

MIDLAND MEMORIAL HOSPITAL

Delineation of Privileges

NEUROLOGICAL SURGERY



Your home for healthcare

Physician Name: _____

Neurological Surgery Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in neurological surgery:

- Basic education: MD or DO
- Successful completion of an ACGME or AOA-accredited residency in neurological surgery and/or current certification

AND

- Active participation in the examination process (with achievement of certification within 5 years) leading to certification in neurological surgery by the ABNS. (**Members of the Staff prior to the adoption of Bylaws 10/2007 are considered grandfathered in and are encouraged but not required to achieve board certification*).

Required current experience:

- Applicants for initial appointment must be able to demonstrate the performance of at least 25 neurological surgical procedures, reflective of the scope of privileges requested, in the previous 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the previous 12 months.

References for New Applicants

A letter of reference must come from the director of the applicant's neurological surgery training program. Alternatively, a letter of reference regarding competence should come from the chief of neurological surgery at the institution where the applicant most recently practiced.

Reappointment

Reappointment should be based on unbiased, objective results of care according to the organization's existing quality improvement measures. Applicants must be able to demonstrate that they have maintained competence by showing evidence of the performance of at least 50 neurological surgical procedures, reflective of the scope of privileges requested, annually over the reappointment cycle. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Please check requested privileges.

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Core privileges include but are not limited to:
Core Privileges: Core privileges in neurological surgery include the ability to admit, evaluate, diagnose, consult, and provide nonoperative and pre-, intra-, and postoperative care to patients of all ages presenting with injuries or disorders of the central, peripheral, and autonomic nervous system, including their supporting structures and vascular supply; the evaluation and treatment of pathological processes that modify function or activity of the nervous system, including the hypophysis; and the operative and nonoperative management of pain. Physicians may also provide care to patients in the intensive care setting in conformity with unit policies. These privileges include but are not limited to the care of patients with disorders of the nervous system (e.g., the brain, meninges, skull, and their blood supply, including the extracranial carotid and vertebral arteries); disorders of the pituitary gland; disorders of the spinal cord, meninges, and vertebral column; and disorders of the cranial and spinal nerves throughout their distribution. Practitioners may provide care to patients in the intensive care setting in conformance with unit policies. Practitioners may also assess, stabilize, and determine the disposition of patients with			<ul style="list-style-type: none"> • Ablative surgery for epilepsy • All types of craniotomies, craniectomies, and reconstructive procedures (including microscopic) on the skull, including surgery on the brain, meninges, pituitary gland, and cranial nerves, and including surgery for cranial trauma and intracranial vascular lesions • Angiography • Cordotomy, rhizotomy, and dorsal column stimulators for the relief of pain • Endoscopic minimally invasive surgery • Epidural steroid injections for pain • Insertion of subarachnoid or epidural catheter with reservoir or pump for drug infusion or cerebrospinal fluid (CSF) withdrawal • Laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents, including instrumentation • Lumbar puncture, cisternal puncture, ventricular tap, and subdural tap • Lumbar subarachnoid-peritoneal shunt • Management of congenital anomalies (e.g., encephalocele, meningocele, and myelomeningocele) • Muscle biopsy • Myelography • Nerve biopsy • Nerve blocks

