



## Urology KHMC & KHMB & KHTR 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 and 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

<b>Membership</b>	To be eligible to apply for core privileges in urology, the initial applicant must meet the following criteria:
<b>Education/Training</b>	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 Urology
<b>Certification</b>	Current certification or active participation in the examination process with achievement of certification within six years leading to certification in urology by the American Board of Urology or the American Osteopathic Board of Surgery (Urological Surgery)
<b>Clinical Experience (Initial)</b>	Applicants for initial appointment must be able to demonstrate performance of at least 50 urological procedures in a hospital operating room setting, 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 12 months.
<b>Clinical Experience (Reappointment)</b>	To be eligible to renew core privileges in urology, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience (100 urological procedures in a hospital operating room setting) 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 Urology

**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	KHTR	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
			<b>- Currently granted privileges</b>
			Admit, evaluate, diagnose, treat (surgically or medically), and provide consultation to patients of all ages 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. 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>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.)
			All forms of prostate ablation and removal, including needle biopsy
			Anterior pelvic exenteration (male and female)
			Appendectomy, as a component of a urologic procedure
			Bladder instillation treatments for benign and malignant diseases
			Bowel resection and/or creation of enterostomy as a component of a urologic procedure
			Closure of wound evisceration
			Creation of neobladder, including orthotopic reconstruction and cutaneous continent diversion
			Creation of ileal conduit
			Endoscopy of the genito-urinary system for the diagnosis and treatment of benign and malignant processes, including biopsy, resection, the use of lasers, and insertion/removal of stents
			Extracorporeal shock wave lithotripsy (ESWL)
			Inguinal herniorrhaphy as related to a urologic operation
			Laparotomy for urologic related conditions
			Lymph node dissection- inguinal, retroperitoneal, or pelvic
			Management of congenital anomalies, open or endoscopic, of the genitourinary tract, including epispadias, hypospadias, and urethral valves
			Microsurgery for epididymo-vasotomy and vaso-vasotomy
			Open stone surgery on the kidney, ureter, and bladder
			Percutaneous aspiration or tube insertion as it relates to a urologic procedure or condition
			Performance and evaluation of urodynamics studies
			Performance of history and physical examination
			Plastic and reconstructive procedures on the ureter, bladder, urethra, genitalia, and kidney
			Prostate brachytherapy
			Renal surgery through an established nephrostomy or pyelostomy, including percutaneous nephrolithotomy (PCNL)
			Sacral nerve stimulation for urinary control

			Surgery to correct pelvic prolapse, including grafting (all material types) using vaginal or abdominal approach
			Surgery to restore urinary continence, including peri-urethral injections, insertion of artificial sphincter, and insertion of all mesh slings (synthetic or biologic)
			Surgery of the testicle, scrotum, epididymis and vas deferens, including biopsy, excision, reduction of torsion, and orchiopexy.
			Surgery upon the adrenal gland
			Surgery upon the kidney, including removal, partial removal, reconstruction, for benign and malignant processes, including cryo and thermal ablation techniques
			Surgery upon the penis and foreskin for reconstruction of treatment of benign and malignant disease, including grafting, laser ablation, and insertion of prosthetic devices
			Surgery upon the ureter and renal pelvis
			Surgery upon the urinary bladder for benign or malignant disease, including partial and complete resection, diverticulectomy, and reconstruction
			Urethral fistula repair, including all forms of grafting
			Ventral/flank herniorrhaphy as related to a urologic operation

**Special Noncore 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.

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

**Laparoscopic Radical Prostatectomy (LRP)**

<b>Qualifications</b>	
<b>Education/Training</b>	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 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.
<b>Clinical Experience (Initial)</b>	Demonstrated current competence and evidence of the performance of at least 5 laparoscopic procedures in the past 12 months
<b>Clinical Experience (Reappointment)</b>	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

<b>Request</b>	<b>Request all privileges listed below.</b>
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KHMC	KHMB	KHTR	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Laparoscopic Radical Prostatectomy (LRP)

**Laparoscopic Nephrectomy**

**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 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.

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

## 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	KHTR	Click <b>shaded blue check box</b> 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	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

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			See Hospital Policy for 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, Kettering Health Miamisburg and Kettering Health Troy 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