



Delineation Of Privileges
Neurology Privileges

Provider Name:

Privilege	Requested	Deferred	Approved
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NEUROLOGY CORE PRIVILEGES

Criteria:

- a) Board Certification or qualified for certification by the American Board of Psychiatry and Neurology; OR,
- b) Successful completion of an ACGME or AOA approved Neurology training program.

Proctoring Requirements: A minimum of eight (8) cases, in accordance with the Medical Staff Proctoring Protocol.

GENERAL PRIVILEGES:

Admitting Privileges ___

Consultation Only privileges ___

Sedation Analgesia ___

Criteria: Requires successful completion of the Sedation Assessment Test

Additional criteria effective April 1, 2015: a) Evidence of current ACLS and/or PALS from the American Heart Association; AND b) Evidence of completion of an Airway Management Course

a) Adult Sedation ___

b) Pediatric Sedation (17 years and under) ___

NEUROLOGY CORE PRIVILEGES

Includes the management and coordination of care, treatment and services, including: Medical history and physical examinations, consultations and prescribing medication in accordance with DEA certificate. (ACC)

Diseases of the central nervous system including brain stem and spinal cord ___

Diseases of the peripheral nerves, including traumatic, but not requiring surgical repair. ___

Diseases of the brachial and lumbar plexus, including toxic and metabolic conditions but not requiring surgical repair ___

Diseases of the neuromuscular junction, including toxic and metabolic conditions but not requiring ventilatory support ___



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Diseases of the muscle, including dystrophies, inflammatory and metabolic myopathies, but not requiring ventilatory support	—	—	—
Diseases involving the cranial nerves and/or the brain stem, but not requiring ventilatory or circulatory support or parenteral alimentation	—	—	—
Hypertension	—	—	—
Psychiatric diseases, including character disorder, neurosis and psychosis but not considered life-threatening	—	—	—
Cerebral or brain stem infarction, embolus or hemorrhage, with altered level of consciousness, but without coma.	—	—	—
Diseases of the central and/or peripheral nervous systems, myoneural injection and/or muscle requiring ventilatory and/or vascular assistance, with or without parenteral fluid/electrolyte/caloric maintenance	—	—	—
Epilepsy, including status epilepticus, but not including cases difficult to control.	—	—	—
Accelerated hypertension with encephalopathy but without coma	—	—	—
Infectious diseases in patients with neurological impairment, including pulmonary, renal and bloodstream infections, endocarditis, purulent and non-bacterial meningitis, encephalitis and focal suppurative encephalitis (abscess), but without focal cerebral mass effect	—	—	—
Renal, pulmonary and cardiac insufficiency and decompensation in patients with neurological disease	—	—	—
Lumbar puncture	—	—	—
Clinical Neurophysiology (both recording and interpretation):	—	—	—
a) EMG - Electromyography, nerve conduction velocities and related testing			
b) EEG - Routine electroencephalography			



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Coma from all causes, including toxic, metabolic, infectious, inflammatory, degenerative diseases that due to endocrinopathy, with or without increased intracranial pressure (due to focal mass effect or of a more generalized nature)	—	—	—
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Status epilepticus from all causes	—	—	—
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All diseases of the central and/or peripheral nervous systems, myoneural injunction and/or somatic musculature leading to the need fo rventilatory and/or vascular life support system, including patients requiring parenteral alimentation, including hyperalimentation	—	—	—
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Psychiatric illness considered life-threatening with significant neurologic component	—	—	—
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NEUROLOGY - SUPPLEMENTAL PRIVILEGES TO CORE PRIVILEGES

Criteria: Board Certification or qualified for certification by the American Board of Psychiatry and Neurology; OR successful completion of an ACGME or AOA approved Neurology training program; AND All applicants must provide certification by a Training Director regarding experience and demonstrated competence to perform each of the procedure(s) being requested.

Proctoring Requirements: A minimum of one case for each supplemental procedure requested, unless otherwise indicated below.

Competency Requirements: Applicants must provide evidence of performing at least three (3) procedures over a two-year period in each of the specific supplemental privileges requested below.

Intraoperative EEG	—	—	—
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Long-term EEG monitoring	—	—	—
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Evoked potentials	—	—	—
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Vascular studies: transcranial doppler	—	—	—
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Angio Wada procedure	—	—	—
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Cortical mapping	—	—	—
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Insert sphenoidal electrodes	—	—	—
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EEG with drugs, during monitoring	—	—	—
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Digital spike analysis, during monitoring

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Intraoperative testing, VER, BAER, SER

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Video-EEG Telemetry

	—	—	—
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Muscle and nerve biopsy

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MRS - Neurospectroscopy

Criteria: Requires completion of an approved training course and evidence of completing fifty (50) hours of Neurospectroscopy training.

