Privileges for San Francisco General Hospital

Requested  Approved

Applicant: Please initial the privileges you are requesting in the Requested column.
Service Chief: Please initial the privileges you are approving in the Approved column.

Nsurg NEUROSURGERY 2009
(6/10 MEC)

FOR ALL PRIVILEGES: All complication rates, including problem transfusions, deaths, unusual occurrence reports, patient complaints, and sentinel events, as well as Department quality indicators, will be monitored semiannually.

20.00 CORE PRIVILEGES

Preoperative, operative and post-operative care of patients of all patients with diseases of the nervous system. Critical care of all neurosurgical patients hospitalized in the Intensive Care Unit. Non-surgical or minor surgical management in the neurosurgical clinic, emergency service and intensive care unit, including lumbar puncture and would closure.

PREREQUISITES: Currently Board Admissible, Board Certified, or currently meets the training requirements for Board eligibility by the American Board of Neurological Surgery, or Re-Certified by the American Board of Neurological Surgery, or a member of the Clinical Service prior to 10/17/00.

PROCTORING: 5 observed patient encounters and 15 retrospective reviews of patient management encounters.

REAPPOINTMENT: 25 cases in the previous two years.

A. Placement of ventricular drain
B. Placement of lumbar subarachnoid drain
C. Lumbar puncture
D. Complex scalp and wound closure

20.10 SPECIAL PRIVILEGES

20.11 CRANIOTOMY OR CRANIECTOMY

Preoperative, operative, and postoperative care of patients with cranial and intracranial conditions.

PREREQUISITES: Currently Board Admissible, Board Certified, or currently meets the training requirements for Board eligibility by the American Board of Neurological Surgery, or Re-Certified by the American Board of Neurological Surgery, or a member of the Clinical Service prior to 10/17/00.

PROCTORING: 2 observed operative procedures and 10 retrospective reviews of operative procedures

REAPPOINTMENT: 45 operative procedures in the previous two years

A. Craniotomy for benign and malignant brain tumors
B. Craniotomy for aneurysms
C. Craniotomy for ateriovenous malformations
D. Craniotomy for intracerebral hematoma
E. Craniotomy for epidural hematoma
F. Craniotomy for subdural hematoma
G. Craniotomy for intracerebral contusion
H. Craniotomy for intracerebral abscess/infection
I. Craniotomy for cerebrospinal fluid leak
J. Ventriculoperitoneal shunt
K. Craniotomy for burr hole for brain biopsy
**Privileges for San Francisco General Hospital**

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<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>L. Craniotomy for skull fracture repair</td>
</tr>
<tr>
<td></td>
<td>M. Decompressive hemicraniectomy</td>
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<td></td>
<td>N. Cranioplasty</td>
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**20.12 SPINAL**

Preoperative, operative, and postoperative care of patients with traumatic, degenerative, benign, malignant, and infectious spinal conditions.

**PREREQUISITES:** Currently Board Admissible, Board Certified, or currently meets the training requirements for Board eligibility by the American Board of Neurological Surgery, or Re-Certified by the American Board of Neurological Surgery, or a member of the Clinical Service prior to 10/17/00.

**PROCTORING:** 2 observed operative procedures and 10 retrospective reviews of operative procedures

**REAPPOINTMENT:** 2 operative procedures in the previous two years

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<tbody>
<tr>
<td>A.</td>
<td>Laminectomy or laminotomy for stenosis, trauma, tumor, infection, or vascular anomaly</td>
</tr>
<tr>
<td>B.</td>
<td>Discectomy for stenosis, trauma, tumor, infection, or vascular anomaly</td>
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<tr>
<td>C.</td>
<td>Vertebrectomy for stenosis, trauma, tumor, infection, or vascular anomaly</td>
</tr>
<tr>
<td>D.</td>
<td>Anterior cervical spine instrumentation</td>
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<tr>
<td>E.</td>
<td>Posterior cervical spine instrumentation</td>
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<tr>
<td>F.</td>
<td>Occipital-cervical spine instrumentation</td>
</tr>
<tr>
<td>G.</td>
<td>Anterior thoracolumbar spine instrumentation</td>
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<tr>
<td>H.</td>
<td>Posterior thoracolumbar spine instrumentation</td>
</tr>
<tr>
<td>I.</td>
<td>Correction of spine deformity</td>
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</table>

**20.13 PERIPHERAL NERVE:** Peripheral Nerve Neurolyses, Decompression, Repair

Preoperative, operative, and postoperative care of patients with traumatic, degenerative, benign, malignant, and infectious peripheral nerve conditions.

