



General Surgery Kettering Health Delineation of Privileges

Applicant's Name: _____

Instructions:

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and submit with required documentation
5. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving doubts related to qualification of requested privileges.

Clinical Service Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

NOTE: If call, all members of the clinical service must be able to respond within thirty (30) minutes or have an alternate who can respond within 30 minutes time. If on call the same response time (30 minutes) is in effect. The 30 minute response time reflects traveling at posted highway speed limits. Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Required Qualifications	
Membership	To be eligible to apply for core privileges in general surgery, the initial applicant must meet the following criteria.
Education/Training	Completion of a residency/fellowship approved by Accreditation Council of Graduation Medical Education (ACGME), American Board of Medical Specialties (ABMS), or American Osteopathic Association (AOA) in general surgery.
Certification	Current certification or active participation in the examination process with achievement of certification within six years leading to certification in general surgery by the American Board of Surgery, or the American Osteopathic Board of Surgery.
Clinical Experience (Initial)	Applicants for initial appointment must be able to demonstrate performance of at least 100 general surgery procedures, reflective of the scope of privileges requested, during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, within the past 12 months.
Clinical Experience (Reappointment)	To be eligible to renew core privileges in general surgery, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience in general surgery procedures with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Additional Qualifications

If called, all members of the clinical service must be able to respond within thirty (30) minutes or have an alternate who can respond within 30 minutes time. If on call the same response time (30 minutes) is in effect. The 30 minute response time reflects traveling at posted highway speed limits.

Core Privileges General Surgery

Description: This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

Request				Request all privileges listed below.
KHDO	KHMB	KHMC	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
				- Currently granted privileges
				Admit, evaluate, diagnose, consult, and provide pre-, intra-, and postoperative care and perform surgical procedures to patients of all ages to correct or treat various conditions, diseases, disorders, and injuries of the alimentary tract, abdomen, and its contents, extremities, breast, skin and soft tissue, head and neck, and endocrine systems. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
				Procedures (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)
				Abdominoperineal resection
				Amputations, above the knee, below knee; toe, transmetatarsal, digits, upper extremity
				Anoscopy
				Appendectomy
				Breast: complete mastectomy with or without axillary lymph node dissection; excision of breast lesion, breast biopsy, incision and drainage of abscess, modified radical mastectomy, operation for gynecomastia, partial mastectomy with or without lymph node dissection, radical mastectomy, subcutaneous mastectomy
				Circumcision
				Colectomy, abdominal
				Colon surgery for benign or malignant disease
				Colonoscopy with polypectomy
				Colotomy, colostomy
				Correction of intestinal obstruction
				Distal esophagogastrectomy
				Drainage of intra-abdominal, deep ischiorectal abscess
				EGD with and without biopsy
				Emergency thoracotomy
				Endoscopy (intraoperative)
				Enteric fistulae, management
				Enterostomy (feeding or decompression)
				Esophageal resection and reconstruction
				Excision of fistula in ano/fistulotomy, rectal lesion
				Excision of pilonidal cyst/marsupialization
				Excision of thyroid tumors
				Excision of thyroglossal duct cyst

			Gastric operations for cancer (radical, partial, or total gastrectomy)
			Gastroduodenal surgery
			Gastrostomy (feeding or decompression)
			Genitourinary procedures incidental to malignancy or trauma
			Gynecological procedure incidental to abdominal exploration
			Hepatic resection
			Hemodialysis access procedures
			Hemorrhoidectomy, including stapled hemorrhoidectomy
			Incision and drainage of abscesses and cysts
			Incision and drainage of pelvic abscess
			Incision, excision, resection and enterostomy of small intestine
			Incision/drainage and debridement, perirectal abscess
			Insertion and management of pulmonary artery catheters
			IV access procedures, central venous catheter, and ports
			Laparoscopy, diagnostic, appendectomy, cholecystectomy, lysis of adhesions, mobilization and catheter positioning, colon resection
			Laparoscopic Nissen Fundoplication (Anti-reflux Surgery)
			Laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis or trauma
			Liver biopsy (intraoperative), liver resection
			Management of burns
			Management of intra-abdominal trauma, including injury, observation, paracentesis, lavage
			Management of multiple trauma
			Management of soft-tissue tumors, inflammations and infection
			Operations on gallbladder, biliary tract, bile ducts, hepatic ducts, including biliary tract reconstruction
			Pancreatectomy, total or partial
			Pancreatic sphincteroplasty
			Parathyroidectomy
			Perform history and physical exam
			Peritoneal venous shunts, shunt procedure for portal hypertension
			Peritoneovenous drainage procedures for relief or ascites
			Proctosigmoidoscopy, rigid with biopsy, with polypectomy/tumor excision
			Pyloromyotomy
			Radical regional lymph node dissections
			Removal of ganglion (palm or wrist, flexor sheath)
			Repair of perforated viscus (gastric, small intestine, large intestine)
			Scalene node biopsy
			Sclerotherapy
			Selective vagotomy
			Sentinel lymph node biopsy
			Sigmoidoscopy, fiberoptic with or without biopsy, with polypectomy
			Skin grafts (partial thickness, simple)
			Small bowel surgery for benign or malignant disease
			Splenectomy (trauma, staging, therapeutic)
			Surgery of the abdominal wall, including management of all forms of hernias, including diaphragmatic hernias, inguinal hernias, and orchiectomy in association with hernia repair
			Thoracentesis
			Thoracoabdominal exploration
			Thyroidectomy and neck dissection