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SLEEP - POLYSOMNOGRAPHY

Criteria: Physicians applying for initial privileges after March 1, 2011 must meet the following criteria:

- A) Board certified by either the American Board of Sleep Medicine or the American Board of Psychiatry and Neurology with Certificate of Special Qualifications in Sleep Medicine; OR
- B) Board Certified in Neurology AND successful completion of a twelve (12) month ACGME or AOA approved Sleep Medicine Fellowship program, such as to qualify for certification by the American Board of Psychiatry with Certificate of Special Qualifications in Sleep Medicine and must obtain board certification within two years of completing the Sleep Medicine fellowship program.

(Physicians granted Sleep Polysomnography privilege prior to March 1, 2011 shall maintain their existing privileges under the following criteria: Requires board certification in Sleep Medicine.)

Proctoring Requirements: Three sleep polysomnography cases must be proctored.

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TELENEUROLOGY PRIVILEGES

Criteria: Applicants must be a member of either Code Stroke Team or the Epilepsy Brain Mapping Unit and provide documentation of completing at least three (3) Teleneurology consults within the previous twenty-four (24) months.

Competency Requirements: Must provide documentation of completing at least two (2) Teleneurology consults within the previous twenty-four (24) months.

Teleepilepsy Privileges

Criteria: Must be a member of the Code Epilepsy Brain Mapping Unit (EBMU) Team

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Telestroke Privileges

Criteria: Must be a member of the Code Stroke Team

DEEP BRAIN STIMULATION (Movement Disorders)

Criteria: Applicants must submit documentation of performing at least ten (10) procedures total experience.

Competency Requirements: Must provide documentation of performing at least three (3) procedures within the previous twenty-four (24) months. *Please enter the number of Deep Brain Stimulation procedures you have performed during the past twenty-four (24) months:* _____

Proctoring Requirements: The first three (3) procedures must be proctored and satisfactorily completed.

Deep Brain Stimulation (Movement Disorder) Privileges

VAGUS NERVE STIMULATION

Criteria: Applicants must submit documentation of performing at least ten (10) procedures in two (2) years.

Competency Requirements: Must provide documentation of performing at least three (3) procedures within the previous twenty-four (24) months. *Please enter the number of Vagus Nerve Stimulation procedures you have performed during the past twenty-four (24) months:* _____

Proctoring Requirements: The first three (3) procedures must be proctored and satisfactorily completed.

Vagus Nerve Stimulation Privileges

INTRATHECAL BACLOFEN TRIAL

Criteria: Applicants must meet the criteria defined in either Section "A" or "B" below:

A. Completion of an ACGME or AOA approved Residency or Fellowship Training program which included training Intrathecal Baclofen trials, **AND** submit documentation from the training program Director of the successful performance of a minimum of three (3) ITB trials during training **and** submit documentation of performing at least three procedures within the last three years; **-OR-**

B. On or before December 31, 2012 completion of an ACGME or AOA approved Neurology Residency or Fellowship training program; **AND** provide evidence of training in the ITB Baclofen Trial procedure **AND** documentation of the successful performance of a minimum of ten (10) ITB trials from the Department Chair/Director at the institution where the applicant has recently performed these procedures.

Competency Requirements: Physicians must submit evidence of performing at least three (3) procedures within the previous twenty-four (24) months.

Proctoring Requirements: Proctoring of the first two (2) procedures will be required.

Intrathecal Baclofen Trial Privileges



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TRANSCRANIAL LASER TECHNOLOGY

Criteria: Applicants must submit documentation of training by the Device Manufacturer.

Competency Requirements: Physicians must submit evidence of performing at least three (3) procedures within the previous twenty-four (24) months.

Proctoring Requirements: Proctoring of the first two (2) procedures will be required.

Transcranial Laser Privileges

Last Revised: 6/28/07; 3/25/10; 2/24/11; 5/26/11; 6/23/11; 2/23/12; 01/24/2013; 10/30/2014

ACKNOWLEDGEMENT OF THE PRACTITIONER:

I have requested only those privileges for which my education, training, current experience and demonstrated performance I am qualified to perform, and that I wish to exercise at Huntington Hospital, and I understand that: a) in exercising my 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 a situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature of Applicant: _____ **Date:** _____

DEPARTMENT CHAIR RECOMMENDATIONS

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Applicant may perform privileges and procedures as indicated: _____ YES _____ NO

Exceptions/Limitations (Please Specify): _____

APPROVALS:

Section Chair: _____ **Date:** _____

Department Chair: _____ **Date:** _____

Credential Committee Date: _____



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Medical Executive Committee Date: _____

Board of Directors Approved on: _____