valvular regurgitation, quantification of cardiac function, or diagnostic decisions affecting surgical therapy.

Credentialing at the Basic level will require:

1. Apply for and meet the necessary criteria to be granted privileges for General Anesthesiology Core Privileges (ANS-1); **AND**
2. Provide documentation of at least twenty (20) Transesophageal Echocardiography (TEE) and Doppler Color Flow Interpretation exams within the past twenty-four (24) months.

CRITERIA FOR MAINTENANCE OF PRIVILEGES:

The physician must provide documentation of ten (10) cases over a twenty-four (24) month period to be eligible to reapply for TEE privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold TEE privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for the privilege and submit a Request to Be Proctored Form.

ANS-1B – ADVANCED INTRAOPERATIVE TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) AND DOPPLER COLOR FLOW INTERPRETATION OF CARDIAC FUNCTION

Individuals credentialed at this level will have skills and experience that will enable them to fully utilize the full diagnostic potential of TEE. They will be capable of utilizing the full range of TEE functions and tools including assessment of valvular integrity, flow velocity data, and quantification of cardiac function.

Applicants must:

1. Apply for and meet the necessary criteria to be granted privileges for General Anesthesiology Core Privileges (ANS-1); **AND**
2. Have at least three months of TEE training as part of a Cardiac Anesthesia Fellowship Program; **OR**
3. Performance of at least one hundred (100) TEE exams; **AND**
4. Passage of the qualifying exam by the American Society of Echocardiography.

Individuals credentialed at this level will have skills and experience that will enable them to fully utilize the full diagnostic potential of TEE. They will be capable of utilizing the full range of TEE functions and tools including assessment of valvular integrity, flow velocity data, and quantification of cardiac function.

CRITERIA FOR MAINTENANCE OF PRIVILEGES:

The physician must provide documentation of ten (10) cases over a twenty-four (24) month period to be eligible to reapply for Advanced TEE privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold Advanced TEE privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for the privilege and submit a Request to Be Proctored Form.

ANS-2 – PEDIATRIC ANESTHESIOLOGY CORE PRIVILEGES

To be eligible for core privileges in Pediatric Anesthesiology, the applicant must meet the following qualifications:

1. Privileges granted prior to 06/09/09; **OR**
1. Have met the training requirements which renders the physician eligible for certification in Anesthesiology by the American Board of Anesthesiology or the American Osteopathic Association; **AND**
2. Provide documentation of successful completion of an ACGME or AOA accredited Pediatric Residency Program;

OR

1. Have met the training requirements which renders the physician eligible for certification in Anesthesiology by the American Board of Anesthesiology or the American Osteopathic Association; **AND**
2. Provide documentation of successful completion of an ACGME or AOA accredited fellowship training program in Pediatric Anesthesiology, Cardiac Anesthesiology, Neuroanesthesia or Critical Care Medicine in which at least two (2) months have been dedicated to the care of the pediatric patient

ANS-2A – (PEDIATRICS) PLACEMENT OF LONG TERM PERCUTANEOUS INTRAVENOUS CATHETERS (PIC LINES)

The applicant can place PIC lines for long term intravenous access in children.

The applicant must:

1. Privileges granted prior to 06/09/09; **OR**
 1. Apply for and meet the necessary criteria to be granted privileges for Pediatric Anesthesiology Core Privileges (ANS-2)
-

ANS-3 – BASIC PEDIATRIC CARDIAC ANESTHESIOLOGY

The applicant must understand the pathophysiology of congenital heart disease and is experienced in the intraoperative management of patients undergoing surgery for these diseases.

In order to meet requirements for privileges in Pediatric Cardiac Anesthesiology, the applicant must meet all items listed under Pediatric Cardiac Anesthesiology Privileges and have completed the following:

