



Printed Name

Clinical Privileges Profile Pain Management

Kettering Medical Center System

Kettering Medical Center Sycamore Medical Center

Applicant: Check off the “Requested” box for each privilege requested. 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 any doubts related to qualifications for requested privileges.

Clinical Service Chief: 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.

Other Requirements

1. Note that 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.
2. 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.

QUALIFICATIONS FOR PAIN MEDICINE CORE PRIVILEGES

To be eligible to apply for core privileges in pain medicine, the initial applicant must meet the following criteria:

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.

AND

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.

Required previous experience: 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.

Reappointment requirements: To be eligible to renew core privileges in advanced pain medicine, the applicant must meet the following maintenance of privilege criteria:

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.

CORE PRIVILEGES

PAIN MEDICINE CORE PRIVILEGES

- Requested** 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.

SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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.

PERCUTANEOUS LUMBAR DISCECTOMY (PLD)

Criteria: Successful completion of an accredited 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. In addition, applicants should have completed a training course in the PLD method for which privileges are requested.

Required previous experience: 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.

Maintenance of privilege: 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 24 months based on results of ongoing professional practice evaluation and outcomes.

- Requested**

PERCUTANEOUS VERTEBROPLASTY

Criteria: Successful completion of an ACGME- or AOA-accredited fellowship in pain medicine. Applicants must also have completed an approved training course in percutaneous vertebroplasty that included proctoring. Applicants must also have completed training in radiation safety.

Required previous experience: Demonstrated current competence and evidence of the performance in the past 12 months

Maintenance of privilege: Demonstrated current competence and evidence of the performance in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

BALLOON KYPHOPLASTY

Criteria: Successful completion an ACGME- or AOA- accredited fellowship program in pain medicine that included training in balloon kyphoplasty. 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.

Required previous experience: Demonstrated current competence and evidence of the performance of at least one balloon kyphoplasty procedures in the past 12 months.

Maintenance of privilege: 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.

Requested

ADMINISTRATION OF SEDATION AND ANALGESIA

Requested See Hospital Moderate Sedation Policy

CORE PROCEDURE LIST

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.

To the applicant: If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date.

Evaluation and Management Privileges

1. Diagnosis and treatment of chronic and cancer related pain
2. Management of chronic headache
3. Perform history and physical exam
4. Prevention, recognition and management of local anesthetic overdose, including airway management and resuscitation
5. Recognition and management of therapies, side effects, and complications of pharmacologic agents used in management of pain

Non-invasive/Behavioral/Rehabilitative

1. Behavioral modification and feedback techniques
2. Modality therapy and physical therapy
3. Rehabilitative and restorative therapy
4. Stress management and relaxation techniques
5. Superficial electrical stimulation techniques (e.g., TENS)

Invasive Procedure Privileges (fluoroscopically and non-fluoroscopically guided) *must have fluoroscopy attestation on file*

1. Chemical neuromuscular denervation (e.g., Botox injection)
2. Discography
3. Epidural and subarachnoid injections
4. Epidural, subarachnoid or peripheral neurolysis
5. Fluoroscopically guided facet blocks, sacroiliac joint injections and nerve root specific
Implantation of subcutaneous, epidural and intrathecal catheters
6. Infusion port and pump implantation
7. Injection of joint and bursa
8. Neuroablation with cryo, chemical, and radiofrequency modalities
9. Nucleoplasty
10. Percutaneous placement and implantation of neurostimulator electrodes
11. Peripheral, cranial, costal, plexus, and ganglion nerve blocks
12. Subcutaneous implantation of neurostimulator pulse generator
13. Trigger point injection

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at Hospital, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by 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.

Signature: _____ **Date:** _____

CLINICAL SERVICE CHIEF'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Clinical Service Chief Signature: _____ **Date:** _____

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee action **Date:** _____

Medical Executive Committee action **Date:** _____

Board of Directors action **Date:** _____