

**UNIVERSITY HOSPITAL AND HEALTH SYSTEM**  
**UNIVERSITY OF MISSISSIPPI MEDICAL CENTER**  
2500 North State Street, Jackson MS 39216

**NEUROLOGICAL SURGERY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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- ☐ Initial Appointment  
☐ Reappointment

***All new applicants must meet the following requirements as approved by the governing body effective: 01/06/2016***

***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***

- Note that privileges granted may only be exercised at the site(s) and/or 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 and/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 governance (MS Bylaws, Rules and Regulations) organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**QUALIFICATIONS FOR NEUROLOGICAL SURGERY**

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***To be eligible to apply for core privileges in neurological surgery, the initial applicant must meet the following criteria:***

Current specialty certification in neurological surgery by the American Board of Neurological Surgery or the American Osteopathic Board of Surgery.

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in neurological surgery and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading the specialty certification in neurological surgery by the American Board of Neurological Surgery or the American Osteopathic Board of Surgery.

***Required Previous Experience:*** Applicants for initial appointment must be able to demonstrate performance of a sufficient volume of neurological surgical procedures, reflective of the scope of privileges requested, in the past 24 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.

***Reappointment Requirements:*** To be eligible to renew core privileges in neurological surgery, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient 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. Medical Staff

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members whose board certificates in neurological surgery bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

**CORE PRIVILEGES**

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**NEUROLOGICAL SURGERY CORE PRIVILEGES**

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- ☐ **Requested** 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 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.

**QUALIFICATIONS FOR ENDOVASCULAR SURGICAL NEURORADIOLOGY**

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

As for neurological surgery plus successful completion of a one year fellowship in endovascular surgical neuroradiology and prior experience in catheter techniques, and diagnostic angiography, either during residency training or during fellowship training.

***Required Previous Experience:*** Applicants for initial appointment must be able to demonstrate provision of endovascular surgical neuroradiology treatment, reflective of the scope of privileges requested, to a sufficient volume of patients in the past 24 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.

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**Reappointment Requirements:** To be eligible to renew core privileges in endovascular surgical neuroradiology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient 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. Medical Staff members whose board certificates bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

**CORE PRIVILEGES**

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**ENDOVASCULAR SURGICAL NEURORADIOLOGY CORE PRIVILEGES**

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- ☐ **Requested** Diagnose and treat patients of all ages with diseases of the central nervous system by use of catheter technology, radiologic imaging, and clinical expertise. Participate in short-term and long-term postprocedure follow-up care, including neurointensive care. 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.

**SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)**

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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 previous experience, and for maintenance of clinical competence.

**DEEP BRAIN STIMULATION (DBS)**

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- ☐ **Requested**

**Criteria:** Successful completion of an ACGME 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. In addition, applicants must have completed training in DBS, which included proctoring by an industry (e.g. Medtronic) technical representative or by an experienced DBS surgeon. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of DBS procedures in the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of DBS procedures in the past 24 months based on ongoing professional practice evaluation and outcomes.

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**USE OF LASER**

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☐ **Requested**

***Criteria:***

- 1) Completion of an acceptable laser safety course provided by the UMMC Laser Safety Officer  
AND
- 2) Successful completion of an approved residency in a specialty or subspecialty which  
included training in lasers  
OR  
Successful completion of a hands-on CME course which included training in laser principles  
and observation and hands-on experience with lasers  
OR  
Evidence of sufficient volume of procedures performed utilizing lasers (with acceptable  
outcomes) within the past 24 months  
AND
- 3) Practitioner agrees to limit practice to only the specific laser types for which they have  
documentation of training and/or experience

***Maintenance of Privilege:***

A practitioner must document that procedures have been performed over the past 24 months utilizing lasers (with acceptable outcomes) in order to maintain active privileges for laser use. In addition, completion of a laser safety refresher course provided by the Laser Safety Officer is required for maintenance of the privilege. Practitioner agrees to limit practice to only the specific laser types for which they have documentation of training and/or experience.

