

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.Surgery_Neuro,

Current Privilege Status Key

Practitioner's Current Privilege status is signified in () preceding each privilege.

G = Granted

W = Withdrawn

T = Temporary

P = With Proctor

A = Assist with

C = With Consult

E = Emergency Only

RQ = Requested

L = Leave of Absence

R = Resigned

S = Suspended

Staff Category - Associate Staff

Requested Granted

_____ () ASSOCIATE MEDICAL STAFF:

The associate Medical Staff shall consist of physicians, dentists and podiatrists who are being considered for advancement to membership as active or courtesy members of the Medical Staff. They shall be appointed to a specific department and may be appointed to serve on committees. They shall be ineligible to hold office in this Medical Staff organization. However, candidates for active staff status shall have voting privileges and shall accept emergency department coverage assignments.

All associate Medical Staff memberships shall be provisional for a period of one year. Associate membership renewal may not exceed an additional year, following which the failure to advance from associate Medical Staff membership shall be deemed a termination of Medical Staff membership. An associate Medical Staff member whose membership is so terminated shall have hearing rights accorded by the Medical Staff bylaws if the termination is an Adverse Action as defined in the Medical Staff bylaws.

Associate Medical Staff members shall be assigned to a department where their performance shall be evaluated by the chairperson of the department or the chairperson's representative in order to determine the eligibility of such associate staff members for continued Medical Staff membership and for exercising the clinical privileges provisionally granted to them.

Staff Category - Active Staff

Requested Granted

_____ () ACTIVE MEDICAL STAFF:

The active Medical Staff shall consist of physicians, dentists and podiatrists who regularly admit patients and/or provide services in the hospital, who are able to comply with response times set by their departments and otherwise provide continuous care to their patients, and who assume all the functions and responsibilities of membership on the active Medical Staff including emergency department coverage and consultation assignment as determined by the medical staff emergency department plan which is approved by the Medical Executive Committee. Members of the active Medical Staff shall be appointed to a specific department, shall be eligible to vote, to hold office, and to serve on Medical Staff committees.

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.Surgery_Neuro,

Staff Category - Affiliate Staff

Requested Granted

_____ _____ () AFFILIATE MEDICAL STAFF:

The affiliate Medical Staff shall consist of physicians, podiatrists and dentists who wish to be associated with Mercy Medical Center and its Medical Staff but have little or no active practice in the hospital. Members of the affiliate Medical Staff shall be appointed to a specific department of the Medical Staff, shall be eligible to vote, and shall be eligible to serve on Medical Staff committees. They shall be ineligible to hold office in this Medical Staff organization.

Affiliate Medical Staff members shall not have clinical privileges or provide orders on inpatients. Affiliate Medical Staff members wishing to refer a patient for inpatient care shall be responsible for arranging, at the time of admission, for the overall medical responsibility for the patient's care in the hospital to be assumed by a Medical Staff member of the appropriate specialty who holds full admitting privileges.

Staff Category - Courtesy Staff

Requested Granted

_____ _____ () COURTESY MEDICAL STAFF:

The courtesy Medical Staff shall consist of physicians, dentists and podiatrists qualified for Medical Staff membership but who only occasionally attend patients in the hospital. Courtesy Medical Staff membership is limited to those individuals who bring a unique skill to the community, or serve only occasionally as consultants in the hospital. Telemedicine members will be members of the courtesy Medical Staff. Courtesy Medical Staff members shall be appointed to a specific department. They shall be ineligible to vote or hold office in this Medical Staff organization and shall not be required to provide emergency department coverage.

Signed: _____ Dated: _____

** The affiliate physician does not have privileges for inpatient care. If Affiliate checked, do not complete the rest of this form. **

Department of Surgery - Neurosurgery

Date: 1985

Revised: Dec 1989, Dec 2010

Core Privileges - Acute

Admission, consultation, evaluation, diagnosis and perform surgical procedures for patients of all ages (except as specifically excluded from practice and except for those special procedures requiring additional qualification.

Categories include a representative, but not necessarily all-inclusive list of conditions and procedures typically included in the general area of practice. Those procedures with an asterisk (*) have special privilege criteria.

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.Surgery_Neuro,

Diagnostic

Requested Granted

- | | | | |
|-------|-------|--------|--|
| _____ | _____ | () | Lumbar puncture |
| _____ | _____ | () | Cisternal puncture |
| _____ | _____ | () | Lumbar myelogram |
| _____ | _____ | () | Cervical myelogram |
| _____ | _____ | () | Lumbar discogram |
| _____ | _____ | () | Cervical discogram |
| _____ | _____ | () | Electroencephalography interpretation |
| _____ | _____ | () | Echoencephalography and interpretation |

