

CLEVELAND

Privileges in Anesthesiology

I have reviewed the DOP/Roster provided to me by MSS and confirm as indicated below:

My DOP is accurate and reflects privileges relevant to my current practice

I have listed privileges that should be removed: _____

Printed Name: _____

Signature: _____

Date: _____

If your roster indicates that you hold any of the privileges listed below, you must provide the maintenance criteria as described, in order to maintain the privilege. Your maintenance criteria and attestation must be returned together.

PERCUTANEOUS VERTEBROPLASTY

MAINTENANCE CRITERIA: All of Vertebroplasty procedures will be entered into the routine Departmental Quality Assurance process. After initial privileges are granted, the Quality Assurance Committee will specifically review the first twenty (20) Vertebroplasties. Procedure specific Continuing Medical Education is encourage, but not required.

STOP:

**UNLESS YOU ARE REQUESTING NEW PRIVILEGES, YOU DO NOT NEED TO GO BEYOND THIS POINT.
PERCUTANEOUS VERTEBROPLASTY**



Carolinus HealthCare System
CLEVELAND

Privileges in Anesthesiology

Name: _____

Anesthesiology core privileges

Qualifications

To be eligible to apply for core privileges in **Anesthesiology**, the applicant must meet the following qualifications:

- Documentation of the performance of at least 500 anesthesiology cases (either directly involved or in anesthesia care team setting) during the past two years;
- and**
- Current certification or active participation in the examination process leading to certification in anesthesiology by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology; or
- Successful completion of an ACGME- or AOA-accredited four-year residency in anesthesiology, and acceptable practice in the privileges requested.

To be eligible for core privileges in **Pain Medicine**, the applicant must meet the following qualifications:

If the applicant is currently certified in Pain Management by the American Board of Anesthesiology, the applicant must:

1. Provide documentation of specialty certification in Pain Management by the American Board of Anesthesiology; **AND**
2. Documentation of the performance of at least three hundred (300) pain management cases during the past twenty-four (24) months; **OR**
3. Have successfully obtained American Board of Medical Specialties Board Certification in Pain Medicine prior to 1998; **OR**
1. Have met the training requirements which renders the physician eligible for certification by the American Board of Anesthesiology; **AND**
2. Provide documentation of successful completion of a one (1) year ACGME accredited Pain Medicine Fellowship; **AND**
3. Have met the training requirements, within the past five (5) years, which renders the physician eligible for subspecialty certification in Pain Medicine by the American Board of Anesthesiology

Privileges included in the Anesthesia core

Management of patients rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical, and certain other medical procedures, including pre-, intra-, and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical, and other medical procedures; management of patients with a difficult airway; management of problems in pain relief; cardiopulmonary resuscitation; and supervision of patients in post-anesthesia care units and critically ill patients in special care units; except for those special procedure privileges listed below.

Privileges include but not limited the following:

- General Anesthesia
- Epidural Anesthesia and Epidural Blood Patch
- IV Regional Anesthesia (Bier Block)
- Major Nerve Blocks
- Spinal Anesthesia
- Inhalation Techniques
- Intravenous Techniques
- Intubation
- Sedation/Monitored Anesthesia Care (MAC)
- Insertion and Maintenance of the following:

- Central Venous Catheters
- Percutaneous Arterial Catheters
- Pulmonary Artery Catheters

Management of short and long term ventilator support
 Diagnostic and Therapeutic Nerve Blocks for the Treatment of Pain
 Diagnostic Spinal Puncture
 Management of Hospital Intravenous (PCA) and Epidural Analgesia

<input type="checkbox"/> Requested	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
<input type="checkbox"/> Recommended with the following modification(s) and reason(s):		

Special procedures privileges (See Qualifications and/or specific criteria)

Limited critical care

Qualifications

All the qualifications for general anesthesiology, plus documentation of current training and/or experience in the management of critically ill patients.

Privileges included in the limited critical care core:

This category is limited to use of the following procedures: fiberoptic laryngotracheobronchoscopy, mechanical ventilation, and invasive hemodynamic monitoring.

