



Pain Management KHHM Delineation of Privileges

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation.
5. 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 doubts related to qualification of requested privileges.

Note:

Privileges granted may only be exercised at the site(s) and 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 or department policy.

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.

Required Qualifications

Education/Training

Successful completion of an Accreditation Council on Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)-accredited residency in a relevant medical specialty followed by successful completion of an ACGME- or AOA-accredited fellowship in pain medicine of at least 12 months duration.

OR

Able to demonstrate successful completion of an approved residency training program in anesthesiology, of which 12 months are devoted to pain management, or the residency is followed by an ACGME or AOA-approved pain management fellowship.

OR

In lieu of formal pain management training, physicians completing residency training in anesthesiology must have documented at least two years of practicing pain management. When privileges are sought without a one-year pain management residency, supporting cases and CME documenting current clinical competence shall accompany the request for pain management privileges.

Certification

The applicant physician must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.

Clinical Experience (Initial)

Applicants for initial appointment must be able to demonstrate provision of inpatient, outpatient, or consultative pain medicine services, reflective of the scope of privileges requested, for at least 50 patients during the past 12 months, or demonstrate successful completion of a hospital-affiliated accredited residency, or special clinical fellowship, within the past 12 months.

**Clinical Experience
(Reappointment)**

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. In addition, 10 hours of continuing education related to pain management is required.

Primary Privileges Pain Management

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Admit and manage patients in non-critical care and unmonitored settings	
	Consultation privileges in Pain Management	
	Core Privileges include: admit, evaluate, diagnose, treat, and provide consultation to patients with acute and chronic pain that requires invasive pain medicine procedures beyond basic pain medicine. The core privileges include basic pain medicine core and the procedures on the procedure list below and such other procedures that are extensions of the same techniques and skills.	
	Perform History and Physical Examinations	
	Evaluation and Management Privileges	
	Diagnosis and treatment of chronic and cancer related pain	
	Management of chronic headache	
	Perform history and physical exam	
	Prevention, recognition and management of local anesthetic overdose, including airway management and resuscitation	
	Recognition and management of therapies, side effects, and complications of pharmacologic agents used in management of pain	
	Non-invasive/Behavioral/Rehabilitative	
	Behavioral modification and feedback techniques	
	Modality therapy and physical therapy	
	Rehabilitative and restorative therapy	
	Stress management and relaxation techniques	
	Superficial electrical stimulation techniques (e.g., TENS)	
	Invasive Procedure Privileges (Fluoroscopically and non-fluoroscopically guided - See separate Fluoroscopy Privileges below)	
	Chemical neuromuscular denervation (e.g., Botox injection)	
	Discography	
	Epidural and subarachnoid injections	
	Epidural, subarachnoid or peripheral neurolysis	
	Fluoroscopically guided facet blocks, sacroiliac joint injections and nerve root specific Implantation of subcutaneous, epidural and intrathecal catheters	
	Infusion port and pump implantation	
	Injection of joint and bursa	
	Neuroablation with cryo, chemical, and radiofrequency modalities	
	Nucleoplasty	
	Percutaneous placement and implantation of neurostimulator electrodes	

Percutaneous Vertebroplasty

Qualifications

Education/Training Successful completion of an ACGME- or AOA-accredited fellowship in pain medicine.
AND

Applicants must also have completed an approved training course in percutaneous vertebroplasty that included proctoring. Applicants must also have completed training in radiation safety.

Clinical Experience (Initial) Demonstrated current competence and evidence of the performance in the past 12 months.

Clinical Experience (Reappointment) Demonstrated current competence and evidence of the performance in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Percutaneous Vertebroplasty	

Balloon Kyphoplasty

Qualifications

Education/Training Successful completion an ACGME- or AOA- accredited fellowship program in pain medicine that included training in balloon kyphoplasty.

AND

Applicant must also have completed an approved training course in the use of the inflatable bone tamp and have been proctored for initial cases by a Kyphon company representative. Applicant must also have completed training in radiation safety.

Clinical Experience (Initial) Demonstrated current competence and evidence of the performance of at least one balloon kyphoplasty procedures in the past 12 months.

Clinical Experience (Reappointment) Demonstrated current competence and evidence of the performance of one percutaneous balloon kyphoplasty procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Balloon Kyphoplasty	

Minimally Invasive Lumbar Decompression (MILD)

Qualifications

Education/Training Successful completion of an ACGME or AOA approved residency program in anesthesiology, neurosurgery, orthopedics, neuroradiology, interventional radiology or physiatry (physical medicine and rehabilitation).
Track I (Residency Track) Letter from Program Director attesting to in-residency training and ability to perform independently with documentation of number of cases performed.

AND

Evidence of completion of at least 10 cases per requested privilege during residency training.
Track II (Established Practice Track) Currently credentialed in pain management, orthopedics, neurosurgery or interventional radiology procedures without restriction.

AND

Documented completion of 6-hour minimum MILD vendor approved didactic, skills and cadaver course or accredited CME program including didactic skill course.

AND

A minimum of three procedures as primary operator under supervision of an approved preceptor/trainer.

AND

Letter from preceptor attesting to completion of the required number of cases and ability to perform independently.

AND

Acceptable case outcomes.

**Clinical Experience
(Reappointment)**

Completion of a minimum of 5 annually over the reappointment cycle.

AND

Maintain competence with 50 fluoroscopy procedures over a 2-year reappointment cycle.

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Minimally Invasive Lumbar Decompression (MILD)	

Special Privileges Pain Management

Description: The below special privileges are not routinely part of the post-graduate training program. Additional proof of training and/or experience may be necessary to request the privilege and is noted within the privilege block. If documentation is required, please submit all required elements with your application/reapplication.

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Special Privileges Pain Management	

Fluoroscopy

Description: All practitioners requesting fluoroscopically-guided procedures at this hospital are required to take a competency assessment examination prior to being granted these privileges. Practitioners may submit documentation of competency from another hospital for consideration by the Radiology Department Chair. Please contact the Medical Staff Office.

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Fluoroscopy	

Mild/Moderate Sedation

Description: Moderate Sedation (Requires written examination - please contact Medical Staff Office) Current ACLS certification is also required.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Mild/Moderate Sedation	

Acknowledgment of Applicant

I hereby request the clinical privileges as indicated. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in performance of the privileges I have requested, and in treating associated diseases with adequate consultation when indicated.

I recognize that in emergency situations where immediate life-saving action is necessary, any member of the medical staff is authorized to perform such life-saving treatment as may be required.

I further understand that any and all privileges granted me shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Credentials and Executive Committees of the medical staff and the Board of Trustees of the hospital reserve the right to grant or limit my privileges in accord with my continuing performance in rendering patient care.

Practitioner's Signature

Date

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Additional Comments

Signature of Department Chair/Designee

Date