OhioHealth Shelby Hospital
DEPARTMENT OF ANESTHESIOLOGY
REQUEST FOR PRIVILEGES

I hereby request the following privileges (check all applicable boxes):

PRIVILEGES	SHELBY HOSPITAL	SURGERY CENTER
ANESTHESIOLOGY CORE	☒	☐

CONSENT AND RELEASE: I hereby stipulate that I meet the minimum threshold criteria for each privilege requested. I have reviewed the Delineation of Privilege documents pertaining to the requested privileges. I authorize Hospital representatives to consult with appointees of the medical staffs and representatives of other hospital, practice groups, and employers with which I am presently or have been in the past associated and with others, including my past and present malpractice carriers, who may have information bearing on my competence, character, and ethical qualifications.

APPLICANT SIGNATURE: _____ **Date:** _____

Typed or Printed Name: _____

ANESTHESIOLOGY CORE PRIVILEGE DELINEATION

Basic Education: MD or DO

CORE PRIVILEGES

Privileges include the ability to provide medical management of patients who are rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical, and certain other medical procedures; the protection of life functions and vital organs, the management of problems in pain relief, cardiopulmonary resuscitation, and pulmonary care; and the management of critically ill patients in special care units. These privileges do not include any special request privileges.

MINIMUM FORMAL TRAINING:

- Successful completion of an anesthesiology residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA).
- Certification by the American Board of Anesthesiology, or the American Osteopathic Board of Anesthesiology, OR a letter from one of those boards confirming the applicant's current eligibility to sit for the board exam.

REQUIRED PREVIOUS EXPERIENCE:

Initial Application: Applicant must demonstrate provision of at least five-hundred (500) anesthesiology cases during the past twenty-four (24) months.

Reappointment: Applicant must demonstrate provision of at least five-hundred (500) anesthesiology cases during the past twenty-four (24) months to allow for determination of current competency.

SPECIAL REQUEST PRIVILEGES: *None at this time.*

EMERGENCY PRIVILEGES

In the case of an emergency, any medical staff appointee is authorized to do anything possible to save a patient from serious harm. A practitioner exercising such emergency privileges is obligated to arrange for all consultative assistance deemed necessary and to arrange for appropriate follow-up.

CONSULTATION REQUIREMENTS

When doubt exists as to diagnosis, or in cases in which improvement from treatment is not soon apparent, appropriate consultation should be considered.

APPROVED: Credentials Committee: 07/24/03
Medical Executive Committee: 08/07/03
Board of Trustees: 08/20/03

OhioHealth Mansfield Hospital
DEPARTMENT OF ANESTHESIOLOGY
REQUEST FOR PRIVILEGES

I hereby request the following privileges (check all applicable boxes):

PRIVILEGES	MANSFIELD HOSPITAL	SURGERY CENTER
ANESTHESIOLOGY CORE	☒	☐
CARDIAC ANESTHESIOLOGY CORE	☐	
ADVANCED PAIN MEDICINE CORE	☐	

CONSENT AND RELEASE: I hereby stipulate that I meet the minimum threshold criteria for each privilege requested. I have reviewed the Delineation of Privilege documents pertaining to the requested privileges. I authorize Hospital representatives to consult with appointees of the medical staffs and representatives of other hospital, practice groups, and employers with which I am presently or have been in the past associated and with others, including my past and present malpractice carriers, who may have information bearing on my competence, character, and ethical qualifications.

APPLICANT SIGNATURE: _____ **Date:** _____

Typed or Printed Name: _____

DEPARTMENT CHAIR SIGNATURE: _____ **Date:** _____

Typed or Printed Name: _____

ANESTHESIOLOGY CORE PRIVILEGE DELINEATION

Basic Education: MD or DO

CORE PRIVILEGES

Privileges include the ability to provide medical management of patients who are rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical, and certain other medical procedures; the protection of life functions and vital organs, the management of problems in pain relief, cardiopulmonary resuscitation, and pulmonary care; and the management of critically ill patients in special care units. These privileges do not include any special request privileges.

MINIMUM FORMAL TRAINING:

- Successful completion of an anesthesiology residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA).
- Certification by the American Board of Anesthesiology, or the American Osteopathic Board of Anesthesiology, OR a letter from one of those boards confirming the applicant's current eligibility to sit for the board exam.

REQUIRED PREVIOUS EXPERIENCE:
Initial Application: Applicant must demonstrate provision of at least five-hundred (500) anesthesiology cases during the past twenty-four (24) months.

Reappointment: Applicant must demonstrate provision of at least five-hundred (500) anesthesiology cases during the past twenty-four (24) months to allow for determination of current competency.

