

Privileges for: Neuro-Oncology

Request

ST. ELIZABETH EDGEWOOD

ST. ELIZABETH FLORENCE - (treatment not provided)

ST. ELIZABETH FT. THOMAS - (treatment not provided)

ST. ELIZABETH GRANT CO. (Surgical & other invasive procedures requiring general anesthetic are not offered. Neuro-Oncology treatment not provided.)

MEC Approval: 9.24.2015

Board Approval: 11.2015

DEPARTMENT APPROVAL

_____ Approved _____ Disapproved

Department/Section Chair Signature_____
Date

MINIMUM REQUIREMENTS

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in neurology.

Current certification or active participation in the examination process leading to certification by American Board of Psychiatry and Neurology or the AOA for practitioners who first apply for membership and clinical privileges after March 2, 2009.

- OR

Minimal formal training: Successful completion of an ACGME or AOA-accredited postgraduate training program in internal medicine, followed by successful completion of an accredited fellowship in medical oncology or an integrated fellowship in hematology/medical oncology. Current certification or active participation in the examination process with achievement of certification within 6 years leading to certification by American Board of Internal Medicine subspecialty Medical Oncology or the AOA for practitioners who first apply for membership and clinical privileges after March 2, 2009. And, an applicant for reappointment whose board certification has lapsed will have twelve (12) months or the equivalent of two (2) exam cycles, whichever is the longer period, to remedy the lapse.

- AND

Successful completion of a of a Neuro-Oncology Fellowship (minimum of 12 months)

-AND

Current certification in Neuro-Oncology from the United Council of Neurologic Subspecialites

Required Previous Experience: Applicants must demonstrate Inpatient, outpatient or consultative services for at least 75 Neuro-Oncology patients, reflective of the scope of privileges requested, during the previous 12 months or successful completion of an ACGME or AOA residency or clinical fellowship within the previous 12 months.

Reappointment Requirements: Applicants must demonstrate that they have maintained competence by showing evidence that they have successfully provided Neuro-Oncology services to at least 75 Neuro-Oncology patients annually during the reappointment cycle, with acceptable results, reflective of the privileges requested for the previous 24 months based on results of ongoing professional practice evaluation and outcomes.

Note: For Practitoners (excluding AHPs) who apply for membership after March 2, 2009 be and remain (with a lapse of no longer than one year) board certified in their principal practice specialty, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

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PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

I. Core Privileges: Core privileges in neuro-oncology include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

DESCRIPTION OF CORE PRIVILEGES

_____ Ability to admit, evaluate, diagnose, treat, and provide consultation to patients with diseases, disorders, or impaired function of the brain, leptomeninges, Dura, pituitary region, skull base, spinal fluid spinal cord, vertebral bodies peripheral nerves, muscles, autonomic nervous system, and the blood vessels that relate to these structures due to the presence of cancer or benign/malignant tumors. Performance of history and physical exam.

_____ Lumbar puncture (diagnostic purposes, administration of chemotherapy, administration of non-chemotherapy agents)

_____ Ommaya reservoir use

_____ Intra-thecal and/or Intra-arterial chemotherapy administration

_____ Principal Investigator for research protocols pertaining to Neuro-oncology

_____ CPOE for all NCCN guidelines pertaining to management of Central Nervous System Cancers; Leptomeningeal cancers; metastatic disease involving Central Nervous System; paraneoplastic syndromes involving the nervous system

DESCRIPTION OF ADDITIONAL PRIVILEGES

_____ Ventricular shunt reprogramming

_____ Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill infusion pump, 62362, 95991 (criteria: Medtronic intra-thecal pump equipment training sessions, and a two-day didactic proctorship with course certificate)

Applicants Signature: _____

Date: _____