



## Gastroenterology 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:

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

**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 Internal Medicine.

**AND**

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 Gastroenterology.

**Certification** Initial applicant requirements: Current certification or active participation in the examination process, with achievement of certification within six years of leading to certification in Internal Medicine by the American Board of Internal Medicine or achievement of a certificate of special qualifications in Internal Medicine by the American Osteopathic Board of Internal Medicine.

**AND**

Initial applicant requirements: current certification or active participation in the examination process, with achievement of certification within six years of completion of residency leading to certification in Gastroenterology by the American Board of Internal Medicine or in Gastroenterology by the American Osteopathic Board of Internal Medicine.

**Clinical Experience (Initial)** Applicants for initial appointment must be able to demonstrate inpatient or consultative services, reflective of the scope of privileges requested, for at least 100 patients during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

**Clinical Experience  
(Reappointment)**

To be eligible to renew core privileges in gastroenterology, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience 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.

**Core Privileges: Gastroenterology**

KHDO	KHMB	KHMC	KHTR	Click <b>shaded blue check box</b> to request all privileges. Uncheck any privileges you do not want to request.
				- Currently granted privileges
				<b>Core Privileges</b>
				Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, with diseases, injuries, and disorders of the digestive organs, including the stomach, bowels, liver, and gallbladder and related structures, such as the esophagus and pancreas, including the use of diagnostic and therapeutic procedures using endoscopes to see internal organs. 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.
				<b>Core Procedures:</b> (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.)
				Argon plasma coagulation (APC)
				Biopsy of the mucosa of esophagus, stomach, small bowel and colon
				Breath test performance and interpretation
				Capsule endoscopy
				Colonoscopy with or without polypectomy
				Diagnostic and therapeutic Esophagogastroduodenoscopy (EGD)
				Endoscopic mucosal resection
				Endoscopic Retrograde Cholangiopancreatographies (ERCP) (requires documentation of procedures including sphincterotomies and stent placements for initial appointment)
				Enteral and parenteral alimentation
				Esophageal dilation
				Esophageal or duodenal stent placement
				Esophagogastroduodenoscopy to include foreign body removal, stent placement, or polypectomy
				Flexible sigmoidoscopy
				Gastrointestinal motility studies and 24-hour pH monitoring
				Interpretation of gastric, pancreatic, and biliary secretory tests
				Nonvariceal hemostasis, both upper and lower
				Percutaneous endoscopic gastrostomy
				Percutaneous liver biopsy
				Perform history and physical examination
				Proctoscopy
				Sengstaken/Minnesota tube intubation
				Snare polypectomy
				Spyglass choledochoscopy
				Variceal hemostasis (upper and lower)

## Internal Medicine Privileges Form

KHDO	KHMB	KHMC	KHTR	Click <b>shaded blue check box</b> to request all privileges. Uncheck any privileges you do not want to request.
				- Currently granted privileges
				Check here to request Internal Medicine Privileges Form

## Special Non-Core Privileges (See Specific Criteria)

**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.

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

## Endoscopic Ultrasound

### Qualifications

#### Membership

To be eligible to apply for endoscopic ultrasound privileges, the physician must have privileges in the Section of Gastroenterology and be a member in good standing of the hospital medical staff.

#### Education/Training

Successful completion of an accredited gastroenterology fellowship program which included endoscopic ultrasound training. A letter of support from the program director which includes verification of both training and competence in performing 100 supervised endoscopic ultrasounds is required.

If fellowship completed less than 24 months prior to application, the applicant must also provide documentation of an average of 25 endoscopic ultrasounds per 12 month period, or portion thereof, since completion of fellowship training.

**OR**

If fellowship completed greater than 24 months prior to application, must provide an average of 25 endoscopic annually for the last 24 months and provide statement of verification of competency from those hospitals or ambulatory surgery center where performing.

If no completed fellowship training and has unrestricted privileges for endoscopic ultrasound at another CMS accredited hospital(s) or ambulatory surgery center, the physician must provide 25 endoscopic ultrasounds annually for last 24 months which the physician was the primary physician performing the procedure and provide statement of verification of competency from those hospitals or ambulatory care center where performing.

If the physician is unable to provide the requested average number of cases, must have minimum of 5 proctored endoscopic ultrasound examinations with a physician credentialed in endoscopic ultrasound examination. If proctor deems physician skill set sufficient after 5 cases, may proceed unsupervised once full privileges are approved through the credentialing process.

**Clinical Experience  
(Reappointment)**

In order to maintain endoscopic ultrasound privileges, documentation of a minimum of 50 endoscopic ultrasound examinations over the most recent 24 month period is required. While these examinations may be performed at another institution, submission of examination reports is required for validation. If the physician fails to meet the maintenance case load, he/she must repeat 5 supervised/proctored cases, until again deemed proficient.

KHDO	KHMB	KHMC	KHTR	Click <b>shaded blue check box</b> to request all privileges. Uncheck any privileges you do not want to request.
				- Currently granted privileges
				Endoscopic Ultrasound

**Use of Laser**

**Description:** Any of several devices that emit highly amplified and coherent radiation of one or more discrete frequencies.

**Qualifications**

**Criteria** 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.

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

**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.

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

**Administration of Sedation and Analgesia**

**Description:** See Hospital Policy - Sedation Practice

**Qualifications**

**Additional Qualifications** Successful completion of medical staff approved education and testing  
**AND**  
 Successful completion of Advanced Cardiac Life Support (ACLS)/Advanced Trauma Life Support (ATLS) or airway management competency

KHDO	KHMB	KHMC	KHTR	Click <b>shaded blue check box</b> to request all privileges. Uncheck any privileges you do not want to request.
				- Currently granted privileges
				Moderate 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):

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	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