

Loma Linda University Medical Center
Loma Linda, CA 92354

PRIVILEGE FORM

CLINICAL AREA: **NEUROSURGERY**

Name: _____

Page 1 of 5

REQUEST	CATEGORY	MEMBERSHIP CATEGORY	ACTION		
			Approved	Conditions	Denied
	Provisional (Bylaws 4.3)	All initial appointees shall be placed in the Provisional Category for the duration of their initial appointment.			
	Administrative (Bylaws 4.7)	For practitioners who are members of the Medical Staff who have no clinical privileges, who are recommended for appointment or reappointment to the Administrative Staff by the Chief of the Clinical Service, the Credentials Committee, and the Medical Staff Executive Committee, and who must MUST meet the following:			
		1. Have been a member in good standing of the Active, Courtesy, or Provisional Staff for at least one (1) year.			
		2. Have completed proctoring for any clinical privileges previously requested.			
		3. Agree to refrain from participating in any activities within the Medical Center that require clinical privileges.			
		4. Provide significant service to the Medical Center and the Medical Staff in the form of academic activities, quality improvement activities, or administration.			
		5. Be recommended for appointment or reappointment			
		Failure to meet any of these qualifications will be adequate grounds to deny reappointment.			
	Affiliate (Bylaws(4.9)	Practitioners who CANNOT :			
		1. Vote or hold office in the Medical Staff or Service. 2. Be a member of any Medical Staff Committee. 3. Be Reappointed to the Affiliate Category.			
		Practitioners who MUST :			
		1. Have been a member in good standing of the Active, Courtesy or Consulting category during the immediate preceding appointment period. 2. Have completed, in a timely manner as described in the Bylaws, an application for reappointment. 3. Have been found to be qualified for reappointment, other than the volume of clinical activity.			
	Active (Bylaws 4.2)	Regularly care for patients in the Medical Center; have completed proctoring requirements and the Provisional period.			
	Courtesy (Bylaws 4.4)	Admit or otherwise provide care for not more than twelve (12) patients in the Medical Center during each year. Have completed proctoring and the Provisional period.			
	Consulting (Bylaws 4.5)	Render a clinical opinion within their competence. Shall not be eligible to admit patients or to assume continuing care of patients in the Medical Center. Not eligible to vote or hold office in the Medical Staff or Clinical Service			

Loma Linda University Medical Center
Loma Linda, CA 92354

PRIVILEGE FORM

CLINICAL AREA: **NEUROSURGERY**

Name: _____

Page 2 of 5

CATEGORY	QUALIFICATIONS
All	Current demonstrated competence and an adequate volume of current experience with acceptable results in the privileges requested for patients of all age groups, except as specifically excluded from practice.
Category 1	Current certification, or active participation in the examination process leading to certification, in neurosurgery by the American Board of Neurosurgery or the American Osteopathic Board of Surgery; or Successful completion of an ACGME/AOA accredited residency program in neurosurgery and acceptable practice in the privileges requested for at least an additional three (3) years.
Category 2	As stated above for Category 1; plus Formal supervised training or clinical experience of sufficient breadth and length with acceptable results in the particular privileges requested.
Special procedures followed by an asterisk (*)	Successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable program; and Demonstration of knowledge of indications for the procedure/test/therapy, and Satisfaction of such additional requirements as established by the Section.
Use of Laser	Completion of an accredited laser training program documenting laser care, physics and clinical indications for utilization for the specific laser; or Documentation from the chief of an accredited residency training program attesting to the training in specific laser therapy during residency.
Observation Requirements	As specified in the Neurological Section's rules and regulations.
Sedation	Moderate Sedation: Successful completion of the PURPLE Book test, or equivalency, from Loma Linda University Medical Center – Quality Resource Management (LLUMC-QRM). Deep Sedation: Successful completion of the PRS Self-Study packet and test, or equivalence, from LLUMC-QRM.

