Privileges for: Pain Management

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ST. ELIZABETH - EDGEWOOD ST. ELIZABETH - FLORENCE ST. ELIZABETH - FT. THOMAS ST. ELIZABETH - GRANT CO. (Surgical & other invasiv	iring general anesthetic are not offered)	
Document Review MEC Approval: August 27, 2009,	Rev. August 22, 20	13, February 27, 2014, April 28, 2016
Board Approval: September 14, 2009, Rev. Septemb	2014, May 2, 2016	
DEPARTMENT APPROVALApprovedDisapproved		
Department/Section Chair Signature	Date	
MINIMUM REQUIREMENTS		
Degree required: MD or DO		
Successful completion of an ACGME or AOA-accredite ACGME-accredited training program in pain medicine	•	ty training program followed by completion
Note: For Practitoners (excluding AHPs) who apply (with a lapse of no longer than one year) board remain (with a lapse of no longer than one year	d certified in their p	principal practice specialty, or become and

(with a lapse of no longer than one year) board certified in their principal practice specialty, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

I. Core Privileges: Core privileges in pain management include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

DESCRIPTION OF CORE PRIVILEGES

Refer and Follow refer patients to the care of a hospitalist or other appropriately privileged Member (that has been previously arranged) and follow the progress of such patients through discharge. Refer and follow privileges include visiting the patient and reviewing medical record contents. Refer and follow privileges alone do not include the ability to admit patients, write orders, make medical record entries or otherwise engage in any form of active medical management regarding inpatients or observation patients. However, the privileges do allow the physician to order outpatient diagnostic testing and therapies. In this situation, the physician, or the physician's designee, must be available to field questions from the hospital staff and, as mentioned above, must have previously arranged for the care of the patient, if the patient requires admission.

Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Critical Care, Pulmonology or Emergency Medicine or (b) current ACLS Certification or (c) satisfactory completion of the ASA Moderate Sedation course).

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<u>Request</u>

Admit patients, perform histories and physicals and perform interventional and medical pain medicine treatments which include neurolytic techniques and implantable technology; prescribe medication; develop rehabilitative treatments; direct a multidisciplinary team; coordinate care with other health care providers; provide consultative services to other physicians as well as to public and private agencies; and counsel patients and families

Celiac ganglion blocks; cervical epidural steroid injections; local anesthetic infusion (IV); lumbar epidural steroid injection; lumbar sympathic blocks; nerve block of face (trigeminal neuralgia); para vertebral blocks; placement of epidural catheter in subcutaneous tissue; selective nerve root blocks; stellate ganglion blocks; thoracic epidural steroid injections; diagnostic/therapeutic lumbar disc procedures.

Radiofrequency

II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

DESCRIPTION OF ADDITIONAL PRIVILEGES

Spinal cord stimulator trials (must show demonstrated competence)

Spinal cord stimulator permanent placement (must show demonstrated competence)

Thoracic lumbar vertebroplasty

- 1. Completion of a hands-on training course
- 2. Successful performance of at least 5 vertebroplasty or kyphoplasty procedures as the primary operator under the supervision of a qualified physician *proctor without complications
- 3. Radiation/fluoroscopy education if not included in residency or fellowship training
- 4. Performance of a sufficient number of procedures to maintain their skills, with acceptable success and complication rates.

*A board certified or eligible physician (M.D. or D.O.) who is qualified and credentialed in the procedure being performed.

Thoracic lumbar kyphoplasty

- 1. Completion of a hands-on training course
- 2. Successful performance of at least 5 vertebroplasty or kyphoplasty procedures as the primary operator under the supervision of a qualified physician *proctor without complications
- 3. Radiation/fluoroscopy education if not included in residency or fellowship training
- 4. Performance of a sufficient number of procedures to maintain their skills, with acceptable success and complication rates.

*A board certified or eligible physician (M.D. or D.O.) who is qualified and credentialed in the procedure being performed.

M.I.L.D. (Minimally Invasive Lumbar Decompression) Procedure

Criteria for M.I.LD. -

- 1. Fluoroscopy privileges
- 2. Board certified/qualified by the American Board of Medical Specialties (ABMS) in Pain Management, Radiology, Orthopedic Surgery or Neurosurgery.
- 3. Documentation of proficient performance of 50 fluoroscopic epidural injections of contrast (epidurograms).
- 4. Documentation of proficient performance of one of the following:
 - a. For Pain Management or Interventional Radiologist Specialties: 25 neuromodulation procedures or 25 fluoroscopic vertebral augmentation procedures (vertebroplasty or kyphoplasty).
- 5. Documentation of completion of the M.I.L.D. procedure training program.
- 6. Successful proctoring for a minimum of three M.I.L.D. cases.

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<u>Request</u>		
	Radiology Section Chairman	Date
	Fluoroscopy	
	(ADDITIONAL REQUIREMENT: Radiation Safety certification required.)	
	I agree that the use of my electronic signature below indicates my intent to sig nandwritten signature.	n this document as if it were my original
Applicants Sig	nature:	Date:

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