

Privileges for: General Surgery

Request

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ST. ELIZABETH - EDGEWOOD

ST. ELIZABETH - FLORENCE

ST. ELIZABETH - FT. THOMAS

ST. ELIZABETH - GRANT CO. (Surgical & other invasive procedures requiring general anesthetic are not offered)

DEPARTMENT APPROVAL

_____ Approved _____ Disapproved

_____ Department/Section Chair Signature _____ Date

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in General Surgery

Note: For Practitioners (excluding AHPs) who apply for membership after March 2, 2009 be and remain (with a lapse of no longer than one year) board certified in their principal practice specialty, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

I. Core Privileges: Core privileges in General Surgery include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

DESCRIPTION OF CORE PRIVILEGES

_____ Admit patients; perform histories and physicals; evaluate, diagnose, consult and provide pre-, intra-, and post-operative care; 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, including extremities, breast, skin and soft tissue, head and neck, and endocrine system.

_____ Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Intensive Care, Pulmonology or Emergency Medicine or (b) current ACLS Certification or (c) satisfactory completion of the ASA Moderate Sedation course).

_____ Anesthesia Section Chair _____ Date

_____ 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, sentinel node biopsy - 19300-19307

_____ ENDOCRINE - Parathyroidectomy or thyroidectomy 60500, 60502, 60505, thyroglossal duct cyst excision 60000,60280-60281

_____ CHEST - Thoracentesis, tracheostomy, tube thoracostomy - 31600, 31601, 31603, 31605, 31610, 32100, 32551, 32554, 32555,

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GASTROINTESTINAL - Abdominoperineal resection, appendectomy 44950, 44955, 44960, 44970; colon surgery for benign or malignant disease, colostomy, drainage of intra-abdominal or deep ischioirectal abscess or pelvic abscess, duodenal surgery for benign or malignant disease, enteric fistulae (management), esophageal resection and reconstruction, gastric operations for benign or malignant disease (radical, partial, or total gastrectomy), gastrostomy or enterostomy, laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis or trauma, liver biopsy (intra-operative), liver resection, operations on gallbladder, biliary tract, bile ducts, hepatic ducts including biliary tract reconstruction, pancreatectomy (total or partial), repair of perforated viscus, small bowel surgery for benign or malignant disease, splenectomy, removal of lap band

GYN/URO - Genitourinary procedures incidental to malignancy or trauma, orchiectomy, circumcision; gynecological procedure incidental to abdominal exploration

HERNIA - Surgery of the abdominal wall, including management of all forms of hernias, including diaphragmatic hernias, inguinal hernias, and orchiectomy in association with hernia repair; 49505, 49507, 49553, 49560, 49561, 49565, 49566, 49568, 49570, 49585, 49587, 49650, 49652-49657

LAPAROSCOPY - BASIC - diagnostic, appendectomy, cholecystectomy, lysis of adhesions, mobilization, and catheter positioning - 44970, 47562-47564

LAPAROSCOPY - ADVANCED - Nissen fundoplication (antireflux surgery), colectomy, splenectomy, adrenalectomy, common duct exploration/stone extraction, para esophageal hernias, gastrectomy, adhesions - 43282

SKIN/SOFT TISSUE - Amputations (above and below the knee) including toe, transmetatarsal, digits; incision and drainage of abscesses and cysts, management of burns, management of skin and soft-tissue tumors, inflammations, and infection; regional lymph node dissections or biopsies, removal of ganglion (palm or wrist, flexor sheath), sclerotherapy, skin grafts, vein ligation and stripping - 10140, 11043, 11046, 27592, 27880, 27882, 28825, 37700, 37760, 37785,

VASCULAR ACCESS - Hemodialysis access procedures, insertion and management of pulmonary artery catheters, IV access procedures, central venous catheter and ports, peritoneal venous shunts, shunt procedure for portal hypertension. 93925, 93926, 93930, 93931, 93970, 93971, 93975, 93976, 93978, 93979, 93990

[For complex surgery of the hand, see separate Hand Surgery privileges delineation.]

II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must meet all "Additional Requirements" listed for each privilege below, if any, and provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By initialing the procedures below, I certify that I am competent to perform the procedures requested.

DESCRIPTION OF ADDITIONAL PRIVILEGES

CO2 laser

(ADDITIONAL REQUIREMENT: Proof of Competency)

KTP/YAG laser

(ADDITIONAL REQUIREMENT: Proof of Competency)

EGD with and without biopsy - 45.13, 45.16 / 43235, 43239

Colonoscopy with polypectomy - 45.23, 45.25, 45.42 / 44392

InterStim therapy for bowel control (proof of competency required; 1) hands on- cadaver course or; 2) video training with proctor (physician or company rep) - 4.92, 86.96 / 64561, 64590

Cryoablation - 8.25, 18.29, 21.32, 71.3, 86.3 /
17000-17286, 40820, 46919, 46924, 47371, 47381, 54056, 54065, 57511

Endovenous ablative therapy via all energy sources (vein treatment) - 39.99 / 36475-36479

Fluoroscopy (Radiation Safety certificate required)

LINX procedure (laparoscopic LINX magnetic sphincter augmentation) - requires proof of training

Robotic surgery for BASIC general surgical procedures (EDGEWOOD, FT. THOMAS, FLORENCE) 17.41 17.45 - splenectomy, cholecystectomy, hellermyotomy, Nissen fundoplication, ventral hernia, appendectomy (5 proctored cases - see training details below)

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Robotic surgery for ADVANCED general surgical procedures (EDGEWOOD, FT. THOMAS, FLORENCE) 17.41 17.45 - Bowel resections, extended lymphadenectomy, adrenalectomy, pheochromocytomas, paraesophageal hernia with transabdominal mediastinal dissection, gastrectomy (8 proctored cases - see training details below)

