

# KALEIDA HEALTH

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## DELINEATION OF PRIVILEGES - GENERAL SURGERY

*All members of the Department of Surgery, Division of General Surgery at Kaleida Health must have the following credentials:*

1. *Successful completion of a General Surgery ACGME Accredited integrated or traditional training program, AOA, Royal College of Physicians and Surgeons of Canada, or an ACGME equivalent General Surgery training program.*
2. *Members of the clinical service of the Division of General Surgery must, within seven (7) years of completing General Surgery training, achieve board certification in General Surgery. \*Maintenance of board certification is mandatory for all providers who have achieved this status\**

**GENERAL STATEMENTS** - Privileges in the department of Surgery are separated into the following divisions: General Surgery, Plastic/Reconstructive Surgery and Vascular Surgery. Applicants seeking procedure privileges in more than one division must complete separate forms for each division.

*Applies to patients who are greater than or equal to sixteen (16) years of age.*

*If you do not have Conscious/Moderate or Deep Sedation privileges, you must invite a Kaleida Health anesthesiologist to participate in the procedure.*

### **LEVEL I-WOUND CARE PRIVILEGES ONLY**

*Procedures which involve primarily wound care, can be done under local anesthetic and occasionally involve application of temporary skin coverage or application of agents to expedite wound healing. Can be performed by any competent surgeon. (If selecting any other privileges, wound care is listed under Level I Core privileges.)*

Acellular Dermal Replacement Allograft, Acellular Dermal Burn Excision & Debridement, Minor Debridement of Skin, Full Debridement of Skin, Partial Debridement of Skin, Subcutaneous		Debridement, Non-Selective Debridement, Selective Decubitus Ulcer Dermal Skin Substitute Infection, Incision & Drainage Negative Pressure Therapy	
PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements** (Provide Details)

**LEVEL I CORE PRIVILEGES** - *requires evidence of successful completion of an ACGME accredited residency and are those privileges able to be performed after successful completion of an accredited residency program in that core specialty. The removal or restriction of these privileges would require further investigation as to the individual's overall ability to practice, but there is no need to delineate these privileges individually.*

Admission, History & Physical and follow-up Consultation Abdominal wall groin hernias (open/laparoscopic) Anus/Rectum (incision and drainage, excision lesion, biopsy, repair) Arterial Access (cutdown, catheterization, temporal artery biopsy) Basic Lower Endoscopy (Colonoscopy/sigmoidoscopy with biopsy, injection, polypectomy, reduction volvulus) Basic Upper Endoscopy (EGD with biopsy, injection, placement feeding tube) Bile Duct (open/laparoscopic repair, exploration) Bowel including appendix (open/laparoscopic/hand-assisted repair, biopsy, resection and anastomosis, ostomy formation) Breast (biopsy, repair, lumpectomy, mastectomy) Burn excision and debridement Chest tube placement Diagnostic/Therapeutic laparoscopy (control bleeding, biopsy, drainage infection, exploration internal organs) Emergent Thoracotomy (does not include elective chest surgery/see thoracic surgery section) Esophagus (repair injury) Excision or drainage of soft tissue (cyst, lipomas, skin lesions, other)	Extremity (distal amputation, muscle biopsy, ganglion cyst) Gallbladder (open/laparoscopic resection, placement cholecystostomy tube) Incision and Drainage of skin and deep tissue Kidney (repair injury/exploration) Laceration repair (simple and complex) Liver (open/laparoscopic biopsy, repair, wedge resection) Lymphatics (biopsies incisional and excisional) Pancreas (debridement, biopsy) Skin Debridement/Biopsy (superficial and deep) Wound care (including negative pressure therapy, use of skin substitutes) <i>(as outlined on level I wound care section)</i> Skin grafting Splenectomy (open) Stomach (open/laparoscopic incision, repair, distal resection, feeding tube placement) Trachea (open tracheostomy, bronchoscopy) Thyroid/Parathyroid (FNA, biopsy, resection) Venous Access (peripheral IV, Mediport, central line placement, Permacath)
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**PLEASE NOTE:** Please check the box for each privilege requested. Do not use an arrow or line to make selections. We will return applications that ignore this directive.

<b>ACS Level I Trauma (request only if working at OCH)</b> <i>Requirement: Successful completion of the ATLS at least once; for providers who have not been actively practicing in a trauma setting within the past two (2) years, recertification will be required.</i>	<b>PHYSICIAN REQUEST</b>	<b>Granted</b>	<b>Not Granted*</b>	<b>With Following Requirements** (Provide Details)</b>
ACS Level I Trauma - Internal injury of chest, abdomen, and/or pelvis – Trauma evaluation and laparotomy for any age.				