emergent conditions consistent with medical staff policy regarding emergency and consultative call services.			<ul style="list-style-type: none"> • Ordering of diagnostic studies and procedures related to neurological problems or disorders • Peripheral nerve procedures, including decompressive and reconstructive procedures on the peripheral nerves • History and physical examination • Posterior fossa microvascular decompression procedures • Radiofrequency ablation • Selective blocks for pain medicine and stellate ganglion blocks • Shunts: ventriculoperitoneal, ventriculoatrial, ventriculopleural, subdural peritoneal, lumbar subarachnoid/peritoneal (or other cavity) • Spinal cord surgery for decompression of spinal cord or spinal canal, for intramedullary lesion, intradural extramedullary lesion, rhizotomy, cordotomy, dorsal root entry zone lesion, and tethered spinal cord or other congenital anomalies (e.g., diastematomyelia) • Stereotaxic surgery • Surgery for intervertebral disc disease • Surgery on the sympathetic nervous system • Transsphenoidal procedures for lesions of the sellar or parasellar region and fluid leak or fracture • Ultrasonic surgery procedures • Ventricular shunt operation for hydrocephalus, revision of shunt operation, and ventriculocisternostomy • Ventriculography • Use of laser • Percutaneous vertebroplasty • Balloon kyphoplasty 	
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Criteria	
Refer-and-follow privileges			Privileges include performing outpatient preadmission history and physical, ordering noninvasive outpatient diagnostic tests and services, visiting patients in the hospital, reviewing medical records, consulting with the attending physician, and observing diagnostic or surgical procedures with the approval of the attending physician or surgeon.	
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Procedure	Criteria
Non-Core Privileges: For each special request, threshold criteria (i.e., additional training or completion of a recognized course and required experience) must be established. Special requests for neurological surgery include.			<input type="checkbox"/> Deep brain stimulation	New Applicant: If the program did not include stereotactic surgery, <ul style="list-style-type: none"> • Applicants must show that they have completed stereotactic surgery training. • Applicants must have completed training in DBS, which included proctoring by a Medtronic technical representative or by an experienced DBS surgeon. • Applicants must be able to demonstrate that they have performed at least 12 DBS procedures in the past 12 months. • A letter of reference should come from the director of the applicant's DBS training program. • Alternatively, a letter of reference regarding competence should come from the chief of neurosurgery at the institution where the applicant most recently practiced. Reappointment: Applicants must be able to demonstrate that they have maintained competence by showing evidence that they have performed at least 12 DBS procedures annually over the reappointment cycle. In addition, continuing education related to DBS should be required.
			<input type="checkbox"/> Endoscopic laser foraminoplasty	New Applicant: Successful completion of an ACGME- or AOA-accredited residency program in neurosurgery or orthopedic surgery with a fellowship in surgery of the spine.

		<ul style="list-style-type: none"> • A certificate of completion of a training course in endoscopic laser foraminoplasty is required, or documentation of training in the procedure under the guidance of a surgeon experienced in the procedure. • Demonstrated current competence and evidence of the performance of 10 endoscopic laser foraminoplasty procedures in the past 12 months or completion of training in the past 12 months. • If recently trained, a letter of reference should come from the director of the applicant's training program. • Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced. <p>Reappointment: Demonstrate current competence and evidence of the performance of at least 20 endoscopic laser foraminoplasties in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to endoscopic laser foraminoplasty should be required.</p>
	<input type="checkbox"/> Transcranial Doppler ultrasonography	<p>New Applicant: An ACGME/AOA-accredited residency or fellowship program, which included supervised training in TCD performance/ interpretation.</p> <ul style="list-style-type: none"> • An ACCME-approved CME program that included supervised training in TCD performance /interpretation. • Three years of practice experience, which included the performance/interpretation of 300 TCD studies • Applicants must be able to demonstrate that they have performed/interpreted at least 100 TCD studies in the past 12 months. • A letter of reference should come from the director of the applicant's TCD training program. • Alternatively, a letter of reference regarding competence should come from the medical director of the vascular laboratory or from a supervisor who is credentialed in vascular technology at the institution where the applicant most recently practiced. <p>Reappointment: Applicants must be able to demonstrate that they have maintained competence by showing evidence that they performed/interpreted at least 100 TCD studies annually over the reappointment cycle. In addition, continuing education related to neurosonology and performing/ interpreting TCD studies should be required.</p>
	<input type="checkbox"/> Coil occlusion of aneurysms	<p>New Applicant: Successful completion of an ACGME- or AOA accredited residency training program in neurological surgery, neuroradiology, endovascular surgical neuroradiology, or vascular interventional radiology, or completion of a hands-on CME course.</p> <ul style="list-style-type: none"> • Following this training, a neurointerventionalist with

