Clinical Privileges Profile
Certified Registered Nurse Anesthetist
Kettering Medical Center System

☑ Kettering Medical Center  ☐ Sycamore Medical Center

Privileges are covered by an exclusive contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience.

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:
1. Note that privileges granted may be exercised only at the site(s) and/or 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 and/or department policy.

2. This document is focused on defining the 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 CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)

To be eligible to apply for specified services as a CRNA, the applicant must meet the following criteria:

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,

AND

Current active licensure to practice as an advanced nurse practitioner in the nurse anesthetist category in the State of Ohio,

AND

Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the governing body.

Required previous experience: The applicant must be able to demonstrate current clinical competence and that he or she has provided anesthesia services for at least 50 patients reflective of the scope of privileges requested in the past 12 months or completed an approved accredited program of anesthesia in the past 12 months.
Reappointment requirements: Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges,

AND

Maintenance of recertification by the Council on Re-certification of Nurse Anesthetists,

AND

Documentation of CEUs, as required by the Ohio State Nursing Board and the Council on Certification and/or Recertification of Nurse Anesthetists.

Affiliation with medical staff appointee/supervision

The exercise of these clinical privileges requires a designated supervising physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed under the supervision of this physician/designee 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 body.

In addition, the supervising physician must:

- Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable, at intervals between reappointment, as necessary).
- Be physically present on hospital premises or readily available by electronic communication or provide an alternate to provide consultation when requested, and to intervene when necessary.
- Assume total responsibility for the care of any patient when requested or required by the policies referenced above or in the interest of patient care.
- Sign the privilege request of the practitioner he or she supervises, accepting responsibility for appropriate supervision of the services provided under his or her supervision, and agree that the supervised practitioner will not exceed the scope of practice defined by law.
- Co-sign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies.

Medical record charting responsibilities

Clearly, legibly, completely, and in a timely fashion, the CRNA must describe each service provided to a patient in the hospital and describe 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.

CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA) CORE PRIVILEGES

- **Requested** Administration of specific types of anesthesia for assigned cases [under supervision]; pre-anesthesia evaluation and preparation; and administration of general and regional anesthesia for children, adolescents, and adults. [May provide care to patients in the intensive care setting in conformance with unit policies.] Assess, stabilize, and determine the 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.
CORE PROCEDURE LIST

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 those procedures you do not wish to request, then initial and date.

1. Administer emergency/ancillary drugs and fluids to maintain physiological homeostasis and prevent or treat emergencies during the perianesthesia period
2. Conduct appropriate physical screening assessment
3. Obtain appropriate health history
4. Select and administer medications and treatment related to the care of the patient using consultation when appropriate
5. Direct care as specified by medical staff approved protocols
6. Initiate management of pain therapy using drugs, regional anesthetic techniques, or other accepted pain relief modalities
7. Insertion and management of arterial lines and performance of arterial puncture
8. Insertion and management of peripheral and central intravenous catheters
9. Management of pulmonary artery catheters
10. Mechanical ventilation/oxygen therapy
11. Provide consultation and implementation of respiratory and ventilatory care
12. Administer the anesthetics, adjuvant drugs, accessory drugs, fluids, and blood products necessary to manage the anesthetic
13. Evaluate patient response during emergence from anesthesia and institute pharmacological or supportive treatment to ensure patient stability during transfer
14. Obtain, prepare, and use all equipment, monitors, supplies, and drugs necessary for the administration of anesthesia
15. Perform all aspects of airway management
16. Perform and manage regional anesthetic techniques including but not limited to subarachnoid, epidural, and caudal blocks; plexus, major, and peripheral nerve blocks.
17. Perform perianesthetic invasive and noninvasive monitoring
18. Provide appropriate invasive and noninvasive monitoring modalities using current standards and techniques
19. Recognize abnormal patient response during anesthesia, selecting and implementing corrective action and requesting consultation when necessary
20. Recommend or request and evaluate pertinent diagnostic studies
21. Initiate and administer pharmacological or fluid support of the cardiovascular system
22. Initiate and administer respiratory support to ensure adequate ventilation and oxygenation in the post-anesthesia period
ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those clinical privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Kettering Medical Center, and I understand that:

a. In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, 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 policies governing privileged allied health professionals.

Signed_________________________________________ Date__________________

ENDORSEMENT OF PHYSICIAN EMPLOYER(S)/SUPERVISOR(S)

Signed_________________________________________ Date__________________

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 requested clinical privileges
☐ Recommend clinical privileges with the following conditions/modifications:
☐ Do not recommend the following requested clinical privileges:

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Notes

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Clinical Service Chief signature________________________ Date________________

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee Action Date_____________________
Medical Executive Committee Action Date_________________
Board of Directors Date_____________________

Adopted: November 11, 2010