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**TRANSCRANIAL DOPPLER ULTRASONOGRAPHY**

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☐ **Requested**

***Criteria:*** Successful completion of one of the following training tracks: 1) an ACGME OR AOA accredited residency or fellowship program in which included supervised training in TCD performance/interpretation and experience in interpreting a sufficient volume of studies while under supervision or 2) an ACGME-approved CME program that included supervised training in TCD performance /interpretation and experience in interpreting a sufficient volume of cases while under the supervision of a physician , or 3) 3 years of practice experience which included the performance/interpretation of a sufficient volume of TCD studies. ***Required Previous Experience:*** Demonstrated current competence and evidence of the performance and/or interpretation of a sufficient volume of TCD studies in the past 24 months.

***Maintenance of Privilege:*** Demonstrated current competence and evidence of the performance and/or interpretation of a sufficient volume of TCD studies 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.

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**ARTIFICIAL DISC REPLACEMENT (ADR)**

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☐ **Requested**

**Criteria:** 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. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of ADR surgery procedures in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of ADR surgery procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**STEREOTACTIC RADIOSURGERY**

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☐ **Requested**

**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. If training in SRS was not obtained during residency, the applicant must present evidence of equivalent training. Applicant must demonstrate training and experience with the specific delivery system to be used. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of radiosurgery procedures in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of radiosurgery procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**CAROTID ENDARTERECTOMY (CE)**

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☐ **Requested**

**Criteria:** Successful completion of an ACGME or AOA accredited post graduate training program that included training in CE procedures. If the program did not include CE procedures, applicant must have completed an approved hands-on training program under the supervision of a qualified surgeon instructor. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of CE procedures in the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of CE procedures in the past 24 months based on ongoing professional practice evaluation and outcomes.

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**CAROTID STENTING**

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☐ **Requested**

**Criteria:** The applicant must have concurrent UHHS privileges to perform coronary, peripheral or neurological diagnostic angiography and percutaneous interventions in order to qualify for carotid artery angioplasty and stent placement. **Board certification:** The applicant must be currently certified or eligible for certification by one of the following boards:

- American Board of Radiology with certificate of added qualification in Interventional Radiology or Neuroradiology
- American Board of Surgery in Vascular Surgery

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- American Board of Internal Medicine in Vascular Medicine or Cardiovascular Medicine with additional training in interventional procedures
- American Board of Neurosurgery with additional training in percutaneous vascular neurointerventional procedures
- American Board of Psychiatry and Neurology with additional training in endovascular procedures

**Required Previous Experience:** Evidence of prior performance and interpretation of at least 30 selective carotid/cerebral diagnostic angiograms (15 as the primary operator) and 25 selective carotid interventions (13 as the primary operator). This requirement may be met within a formal ACGME-approved training program or from previous clinical training and experience. Verification from the training institution or the site of the previous experience may be required OR direct supervision by a credentialed provider of the performance and interpretation of at least 30 selective carotid/cerebral diagnostic angiograms (15 as the primary operator) and 25 selective carotid interventions (13 as the primary operator). **Maintenance of Privilege:** Applicants must be able to provide evidence of performance of a sufficient number of cases of carotid interventions within the past 24 months. The recommended number of procedures for the preceding 24 month period is 4. Reappointment for these privileges will be considered on a case by case basis for providers who routinely care for carotid disease and who have sufficient experience in catheter-based procedures. In addition, the applicant must be able to produce evidence of 8 hours of continuing medical education in stroke and/or cerebrovascular vascular disease within the past 24 months if requested.

