



## General Surgery Soin & KHGM 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	
<b>Membership</b>	To be eligible to apply for core privileges in general surgery, the initial applicant must meet the following criteria.
<b>Education/Training</b>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)-accredited residency in general surgery.
<b>Certification</b>	Current certification or active participation in the examination process with achievement of certification within six years leading to certification in general surgery by the American Board of Surgery, or the American Osteopathic Board of Surgery.
<b>Clinical Experience (Initial)</b>	Applicants for initial appointment must be able to demonstrate performance of at least 100 general surgery procedures, reflective of the scope of privileges requested, during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, within the past 12 months.
<b>Clinical Experience (Reappointment)</b>	Current demonstrated competence and an adequate volume of experience in general surgery procedures 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 General 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>
KHGM	SOIN	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>
		Conduct office visits and provide surgical consultation for patients on-site at the Jamestown Rural Health Clinic.
		Admit, evaluate, diagnose, consult, and provide pre-, intra-, and postoperative care and perform surgical procedures to patients of all ages to correct or treat various conditions, diseases, disorders, and injuries of the alimentary tract, abdomen, and its contents, extremities, breast, skin and soft tissue, head and neck, and endocrine 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.
		<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.)
		Abdominoperineal resection
		Amputations, above the knee, below knee; toe, transmetatarsal, digits, upper extremity
		Anoscopy
		Appendectomy
		Breast: complete mastectomy with or without axillary lymph node dissection; excision of breast lesion, breast biopsy, incision and drainage of abscess, modified radical mastectomy, operation for gynecomastia, partial mastectomy with or without lymph node dissection, radical mastectomy, subcutaneous mastectomy
		Circumcision
		Colectomy, abdominal
		Colon surgery for benign or malignant disease
		Colonoscopy with polypectomy
		Colotomy, colostomy
		Colporrhaphy, anterior and posterior
		Correction of intestinal obstruction
		Drainage of intra abdominal, deep ischiorectal abscess
		EGD with and without biopsy
		Emergency thoracotomy
		Endoscopy (intraoperative)
		Enteric fistulae, management
		Enterostomy (feeding or decompression)
		Esophageal resection and reconstruction
		Distal esophagogastrectomy
		Enterocoele repair
		Excision of fistula in ano/fistulotomy, rectal lesion

	Excision of pilonidal cyst/marsupialization
	Excision of thyroid tumors
	Excision of thyroglossal duct cyst
	Gastric operations for cancer (radical, partial, or total gastrectomy)
	Gastroduodenal surgery
	Gastrostomy (feeding or decompression)
	Genitourinary procedures incidental to malignancy or trauma
	Gynecological procedure incidental to abdominal exploration
	Hepatic resection
	Hemodialysis access procedures
	Hemorrhoidectomy, including stapled hemorrhoidectomy
	Hernia repair, open end or laproscopic
	Incision and drainage of abscesses and cysts
	Incision and drainage of pelvic abscess
	Incision, excision, resection and enterostomy of small intestine
	Incision/drainage and debridement, perirectal abscess
	Insertion and management of pulmonary artery catheters
	IV access procedures, central venous catheter, and ports
	Laparoscopy, diagnostic, appendectomy, cholecystectomy, lysis of adhesions, mobilization and catheter positioning, colon resection
	Laparoscopic Nissen Fundoplication (Anti-reflux Surgery)
	Laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis or trauma
	Liver biopsy (intraoperative), liver resection
	Management of burns
	Management of intra-abdominal trauma, including injury, observation, paracentesis, lavage
	Management of multiple trauma
	Management of soft-tissue tumors, inflammations and infection
	Operations on gallbladder, biliary tract, bile ducts, hepatic ducts, including biliary tract reconstruction
	Pancreatectomy, total or partial
	Pancreatic sphincteroplasty
	Parathyroidectomy
	Perform history and physical exam
	Peritoneal venous shunts, shunt procedure for portal hypertension
	Peritoneovenous drainage procedures for relief or ascites
	Proctosigmoidoscopy, rigid with biopsy, with polypectomy/tumor excision
	Pyloromyotomy
	Radical regional lymph node dissections
	Removal of ganglion (palm or wrist, flexor sheath)
	Repair of perforated viscus (gastric, small intestine, large intestine)
	Scalene node biopsy
	Sclerotherapy
	Selective vagotomy
	Sentinel lymph node biopsy
	Sigmoidoscopy, fiberoptic with or without biopsy, with polypectomy
	Skin grafts (partial thickness, simple)
	Small bowel surgery for benign or malignant disease
	Splenectomy (trauma, staging, therapeutic)
	Surgery of the abdominal wall, including management of all forms of hernias, including diaphragmatic hernias, inguinal hernias, and orchiectomy in association with hernia repair

