

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.Anesthesia_Chronic_Pain,

Current Privilege Status Key

Practitioner's Current Privilege status is signified in () preceding each privilege.

G = Granted

W = Withdrawn

T = Temporary

P = With Proctor

A = Assist with

C = With Consult

E = Emergency Only

RQ = Requested

L = Leave of Absence

R = Resigned

S = Suspended

Department of Anesthesia - Chronic Pain

Minimum Training Standards for Every Physician

To request clinical privileges in chronic pain management, the applicant must meet the following minimum criteria:

Basic education: MD or DO member of Mercy Medical Center Medical Staff

Minimum formal training: Subspecialty certification in pain management or actively engaged in the process of certification in pain management by entities such as the American Board of Anesthesiology (ABA) or the American Board of Pain Management (ABPM)

Required previous experience: Able to demonstrate provision of inpatient and/or consultative pain medicine services for at least 50 patients in the past 12 months

References: Letter of reference from director of pain medicine training program or director of pain medicine service where physician most recently practiced attesting to applicant's proficiency and competence in pain management and pain management procedures

Maintenance of Privileges and Competency

For continued privileges in interventional pain management, the physician must meet the following criteria:

Maintain current ABA or ABPM certification

Minimum of 20 Category I CME hours in pain management every 2 years

Minimum of 100 patient encounters (consults, procedures, non-procedure visits) every 2 years

Demonstrate continued competency and proficiency based on procedures performed and patient outcomes to the satisfaction of the pain management medical director

Physicians Currently On Staff, Privileged for Chronic Pain Management

Physicians currently on staff, holding chronic pain management privileges, but not sub-specialty certified, will be expected to meet the maintenance of privileges criteria with the intention of obtaining certification in pain management within two years following next reappointment. This clause allowing extra time to meet the maintenance of privileges criteria is valid through December 31, 2011.

Requests for privileges to perform interventional pain procedures should be submitted to the respective department chair and pain management medical director per letter and include supporting documentation of education and experience.

Date: Mar 2000

Reviewed/Revised: Sep 2002, Jun 2006, Apr 2008, Nov 2010, Sep 2013

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Chronic Pain Management - Core Area of Practice

Requested Granted

_____ () Admit, consult, evaluate, diagnose and provide treatment to patients
_____ of all ages requiring chronic pain management.

Category I

Requested Granted

_____ () Trigger point, bursa injections
_____ () Peripheral nerve, plexus blocks
_____ () Caudal, thoracic, lumbar epidurals

Category II

Requested Granted

_____ () Lumbar facet blocks
_____ () Sympathetic blocks, cervical, lumbar
_____ () Sacroiliac joint injections
_____ () Transforaminal lumbar epidural blocks

Category III

Requested Granted

_____ () Cervical translaminar, transforaminal epidurals
_____ () Facet joint blocks, thoracic, cervical
_____ () Selective nerve root blocks, lumbar, thoracic, cervical
_____ () Sympathetic nerve blocks, thoracic
_____ () Trigeminal nerve blocks
_____ () Discograms

Category IV: Neurolytic Procedures

Requested Granted

_____ () Chemical
_____ () Radiofrequency
_____ () IDET (intradiscal electrothermal therapy)
_____ () Cryoablation

Category V: Long Term Implantable Devices

Requested Granted

_____ () Infusion pumps

Category V: Spinal Cord Stimulators

Requested Granted

_____ () Percutaneous spinal cord stimulator lead placement for trial only*
_____ () Percutaneous spinal cord stimulator lead placement for trial or
_____ implant.

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Signature

I have requested and will exercise only those privileges for which by education, training, current experience, and demonstrated performance, I am qualified to perform.

Signed: _____ Date: _____

* specific privilege criteria or requires evidence of education and experience