

# Critical Care Medicine Clinical Privileges

Name: \_\_\_\_\_

Effective from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Initial privileges (initial appointment)  Renewal of privileges (reappointment)

All new applicants should meet the following requirements as approved by the governing body, effective: December 11, 2014.

**Applicant:** Check the “Requested” box for each privilege requested. Applicants are responsible for producing required documentation for a proper evaluation of current skill, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges. Please provide this supporting information separately.

**[Department/Program Head or Leaders/ Chief]:** Check the appropriate box for recommendation on the last page of this form and include your recommendation for any required evaluation. If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

Current experience is an estimate of the level of activity below which a collegial discussion about support should be triggered. It is not a disqualifier. This discussion should be guided not only by the expectations and standards outlined in the dictionary but also by the risks inherent in the privilege being discussed and by similar activities that contribute to the skill under consideration. This is an opportunity to reflect with a respected colleague on one's professional practice and to deliberately plan an approach to skills maintenance.

## Other requirements

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- 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.

**Note:** The dictionary will be reviewed over time to ensure it is reflective of current practices, procedures and technologies.



# Critical Care Medicine Clinical Privileges

**Grandparenting:** Practitioners holding privileges prior to implementation of the dictionary will continue to hold those privileges as long as they meet current experience and quality requirements.

## Definition

Critically ill patients have sustained, or are at risk of sustaining life, threatening, single or multi organ system failure due to disease or injury. These patients are best cared for by specialists in Critical Care Medicine, who provide for the needs of these patients through immediate and continuous observation and intervention so as to restore health and prevent complications. A specialist in critical care medicine is a physician or surgeon who is competent in all aspects of recognizing and managing acutely ill patients with single or multi organ failure requiring on-going monitoring and support.

## Qualifications for Adult or Pediatric Critical Care Medicine

**Initial privileges:** To be eligible to apply for privileges in critical care, the applicant should meet at least one of the following criteria:

1. Be certified as a Critical Care Medicine Specialist by the Royal College of Physicians and Surgeons of Canada (RCPSC) and/or
2. Be recognized as a Critical Care Medicine Specialist by the College of Physicians and Surgeons of British Columbia (CPSBC) by virtue of credentials earned in another country that are acceptable to both the CPSBC and the governing body of the Health Authority and its Affiliate(s).
3. Has practiced as a Critical Care Medicine Specialist in a regional referral center in British Columbia prior to effective date of dictionary December 11, 2014.

AND

**Recommended current experience:** Inpatient care for a minimum of 8 weeks in a critical care unit, reflective of the scope of privileges requested, during the past 12 months or successful completion of a Royal College fellowship within the past 12 months (plus advanced cardiac life support OR pediatric advanced life support, advanced trauma life support).

## Critical Care Medicine Clinical Privileges

Physicians employing fluoroscopic techniques during procedures will have a current radiation safety course.

**Renewal of privileges:** To be eligible to renew privileges in critical care, the applicant should normally meet the following criteria:

Current demonstrated skill and an adequate volume of experience (minimum 8 weeks per year averaged over three years) with acceptable results, reflective of the scope of privileges requested, for the past 36 months based on results of ongoing professional practice evaluation and outcomes.

Physicians employing fluoroscopic techniques during procedures will have a current radiation safety course.

**Return to practice:**

- minimum three month preceptorship at a center that routinely provides critical care medicine residency training, OR at a hospital with an established program of critical care medicine, with supervision of core procedures relevant to the intended scope of practice.
- Certification of skill by the department head or his or her delegate.
- A further eight weeks of practice in the discipline is recommended in the 12 months following preceptorship.
- Preceptorship should be acceptable to the College of Physicians and Surgeons of British Columbia.
- Training objectives should be agreed upon by the physician, department head, UBC residency director and CPSBC.

### **Core privileges: Adult Critical Care Medicine**

Core privileges are offered to ALL members in the discipline as long as the facility can support those activities.

**Requested** Evaluate, diagnose, and provide treatment or consultative services for patients who have sustained or are at risk of sustaining life threatening disorders with single or multiple organ dysfunction. 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

# Critical Care Medicine Clinical Privileges

the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

## **Core privileges: Admitting Privileges**

Requested: Full Admitting – Adult Critical Care Medicine

## **Core Procedures List**

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

**To the applicant:** If there is a procedure you wish to NOT perform, then please type into the *Comments* field.

### **Airway**

- Assessment and maintenance of the airway including an unexpected difficult intubation
- Endotracheal intubation
- Replacement of a preexisting tracheostomy tube

### **Breathing**

- Ventilation by bag and mask
- Application of conventional positive pressure mechanical ventilation
- Application of non-invasive ventilation
- Use of advanced ventilation techniques excluding those listed as non-core
- Special gas admixture administration (heliox, NO)
- Fiberoptic bronchoscopy in the intubated patient
- Thoracocentesis
- Thoracostomy tube insertion

