

NEUROSURGERY CLINICAL PRIVILEGES

St. Dominic – Jackson Memorial Hospital

PRINTED NAME: _____

DATE: _____

All new applicants must meet the following requirements as approved by the governing body, effective: May 25, 2017.

INSTRUCTIONS

Applicant: Check the “requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinic activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

Department Chair/Chief: Check the appropriate box for recommendations on the privilege listing as well as the last page of this form. If recommended with conditions or not recommended, provide the condition or explanation.

Other Requirements:

- Note that privileges granted may only be exercised at sites and/or settings that have sufficient space, equipment, staffing, and other resources required to support the privilege
- If any privileges are covered by an exclusive contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive or employment contracts are indicated by [EC].
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR NEUROSURGERY CORE PRIVILEGES

Initial Applicants: To be eligible to apply for privileges in neurosurgery, the applicant must meet the following criteria:

Education – Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in neurological surgery.

Board Certification - Must meet the Medical Staff Bylaws requirements for board certification.

Required Current Experience – At least 100 neurosurgery procedures, including 50 cranial cases (craniotomies, craniectomies, skull base surgery, transsphenoidal surgery, surgery of the pituitary gland, etc.), 50 spinal decompression procedures (laminectomies, laminotomies, etc.), 20 spinal instrumentation procedures, and 10 peripheral nerve procedures, in the past 24 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Renewal of Privileges: To be eligible to renew privileges in neurosurgery, the applicant must meet the following criteria:

Required Current Experience – Current demonstrated competence and an adequate volume of experience 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.

QUALIFICATIONS FOR MODERATE/CONSCIOUS SEDATION

Initial Applicants: Must complete Moderate/Conscious Sedation training module.

Renewal of Privileges: Will monitor cases for ongoing competency

QUALIFICATIONS FOR USE OF LASER

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- Initial Applicants:**
- 1) Successful completion of an approved residency in a specialty or subspecialty which included training in lasers.
OR
Successful completion of a hands-on CME course which included training in laser principles and hands-on experience with lasers
OR
Evidence of sufficient volume of procedures performed utilizing lasers (with acceptable outcomes) within the past 24 months
AND
 - 2) Practitioner agrees to limit practice to only the specific laser types for which they have documentation of training and/or experience.
- Renewal of Privileges:** Current demonstrated competence and an adequate volume of experience with acceptable results for the past 24 months based on results of ongoing professional practice evaluation and outcomes. *Practitioner agrees to limit practice to only the specific laser types for which they have documentation of training and/or experience.*

QUALIFICATIONS FOR VERTEBRAL AUGMENTATION PROCEDURES TO INCLUDE PERCUTANEOUS TECHNIQUES USED TO ACHIEVE INTERNAL VERTEBRAL BODY STABILIZATION

Initial Applicants: **Education** – Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in orthopedic surgery, neurological surgery, or radiology which included training in vertebral augmentation procedures including percutaneous techniques used to achieve internal vertebral body stabilization –OR – Successful completion of a hands-on training course in vertebral augmentation procedures including percutaneous techniques used to achieve internal vertebral body stabilization which included proctoring.

Required Current Experience – At least 8 vertebral augmentation procedures in the past 24 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Renewal of Privileges: Current demonstrated competence and an adequate volume of experience with acceptable results 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.

QUALIFICATIONS FOR DEEP BRAIN STIMULATION (DBS)

- Initial Applicants:**
- 1) Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in neurological surgery with exposure to stereotactic surgery (frame-based or frameless).
AND
 - 2) Evidence of performance of 25 or more stereotactic cranial procedures (frame-based or frameless).
AND
 - 3) Current demonstrated competence and evidence of performance of 6 DBS procedures as primary surgeon in the past 24 months.

If the applicant does not meet item #3, then the following 2 items will need to be fulfilled:

- 1) Attendance at an American Association of Neurological Surgeons (AANS) or Congress of Neurological Surgeons (CNS) sponsored DBS practical course or vendor-specific training course (must be specific to the DBS equipment to be used by the applicant at

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St. Dominic’s) in the past 12 months.

AND

- 2) Assistance at a minimum of 2 DBS cases via off-site proctor session in the past 12 months.

Renewal of Privileges: Current demonstrated competence and an adequate volume of experience with acceptable results 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.

