Certified RN anesthetist

Background

A certified RN anesthetist (CRNA) is an advanced practice RN who provides anesthesia to patients in collaboration with surgeons, anesthesiologists, dentists, podiatrists, and other qualified healthcare professionals. CRNAs are professional, licensed RNs who have become anesthesia specialists by taking a graduate curriculum that focuses on clinical judgment and critical thinking in all aspects of anesthesia care.

According to the American Association of Nurse Anesthetists (AANA), CRNAs are qualified to render patients insensible to pain and emotional stress during surgical, obstetrical, diagnostic, and invasive procedures using general and regional anesthesia and all levels of sedation techniques. CRNAs can be found in all settings in which anesthesia is delivered, including surgical centers, physician offices, and hospitals.

In order to become a CRNA, a candidate must have a Bachelor of Science degree in nursing or other appropriate baccalaureate degree, a current license as an RN, and at least one year of experience as an RN in an acute care setting. A candidate must then graduate with a master’s degree from a two- to three-year accredited nurse anesthesia educational program. CRNAs are then certified by a national certification examination administered by the Council on Certification of Nurse Anesthetists (CCNA).

To become recertified, CRNAs must obtain a minimum of 40 hours of approved continuing education every two years, document substantial anesthesia practice, maintain current state licensure, and certify that they haven’t developed any conditions that could adversely affect their ability to practice anesthesia.

CMS, in its Conditions of Participation, states that the current physician supervision requirement for CRNAs is maintained unless the governor of a state, in conjunction with the state’s board of medicine and nursing, exercises the option of exemption from this requirement consistent with state law. As of July 2009, 15 states have opted out from the federal supervision requirement since the ruling.

Core privileges for CRNAs include the administration of specific types of anesthesia for assigned cases (under supervision); preanesthesia evaluation and preparation; and
administration of general and regional anesthesia for children, adolescents, and adults. (CRNAs may provide care to patients in the intensive care setting in conformance with unit policies.) CRNAs may 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.

### Involved specialties

CRNAs, RNs, anesthesiologists, surgeons, dentists, podiatrists, and other qualified healthcare professionals

### Positions of societies and academies

The American Society of Anesthesiologists (ASA) and the AANA differ on the scope of the anesthesia-related services that nurse anesthetists are qualified to perform. In January 2004, the ASA published *The Scope of Practice of Nurse Anesthetists*. In this document, the organization opposes the independent practice of nurse anesthetists and believes that CRNAs should work under the supervision of a physician, preferably an anesthesiologist. The AANA’s position is that physicians do not need to supervise CRNAs.

The ASA’s view is that nurse anesthetists are qualified to perform some, but not all, services that an anesthesiologist can perform. The ASA bases its beliefs on a comparison of the 12 years of formal education and training that an anesthesiologist must complete to the education and training required of a nurse anesthetist.

In *The Scope of Practice of Nurse Anesthetists*, the ASA defines a nurse anesthetist as a licensed RN who has satisfactorily completed an accredited nurse anesthesia training program and who has been credentialed by the institution on recommendation of the anesthesiology staff or, in the absence of an anesthesiologist, by the active medical staff. Credentialing of nurse anesthetists should take into account whether the nurse anesthetist will provide care under medical direction by an anesthesiologist or under supervision by the operating practitioner.

The ASA also states that nurse anesthetists, under medical direction by an anesthesiologist or under the supervision of an operating practitioner who has assumed responsibility for the performance of anesthesia care, may perform the following:
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➤ Provide nonmedical assessment of the patient’s health status as it relates to the relative risks involved with anesthetic management of the patient during performance of the operative procedure

➤ Determine, in consultation with the responsible physician, and administer the appropriate anesthesia plan (i.e., selection and administration of anesthetic agents; airway management; monitoring and recording of vital signs; support of life functions; use of mechanical support devices; and management of fluid, electrolyte, and blood component balance)

➤ Recognize and, in consultation with the responsible physician, take appropriate corrective action to counteract problems that may develop during implementation of the anesthesia plan

➤ Provide necessary, normal postanesthesia nonmedical care in consultation with the responsible physician

➤ Provide other services as may be determined by the responsible physician

The ASA states that nurse anesthetists and anesthesiologist assistants should not be credentialed to perform procedures involving medical diagnostic assessment, indications, contraindications, and treatment in response to complications that require the application of medical skill and judgment.