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**FLUOROSCOPY USE**

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☐ **Requested**

**Criteria:**

- ☐ Current board certification in Radiology, Diagnostic Radiology or Radiation Oncology by the American Board of Radiology or the American Osteopathic Board of Radiology  
**OR**
- ☐ Successful completion of a residency/fellowship program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) that included 6 months of training in fluoroscopic imaging procedures and documentation of the successful completion of didactic course lectures and laboratory instruction in radiation physics, radiobiology, radiation safety, and radiation management applicable to the use of fluoroscopy, including passing a written examination in these areas.  
**OR**
- ☐ Participation in a preceptorship that requires at least 10 procedures be performed under the direction of a qualified physician who has met these standards and who certifies that the trainee meets minimum fluoroscopy safety standards. (Applicable to physicians whose residency/fellowship did not include radiation physics, radiobiology, radiation safety, and radiation management)  
**OR**
- ☐ Good faith estimate of volume of procedures performed utilizing fluoroscopy in the last 24 months.  
Examples of procedures performed: \_\_\_\_\_  
Number of procedures performed in the last 24 months: \_\_\_\_\_  
Percentage of cases with fluoroscopic time >120 minutes, dose > 3 Gy, or equivalent: \_\_\_\_\_

**AND (all applicants)**

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- ☐ Successful completion of a fluoroscopy safety course provided by the UMMC Radiation Safety Officer

***Maintenance of Privilege:*** A practitioner must document that procedures have been performed over the past 24 months utilizing fluoroscopy (with acceptable outcomes) in order to maintain active privileges for use. In addition, completion of a fluoroscopy safety refresher course provided by the Radiation Safety Officer is required for maintenance of the privilege.

**RADIOLOGY CHAIR APPROVAL:**

I have reviewed the above requested privileges and I attest that this practitioner is competent to perform the privileges requested based on the information provided.

\_\_\_\_\_  
Signature, Chair—Department of Radiology

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**ADMINISTRATION OF SEDATION AND ANALGESIA**

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- ☐ **Requested** See Hospital Policy for Procedural Sedation by Non-Anesthesiologists for additional information.

**Section One--INITIAL REQUESTS ONLY:**

- ☐ Completion of residency or fellowship in anesthesiology, emergency medicine or critical care **-OR-**
- ☐ Completion of residency or fellowship within the past year in a clinical subspecialty that provides training in procedural sedation training **-OR-**
- ☐ Demonstration of prior clinical privileges to perform procedural sedation along with a good-faith estimate of at least 20 such sedations performed during the previous year (the estimate should include information about each type of procedure where sedation was administered with a list of any adverse events related to the sedation during those cases, including causal analysis, treatment, and outcome:

\_\_\_\_\_  
**-OR-**

- ☐ Successful completion (within six months of application for privileges) of a UMHC-approved procedural sedation training and examination course that includes practical training and examination under simulation conditions.

**Section Two--INITIAL AND RE-PRIVILEGING REQUESTS:**

- ☐ Successful completion of the UMHC web based Procedural Sedation Course/Exam initially and at least once every two years **-AND-**

Provision of a good-faith estimate of the number of instances of each type of procedure where sedation is administered with a list of any adverse events related to the sedation during those cases, including causal analysis, treatment, and outcome:

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\_\_\_\_\_  
\_\_\_\_\_  
**-AND-**

- ☐ ACLS, PALS and/or NRP, as appropriate to the patient population. **(Current)**

**-OR-**

- ☐ Maintenance of board certification or eligibility in anesthesiology, emergency medicine, pediatric emergency medicine, cardiovascular disease, advanced heart failure and transplant cardiology, clinical cardiac electrophysiology, interventional cardiology, pediatric cardiology, critical care medicine, surgical critical care, neurocritical care or pediatric critical care, as well as active clinical practice in the provision of procedural sedation.

**Section Three--PRIVILEGES FOR DEEP SEDATION:**

- ☐ I am requesting privileges to administer/manage deep sedation as part of these procedural sedation privileges.

**Deep Sedation/Anesthetic Agents used:** \_\_\_\_\_

\_\_\_\_\_  
APPLICABLE TO REQUESTS FOR DEEP SEDATION ONLY:

**I have reviewed and approve the above requested privileges based on the provider's critical care, emergency medicine or anesthesia training and/or background.**

\_\_\_\_\_  
Signature of Anesthesiology Chair

\_\_\_\_\_  
Date

**ULTRASOUND-GUIDED CENTRAL LINE INSERTION**

- ☐ **Requested** See Medical Staff Policy for Ultrasound-Guided Central Line Insertion for additional information.

