

**Name:** \_\_\_\_\_ **Application Date:** \_\_\_\_\_

Initial privileges (initial appointment)

Requested
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Renewal of privileges (reappointment)

Requested
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Expansion of privileges (modification)

Requested
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**Dental Location(s):**  Dental Clinics  ASC

**Instructions**

**Applicant:** Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the UNMMG Board for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Department Chair & Clinic Medical Director:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

**Other Requirements**

1. Note that privileges granted may only be exercised at UNMMG clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
2. This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

## **Policies Governing Scope of Practice**

### **Medical Record Charting Responsibilities**

Clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the clinic and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.

### **Periodic Competence Assessment**

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the Practice Oversight Committee's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice is recommended/required as mandated by licensure.

### **Categories of Patients Practitioner May Treat**

Those assigned in accordance with the scheduling roster for anesthesia coverage.

### **Supervision**

Functions under the supervision and general direction of an anesthesiologist in providing anesthesia services for a specific patient.

***Qualifications for Nurse Anesthetist (CRNA)***

***Initial privileges:*** *To be eligible to apply for privileges services as a Nurse Anesthetist (CRNA) and initial applicant must meet the following criteria:*

Current demonstrated competence and an adequate level of current experience documenting the ability to provide services at an acceptable level of quality and efficiency.

AND

Successful completion of an accredited training program certified by the American Association of Nurse Anesthetists

AND

Current Board Certification by the American Association of Nurse Anesthetists

***Renewal of privileges:*** *To be eligible to renew Allied Health core privileges to anesthesiology, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:*

Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

**CORE PRIVILEGES: *Nurse Anesthetist (CRNA)***

These privileges are granted with the understating that they are to be practiced under the medical direction of a physician possessing the privileges granted under the UNMMG Policy. The department chair may restrict the right to perform certain procedures based on the individual's experience and training. Patients of all ages except as specifically excluded from practice.

 **Requested*****Nurse Anesthetist (CRNA) core procedures list***

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

**To the applicant:** If you wish to exclude any procedures, please strike through the procedures that you do not wish to request, then initial and date.

1. The administration of general anesthesia, including preoperative evaluation, administration of hypnotic medications, all aspects of airway and hemodynamic management, medical management/monitoring of the patient during the procedure for which general anesthesia is required, emergence and indicated postoperative care.
2. Management of all levels of sedation, including monitored anesthesia care
3. Insertion of peripheral venous lines
4. Insertion of arterial lines
5. Tracheal intubation, including laryngoscopy, fiberoptic bronchoscopy, video assisted laryngoscopy, retrograde tracheal intubation, laryngeal mask airway assisted intubation, and in emergency situations cricothyrotomy or combitube placement
6. Topical anesthesia for awake intubation, including transtracheal injection
7. Postoperative pain control, including narcotic and PCA management

*Continued...*

8. Lifesaving procedures in emergent situations—defined as any situation where delay in treatment would, in the judgment of the treating physician, result in significant harm or death to the patient and no better-qualified physician or provider is available
9. Use of ultrasound as procedural adjunct for insertion of peripheral venous and peripheral arterial lines

**Acknowledgment 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 UNMMG Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by UNMMG Clinic and medical staff policies and rules applicable to 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.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Signatures**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Notes: \_\_\_\_\_

Department Chair *:(print & sign)* \_\_\_\_\_ Date: \_\_\_\_\_

Clinic Medical Director *:(print & sign)* \_\_\_\_\_ Date: \_\_\_\_\_

UNMMG CMO: \_\_\_\_\_ Date: \_\_\_\_\_

Criteria Approved by UNMMG Board of Directors on 2/10/16