Proctology 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.

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	
Membership	I request the following clinical privileges, and I am aware that a denial of privileges relating to a practitioner's professional competence or professional conduct will result in the hospital submitting a report to the National Practitioner Data Bank.
Scope of Patient Care	Medical management of conditions related to diseases of the colon and rectum including but not limited to abscesses, diverticular disease, diarrhea, constipation, lower GI bleeding, post-operative care and inflammatory bowel disease. **AND** Surgical treatment of disorders of the anus and rectum including hemorrhoidal disease, abscess, fistulae, fissures, ulcers, prolapse, stenosis, procidentia, neoplasia, pilonidal disease, suppurative hidradenitis, foreign bodies and trauma, condyloma acuminata, excisional and diagnostic biopsy **AND** Diagnostic and therapeutic colorectal endoscopy including anoscopy, rigid sigmoidoscopy, flexible fiberoptic sigmoidoscopy and colonoscopy with endoscopic photography, biopsy, polypectomy, cautery and balloon dilation.

Primary Privileges Proctology

Description: Proctologic Surgery or Proctology is the diagnosis, medical and surgical treatment of diseases and conditions originating in the anus, rectum, colon, perirectal and perianal areas and related or complicating conditions.

Request		***Request all privileges listed below.***
SOIN	KHDO	Click **shaded blue check box** to Request all privileges. Uncheck any privileges you do not want to request.
☐	☐	☐ **- Currently granted privileges**
		Rectal Surgery
☐	☐	Excision of condyloma (Must perform 10 per Year)
☐	☐	Excision of epidermoid cyst, perianal (Must perform 5 per Year)
☐	☐	Excision of lesion/mass (Must perform 10 per Year)
☐	☐	Excision of prolapse (Must perform 10 per Year)
☐	☐	Fissurectomy (Must perform 25 per Year)
☐	☐	Incision and drainage of perianal/ischiorectal abscess (Must perform 15 per Year)
☐	☐	Internal and external hemorrhoids (Must perform 25 per Year)
☐	☐	Internal sphincterotomy (Must perform 25 per Year)
☐	☐	Perianal fistulectomy (Must perform 25 per Year)
☐	☐	Pilonidal cystectomy (Must perform 10 per Year)
☐	☐	Plastic repair of anus (Proctoplasty) (Must perform 5 per Year)
☐	☐	Proctopexy (Must perform 5 per Year)
☐	☐	Removal of foreign body (Must perform 5 per Year)
		Endoscopy
☐	☐	Anoscopy (Must perform 5 per Year)
☐	☐	Colonoscopy (Must perform 25 per Year)
☐	☐	Colonoscopy with biopsy of colon and terminal ileum (Must perform 25 per Year)
☐	☐	Colonoscopy with snare polypectomy of colon (Must perform 25 per Year)
☐	☐	Endoscopic balloon dilation of colonic stricture (Must perform 5 per Year)
☐	☐	Endoscopic instillation of methylene blue dye (Must perform 5 per Year)
☐	☐	Flexible sigmoidoscopy (Must perform 25 per Year)
☐	☐	Heater probe cautery of acute bleeding (Must perform 5 per Year)
☐	☐	Rigid sigmoidoscopy (Must perform 25 per Year)

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I am entitled to perform and that I wish to exercise at Kettering Health Soin Medical Center and Kettering Health Dayton/Kettering Health Washington Township, 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

Submit