



Urology KHHM
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

Education/Training	Must have successfully completed an ACGME/AOA-accredited residency in Urology.
Certification	The applicant physician for initial appointment must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.
Clinical Experience (Initial)	The successful applicant for initial appointment must provide documentation of at least 50 urological procedures, reflective of the scope of privileges requested, during the past 12 months, or demonstrate successful completion of an ACGME or AOA-accredited residency or clinical fellowship within the past 12months.
Clinical Experience (Reappointment)	To be eligible to renew core privileges in Urology, the applicant must demonstrate competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Primary Privileges Urology

Description: Core privileges include: Admit, evaluate, diagnose, treat (surgically or medically), and provide consultation to patients presenting with medical and surgical disorders of the genitourinary system and the adrenal gland and including endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures. Assess, stabilize, and determine disposition of patients with emergent conditions. The core privileges in this specialty include the procedures on the list below and such other procedures that are extensions of the same techniques and skills.

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i></p>	Dept Chair Rec
	Admit and manage patients in non-critical care and unmonitored settings	
	Appendectomy as component of urologic procedure	
	Circumcision	
	Consultation privileges in Urology	
	Cystolithotomy	
	Cystoscopy	
	Enterostomy as component of urologic procedure	
	ESWL	
	Female Incontinence	
	Inguinal herniorrhaphy as related to urologic procedure	
	Insertion/removal of ureteral stent	
	Laparoscopic surgery for disease of the urinary tract	
	Lithotripsy	
	Lymphadenectomy, Pelvic	
	Lymphadenectomy, Retroperitoneal	
	Metabolic management of recurrent nephrolithiasis and other conditions that can be medically managed	
	Penile Surgery	
	Percutaneous Renal Surgery	
	Perform History and Physical Examinations	
	Prostatectomy, Radical	
	Radical Cystectomy	
	Renal Surgery, Partial or Total Nephrectomy	
	Scrotal Surgery	
	Small bowel procedure limited to bladder augmentation	
	Small bowel procedure limited to Bricker or other related procedures	
	Transrectal Ultrasound/Prostate Biopsy	
	Transurethral Prostate Surgery	
	Transurethral Resection Bladder Tumor	
	Ureteroscopy	
	Urethroplasty/Urethral Surgery	
	Urinary Diversion	

Laparoscopic Radical Prostatectomy (LRP)

Qualifications

Education/Training Successful completion of an ACGME- or AOA-accredited residency in urology or general surgery that included training in minimally invasive surgery for LRP or completion of a hands-on CME in LRP, which was supervised by an experienced LRP surgeon. All applicants should also have the ability to perform open radical retropubic prostatectomies.

Clinical Experience (Initial) Demonstrated current competence and evidence of the performance of at least 5 laparoscopic procedures in the past 12 months.

Clinical Experience (Reappointment) Demonstrated current competence and evidence of the performance of at least 10 laparoscopic procedures which included 5 LRPs in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Laparoscopic Radical Prostatectomy (LRP)	

Laparoscopic Nephrectomy

Qualifications

Education/Training Successful completion of an ACGME or AOA accredited residency in urology that included training in laparoscopic kidney surgery. If applicant does not have such formal training, he or she should be able to demonstrate equivalent training that included procedures proctored by an experienced laparoscopic kidney surgeon. Applicant must also have privileges to perform all corresponding open kidney procedures for which he is requesting laparoscopic privileges.

Clinical Experience (Initial) Demonstrated current competence and evidence of the performance of at least 5 laparoscopic kidney procedures in the past 24 months. Robotic assisted kidney procedures, if performed by the applicant, count towards this requirement.

Clinical Experience (Reappointment) Demonstrated current competence and evidence of the performance of at least 5 laparoscopic kidney procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. Robotic assisted kidney procedures, if performed by the applicant, count towards this requirement. In addition, continuing education related to laparoscopic kidney procedures is recommended.

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i></p>	Dept Chair Rec
	Laparoscopic Nephrectomy	

Male Sling

Qualifications

Education/Training Applicants must have completed a training course in InterStim Therapy and should be proctored in the initial neurostimulator implant cases.