### **Circulation**

- Placement of arterial lines



## Critical Care Medicine Clinical Privileges

- Placement of central venous lines
- Utilization, zeroing and calibration of transducers
- Application and maintenance of pulmonary artery catheter
- Cardiac output measurements and other derived calculations from pulmonary artery catheter
- Electrocardiogram (ECG) interpretation
- Defibrillation
- Elective cardioversion
- Cardiac overdrive pacing
- Temporary transvenous pacemaker
- Temporary transcutaneous pacemaker
- Pericardiocentesis

### Central Nervous System (CNS)

- Declaration of brain death
- Lumbar puncture
- Monitoring the degree of neuromuscular blockade with peripheral nerve stimulation

### Renal

- Insertion of a temporary hemodialysis catheter
- Management of continuous renal replacement therapy

### Gastrointestinal

- Intra-abdominal pressure monitoring
- Peritoneal tap

### Nutrition

- Determination of a nutrition plan including TPN

### Transport

- Organization and supervision of the transport of critically ill patients

## Critical Care Medicine Clinical Privileges

### **Core privileges: Pediatric Critical Care Medicine (primarily under 18 years of age)**

Core privileges are offered to ALL members in the discipline as long as the facility can support those activities.

**Requested** Evaluate, diagnose, and provide treatment or consultative services for patients who have sustained or are at risk of sustaining life threatening disorders with single or multiple organ dysfunction. 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 privileges: Admitting Privileges**

**Requested: Full Admitting – Pediatric Critical Care Medicine**

### **Core Procedures List**

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

**To the applicant:** If there is a procedure you wish to NOT perform, then please type into the *Comments* field.

- Airway management (intubate, care and management of acute and chronic tracheostomies, placement of LMA, management of an unanticipated difficult airway)
- Central venous access
- Mechanical ventilation including non-invasive and advanced techniques
- Placement of chest drain
- Invasive and non-invasive cardiorespiratory monitoring
- Use of temporary cardiac pacemakers
- Perform a 12 lead ECG / interpret ECG's
- Use of defibrillators / external pacing
- Diagnosis of brain death

## Critical Care Medicine Clinical Privileges

- Support of an organ donor
- Blind insertion of nasojunal tubes
- Safe transport of children
- Ultrasound for central vascular access

### Non-core Privileges (See Specific Criteria)

Non-core privileges may be requested for by individuals who have further training, experience and demonstrated skill.

Non-core privileges are requested individually in addition to requesting the core.

Each individual requesting non-core privileges should meet the specific threshold criteria as outlined.

### Adult Non-core Privileges: Airway

- Requested Fiberoptic intubation (5 per year)
- Requested Percutaneous tracheostomy (5 per year)

**Initial privileges:** Successful completion of a postgraduate training program in critical care medicine that included accredited training in the procedures requested. If the postgraduate training did not include appropriate training in the procedures requested, the applicant should normally be required to have completed an accredited course or fellowship for each procedure requested.

AND

**Recommended current experience:** Demonstrated current skill and evidence of the recommended number of procedures as indicated above, averaged over the past 36 months for each procedure requested or completion of training in the past 24 months.

**Renewal of privileges:** Demonstrated current skill and evidence of the performance of the recommended number of procedures as indicated above, averaged over the past 36 months.

## Critical Care Medicine Clinical Privileges

**Return to practice:** Through an individualized evaluation followed by a period of mentoring if required.

### **Non-core Privileges: Circulation**

- Requested** Management of patient with an intra-aortic devices (5 per year)
- Requested** Management of a patient on ECMO
- Requested** Insertion of ECMO lines (5 per year)
- Requested** Focused transthoracic ECHO (40 procedures per year)
- Requested** Transesophageal ECHO (25 procedures per year)

**Initial privileges:** Successful completion of a postgraduate training program in critical care medicine that included accredited training in the procedures requested. If the postgraduate training did not include appropriate training in the procedures requested, the applicant should normally be required to have completed an accredited course or fellowship for each procedure requested.

AND

**Recommended current experience:** Demonstrated current skill and evidence of the recommended number of procedures as indicated above, averaged over the past 36 months for each procedure requested or completion of training in the past 24 months.

**Renewal of privileges:** Demonstrated current skill and evidence of the performance of the recommended number of procedures as indicated above, averaged over the past 36 months.

**Return to practice:** Through an individualized evaluation followed by a period of mentoring if required.



## Critical Care Medicine Clinical Privileges

### ***Non-core Privileges: Central Nervous System***

**Requested** Advanced monitoring and management of intracranial pressure (ICP) monitoring (5 per year)

**Initial privileges:** Successful completion of a postgraduate training program in critical care medicine that included accredited training in the procedures requested. If the postgraduate training did not include appropriate training in the procedures requested, the applicant should normally be required to have completed an accredited course or fellowship for each procedure requested.

