

## **SPECIALTY OF ENDOVASCULAR SURGICAL NEURORADIOLOGY**

### **Delineation of Clinical Privileges**

**Criteria for granting privileges:** Maintain current board certification or be board eligible in Neurology, Neurosurgery or Radiology.

**And either**  
Successful completion of an accredited ACGME or Committee on Advance Specialty Training (CAST) certified fellowship in endovascular surgical neuroradiology within the past 12 months

**Or**  
Current clinical competence in endovascular surgical neuroradiology as evidenced by a case log of 50 endovascular surgical neuroradiology treatments in the past 12 months.

**Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.**

#### **Current Clinical Competence - MLH**

In addition to the required education, experience and/or training specified on each DOP (Delineation of Privilege) form, documentation of current clinical competence is required. Current clinical competence is described as having “performed the privilege recently and performed it well”.

Current clinical competence is assessed prior to granting privileges initially and is reassessed when renewing privileges at reappointment – for maintenance of privileges. Current Clinical Competence (CCC) may be location specific (acute hospital care/surgery center (ASC) and/or age specific (adult, pediatric, neonatal).

This should not be confused with Focused Professional Practice Evaluation (FPPE)

- FPPE: an evaluation of clinical competence of all new privileges as performed at the specific licensed MLH facility (MHMH, MHOBH) for which they have been initially granted. This applies to privileges for all new applicants as well as to new/additional privileges for current members.

Both FPPE and current clinical competence assessments are privilege-specific. FPPE is conducted during the period after granting new/additional privileges. FPPE must occur at the MLH facility(ies) where privileges/membership are held. Current clinical competence may be evaluated from case logs provided by non-MLH facilities.

#### **Current Clinical Competence: Requirements for New Applicants**

- If applying directly from training, or based on the training received in a formal training program, provider should submit case\* logs from the program authenticated by the program director along with their recommendation attesting to the comparable training, experience and qualifications relative to the criteria for the clinical privileges requested.
- If applying more than 1 year after training completion, submit the following:
  - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.

- Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
- Case logs (see specifications below) for any special privileges requested that meet the criteria specific for the number of procedures defined for current clinical competence.

**Current Clinical Competence: Maintenance of Privileges for Current Members**

- **For active staff members:** MLH source data will be aggregated to review cases and procedures performed. If this does not meet the minimum requirement for core and/or special privileges, the practitioner will be required to submit additional case logs from other facilities.
- **For courtesy staff members with low activity and for certain active staff with activity that has diminished and is now low:** Recommendation from the chief of Neuroendovascular Surgery should be obtained from their primary facility; and the practitioner should submit the following:
  - Aggregate data from acute care facilities for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
  - Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
  - Case logs (see specifications below) for any special privileges requested that meet the specific number of procedures defined for current clinical competence.

**Case Logs**

All required case logs and/or procedure lists must contain the following information at a minimum: Date, patient identifier, CPT/ICD procedure code, diagnosis, complications, and disposition, and the facility name, name/title of the person authenticating the log, signature, date signed, and contact information. If the information requested is not available, please provide an explanation.

\*A “case” is defined as an episode of care – either cognitive or procedural. For interpretive care, “case” is interpretation of one diagnostic study.

**Ongoing Professional Performance Evaluation (OPPE)**

OPPE is evaluated periodically (more frequently than annually) in the facility where membership/privileges are held.

To assure OPPE requirements are satisfied, the practitioner must periodically exercise the privileges in the MLH facility(ies) where he/she has membership. OPPE must occur regularly on patient encounters in the MLH facility(ies) where privileges/membership are held.

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
<p><b>Endovascular Surgical Neuroradiology Core</b></p>	<p>Maintain current board certification or be board eligible in Neurology, Neurosurgery or Radiology</p> <p><b>And either:</b></p> <p>Successful completion of an accredited ACGME or CAST fellowship in endovascular surgical neuroradiology within the past 12 months <u>and</u> a letter of reference from the director of the applicant's training program.</p> <p><b>Or</b></p> <p>Current clinical competence in endovascular surgical neuroradiology as evidenced by a case log of 50 endovascular surgical neuroradiology treatments in the past 12 months <u>and</u> a letter of reference from the applicable department chair or clinical service chief at the facility where the applicant most recently practiced endovascular surgical neuroradiology.</p> <p><b>Applicants who are granted this MLH privilege after April 2021 must obtain a Recognition of Focused Practice (RFP) credential in CNS Endovascular from the ABNS within 12 months of being granted the privilege.</b></p>	<p>If the applicant completed an endovascular surgical neuroradiology fellowship within the past 12 months, he/she must provide a case log of endovascular surgical neuroradiology treatments from the fellowship.</p> <p><b>Or</b></p> <p>If the applicant currently is practicing, he/she must provide a case log of 50 endovascular surgical neuroradiology treatments in the past 12 months <u>and</u> a letter of reference from the applicable department chair or clinical service chief at the facility where the applicant most recently practiced endovascular surgical neuroradiology.</p>	<p>First 5 cases</p>	<p>Case log documenting the performance of at least 100 endovascular surgical neuroradiology treatments in the past 24 months</p>

**Endovascular Surgical Neuroradiology Core Privilege:**

Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages with diseases of the CNS by use of catheter technology, radiologic imaging, and clinical expertise. Physicians may provide care to patients in the intensive care setting in conformance with unit policies.

Access, stabilize and determine disposition of patients with emergent conditions consistent with the Medical Staff policy regarding emergency or consultative services.

**Privileges include but are not limited to:**

- Cavernous sinus sampling
- Integration of endovascular therapy into the clinical management of patients with neurological diseases (or diseases of the CNS) when performing diagnostic and therapeutic procedures
- Interpretation of catheter-based angiographic studies
- Intracranial/intra-arterial chemotherapy
- Venous embolization of fistulae/thrombosis
- Participation in short- and long-term post-procedure follow-up care, including neurointensive care
- Pre- and postoperative management of endovascular patients
- Extracranial and intracranial angioplasty and stenting
- Catheter-directed intra-arterial stroke therapy
- Cerebral digital subtraction angiography
- Intra-arterial thrombolysis and mechanical thrombectomy
- Endovascular treatment of intracranial aneurysms
- Intracranial stent placement
- Embolization of brain arteriovenous malformations
- Extracranial endovascular procedures
- Angiography and embolization of spinal arteriovenous malformations
- Provocative and occlusion tests

**Special:** The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

**Administration of moderate sedation:** See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists.  
Requires: Separate DOP, ACLS, NRP or PALS certification

## Endovascular Surgical Neuroradiology Core Clinical Privileges

Check below the particular privileges desired in Endovascular Surgical Neuroradiology for each facility:

Please check (✓) applicable age categories for each privilege requested.

Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities				Methodist Healthcare – Olive Branch Hospital (MHOBH)
	Neonates (0-28 days)	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults (13 & Above)	Adults (13 & Above)
Endovascular Surgical Neuroradiology Core					
<b>Limitations</b>	<b>Clinical privileges are granted only to the extent privileges are available at each facility.</b>				
Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.					

**Note:** Privileges for administration of moderate sedation require completion of a separate Delineation of Privilege form.

### 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 the facilities indicated above, to the extent services are available at each facility, and I understand that:

- (a) in exercising any clinical privileges granted, I am constrained by facility 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

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name