

UNMH Neurosurgery Clinical Privileges

Name:

Effective Dates: _____ To: _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 02/20/2015

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 on the last page of this form.

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 Neurosurgery

Initial Applicant - *To be eligible to apply for privileges in neurosurgery, the initial applicant must meet the following criteria:*

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in neurological surgery.

AND

Current certification or active participation in the examination process leading to certification in neurological surgery by the American Board of Neurological Surgery or the American Osteopathic Board of Surgery in Neurological Surgery.

AND

Required Current Experience: An adequate volume of neurological surgical procedures with acceptable results, reflective of the scope of privileges requested, in the past 12 months or

UNMH Neurosurgery Clinical Privileges

Name:

Effective Dates: _____ **To:** _____

successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Reappointment (Renewal of Privileges) Requirements - *To be eligible to renew privileges in neurosurgery, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:*

Current demonstrated competence and adequate volume of 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 physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES: *Neurosurgery*

Admit, evaluate, diagnose, consult and provide non-operative and pre-, intra- and post-operative 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 which modify function or activity of the nervous system, including the hypophysis; and the operative and non-operative 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 skull base, and their blood supply, including the surgical and endovascular treatment of disorders of: the intracranial and extracranial vasculature supplying the brain and spinal cord; the pituitary gland; the spinal cord, meninges, and vertebral column; and the 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.

Requested

Neurosurgery Core Procedures List

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.

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

1. Ablative surgery for epilepsy

UNMH Neurosurgery Clinical Privileges

Name:

Effective Dates: _____ **To:** _____

2. 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
3. Angiography
4. Discography and intradiscal /percutaneous disc treatments
5. Endoscopic minimally invasive surgery
6. Epidural steroid injections for pain
7. Insertion of subarachnoid or epidural catheter with reservoir or pump for drug infusion or CSF withdrawal
8. Laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents including instrumentation
9. Lumbar puncture, cisternal puncture, ventricular tap, subdural tap
10. Management of congenital anomalies, such as encephalocele, meningocele, myelomeningocele
11. Muscle biopsy
12. Myelography
13. Nerve biopsy
14. Nucleoplasty
15. Ordering of diagnostic studies and procedures related to neurological problems or disorders
16. Percutaneous and subcutaneous implantation of neurostimulator electrodes
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, stellate ganglion blocks, nerve blocks
22. Shunts: ventriculoperitoneal, ventriculoatrial, ventriculopleural, subdural peritoneal, lumbar subarachnoid/peritoneal (or other cavity)
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 region, fluid leak or fracture
28. Ultrasound guided surgical procedures
29. Ventricular shunt operation for hydrocephalus, revision of shunt operation, ventriculocisternostomy
30. Ventriculography

UNMH Neurosurgery Clinical Privileges

Name:

Effective Dates: _____ To: _____

Qualifications for Endovascular Surgical Neuroradiology

Initial Applicant - *To be eligible to apply for privileges in endovascular surgical neuroradiology, the initial applicant must meet the following criteria:*

As for neurological surgery plus successful completion of a 12 month fellowship in endovascular surgical neuroradiology.

AND

Required Current Experience: An adequate volume of endovascular surgical neuroradiology procedures with acceptable results, reflective of the scope of privileges requested, in the past 12 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship, within the past 12 months.

Reappointment (Renewal of Privileges) Requirements - *To be eligible to renew privileges in endovascular surgical neuroradiology, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:*

Current demonstrated competence and an adequate volume of 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 physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

UNMH Neurosurgery Clinical Privileges

Name:

Effective Dates: _____ To: _____

CORE PRIVILEGES: *Endovascular Surgical Neuroradiology*

Diagnose and treat patients of all ages with diseases of the central nervous system by use of catheter technology, radiologic imaging, and clinical expertise. 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

Endovascular Surgical Core Procedures List

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.

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

1. Cavernous sinus sampling
2. Integrating endovascular therapy into the clinical management of patients with neurological diseases (or diseases of the central nervous system) when performing diagnostic and therapeutic procedures
3. Interpreting diagnostic studies
4. Intra-cranial/Intra-arterial chemotherapy
5. Venous embolization of fistulas/thrombosis
6. Pre- and post- operative management of endovascular patients
7. Extracranial and intracranial angioplasty and stenting
8. Catheter directed intra-arterial stroke therapy
9. Cerebral digital subtraction angiography
10. Intra arterial thrombolysis and mechanical thrombectomy
11. Endovascular treatment of intracranial aneurysms
12. Intracranial stent placement
13. Embolization of brain arteriovenous malformations
14. Extracranial endovascular procedures
15. Angiography and embolization of spinal arteriovenous malformations
16. Provocative and occlusion tests
17. Mechanical Stent
18. Coil occlusion of aneurysms

UNMH Neurosurgery Clinical Privileges

Name:

Effective Dates: _____ To: _____

Special Non-Core Privileges (See Specific Criteria)

If desired, non-core privileges are requested individually in addition to requesting the core. 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 competence.

