



Neurology KHMC & KHMB & KHTR
Delineation of Privileges

Applicant's Name: _____

Instructions:

- 1. Click the Request checkbox to request a group of privileges.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation
5. 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 doubts related to qualification of requested privileges.

Clinical Service Chair: 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.

NOTE:

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.

Table with 2 columns: Requirement Category and Required Qualifications. Rows include Education/Training, Certification, Clinical Experience (Initial), and Clinical Experience (Reappointment).

Core Privileges: Neurology

KHMC	KHMB	KHTR	Click shaded blue check box to request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Admit, evaluate, diagnose, treat, and provide consultation to patients with diseases, disorders or impaired function of the brain, spinal cord, peripheral nerves, muscles, and autonomic nervous system, including their coverings, blood vessels, and other effector tissue, such as muscle. 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.
			Core Procedures (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)
			Administering a rehabilitation program for stroke patients
			Autonomic testing
			Consulting with other medical professionals in the overall care and management of stroke patients
			Emergency treatment of acute stroke including thrombolytic therapy
			Lumbar puncture
			Perform history and physical examination
			Use of medical therapies for stroke prevention

Core Privileges: Vascular Neurology Privileges

Qualifications

- Education/Training** Completion of a residency/fellowship approved by Accreditation Council of Graduation Medical Education (ACGME), American Board of Medical Specialties (ABMS), or American Osteopathic Association (AOA) in Vascular Neurology.
- Certification** Current certification or active participation in the examination process with achievement of certification within six years leading to subspecialty certification in vascular neurology by the American Board of Psychiatry and Neurology.
- Clinical Experience (Initial)** Applicants for initial appointment must be able to demonstrate performance of at least 25 vascular neurology procedures, reflective of the scope of privileges requested, during the past twelve (12) months or demonstrate successful completion of an ABMS, ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.
- Clinical Experience (Reappointment)** To be eligible to renew core privileges in vascular neurology, the applicant must meet the following maintenance of privilege criteria: 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 ability to perform privileges requested is required of all applicants for renewal of privileges.

KHMC	KHMB	KHTR	
			Click shaded blue check box to request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Admit, evaluate, diagnose, treat, and provide consultation to patients with selected neurological disorders involving the central nervous system due to ischemia or hemorrhage using a combination of clinical evaluation, imaging, interventional techniques, and medication. 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.
			Core Procedures (This listing includes procedures typically performed by physician in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)
			Administering a rehabilitation program for stroke patients
			Consulting with other medical professionals in the overall care and management of stroke patients
			Emergency treatment of acute stroke including thrombolytic therapy
			Perform history and physical examination
			Use of medical therapies for stroke prevention
			Use of transcranial doppler and other ultrasound techniques in patient evaluation

Endovascular Procedures (See Endovascular Supplement)

KHMC	KHMB	KHTR	Click shaded blue check box to request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Endovascular Procedures (See Endovascular Supplement)

Clinical Neurophysiology Diagnostic Studies

Qualifications

- Education/Training** Successful completion of a postgraduate training program in which clinical neurophysiology was included, or subspecialty certification in clinical neurophysiology by the American Board of Psychiatry and Neurology.
- Clinical Experience (Initial)** Demonstrated current competence and evidence of the performance of clinical neurophysiology diagnostic studies in the past 12 months.
- Clinical Experience (Reappointment)** Demonstrated current competence and evidence of the performance of clinical neurophysiology diagnostic studies in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

KHMC	KHMB	KHTR	Click shaded blue check box to request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Including but not limited to autonomic testing, EEG interpretation, somatosensory-evoked responses, auditory-evoked responses, continuous video EEG monitoring or operative monitoring for neurosurgery and orthopedic cases, and visual-evoked responses.

Administration of Sedation and Analgesia

Description: See Hospital Policy - Sedation Practice

Qualifications

- Additional Qualifications** Successful completion of medical staff approved education and testing
AND
 Successful completion of Advanced Cardiac Life Support (ACLS)/Advanced Trauma Life Support (ATLS) or airway management competency

KHMC	KHMB	KHTR	Click shaded blue check box to request all privileges. Uncheck any privileges you do not want to request.
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KHMC	KHMB	KHTR	
			- Currently granted privileges
			Moderate Sedation

Fluoroscopy

Description: Must demonstrate competence - initial applicants must complete the online quiz; reapplicants must complete online quiz at least once then complete annual attestations thereafter.

KHMC	KHMB	KHTR	Click shaded blue check box to request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Fluoroscopy

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Kettering Health Main Campus, Kettering Health Miamisburg and Kettering Health Troy Hospital and I understand that:

- A. In exercising any clinical privileges granted, I am constrained by applicable 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.

Practitioner's Signature _____ Date _____

Clinical Service Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

Clinical Service Chair Signature

Date