

Guidelines for Granting Privileges for the Performance of Procedures in Critically Ill Patients



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Guidelines for Granting Privileges for the Performance of Procedures in Critically Ill Patients

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Performance of procedures in critically ill patients entails significant risk. Implementation of a credentialing system that ensures proficiency may reduce this risk. The purpose of this document is to outline a mechanism for organizations/institutions to use as a framework for the granting of privileges for the performance of procedures based on proficiency.

The credentialing process should have three components:

Identification of procedures. The identification of procedures which require credentialing (procedures that are high risk, high volume, problem prone) is the responsibility of the institution. A suggested list of procedures related to the practice of critical care medicine is appended.

Delineation of specific standards. Proficiency as it relates to each specific procedure should be defined by representatives of disciplines whose practitioners commonly perform these procedures. Ideally this will take place on a national level. Until then, each institution should encourage departments to define these elements in a collaborative fashion.

The credentialing mechanism. A credentialing mechanism should be developed at each institution for implementation of these standards.

I. Essential Components of the Process are as Follows:

- A. The determination of proficiency shall be ongoing and take into consideration both cognitive and psychomotor skills. All data related to proficiency evaluations should be kept confidential.
- B. Mechanisms should be developed whereby information regarding privilege status is centralized, updated regularly, and disseminated to areas where these procedures are likely to be performed.
- C. The credentialing process for these procedures should be part of the normal credentialing process of each institution.
- D. The requirements established for credentialing should be written, detailed and available for review.
- E. All health care professionals who perform these procedures should be included in the credentialing process.
- F. A mechanism should be established for the reduction and/or withdrawal of procedure privileges in the event of failure to comply with regulations related to procedure privileges. Responsibility and authority for oversight should be clearly delineated, and corrective actions should be outlined.
- G. Mechanisms should be established to permit appeals of denials and revocations of privileges for procedures.

II. Establishing Privileges for Procedures

Privileges to perform procedures should be obtained by one or more of the following pathways. A probationary period is recommended following the initial granting of privileges under all three pathways.

- A. Training pathway--applicants may develop the appropriate cognitive and psychomotor skills for one or more procedures during postgraduate training or through approved continuing medical education programs. Evidence of performance proficiency must accompany any documentation of training when applying for privileges. This generally takes the form of a letter(s) from appropriate individual(s), certificates, or other forms of documentation.
- B. Practice pathway--appropriate cognitive and psychomotor skills for one or more procedures may be inferred from credentials granted at other institutions plus evidence of proficiency. Documentation of this type might include letters from other institutions plus proof of procedure performance frequency and an acceptable complication rate as compared to established standards of practice.
- C. Examination pathway--applicants unable to satisfy either the training or practice pathway requirements may obtain privileges after satisfactory formal demonstration of the cognitive and psychomotor skills necessary for the safe performance of each procedure. Cognitive skills may be assessed by written and/or oral examination. Psychomotor skills should be observed by one or more individuals with demonstrated competence in the procedure(s) being evaluated.

III. Maintaining Procedure Privileges

Privileges for procedures should be reviewed and renewed at regular intervals. Recredentialing should require the fulfillment of both of the following criteria for each procedure under review:

- A. Evidence of continuing experience with each procedure.
- B. An acceptable frequency of complications as judged by peer review and as compared to established standards of practice.

Applicants unable to satisfy these recredentialing requirements may be permitted to maintain their privileges by recertifying as outlined in Section II.

IV. Denial, Revocation, Reduction of Privileges

Privileges for the performance of procedures should be denied if the applicant fails to satisfy the requirements outlined in Section II. Privileges should be revoked or reduced for specific circumstances which should include, but need not be limited to, any of the following:

- A. Applicant has failed to satisfy recertification requirements as outlined in Section III.
- B. Quality assessment demonstrates unacceptable performance outcome as compared to established standards of practice.
- C. There has been flagrant or repeated disregard for established standards of practice during the performance of a procedure(s), with or without an increased frequency of complications.

Denials, revocations, and reductions of privileges must be made in writing in a timely manner, with a clear delineation of the specific reasons for the actions taken. In addition, the procedure for appeal must be described in writing to the practitioner.

Appeals should be in writing and should be reviewed by an individual or body independent of the granting individual or body. Responses to appeals should also be made in writing in a timely manner.

Note: Many states require the reporting of the revocation or reduction of privileges to licensing agencies under certain circumstances.

V. **Infractions**

Individuals without privileges who perform a procedure(s), except under justifiable emergency circumstances, should be cited in writing by the individual or body empowered to grant privileges. The citation should include written instructions for the mechanisms available for the granting of privileges for the procedure(s) in question. Infractions should be reviewed, and appropriate action taken.

APPENDIX

The following procedures have been identified as high risk, high volume, problem prone, and are commonly performed by the intensivist in the critically ill patient:

- arterial cannulation, percutaneous
- central venous cannulation, all routes
- pulmonary artery catheterization
- temporary transvenous pacemaker placement
- cardioversion/defibrillation
- airway intubation
- tube thoracostomy
- fiberoptic bronchoscopy, therapeutic
- gastroesophageal balloon tamponade
- pericardiocentesis
- percutaneous tracheostomy/cricothyrotomy tube placement (Seldinger technique)
- diagnostic peritoneal lavage
- peritoneal dialysis catheter placement
- mechanical ventilation
- continuous arteriovenous hemofiltration and dialysis

These guidelines have been developed by the Guidelines Committee of the Society of Critical Care Medicine, and thereafter reviewed and revised by the Society's Council. These guidelines reflect the official opinion of the Society of Critical Care Medicine and do not necessarily reflect, and should not be construed to reflect, the views of certification bodies, regulatory agencies or other medical review organizations.

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