Regarding regional anesthesia, the ASA’s Statement on Regional Anesthesia states that decisions to perform specific regional anesthetic techniques are best made by anesthesiologists who possess the skills and competency to perform such procedures.

Positions of other interested parties

The AANA publishes Guidelines for Core Clinical Privileges. In this document (updated in 2005), the association states that “CRNAs should be granted core clinical practice privileges consistent with other healthcare professional staff members who are permitted by law and the facility to provide patient care services.”

Further, the AANA states that the credentialing and privileging process should provide an objective mechanism for initial application and renewal of clinical privileges based on education, experience, legal qualifications, and an assessment of the individual practitioner’s competence and ability to render quality care.
Basic qualifications for clinical privileges include:
➤ State licensure as an RN and compliance with state and federal requirements
➤ Graduation from an accredited CRNA program
➤ Certification by CCNA or recertification by the Council on Recertification of Nurse Anesthetists or their predecessors or, if pending initial certification, evidence of graduation from a Council on Accreditation of Nurse Anesthesia Educational Programs (CANAEP)–approved program
➤ Compliance with requirements for continuing education; competence in advanced life support; and listing pertinent education, training, or expertise in specialty areas
➤ Provision of information as to whether certification, licensure, or clinical privileges have ever been denied, revoked, or suspended
➤ Attestation of physical and mental abilities to perform requested privileges
➤ Proof of medical malpractice coverage appropriate for limits required by the facility or state
➤ Evidence of National Practitioner Data Bank query

Recommended core clinical privileges and responsibilities for CRNAs include:
➤ Preanesthetic preparation and evaluation
  – Obtaining an appropriate health history
  – Conducting an appropriate physical screening assessment
  – Recommending or requesting and evaluating pertinent diagnostic studies
  – Selecting, obtaining, ordering, and administering preanesthetic medications
  – Documenting the preanesthetic evaluation and obtaining a comprehensive informed consent for anesthesia and related services
➤ Intraoperative care
  – Obtaining, preparing, and using all equipment, monitors, supplies, and drugs used for the administration of anesthesia and sedation techniques, performing and ordering safety checks as needed
  – Selecting, obtaining, or administering the anesthetics, adjuvant drugs, accessory drugs, fluids, and blood products necessary to manage the anesthetic
  – Performing all aspects of airway management, including fiberoptic intubation
  – Performing and managing regional anesthetic techniques including, but not limited to, subarachnoid, epidural,
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and caudal blocks; plexus, major, and peripheral nerve blocks; IV regional anesthesia; transtracheal, topical, and local infiltration blocks; and intracapsular, intercostal, and ocular blocks

– Providing appropriate invasive and noninvasive monitoring modalities using current standards and techniques
– Recognizing abnormal patient response during anesthesia, selecting and implementing corrective action, and requesting consultation whenever necessary
– Evaluating patient response during emergency from anesthesia and instituting pharmacological or supportive treatment to ensure patient stability during transfer

➤ Postanesthesia care
– Providing postanesthesia follow-up and evaluation of the patient’s response to anesthesia and the surgical experience, taking appropriate corrective actions, and requesting consultation when indicated
– Initiating and administering respiratory support to ensure adequate ventilation and oxygenation in the postanesthesia period
– Initiating and administering pharmacological or fluid support of the cardiovascular system during the postanesthesia period to prevent morbidity and mortality
– Initiating acute postanesthesia pain management techniques
– Discharging patients from a postanesthesia care area according to facility policy

