

MIDLAND MEMORIAL HOSPITAL

Delineation of Privileges

PAIN MEDICINE



Your home for healthcare

Physician Name: _____

Pain Medicine Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in pain medicine:

- Basic education: MD or DO
- Successful completion of an ACGME or 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.

AND

- Current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years) leading to subspecialty certification in pain medicine by the AOBA, the ABPN, or the ABPMR;

OR

- Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification by the ABPM or AOBA. (**Members of the Staff prior to the adoption of Bylaws 10/2007 are considered grandfathered in and are encouraged but not required to achieve board certification*).

Required current 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 25 patients during the previous 12 months, or demonstrate successful completion of a hospital-affiliated accredited residency or special clinical fellowship within the previous 12 months. The first 5 pain medicine cases must be proctored.

References for New Applicants

A letter of reference must come from the director of the applicant's pain medicine training program or from the chair/chief of pain medicine at the institution where the applicant was most recently affiliated. A second letter of reference must come from the individual responsible for training the applicant in implanting pain medicine devices such as: Epidural catheter with reservoir; Intrathecal catheter with infusion pump; Spinal root stimulator systems; Nerve root blocks; and Radiofrequency ablation procedures.

Reappointment

Reappointment should be based on unbiased, objective results of care according to the organization's existing quality improvement measures. 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 annually over the reappointment period based on the results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Please check requested privileges.

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Core privileges in pain medicine include but are not limited to: <ul style="list-style-type: none">• Behavioral modification and feedback techniques• Chemical neuromuscular denervation (e.g., Botox injection)• Diagnosis and treatment of chronic and cancer-related pain• 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
Core Privileges: Core privileges in pain medicine include the ability to 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. Physicians may provide care to patients in the intensive care setting in conformity with unit policies. They may also assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy			

regarding emergency and consultative call services.			<ul style="list-style-type: none"> • Infusion port and pump implantation • Injection of joint and bursa • Management of chronic headache • Modality therapy and physical therapy • Neuroablation with cryo, chemical, and radiofrequency modalities • Nucleoplasty • Percutaneous implantation of neurostimulator electrodes • Performance of history and physical exam • Peripheral, cranial, costal, plexus, and ganglion nerve blocks • 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 • Rehabilitative and restorative therapy • Stress management and relaxation techniques • Subcutaneous implantation of neurostimulator • Superficial electrical stimulation techniques • Trigger point injection 	
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Criteria	
Refer-and-follow privileges			Privileges include performing outpatient preadmission history and physical, ordering noninvasive outpatient diagnostic tests and services, visiting patients in the hospital, reviewing medical records, consulting with the attending physician, and observing diagnostic or surgical procedures with the approval of the attending physician or surgeon.	
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Procedure	Criteria
Non-Core Privileges For each special request, threshold criteria (i.e., additional training or completion of a recognized course and required experience) must be established. Special requests for pain medicine include.			<input type="checkbox"/> Percutaneous lumbar discectomy	<p>New Applicant: Applicants must have completed an ACGME/AOA-accredited residency or fellowship-training program in orthopedic surgery, neurological surgery, neurology, physical medicine and rehabilitation, anesthesiology, interventional radiology, or pain medicine.</p> <ul style="list-style-type: none"> • 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. • Applicants must be able to demonstrate that they have performed in the past 12 months at least 5 procedures in the PLD method for which privileges are requested. • A letter of reference should come from the director of the applicant's training program that included discography and/or from the director of the applicant's PLD training program. <p>Reappointment: Applicants must be able to demonstrate that they have maintained competence by showing evidence that they have performed at least 5 procedures in the PLD method for which privileges are requested annually over the reappointment cycle.</p>

	<input type="checkbox"/> Acupuncture for pain management	<p>New Applicant: Completion of a minimum of 200 hours of formal medical acupuncture training in an approved program is required.</p> <ul style="list-style-type: none"> • Demonstrate current competence and evidence of the performance of acupuncture to at least 5 patients in the past 12 months or completion of training in the past 12 months. If the applicant is recently trained, a letter of reference should come from the director of the applicant's training program. <p>Reappointment: Candidates should have demonstrated current competence and evidence of the performance of acupuncture to at least 10 patients in the past 24 months based on results of ongoing professional practice evaluation and outcomes.</p>
	<input type="checkbox"/> Percutaneous vertebroplasty	<p>New Applicant: Successful completion of an ACGME or AOA accredited residency program in orthopedic surgery, neuroradiology, interventional radiology, neurosurgery, or pain medicine that included training in percutaneous vertebroplasty or completion of an approved training course in percutaneous vertebroplasty that included proctoring.</p> <ul style="list-style-type: none"> • Applicants must be able to demonstrate that they have performed at least 5 percutaneous vertebroplasty procedures in the past 12 months. • If applicant is recently trained, a letter of reference should come from the director of the applicant's training program. • Applicants must have completed training in radiation safety. <p>Reappointment: Applicants must demonstrate that they have maintained competence by showing evidence that they have successfully performed 10 percutaneous vertebroplasty procedures in the past 24 months.</p>
	<input type="checkbox"/> Balloon kyphoplasty	<p>New Applicant: Applicants must have completed an ACGME/AOA-accredited residency program in orthopedic surgery, neuroradiology, Interventional radiology, neurosurgery, or pain medicine that included training in balloon kyphoplasty, or completed an approved training course in balloon kyphoplasty that included proctoring.</p> <ul style="list-style-type: none"> • Applicants must also have completed a device manufacturer's training course on the use of kyphoplasty devices. • Applicants must be able to demonstrate that they have performed at least 5 balloon kyphoplasty procedures in the past 12 months. • If the applicant is recently trained, a letter of reference should come from the director of the applicant's training program. <p>Reappointment: Applicants must demonstrate that they have maintained competence by showing evidence that they have successfully performed 10 balloon kyphoplasty procedures in the past 24 months.</p>

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Privilege/Criteria
<p>Current Privileges: List any current privileges not listed above in core or non-core. These privileges will remain in effect until the end of the current appointment period and then will be moved up to the appropriate core/non-core section.</p> <p>Please provide criteria and supporting documentation to medical staff office for any non-core privileges listed.</p>			Core <input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			Non-Core <input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

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

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request. I have requested **only** those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Midland Memorial Hospital. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested 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) Applicants have the burden of producing information deemed adequate by Midland Memorial Hospital for a proper evaluation of current competence, other qualifications and for resolving any doubts.

(c) I will request consultation if a patient needs service beyond my expertise.

Physician's Signature/Printed Name

Date

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

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

Privilege Condition/modification/explanation

Notes:

Department Chair/Chief Signature

Date