



Pain Management KHMC & KHMB & KHTR 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 and doubts related to qualification of requested privileges.

Clinical Service Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

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

Membership	To be eligible to apply for core privileges in pain medicine, the initial applicant must meet the following criteria:
Education/Training	<p>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.</p> <p style="text-align: center;">OR</p> <p>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.</p> <p style="text-align: center;">OR</p> <p>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.</p>
Certification	Current certification or active participation in the examination process with achievement of certification within six years leading to certification in pain medicine by the American Board of Anesthesiology, or the American Board of Psychiatry and Neurology, or the American Board of Physical Medicine and Rehabilitation.
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 based on results of ongoing professional practice evaluation and outcomes. 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.

Pain Medicine Core Privileges

Description: This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages with acute and chronic pain that requires invasive pain medicine procedures beyond basic pain medicine. 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 advanced pain medicine include basic pain medicine core and the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
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 (must have fluoroscopy attestation on file)			
			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
			Peripheral, cranial, costal, plexus, and ganglion nerve blocks
			Subcutaneous implantation of neurostimulator pulse generator

			Trigger point injection
--	--	--	-------------------------

Special Noncore Privileges (See Specific Criteria)

Description: If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Special Noncore Privileges (See Specific Criteria)

Percutaneous Lumber Decompression

Qualifications

Education/Training Successful completion of an ACGME or AOA residency training program in physical medicine and rehabilitation or anesthesiology and a fellowship in pain medicine that includes training specific to spinal access and ablation techniques.

AND

Applicant must have completed a training course

Clinical Experience (Initial) Demonstrate current competence by completing a certified training course in the past 12 months.

Clinical Experience (Reappointment) Demonstrated current competence and evidence of the performance of at least 2 procedures in the Percutaneous Lumbar Decompression method for which privileges are requested in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Percutaneous Lumber Decompression

Percutaneous Lumbar Discectomy (PLD)

Qualifications

Education/Training Successful completion of an ACGME or AOA residency training program in physical medicine and rehabilitation or anesthesiology and a fellowship in pain medicine that includes training specific to spinal access and ablation techniques.

AND

Applicant must have completed a training course in the PLD method.

Clinical Experience (Initial) Demonstrate current competence by completing a certified training course in the past 12 months.

Clinical Experience (Reappointment) Demonstrate current competence and evidence of the performance of at least 2 procedures in the PLD method for which privileges are requested in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Percutaneous Lumbar Discectomy (PLD)

Percutaneous Vertebroplasty

Qualifications

Education/Training Successful completion of an ACGME or AOA residency training program in physical medicine and rehabilitation or anesthesiology and a fellowship in pain medicine that includes training specific to spinal access and ablation techniques.

AND

Applicant must have completed an approved training course.

AND

Clinical Experience (Initial) Demonstrate current competence by completing a certified training course in the past 12 months.

Clinical Experience (Reappointment) Demonstrate current competence and evidence of the performance of at least 2 Vertebroplasty procedures the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Percutaneous Vertebroplasty

Balloon Kyphoplasty

Qualifications

Education/Training Successful completion of an ACGME or AOA residency training program in physical medicine and rehabilitation or anesthesiology and a fellowship in pain medicine that includes training specific to spinal access and ablation techniques.

AND

Applicants must have completed an approved training course in vertebral augmentation.

Clinical Experience (Initial) Demonstrate current competence by completing a certified training course in the past 12 months.

Clinical Experience (Reappointment) Demonstrate current competence and evidence of the performance of at least 2 balloon kyphoplasty procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Balloon Kyphoplasty

Basivertebral Nerve Ablation

Qualifications

Education/Training Successful completion of an ACGME or AOA residency training program in physical medicine and rehabilitation or anesthesiology and a fellowship in pain medicine that includes training specific to spinal access and ablation techniques.

AND

Applicant must have completed a certified/approved training course for Basivertebral nerve ablation.

Clinical Experience (Initial) Demonstrate current competence and evidence of the performance of core pain procedures including spinal access and radiofrequency ablation techniques in the past 12 months.

AND

The first two 2 procedures performed shall be proctored if not previously credentialed in Vertebroplasty/Kyphoplasty.

Clinical Experience (Reappointment) Demonstrate current competence and evidence of the performance of at least 2 Basivertebral procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Request			<i>Request all privileges listed below.</i>
			Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.

KHMC	KHMB	KHTR	
			- Currently granted privileges
			Basivertebral Nerve Ablation

Administration of Sedation and Analgesia

Description: See Hospital Policy for Moderate Sedation

Qualifications

Note See Hospital Moderate Sedation Policy

Request			Request all privileges listed below.
KHMC	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Moderate Sedation

Fluoroscopy

Description: Must demonstrate competence - initial applicants must complete online quiz; reapplicants must complete annual attestations

Request			Request all privileges listed below.
KHMC	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Fluoroscopy

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Kettering Health Main Campus, Kettering Health Miamisburg and Kettering Health Troy I and I understand that:

A. In exercising any clinical privileges granted, I am constrained by applicable 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.

Practitioner's Signature

Date

Clinical Service 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

Clinical Service Chair Recommendation - Additional Comments

Clinical Service Chair Signature

Date