

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

Lasers

Percutaneous vertebroplasty

Balloon kyphoplasty

Deep brain stimulation

Stereotactic radiosurgery

Core procedure list

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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 or DO, MBBS
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.
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 competency.

Name: _____

Name of Facility: _____

Address: _____

Phone: _____ Fax: _____

REAPPOINTMENT APPLICANTS:

1. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your competency.

Name: _____

Name of Facility: _____

Address: _____

Phone: _____ Fax: _____

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 or MBBS 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 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; 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 competency. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____
REAPPOINTMENT APPLICANTS: 1. Provide contact information for a qualified physician whom the credentialing specialist may contact to provide an evaluation of your competency. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____

CORE III — level I neurosurgery trauma care

Privileges
<p>Level I neurosurgery trauma care</p> <p>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.</p>
Basic education and minimal formal training
<ol style="list-style-type: none"> 1. MD, DO or MBBS. 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 residency or fellowship program. 3. American Board of Neurological Surgery membership within 5 years of residency / fellowship completion.
Required documentation and experience
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. 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. <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. 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. 2. Provide evidence of satisfactory participation in the trauma performance improvement program certified by Regions Hospital's director of trauma services.

Special privileges — laser

Privileges

Indicate selection/s with an "X." Practitioner agrees to limit practice to the specific laser chosen.

- | | |
|---|--|
| <input type="checkbox"/> Angiodynamics endovenus diode (model venus cure) | <input type="checkbox"/> Iridex oculight TX KPP Yag (model 3200-1) |
| <input type="checkbox"/> Cardiogenesis Holium Yag (model ns 2000) | <input type="checkbox"/> Sharplan CO2 (model 1041S) |
| <input type="checkbox"/> Lumenis Holium Yag (model power suite 100W) | <input type="checkbox"/> SSI CO2 40W (model: MD40) |
| <input type="checkbox"/> 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: _____

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: _____

Special privileges — percutaneous vertebroplasty

Privileges
Percutaneous vertebroplasty
Basic education and minimal formal training
<ol style="list-style-type: none">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
<ol style="list-style-type: none">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: _____ <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none">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: _____

Special privileges — balloon kyphoplasty

Privileges
Balloon kyphoplasty
Basic education and minimal formal training
<ol style="list-style-type: none">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
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none">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. <p style="margin-left: 40px;">Name: _____</p> <p style="margin-left: 40px;">Name of Facility: _____</p> <p style="margin-left: 40px;">Address: _____</p> <p style="margin-left: 40px;">Phone: _____ Fax: _____</p> <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none">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. <p style="margin-left: 40px;">Name: _____</p> <p style="margin-left: 40px;">Name of Facility: _____</p> <p style="margin-left: 40px;">Address: _____</p> <p style="margin-left: 40px;">Phone: _____ Fax: _____</p>

Special privileges — deep brain stimulation (DBS)

Privileges
Deep brain stimulation (DBS)
Basic education and minimal formal training
<ol style="list-style-type: none">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
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none">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. <p style="margin-left: 40px;">Name: _____</p> <p style="margin-left: 40px;">Name of Facility: _____</p> <p style="margin-left: 40px;">Address: _____</p> <p style="margin-left: 40px;">Phone: _____ Fax: _____</p> <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none">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. <p style="margin-left: 40px;">Name: _____</p> <p style="margin-left: 40px;">Name of Facility: _____</p> <p style="margin-left: 40px;">Address: _____</p> <p style="margin-left: 40px;">Phone: _____ Fax: _____</p>

Special privileges — stereotactic radiosurgery (SRS)

Privileges
Stereotactic radiosurgery (SRS)
Basic education and minimal formal training
<ol style="list-style-type: none">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
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none">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; Or2. 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. <p style="margin-left: 40px;">Name: _____</p> <p style="margin-left: 40px;">Name of Facility: _____</p> <p style="margin-left: 40px;">Address: _____</p> <p style="margin-left: 40px;">Phone: _____ Fax: _____</p> <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none">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 DBS. <p style="margin-left: 40px;">Name: _____</p> <p style="margin-left: 40px;">Name of Facility: _____</p> <p style="margin-left: 40px;">Address: _____</p> <p style="margin-left: 40px;">Phone: _____ Fax: _____</p>

Core Procedure List — Neurosurgery Clinical Privileges

To the applicant: If you want to exclude any procedures, please strike through those procedures you do not wish 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.

TO BE COMPLETED BY APPLICANT: I agree to supply Regions Hospital Credentialing Office (or designee) with all of the information being requested of me for the privileges I am applying for. I understand my application for privileges will not proceed until the information is received.

Signature _____ Date _____

TO BE COMPLETED BY REGIONS HOSPITAL DIVISION/SECTION HEAD AT TIME OF REVIEW AND APPROVAL: I have reviewed and/or discussed the privileges requested and find them to be commensurate with this applicant's training and experience. I recommend this application proceed.

Signature _____ Date _____