				Tracheostomy
				Transhiatal esophagectomy
				Tube thoracostomy
				Vein ligation and stripping

Trauma Surgery

Description: To be eligible to apply for core privileges in trauma surgery, the initial applicant must meet the following criteria:

Qualifications	
Education/Training	<p>Completion of a residency/fellowship approved by Accreditation Council of Graduation Medical Education (ACGME), American Board of Medical Specialties (ABMS), or American Osteopathic Association (AOA) in General Surgery followed by successful completion of a trauma or surgical critical care fellowship or demonstrated current clinical competence with acceptable results reflective of the scope of privileges requested deemed appropriate.</p> <p style="text-align: center;">AND</p> <p>Current certification or active participation in the examination process with achievement of certification within six years leading to certification in General Surgery by the American Board of Surgery, or the American Osteopathic Board of Surgery.</p>
Clinical Experience (Initial)	Applicants for initial appointment must be able to demonstrate performance of at least 50 trauma surgeries and/or surgical critical care cases, reflective of the scope of privileges requested, during the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, within the past 12 months.
Clinical Experience (Reappointment)	To be eligible to renew core privileges in General Surgery, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience in trauma surgeries and/or surgical critical care cases with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Request				<i>Request all privileges listed below.</i>
KHDO	KHMB	KHMC	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
				- Currently granted privileges
				Admit, evaluate, diagnose and manage patients of all ages presenting with any trauma-related injuries and disorders, including the initial evaluation and stabilization of the Neurotrauma patient, as well as resuscitation, surgical intervention, diagnostic studies and coordination of operative procedures to be performed by other healthcare professionals; supervise and perform all necessary operative cases; manage the trauma patient throughout the stay in the acute care facility; and coordinate the early institution of rehabilitation and discharge planning. Practitioners may provide care to patients in the intensive care setting in conformance with unit policies. They may also assess, stabilize and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.
				Decortication procedures
				Emergency sternotomy
				Emergency vascular repair, ligation, and bypass

				Emergent thoracotomy
				Exploration and repair of traumatic soft tissue and musculofacial injury
				Exploration of neck for traumatic injury
				Exploratory laparotomy for traumatic injury
				Management of trauma patients in the ICU setting
				Nonanatomic pulmonary resection (posttraumatic lung injury)
				Performance of image-guided procedures
				Preliminary interpretation of imaging studies relative to diagnosis and/or treatment in the trauma patient
				Surgical treatment of penetrating or crush injuries in which soft tissue, musculoskeletal, or organ trauma has occurred

Special Non-Core Privileges

Description: If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

Request				<i>Request all privileges listed below.</i>
KHDO	KHMB	KHMC	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
				- Currently granted privileges
				Special Non-Core Privileges

Use of Laser

Description: Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or provide documentation appropriate to the specific laser to be utilized. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience.

Request				<i>Request all privileges listed below.</i>
KHDO	KHMB	KHMC	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
				- Currently granted privileges
				Use of Laser

Bariatric Surgery

Description: Bariatric surgeons should be responsible for demonstrating a defined experience and exposure to the discipline's unique cognitive, technical, and administrative challenges. Bariatric procedures are divided into procedures which involve stapling/division of the gastrointestinal tract to achieve weight loss or procedures that do not involve stapling/division of the gastrointestinal tract. Surgeons performing bariatric surgery will have bariatric surgery specifically delineated in their file.

