

MILLARD FILLMORE SURGERY CENTER, LLC

Name _____

Date _____

**DELINEATION OF PRIVILEGES – PAIN MANAGEMENT
IN THE DEPT OF ANESTHESIA**

PLEASE NOTE: Please check the box for each privilege requested. Do not use an arrow or line to make selections. We will return applications that ignore this directive.

<u>LEVEL I (CORE) PRIVILEGES</u>	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements** (Provide Details)
<i>All members of the Department of Anesthesia at Millard Fillmore Surgery Center, LLC must have the following Credentials:</i>				
<ol style="list-style-type: none"> 1. Successfully completed an ACGME accredited Anesthesiology Residency Program 2. Applicants should seek appointment to the faculty of Anesthesiology, University of Buffalo, School of Medicine and Biomedical Sciences. 3. Members of the Clinical Service of Anesthesiology must within 5 years of appointment achieve Board Certification in Anesthesiology or the equivalent for abroad. (This criteria is waived for present members who have been credentialed for at least the last 7 years) * Maintenance of Board Certification is mandatory for all providers who have achieved this status. * 4. Applicant must hold an unrestricted license to practice Medicine in the State of New York. 5. Demonstrate and/or document requisite training for credentials and requested privileges. 6. Satisfactory completion of an ACGME accredited training program in Pain Medicine or be Board Certified in Pain Medicine and be ACLS Certified. 				
History and Physical for diagnosis and treatment plan				
General Admitting Privileges: Admitting privileges in Anesthesiology are limited to placing patients in Ambulatory status for the purposes of conducting anesthetic supported diagnostics. Any transfer to inpatient status would need to be conducted by a member of the Medical Staff with full admitting privileges.				
Perform interventional and medical pain medicine treatments, which include neurolytic techniques and implantable technology to include the following:				
Bier Blocks				
Celiac plexus blockade				
Cryotherapy				
Epidural steroid injections				
Epidural sympathetic blockade				
Facet joint injections				
Fluoroscopic (C-arm) guidance blocks				
Implantable devices (spinal cord stimulators, intrathecal pumps and catheters, radiofrequency lesioning, etc)				
Intercostal nerve blockade				
Intrapleural blockade of the stellate ganglion				
Intrapleural catheter insertion for chronic therapy				
Intravenous lidocaine				
Intravenous phentolamine				
Lumbar sympathetic blockade				
Stellate ganglion blockade				
Trigger Point injections				
Tunneled epidural				
<u>Myelography/Discography</u> (including spine biopsies and drainages) - <i>Neuroradiology fellowship and/or experience equal to ACR standards.</i> Requires Conscious Sedation Privilege.				

<p>Balloon Kyphoplasty</p> <ul style="list-style-type: none"> • <i>Criteria: Successful completion of an ACGME accredited fellowship program in pain medicine that included training in balloon kyphoplasty or completion of an approved training course.</i> • <i>Maintenance of privilege: May require case lists and outcomes.</i> 				
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KEY *NOT GRANTED DUE TO: Provide Details Below	**WITH FOLLOWING REQUIREMENTS Provide Details Below
1) Lack of Documentation	1) With Consultation
2) Lack of Required Training/Experience	2) With Assistance
3) Lack of Current Competence (Databank Reportable)	3) With Proctoring
4) Other (Please Define) (i.e., Exclusive Contract)	4) Other (Please Define)

DETAILS: _____

National Practitioner Databank Disclaimer Statement: Kaleida Health must report to the National Practitioner Data Bank when any clinical privileges are not granted for reasons related to professional competence or conduct. (Pursuant to the Health Care Quality Improvement Act of 1986 (43 U.S.C. 11101 et seq.)

_____/_____
Signature of Applicant **Date**

_____/_____
Signature of Chief of Service **Date**

APPLICANT: PLEASE RETAIN A COPY OF THIS SIGNED DELINEATION FOR YOUR RECORDS