



## Neurological Surgery KHMC & KHMB 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.

Required Qualifications	
<b>Membership</b>	To be eligible to apply for core privileges in neurological surgery, the initial applicant must meet the following criteria:
<b>Education/Training</b>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)-, American Board of Medical Specialties (ABMS)- or American Osteopathic Association (AOA)-accredited residency in neurological surgery.
<b>Certification</b>	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.
<b>Clinical Experience (Initial)</b>	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-, ABMS- or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.
<b>Clinical Experience (Reappointment)</b>	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

**Description:** 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.

Request		Request all privileges listed below.
KMHC	SYC	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		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.
		<b>Procedures</b> (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.)
		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, cranial nerves and including surgery for cranial trauma and intracranial vascular lesions
		Angiography
		Cordotomy, rhizotomy and dorsal column stimulators for the relief of pain
		Endoscopic minimally invasive surgery, with or without laser
		Epidural steroid injections for pain
		Insertion of subarachnoid or epidural catheter with reservoir or pump for drug infusion or CSF withdrawal
		Laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents including instrumentation
		Lumbar puncture, cisternal puncture, ventricular tap, subdural tap
		Lumbar subarachnoid-peritoneal shunt
		Management of congenital anomalies, such as encephalocele, meningocele, myelomeningocele
		Muscle biopsy
		Myelography
		Nerve biopsy
		Nerve blocks
		Ordering of diagnostic studies and procedures related to neurological problems or disorders
		Percutaneous lumbar discectomy
		Peripheral nerve procedures, including decompressive procedures and reconstructive procedures on the peripheral nerves

	Perform history and physical exam
	Posterior fossa-microvascular decompression procedures
	Radiofrequency ablation
	Selective blocks for pain medicine, stellate ganglion blocks
	Shunts: ventriculoperitoneal, ventriculoatrial, ventriculopleural, subdural peritoneal, 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 (diastematomyelia)
	Stereotactic surgery
	Surgery for intervertebral disc disease
	Surgery on the sympathetic nervous system
	Transcranial doppler ultrasonography
	Transsphenoidal procedures for lesions of the sellar or parasellar region, fluid leak or fracture
	Ventricular shunt operation for hydrocephalus, revision of shunt operation, ventriculocisternostomy
	Ventriculography

**Special Non-Core Privileges**

**Description:** 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.

<b>Request</b>	<b>Request all privileges listed below.</b>	
<b>KMC</b>	<b>SYC</b>	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Special Noncore Privileges (See Specific Criteria)

**Use of Laser**

**Description:** 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

<b>Request</b>	<b>Request all privileges listed below.</b>	
<b>KMC</b>	<b>SYC</b>	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Use of Laser

## Balloon Kyphoplasty

### Qualifications

**Education/Training** Successful completion of an ACGME-, ABMS- 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.

**AND**

Applicants must also have completed training in radiation safety.

**Clinical Experience (Initial)** Demonstrated current competence and evidence of the performance of at least one balloon kyphoplasty procedures in the past 12 months.

**Clinical Experience (Reappointment)** 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.

Request		<i>Request all privileges listed below.</i>
KMC	SYC	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Balloon Kyphoplasty

## Deep Brain Stimulation (DBS)

### Qualifications

**Education/Training** Successful completion of an ACGME-, ABMS- 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.

**AND**

Applicants must have completed training in DBS, which included proctoring by a Medtronic technical representative or by an experienced DBS surgeon.

**Clinical Experience (Initial)** Demonstrated current competence and evidence of the performance of at least ten (10) DBS procedures in the past 12 months.

**Clinical Experience (Reappointment)** 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.

Request		<i>Request all privileges listed below.</i>
KMC	SYC	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Deep brain stimulation (DBS)

## Artificial Disc Replacement (ADR)

### Qualifications

**Education/Training** Successful completion of an ACGME-, ABMS- 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.

**Clinical Experience (Initial)** Demonstrated current competence and evidence of performance within the past 12 months.

**Clinical Experience (Reappointment)** 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.

Request		<i>Request all privileges listed below.</i>
KMC	SYC	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Artificial Disc Replacement (ADR)

## Carotid Endarterectomy

### Qualifications

- Education/Training** Successful completion of an ACGME-, ABMS- 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.
- Clinical Experience (Initial)** Demonstrated current competence and evidence of performance within the past 12 months.
- Clinical Experience (Reappointment)** Demonstrated current competence and evidence of the performance in the past 24 months based on ongoing professional practice evaluation and outcomes.