		<p>experience in this procedure should proctor at least 50 of the applicant's initial procedures for coil occlusion of aneurysms.</p> <ul style="list-style-type: none"> • Demonstrated current competence and evidence of the performance of at least 20 procedures for coil occlusion of aneurysms in the past 12 months or completion of training in the past 12 months. • If the applicant is recently trained, a letter of reference should come from the director of the applicant's training program. • Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced. <p>Reappointment: Physicians should demonstrate current competence and evidence of the performance of at least 40 procedures for coil occlusion of aneurysms in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to coil occlusion of aneurysms should be required.</p>
	<input type="checkbox"/> Percutaneous lumbar discectomy	<p>New Applicant: Applicants must have completed an ACGME/ AOA–accredited residency or fellowship-training program in orthopedic surgery, neurological surgery, neurology, physical medicine and rehabilitation, anesthesiology, interventional radiology, or pain medicine.</p> <ul style="list-style-type: none"> • Applicants must provide evidence that the training program included fluoroscopy and discography. • Applicants should have completed a training course in the PLD method for which privileges are requested. • Applicants must be able to demonstrate that they have performed in the past 12 months at least five procedures in the PLD method for which privileges are requested. • A letter of reference should come the director of the applicant's training program that included discography and/or from the director of the applicant's PLD training program. • Alternatively, a letter of reference regarding competence should come from a physician experienced in discography at the institution where the applicant most recently practiced. <p>Reappointment: Applicants must be able to demonstrate that they have maintained competence by showing evidence that they have performed at least 5 procedures in the PLD method for which privileges are requested annually over the reappointment cycle. In addition, continuing education related to discography and PLD should be required.</p>
	<input type="checkbox"/> Artificial disc replacement	<p>New Applicant: Applicants must have successfully completed an ACGME/AOA-accredited residency training program in orthopedic surgery, neurosurgery, vascular surgery, general surgery, or other appropriate surgical specialty.</p> <ul style="list-style-type: none"> • Applicants also must have completed an approved training program in the

		<p>insertion of artificial discs.</p> <ul style="list-style-type: none"> • Applicants must be able to demonstrate that they have successfully performed at least five ADR surgery procedures in the past 12 months. • In addition, supervision by a surgeon experienced in performing ADR surgery is recommended for initial cases. • A letter of reference should come from the director of the applicant's ADR surgery training program. • Alternatively, a letter of reference regarding competence should come from the chief of spine surgery or equivalent at the institution where the applicant most recently practiced. <p>Reappointment: Applicants must be able to demonstrate that they have maintained competence by showing evidence of performing at least 5 successful ADR surgery procedures annually over the reappointment cycle. In addition, continuing education related to ADR surgery procedures should be required.</p>
	☐ Stereotactic radiosurgery	<p>New Applicant: Applicant must have successfully completed an approved residency training program in neurological surgery or radiation oncology. If the above training did not include SRS, then specific training in SRS should be obtained prior to performing any radiosurgical procedures. The applicant must also have completed an approved training program in gamma knife radiosurgery.</p> <ul style="list-style-type: none"> • Applicant must be able to demonstrate that he or she has observed at least six gamma knife radiosurgery cases and done at least six gamma knife radiosurgery cases under the supervision of an experienced gamma knife radiosurgery physician in the past 12 months. • A letter that evaluates competency must come from the supervisor of the applicant's initial gamma knife radiosurgery cases. <p>Reappointment: Applicants must demonstrate that they have maintained competence by showing evidence that they have successfully done at least 12 gamma knife radiosurgery cases in the past 12 months. In addition, continuing education related to gamma knife radiosurgery should be required.</p>
	☐ Carotid endarterectomy	<p>New Applicant: Applicants must have completed an ACGME-/AOAaccredited residency training program in vascular surgery, neurosurgery, general surgery, or cardiothoracic surgery.</p> <ul style="list-style-type: none"> • If not taught in residency/fellowship, applicants must have completed an approved hands-on training program in performing CEA procedures under the supervision of a qualified surgeon instructor. • Applicants must demonstrate successful performance of at least 10 CEA procedures during the past 12 months. • A letter of reference should come from the director of the applicant's

