

Regions Hospital Delineation of Privileges Neurosurgery

Applicant's Name: _____
Last First M.

- Instructions:
- Place a check-mark where indicated for each core group you are requesting.
 - Review *education and basic formal training* requirements to make sure you meet them.
 - Review *documentation and experience* requirements and be prepared to prove them. Where documentation of cases or procedures is required, attach said case/procedure logs to this privileges-request form.
 - Provide complete and accurate names and addresses where requested -- it will greatly assist how quickly our credentialing-specialist can process your requests.

Overview

- Core I – general privileges in neurosurgery
Core II - moonlighting privileges in neurosurgery
Core III - Level I neurosurgery trauma care

Special privileges

- Laser
- Percutaneous vertebroplasty
- Balloon kyphoplasty
- Deep brain stimulation
- Stereotactic radiosurgery

Core procedure list

Signature page

☐ **CORE I — General privileges in neurosurgery**

Privileges
Admit, evaluate, diagnose, consult, and provide non-, pre-, intra-, and post-operative care to patients of all ages presenting with (1) injuries or disorders of the central, peripheral, and autonomic nervous system, including their supporting structures and vascular supply and (2) the evaluation and treatment of pathological processes that modify function or activity of the nervous system, including the hypophysis; and (3) the operative and nonoperative management of pain. Privileges include care of patients with (1) disorders of the nervous system, the brain, meninges, skull, and their blood supply including the extracranial carotid and vertebral arteries; (2) disorders of the pituitary gland; (3) disorders of the spinal cord, meninges, and vertebral column; and (4) disorders of cranial and spinal nerves throughout their distribution. 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.
Basic education and minimal formal training
1. MD, DO, MBBS or MB BCH. 2. Successful completion of an ACGME or AOA or Royal College of Physicians and Surgeons of Canada approved residency/fellowship training in Neurological Surgery. 3. Current certification or active participation in the examination process – leading to achievement of certification within 8 years -- in neurological surgery by the American Board of Neurological Surgery or the American Osteopathic Board of Surgery in Neurological Surgery.
Required documentation and experience
NEW APPLICANTS: 1. Provide contact information for the residency director or chief of surgery from another hospital where you have been affiliated the last 2 years whom the credentialing specialist may contact to provide an evaluation of your competency; Or Provide contact information for a neurosurgeon you have known at least two years whom the credentialing specialist may contact to provide an evaluation of your clinical competency. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____ REAPPOINTMENT APPLICANTS: 1. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____

☐ **CORE II — moonlighting privileges in neurosurgery**

Privileges
Admission, evaluation, diagnosis and minor surgical treatment of patients of all ages presenting with illnesses, injuries and disorders of the central and peripheral nervous system, including their supporting structures and vascular supply. These privileges include the provision of consultation as well as the ordering of diagnostic studies and procedures related to the neurological problem in consultation with a credentialed neurosurgeon with Core I privileges.
Basic education and minimal formal training
1. MD, DO, MBBS or MB BCH 2. Successful completion of an ACGME or AOA, Royal College of Physicians and Surgeons of Canada, or Professional Corporation of Physicians of Quebec approved residency/ fellowship training in neurological surgery; Or Currently enrolled in an ACGME or AOA, Royal College of Physicians and Surgeons of Canada, or Professional Corporation of Physicians of Quebec approved neurological, surgical or neuro-surgical residency or fellowship program.
Required documentation and experience
NEW APPLICANTS: 1. Provide contact information for the residency director whom the credentialing specialist may contact to provide an evaluation of your competency; Or Provide contact information for the chief of surgery from another hospital where you have been affiliated for the last two years whom the credentialing specialist may contact to provide an evaluation of your competency. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____ REAPPOINTMENT APPLICANTS: 1. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____