Qualifications for Use of Laser

Criteria: Successful completion of an approved residency in a specialty or subspecialty which included training in laser principles or completion of an approved 8 -10 hour minimum CME course which includes training in laser principles. In addition, an applicant for privileges should spend time after the basic training course in a clinical setting with an experienced operator who has been granted laser privileges acting as a preceptor. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience. The applicant must supply a certificate documenting that she/he attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course.

Required Current Experience: Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results, in the past 12 months or completion of training in the past 12 months.

Renewal of Privilege: Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: *Use of Laser*

Requested

UNMH Neurosurgery Clinical Privileges

Name: _____
Effective Dates: _____ To: _____

Qualifications for Percutaneous Vertebroplasty

Criteria: Successful completion of an ACGME or AOA-accredited residency program in neurosurgery that included training in percutaneous vertebroplasty or completion of an approved training course in percutaneous vertebroplasty which included proctoring. All training must include the performance of successful vertebroplasties in an adequate number of patients (determined by the Department Chair) as the primary operator, under the supervision of a qualified physician, and without complications. Applicants must also have completed training in radiation safety.

Required Current Experience: Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results in the past 12 months or completion of training in the past 12 months.

Renewal of Privilege: Applicant must be able to demonstrate current competence and evidence of the performance of an adequate volume of percutaneous vertebroplasty procedures with acceptable results in the past 24 months based on ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: *Percutaneous Vertebroplasty*

Requested

Qualifications for Endoscopic Laser Foraminoplasty

Criteria: Successful completion of an ACGME or AOA accredited training program in neurological surgery that included training in endoscopic laser foraminoplasty or completion of a hands on CME that included at least an adequate number proctored cases with a surgeon experienced in endoscopic laser foraminoplasty.

Required Current Experience: Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results in the past 12 months or completion of training in the past 12 months.

Renewal of Privilege: Demonstrated current competence and evidence of the performance of an adequate volume of endoscopic laser foraminoplasty procedures with acceptable results in the past 24 months based on ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: *Endoscopic Laser Foraminoplasty*

Requested

UNMH Neurosurgery Clinical Privileges

Name:

Effective Dates: _____ To: _____

Qualifications for Balloon Kyphoplasty

Criteria: Successful completion of an ACGME or AOA-accredited residency program in neurosurgery, or neuroradiology. 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 balloon kyphoplasty company manufacturer representative. Applicants must also have completed training in radiation safety.

Required Current Experience: Demonstrated current competence and evidence of the performance of an adequate volume of balloon kyphoplasty procedures with acceptable results in the past 12 months or completion of training in the past 12 months.

Renewal of Privilege: Demonstrated current competence and evidence of the performance of an adequate volume of balloon kyphoplasty procedures with acceptable results in the past 24 months based on ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: *Balloon Kyphoplasty*

Requested

Qualifications for Deep Brain Stimulation (DBS)

Criteria: Successful completion of an ACGME or AOA accredited training program in neurological surgery that included training in DBS or completion of a hands on CME that included an adequate volume of proctored cases with a surgeon (as defined by department chair) experienced in DBS.

Required Current Experience: Demonstrated current competence and evidence of the performance of an adequate volume of DBS procedures with acceptable results in the past 12 months or completion of training in the past 12 months.

Renewal of Privilege: Demonstrated current competence and evidence of the performance of an adequate volume of DBS procedures with acceptable results in the past 24 months based on ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: *Deep Brain Stimulation (DBS)*

Requested

UNMH Neurosurgery Clinical Privileges

Name: _____
Effective Dates: _____ To: _____

Qualifications for Lumbar Disc Arthroplasty

Criteria: Privileges for performance of ALIF, and completion of a lumbar disc arthroplasty course by the offering technology company.

