

Department of Anesthesia



MedStar Georgetown
University Hospital

Title:	Policy Number:
Departmental Privileges	9006
Issued:	Pages:
July 1, 2000	1
Last Revised:	Attachment:
April 8, 2015	Request for Privileges

POLICY:

All privileges in the Department of Anesthesia are granted in accordance with and through the mechanisms of the Medical Staff Bylaws, Rules and Regulations.

PROCEDURE:

The specific delineation of privileges within the Department and the granting said privileges shall be upon the recommendation of the Chief of Service, Anesthesia.

The Chief of Service, Anesthesia will make recommendations to the Medical Executive Committee as to the type and qualifications for any privileged procedure. A form has been developed within the Department and is attached (Attachment A, Request for Privileges).

Russell T. Wall, MD
Chief of Service, Anesthesia

NAME: _____ DATE: ____/____/____

A. The “By-laws, Rules and Regulations” of Georgetown University Medical Center describe the qualifications required of providers seeking membership on the General Staff of the Medical Center. Consistent with the “By-laws, Rules and Regulations”, providers who seek medical staff appointment at the Georgetown University Medical Center Department of Anesthesia must be members of the Faculty of the School of Medicine.

Since appointment to the Faculty of the Medical School is a requirement for both the physician and nurse anesthesia staff appointments, faculty credentials must include the ability to teach residents, medical students, student nurse anesthetists and nursing students. Candidates for privileges in the Department of Anesthesia must provide evidence of current licensure to practice medicine or nurse anesthesia in the District of Columbia and be eligible for or certified by the American Board of Anesthesiology (ABA) or the American Association of Nurse Anesthetists (AANA). Non-probationary appointment to the General Medical Staff ultimately requires certification by the American Board of Anesthesia for physicians (MD and DO) or certification by the American Association of Nurse Anesthetists for CRNAs. Probationary physician appointments may be extended for 12 months when ABA certification has not been achieved within 12 months of joining the staff. Those international medical graduates who are Fellows of the Royal Academy (FFRACS) may be granted equivalent status to ABA certification by the Chair, Department of Anesthesia. Initial and subsequent reappointment to the staff is conditional on the applicant obtaining malpractice insurance as an anesthesia provider in the District of Columbia.

The applicant’s ethics and demeanor must conform to the high standards required to serve as a role model for house staff and students and his/her behavior must also facilitate the harmonious interpersonal relations necessary for efficient patient care. Applicants who request privileges to perform procedures in a special care unit or diagnostic laboratory must possess personal attributes conducive to the teamwork required for optimal performance of special procedures.

It is expected that the applicant will adhere to all departmental policies and those of the American Society of Anesthesiologists and/or American Association of Nurse Anesthetists that are adopted by the Department. Judgment concerning the cited requirements is a responsibility of the Chair of the Department of Anesthesia at the Medical Center.

Attachment A

B. Unless specific restrictions are stated, providers granted privileges as members of the active or courtesy staff of the Department of Anesthesia are authorized to perform on inpatient or ambulatory services, the following for their patients with medical or medically related problems:

- Admit such patients to inpatient and ambulatory areas designated as Department of Anesthesia
- Perform on such patients all diagnostic and therapeutic procedures usually considered within the sphere of Anesthesia with the exception of those SPECIAL DIAGNOSTIC AND THERAPEUTIC PROCEDURES
- Treat such patients with the exception of the performance of those therapeutic procedures considered SPECIAL THERAPEUTIC PROCEDURES.

Please check all categories/privileges you desire and for which you are qualified. Privileges to perform emergency life saving procedures are automatically granted to all CRNAs and anesthesiologists.

☐ Category 1 (All Physicians and Nurse Anesthetists)

Category 1 privileges require completion of an American Association of Nurse Anesthetists approved training program for CRNAs; for physicians, successful completion of an ACGME approved residency training program (or the equivalent American Osteopathic Anesthesia training requirements). It is required that CRNAs will practice under the medical direction of an anesthesiologist as part of the “Anesthesia Care Team” and anesthesiologists are expected to practice both personal care and medical direction.

- The assessment of patients for anesthesia and surgery, including but not limited to preanesthetic, intra-anesthetic and postanesthetic evaluation and management.
- The rendering of patients insensible to pain and emotional stress during surgical, obstetrical, therapeutic and diagnostic procedures using general anesthesia, regional anesthesia, and /or parenteral sedation to a level at which a patient’s reflexes may be obtunded and the management of patients so affected.
- Provision of appropriate measures to protect life functions, vital organs and homeostasis as required during the perioperative period, including cardiopulmonary resuscitation.
- Management and interpretation of vital sign monitors including blood pressure, EKG, respiratory gas, neurological/muscular and temperature.
- Basic pain management and intensive care normally attendant to the conduct of any anesthetic.

☐ Category 2 (Physicians Only)

Category 2 privileges require the completion of an ACGME approved anesthesia residency and Board eligibility for the American Board of Anesthesiology (or equivalent American Osteopathic Anesthesia training).

Attachment A

- The practice of anesthesia as a distinct medical specialty with either personal performance or medical supervision of members of the anesthesia care team.
- Medical direction of the diagnostic and therapeutic procedures during the perioperative period
- Consultation and participation in the care of other patients on Intensive Care and/or Pain Service or on other services when requested by a referring physician as part of basic anesthesia care.

Category 3 (Physicians Only)

Category 3 level privileges require subspecialty training as defined by the ACGME or extensive equivalent clinical experience, as defined by the Chair, Department of Anesthesia.

☐ Category 3A Pain Management

- Consultation as a Pain Management specialist, skilled in the diagnosis and treatment of painful syndromes. This includes diagnostic and therapeutic nerve blocks, perineural drug administration, surgical implantation of pain control devices and aggressive medical management of pain.