<input type="checkbox"/> Requested	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
<input type="checkbox"/> Recommended with the following modification(s) and reason(s):		

Privileges included in the Pain Management core:

Comprehensive management of acute, chronic and/or cancer pain utilizing a broad range of nerve block procedures to include the performance of nerve blocks with local anesthetics and the use of epidural or intrathecal narcotics, steroids or other agents for pain relief. These privileges include: Brachial Plexus Block, Carpal Tunnel Injection, Celiac Plexus Block, Coccygeal Nerve Block, Costochondral Joint Injection, Differential Subarachnoid Block, Epidural Steroid Injection, Epidural Steroid Injection (Caudal), Facet Joint Injection, Greater Occipital Nerve Block, Ilioinguinal/Iliohypogastric Nerve Block, Infraclavicular Catheter Placement, Regional Injection, Joint Injection, Lateral Femoral Cutaneous Nerve Block, Nerve Root Block (Spinal Somatic block, Paravertebral Spinal Somatic Block), **Intra-Discal procedures, Paravertebral Sympathetic block, Piriformis Injection, Posterior Tibial Nerve Block, Pump Refill, Peripheral Nerve Block, Sacroiliac Joint Injection, Saphenous Nerve Block, Scar Neuroma Injection, Sphenopalatine Ganglion Block, Stellate Ganglion Block, Superficial Peroneal Nerve Block, Superior Hypogastric Plexus Block, Suprascapular Nerve Block, Sural Nerve Block, Trigger Point Injection, Bursa Injection, Ulnar Nerve Block and Radiofrequency lesioning. The management of problems in pain relief and spasticity to include the use of nerve blocks with lytic agents such as phenol or alcohol, or neuro augmentation with spinal cord or peripheral nerve stimulation. The applicant understands the indications and complications of implantable epidural infusion pump systems and spinal cord stimulators and are facile in the placement and management of these devices.

**Intradiscal procedures for the purposes of this document are defined as:

- Needle-based Percutaneous with no open incision
- Does not utilize retained material

May be diagnostic (ex. Discography) or therapeutic (ex. percutaneous mechanical or thermal disc decompression)

<input type="checkbox"/> Requested	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
<input type="checkbox"/> Recommended with the following modification(s) and reason(s):		

Special procedures privileges (See Qualifications and/or specific criteria listed below)

Procedure	Requested	Recommended	Not Recommended
Ultrasound Guidance For Non-Diagnostic (Directional/Therapeutic) Use Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percutaneous Vertebroplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERCUTANEOUS VERTEBROPLASTY

SHORT DEFINITION: Percutaneous injection of bone cement such as PMMA (Polymethylmethacrylate) into the affected vertebral body. Primary indications include painful osteoporotic compression fractures refractory to medical therapy, and osteolytic vertebral body lesions such as metastatic cancer. Fluoroscopic or CT guidance of a transpedicular or direct corporal puncture approach is essential for patient safety, along with active fluoroscopic monitoring during the cement injection. Percutaneous techniques which involve restoration of vertebral body height (Kyphoplasty) are not part of this privilege.

In order to meet requirements for privileges to perform Percutaneous Vertebroplasty, the applicant must:

1. Certification by the American Board of Anesthesiology; **AND**
2. Subspecialty certification in Pain Medicine by the American Board of Anesthesiology; **AND**
3. Apply for and meet the necessary criteria to be granted privileges for Pain Medicine Core Privileges; **AND**
4. Provide documentation from the Director of the applicant's training program that he/she has successfully performed ten (10) Vertebroplasty procedures and is competent in its performance;

OR

1. Board certification by the American Board of Anesthesiology; **AND**
2. Subspecialty certification in Pain Medicine by the American Board of Anesthesiology; **AND**
3. Apply for and meet the necessary criteria to be granted privileges for Pain Medicine Core Privileges (ANS-4); **AND**
4. If training for Vertebroplasty was not included in Residency or Fellowship training, applicant must have successfully completed an Accreditation Council for Continuing Medical Education (ACCME) Course in Vertebroplasty; **AND**
5. Provide documentation of completion of ten (10) Vertebroplasty procedures with acceptable outcomes;

OR

1. Board certification by the American Board of Anesthesiology; **AND**
2. Subspecialty of certification in Pain Medicine by the American Board of Anesthesiology; **AND**
3. Apply for and meet the necessary criteria to be granted privileges for Pain Medicine Core Privileges; **AND**
4. If training for Vertebroplasty was not included in Residency or Fellowship training, applicant must have successfully completed an Accreditation Council for Continuing Medical Education (ACCME) Course in Vertebroplasty; **AND**
5. Provide documentation of successful completion of (10) Vertebroplasty procedures with acceptable outcomes proctored by a physician who is currently credentialed to perform this procedure at Carolinas Medical Center.

MAINTENANCE CRITERIA: All of Vertebroplasty procedures will be entered into the routine Departmental Quality Assurance process. After initial privileges are granted, the Quality Assurance Committee will specifically review the first twenty (20) Vertebroplasties. Procedure specific Continuing Medical Education is encourage, but not required.

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 Carolinas HealthCare System Cleveland 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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: _____

Date: _____