SPECIAL REQUEST PRIVILEGES: *None at this time.*

OhioHealth Mansfield Hospital
DEPARTMENT OF ANESTHESIOLOGY
REQUEST FOR PRIVILEGES

CARDIAC ANESTHESIOLOGY CORE PRIVILEGE DELINEATION

Basic Education: MD or DO

CORE PRIVILEGES

Core privileges for Cardiothoracic Anesthesiology include administration of anesthesia, including general, regional, and local, and administration of all levels of sedation to adult patients. Includes preoperative, intraoperative, and postoperative care of adult patients undergoing cardiothoracic surgery and related invasive procedures. 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 below and such other procedures that are extensions of the same techniques and skills.

- Anesthetic management for patients undergoing minimally invasive cardiac surgery and for congenital cardiac procedures performed on adult patients
- Anesthetic management of adult patients undergoing surgery on the ascending or descending thoracic aorta requiring full cardiopulmonary bypass (CPB), left heart bypass, and/or deep hypothermic circulatory arrest
- Management of intra-aortic balloon counterpulsation
- Management of nonsurgical cardiothoracic patients
- Management of patients with left ventricular assist devices
- Management of adult cardiothoracic surgical patients in a critical care setting

MINIMUM FORMAL TRAINING:

- Successful completion of an anesthesiology residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA).
- Certification by the American Board of Anesthesiology, or the American Osteopathic Board of Anesthesiology, OR a letter from one of those boards confirming the applicant's current eligibility to sit for the board exam.
- Successful completion of a fellowship in cardiac anesthesiology, **OR**; documentation of supervised experience in cardiac anesthesiology, **OR**, three (3) or more years of documented independent provision of cardiac anesthesia.

REQUIRED PREVIOUS EXPERIENCE:

Initial Application: Applicant must provide documentation of at least twenty-five (25) hospital adult Cardiothoracic Anesthesiology cases, reflective of the scope of privileges requested, within the past 2 years or completion of Cardiothoracic Anesthesia Fellowship.

Reappointment: Must provide documentation of at least twenty-five (25) hospital adult Cardiothoracic Anesthesiology cases in the previous 2 years reflective of the scope of privileges requested.

SPECIAL REQUEST PRIVILEGES: *None at this time.*

OhioHealth Mansfield Hospital
DEPARTMENT OF ANESTHESIOLOGY
REQUEST FOR PRIVILEGES

ADVANCED PAIN MEDICINE CORE PRIVILEGE DELINEATION

Basic Education: MD or DO

CORE PRIVILEGES

Privileges include the ability to admit, workup, diagnose, and provide treatment (including direct involvement in the implantation of pain management devices) and consultative services to patients requiring pain management. The following procedures are representative of those included in this core: epidural, peripheral, spinal, sympathetic, and neurolytic nerve blocks and the implantation of electrical stimulators, catheters and pumps. These privileges do not include any special request privileges.

MINIMUM FORMAL TRAINING:

- Successful completion of an anesthesiology residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA).
- Certification by the American Board of Anesthesiology, or the American Osteopathic Board of Anesthesiology, OR a letter from one of those boards confirming the applicant's current eligibility to sit for the board exam.
- Successful completion of a one year fellowship in pain medicine with sub-specialty certification in Pain Medicine, **OR**; Board Certification by the American Board of Pain Medicine.

REQUIRED PREVIOUS EXPERIENCE:

Initial Application: Applicant must demonstrate the performance of at least fifty (50) invasive pain management procedures within the past twenty-four (24) months. Positive reference surveys based on the privileges must be submitted.

Reappointment: Demonstration of the performance of at least fifty (50) invasive pain management procedures within the past twenty-four (24) months to allow for determination of continued competence.

SPECIAL REQUEST PRIVILEGES: *None at this time.*

EMERGENCY PRIVILEGES

In the case of an emergency, any medical staff appointee is authorized to do anything possible to save a patient from serious harm. A practitioner exercising such emergency privileges is obligated to arrange for all consultative assistance deemed necessary and to arrange for appropriate follow-up.

CONSULTATION REQUIREMENTS

When doubt exists as to diagnosis, or in cases in which improvement from treatment is not soon apparent, appropriate consultation should be considered.

APPROVED: Credentials Committee: 07/24/03
Medical Executive Committee: 08/07/03
Board of Trustees: 08/20/03

APPROVED: Anesthesia Department: 01/28/20
Credentials Committee: 02/06/20
Medical Executive Committee: 02/17/20
Governance Council: 02/19/20
Quality of Care: 02/26/20

OhioHealth

OhioHealth Mansfield/Shelby Hospitals
Medical Staff Category Request

Please signify category request by marking a ✓ in the ✓ column.