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.Surgery_Neuro,

Cranial

Requested Granted

- | | | | |
|-------|-------|-----|--|
| _____ | _____ | () | Excision portion of skull for osteomyelitis |
| _____ | _____ | () | Cranioplasty with bone graft, metal or plastic |
| _____ | _____ | () | Open reduction skull fracture |
| _____ | _____ | () | Removal intracranial foreign body |
| _____ | _____ | () | Cranioplasty with reparative brain surgery |
| _____ | _____ | () | Subtemporal decompression |
| _____ | _____ | () | Open reduction skull fracture with reparative brain surgery |
| _____ | _____ | () | Non-surgical management, closed head injury without severe, generalized cerebral contusion (with/without skull fracture) |
| _____ | _____ | () | Non-surgical management, closed head injury with severe, generalized cerebral contusion (with/without skull fracture) |
| _____ | _____ | () | Drainage epidural, subdural, subarachnoid space for abscess, hematoma, cranial |
| _____ | _____ | () | Trephination (burr holes), exploratory, single, multiple |
| _____ | _____ | () | Ventriculocisternostomy by catheter (Torkildsen) |
| _____ | _____ | () | Ventriculoauriculostomy (e.g. Holter Valve) |
| _____ | _____ | () | Ureterosubarachnoid anastomosis |
| _____ | _____ | () | Subarachnoid-peritoneal anastomosis |
| _____ | _____ | () | Encephalocele repair |
| _____ | _____ | () | Tractotomy (medulla, mesencephalon) |
| _____ | _____ | () | Frontal lobotomy, bilateral |
| _____ | _____ | () | Brain abscess excision, drainage |
| _____ | _____ | () | Ventricular tap (independent procedure) |
| _____ | _____ | () | Pallidotomy, thalamotomy, chemical |
| _____ | _____ | () | Pallidotomy, thalamotomy, mechanical (McKinney) |
| _____ | _____ | () | Cryopallidotomy, cryothalamotomy |
| _____ | _____ | () | Subdural tap (independent procedure) |
| _____ | _____ | () | Craniotomy, brain exploration |
| _____ | _____ | () | Cortical scar excision |
| _____ | _____ | () | Brain cyst, neoplasm, excision |
| _____ | _____ | () | Choroid plexus excision |
| _____ | _____ | () | Cortex ablation |
| _____ | _____ | () | Temporal sensory root transection |
| _____ | _____ | () | Gasserian ganglion decompression |
| _____ | _____ | () | Trigeminal, glossopharyngeal nerves transection |
| _____ | _____ | () | Vestibular nerves transection (intracranial) |
| _____ | _____ | () | Intracranial aneurysm clipping |

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.Surgery_Neuro,

Requested

Granted

- _____ () Intracranial angioma excision
- _____ () Stereotactic surgery
- _____ () Hypophysectomy
- _____ () Surface electrical stimulation
- _____ () Scalp lesion, biopsy, excision
- _____ () Percutaneous transarterial intracranial thrombolysis *

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.Surgery_Neuro,

Spine, Surgical

Requested Granted

- | | | |
|-------|-------|--|
| _____ | _____ | () Drainage, epidural, subdural, subarachnoid space for abscess, hematoma, spinal |
| _____ | _____ | () Meningocele repair |
| _____ | _____ | () Meningomyelocele repair |
| _____ | _____ | () Application of tongs |
| _____ | _____ | () Laminectomy, decompressive |
| _____ | _____ | () Laminectomy, chordotomy, upper thoracic |
| _____ | _____ | () Laminectomy, chordotomy, upper cervical |
| _____ | _____ | () Laminectomy, rhizotomy |
| _____ | _____ | () Laminectomy, excision neoplasm |
| _____ | _____ | () Cervical laminectomy, dentate ligament section |
| _____ | _____ | () Lumbar disc, herniated, exploration, excision |
| _____ | _____ | () Lumbar disc, herniated, exploration, excision, with spinal fusion |
| _____ | _____ | () Cervical disc, herniated, exploration, excision |
| _____ | _____ | () Cervical disc, anterior, excision, interbody fusion |
| _____ | _____ | () Cervical artificial disc implantation |
| _____ | _____ | () Intraspinal, paravertebral alcohol injection |
| _____ | _____ | () Cervical, thoracic, lumbar ganglia injection |
| _____ | _____ | () Sympathectomy, cervical, unilateral |
| _____ | _____ | () Sympathectomy, thoracocervical, unilateral |
| _____ | _____ | () Sympathectomy, thoracocervical, bilateral |
| _____ | _____ | () Sympathectomy, lumbar, unilateral |
| _____ | _____ | () Sympathectomy, lumbar, bilateral |
| _____ | _____ | () Sympathectomy, thoraco-lumbar, unilateral |
| _____ | _____ | () Sympathectomy, thoraco-lumbar, bilateral |
| _____ | _____ | () Closed spine injury, with, without fracture management |
| _____ | _____ | () Intracatheterization of spine |
| _____ | _____ | () Dorsal column stimulation |
| _____ | _____ | () Local freezing spine |
| _____ | _____ | () Plasma disc compression |

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.Surgery_Neuro,

Peripheral Neurosurgical

Requested Granted

- | | | | |
|-------|-------|--------|---|
| _____ | _____ | () | Orbital, suboccipital nerve avulsion |
| _____ | _____ | () | Brachial plexus exploration |
| _____ | _____ | () | Trigeminal nerve branch alcohol injection |
| _____ | _____ | () | Peripheral nerve injury repair |
| _____ | _____ | () | Peripheral nerve graft |
| _____ | _____ | () | Neurolysis, transposition |
| _____ | _____ | () | Hypoglossal facial neuroanastomosis |
| _____ | _____ | () | Neuroanastomoses, all other than hypoglossal facial |
| _____ | _____ | () | Peripheral neuroma excision |
| _____ | _____ | () | Nerve, muscle biopsy |

Vascular

Requested Granted

- | | | | |
|-------|-------|--------|---|
| _____ | _____ | () | Carotid artery ligation |
| _____ | _____ | () | Ligation, internal, common carotid artery |
| _____ | _____ | () | Carotid endarterectomy |
| _____ | _____ | () | Vertebral endarterectomy |
| _____ | _____ | () | Cutdown |

Anesthesia

Requested Granted

- | | | | |
|-------|-------|--------|---------------------------------|
| _____ | _____ | () | Moderate (conscious) sedation * |
|-------|-------|--------|---------------------------------|

Signature

I have requested and will exercise only those privileges for which by education, training, current experience, and demonstrated performance, I am qualified to perform.

Signed: _____ Date: _____

* specific privilege criteria or requires evidence of education and experience