1. To be eligible for privileges in Basic Pediatric Cardiac Anesthesiology Privileges, the applicant must apply for and meet the qualifications of Basic Intraoperative Transeophageal Echocardiography (TEE) and Doppler Color Flow Interpretation of Cardiac Function (ANS-3A); **AND**
 2. Privileges granted prior to 06/09/09; **OR**
 2. Apply for and meet the necessary criteria to be granted privileges for Pediatric Anesthesiology Core Privileges (ANS-2); **AND**
 3. Have completed an ACGME or AOA accredited Pediatric residency; training must have included at least two months of primary management of patients with Congenital Heart Disease, **OR**
 3. Apply for and meet the necessary criteria to be granted privileges for Pediatric Anesthesiology Core Privileges (ANS-2); **AND**
 4. Provide documentation of successful completion of an ACGME or AOA accredited fellowship training program in Pediatric Anesthesiology, Cardiac Anesthesiology, Critical Care, or Vascular and Thoracic Anesthesiology in which at least two (2) months have been dedicated to care of the patient with Congenital Heart Disease.
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ANS-3A – BASIC INTRAOPERATIVE TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) AND DOPPLER COLOR FLOW INTERPRETATION OF CARDIAC FUNCTION

Basic Intraoperative Transesophageal Echocardiography (TEE) and Doppler Color Flow Interpretation of Cardiac Function. Placement of the TEE probe and ability to obtain the views required for a standard exam. At this level the Cardiac Anesthesiologist will be capable of using TEE as a monitoring tool and be able to make general assessments of ventricular function. An individual credentialed at this level would call in consultative support for more detailed assessment of cardiac structure such as assessment of valvular regurgitation, quantification of cardiac function, or diagnostic decisions affecting surgical therapy.

The applicant is capable of managing postoperative ventilatory care in patients after Congenital heart Surgery; including the unique concerns of ventilation after cavopulmonary shunt, Fontan, BT shunt, and the use of permissive hypercapnia and nitric oxide.

Applicants must provide documentation as follows:

1. Privileges granted prior to 06/09/09; **OR**
 1. Apply for and meet the necessary criteria to be granted privileges for Pediatric Cardiac Anesthesiology (ANS-3); **AND**
 2. Provide documentation of at least twenty (20) Basic Intraoperative Transesophageal Echocardiography (TEE) and Doppler Color Flow Interpretation exams within the past twenty-four (24) months.
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ANS-4A – PERCUTANEOUS VERTEBROPLASTY

SHORT DEFINITION: Percutaneous injection of a bone cement such as PMMA (Polymethylmethacrylate) into the affected vertebral body. Primary indications include painful osteoporotic compression fractures refractory to medical therapy, and osteolytic vertebral body lesions such as metastatic cancer. Fluoroscopic or CT guidance of a transpedicular or direct corporal puncture approach is essential for patient safety, along with active fluoroscopic monitoring during the cement injection. Percutaneous techniques which involve restoration of vertebral body height (Kyphoplasty) are not part of this privilege.

In order to meet requirements for privileges to perform Percutaneous Vertebroplasty, the applicant must:

1. Privileges granted prior to 06/09/09; **OR**
 1. Certification by the American Board of Anesthesiology or the American Osteopathic Association; **AND**
 2. Subspecialty certification in Pain Medicine by the American Board of Anesthesiology or a Certification of Added Qualification (CAQ) in Pain Management by the American Osteopathic Association; **AND**
 3. Apply for and meet the necessary criteria to be granted privileges for Pain Medicine Core Privileges (ANS-4); **AND**
 4. Provide documentation from the Director of the applicant's training program that he/she has successfully performed ten (10) Vertebroplasty procedures and is competent in its performance;
- OR**
1. Board certification by the American Board of Anesthesiology or the American Osteopathic Association; **AND**
 2. Subspecialty certification in Pain Medicine by the American Board of Anesthesiology or a Certification of Added Qualification (CAQ) in Pain Management by the American Osteopathic Association; **AND**
 3. Apply for and meet the necessary criteria to be granted privileges for Pain Medicine Core Privileges (ANS-4); **AND**
 4. If training for Vertebroplasty was not included in Residency or Fellowship training, applicant must have successfully completed an Accreditation Council for Continuing Medical Education (ACCME) Course in Vertebroplasty; **AND**
 5. Provide documentation of completion of ten (10) Vertebroplasty procedures with acceptable outcomes;
- OR**
1. Board certification by the American Board of Anesthesiology or the American Osteopathic Association; **AND**
 2. Subspecialty of certification in Pain Medicine by the American Board of Anesthesiology or a Certification of Added Qualification (CAQ) in Pain Management by the American Osteopathic Association; **AND**

3. Apply for and meet the necessary criteria to be granted privileges for Pain Medicine Core Privileges (ANS-4); **AND**
4. If training for Vertebroplasty was not included in Residency or Fellowship training, applicant must have successfully completed an Accreditation Council for Continuing Medical Education (ACCME) Course in Vertebroplasty; **AND**
5. Provide documentation of successful completion of (10) Vertebroplasty procedures with acceptable outcomes proctored by a physician who is currently credentialed to perform this procedure at Carolinas Medical Center.