**PREREQUISITES:** Currently Board Admissible, Board Certified, or currently meets the training requirements for Board eligibility by the American Board of Neurological Surgery, or Re-Certified by the American Board of Neurological Surgery, or a member of the Clinical Service prior to 10/17/00.

**PROCTORING:** 2 observed operative procedures

**REAPPOINTMENT:** 2 operative procedures in the previous two years

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<tbody>
<tr>
<td>A.</td>
<td>Peripheral nerve biopsy</td>
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<td>B.</td>
<td>Median nerve decompression</td>
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<tr>
<td>C.</td>
<td>Ulnar nerve decompression</td>
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<tr>
<td>D.</td>
<td>Peripheral nerve injury repair</td>
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<tr>
<td>E.</td>
<td>Resection of benign and malignant peripheral nerve tumors</td>
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</tbody>
</table>

**20.14 TRACHEOSTOMY**

**PREREQUISITES:** Currently Board Admissible, Board Certified, or currently meets the training requirements for Board eligibility by the American Board of Neurological Surgery, or Re-Certified by the American Board of Neurological Surgery, or a member of the Clinical Service prior to 10/17/00

**PROCTORING:** 2 observed operative procedures

**REAPPOINTMENT:** 2 operative procedures in the previous two years
Privileges for San Francisco General Hospital

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### 20.15 INTRACRANIAL & EXTRACRANIAL REVASCULARIZATION
Preoperative, operative, and postoperative care of patients with traumatic, degenerative, congenital, benign, malignant, and infectious neurovascular conditions.

PREREQUISITES: Currently Board Admissible, Board Certified, or currently meets the training requirements for Board eligibility by the American Board of Neurological Surgery, or Re-Certified by the American Board of Neurological Surgery, or a member of the Clinical Service prior to 10/17/00.

PROCTORING: 2 observed operative procedure

REAPPOINTMENT: 2 operative procedures in the previous two years

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<tbody>
<tr>
<td>A.</td>
<td>Carotid endarterectomy</td>
</tr>
<tr>
<td>B.</td>
<td>External carotid to internal carotid bypass</td>
</tr>
<tr>
<td>C.</td>
<td>Superficial temporal artery to middle cerebral artery bypass</td>
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<tr>
<td>D.</td>
<td>Temporal artery bypass</td>
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</table>

### 20.16 FUNCTIONAL & STEREOTACTIC SURGERY & NEUROMONITORING
Preoperative, operative, and postoperative care of patients requiring functional surgery, stereotactic surgery, or neuromonitoring.

PREREQUISITES: Currently Board Admissible, Board Certified, or currently meets the training requirements for Board eligibility by the American Board of Neurological Surgery, or Re-Certified by the American Board of Neurological Surgery, or a member of the Clinical Service prior to 10/17/00.

PROCTORING: 2 observed operative procedure

REAPPOINTMENT: 2 operative procedures in the previous two years

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<tbody>
<tr>
<td>A.</td>
<td>Stereotactic cranial or spinal recording</td>
</tr>
<tr>
<td>B.</td>
<td>Stereotactic biopsy</td>
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<tr>
<td>C.</td>
<td>Percutaneous or open spinal cord ablative procedures</td>
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<tr>
<td>D.</td>
<td>Implantation of spinal or peripheral nerve stimulation devices</td>
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<tr>
<td>E.</td>
<td>Placement of intracranial pressure monitor</td>
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<tr>
<td>F.</td>
<td>Placement of brain tissue oxygen monitor</td>
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<tr>
<td>G.</td>
<td>Placement of cerebral blood flow monitor</td>
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</table>

### 20.17 CENTRAL VENOUS ACCESS PROCEDURES
Preoperative, operative, and postoperative care of patients requiring central venous access procedures.

PREREQUISITES: Currently Board Admissible, Board Certified, or currently meets the training requirements for Board eligibility by the American Board of Neurological Surgery, or Re-Certified by the American Board of Neurological Surgery, or a member of the Clinical Service prior to 10/17/00.

