

**CAROLINAS HEALTHCARE SYSTEM STANLY
DELINEATION OF PRIVILEGES
SPECIALTY OF 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.

ANS-4A PERCUTANEOUS VERTEBROPLASTY

CRITERIA FOR MAINTENANCE OF PRIVILEGES (TO BE REVIEWED AT THE TIME OF REAPPOINTMENT)

Applicants must demonstrate that they have maintained competency by showing evidence that they have successfully performed at least ten (10) percutaneous vertebroplasty procedures in the past 24 months. Procedure specific Continuing Medical Education is encouraged, but not required.

ANS-2B SPINAL CORD STIMULATOR IMPLANTATION

CRITERIA FOR MAINTENANCE OF PRIVILEGES (TO BE REVIEWED AT THE TIME OF REAPPOINTMENT)

Applicants must be able to demonstrate competence by showing evidence that they have implanted at least six (6) Spinal Cord Stimulator Implantations during the past twenty-four (24) months. Procedure specific Continuing Medical Education is encouraged, but not required.

ANS-2C INTRATHECAL PUMP IMPLANTATION

CRITERIA FOR MAINTENANCE OF PRIVILEGES (TO BE REVIEWED AT THE TIME OF REAPPOINTMENT)

Applicants must demonstrate that they have maintained competency by showing evidence that they have successfully performed at least six (6) intrathecal pump implantations procedures in the past twenty-four (24) months. Procedure specific Continuing Medical Education is encouraged, but not required.

STOP:

UNLESS YOU ARE REQUESTING NEW OR ADDITIONAL PRIVILEGES, YOU DO NOT NEED TO GO BEYOND THIS POINT.

**CAROLINAS HEALTHCARE SYSTEM STANLY
 DELINEATION OF PRIVILEGES
 SPECIALTY OF ANESTHESIOLOGY**

Print Name:

	YES		NO*	I have participated in direct patient care in the hospital setting within the past twenty-four (24) months.
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****If the answer is No, please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.**

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

1. Provide documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited Anesthesiology residency training program; **AND**
2. Verification from the residency program director that the Applicant successfully completed the program. The applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts;

OR

1. Provide documentation of specialty certification in Anesthesiology from the American Board of Anesthesiology or certification in Anesthesiology from the American Osteopathic Board of Anesthesiology; **AND**
2. Documentation of the performance of at least three hundred (300) anesthesiology cases during the past twenty-four (24) months;

OR

1. Prior to March 13, 2007, I was granted privileges in the Specialty of Anesthesiology at Carolinas HealthCare System Stanly; therefore, it is not required that I be certified in Anesthesiology.

To be eligible for privileges in Anesthesiology for Pain Management, the applicant must meet the following qualifications:

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

PLEASE NOTE :

- **Physicians must apply for “Core” privileges in order to be eligible for clinical privileges in the specialty of Anesthesiology.**
- **“Core” privileges can not be amended or altered in any way.**

SRMC		GENERAL ANESTHESIOLOGY CORE PRIVILEGES
	ANS-1	Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

Note: Privileges include but are not limited to, airway management, arterial and central venous cannulation, central neuraxial blockade (spinal, epidural), diagnostic and therapeutic management of acute pain, general anesthesia, including invasive monitoring; respiratory therapy, including long-term ventilatory support; and airway management, including cricothyroidotomy, intravenous conscious sedation local and regional anesthesia with and without sedation, including topical and infiltration, minor and major nerve blocks, intravenous blocks, spinal, epidural and major plexus blocks, management of common intraoperative problems, management of common PACU problems, management of acute perioperative pain, management of fluid, electrolyte and metabolic parameters, management of hypovolemia from any cause, management of malignant hyperthermia, manipulation of body temperature, manipulation of cardiovascular parameters, obstetric anesthesia, peripheral nerve block, preoperative evaluation/anesthetic, pulmonary artery catheter insertion and management consultation, resuscitation of patients of all ages sedation/monitored anesthetic care, sedation and analgesia, single lung anesthesia.