Qualifications	
Global Credentialing Requirements	<p>To meet the global credentialing requirements in Bariatric Surgery the applicant must:</p> <p>AND</p> <p>Complete a fellowship in bariatric surgery or have demonstrated current competence as manifested by successful outcomes in a MBSAQIP Accredited Center or an integrated program.</p> <p>AND</p> <p>Meet general surgery criteria with unrestricted privileges to perform gastrointestinal and biliary surgery.</p> <p>AND</p> <p>Document that he or she has practiced or is practicing at a MBSAQIP Accredited Center or in an integrated program for the care of the morbidly obese patient that provides ancillary services such as specialized nursing care, dietary instruction, counseling, support groups, exercise training, and psychological assistance as needed. Kettering Health Miamisburg has a designation as a MBSAQIP Accredited Center and new applicants for bariatric surgery must receive documentation that s/he is enrolled and/or applied and be accepted as a member of the KH MBSAQIP Accredited Center.</p> <p>AND</p> <p>Document that there is a program in place to prevent, monitor, and manage short- and long-term complications. The surgeon must promptly and accurately provide all required patient data through the KH MBSAQIP Accredited Center database. Document that there is a system in place to provide and encourage follow-up for all bariatric patients. Follow-up visits must be documented and recorded into the KH MBSAQIP Accredited Center database for credentialing.</p> <p>AND</p> <p>Agree to terms of the Bariatric Panel Criteria.</p> <p>AND</p> <p>Agree to participate in peer review activities in a specific bariatric peer review group or a process designated by the hospital through general surgery or its medical staff.</p> <p>AND</p> <p>Document that there is continuing medical education for bariatric surgery. A minimum of 8 hours of CME is required for each biennial reappointment. (Not required for applicants within six months of completion of training program.)</p> <p>AND</p> <p>Document that the surgeon performs at least fifty bariatric cases annually.</p> <p>AND</p> <p>Document that professional liability insurance includes bariatric procedures.</p>
Experience in Bariatric Surgery Required to Train Applicants	<p>Experienced bariatric surgeons who wish to train applicants for bariatric surgery must meet Global Credentialing Requirements and have experience with at least 200 bariatric procedures in the appropriate category of procedure in which the applicant is seeking privileges prior to training the applicant.</p>
Definition of the Operative Experience	<p>As a privileging guideline, the operative experience is defined broadly to include not only procedure performance, but also global care of the bariatric patient that encompasses preoperative and postoperative management. Specifically, preoperative management experience must include patient evaluation and preparation for surgery. Postoperative management experience must include inpatient postoperative management AND outpatient management extending beyond the 90-day global period (i.e. 6 month and or annual follow-up visits). Documentation of perioperative management should reflect "hands-on" experience in the hospital ward or in the outpatient clinic/surgeon's office. Procedure performance experience is defined as "hands-on" performance of a more than 50% of the operation under direct supervision of an experienced bariatric surgeon as defined above.</p>

