

UNMH Neurology Clinical Privileges

Name: _____ Effective Dates: From _____ To _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective May 20, 2016:

- Initial Privileges (initial appointment)
- Renewal of Privileges (reappointment)
- Expansion of Privileges (modification)

INSTRUCTIONS:

Applicant: Check off the “requested” box for each privilege requested. 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 any doubts related to qualifications for requested privileges.

Department 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.

OTHER REQUIREMENTS:

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics 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.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR NEUROLOGY:

Initial Privileges: To be eligible to apply for privileges in neurology, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in neurology; **AND/OR**
2. Current certification in, or active participation in the examination process leading to certification in, neurology by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry; **AND**
3. Required current experience: Applicants for initial appointment must be able to demonstrate active practice, reflective of the scope of privileges requested, during the past twenty-four (24) months, or demonstrate successful completion of an ACGME- or AOA accredited residency or clinical fellowship within the past twelve (12) months.

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Renewal of Privileges: To be eligible to renew privileges in neurology, the applicant must meet the following criteria: Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past twenty-four (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: Neurology

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, as well as the blood vessels that relate to these structures. 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

Requested

Neurology Core Procedures List

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

To the applicant: If you wish to exclude any procedures listed in the core, strike through then initial and date those procedures you do not wish to request.

1. Performance of history and physical examination
2. Admission to, consultation on, and management of critically ill neurologic patients in the intensive care unit
3. Autonomic testing
4. Caloric testing
5. Emergency treatment of acute stroke, including thrombolytic therapy
6. Lumbar puncture
7. Preliminary interpretation of diagnostic imaging
8. Tensilon testing

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QUALIFICATIONS FOR CHILD NEUROLOGY:

Initial Privileges: To be eligible to apply for privileges in child neurology, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in child neurology; **AND/OR**
2. Current certification in, or active participation in the examination process leading to certification in, child neurology by the American Board of Psychiatry and Neurology or a Certificate of Special Qualifications by the American Osteopathic Board of Neurology and Psychiatry; **AND**
3. Required current experience: Applicants for initial appointment must be able to demonstrate active practice, reflective of the scope of privileges requested, during the past twenty-four (24) months, or demonstrate successful completion of an ACGME- or AOA accredited residency or clinical fellowship within the past twelve (12) months.

Renewal of Privileges: To be eligible to renew privileges in child neurology, the applicant must meet the following criteria: Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past twenty-four (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: Child Neurology

Admit, evaluate, diagnose, treat and provide consultation to neonates, infants, children, and adolescents with all types of disease or disorders or impaired function, both acquired and congenital, of the brain, spinal cord, peripheral nerves, muscles, and autonomic nervous system, as well as the blood vessels that relate to these structures. 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.

Requested

Child Neurology Core Procedures List

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

To the applicant: If you wish to exclude any procedures listed in the core, strike through then initial and date those procedures you do not wish to request.

1. Performance of history and physical examination
2. Autonomic testing

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3. Caloric testing
4. Lumbar puncture
5. Preliminary interpretation of diagnostic imaging
6. Tensilon testing

QUALIFICATIONS FOR VASCULAR NEUROLOGY:

Initial Privileges: To be eligible to apply for privileges in vascular neurology, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in neurology or child neurology, and successful completion of an ACGME-accredited fellowship in vascular neurology; **AND/OR**
2. Current certification in, or active participation in the examination process leading to certification in, vascular neurology by the American Board of Psychiatry and Neurology; **AND**
3. Required current experience: Applicants for initial appointment must be able to demonstrate provision of inpatient and consultative services to an acceptable volume of patients, reflective of the scope of privileges requested, during the past twenty-four (24) months, or demonstrate successful completion of an ACGME- or AOA accredited residency or clinical fellowship within the past twelve (12) months.

Renewal of Privileges: To be eligible to renew privileges in vascular neurology, the applicant must meet the following criteria: Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past twenty-four (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: Vascular Neurology

Admit, evaluate, diagnose, treat and provide consultation to patients with vascular diseases of the nervous system, including vascular events of arterial, venous, or other origin that affect the brain or spinal cord. Provide care to neurological 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 technique and skills.

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Vascular Neurology Core Procedures List

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

To the applicant: If you wish to exclude any procedures listed in the core, strike through then initial and date those procedures you do not wish to request.

1. Performance of history and physical examination
2. Consultation with other medical professionals (e.g., cardiologists, radiologists, neurosurgeons, vascular surgeons, and psychiatrists) in the overall care and management of stroke patients
3. Interpretation of carotid and cranial Doppler studies
4. Performing extracranial and intracranial artery stenting, angioplasty, and other endovascular/neurointerventional procedures
5. Presurgical evaluation of carotid artery disease
6. Use of medical therapies for stroke prevention
7. Use and interpretation of transcranial Doppler and other cerebral ultrasound techniques in patient evaluation.