***SPECIAL PRIVILEGES (SEE QUALIFICATIONS AND/OR SPECIFIC CRITERIA) –
Please make sure you read all required criteria (begins on page 6) for the privileges listed below and provide all
applicable documentation.**

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

- If the applicant is not currently certified in Anesthesiology by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
 1. Provide documentation of successful completion of an ACGME or AOA accredited Anesthesiology Residency training program, within the past five (5) years. The applicant will have five years from the date of completion of a Residency training program to obtain certification in Anesthesiology by the ABMS or AOA in order to remain eligible to maintain privileges; **AND**
 2. Verification from the residency program director that the Applicant successfully completed the program. The applicant has the burden of producing information deemed adequate by the Hospital for proper evaluation of current competence, and other qualifications for resolving any doubts; **AND**
 3. Documentation of training in Pain Medicine/Pain Management during an ACGME or AOA accredited Anesthesiology Residency or Fellowship training program; **AND**
 4. Documentation of the performance of at least three hundred (300) pain medicine cases during the past twenty-four (24) months.

- If the applicant is currently certified in Anesthesiology by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
 1. Provide documentation of specialty certification in Anesthesiology from the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology; **AND**
 2. Documentation of training in Pain Medicine/Pain Management during an ACGME or AOA accredited Anesthesiology Residency or Fellowship training program; **AND**
 3. Documentation of the performance of at least three hundred (300) pain medicine cases during the past twenty-four (24) months.

- If the applicant is currently certified in Pain Medicine/Pain Management by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
 1. Have successfully obtained American Board of Medical Specialties Board Certification in Pain Medicine prior to 1998; **AND**
 2. Documentation of the performance of at least three hundred (300) pain medicine cases during the past twenty-four (24) months; **OR**
 1. Provide documentation of successful completion of a one (1) year ACGME or AOA accredited Pain Medicine Fellowship; **AND**
 2. Documentation of the performance of at least three hundred (300) pain medicine cases during the past twenty-four (24) months. **OR**

- Prior to March 15, 2011, I was granted privileges in the Specialty of Pain Medicine; therefore, it is not required that I be certified in Anesthesiology or Pain Medicine/Pain Management by the ABMS or AOA.

SRMC		*PAIN MEDICINE CORE PRIVILEGES			
	ANS-4*	<p>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: Sympathetic Ganglion Blocks, Spinal Nerve Blocks, Bursa Injections, Epidural Catheter Placement, Peripheral Nerve/Plexus Catheter Placement, Brachial Plexus Block, Carpal Tunnel Injection, Differential Subarachnoid Block, Epidural Steroid Injections, Regional Injection, Joint Injection, Nerve Root Block (Spinal Somatic block, Paravertebral Spinal Somatic Block), **Intra-Discal procedures, Paravertebral Sympathetic block, Intramuscular Injections, Pump Refill, Peripheral Nerve Block, Scar Neuroma Injection, Trigger Point Injection, Bursa Injection, Botox Injection Therapy, Cryoablation, 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.</p> <p>**Intradiscal procedures for the purposes of this document are defined as:</p> <ul style="list-style-type: none"> • 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) 			
SRMC		PAIN MEDICINE SPECIAL PRIVILEGES	NUMBER	YEAR	LOCATION
	ANS-4A*	Percutaneous Vertebroplasty			
	ANS-4B*	Spinal Cord Stimulator Implantation			
	ANS-4C*	Intrathecal Pump Implantation			

SRMC		ULTRASOUND GUIDANCE PRIVILEGES	MINIMUM NUMBER PERFORMED	NUMBER	YEAR	LOCATION
	US-1 *	Ultrasound Guidance For Non-Diagnostic (Directional/ Therapeutic) Use Only	10			

I hereby request privileges to perform ultrasound guidance for non-diagnostic directional/therapeutic use only for the following procedures and have enclosed evidence of certification of my training as follows:

APPLICANT MUST:

1. Privileges granted prior to 09/14/2010; **OR**
2. Submit a written request to use ultrasound. Also list type(s) of procedures for which privileges are requested (example: thoracentesis and paracentesis); **AND**
3. Either
 - (a) Show evidence of qualification by completion of a formal training program in an approved residency program; **OR**
 - (b) Show evidence of attending a CME Accreditation course on the use of ultrasound in which privileges are requested, as well as evidence of hands-on experience; **OR**
 - (c) Submit documentation log book of 10 cases in which small parts ultrasound scanner was utilized; **OR**
 - (d) Show evidence of participation in a CHS mini-course through the Department of Internal Medicine or Emergency Medicine; confirming the ability to identify the pertinent structures.