PRIVILEGES REQUESTED

REQUESTED	Request Privileges Below. <i>Only request privileges for which by education, training, current experience, and demonstrated performance you are qualified to perform (please refer to qualifications outlined above) and wish to exercise at St. Dominic’s. If there are privileges listed in the core procedure listing that you do not perform please strike through these items.</i>	DEPT CHAIR/ SERVICE CHIEF REC
CORE PRIVILEGES		
<input type="checkbox"/>	<p>NEUROSURGERY CORE PRIVILEGES: Admit, evaluate, diagnose, and provide consultative services, nonoperative, and pre-, intra-, and postoperative care to patients presenting with injuries or disorders of the central, peripheral, and autonomic nervous systems, including their supporting structures and vascular supply. Provide evaluation and treatment of pathological processes that modify function or activity of the nervous system, including hypophysis, and provide operative and nonoperative management of pain. These privileges include but are not limited to care of patients with disorders of the nervous system (i.e., the brain, meninges, skull, skull base, and their blood supplies), including the surgical and endovascular treatment of disorders of the intracranial and extracranial vasculature supplying the brain and spinal cord; the pituitary gland; the spinal cord, meninges, and vertebral column; and the cranial and spinal nerves throughout their distribution. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.</p> <ul style="list-style-type: none"> • <i>Performance of history and physical exam</i> • <i>Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods</i> • <i>Order respiratory services</i> • <i>Order rehab services</i> • 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 • Application skeletal (skull) traction • Artificial disc replacement (cervical, lumbar) • Assessment of the neurologic function of the spinal cord and nerve roots • Carotid endarterectomy 	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Costo-transversectomy, thoracotomy, retroperitoneal and anterior approach to 	

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	<p>thoracic and lumbar spine</p> <ul style="list-style-type: none"> • Endoscopic minimally invasive surgery • Image-guided stereotactic surgery • Insertion of subarachnoid or epidural catheter with reservoir or pump for drug infusion or cerebrospinal fluid withdrawal • Interpretation of imaging studies of the central nervous system • Laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents, including instrumentation • Lumbar puncture, cisternal puncture, ventricular tap, and subdural tap • Management of congenital anomalies, such as encephalocele, meningocele, and myelomeningocele • Minimally invasive surgery of the spine – direct lateral approach • Muscle biopsy • Nerve biopsy • Ordering of diagnostic studies and procedures related to neurological problems and disorders • Percutaneous lumbar discectomy (PLD) • Percutaneous and subcutaneous implantation of neurostimular electrodes • Peripheral nerve procedures, including decompressive procedures and reconstructive procedures of the peripheral nerves • Posterior fossa-microvascular decompression procedures • Scoliosis and kyphosis instrumentation • Shunts (ventriculoperitoneal, ventriculoatrial, ventriculopleural, subdural peritoneal, and 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, tethered spinal cord, or other congenital anomalies (e.g., diastematomyelia) • Surgery for intervertebral disc disease • Surgery on the sympathetic nervous system • Transsphenoidal procedures for lesions of the sellar or parasellar region, fluid leak, or fracture • Ultrasonic surgery procedures • Vertebral biopsy • Video-assisted thoracic surgery • Ventricular shunt operation for hydrocephalus, revision of shunt operation, and ventriculocisternostomy 	
SPECIAL PRIVILEGES:		
<input type="checkbox"/>	Conscious/Moderate Sedation	<input type="checkbox"/>
<input type="checkbox"/>	Use of Laser	<input type="checkbox"/>
<input type="checkbox"/>	Vertebral Augmentation Procedures including Percutaneous Techniques used to Achieve Internal Vertebral Body Stabilization	<input type="checkbox"/>
<input type="checkbox"/>	Deep Brain Stimulation (DBS)	<input type="checkbox"/>

ACKNOWLEDGMENT OF PRACTITIONER

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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 St. Dominic's, 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 situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signature: _____

Date: _____

DEPARTMENT CHAIR/SERVICE CHIEF'S RECOMMENDATION

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: _____

Section Chief Signature (if applicable): _____ Date: _____

Department Chair Signature: _____ Date: _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

- Initial Appointment
- Transition to New Forms
- Reappointment

Credentials Committee Action Date _____

Medical Executive Committee Action Date _____

QA/PI Committee Action Date _____

Governing Board Action Date _____

Effective from ____/____/____ to ____/____/____