<b>Level II Privileges Section– *case list to include procedures being requested is required at reappointment for review by chief of service.</b>					
<b>*Advanced Endoscopy</b> -Successful completion of an Advanced Endoscopy fellowship OR documentation of procedural competency is required at initial request.					
	Initial Request	Reappointment	Granted	Not Granted*	With Following Requirements**
EGD (with balloon dilation, control bleeding, injection)					
Endoscopic ultrasound					
ERCP (with sphincterotomy, stone removal, biopsy)					
Esophageal manometry/pH Monitoring					
Small bowel enteroscopy, capsule endoscopy					
<b>*Advanced Upper GI Surgery</b> -Completion of a Surgical Oncology fellowship OR Advanced Upper GI fellowship OR Laparoscopic fellowship OR documentation of procedural competency is required at initial request.					
	Initial Request	Reappointment	Granted	Not Granted*	With Following Requirements**
Hiatal Hernia repair					
Highly selective vagotomy					
Myotomy					
Nissen fundoplication					
Total gastrectomy					
<b>*Breast Oncology Surgery</b> -Successful completion of a Breast Oncology fellowship OR documentation of procedural competency is required at initial request.					
	Initial Request	Reappointment	Granted	Not Granted*	With Following Requirements**
Axillary Lymph Node Dissection					
Modified Radical Mastectomy					
<b>*Colorectal Surgery</b> -Successful completion of a Colorectal fellowship OR documentation of procedural competency is required at initial request.					
	Initial Request	Reappointment	Granted	Not Granted*	With Following Requirements**
Abdominoperineal Resection (APR)					
Anal sphincter repair					
Anorectal manometry					
Rectal pouch formation					
Transanal excision					
<b>*Head &amp; Neck Surgery</b> -Successful completion of a Head and Neck fellowship OR Surgical Oncology fellowship OR documentation of procedural competency is required at initial request.					
	Initial Request	Reappointment	Granted	Not Granted*	With Following Requirements**
Excision tumor head/neck(including laryngoscopy)					
Parotidectomy					
Radical Neck Dissection					
<b>*Hepatobiliary</b> -Successful completion of a Hepatobiliary fellowship OR Surgical Oncology fellowship OR documentation of procedural competency is required at initial request.					
	Initial Request	Reappointment	Granted	Not Granted*	With Following Requirements**
Distal pancreatic resection					
Hepatic duct-enteric anastomosis					
Hepatic lobectomy					
Pancreaticoduodenectomy					

**Level II Privileges Section Cont. – \*case list to include procedures being requested is required at reappointment for review by chief of service.**

**\*Minimally Invasive Laparoscopic Solid Organ Surgery**-Successful completion of a Minimally Invasive Surgery fellowship (adrenal) OR Endocrine fellowship OR documentation of procedural competency is required at initial request.

	Initial Request	Reappointment	Granted	Not Granted*	With Following Requirements**
Adrenalectomy (open/laparoscopic)					
Nephrectomy and liver resection					
Splenectomy					

**\*Organ Transplantation Surgery** – Successful completion of an Organ Transplantation Fellowship or documentation of procedural competency is required at initial request.

	Initial Request	Reappointment	Granted	Not Granted*	With Following Requirements**
Kidney, Pancreas					
Portocaval shunt					

**\*Thoracic Surgery**-Successful completion of a Thoracic fellowship OR documentation of procedural competency is required at initial request.

	Initial Request	Reappointment	Granted	Not Granted*	With Following Requirements**
Distal resection/reconstruction					
Lobectomy (open/laparoscopic)					
Pneumonectomy					
Repair pectus deformities					
Thymectomy					
Total esophagectomy					
Wedge resection (open/laparoscopic)					

**LEVEL II CORE PRIVILEGES – Surgical Critical Care**

**Applicants requesting privileges for Surgical Critical Care must have the following credentials:**

- Board certification in General Surgery AND Surgical Critical Care to be completed within two (2) years from completion of training.
- Satisfactory completion of a program in Surgical Critical Care accredited by the Accreditation Council for Graduate Medical Education (ACGME) or an ACGME equivalent Surgical Critical Care Program.
- Continuous ACLS Certification

Airway intubation	Percutaneous tracheostomy
Bronchoscopy	Placement of temporary pacemaker
Central line placement	Surgical Critical Care
ECMO	Swan-Ganz placement & interpretation
Other advanced ICU Procedures	Ventilator management

PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements** (Provide Details)

**LEVEL II PRIVILEGES – Surgical Critical Care cont.**

**Management of CRRT (Continuous Renal Replacement Therapy)** – initial request: *must show evidence of training and have experience of management of three (3) cases under supervision. (Case list required at each reappointment for review by Chief of Service).*

PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements** (Provide Details)

**LEVEL II MODERATE/CONSCIOUS SEDATION**

1. Providers seeking privileges in moderate/conscious sedation must complete either the ASA sedation course or Safe Sedation course, receiving a score of 85% or above and repeat the course every four (4) years, or two (2) years for those courses with a two (2) year expiration date.
2. Providers must also maintain airway management skills through current completed training and certification in ACLS, ATLS, PALS or NRP.