MAINTENANCE CRITERIA: All of Vertebroplasty procedures will be entered into the routine Departmental Quality Assurance process. After initial privileges are granted, the Quality Assurance Committee will specifically review the first twenty (20) Vertebroplasties. Procedure specific Continuing Medical Education is encourage, but not required.

ANS-4B – INDIRECT DECOMPRESSION FOR SPINAL STENOSIS

Indirect decompression is used to treat patients suffering from neurogenic intermittent claudication secondary to diagnosis of lumbar spinal stenosis for levels L1-L5. The implanted between 2 contiguous spinous processes via a minimally invasive midline approach through a 1-2 cm incision. No removal of tissue is required for implant. Implantation on up to 2 adjacent levels. The stand-alone spacer device acts as an extension blocker to minimize the extent of compression of neural elements particularly the lateral recess and foramina.

Initial Criteria:

1. Documentation of successful completion of a formal course by Vertiflex; **AND**
2. Verification by the approved Proctoring Physician that the Applicant was successfully proctored for a minimum of five (5) patient cases; **OR**
2. Documentation of proficiently performing five (5) cases within the past two (2) years.

Maintenance Criteria for Continued Special Privileges:

The Physician must submit a minimum of two (2) cases 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.

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ANS-5 – BASIC ADULT CARDIAC ANESTHESIOLOGY PRIVILEGES

1. To be eligible for privileges in Basic Adult Cardiac Anesthesiology Privileges, the applicant must apply for and meet the qualifications of Basic Intraoperative Transeophageal Echocardiography (TEE) and Doppler Color Flow Interpretation of Cardiac Function (ANS-5A) and Advanced Intraoperative Transesophageal Echocardiography (TEE) and Doppler Color Flow Interpretation of Cardiac Function (ANS-5B); **AND**
 1. Privileges granted prior to 06/09/09; **OR**
 2. Apply for and meet the necessary criteria to be granted privileges for General Anesthesiology Core Privileges (ANS-1); **AND**
 3. Completed an additional Fellowship year of training in Cardiac Anesthesiology, Critical Care, or Vascular and Thoracic Anesthesiology;
- OR**
1. To be eligible for privileges in Basic Adult Cardiac Anesthesiology Privileges, the applicant must apply for and meet the qualifications of Basic Intraoperative Transeophageal Echocardiography (TEE) and Doppler Color Flow Interpretation of Cardiac Function (ANS-5A) and Advanced Intraoperative Transesophageal Echocardiography (TEE) and Doppler Color Flow Interpretation of Cardiac Function (ANS-5B); **AND**
 1. Apply for and meet the necessary criteria to be granted privileges for General Anesthesiology Core Privileges (ANS-1); **AND**
 2. Completed six (6) full months of Cardiac anesthesiology in the final year of Anesthesiology residency; **OR**
 3. The applicant can demonstrate that they have managed two hundred (200) patients for Cardiac Surgery in the previous three (3) years.
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ANS-5A – TRANSESOPHAGEL ECHOCARDIOGRAPHY (TEE) AND DOPPLER COLOR FLOW INTERPRETATION PRIVILEGES

Basic Intraoperative Transeophageal Echocardiography (TEE) and Doppler Color Flow Interpretation of Cardiac Function. Placement of the TEE probe and ability to obtain the views required for a standard exam. At this level the Cardiac Anesthesiologist will be capable of using TEE as a monitoring tool and be able to make general assessments of ventricular function. An individual credentialed at this level would call in consultative support for more detailed assessment of cardiac structure such as assessment of valvular regurgitation, quantification of cardiac function, or diagnostic decisions affecting surgical therapy.