QUALIFICATIONS FOR CLINICAL NEUROPHYSIOLOGY:

Initial Privileges: To be eligible to apply for privileges in clinical neurophysiology, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in psychiatry, neurology or child neurology, and successful completion of an ACGME-accredited fellowship in clinical neurophysiology; **AND/OR**
2. Current certification in, or active participation in the examination process leading to certification in, the added qualification in clinical neurophysiology by the American Board of Psychiatry and Neurology or the American Board of Clinical Neurophysiology; **AND**
3. Required current experience: Applicants for initial appointment must be able to demonstrate active practice, reflective of the scope of privileges requested, during the past twenty-four (24) months, or demonstrate successful completion of an ACGME- or AOA accredited residency or clinical fellowship within the past twelve (12) months.

Renewal of Privileges: To be eligible to renew privileges in vascular neurology, the applicant must meet the following criteria: Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past twenty-four (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.

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CORE PRIVILEGES: Clinical Neurophysiology

Admit, evaluate, diagnose, treat and provide consultation to patients with central, peripheral, and autonomic nervous system disorders. 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 technique and skills.

Requested

Clinical Neurophysiology Core Procedures List

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

To the applicant: If you wish to exclude any procedures listed in the core, strike through then initial and date those procedures you do not wish to request.

1. Performance of history and physical examination
2. Actigraphy
3. Ambulatory EEG monitoring
4. Ambulatory polysomnography (home sleep testing)
5. Auditory evoked responses
6. Autonomic testing
7. Continuous ICU EEG monitoring
8. Continuous video EEG monitoring
9. EEG interpretation
10. Epilepsy monitoring
11. Intraoperative monitoring, including extra- and/or intra-cranial EEG and sensory and motor evoked responses.
12. Maintenance of wakefulness test (MWF)
13. Multiple sleep latency test (MSLT)
14. Polysomnography and assessment of disorders of sleep
15. Somatosensory evoked responses
16. Visual evoked responses
17. WADA testing

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SPECIAL NON-CORE PRIVILEGES

If desired, non-core privileges are requested individually in addition to requesting the core privileges. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested, including training, required, experience, and maintenance of clinical competency.

QUALIFICATIONS FOR SPECIAL NON-CORE PRIVILEGES IN TRANSCRANIAL DOPPLER ULTRASONOGRAPHY:

Criteria: Successful completion of one of the following training tracks:

1. An ACGME OR AOA accredited residency or fellowship program which included training in TCD performance/interpretation and experience in interpreting at least 100 studies while under supervision; OR
2. An accredited post graduate Category I CME program of a minimum of 40 hours within the past 3 years that included training in TCD performance /interpretation and experience in interpreting at least 100 cases while under the supervision of a physician, OR
3. Three (3) years of practice experience which included the performance/interpretation of 300 TCD studies, or 4) ARDMS RPVI credential or ASN neurosonology certification for extracranial and/or intracranial test interpretation.
4. Required Current Experience: Demonstrated current competence and evidence of the performance and/or interpretation of an adequate volume of TCD studies with acceptable results in the past 12 months or completion of training in the past 12 months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance and/or interpretation of an adequate volume of TCD studies with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, a minimum of 15 hours of CME in vascular laboratory testing is required every three years, of which at least 10 hours are Category I.

NON-CORE PRIVILEGES: Transcranial Doppler Ultrasonography

Requested

QUALIFICATIONS FOR ALL OTHER SPECIAL NON-CORE PRIVILEGES IN NEUROLOGY:

Criteria: Successful completion of an ACGME or AOA accredited residency in neurology which included training in requested procedure(s), or documentation of a special course for procedure(s) requested.

Required Current Experience: Demonstrated current competence and evidence of attendance of an acceptable volume of requested procedure(s) with acceptable results, in the past 12 months or completion of training in the past 12 months.

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Reappointment Requirements: Demonstrated current competence and evidence of attendance of an acceptable volume of requested procedure(s) with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Baclofen Pump Implantation

Requested

NON-CORE PRIVILEGES: Baclofen Pump – Refill and Maintenance

Requested

NON-CORE PRIVILEGES: Evoked Potentials

Requested

NON-CORE PRIVILEGES: Interpretation of Electromyography Evaluation (EMG) and Nerve Conduction Studies

Requested

NON-CORE PRIVILEGES: Botulinium Toxic Injection - Headache

Requested

NON-CORE PRIVILEGES: Botulinium Toxic Injection – Movement Disorders

Requested

NON-CORE PRIVILEGES: Botulinium Toxic Injection - Spasticity

Requested

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NON-CORE PRIVILEGES: Botulinium Toxic Injection – Pain

Requested

NON-CORE PRIVILEGES: Nerve Blocks: Supraorbital and Greater Occipital

Requested

NON-CORE PRIVILEGES: Neurosonology

Requested

NON-CORE PRIVILEGES: Skin Biopsy for Nerve Fiber Density

Requested

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Acknowledgement of Practitioner

I have requested only those clinical privileges for which, by education, training, current experience, and demonstrated performance, I am qualified to perform and for which I wish to exercise at UNM Hospitals and clinics. I understand that: a) in exercising any clinical privileges granted I am constrained by 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.

Signature

Date Signed

Clinical Director/Division Chief Recommendation(s)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action and presently requested above.

Name: _____ Signature _____ Date _____

Name: _____ Signature _____ Date _____

Department Chair Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the conditions/modifications noted below
- Do not recommend the clinical privileges noted below

Explanation: _____

Department Chair Signature

Date Signed

Criteria Approved by UNMH Board of Trustees on May 20, 2016