☐ **CORE III — level I neurosurgery trauma care**

Privileges
Level I neurosurgery trauma care Neurosurgery trauma care privileges are contingent upon approval by the medical director of Regions Hospital trauma services. Written approval must accompany request for trauma care privileges.
Basic education and minimal formal training
- MD, DO, MBBS or MB BCH. - Successful completion of an ACGME or AOA or Royal College of Physicians and Surgeons of Canada approved residency/ fellowship training in neurological surgery; Or Currently enrolled in an ACGME or AOA or Royal College of Physicians and Surgeons of Canada approved residency or fellowship program. - Current certification or active participation in the examination process – leading to achievement of certification within 5 years of residency / fellowship completion -- in neurological surgery by the American Board of Neurological Surgery or the American Osteopathic Board of Surgery in Neurological Surgery.
Required documentation and experience
NEW APPLICANTS: - Provide evidence of the completion of 16 hours of category I trauma-related CME annually, or 48 hours over a 3 year period. Residency or fellowship count for 16 hours of CME annually. - Approval of Director of Trauma Services at Regions Hospital. - Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____ REAPPOINTMENT APPLICANTS: - Provide evidence of the completion of 16 hours of category I trauma-related CME annually, or 48 hours over a 3 year period. Residency or fellowship counts for 16 hours of CME annually. - Provide evidence of satisfactory participation in the trauma performance improvement program certified by Regions Hospital's director of trauma services. - Approval of the Director of Trauma Services at Regions Hospital.

☐ Special privileges — laser

Privileges
Indicate selection/s with an "X." Practitioner agrees to limit practice to the specific laser chosen.
☐ Angiodynamics endovenus diode (model venus cure) ☐ Iridex oculight TX KPP Yag (model 3200-1) ☐ Cardiogenesis Holium Yag (model ns 2000) ☐ Sharplan CO2 (model 1041S) ☐ Lumenis Holium Yag (model power suite 100W) ☐ SSI CO2 40W (model: MD40) ☐ Lumenis Holium Yag (model: power suite 20W)
Basic education and minimal formal training
1. Must have Core I privileges. 2. Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles; Or Completion of an approved CME course of 8-10 hours duration that included training in laser principles and at least 6 hours of observation and hands-on-experience.
Required documentation and experience
NEW APPLICANTS: 1. Provide documentation of the performance of at least five laser procedures in the past 24 months; Or Provide contact information for a residency or fellowship director whom the credentialing specialist may contact to provide an evaluation of your competency with the laser/s requested. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____
REAPPOINTMENT APPLICANTS: 1. Provide documentation of the number of procedures performed during the past 24 months; Or Provide contact information for a qualified physician whom the credentialing specialist may contact to provide an evaluation of your competency with the laser/s requested. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____

☐ Special privileges — percutaneous vertebroplasty

Privileges
Percutaneous vertebroplasty
Basic education and minimal formal training
1. Must have Core I privileges. 2. Successful completion of an approved training course in percutaneous vetebroplasty that included proctoring. 3. Radiation safety training.
Required documentation and experience
1. NEW APPLICANTS: 2. Provide documentation indicating performance of at least 5 percutaneous vetebroplasty procedures in the past 12 months; Or Provide contact information for a residency or fellowship director whom the credentialing specialist may contact to provide an evaluation of your competency with percutaneous vertebroplasty. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____ REAPPOINTMENT APPLICANTS: 1. Provide documentation of the number of percutaneous vertebroplasty procedures performed during the past 24 months; Or Provide contact information for a qualified physician whom the credentialing specialist may contact to provide an evaluation of your competency with percutaneous vertebroplasty. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____

☐ Special privileges — balloon kyphoplasty

Privileges
Balloon kyphoplasty
Basic education and minimal formal training
1. Must have Core I privileges. 2. Successful completion of an approved training course in the use of the inflatable bone tamp. 3. Proctoring of initial cases by a Kyphon company representative. 4. Radiation safety training.
Required documentation and experience
NEW APPLICANTS: 1. Provide documentation of the performance of at least 4 balloon kyphoplasty procedures in the past 12 months; Or Provide contact information for a residency or fellowship director whom the credentialing specialist may contact to provide an evaluation of your competency with balloon kyphoplasty. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____ REAPPOINTMENT APPLICANTS: 1. Provide documentation of the number of balloon kyphoplasty procedures performed during the past 24 months Or Provide contact information for a qualified physician whom the credentialing specialist may contact to provide an evaluation of your competency with balloon kyphoplasty. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____

- ☐ Special privileges — deep brain stimulation (DBS)