Credentialing at the Basic level will require:

1. Privileges granted prior to 06/09/09; **OR**
 1. Apply for and meet the necessary criteria to be granted privileges for Basic Adult Cardiac Anesthesiology (ANS-5); **AND**
 2. Provide documentation of at least twenty (20) Basic Intraoperative Transesophageal Echocardiography (TEE) and Doppler Color Flow Interpretation exams within the past twenty-four (24) months.
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ANS-5B – ADVANCED INTRAOPERATIVE TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) AND DOPPLER COLOR FLOW INTERPRETATION OF CARDIAC FUNCTION

Individuals credentialed at this level will have skills and experience that will enable them to fully utilize the full diagnostic potential of TEE. They will be capable of utilizing the full range of TEE functions and tools including assessment of valvular integrity, flow velocity data, and quantification of cardiac function.

Applicants must:

1. Privileges granted prior to 06/09/09; **OR**
1. Apply for and meet the necessary criteria to be granted privileges for Basic Adult Cardiac Anesthesiology (ANS-5); **AND**
2. Have at least three months of TEE training as part of a Cardiac Anesthesia Fellowship Program; **OR**
2. Performance of at least one hundred (100) TEE exams; **AND**
3. Passage of the qualifying exam by the American Society of Echocardiography.

Individuals credentialed at this level will have skills and experience that will enable them to fully utilize the full diagnostic potential of TEE. They will be capable of utilizing the full range of TEE functions and tools including assessment of valvular integrity, flow velocity data, and quantification of cardiac function.

ANS-5C – ANESTHESIA FOR PORT-ACCESS CARDIAC SURGERY

Must understand the unique considerations of this surgical approach and be facile in the placement of the coronary sinus and pulmonary vent catheters and the use of Transesophageal Echocardiography in the monitoring of the position of the endoaortic balloon during surgery.

Applicants must:

1. Privileges granted prior to 06/09/09; **OR**
 1. Apply for and meet the necessary criteria to be granted privileges for Basic Adult Cardiac Anesthesiology (ANS-5); **AND**
 2. Be supervised by a credentialed Cardiac Anesthesiologist in the care of three (3) patients undergoing Port Access Cardiac Surgery.
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ANS-6 – TRANSPLANT ANESTHESIOLOGY

Anesthesiologists specialty trained in Transplant Anesthesiology will be required for the management of patients undergoing liver transplantation. Transplant Anesthesiology coverage will be available twenty-four (24) hours per day, seven (7) days per week. In order to meet requirements for credentialing in Transplant Anesthesiology, the applicant must meet all criteria listed under Transplant Anesthesiology Privileges and completed the following:

1. Privileges granted prior to 06/09/09; **OR**
 1. Apply for and meet the necessary criteria to be granted privileges for General Anesthesiology Core Privileges (ANS-1); **AND**
 2. Provide documentation of successful completion of an ACGME or AOA accredited fellowship training program in Cardiac Anesthesiology, Pediatric Anesthesiology, Critical Care or Vascular and Thoracic Anesthesiology. Training must have included the management of patients undergoing liver transplantation; **OR**
 2. Fulfill the requirement for General Anesthesiology Privileges and completed twenty (20) hours of continuing medical education in Anesthesia for liver transplantation and been supervised in the performance of three (3) anesthetics for liver transplantation within the last three (3) years.
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ANS-7 – NEUROANESTHESIA/NEUROELECTROPHYSIOLOGIC MONITORING

Intraoperative Neurophysiologic monitoring including EEG, Somatosensory Evoked Potentials, Motor Evoked Potentials, Brainstem Auditory Evoked Potentials, and Cranial Nerve monitoring.

In order to meet requirements for privileges in Neuroanesthesiology/Neuroelectrophysiologic Monitoring, the applicant must:

1. Privileges granted prior to 06/09/09; **OR**
 1. Apply for and meet the necessary criteria to be granted privileges for General Anesthesiology Core Privileges (ANS-1); **AND**
 2. Completed additional Fellowship training in Neuroanesthesiology or Critical Care Medicine in which at least two (2) months were dedicated to care of neurosurgical patients with training in Neuroelectrophysiologic Monitoring
- OR**
1. Fulfill the requirements for General Anesthesiology Privileges; **AND**
 2. Completed six (6) full months Neuroanesthesiology in the final year of Anesthesiology residency or demonstrated by letter from their prior program director that they have managed one hundred (100) patients for complex neurosurgical procedures in the previous three (3) years and have been trained in Neuroelectrophysiologic Monitoring.
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