In reviewing requests for privileges, the Credentials Committee will determine if the course content and hands-on experience are judged to be satisfactory for the recommendation of privileges.

- I. Residency (if completed within the past twenty-four (24) months) – Please include the location, dates, type of residency and the name and address of the practitioner responsible for your training.

- II. Post Graduate Program – Please include course description, copy of course certificate and the name and address of the practitioner responsible for your training.

- III. CASE EXPERIENCE AT OTHER HOSPITALS: Please provide a list of cases and the name and address of the proctoring physician(s).

PRIVILEGES REQUESTED BY:

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 Stanly, 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.

Signature

Date

Print Name

I have reviewed the requested clinical privileges and supporting documentation for the above named applicant and recommend action on the privileges as noted above.

Chief, Department of Anesthesia
Carolinas HealthCare System Stanly

Date

Approval by the Carolinas HealthCare System Stanly –
Approval by the Board of Commissioners:

DEFINITION OF PROCEDURE:

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.

SPECIFIC SKILLS TRAINING AND CREDENTIALS NEEDED:

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

- If the applicant is not currently board certified by the American Board of Anesthesiology or the American Osteopathic Association (AOA), provide documentation of successful completion of an ACGME or AOA accredited Residency training program within the past five (5) years to include documentation of training in Pain Medicine/Pain Management; **AND**
 1. Apply for and meet the necessary criteria to be granted privileges for Pain Medicine Core Privileges (ANS-4); **AND**
 2. Provide documentation from the Director of the applicant's Residency training program that he/she has successfully performed ten (10) Vertebroplasty procedures and is competent in its performance; **OR**

- If the applicant is currently certified in Anesthesiology or Pain Medicine/Pain Management by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must provide documentation of certification; **AND**
 1. Apply for and meet the necessary criteria to be granted privileges for Pain Medicine Core Privileges (ANS-4); **AND**
 2. 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**
 3. Provide documentation of completion of ten (10) Vertebroplasty procedures with acceptable outcomes within the past twelve (12) months ; **OR**

- If the applicant is currently certified in Anesthesiology or Pain Medicine/Pain Management by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must provide documentation of certification; **AND**
 1. Apply for and meet the necessary criteria to be granted privileges for Pain Medicine Core Privileges (ANS-4); **AND**
 2. 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**
 3. Provide documentation of successful completion of (10) Vertebroplasty procedures within the past twelve (12) months with acceptable outcomes proctored by a physician who is currently credentialed to perform this procedure.

CRITERIA FOR MAINTENANCE OF PRIVILEGES (TO BE REVIEWED AT THE TIME OF REAPPOINTMENT)

Applicants must demonstrate that they have maintained competency by showing evidence that they have successfully performed at least ten (10) percutaneous vertebroplasty procedures in the past 24 months. Procedure specific Continuing Medical Education is encouraged, but not required.

ANS-2B SPINAL CORD STIMULATOR IMPLANTATION

DEFINITION OF PROCEDURE:

Spinal Cord Stimulator Implantations send electrical charges to the spinal cord, which blocks some, but not all types of pain. Stimulators can be external or implanted. With implantable systems, the power source and leads are implanted in the patient. Leads are placed in the epidural space, or the area above the spinal column, and are connected to the generator/receiver, which is placed in the abdomen. When the generator/receiver is turned on, the electrical energy is sent through the leads to the electrodes that stimulate nerve fibers with a mild shock, which interrupts the pain signal being sent to the brain. The Stimulation effectively replaces pain messages with a more pleasant sensation called paresthesia. Patients control the amplitude and length of stimulation with a handheld controller.

SPECIFIC SKILLS TRAINING AND CREDENTIALS NEEDED:

The applicant understands the indications and complications of spinal cord stimulators and is facile in the placement and management of these devices.