Clinical Experience (Initial) Demonstrated current competence and evidence of performance of at least 6 InterStim Therapy stimulator test and implant procedures in the past 12 months.

Clinical Experience (Reappointment) Demonstrated current competence and evidence of the performance of at least 6 InterStim Therapy stimulator test and implant procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i></p>	Dept Chair Rec
	Male Sling	

Robotic Assisted Surgery (da Vinci)

Description: NOTE: ALL proctoring at KHHM requires approval by Medical Staff Services prior to performing procedures. Proctors must be credentialed members of the Medical Staff at KHHM 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 Department Chair.

Qualifications	
Membership	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)	<p>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</p> <p style="text-align: center;">AND</p> <p>Case log of at least 10 cases in the last 12 months.</p> <p style="text-align: center;">AND</p> <p>If <10 cases, first case will be proctored and once deemed proficient by the proctor, the next four cases performed at FHH should be reviewed by the Department Chair or designee.</p> <p>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;</p> <p style="text-align: center;">AND</p> <p>Case log of at least 10 cases performed in the last 12 months.</p> <p style="text-align: center;">AND</p> <p>If <10 cases, first case will be proctored and once deemed proficient by the proctor, the next four cases performed at FHH should be reviewed by the Department Chair or designee.</p> <p>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.</p> <p style="text-align: center;">AND</p> <p>Observe and document two cases with preceptor physician.</p> <p style="text-align: center;">AND</p> <p>Perform a minimum of three proctored cases acting as primary physician</p> <p style="text-align: center;">AND</p> <p>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.</p> <p style="text-align: center;">AND</p> <p>After deemed proficient, all applicants are required to request full-unrestricted privileges. Temporary privilege may be requested in the interim.</p> <p style="text-align: center;">AND</p> <p>The next five cases performed at FHH shall be reviewed by the Department Chair, or designee.</p>
Clinical Experience (Reappointment)	<p>Proficient completion of 10 cases, including those at outside institutions during the reappointment cycle. 5 of those cases should be done in the last 12 months.</p> <p style="text-align: center;">AND</p> <p>If <5 cases in the last 12 months, the first case should be proctored</p> <p style="text-align: center;">AND</p> <p>Ongoing continuing medical education in robotics</p>
Additional Qualifications	Unrestricted privileges, either open or laparoscopic, for the procedure to be performed without robotic assistance.

Request	<p><i>Request all privileges listed below.</i></p> <p><i>Uncheck any privileges that you do not want to request</i></p>	Dept Chair Rec
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	Robotic Assisted Surgery (da Vinci)	

Special Privileges Urology

Description: The below special privileges are not routinely part of the post-graduate training program. Additional proof of training and/or experience may be necessary to request the privilege and is noted within the privilege block. If documentation is required, please submit all required elements with your application/reapplication.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Special Privileges Urology	

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 ty0es for which they have been provided documentation of training and experience.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Laser	

Fluoroscopy

Description: All practitioners requesting fluoroscopically-guided procedures at this hospital are required to take a competency assessment examination prior to being granted these privileges. Practitioners may submit documentation of competency from another hospital for consideration by the Radiology Department Chair. Please contact the Medical Staff Office.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Fluoroscopy	

Mild/Moderate Sedation

Description: Moderate Sedation (Requires written examination - please contact Medical Staff Office) Current ACLS certification is also required.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Mild/Moderate Sedation	

Acknowledgment of Applicant

I hereby request the clinical privileges as indicated. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in performance of the privileges I have requested, and in treating associated diseases with adequate consultation when indicated.

I recognize that in emergency situations where immediate life-saving action is necessary, any member of the medical staff is authorized to perform such life-saving treatment as may be required.

I further understand that any and all privileges granted me shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Credentials and Executive Committees of the medical staff and the Board of Trustees of the hospital reserve the right to grant or limit my privileges in accord with my continuing performance in rendering patient care.

Practitioner's Signature _____
Date

Department 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

Additional Comments

Signature of Department Chair/Designee

Date