➤ Clinical support functions
– Inserting peripheral and central IV catheters
– Inserting pulmonary artery catheters
– Inserting arterial catheters and performing arterial puncture to obtain arterial blood samples
– Managing emergency situations, including initiating or participating in cardiopulmonary resuscitation
– Providing consultation and implementation of respiratory and ventilatory care
– Management of interventional pain therapy using drugs, regional anesthetic techniques, or other accepted pain relief modalities
– Using consultation when appropriate; selecting, obtaining, ordering, and/or administering medications or treatments related to the care of the patient
– Accepting additional responsibilities that are within the expertise of the individual CRNA and appropriate to the practice setting
Special requests
- Diagnostic and therapeutic injections with or without fluoroscopic guidance, including epidural, caudal, spinal, facet joint, selective nerve, and sympathetic blocks
- Transesophageal echocardiogram

According to the guidelines, additional CRNA responsibilities may include tasks associated with administration or management, quality assessment, education, research, committee appointments, interdepartmental liaison, and clinical or administrative oversight of other departments.

The AANA’s *Scope and Standards for Nurse Anesthesia Practice* (2007) offers guidance for CRNAs and healthcare institutions regarding the scope of nurse anesthesia practice. It also contains standards to help the profession evaluate the quality of care provided by practitioners and provide a common base for practitioners to use in their development of a quality practice:

➤ Standard 1: Perform a thorough and complete preanesthesia assessment.
➤ Standard 2: Obtain informed consent for the planned anesthetic intervention from the patient or legal guardian.
➤ Standard 3: Create a patient-specific plan for anesthesia care.
➤ Standard 4: Implement and adjust the anesthesia care plan based on the patient’s physiological response.
➤ Standard 5: Monitor the patient’s physiologic condition as appropriate for the type of anesthesia and specific patient needs.
➤ Standard 6: Complete accurate and timely documentation of pertinent information on the patient’s medical record.
➤ Standard 7: Transfer the responsibility for care of the patient to other qualified providers in a manner that ensures continuity of care and patient safety.
➤ Standard 8: Adhere to appropriate safety precautions, as established within the institution, to minimize the risks of fire, explosion, electrical shock, and equipment malfunction. Document on the patient’s medical record that the anesthesia machine and equipment were checked.
➤ Standard 9: Take precautions to minimize the risk of infection to the patient, the CRNA, and other healthcare providers.
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➤ Standard 10: Assess anesthesia care to ensure its quality and contribution to positive patient outcomes.
➤ Standard 11: Respect and maintain the basic rights of patients.

NBCRNA

The National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA) is a nonprofit organization that oversees certification of nurse anesthetists via its two councils: the CCNA and the Council on Recertification of Nurse Anesthetists.

The CCNA is responsible for the certification of nurse anesthetists who meet all the criteria for entry into practice as a CRNA. The council is also responsible for the development and administration of the National Certification Examination.

According to the 2009 CCNA Candidate Handbook, to be eligible for certification, candidates must be eligible to apply to take the National Certification Examination for RN anesthetists and receive an eligibility card, and a candidate must comply with all state requirements for current and unrestricted licensure as a registered professional nurse. The candidate must also complete a nurse anesthesia educational program accredited by the CANAEP (“accredited program”) within the previous two calendar years.

Additionally, candidates must submit the following materials:
➤ Examination application form
➤ An official non-handwritten notarized transcript of the candidate’s record of performance in an accredited program, on a transcript form prescribed by the council, signed by the program director and by the candidate, which accurately documents the candidate’s academic and clinical experiences, and his or her completion of the accredited program
➤ A photocopy of the candidate’s valid license to practice as an RN
➤ Application fee
➤ Notarized Authentication of Applicant Identity Form and passport photo or other photo

Additionally, candidates must make the following eligibility certifications:
➤ His or her license has never been revoked, restricted, suspended, or limited by any state; has never been
surrendered; and is not the subject of a pending action or investigation

➤ He or she does not currently suffer from a mental or physical condition that might interfere with the practice of nurse anesthesia
➤ He or she does not currently suffer from drug or alcohol addiction or abuse
➤ He or she has not been convicted of and is not currently under indictment for any felony
➤ Except for incidents occurring during the nurse anesthesia educational program which were thereafter satisfactorily resolved, he or she has not been the subject of any documented allegations of misconduct, incompetent practice, or unethical behavior
➤ He or she has never been the subject of disciplinary action or been placed on probation, suspended, or dismissed from a nurse anesthesia educational program for unethical behavior, questions of academic integrity, or documented evidence of cheating