Open Bariatric Surgery Privileges Involving Stapling or Division of the Gastrointestinal Tract	<p>To obtain "open" bariatric surgery privileges, the surgeon must meet Global Credentialing Requirements and document an operative experience of 15 open bariatric procedures (or subtotal gastric resection with reconstruction) with satisfactory outcomes during either 1) general surgery residency,</p> <p style="text-align: center;">OR</p> <p>post residency training supervised by an experienced bariatric surgeon. Surgeons who perform primarily laparoscopic bariatric surgery may obtain open bariatric surgery privileges after documentation of 50 laparoscopic cases (see below) AND at least 10 open cases supervised by an experienced bariatric surgeon.</p>
Clinical Experience (Initial)	<p>To obtain laparoscopic bariatric surgery privileges that involve stapling of the GI tract, the surgeon must meet the Global Credentialing Requirements</p> <p style="text-align: center;">AND</p> <p>Have privileges to perform "open" bariatric surgery at the accredited facility</p> <p style="text-align: center;">AND</p> <p>Have privileges to perform advanced laparoscopic surgery at the accredited facility</p> <p style="text-align: center;">AND</p> <p>Document 50 cases with satisfactory outcomes during residency/fellowship training or post-residency training under the supervision of an experienced bariatric surgeon.</p>
Bariatric Surgery Privileges for Procedures that Do Not Involve Stapling of the Gastrointestinal	<p>To obtain laparoscopic bariatric surgery privileges for procedures that do not involve stapling or division of the GI tract, the surgeon must meet the Global Credentialing Requirements</p> <p style="text-align: center;">AND</p> <p>Have privileges to perform laparoscopic bariatric procedures</p> <p style="text-align: center;">AND</p> <p>Document 10 cases with satisfactory outcomes.</p>
Procedures Which Involve Implantation of FDA Approved Devices for Weight Loss	<p>Must successfully complete a training course for the implantable device</p> <p style="text-align: center;">AND</p> <p>Must have privileges to perform "open" and laparoscopic bariatric surgery</p>
Revisional Bariatric Surgery Procedures	<p>Revision surgery on bariatric patients is a high-risk procedure that involves converting one weight loss procedure to another weight loss procedure. Revision surgery is very technically difficult, requires longer operative times and lengths of stay, and may result in a higher rate of complications.</p> <p>Bariatric surgeons who wish to perform revisions of previous bariatric procedures should be experienced bariatric surgeons who meet Global Credentialing Requirements and have privileges for open and laparoscopic bariatric procedures which involve stapling or divisions of the GI tract.</p>
Provisional Bariatric Surgery Privileges	<p>Provisional bariatric surgery privileges are to facilitate the pursuit of full bariatric surgical credentials. Provisional privileges may be conferred to those bariatric surgeons who are/were members of a MBSAQIP Accredited Center elsewhere and otherwise meet the Global Credentialing Requirements and criteria for MBSAQIP Accredited Center procedures.</p> <p style="text-align: center;">AND</p> <p>Bariatric surgeons who have not been members of a MBSAQIP Accredited Center who request privileges to do bariatric surgery may be approved for provisional privileges if the surgeons performed 50 cases within the preceding 12-month period. Applicants must successfully complete a site inspection of their practice site by the appropriate body from the American Society for Bariatric Surgery within the first year and meet all other requirements for the KH MBSAQIP Accredited Center.</p> <p style="text-align: center;">AND</p> <p>Surgeons who have completed an advanced laparoscopic fellowship or bariatric fellowship will be granted provisional privileges for one year following their application to KH MBSAQIP Accredited Center at which time credentialing may be conferred if the above requirements have been met.</p> <p style="text-align: center;">AND</p> <p>Surgeons who have completed a bariatric training course (for a new bariatric procedure to that surgeon) must include both didactic and hands-on laboratory work. Documentation of the first 10 cases, including pre- and post-operative follow-up, clinical outcomes, and data entry which meet</p>

the operative experience as described above will be reviewed to determine whether the surgeon will be granted full privileges for that procedure.

Continued Assessment of Outcomes

The KH MBSAQIP Accredited Center Hospital program will review the surgeon's outcome data within six months of initiation of new privileges and after the surgeon's first 50 procedures done independently, as well as at regular intervals thereafter to confirm patient safety. In addition, the surgeon should continue to meet Global Credentialing Requirements for bariatric surgery at the time of reappointment.

Average Annual Case Volumes

For surgeons who experience a recent decline in case volume due to insurance reimbursement issues or natural disasters which prevent them from reaching their annual case volume requirement, the credentialing committee (in accordance with the BSRC) will consider volumes from both the 12-month application period and its 2nd preceding year. For surgeon applicants, full approval of privileges may be granted or continued if the average number of cases is equal to or greater than 50. The specific situation of each applicant will be considered, including an explanation of the reason for decline in volume.

Renewal of Privileges

Providers with current bariatric surgery privileges are required to renew their privileges every two years with the KH MBSAQIP Accredited Center.

Request				<i>Request all privileges listed below.</i>
KHDO	KHMB	KHMC	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
				- Currently granted privileges
				Bariatric Surgery
				Surgery involving stapling or division of the GI tract
				Open
				Laparoscopic (must have open privileges)
				Roux-en-Y Gastric Bypass
				Duodenal switch (must have performed 100 lap Roux's)
				Gastric Sleeve
				Surgery not involving stapling or division of the GI tract (must meet criteria above)
				Open
				Laparoscopic (must have open privileges)
				Bariatric revision surgery (must have open and lap privileges for stapling/division of the GI tract)

Stereotactic Breast Biopsy

Qualifications

Certification

Successful completion of an ACGME or AOA accredited postgraduate training program that included training in the stereotactic and ultrasound guided-technique of breast biopsy during residency.

Clinical Experience (Initial)

Demonstrated current competence and evidence of the performance of at least 12 stereotactic breast biopsies in the past 12 months.

Clinical Experience (Reappointment)

Demonstrated current competence and evidence of the performance of at least 24 stereotactic breast biopsies in the past 24 months based on results of ongoing professional practice evaluation

and outcomes.

Request				<i>Request all privileges listed below.</i>
KHDO	KHMB	KHMC	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
				- Currently granted privileges
				Stereotactic Breast Biopsy

Robotic Assisted Surgery (da Vinci)

Description: NOTE: ALL proctoring at Hospital requires approval by Medical Staff Services prior to performing procedures. Proctors must be credentialed members of the Medical Staff at KMCS, in the same specialty as the applicant with robotic assisted surgery privileges and adequate case volume. All proctors are to be approved by the respective Clinical Service Chair.