The applicable criteria will be applied based on training and/or experience

Applicants without Documented Robotic Experience:

1. Applicant must be board eligible or board certified within the specialty requested.
2. Applicant, regardless of specialty, must have full videoscopic or open privileges for each procedure to be performed with robotic assistance.
3. Documentation of completion of a formal training program in robotic surgery specific to the subspecialty. The program length should be a minimum of two days, providing both didactic and hands-on animal or cadaver laboratory training with the curriculum specifically tailored for each specialty and application. The clinical chief will determine the adequacy of the formal training.
4. Proctored for a minimum of 5 basic robotic cases. If advanced robotic privileges are requested, then 3 additional cases must be proctored, of which all must be advanced robotic cases. Proctoring Form completed with observed competency. Selected proctor must be approved by the Robotics Committee Chairman. A minimum of 20 cases within the scope of practice are required to qualify as a proctor.
5. Completion of basic robotics surgical training online course.
6. Completion of robotic surgical simulation training program or documentation of at least 10 lab session practicing knot tying and suturing for at least 30 minutes.

Applicants with Current Unrestricted Robotic Clinical Privileges from another Hospital:

1. Applicant must be board eligible or board certified within the specialty requested.
2. Must be granted privileges to perform the intended robotic procedure by another technique.
3. Case log of procedures being requested with a minimum within the past year. (15 for Gyn; 7 for all other specialties)
4. Letter of support from the previous department director
5. Previous completion of basic surgical customer training online course.

Applicants that received Residency Training in Robotics:

1. Applicant must be board eligible within the requested specialty.
2. Must be granted privileges to perform the intended robotic procedure by another technique.
3. Case log of procedures being requested must show distinction between primary/assisting surgeon. A minimum of 20 cases is preferred.
4. Letter of support from residency/fellowship training program director.
5. Proctored for a minimum of 5 basic robotic cases. If advanced robotic privileges are requested, then 3 additional cases must be proctored, of which all must be advanced robotic cases.

NOTE: The appropriateness of using the robot for particular cases is subject to review by the Robotic Surgery Committee Director and the respective Department Clinical Chief. Select procedures may require approval by the Robotic Surgery Committee prior to scheduling of the procedure.

New applicants - The above requirements will be effective for all new applicants after January 1, 2014. Applicants currently in training will credential under the previous privileging guidelines. Surgeons currently credentialed are grandfathered under the previous privileging criteria. Reappointment credentials will apply to all beginning January 2015.

Reappointment for all Applicants: Applicants must have a documented case log with a minimum of 7 cases within the last year and 15 cases within the last 2 years. Surgeons failing to meet this requirement in the 1 year period preceding reappointment may have such privileges renewed for no more than a 1 year period. Failure to meet the minimum case volume for two consecutive years shall result in a loss of eligibility, which can then be restored only through completion of additional training and/or proctored cases sufficient to demonstrate current proficiency. The reappointment criteria will be effective for all reappointments beginning January 1, 2015.

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Stereotactic breast biopsy - 19102, 19103, 77031

BARIATRIC PRIVILEGING REQUIREMENTS - (EDGEWOOD or FLORENCE only) Global Credentialing Requirements

- 1. Participation within a structured metabolic and bariatric center that provides or coordinates comprehensive, interdisciplinary care of the metabolic and bariatric patient.**
- 2. Membership in the American Society for Metabolic and Bariatric Surgery**
- 3. Bi-annual documentation of continuing medical education related to Bariatric Surgery**

NOTE: (*Experienced bariatric surgeons serving as trainers for applicants should have experience with at least 200 bariatric procedures in the appropriate category of procedures in which the applicant is seeking privileges prior to training the applicant.)

Open and laparoscopic bariatric surgery involving stapling or division of the G.I. tract (EDGEWOOD or FLORENCE only) - 44.38, 44.69 / 43659,43842, 43843

CRITERIA:

Credentialed to perform gastrointestinal and biliary surgery.

Have privileges to perform open radical, partial, or total gastrectomy and demonstrate current competency.

Have privileges to perform advanced laparoscopic surgery and demonstrate current competency.

Documented 50 cases with satisfactory outcomes during either: general surgery residency; or post-residency training supervised by an experienced bariatric surgeon*

Laparoscopic Gastric Band (EDGEWOOD or FLORENCE only) - 44.95 / 43770

CRITERIA:

Credentialed to perform gastrointestinal and biliary surgery.

Have privileges to perform open radical, partial, or total gastrectomy and demonstrate current competency.

Have privileges to perform advanced laparoscopic surgery and demonstrate current competency.

Documented 20 cases with satisfactory outcomes during post-residency training or through company sponsored training.

Laparoscopic Gastric Sleeve (EDGEWOOD or FLORENCE only) - 43.82 / 43775

CRITERIA:

Credentialed to perform gastrointestinal and biliary surgery.

Have privileges to perform open radical, partial, or total gastrectomy and demonstrate current competency.

Document 20 cases with satisfactory outcomes during either general surgery residency; or post-residency training supervised by an experienced bariatric surgeon*.

Gastric Endoscopic Procedures (i.e. ROSE procedure) (EDGEWOOD & FLORENCE only)

CRITERIA:

Surgeon must be privileged to perform bariatric surgery.

Surgeon must be privileged to perform endoscopy and demonstrate current competency.

Successful completion of the 9 hour course offered by U.S.G.I. or comparable company sponsored training

Successful completion of two (2) proctored cases by a surgeon privileged to perform the gastric endoscopic procedure.

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I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.

Applicants Signature: _____ **Date:** _____