☐ Category 3B Critical Care

- Consultation as a Critical Care specialist in an Intensive Care Unit (independent of anesthetic care)

☐ Category 3C Pediatric Anesthesia

- Consultation as a Pediatric Anesthesia specialist with emphasis on the perioperative care of neonates and children under the age of 2.

Privileges to perform emergency life saving procedures are automatically granted to all staff physicians and nurse anesthetists.

ROUTINE ANESTHESIA PROCEDURES:

The following may be routine procedures for a provider trained in an anesthesia practice. These procedures must be requested on an individual basis. Approval may require verification of training experience and practice utilization of any procedures requested.

Diag./Ther. Procedure	Privileges Requested	Approved
Intubation	<input type="checkbox"/>	<input type="checkbox"/>
Bronchoscopy	<input type="checkbox"/>	<input type="checkbox"/>
Spinal anesthesia	<input type="checkbox"/>	<input type="checkbox"/>
Epidural anesthesia	<input type="checkbox"/>	<input type="checkbox"/>
Upper extremity blocks	<input type="checkbox"/>	<input type="checkbox"/>
Lower extremity blocks	<input type="checkbox"/>	<input type="checkbox"/>
Arterial lines	<input type="checkbox"/>	<input type="checkbox"/>
Central Venous/IJ venous access	<input type="checkbox"/>	<input type="checkbox"/>
Swan Ganz catheter insertion	<input type="checkbox"/>	<input type="checkbox"/>
Laryngeal mask airway insertion	<input type="checkbox"/>	<input type="checkbox"/>
Transtracheal jet ventilation	<input type="checkbox"/>	<input type="checkbox"/>
Ventilator management	<input type="checkbox"/>	<input type="checkbox"/>
Patient controlled analgesia	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL DIAGNOSTIC AND THERAPEUTIC PROCEDURES

The procedures listed are considered special procedures. These procedures may be performed only if the Chair, Department of Anesthesia, has granted individual authorization on recommendation from on in consultation with the appropriate Division Chief. The list of SPECIAL DIAGNOSTIC AND THERAPEUTIC PROCEDURES is not all-inclusive and will be reviewed on a regular basis. The changing nature of practice and the more frequent use of procedures on an unusual nature, in a University Hospital must be recognized. The Chair in consultation with the appropriate Division Chief may authorize any provider to care for and treat certain medical problems if it is deemed advisable to do so and is in the best interest of patient care.

PLEASE DOCUMENT ANY REQUEST FOR ADDITIONAL PRIVILEGES WITH THE CREDENTIALS OR CERTIFICATIONS APPROPRIATE TO SUCH PRIVILEGES:

Special Procedure	Requested	Approved
CARDIOLOGY		
Transesophageal echocardiography	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Pacing	<input type="checkbox"/>	<input type="checkbox"/>
Cardioversion	<input type="checkbox"/>	<input type="checkbox"/>
Placement of HeartPort Cannuli	<input type="checkbox"/>	<input type="checkbox"/>
PULMONARY		
Chest tube placement	<input type="checkbox"/>	<input type="checkbox"/>
PAIN MANAGEMENT		
Neurolytic blocks	<input type="checkbox"/>	<input type="checkbox"/>
Facet Block (Lumbar, Thoracic, Cervical)	<input type="checkbox"/>	<input type="checkbox"/>
Sacroiliac Block	<input type="checkbox"/>	<input type="checkbox"/>
Sympathetic Block	<input type="checkbox"/>	<input type="checkbox"/>
Cryoanalgesia	<input type="checkbox"/>	<input type="checkbox"/>
Pump implantation and management	<input type="checkbox"/>	<input type="checkbox"/>
Stimulator implantation and management	<input type="checkbox"/>	<input type="checkbox"/>
Coeliac plexus/splanchnic blocks	<input type="checkbox"/>	<input type="checkbox"/>
RADIOLOGY		
Use of fluoroscopy/c-arm/image intensifier	<input type="checkbox"/>	<input type="checkbox"/>
INTENSIVE CARE		
RV/LV/BiVAD management	<input type="checkbox"/>	<input type="checkbox"/>
IABP insertion & management	<input type="checkbox"/>	<input type="checkbox"/>
Subclavian venous cannulation	<input type="checkbox"/>	<input type="checkbox"/>
Temporary dialysis catheter insertion	<input type="checkbox"/>	<input type="checkbox"/>
Nitric oxide therapy	<input type="checkbox"/>	<input type="checkbox"/>
SURGICAL		
Venous access cutdown	<input type="checkbox"/>	<input type="checkbox"/>

ACUPUNCTURE PRIVILEGES

Those applicants requesting acupuncture privileges must be licensed by the District of Columbia specifically for acupuncture (DCMR Title 17 Chapter 47).

	Requested	Approved
<input type="checkbox"/> _____ Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>

HOSPITAL ADMITTING PRIVILEGES

Those applicants requesting category 1 or 2 privileges are generally not granted admitting privileges. It is assumed that those requesting category 3 privileges are seeking admitting privileges:

- ☐ I REQUEST ADMITTING PRIVILEGES TO GUMC
☐ I DO NOT REQUEST ADMITTING PRIVILEGES TO GUMC

LOCATIONS

For applicant applying for category 1 and 2 privileges, it is assumed that the individual will be practicing only at Georgetown University Hospital, unless the other locations are specifically indicated. Category 3 applicants may require privileges at:

☐ Ballston ☐ Shady Grove ☐ Other _____

_____/_____/_____
SIGNATURE OF APPLICANT DATE

_____/_____/_____
SIGNATURE OF DIVISION CHIEF DATE

_____/_____/_____
DEPARTMENT CHAIR DATE SIGNATURE OF