Certification is valid for two years. To be eligible for recertification, candidates must:

➤ Hold initial certification by the CCNA
➤ Have documentation of current unrestricted licensure as a professional RN or advanced practice nurse
➤ Have certified substantial engagement in nurse anesthesia practice during the two-year period prior to applying for recertification
➤ Show documentation of 40 hours of approved continuing education during the two-year period prior to application
➤ Agree to the same six eligibility statements as listed in the previous section

The Joint Commission

The Joint Commission (formerly JCAHO) has no formal position concerning the delineation of privileges for CRNAs. However, in its Comprehensive Accreditation Manual for Hospitals, The Joint Commission states, “Physician assistants and advanced practice registered nurses who practice within the hospital are credentialed, privileged, and reprivileged through the medical staff process or an equivalent process” (HR.01.02.05).

Further, The Joint Commission states, “The hospital collects information regarding each practitioner’s current license status, training, experience, competence, and ability to perform the requested privilege” (MS.06.01.03).
In the rationale for MS.06.01.03, The Joint Commission states that there must be a reliable and consistent system in place to process applications and verify credentials. The organized medical staff must then review and evaluate the data collected. The resultant privilege recommendations to the governing body are based on the assessment of the data.

The Joint Commission further states, “The organized medical staff reviews and analyzes information regarding each requesting practitioner’s current licensure status, training, experience, current competence, and ability to perform the requested privilege” (MS.06.01.07).

In the EPs for standard MS.06.01.07, The Joint Commission says the information review and analysis process is clearly defined. The organization, based on recommendations by the organized medical staff and approval by the governing body, develops criteria that will be considered in the decision to grant, limit, or deny a request for privileges.

The Joint Commission further states, “Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal” (MS.08.01.03).

In the EPs for MS.08.01.03, The Joint Commission says there is a clearly defined process facilitating the evaluation of each practitioner’s professional practice, in which the type of information collected is determined by individual departments and approved by the organized medical staff. Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege.

A facility should have a policy in place covering the credentialing of nurse anesthetists. It should be drafted by the designated committee or department for recommendation to the governing board and should consider state laws, the needs of the community, the medical staff, peer review, liability, and the hospital’s mission and strategic plan.

Criteria should be in place covering qualifications, scope of practice, and physician supervisory requirements. The policy should be reviewed to ensure that it is in line with The Joint Commission's guidelines.
Commission’s anesthesia standards, particularly in regard to moderate sedation. All provision of services should be in accordance with written policies and protocols governing allied health professionals developed and approved by the relevant medical staff department, nursing department, medical executive committee, and governing board of the facility.

**CRC draft criteria**

The following draft criteria are intended to serve solely as a starting point for the development of an institution’s policy regarding this practice area.

**Basic education:** Master’s degree

**Minimum formal training:** Applicants must be able to demonstrate the following:

- Successful completion of a nurse anesthesia educational program accredited by the AANA, CANAEP, or a predecessor or successor agency.
- Certification by the CCNA or recertification by the Council on Recertification, or by a predecessor or successor agency to either. If initial certification is pending, applicants should show evidence of graduation from an approved nurse anesthesia educational program.
- Current active licensure to practice professional nursing or advanced practice nursing in the nurse anesthetist category by the state board of medical examiners or the state board of nursing.

**Required previous experience:** The applicant must be able to demonstrate that he or she has provided anesthesia services for at least 250 patients or for a minimum of 425 hours of practice during the past 12 months, or that he or she has completed an approved accredited program of anesthesia in the previous 12 months.

**References**

A letter of reference should come from the director of the applicant’s anesthesiology training program. Alternatively, a letter of reference should come from the chief of anesthesiology at the institution where the applicant most recently practiced.