Initial Privileging:

As for core privileges plus:

- Completion of a UMMC ultrasound-guided central line insertion Healthstream learning module; and
- Completion of ultrasound-guided central line insertion simulation training in the UMMC Simulation and Interprofessional Education Center; and



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- Focused professional practice evaluation to include proctoring of the ultrasound-guided insertion of at least 5 central lines (femoral or internal jugular) within the first 6 months of appointment

Reprivileging:

As for core privileges plus:

- Completion of a UMMC ultrasound-guided central line insertion Healthstream learning module; and
- Performance of at least 10 ultrasound-guided central line insertions in the past 24 months;

If volume requirements are not met, the following may substitute:

- Completion of ultrasound-guided central line insertion simulation training in the UMMC Simulation and Interprofessional Education Center; and
- Focused professional practice evaluation to include proctoring of the ultrasound-guided insertion of at least 5 central lines (femoral or internal jugular) within the first 6 months of re-appointment

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**CORE PROCEDURE LIST**

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

**Neurological Surgery**

- 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
- All spinal procedures for decompression, arthrodesis and stabilization for all conditions affecting the spine, including, but not limited to trauma, tumors, degenerative disorders, hemorrhage, vascular malformations and congenital deformities.
- Angiography
- Cordotomy, rhizotomy and dorsal column stimulators for the relief of pain
- Endoscopic minimally invasive surgery
- Epidural steroid injections for pain
- Insertion and management of programmable infusion pump
- Insertion and management of programmable shunt
- 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
- Peripheral nerve procedures, including decompressive procedures and reconstructive procedures on the peripheral nerves
- Order respiratory services
- Order rehab services
- Perform history and physical exam
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
- 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)

**NEUROLOGICAL SURGERY CLINICAL PRIVILEGES**

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- Stereotactic surgery
- Surgery for intervertebral disc disease
- Surgery on the sympathetic nervous system
- Transsphenoidal procedures for lesions of the sellar or parasellar region, fluid leak or fracture
- Ultrasonic surgery procedures
- Ventricular shunt operation for hydrocephalus, revision of shunt operation, ventriculocisternostomy
- Ventriculography

**Endovascular Surgical Neuroradiology**

- Integrating endovascular surgical therapy into the clinical management of patients with neurological diseases (or diseases of the central nervous system) when performing diagnostic and therapeutic procedures
- Interpreting preliminary diagnostic studies
- Order respiratory services
- Order rehab services
- Perform history and physical exam
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
- Performing clinical preprocedure evaluations of patients
- Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord); coil occlusion of aneurysm
- Mechanical retriever

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**ACKNOWLEDGEMENT 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 University Hospital and Health System, University of Mississippi Medical Center, 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** \_\_\_\_\_

**TRAUMA DIRECTOR'S RECOMMENDATION (AS APPLICABLE)**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- ☐ Recommend all requested privileges.
- ☐ Recommend privileges with the following conditions/modifications:
- ☐ Do not recommend the following requested privileges:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Notes**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Trauma Director's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**DIVISION CHIEF'S RECOMMENDATION (AS APPLICABLE)**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- ☐ Recommend all requested privileges.
- ☐ Recommend privileges with the following conditions/modifications:
- ☐ Do not recommend the following requested privileges:

***Privilege***

***Condition/Modification/Explanation***

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

***Notes***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Division Chief Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

**DEPARTMENT CHAIR'S RECOMMENDATION**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- ☐ Recommend all requested privileges.
- ☐ Recommend privileges with the following conditions/modifications:
- ☐ Do not recommend the following requested privileges:

***Privilege***

***Condition/Modification/Explanation***

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

***Notes***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Department Chair Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

Reviewed:

Revised:

2/3/2010, 5/5/2010, 6/2/2010, 10/5/2011, 11/2/2011, 12/16/2011, 6/6/2012, 4/3/2013, 4/1/2015,  
8/05/2015, 11/04/2015, 8/05/2015, 01/06/2016