

MIDLAND MEMORIAL HOSPITAL

Delineation of Privileges

NEUROLOGY



Your home for healthcare

Physician Name: _____

Neurology Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in neurology:

- Basic education: MD or DO
- Minimum formal training: Successful completion of an ACGME- or AOA-accredited residency in neurology.

AND

- Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification in neurology by the ABPN or the AOBPN. (**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:

- Neurological services to at least 25 inpatients, reflective of the scope of privileges requested, within the past 12 months or successful completion of an ACGME-or AOA-accredited residency or clinical fellowship within the past 12 months.

References for New Applicants

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.

Reappointment

Reappointment should be based on unbiased, objective results of care according to the organization's existing quality improvement measures. Applicants must demonstrate current competence and an adequate volume of experience (50 inpatients or outpatients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Please check requested privileges.

Core privileges requested and privileges			
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Core privileges include but are not limited to: <ul style="list-style-type: none">• Performance of history and physical exam• Autonomic testing• Evoked potentials• Interpretation of EEG• Interpretation of EMG• Lumbar puncture• Tensilon testing• Caloric testing• Performance and interpretation of EMG and nerve conduction studies• Provide neurologic consultation on pediatric patients in emergency situations
Core Privileges: Core privileges in neurology include the ability to admit, evaluate, diagnose, treat, and provide consultation to patients 16 years of age and older with diseases, disorders, or impaired function of the brain, spinal cord, peripheral nerves, muscles, autonomic nervous system, and the blood vessels that relate to these structures. Neurologists may provide care to patients in the intensive care setting in conformance with unit policies. Physicians may also provide care to patients in the intensive care setting in conformity with unit policies. Neurologists may assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.			

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Criteria	
Teleneurology			Privileges includes consultations for neurological problems from a remote location using virtual response through the telephone or the internet. It encompasses teleconsultations, teleconferencing and may be initiated by a doctor.	
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>		
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 neurology include:			<input type="checkbox"/> Mechanical retriever (e.g., Merci)	<u>New Applicant:</u> Successful completion of an ACGME- or AOA-accredited postgraduate training program that included training in intracranial interventions, such as a program in interventional neuroradiology, interventional neurosurgery, or interventional neurology. <ul style="list-style-type: none"> • If the program did not include intracranial interventions, applicants must demonstrate completion of training that is equivalent to residency or fellowship training. • Applicants must complete training in the applicable retrieval system and agree to limit practice to only the mechanical retriever system for which they have provided documentation of training and experience. • Demonstrated current competence and evidence of the performance of at least 15 mechanical retriever procedures in the past 12 months or completion of training in the past 12 months. <u>Reappointment:</u> Demonstrate current competence and evidence of the performance of at least 30 mechanical retriever procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to MERCI Retrievers should be required.
			<input type="checkbox"/> Transcranial Doppler (TCD) ultrasonography	<u>New Applicant:</u> Applicants must have completed one of the following training tracks: <ul style="list-style-type: none"> • An Accreditation Council for Graduate Medical Education (ACGME) /American Osteopathic Association (AOA)– • Accredited residency or fellowship program, which included supervised training in TCD performance/ interpretation. • An ACCME-approved CME program that included supervised training in TCD performance /interpretation. • Three years of practice experience,

		<p>which included the performance/interpretation of 300 TCD studies Required previous experience:</p> <ul style="list-style-type: none"> • Applicants must be able to demonstrate that they have performed /interpreted at least 100 TCD studies in the past 12 months. <p>Reappointment: 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"/> Percutaneous lumbar discectomy	<p>New Applicant: Applicants must have completed an ACGME/American Osteopathic Association (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. • In addition, 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. <p>Reappointment: 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"/> Neuroimaging	<p>New Applicant: Successful completion of an ACGME- or AOA accredited postgraduate training program in neurology or neuroradiology that included training in the neuroimaging modality requested.</p> <ul style="list-style-type: none"> • If the postgraduate training did not include appropriate training in the neuroimaging modality requested, the applicant should be required to have completed an accredited course or fellowship for each neuroimaging modality requested or has certification in neuroradiology by the ABR or the UCNS/ASN. • Demonstrated current competence and evidence of the performance and/or interpretation of at least 100 studies during the past 12 months for each

		<p>neuroimaging modality requested or completion of training in the past 12 months.</p> <p>Reappointment: Demonstrated current competence and evidence of the performance and/or interpretation of at least 200 studies for each modality requested in the past 24 months for each neuroimaging modality requested based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to neuroimaging should be required.</p>
	<input type="checkbox"/> Carotid stenting	<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>
	<input type="checkbox"/> Moderate Sedation	Meet the criteria set forth by the Rules and Regulations for Anesthesia Services and

			complete "Requirements for Moderate Sedation Privileges" form.
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><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