CREDENTIALS REQUIRED:

In order to meet requirements for privileges to perform Spinal Cord Stimulator Implantation, the applicant must:

- If the applicant is not currently board certified by the American Board of Anesthesiology or the American Osteopathic Association (AOA), provide documentation of successful completion of an ACGME or AOA accredited Anesthesiology Residency training program within the past five (5) years to include documentation of training in Pain Medicine/Pain Management; **AND**
 1. Apply for and meet the necessary criteria to be granted privileges for Pain Medicine Core Privileges (ANS-2); **AND**
 2. Provide documentation from the Director of the applicant's Residency training program that he/she has successfully performed six (6) Spinal Cord Stimulator Implantation procedures and is competent in its performance.

- If the applicant is currently certified in Anesthesiology or Pain Medicine/Pain Management by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must provide documentation of certification; **AND**
 1. Apply for and meet the necessary criteria to be granted privileges for Pain Medicine Core Privileges (ANS-2); **AND**
 2. Provide documentation that he/she has successfully performed six (6) Spinal Cord Stimulator Implantation procedures and is competent in its performance within the past twelve (12) months. Initial applicants must provide documentation from the director of the applicant's most recent hospital affiliation that evaluates the competency and successful completion of the performance of Spinal Cord Stimulator Implantations; **OR**
 1. Apply for and meet the necessary criteria to be granted privileges for Pain Medicine Core Privileges (ANS-2); **AND**
 2. Provide documentation that he/she has successfully completed a manufacturers training course on Spinal Cord Stimulator Implantations to included documentation of the performance of twelve (12) procedures in the past twelve (12) months. Provide documentation from manufacture that evaluates competency and indicates successful completion of training course.

CRITERIA FOR MAINTENANCE OF PRIVILEGES (TO BE REVIEWED AT THE TIME OF REAPPOINTMENT)

Applicants must be able to demonstrate competence by showing evidence that they have implanted at least six (6) Spinal Cord Stimulator Implantations during the past twenty-four (24) months. Procedure specific Continuing Medical Education is encouraged, but not required.

ANS-2C INTRATHECAL PUMP IMPLANTATION

DEFINITION OF PROCEDURE:

The delivery of medication into the body's cerebral spinal fluid using a surgically implanted pump. It is a treatment used for spasticity that results from a disorder of, or injury to, the central nervous system. The pump is programmed by a computer to continuously release a specified dose of medication that is determined by the physician. The pump will need to be refilled.

SPECIFIC SKILLS TRAINING AND CREDENTIALS NEEDED:

The applicant understands the indications and complications of implantable intrathecal infusion pump systems and is facile in the placement and management of these devices.

CREDENTIALS REQUIRED:

In order to meet requirements for privileges to perform Intrathecal Pump Implantation, the applicant must:

- If the applicant is not currently board certified in Anesthesiology or Pain Medicine/Pain Management by the American Board of Anesthesiology or the American Osteopathic Association (AOA), provide documentation of successful completion of an ACGME or AOA accredited Anesthesiology Residency training program within the past (5) years to include documentation of training in Pain Medicine/Pain Management; **AND**
 1. Apply for and meet the necessary criteria to be granted privileges for Pain Medicine Core Privileges (ANS-2); **AND**
 2. Provide documentation from the Director of the applicant's Residency training program that he/she has successfully performed six (6) Intrathecal Pump Implantation procedures and is competent in its performance; **OR**

- If the applicant is currently certified in Anesthesiology or Pain Medicine/Pain Management by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must provide documentation of certification; **AND**
 1. Apply for and meet the necessary criteria to be granted privileges for Pain Medicine Core Privileges (ANS-2); **AND**
 2. Provide documentation that he/she has successfully performed six (6) Intrathecal Pump Implantation procedures and is competent in its performance within the past twelve (12) months. Provide documentation from the director of the applicant's most recent hospital affiliation that evaluates the competency and successful completion of the performance of Intrathecal Pump Implantation procedures.

CRITERIA FOR MAINTENANCE OF PRIVILEGES (TO BE REVIEWED AT THE TIME OF REAPPOINTMENT)

Applicants must demonstrate that they have maintained competency by showing evidence that they have successfully performed at least six (6) intrathecal pump implantations procedures in the past twenty-four (24) months. Procedure specific Continuing Medical Education is encouraged, but not required.