		Thoracentesis
		Thoracoabdominal exploration
		Thyroidectomy and neck dissection
		Tracheostomy
		Transhiatal esophagectomy
		Tube thoracostomy
		Vaginal hysterectomy
		Vein ligation and stripping

**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.

<b>Request</b>		<b><i>Request all privileges listed below.</i></b>
<b>KHGM</b>	<b>SOIN</b>	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>
		Special Non-Core Privileges

## Robotic Assisted Surgery (da Vinci)

**Description:** 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.

### Qualifications

<b>Membership</b>	Unrestricted privileges, either open or laparoscopic, for the procedure to be performed without robotic assistance
<b>Education/Training</b>	Successful completion of an ACGME/AOA accredited residency or fellowship training within respective specialty currently credentialed or being credentialed.
<b>Clinical Experience (Initial)</b>	<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; <b>AND</b> Case log of at least 10 cases in the last 12 months. <b>AND</b> If &lt;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.</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. <b>AND</b> Case log of at least 10 cases performed in the last 12 months. <b>AND</b> If &lt;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.</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. <b>AND</b> Observe and document two cases with preceptor physician. <b>AND</b> Perform a minimum of three proctored cases acting as primary physician. <b>AND</b> 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, the physician will continue proctored cases beyond the initial 3 cases until deemed proficient by the proctor. <b>AND</b> After deemed proficient, all applicants are required to request full-unrestricted privileges. Temporary privilege may be requested in the interim. <b>AND</b> The next five cases performed shall be reviewed by the Robotics Committee, department Chair, or designee.</p>
<b>Clinical Experience (Reappointment)</b>	<p>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. <b>AND</b> If &lt;10 cases in the last 12 months, the first case should be proctored <b>AND</b></p>

Ongoing continuing medical education in robotics

**Additional Qualifications** ALL proctoring at IRS requires approval by the Medical Staff Office prior to performing procedures. Proctors must be currently credentialed, appropriately trained, and recommended members of the medical staff at a Kettering Network Facility. Must have on record an adequate case volume, as defined by Intuitive, representing the types of cases proctored. All proctors are to be approved by the Clinical Service Chair.

Request		<i>Request all privileges listed below.</i>
KHGM	SOIN	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 (daVinci) Surgery

## 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		<i>Request all privileges listed below.</i>
KHGM	SOIN	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.

Request		<i>Request all privileges listed below.</i>
KHGM	SOIN	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:** Moderate sedation privileges are required for any physician who, without the presence of an anesthesia provider, administers a drug-induced depression of consciousness during which patients respond purposely to verbal commands and/or by light tactile stimulation. Deep sedation, a drug-induced depression of consciousness during which patients may not be easily aroused except to repeat/painful stimuli, may only be performed by an anesthesiologist, CRNA under direction of an anesthesiologist or a board eligible/board certified physician trained in surgical airway techniques per the approval of the Department of Anesthesia.

### Qualifications

**Clinical Experience (Initial)** The physician will be granted administration of sedation privileges after successful completion of current medical staff approved airway management education and testing, as well as maintaining current ACLS and/or ATLS.

**Clinical Experience (Reappointment)** A biennial competency at reappointment as well as current ACLS and/or ATLS as outlined in the KHN Sedation Policy is required.

Request	<i>Request all privileges listed below.</i>	
KHGM SOIN	Click <span style="background-color: #add8e6; border: 1px solid black; padding: 2px;">shaded blue check box</span> to Request all privileges. Uncheck any privileges you do not want to request.	
	- Currently granted privileges	
	Moderate and Deep 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 SoIn Medical Center and/or Greene Memorial 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