

UPMC
Delineation of Privileges Request
Criteria Summary Sheet

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Facility: UPMC Horizon

Specialty: ANESTHESIOLOGY

KNOWLEDGE	Successful Completion of an ACGME/AOA, accredited program
TRAINING	The successful completion of an approved (ACGME/AOA) post graduate residency program in Anesthesiology.
CERTIFICATION	Board Certification per Policy on Appointment, Reappointment, and Clinical Privileges of UPMC Horizon
OTHER	▪ The applicant must provide documentation of his/her training and experience from the director of the residency and/or fellowship program. ▪ Fluoroscopy Certificate Required ▪ Pain Management: The successful completion of an approved postgraduate residency program of which 12 months is devoted to pain management or, the residency is followed by successful completion of an ACGME or AOA approved pain management training program or, certified by the American Board Pain Management [ABPM] or, Certificate of Added Qualifications in Pain Management [CAQPM]. ▪ Pain Management: In lieu of formal pain management training, physicians completing these residencies should have spent at least the last two years practicing pain management and submit documentation of postgraduate Pain management courses, or courses in anesthesia or neurology dealing with Pain Management, and submit a log testifying to their direct involvement of at least 100 patients of this type in the past 24 months, and performance of at least 10 of each of the procedures listed in the past 24 months. ▪ For Epidural, Caudal must provide evidence of performance of 5 procedures during the last 24 months. ▪ For Epidural, Thoracic must provide evidence of performance of 5 procedures during the last 24 months.

- For **Epidural, Cervical** must provide evidence of performance of 5 procedures during the last 24 months.

Special Request Privileges

In order for these requests to be granted, the applicant must provide documentation of specialized or fellowship training and documentation of satisfactory performance of the procedure. Documentation may be in the form of continuing medical education, a letter from a training program director and/or documentation of clinical experience.

Privilege

Suggested Level of Activity for granting initial privileges

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| ▪ Epidural catheters with reservoirs and pumps | 5 |
| ▪ Spinal Cord stimulator systems | 5 |
| ▪ Intrathecal catheters with reservoirs and pumps | 5 |
| ▪ Tunneling procedures and subcutaneous Implantation of stimulators and pumps | |
| ▪ Sclerotherapy | |
| ▪ Radio Frequency Annuloplasty | |
| ▪ Vertebroplasty | |
| ▪ Diagnostic Discography | |
| ▪ Percutaneous Discectomy/Nucleoplasty | |
| ▪ Acupuncture (Current PA licensure to practice Acupuncture is required) | |