Request		<i>Request all privileges listed below.</i>
KM/C	SY/C	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Carotid Endarterectomy

## Gamma Knife Stereotactic Radiosurgery

**Description:** The application of high energy focused cobalt (gamma rays) radiation as a tool to treat various intracranial disorders.

### Qualifications

- Membership** MEDICAL SPECIALTIES WHO ARE ELIGIBLE TO APPLY FOR GAMMA KNIFE PRIVILEGES:  
 \* Neurosurgery, board-certified or board-eligible  
 \* Radiation Oncology, board-certified or board-eligible  
 \* Neurotology, board-certified or board-eligible  
 \* Any applicant or privileged physician must not conflict or harm any current exclusive professional medical service contracts
- Education/Training** SPECIALIZED TRAINING REQUIRED WILL CONSIST OF EITHER:  
 Satisfactory completion of a minimum of one (1) week comprehensive didactic and practical Gamma Knife Radiosurgery course approved by the device manufacturer.  
**OR**  
 Clinical experience documented by: 1) Submission of 50 representative cases in which the applicant was the primary operator. 2) Letter of current competence by the director of the Gamma Knife Center or the Chief of Service/Staff where the applicant is currently active.
- Clinical Experience (Initial)** All physicians requesting Gamma Knife Stereotactic Radiosurgery privileges will be required to have documented specialized training or experience in Gamma Knife based Stereotactic Radiosurgery procedures in addition to privileges for administration of conscious sedation. A Gamma Knife procedure requires the joint participation of a neurosurgeon and radiation oncologist and involves: appropriate selection of patient, placement of stereotactic frame, jointly-approved treatment plan based on imaging studies, implementation of treatment plan and frame removal.
- Clinical Experience (Reappointment)** At the two (2)-year reappointment time, the physician will be expected to have performed at least 20 procedures and meet quality and performance requirements.  
 Satisfactory participation with at least 50% attendance at schedule Gamma Knife Center

Performance Improvement Meetings.

**Proctoring**

Physicians seeking unrestricted Gamma Knife privileges will be required to attend a departmental orientation including radiation safety and be proctored by a privileged operator(s) for at least seven (7) procedures. The required number of proctored cases shall be completed within 12 months of the initial granting or privileges except for good cause. Representative cases should include the following, but not limited to: trigeminal neuralgia, meningioma, acoustic neuroma, metastatic and primary lesions.

After review of the proctoring reports by the Medical Director of Gamma Knife Center and the Medical Director of Radiation Oncology, a recommendation will be made to the Credentials Committee. Additional proctored cases may be required at the discretion of the Medical Director or the Gamma Knife Center or the Medical Director of the Department of Radiation Oncology.

**Location**

Limited to the Gamma Knife Center and support areas

Request		<i>Request all privileges listed below.</i>
KMC	SYC	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Gamma Knife Stereotactic Radiosurgery

**Osteocool Radiofrequency Ablation**

**Qualifications**

- Membership** Successful completion of an ACGME-, ABMS- or AOA-accredited residency program in neurosurgery that included training in balloon kyphoplasty. Applicants must also have completed an approved training course in the use of osteocool radiofrequency ablation and have been proctored in their initial 5 cases by a Medtronic company representative. Applicants must also have completed training in radiation safety.
- Clinical Experience (Initial)** Demonstrated current competence and evidence of the performance of at least 5 osteocool radiofrequency ablation procedures in the past 12 months.
- Clinical Experience (Reappointment)** Demonstrated current competence and evidence of the performance of at least 10 osteocool radiofrequency ablation procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Request		<i>Request all privileges listed below.</i>
KMC	SYC	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Osteocool Radiofrequency Ablation

## Vagal Nerve Stimulator (VNS) Implantation

### Qualifications

**Education/Training** Successful completion of an ACGME/AOA accredited residency or fellowship training program in Otorhinolaryngology, Neurosurgery, or Vascular Surgery which included hands on training in vagal neurostimulator implantation.

**OR**

Verification of attendance and successful completion of a vagal nerve stimulator course acceptable to the Surgery Clinical Services Chief and/or his designee, with submission of evidence of participation in or observation of two (2) cases.

Request		<i>Request all privileges listed below.</i>
KMC	SYC	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Vagal Nerve Stimulator (VNS) Implantation

## Fluoroscopy

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

Request		<i>Request all privileges listed below.</i>
KMC	SYC	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Fluoroscopy

## Administration of Sedation and Analgesia

**Description:** See Hospital Policy for Moderate Sedation

Request		<i>Request all privileges listed below.</i>
KMC	SYC	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Moderate Sedation



**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 and Kettering Health Miambsburg 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):

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	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 \_\_\_\_\_

