



Clinical Privileges Profile Neurological Surgery

Kettering Medical Center System

Kettering Medical Center Sycamore Medical Center

Applicant: Check off 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 clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Clinical Service Chief: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

- Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
- 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 NEUROLOGICAL SURGERY

To be eligible to apply for core privileges in neurological surgery, the initial applicant must meet the following criteria:

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

AND/OR

Current certification or active participation in the examination process with achievement of certification within six years leading to certification in neurological surgery by the American Board of Neurological Surgery or the American Osteopathic Board of Surgery in Neurological Surgery.

Required previous experience: Applicants for initial appointment must be able to demonstrate performance of at least 50 neurological surgical procedures, reflective of the scope of privileges requested, in the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in neurological surgery, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (neurological surgical procedures) 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 ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES

NEUROLOGICAL SURGERY CORE PRIVILEGES

- Requested** 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. These privileges include but are not limited to care of patients with disorders of the nervous system—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. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine 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.

SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

USE OF LASER

Criteria: Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or provide documentation appropriate to the specific laser to be utilized. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience.

- Requested**

BALLOON KYPHOPLASTY

Criteria: Successful completion of an ACGME- or AOA-accredited residency program in radiology, neurosurgery or orthopedic surgery that included training in balloon kyphoplasty. Applicants must also have completed an approved training course in the use of the inflatable bone tamp and have been proctored in their initial cases by a Kyphon company representative. Applicants must also have completed training in radiation safety.

Required previous experience: Demonstrated current competence and evidence of the performance of at least one balloon kyphoplasty procedures in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least one balloon kyphoplasty procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

- Requested**

DEEP BRAIN STIMULATION (DBS)

Criteria: Successful completion of an ACGME- or AOA-accredited training program in neurological surgery. If the program did not include stereotactic surgery, applicants must show that they have

completed stereotactic surgery training. In addition, applicants must have completed training in DBS, which included proctoring by a Medtronic technical representative or by an experienced DBS surgeon.

Required previous experience: Demonstrated current competence and evidence of the performance of at least ten (10) DBS procedures in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least six (6) DBS procedures in the past 24 months based on ongoing professional practice evaluation and outcomes.

Requested

ARTIFICIAL DISC REPLACEMENT (ADR)

Criteria: Successful completion of an ACGME- or AOA-accredited residency training program in orthopedic surgery or neurological surgery and completion of an approved training program in the insertion of artificial discs.

Required previous experience: Demonstrated current competence and evidence of performance within the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least two ADR surgery procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

CAROTID ENDARTERECTOMY

Criteria: Successful completion of an ACGME- or AOA-accredited postgraduate training program that included training in CE procedures. If the program did not include CE procedures, applicant must have completed an approved hands-on training program under the supervision of a qualified surgeon instructor.

Required previous experience: Demonstrated current competence and evidence of the performance in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance in the past 24 months based on ongoing professional practice evaluation and outcomes.

Requested

ADMINISTRATION OF SEDATION AND ANALGESIA

Requested See Hospital Policy for Moderate Sedation

CORE PROCEDURE LIST

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

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

Neurological Surgery

1. Ablative surgery for epilepsy
2. All types of craniotomies, craniectomies and reconstructive procedures (including microscopic) on the skull, including surgery on the brain, meninges, pituitary gland, cranial nerves and including surgery for cranial trauma and intracranial vascular lesions
3. Angiography
4. Cordotomy, rhizotomy and dorsal column stimulators for the relief of pain
5. Endoscopic minimally invasive surgery, with or without laser
6. Epidural steroid injections for pain
7. Insertion of subarachnoid or epidural catheter with reservoir or pump for drug infusion or CSF withdrawal
8. Laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents including instrumentation
9. Lumbar puncture, cisternal puncture, ventricular tap, subdural tap
10. Lumbar subarachnoid-peritoneal shunt
11. Management of congenital anomalies, such as encephalocele, meningocele, myelomeningocele
12. Muscle biopsy
13. Myelography
14. Nerve biopsy
15. Nerve blocks
16. Ordering of diagnostic studies and procedures related to neurological problems or disorders
17. Percutaneous lumbar discectomy
18. Peripheral nerve procedures, including decompressive procedures and reconstructive procedures on the peripheral nerves
19. Perform history and physical exam
20. Posterior fossa-microvascular decompression procedures
21. Radiofrequency ablation
22. Selective blocks for pain medicine, stellate ganglion blocks
23. Shunts: ventriculoperitoneal, ventriculoatrial, ventriculopleural, subdural peritoneal, lumbar subarachnoid/peritoneal (or other cavity)
24. 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 (diastematomyelia)
25. Stereotactic surgery
26. Surgery for intervertebral disc disease
27. Surgery on the sympathetic nervous system
28. Transcranial doppler ultrasonography
29. Transsphenoidal procedures for lesions of the sellar or parasellar region, fluid leak or fracture
30. Ventricular shunt operation for hydrocephalus, revision of shunt operation, ventriculocisternostomy
31. Ventriculography

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at Hospital, 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:** _____

CLINICAL SERVICE CHIEF'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

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

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Clinical Service Chief Signature: _____ **Date:** _____

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee action **Date:** _____

Medical Executive Committee action **Date:** _____

Board of Directors action **Date:** _____