



Pain Management Soin & KHGM 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.

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.

Primary Privileges Pain Management

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>
KHGM	SOIN	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
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Percutaneous Lumbar Discectomy (PLD)

Qualifications	
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Education/Training Successful completion of an ACGME or AOA residency or fellowship training program in orthopedic surgery, neurological surgery, neurology, physical medicine and rehabilitation, anesthesiology, interventional radiology, or pain medicine. Applicants must provide evidence that the training program included fluoroscopy and discography.

AND

Applicant must have completed a training course in the PLD method for which privileges are requested.

Clinical Experience (Initial) Demonstrated current competence and evidence of the performance of at least two procedures in the PLD method for which privileges are requested in the past 12 months.

Clinical Experience (Reappointment) Demonstrated 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		Request all privileges listed below.
KHGM	SOIN	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-accredited fellowship in pain medicine.
AND
 Applicant must have completed an approved training course in percutaneous vertebroplasty that included proctoring.
AND
 Applicant must 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		<i>Request all privileges listed below.</i>
KHGM	SOIN	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-accredited residency program in radiology, neurosurgery or orthopedic surgery that included training in balloon kyphoplasty.

AND

Applicants must have completed an approved training course in the use of the inflatable bone tamp and have been proctored in their initial cases by a Kyphon company representative.

AND

Applicants 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 at least one 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>
KHGM	SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Balloon Kyphoplasty

Minimally Invasive Lumbar Decompression (Mild)

Qualifications

Education/Training Successful completion of an ACGME or AOA approved residency program in Anesthesiology, Neurosurgery, Orthopedics, 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.
AND
 Ongoing Reviews as applicable.

Request		<i>Request all privileges listed below.</i>
KHGM	SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Minimally Invasive Lumbar Decompression (Mild)

		FPPE
KHGM	SOIN	
		Case review of first 10 cases completed.
		Ongoing Reviews as applicable.

Administration of Sedation and Analgesia

Qualifications

Note See Hospital Moderate Sedation Policy

Request		<i>Request all privileges listed below.</i>
KHGM	SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Administration of Sedation and Analgesia

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 Greene Memorial and/or Soin Medical Center, 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):

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	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 _____