PROCTORING: 2 observed operative procedure

REAPPOINTMENT: 2 operative procedures in the previous two years

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<tbody>
<tr>
<td>A.</td>
<td>Insertion of central venous access lines</td>
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<tr>
<td>B.</td>
<td>Jugular venous saturation monitoring</td>
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</table>
Privileges for San Francisco General Hospital

Requested  Approved

20.18 NEUROSONOLOGY
Perform Ultrasound examination for the diagnosis and management of cerebrovascular disease and head injury; Interpretation of studies
PREREQUISITES: Currently Board Admissible, Board Certified, or currently meets the training requirements for Board eligibility by the American Board of Neurological Surgery, or Re-Certified by the American Board of Neurological Surgery including formal training in the basic principles and clinical application of Neurosonology; or a minimum of 40 hours of Category I Training in courses approved by the ACGME and documentation of supervised interpretation of a minimum of 100 Neurosonology Studies. Verification of a passing score by the American Society of Neuroimaging (ASN) Neurosonology Examination or a member of the Clinical Service prior to 10/17/00.
PROCTORING: 4 observed operative procedures
REAPPOINTMENT: 2 operative procedure in the previous two years

20.19 ACUTE TRAUMA SURGERY
On-call trauma coverage for the comprehensive neurosurgical management of the acutely injured trauma patient. For acute cranial trauma procedures see Section 20.10. For acute spine trauma procedures see Section 20.20. For Acute peripheral nerve trauma procedure see Section 20.30. For acute neuromonitoring trauma procedure see Section 20.60
PREREQUISITES: Currently Board Admissible, Board Certified, or currently meets the training requirements for Board eligibility by the American Board of Neurological Surgery, or Re-Certified by the American Board of Neurological Surgery, or a member of the Clinical Service prior to 10/17/00. Availability, clinical performance and continuing medical education consistent with current standards for neurological surgeons at Level One Trauma Centers specified by the California Code of Regulations (Title 22) and the American College of Surgeons
PROCTORING: 2 observed operative procedures and 10 retrospective reviews of operative procedures
REAPPOINTMENT: 2 operative procedures in the previous two years

20.20 DIAGNOSTIC RADIOLOGY: FLUOROSCOPY
PREREQUISITES: Currently Board Admissible, Board Certified, or currently meets the training requirements for Board eligibility by the American Board of Neurological Surgery, or Re-Certified by the American Board of Neurological Surgery, or a member of the Clinical Service prior to 10/17/00 and current X-Ray/Fluoroscopy Certificate
PROCTORING: 1 observed procedure.
Presentation of valid California Fluoroscopy certificate
REAPPOINTMENT: 2 procedures in the previous two years and possession of an x-ray/fluoroscopy certificate Presentation of valid California Fluoroscopy certificate
Privileges for  San Francisco General Hospital

20.21 PROCEDURAL SEDATION

PREREQUISITES: The physician must possess the appropriate residency or clinical experience (read Hospital Policy 19.8 SEDATION) and have completed the procedural sedation test as evidenced by a satisfactory score on the examination. Currently Board Admissible, Board Certified, or currently meets the training requirements for Board eligibility by the American Board of Neurological Surgery, or Re-Certified by the American Board of Neurological Surgery, or a member of the Clinical Service prior to 10/17/00, and has completed at least one of the following:

- Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Emergency Medicine or Anesthesia or,
- Management of 10 airways via BVM or ETT per year in the preceding 2 years or,
- Current Basic Life Support (BLS) certification (age appropriate) by the American Heart Association

PROCTORING: Review of 5 cases (completed training within the last 5 years)

REAPPOINTMENT: Completion of the procedural sedation test as evidenced by a satisfactory score on the examination, and has completed at least one of the following:

- Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Emergency Medicine or Anesthesia or,
- Management of 10 airways via BVM or ETT per year for the preceding 2 years or,
- Current Basic Life Support (BLS) certification (age appropriate) by the American Heart Association
Privileges for San Francisco General Hospital

Requested  Approved

I hereby request clinical privileges as indicated above.

___________________________________________________________  __________________
Applicant  date

FOR DEPARTMENTAL USE:

_____  Proctors have been assigned for the newly granted privileges.

_____  Proctoring requirements have been satisfied.

_____  Medications requiring DEA certification may be prescribed by this provider.

_____  Medications requiring DEA certification will not be prescribed by this provider.

_____  CPR certification is required.

_____  CPR certification is not required.

APPROVED BY:

___________________________________________________________  __________________
Division Chief  date

___________________________________________________________  __________________
Service Chief  date