Qualifications

For initial robotic assisted privileges, the applicant must fulfill the following criteria:

Education/Training Successful completion of an ACGME or AOA accredited Residency or Fellowship training program in respective specialty currently credentialed or being credentialed.

Clinical Experience (Initial) If RESIDENCY COMPLETED WITHIN LAST THREE YEARS;
Applicant must provide letter from the program director affirming qualification to perform the requested procedure(s) using the robotic system;
AND
Case log of at least 10 cases in the last 12 months.
AND
If <10 cases, first case will be proctored and once deemed proficient by the proctor, the next four cases performed should be reviewed by the Robotics Committee, department Chair or designee.

IF RESIDENCY COMPLETION GREATER THAN THREE YEARS WITH PRIOR ROBOTIC EXPERIENCE;
Applicant must provide letter from Hospital Department Chair at a CMS accredited facility affirming qualification to perform the requested procedure(s) using the robotic system.
AND
Case log of at least 10 cases performed in the last 12 months.
AND
If <10 cases, first case will be proctored and once deemed proficient by the proctor, the next four cases performed should be reviewed by the Robotics Committee, department Chair, or designee.

IF RESIDENCY TRAINED BUT NO PRIOR ROBOTIC EXPERIENCE;
Completion of Mini Fellowship Training that includes computer-based education, porcine lab, docking and problem resolution training.
AND
Observe and document two cases with preceptor physician.
AND
Perform a minimum of three proctored cases acting as primary physician.
AND
Submit a letter of documenting proficiency along with the case log or three cases from the proctor to Medical Staff Services if physician is not deemed proficient by the proctor
AND
After deemed proficient, all applicants are required to request full-unrestricted privileges. Temporary privilege may be requested in the interim.
AND
The next five cases performed shall be reviewed by the Robotics Committee, department Chair, or designee.

Clinical Experience (Reappointment) Proficient completion of 20 cases, including those at outside institutions during the reappointment cycle. 10 of those cases should be done in the last 12 months.
AND
If <10 cases in the last 12 months, the first case should be proctored
AND
Ongoing continuing medical education in robotics

Additional Qualifications Unrestricted privileges, either open or laparoscopic, for the procedure to be performed without

robotic assistance.

Request				<i>Request all privileges listed below.</i>
KHDO	KHMB	KHMC	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
				- Currently granted privileges
				Robotic Assisted Surgery

Radiation

Qualifications

Education/Training

New applicants must complete Hospital radiation safety training with Radiation Safety Officer.

Request				<i>Request all privileges listed below.</i>
KHDO	KHMB	KHMC	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
				- Currently granted privileges
				Radiation

Administration of Chemotherapeutic Agents and Biological Response Modifiers Through Therapeutic Routes

Request				<i>Request all privileges listed below.</i>
KHDO	KHMB	KHMC	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
				- Currently granted privileges
				Administration of chemotherapeutic agents and biological response modifiers through therapeutic routes

Fluoroscopy

Description: Must demonstrate competence. Initial applicants must complete the online quiz; reapplicants must complete online quiz at least once then complete annual attestations thereafter.

Request				<i>Request all privileges listed below.</i>
KHDO	KHMB	KHMC	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
				- Currently granted privileges
				Fluoroscopy

Administration of Sedation and Analgesia

Description: Moderate sedation privileges are required for any physician who, without the presence of an anesthesia provider, administers a drug-induced depression of consciousness during which patients respond purposely to verbal commands and/or by light tactile stimulation. Deep sedation, a drug-induced depression of consciousness during which patients may not be easily aroused except to repeat/painful stimuli, may only be performed by an anesthesiologist, CRNA under direction of an anesthesiologist or a board eligible/board certified physician trained in surgical airway techniques per the approval of the Department of Anesthesia.

Qualifications

Clinical Experience (Initial) The physician will be granted administration of sedation privileges after successful completion of current medical staff approved airway management education and testing, as well as maintaining current ACLS and/or ATLS.

Clinical Experience (Reappointment) A biennial competency at reappointment as well as current ACLS and/or ATLS as outlined in the KHN Sedation Policy is required.

Request				Request all privileges listed below.
KHDO	KHMB	KHMC	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
				- Currently granted privileges
				Moderate and Deep Sedation

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Kettering Health hospital(s) and I understand that:

A. In exercising any clinical privileges granted, I am constrained by applicable 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 or related documents.

Practitioner's Signature

Date

Clinical Service Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

Clinical Service Chair Signature

Date