



## Neurological Surgery Soin 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.

### 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)- 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- 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.

<b>Request</b>	<b><i>Request all privileges listed below.</i></b>
<b>NOIN</b>	Click <span style="background-color: #add8e6; padding: 2px;">shaded blue check box</span> to Request all privileges. Uncheck any privileges you do not want to request.
	<b>- Currently granted privileges</b>
	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.)
	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
	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
	Radiofrequency ablation
	Selective blocks for pain medicine, stellate ganglion blocks

	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)
	Surgery for intervertebral disc disease
	Surgery on the sympathetic nervous system

## Balloon Kyphoplasty

### Qualifications

**Education/Training** 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.

**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>
SOIN	Click <span style="background-color: #ADD8E6;">shaded blue check box</span> to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Balloon Kyphoplasty

## Artificial Disc Replacement (ADR)

### Qualifications

**Education/Training** 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.

**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.

	<i>Request all privileges listed below.</i>
--	---

Request	
NOIN	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)

**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.

Request	<i>Request all privileges listed below.</i>
NOIN	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

**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.

Request	<i>Request all privileges listed below.</i>
NIOIN	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Special Non-Core Privileges

**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

Request	<i>Request all privileges listed below.</i>
NIOIN	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 (See Hospital Policy for Moderate Sedation)**

Request	<i>Request all privileges listed below.</i>
SOIN	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Administration of Sedation and Analgesia

**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 Soin Medical Center 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