Privileges
Deep brain stimulation (DBS)
Basic education and minimal formal training
1. Must have Core I privileges. 2. If residency program did not include stereotactic surgery, successful completion of stereotactic surgery training. 3. Successful completion of training in DBS that included proctoring by a surgeon experienced in DBS.
Required documentation and experience
NEW APPLICANTS: 1. Provide documentation of performance of at least 12 DBS procedures in the past 12 months; Or Provide contact information for a residency or fellowship director whom the credentialing specialist may contact to provide an evaluation of your competency with DBS. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____ REAPPOINTMENT APPLICANTS: 1. Provide documentation of the number of DBS procedures performed during the past 24 months; Or Provide contact information for a qualified physician whom the credentialing specialist may contact to provide an evaluation of your competency with DBS. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____

☐ Special privileges — stereotactic radiosurgery (SRS)

Privileges
Stereotactic radiosurgery (SRS)
Basic education and minimal formal training
1. Must have Core I privileges. 2. If training in stereotactic radiosurgery was not obtained during residency, applicant must present evidence of equivalent training. 3. Training and experience with the specific delivery system to be used.
Required documentation and experience
NEW APPLICANTS: 1. Provide documentation of the performance of at least 5 stereotactic radiosurgery procedures in the past 12 months And Provide evidence of proctoring by an experienced radiosurgery physician for the first 3 cases; Or 2. Provide contact information for a residency or fellowship director whom the credentialing specialist may contact to provide an evaluation of your competency with stereotactic radiosurgery. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____ REAPPOINTMENT APPLICANTS: 1. Provide documentation of having performed at least 5 radiosurgery procedures in the past 24 months; Or - Provide contact information for a qualified physician whom the credentialing specialist may contact to provide an evaluation of your competency with SRS. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____

Core Procedure List — Neurosurgery Clinical Privileges

Applicant: Strike through procedures you do not want to request.

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

Neurological Surgery

1. Ablative surgery for epilepsy
2. All types of craniotomies, craniectomies, and reconstructive procedures (including microscopic) on the skull.
3. Surgery on the brain, meninges, pituitary gland, cranial nerves and including surgery for cranial trauma and intracranial vascular lesions
4. Angiography
5. Cordotomy, rhizotomy and dorsal column stimulators for the relief of pain
6. Endoscopic minimally invasive surgery
7. Epidural steroid injections for pain
8. Insertion of subarachnoid or epidural catheter with reservoir or pump for drug infusion or CSF withdrawal
9. Laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents including instrumentation
10. Lumbar puncture, cisternal puncture, ventricular tap, subdural tap
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. Peripheral nerve procedures, including decompressive procedures and reconstructive procedures on the peripheral nerves
18. Perform history and physical exam
19. Posterior fossa-microvascular decompression procedures
20. Radiofrequency ablation

21. Selective blocks for pain medicine, stellate ganglion blocks
22. Shunts: ventriculoperitoneal, ventriculoatrial, ventriculopleural, subdural peritoneal, lumbar subarachnoid/peritoneal (or other cavity), ventriculocisternostomy
23. 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)
24. Stereotactic surgery
25. Surgery for intervertebral disc disease
26. Surgery on the sympathetic nervous system
27. Transsphenoidal procedures for lesions of the sellar or parasellar regions, fluid leak or fracture
28. Ultrasonic surgery procedures
29. Ventriculography

Endovascular Surgical Neuroradiology:

1. Integrating endovascular surgical therapy into the clinical management of patients with neurological diseases (or disease of the central nervous system) when performing diagnostic and therapeutic procedures
2. Interpreting preliminary diagnostic studies
3. Participating in short-term and long-term post procedure follow-up care, including neurointensive care
4. Perform history and physical exam
5. Performing clinical preprocedure evaluations of patients.

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 Regions Hospital. I understand that:

1. In exercising any clinical privilege granted, I am governed by Regions Hospital and Regions Medical Staff policies and rules applicable generally and any applicable to the particular situation.
2. In an emergent situation I may perform a procedure for which I am not privileged when no practitioner holding the applicable procedure is available to respond to the emergency.

I agree to supply Regions Hospital Medical Staff Services (or designee) with all the information that has been requested of me for the privileges that I have applied for. I also understand that my application for privileges will not proceed until the information is received.

Signature

Date

DIVISION / SECTION HEAD RECOMMENDATION

I have reviewed and/or discussed the clinical privileges requested 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:

Signature

Date