Required Current Experience: Previous experience in lumbar disc arthroplasty with demonstrated current competence and acceptable outcomes in the past 12 months based on ongoing professional practice evaluation. If no previous experience in residency, proctoring by a surgeon experienced in lumbar disc arthroplasty is required for at least the first series of cases, as defined by the department chair.

Renewal of Privilege: Demonstrated current competence and evidence of the performance of an adequate number of lumbar disc arthroplasty procedures with acceptable results in the past 24 months based on ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: *Lumbar Disc Arthroplasty*

Requested

Qualifications for Cervical Disc Arthroplasty

Criteria: Successful completion of an ACGME or AOA accredited spine fellowship; OR completion of an ACGME or AOA accredited residency training program in orthopedic surgery that included extensive experience in cervical disc arthroplasty and a series of mentored operations with a surgeon experienced in cervical disc arthroplasty; AND completion of cervical disc arthroplasty course by the offering technology company.

Required Current Experience: Privileging for ACDF and completion of a course in cervical disc arthroplasty by the offering technology company. If no previous experience in residency or post residency, proctoring by a surgeon experienced in cervical disc arthroplasty surgeon for the first series of cases as defined by the Department Chair.

Renewal of Privilege: Demonstrated current competence and evidence of the performance of an adequate number of procedures in the past 24 months based on ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: *Cervical Disc Arthroplasty*

Requested

UNMH Neurosurgery Clinical Privileges

Name:

Effective Dates: _____ To: _____

Qualifications for Carotid Endarterectomy (CE)

Criteria: Successful completion of an ACGME or AOA accredited post graduate training program that included training in CE procedures or an approved hands-on CME under the supervision of a qualified surgeon instructor.

Required Current Experience: Demonstrated current competence and evidence of the performance of an adequate volume of CE procedures with acceptable results in the past 12 months or completion of training in the past 12 months.

Renewal of Privilege: Demonstrated current competence and evidence of the performance of an adequate volume of CE procedures with acceptable results in the past 24 months based on ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: *Carotid Endarterectomy (CE)*

Requested

Qualifications for Stereotactic Radiosurgery

Criteria: Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in neurological surgery that included training in Stereotactic Radiosurgery (SRS) or completion of an approved training program in radiosurgery. Applicant must demonstrate training and experience with the specific delivery system to be used.

Required Current Experience: Demonstrated current competence and evidence of the performance of an adequate volume of radiosurgery procedures with acceptable results in the past 12 months or completion of training in the past 12 months. In addition, proctoring by an experienced radiosurgery physician is required for at least the first series of cases, as defined by the Department Chair.

Renewal of Privilege: Demonstrated current competence and evidence of the performance of an adequate volume of radiosurgery procedures with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: *Stereotactic Radiosurgery*

Requested

UNMH Neurosurgery Clinical Privileges

Name:

Effective Dates: _____ To: _____

Qualifications for Carotid Stenting

Criteria: Successful completion of a fellowship in endovascular surgical neuroradiology¹ that included training in diagnostic angiography, carotid angioplasty, and stent placement procedures. If not taught in an accredited residency/fellowship program, applicants must have completed an approved hands on training program in diagnostic angiography and carotid angioplasty under the supervision of a qualified physician instructor. Applicants must also have completed a training course in the embolic protection system or device that is used in the carotid artery stenting procedure. In addition, applicants must be able to demonstrate that they have performed at least 200 diagnostic cerebral angiograms if they have no prior catheter experience or 100 diagnostic cerebral angiograms if they have experience sufficient to meet the AHA requirements for peripheral vascular interventions.

Required Current Experience: Demonstrated current competence and evidence of an adequate volume of carotid artery stenting procedures with acceptable results in the past 12 months with at least half as the primary operator or completion of training in the past 12 months.

Renewal of Privilege: Demonstrated current competence and evidence of an adequate volume of carotid artery stenting procedures with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: *Carotid Stenting*

Requested

UNMH Neurosurgery Clinical Privileges

Name:

Effective Dates: _____ To: _____

Qualifications for 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) 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.

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.

Renewal of Privilege: 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: <i>Transcranial Doppler (TCD) Ultrasonography</i>

Requested

UNMH Neurosurgery Clinical Privileges

Name: _____
Effective Dates: _____ To: _____

Acknowledgment of practitioner

I have requested only those 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, and 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.

Signed _____ Date _____

Department Chair recommendation

I have reviewed the requested clinical privileges with the applicant and the 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 following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation

Notes:

Department Chair Signature _____ Date _____

Criteria approved by UNMH Board of Trustees on 02/20/2015