**Core privileges for CRNAs**

Core privileges for CRNAs include the 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. (CRNAs may provide care to patients in the intensive...
care setting in conformance with unit policies.) CRNAs may 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 include but are not limited to:

- Administering emergency/ancillary drugs and fluids to maintain physiological homeostasis and preventing or treating emergencies during the perianesthesia period
- Conducting appropriate physical screening assessment
- Obtaining appropriate health history
- Selecting and prescribing medications and treatment related to the care of the patient, using consultation when appropriate
- Directing care as specified by medical staff–approved protocols
- Initiating management of pain therapy using drugs, regional anesthetic techniques, or other accepted pain relief modalities
- Insertion and management of arterial lines and performance of arterial puncture
- Insertion and management of peripheral and central IV catheters
- Insertion and management of pulmonary artery catheters
- Mechanical ventilation/oxygen therapy
- Providing consultation and implementation of respiratory and ventilatory care
- Administering the anesthetics, adjuvant drugs, accessory drugs, fluids, and blood products necessary to manage the anesthetic
- Evaluating patient response during emergence from anesthesia and instituting pharmacological or supportive treatment to ensure patient stability during transfer
- Obtaining, preparing, and using all equipment, monitors, supplies, and drugs necessary for the administration of anesthesia
- Performing all aspects of airway management
- Performing and managing regional anesthetic techniques including but not limited to subarachnoid, epidural, and caudal blocks; plexus, major, and peripheral nerve blocks; IV regional anesthesia; transtracheal, topical, and local infiltration blocks; and intracapsular, peribulbar, intercostals, and retrobulbar blocks. (Note: Hospital should determine
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whether certain types of blocks are core or noncore.)

➤ Performing perianesthetic invasive and noninvasive monitoring
➤ Providing appropriate invasive and noninvasive monitoring modalities using current standards and techniques
➤ Recognizing abnormal patient response during anesthesia, selecting and implementing corrective action, and requesting consultation when necessary
➤ Recommending or requesting and evaluating pertinent diagnostic studies
➤ Discharging patient from a postanesthesia care area
➤ Initiating and administering pharmacological or fluid support of the cardiovascular system
➤ Initiating and administering respiratory support to ensure adequate ventilation and oxygenation in the postanesthesia period

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. A copy of the collaborating/sponsoring agreement signed by both parties is to be provided to the hospital.

In addition, the supervising physician must:

➤ Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable and necessary, at intervals between reappointment)
➤ Be physically present on hospital premises or readily available by electronic communication or provide an alternate to provide consultation when requested, and 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 (within his or

Affiliation with medical staff appointee/supervision

NOTE: In some states and organizations, this section may not be applicable.
her licensing agreement—i.e., supervising/collaborating agreement)

➤ Cosign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies

**Reappointment**

Reappointment should be based on unbiased, objective results of care according to the organization’s existing quality assurance mechanism.

Applicants must demonstrate that they have maintained competence by showing evidence that they have provided anesthesia services for at least 250 patients or for a minimum of 425 hours of practice annually over the reappointment cycle. In addition, continuing education related to anesthesiology should be required.

**For more information**

American Association of Nurse Anesthetists
222 South Prospect Avenue
Park Ridge, IL 60068-4001
Telephone: 847/692-7050
Fax: 847/692-6968
Web site: www.aana.com

American Society of Anesthesiology
1101 Vermont Avenue NW, Suite 606
Washington, DC 20005
Telephone: 202/289-2222
Web site: www.asahq.org

The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Telephone: 630/792-5000
Fax: 630/792-5005
Web site: www.jointcommission.org
Privilege request form
Certified registered nurse anesthetist

To be eligible to request clinical privileges as a CRNA, an applicant must meet the following minimum threshold criteria:

➤ Basic education: Master’s degree

➤ Minimum formal training: Applicants must be able to demonstrate the following:
  – Successful completion of a nurse anesthesia educational program accredited by the AANA, CANAEP, or a predecessor or successor agency.
  – Certification by the CCNA or recertification by the Council on Recertification, or by a predecessor or successor agency to either. If initial certification is pending, applicants should show evidence of graduation from an approved nurse anesthesia educational program.
  – Current active licensure to practice professional nursing or advanced practice nursing in the nurse anesthetist category by the state board of medical examiners or the state board of nursing.