AND

**Recommended current experience:** Demonstrated current skill and evidence of the recommended number of procedures as indicated above, averaged over the past 36 months for each procedure requested or completion of training in the past 24 months.

**Renewal of privileges:** Demonstrated current skill and evidence of the performance of the recommended number of procedures as indicated above, averaged over the past 36 months.

**Return to practice:** Through an individualized evaluation followed by a period of mentoring if required.

### ***Non-core Privileges: Other***

**Requested** Ultra sound for drainage of pleural infusion (5 per year)

**Initial privileges:** Successful completion of a postgraduate training program in critical care medicine that included accredited training in the procedures requested. If the postgraduate training did not include appropriate training in the procedures requested, the applicant should normally be required to have completed an accredited course or fellowship for each procedure requested.

AND



## Critical Care Medicine Clinical Privileges

**Recommended current experience:** Demonstrated current skill and evidence of the recommended number of procedures as indicated above, averaged over the past 36 months for each procedure requested or completion of training in the past 24 months.

**Renewal of privileges:** Demonstrated current skill and evidence of the performance of the recommended number of procedures as indicated above, averaged over the past 36 months.

**Return to practice:** Through an individualized evaluation followed by a period of mentoring if required.

### ***Non-core Privileges: Pediatric***

- Requested** Knowledge and management of extracorporeal life support
- Requested** Management of external ventricular drains and intracranial pressure monitors
- Requested** Management of peritoneal dialysis
- Requested** Management of all forms of renal replacement therapy

**Initial privileges:** Successful completion of a postgraduate training program in critical care medicine that included accredited training in the procedures requested. If the postgraduate training did not include appropriate training in the procedures requested, the applicant should normally be required to have completed additional training or mentorship in the area requested.

AND

**Recommended current experience:** Demonstrated current skill over the past 36 months for each procedure requested or completion of training in the past 24 months.

**Renewal of privileges:** Demonstrated current skill over the past 36 months.

## Critical Care Medicine Clinical Privileges

**Return to practice:** Through an individualized evaluation followed by a period of mentoring if required.

### Context Specific Privileges

Context refers to the capacity of a facility to support an activity

**Context specific privileges:** Management of a patient on ECCO2R

**Requested**

Requires membership of the program in a recognized registry.

**Context specific privileges:** Administration of procedural sedation

**Requested**

See “Hospital Policy for Sedation and Analgesia by Non-anesthesiologists.”

for Reference Only

# Critical Care Medicine Clinical Privileges

## *Process for requesting privileges not included in the dictionary*

Where a member of the medical staff requests a privilege not included in the core, non-core or context specific privileges for a discipline, the following process will be followed.

1. The practitioner will request a **Change Request Form** from the Medical Affairs Office. This will be submitted to the head of department or chief of staff as part of the electronic application process
2. The practitioner will complete the privileges section of the **Change Request Form** and submit with the following information; the privilege requested, the location within the facility where the privilege would be exercised, and the relevant training and experience held by the practitioner in this area.
3. The department head or chief of staff, in consultation with the senior medical administrator and medical administrator responsible for the facility, will determine if the requested privilege can be supported at that site.
4. Where it is deemed appropriate, the practitioner, the department head or chief of staff and the senior medical administrator will agree on any additional training required, and a minimum level of activity required to maintain the privilege. The specific minimum number requirement indicating the level of experience needed to demonstrate skill to obtain clinical privileges for the requested procedure must be evidence-based. Where no supporting literature exists for a specific number, the criteria are established by the consensus of a multidisciplinary group of practitioners who do not have self-interest in creating an artificially high volume requirement.
5. Any additional training will be done in a facility that normally trains practitioners in this activity. Exceptions may be granted in circumstances where all that is required is training by a member of the medical staff who holds the privilege in question.
6. On satisfactory completion of training, the department head or chief of staff may recommend to the governing body through the medical advisory committee that the privilege be granted.

The privileging dictionaries on this site ([bcmqi.ca](http://bcmqi.ca)) are the official versions. They will be reviewed beginning in 2016. In the meantime if you have any questions or comments please contact your medical administration office or the BC MQI Office by completing the [Provincial Privileging Dictionary Feedback form](#).

# Critical Care Medicine Clinical Privileges

## 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 the facility where I am applying, 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: \_\_\_\_\_

## Department/Program Head or Leaders/Chief's Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

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

Privilege Condition/modification/explanation

Notes:

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Name of Department / Division / Program: \_\_\_\_\_

Name of Medical Leader: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

# Critical Care Medicine Clinical Privileges

Date: \_\_\_\_\_

for Reference Only