Loma Linda University Medical Center
Loma Linda, CA 92354

PRIVILEGE FORM

CLINICAL AREA: **NEUROSURGERY**

Name: _____

Page 3 of 5

MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Conditions	Denied
GENERAL					
	NS00300	Admit, treat, consult on diseases/disorders/conditions affecting the central nervous system(s) of the body			
	NS00310	Admit and treat with consultations, patients in the special care units (see specific unit supplement)			
	NS06730	Administration of nerve blocks with regional or local anesthesia			
		Supervision of Residents and Students			
		Supervision of Allied Health Professionals under the following circumstances: AHP is granted practice privileges by the Medical Staff AHP operates under standardized procedures Other circumstances as recommended by the IDP Committee and approved by the Medical Staff			
		Supervise Radiologic Technologists and operate Fluoroscopy Equipment. <u>Fluoroscopy Supervisor and Operator Permit required (attach current copy).</u>			
CATEGORY 1					
	NS03310	Intraoperative use of air, oil or other contrast medium to aid in the operative procedure.			
	NS06750	Lumbar puncture, cisternal puncture, ventricular tap, subdural tap			
	NS00560	All types of craniotomies, craniectomies and reconstructive procedures on the skull, including surgery on the brain, meninges, pituitary gland, cranial nerves and including surgery for cranial trauma and intracranial vascular lesions			
	NS02760	Management of congenital anomalies, such as encephalocele, meningocele, myelomeningocele			
	NS13450	Ventricular shunt operation for hydrocephalus, revision of shunt operation, ventriculocisternostomy			
	NS12750	Transsphenoidal procedures for lesions of the sellar or parasellar region			
	NS10230	Posterior fossa – microvascular decompression procedures			
	NS06470	Laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents			
	NS02640	Cordotomy, rhizotomy and dorsal column stimulators, and intrathecal drug delivery pumps for the relief of pain or spasticity.			
	NS06770	Lumbar subarachnoid-peritoneal shunt			
	NS11930	Surgery for intervertebral disc disease, and surgery on the sympathetic nervous system			
	NS01764	Burr holes for biopsy, drainage of cyst, subdural collection, epidural collection, or placement of reservoirs			
	NS09880	Occlusive vascular surgery, specifically carotid endarterectomy			

Loma Linda University Medical Center
Loma Linda, CA 92354

PRIVILEGE FORM

CLINICAL AREA: **NEUROSURGERY**

Name: _____

Page 4 of 5

MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Condition	Denied
CATEGORY 2					
	NS06190	Intracranial microvascular reconstructive surgery			
	NS06470	Placement external spine fixation device: halo & tongs for traction			
	NS11820	Stereotactic surgery, e.g., pallidotomy, thalamotomy			
	NS08400	Neurostimulators for motor or sensory dysfunction			
	NS13025	Ultrasonic surgery procedures			
	NS10745	Radiosurgery			
	NS04013	Epilepsy surgery			
	NS10746	Radiofrequency ablation			
	NS13324	Vascular anastomosis and vessel closures utilizing VCS clip			
USE OF LASER					
<i>List and check "Yes" in the Requested column for each specific type of laser for which privileges are requested.</i>					
	NS13181	CO ₂ Laser			
	NS13182	NdYAG			
	NS13183	KTP			
	NS13184	Argon			
SEDATION					
	NS99998	Moderate sedation			
	NS99999	Deep sedation			

**Loma Linda University Medical Center
Loma Linda, CA 92354**

PRIVILEGE FORM

CLINICAL AREA: **NEUROSURGERY**

Name: _____

Page 5 of 5

Acknowledgment of Practitioner

I have requested only those specific privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Loma Linda University Medical Center, Inc.;
and

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by any 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.

Signed: _____

Date: _____

**** *For Hospital and/or Clinic Use Only* ****

Conditions/Modifications:

The requested clinical privileges have been approved by the Board of Trustees with the following conditions/modifications and the explanation for same.

Code	Privilege	Condition/Modification
Code	Explanation:	

Chief of Service

Date

Credentials Committee Chair

Date

Medical Staff Executive Committee Chair

Date

Governing Body Officer

Date