INSTRUCTIONS

All new applicants must meet the following requirements as approved by the UNM SRMC Board of Directors effective May 24, 2017.

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

Clinical Service Chief: 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:
Note that privileges granted may be exercised only at UNM SRMC and in setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

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.

QUALIFICATIONS FOR CRITICAL CARE

To be eligible to apply for core privileges in Critical Care Medicine, the initial applicant must meet the following criteria:

Initial Privileges: To be eligible to apply for privileges in critical care, the applicant must meet the following criteria:
1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited postgraduate training program in the relevant medical specialty and successful completion of a fellowship in critical care; AND/OR
2. Current subspecialty certification or active participation in the examination process, leading to subspecialty certification in critical care medicine by the relevant American Board of Medical
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CRITICAL CARE PRIVILEGES

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Specialties or the American Osteopathic Board or the European Society of Intensive Care Medicine or the United Council on Neurologic Subspecialties; AND

3. Required previous experience: Applicants for initial appointment must be able to demonstrate active practice, reflective of the scope of privileges requested, during the past twelve (12) months, or demonstrate successful completion of an ACGME- or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past twelve (12) months, or completion of a department-approved practice re-entry program.

Reappointment requirements: To be eligible to renew core privileges in Critical Care, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (inpatient, or consultative services) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on the results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CRITICAL CARE CORE PRIVILEGES

Admit, evaluate, diagnose, and provide treatment or consultative services to critically ill patients of all ages, with postsurgical, multiple organ dysfunction and in need of critical care for life threatening disorders. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

☐Requested

Administration of Sedation and Analgesia privileges

See hospital policy for sedation and analgesia by non-anesthesiologists.

☐Check here to request Moderate Sedation privileges form (Separate form)
CORE PROCEDURES LIST

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

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

1. Airway maintenance intubation, including fiberoptic bronchoscopy and laryngoscopy
2. Arterial puncture
3. Cardiopulmonary resuscitation
4. Calculation of oxygen content, intrapulmonary shunt and alveolar arterial gradients
5. Cardiac output determinations by thermodilution and other techniques
6. Temporary cardiac pacemaker insertion and application
7. Cardioversion
8. Echocardiography and electrocardiography interpretation
9. EKG Interpretation
10. Evaluation of oliguria
11. Insertion of central venous, arterial and pulmonary artery balloon flotation catheters
12. Insertion of hemodialysis and peritoneal dialysis catheters
13. Lumbar puncture
14. Management of anaphylaxis and acute allergic reactions
15. Management of life-threatening disorders in intensive care units including but not limited to shock, coma, heart failure, trauma, respiratory arrest, drug overdoses, massive bleeding, diabetic acidosis and kidney failure
16. Management of massive transfusions
17. Management of the immunosuppressed patient
18. Monitoring and assessment of metabolism and nutrition
19. Needle and tube thoracostomy
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20. Paracentesis
21. Percutaneous needle aspiration of palpable masses
22. Percutaneous cricothyrotomy tube placement
23. Perform history and physical exam
24. Pericardiocentesis
25. Preliminary interpretation of imaging studies
26. Thoracentesis
27. Image guided procedures
28. Use of reservoir masks, nasal prongs/canulas and nebulizers for delivery of supplemental oxygen and inhalants
29. Ventilator management, including experience with various modes and continuous positive airway pressure therapies (BiPAP and CPAP)
30. Woundcare

SPECIAL NON-CORE PRIVILEGES

If desired, non-core privileges are requested individually in addition to requesting the core privileges. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested, including training, required, experience, and maintenance of clinical competency.

QUALIFICATIONS FOR SPECIAL NON-CORE PRIVILEGES IN CRITICAL CARE:
Criteria: Specific training during fellowship in management of these devices, additional formal training, or extensive demonstrated experience is required.
Required Previous Experience: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twelve (12) months.
Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months, based on the results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Placement of Percutaneous Tracheostomy/Cricothyrotomy Tube
O Requested
NON-CORE PRIVILEGES: Advanced Echocardiography (full reading and interpretation)
O Requested

QUALIFICATIONS FOR ADVANCED ECHOCARDIOGRAPHY:

Criteria: To be eligible to apply for advanced echocardiography, the applicant must meet the following criteria:
1. Must have passed the National Board of Echocardiography Examination of Special Competence in Perioperative Echocardiography, OR
2. Completion of a fellowship in cardiovascular anesthesiology which included echocardiography training, OR
3. Extensive documented previous experience, OR
4. Completion of a formal supervised training program.

Required Previous Experience: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months

NON-CORE PRIVILEGES: Transesophageal Echocardiography (TEE)
O Requested

QUALIFICATIONS FOR TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE):

Initial Privileges: To be eligible to apply for TEE privileges, the applicant must meet the following criteria:
1. Passage of the National Board of Echocardiography Examination of Special Competence in Perioperative Transesophageal Echocardiography, OR
2. Passage of the National Board of Echocardiography Examination of Special Competence in Adult Echocardiography, OR
3. Extensive documented previous experience may be considered in lieu of passage of NBE exam, OR
4. Completion of a fellowship in cardiovascular anesthesiology which included TEE training.
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Required Previous Experience: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Percutaneous Endoscopic Gastrostomy (PEG) Tube Placement

O Requested

QUALIFICATIONS FOR PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG) TUBE PLACEMENT:

Criteria: Must have proof of completion of twenty (20) supervised/proctored cases of PEG placement on patients at least 17 years old and have been signed off on this privilege by the Director of the Center for Surgical Critical Care, or Medical Director for Medical Intensive Care Unit and Division Chief General Surgery or Division Chief of Gastrointestinal Service.

Required Previous Experience: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months

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 UNM SRMC, 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
UNM SRMC
CRITICAL CARE PRIVILEGES

Name: ____________________________ Effective Dates: ____________ To: ____________________________

such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed ____________________________ Date ____________________________

Clinical Service Chief’s Recommendation

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:

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Notes:
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Print Name ____________________________ Signature ____________ Date ____________________________

Clinical Service Chief or Designee Signature