➤ Required previous experience: The applicant must be able to demonstrate that he or she has provided anesthesia services for at least 250 patients or a minimum of 425 hours of practice during the previous 12 months or completed an approved accredited program of anesthesia in the previous 12 months.

➤ References: A letter of reference should come from the director of the applicant’s anesthesiology training program. Alternatively, a letter of reference should come from the chief of anesthesiology at the institution where the applicant most recently practiced.

➤ Core privileges for CRNAs: Core privileges for CRNAs include the administration of specific types of anesthesia for assigned cases (under supervision); preanesthesia evaluation and preparation; and administration of general and regional anesthesia for children, adolescents, and adults. (CRNAs may provide care to patients in the intensive care setting in conformance with unit policies.) CRNAs may 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 include but are not limited to:
  – Administering emergency/ancillary drugs and fluids to maintain physiological homeostasis and prevent or treat emergencies during the perianesthesia period
  – Conducting appropriate physical screening assessment
  – Obtaining appropriate health history
  – Selecting and prescribing medications and treatment related to the care of the patient, using consultation when appropriate
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Practice area 170

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- Directing care as specified by medical staff–approved protocols
- Initiating management of pain therapy using drugs, regional anesthetic techniques, or other accepted pain relief modalities
- Insertion and management of arterial lines and performance of arterial puncture
- Insertion and management of peripheral and central IV catheters
- Insertion and management of pulmonary artery catheters
- Mechanical ventilation/oxygen therapy
- Providing consultation and implementation of respiratory and ventilatory care
- Administering the anesthetics, adjuvant drugs, accessory drugs, fluids, and blood products necessary to manage the anesthetic
- Evaluating patient response during emergence from anesthesia and instituting pharmacological or supportive treatment to ensure patient stability during transfer
- Obtaining, preparing, and using all equipment, monitors, supplies, and drugs necessary for the administration of anesthesia
- Performing all aspects of airway management
- Performing and managing regional anesthetic techniques, including but not limited to subarachnoid, epidural, and caudal blocks; plexus, major, and peripheral nerve blocks; IV regional anesthesia; transtracheal, topical, and local infiltration blocks; and intracapsular, peribulbar, intercostals, and retrobulbar blocks. (Note: Hospital should determine whether certain types of blocks are core or noncore.)
- Performing perianesthetic invasive and noninvasive monitoring
- Providing appropriate invasive and noninvasive monitoring modalities using current standards and techniques
- Recognizing abnormal patient response during anesthesia, selecting and implementing corrective action, and requesting consultation when necessary
- Recommending or requesting and evaluating pertinent diagnostic studies
- Discharging patient from a postanesthesia care area
- Initiating and administering pharmacological or fluid support of the cardiovascular system
- Initiating and administering respiratory support to ensure adequate ventilation and oxygenation in the postanesthesia period

➤ Affiliation with medical staff appointee/supervision: (Note: In some states and organizations, this section may not be applicable.) 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. A copy of the collaborating/sponsoring agreement signed by both parties is to be provided to the hospital.

In addition, the supervising physician must:
- Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable and necessary, at intervals between reappointment)
– Be physically present on hospital premises or readily available by electronic communication or provide an alternate to provide consultation when requested, and 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 supervise, 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 (within his or her licensing agreement—i.e., supervising/collaborating agreement)
– Cosign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies

Reappointment: Reappointment should be based on unbiased, objective results of care according to the organization’s existing quality assurance mechanism. Applicants must demonstrate that they have maintained competence by showing evidence that they have provided anesthesia services for at least 250 patients or a minimum of 425 hours of practice annually over the reappointment cycle. In addition, continuing education related to anesthesiology should be required.

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request.

Practitioner’s signature: _______________________________________________________
Typed or printed name: _______________________________________________________
Date: _______________________________________________________________________

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