



Colon & Rectal Surgery KHMC & KHMB
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

Membership	To be eligible to apply for core privileges in colon and rectal Surgery, the initial applicant must meet the following criteria:
Education/Training	Successful completion of Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)-accredited residency in general surgery, followed by successful completion of an accredited fellowship in colon and rectal surgery.
Certification	Current certification or active participation in the examination process with achievement of certification within six years leading to certification in colon and rectal surgery by the American Board of Colon and Rectal Surgery.
Clinical Experience (Initial)	Applicants for initial appointment must be able to demonstrate the performance of at least 50 colon and rectal surgery procedures, reflective of the scope of privileges requested, in 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 colon and rectal surgery, 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 Colon & Rectal 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		<i>Request all privileges listed below.</i>
KHMC	KHMB	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, presenting with diseases, injuries, and disorders of the intestinal tract, colon, rectum, anal canal, and perianal areas by medical and surgical means, including intestinal disease involvement of the liver, urinary, and female reproductive 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
		Anoscopy
		Appendectomy as related to colon rectal surgery
		Colectomy, total, subtotal, partial
		Colon surgery for benign or malignant disease
		Colonoscopy, fiberoptic with biopsy, coagulation, injection; with polypectomy
		Colotomy, colostomy
		Correction of intestinal obstruction
		Enteric fistulae management
		Enterostomy (feeding or decompression)
		Excision of rectal lesion
		Incision, drainage and debridement of perirectal abscess
		Incision/excision of pilonidal cyst
		IV access procedures, central venous catheter
		Laparoscopy, diagnostic, appendectomy, colectomy
		Laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis or trauma
		Liver biopsy (intraoperative), liver resection
		Management of hemorrhoids (internal and external) including hemorrhoidectomy (including stapled hemorrhoidectomy)
		Management of intra-abdominal trauma, including injury, observation, paracentesis, lavage
		Management of soft-tissue tumors, inflammations and infection of anorectal region
		Perform history and physical exam
		Proctosigmoidoscopy, rigid with biopsy, with polypectomy/tumor excision
		Repair of perforated viscus (gastric, small intestine, large intestine)
		Sigmoidoscopy, fiberoptic with or without biopsy, with polypectomy
		Small bowel surgery for benign or malignant disease

		Splenectomy
		Surgery of the abdominal wall
		Surgical treatment of anal fissure
		Surgical treatment of anal fistula, rectovaginal fistula
		Surgical correction of anal sphincter incontinence

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	Request all privileges listed below.	
KHMC	KHMB	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Special Noncore Privileges (See Specific Criteria)

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

Sacral Nerve Stimulation for Fecal Incontinence

Qualifications

Education/Training	Applicants with prior experience must have completed a training course in sacral nerve stimulation and demonstrate current competence and evidence that they have performed at least 6 sacral nerve stimulator implant procedures in the past 12 months. Applicants with no prior experience must have completed a training course in sacral nerve stimulation, receive proctoring in their initial 2 neurostimulator implant cases, and demonstrate successful performance of 4 sacral nerve stimulator testsimplant procedures independently.
Clinical Experience (Reappointment)	Demonstrated current competence and evidence of the performance of at least 6 sacral nerve stimulator implant procedures in the past 24 months based on results of performance evaluation and outcomes.

Request		Request all privileges listed below.
KHMC	KHMB	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Sacral Nerve Stimulation for Fecal Incontinence

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>
KHMC	KHMB	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Robotic Assisted Surgery

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>
KHMC	KHMB	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: See Hospital Policy for Moderate Sedation

Request		<i>Request all privileges listed below.</i>
KHMC	KHMB	Click shaded blue check box 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 Main Campus and Kettering Health Miamisburg, 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