			<p>training program.</p> <ul style="list-style-type: none"> Alternatively, a letter of reference regarding competence should come from the chief of vascular, neurological, general, or cardiothoracic surgery, or equivalent at the institution at which the applicant most recently practiced. <p>Reappointment: Applicants must demonstrate current competence and evidence of the performance of at least 20 CEA procedures in the past 24 months based on ongoing professional practice evaluation and outcomes. In addition, continuing education related to CEA procedures should be required.</p>
			<p><input type="checkbox"/> Carotid stenting</p> <p>New Applicant Applicants must have completed an ACGME/AOA accredited vascular medicine, cardiovascular surgery, or interventional radiology residency or fellowship program that included training in diagnostic angiography, carotid angioplasty, and stent placement procedures.</p> <ul style="list-style-type: none"> If not taught in an accredited residency/fellowship program, applicants must have completed an approved hands-on training program in diagnostic angiography and carotid angioplasty under the supervision of a qualified physician instructor. Applicants must have also completed a training course in the embolic protection system or device that is used in the carotid artery stenting procedure. Proctoring for initial cases should be part of the training program. Applicants must be able to demonstrate that they have performed at least 200 diagnostic cerebral angiograms if they have no prior catheter experience or 100 diagnostic cerebral angiograms if they have experience sufficient to meet the AHA requirements for peripheral vascular interventions. In addition, applicants must be able to demonstrate that they have performed at least 20 carotid artery stenting procedures in the past 12 months. For at least half of these procedures, the applicant must have been the primary operator. <p>Reappointment: Demonstrate that they have maintained competence by showing evince that they have performed at least 10 carotid artery stenting procedures in the past 24 months. For at least half of these procedures, the applicant must have been the primary operator. In addition, continuing education related to carotid artery stenting should be required.</p>
			<p><input type="checkbox"/> Moderate Sedation</p> <p>Meet the criteria set forth by the Rules and Regulations for Anesthesia Services and complete "Requirements for Moderate Sedation Privileges" form.</p>
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Privilege/Criteria

<p>Current Privileges: List any current privileges not listed above in core or non-core. These privileges will remain in effect until the end of the current appointment period and then will be moved up to the appropriate core/non-core section.</p> <p>Please provide criteria and supporting documentation to medical staff office for any non-core privileges listed.</p>	<p>Core</p> <p><input type="checkbox"/></p> <hr/> <p><input type="checkbox"/></p> <hr/> <p><input type="checkbox"/></p> <hr/> <p><input type="checkbox"/></p> <hr/>
	<p>Non-Core</p> <p><input type="checkbox"/></p> <hr/> <p><input type="checkbox"/></p> <hr/> <p><input type="checkbox"/></p> <hr/> <p><input type="checkbox"/></p> <hr/>

To the applicant: If you wish to exclude any privileges, please strike through the privileges that you do not wish to request and then initial.

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request. I have requested **only** those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Midland Memorial Hospital. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested 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) Applicants have the burden of producing information deemed adequate by Midland Memorial Hospital for a proper evaluation of current competence, other qualifications and for resolving any doubts.
- (c) I will request consultation if a patient needs service beyond my expertise.

Physician's Signature/Printed Name

Date

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ Recommend all requested privileges
- ☐ Recommend privileges with the following conditions/modifications:
- ☐ Do not recommend the following requested privileges:

Privilege Condition/modification/explanation

Notes:

Department Chair/Chief Signature

Date