UNM SRMC NURSE ANESTHETIST (CRNA) CLINICAL PRIVILEGES

Name:
Effective Dates:_____ To: _____

- o Initial privileges (initial appointment)
- o Renewal of privileges (reappointment)
- o Expansion of privileges (modification)

INSTRUCTIONS

All new applicants must meet the following requirements as approved by the UNM SRMC Board of Directors effective: June 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.

Categories of Patients Practitioner May Treat

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

Direction

The supervising anesthesiologist assigned provides medical direction of the activities and services of the CRNA.

Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion describe each service, procedure, test, function, etc., the CRNA performs and findings as appropriate within authorized clinical privileges. 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.

General Relationship to Others

The CRNA may have authority to direct any hospital personnel in the provision of clinical services to patients to the extent that such direction is necessary in order to carry out the services required by the patient and which the CRNA is authorized to provide.

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Periodic Competence Assessment

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the hospital's existing quality assurance mechanisms, by showing evidence that they have provided anesthesia services for at least 700 patients in the past 24 months 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 Hospital. In addition, continuing education related to the specialty area of practice is required as mandated by licensure.

Qualifications for Nurse Anesthetist (CRNA)

To be eligible to apply for specified services as a Nurse Anesthetist (CRNA), the 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

Graduation from an approved program of anesthesia accredited by the Council on Accreditation of
Nurse Anesthesia Educational Programs or a predecessor or successor agency

AND

Certification by the Council on Certification of Nurse Anesthetists or re-certification by the Council on Re-certification, or by a predecessor or successor agency to either, or be actively seeking initial certification and obtain the same on the first examination for which eligible

AND

Current active licensure to practice professional nursing in the State of New Mexico AND Certification in the State of New Mexico as an advanced nurse practitioner in the nurse anesthetists category

AND

Professional liability insurance coverage issued by a recognized company and of a type

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and in an amount equal to or greater than the limits established by the Governing Board, (if applicable to the facility).

All practice is performed under the direction of the designated physician(s) and in accordance with written policies and protocols developed and approved by the relevant clinical department or service, the Medical Executive Committee, Nursing Administration, and the Governing Board.

Required Previous Experience: The applicant must be able to demonstrate that he or she has provided anesthesia services for at least 350 patients during the past 12 months.

AND

Current ACLS certification

CRNA Core Privileges

☐ Requested

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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

Under the medical direction of an anesthesiologist possessing the necessary privileges, the Nurse Anesthetist may:

1. Administer 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. Perform and manage neuraxial anesthesia (spinal or epidural), including the administration and management of neuraxial narcotics and post-operative local anesthetic infusions
3. Manage of all levels of sedation, including monitored anesthesia care
4. Insert of peripheral venous lines
5. Insert of arterial lines
6. Insert of central venous lines, including pulmonary artery catheters
7. Perform cardiopulmonary resuscitation
8. Perform tracheal intubation, including laryngoscopy, fiberoptic bronchoscopy, video-assisted laryngoscopy, retrograde tracheal intubation, laryngeal mask airway assisted intubation, and in emergency situations crichothyrotomy or combitube placement
9. Administer topical anesthesia for awake intubation, including transtracheal injection
10. Manage postoperative pain control, including narcotic and PCA management
11. Place of epidural blood patch for post-dural puncture headache
12. Perform life-saving 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 is available.

Acknowledgment of Practitioner

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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 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:

Privilege	**Condition/Modification/Explanation**
1._____	_____
2._____	_____
3._____	_____
4._____	_____

Notes:

_____
_____
_____
_____

_____
Print Name Signature Date
Clinical Service Chief or Designee Signature