Qualifications, prerogatives, and responsibilities of Active, Courtesy, and Affiliate Medical Staff Categories are available in the Medical Staff Bylaws. At reappointment, your status may be changed based on the below qualifications.

✓	CATEGORY
☐	**Active Medical Staff:** Qualifications. The active Medical Staff consists of Practitioners who: (a) Meet the general qualifications for appointment and Privileges set forth in the Medical Staff Bylaws. (a) Satisfy one (1) of the following criteria: Have a minimum of twenty (20) Patient Encounters at OhioHealth Mansfield/Shelby Hospitals during each two (2) year appointment/Privilege period. For purposes of this Section, the term "Patient Encounters" shall include providing consultations or serving as the attending Practitioner: OR; Anesthesiologists, Emergency Medicine Physicians, Hospitalists, Pathologists and Radiologists must provide twenty-five (25) or more days of service at OhioHealth Mansfield/Shelby Hospitals (defined to mean days scheduled to provide services on Hospital grounds) per appointment/Privilege period. (b) Reside close enough to Hospital to provide continuous care to his/her patients.
☐	**Courtesy Medical Staff** Qualifications. The courtesy Medical Staff consists of Practitioners who: (a) Meet the general qualifications for appointment and Privileges set forth in the Medical Staff Bylaws. (b) Satisfy one (1) of the following criteria: Have less than twenty (20) Patient Encounters during each two (2) year appointment/Privilege period at OhioHealth Mansfield/Shelby Hospitals. For purposes of this Section, the term "Patient Encounters" shall include providing consultations or serving as the attending Practitioner: OR; Anesthesiologists, Emergency Medicine Physicians, Hospitalists, Pathologists and Radiologists must provide less than twenty-five (25) days of service at OhioHealth Mansfield/Shelby Hospitals (defined to mean days scheduled to provide services on Hospital grounds) per appointment/Privilege period. (c) Are requesting appointment and Privileges for the sole purpose of providing back-up coverage to another Practitioner on the Medical Staff (i.e. covering for active Appointees who are out of town or otherwise unavailable to treat patients). (d) Are requesting appointment and Privileges for the sole purpose of providing specialty/consulting services in a specialty area in which there is a need at the Hospital.
☐	**Affiliate Medical Staff** Qualifications. The affiliate Medical Staff consists of Practitioners who: (a) Meet the general qualifications for appointment and Privileges set forth in the Medical Staff Bylaws. (b) Provide health care and services to patients in the community the Hospital serves. (c) Have inpatient coverage for his/her patients needing care, treatment, and/or services at the Hospital.
☐	**Telemedicine Privileges Only** (a) Practitioners who are responsible for the patient's care, treatment, and services via a telemedicine link. (b) A grant of telemedicine Privileges shall not include Medical Staff appointment.
☐	**Locum Tenens Privileges Only** (a) A grant of locum tenens Privileges shall not include Medical Staff appointment.

Acknowledged and Reviewed by:

Printed Practitioner Name Signature of Practitioner Date

AUTHORIZATION TO RELEASE INFORMATION

By signing this Authorization to Release Information, I, the undersigned Applicant, hereby consent to the inspection by OhioHealth, or its designee, of all records and documents that may be material to an evaluation of my professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior, financial condition, or any other matter than may be considered material to my qualifications for staff affiliation. I understand that this may include the inspection and/or verification of educational records, professional organization and/or association records, court records, licensing board or certification records, professional liability records, and/or query of the National Practitioner Data Bank.

I consent to the release of any information pertinent to the position for which I am being considered. I hereby release all persons, including but not limited to employers and references, from liability or damages incurred as a result of inquiry and furnishing this information.

I understand that a consumer credit report may be obtained as part of the routine inquiry of my background, work history, and credentials. I further understand that, in accordance with Section 604(b) of the Fair Credit Reporting Act (FCRA), this Authorization to Release Information serves as notice that a consumer report may be obtained.

Applicant's Full Printed Name _____

Applicant's Social Security No. _____

Any former surnames/aliases/maiden name etc. _____

Applicant's Date of Birth: _____

Applicant's Driver's License Number and Issuing State _____

Applicant's Current State Medical License Number(s) and Issuing State(s) _____

ECFMG Number (if international Medical Graduate) _____

DEA Number _____

Applicant's Signature _____ Date _____

Please return completed and signed form by fax and/or US Mail to OhioHealth Physician Group Credentialing

Fax 614-544-6370

5450 Frantz Rd., Ste 360
Dublin, OH 43016

09 May 21