*(For details on course availability and maintenance please review the Moderate/Conscious Sedation document located on our credentialing web page.)*

Requested	Granted	Not Granted*	With following requirements** (provide Details)

**LEVEL III PRIVILEGES**

Level III Privileges require evidence of advanced training/proctoring/course completion (letter from program director or case list from program or training certificate to be verified by MSO)	Initial Request	Reappointment	Granted	Not Granted*	With Following Requirements** (Provide Details)
Access to Spine (Spine Exposure)					
<b>Advanced Interventional Procedures:</b>					
Cryosurgical Procedures					
Interstim Therapies					
Placement Greenfield Filter					
Radiofrequency Ablation					

**ADVANCED MULTIPOINT LAPAROSCOPIC PROCEDURES** - Applicant must document evidence of training in residency, or provide an attendance certificate from an approved training course. The applicant must document having served as first assistant in five (5) cases OR completion of one (1) year Fellowship in laparoscopic surgery. Subsequent volume criteria at each reappointment is [required].

	Initial	Reappointment	Granted	Not Granted*	With Following Requirements ** (Provide Details)
Laparoscopic gastric procedures to include: gastric fundoplication, gastric resection, gastroenterostomy, vagotomy, duodenal procedures and gastric tube placement (excluding bariatric surgery) [5]					
Laparoscopic intestinal procedures to include: small and large bowel resection and anastomosis, right and left colon resection, low anterior resection, abdominal perineal resection, colostomy formation, colostomy closure (excluding bariatric surgery) [5]					
Laparoscopic solid organ procedures to include: adrenal, pancreas, kidney and liver splenectomy and spleen [5]					

**ADVANCED SILS (SINGLE PORT) COLECTOMY**

*Applicant must have multiport laparoscopic colectomy privileges and must have performed at least forty (40) multiport laparoscopic colectomies within Kaleida Health.*

	Initial	Reappointment	Granted	Not Granted	With Following Requirements** (Provide Details)
Colectomy [40]					

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**BARIATRIC SURGICAL PROCEDURES**

*Applicants must document evidence of training in residency or fellowship or provide an attendance certificate from an approved training course.*

*Reappointment requires a total of 20 bariatric procedures yearly.*

*\* For adjustable Gastric Banding type credentialing, applicant must present a certificate of having completed the appropriate course required by the company.*

**\*\* For Gastric Sleeve credentialing, applicant must have active privileges in gastric bypass and must present a certificate of having completed the appropriate course in sleeve gastrectomy.**

	Initial	Reappointment	Granted	Not Granted*	With Following Requirements ** (Provide Details)
Gastric Bypass Laparoscopic/open Sleeve gastrectomy					
Laparoscopic open Biliary Pancreatic Diversion					
Laparoscopic Gastric Bypass open					
Laparoscopic adjustable gastric banding*					

**MULTIPOINT ROBOTIC PROCEDURES – GENERAL SURGERY LEVEL I**

1. Applicant must have unrestricted privileges for open and laparoscopic surgery procedures for which robot assisted surgeries/procedures will be performed.
2. When two (2) robotic cases are completed at a particular level (as per the DOP level I, II, III) the applicant is then qualified to perform any cases at that level.
3. Current medical staff members:  
 Successful completion of Intuitive Surgical Inc. training course (or equivalent sanctioned course).  
**AND**  
 Two (2) cases minimum proctored by a robotics experienced surgeon in the same specialty as the applicant. The proctor will then determine if the applicant is competent to perform robotics independently. If the proctor does not sign off after two (2) cases, the next course of action will be decided by the Chairman of that department along with the Director of Robotics.
4. Initial applicants to medical staff:
  - A. If completing residency or fellowship - Documentation from the program director of the accredited training program in which robotics is a part of the experience obtained and verification of the individual's competency in the use of the robot for the procedures requested. This would include a case log and documentation as to the number of cases in which the applicant has been involved.  
**AND**  
 Two (2) cases proctored by a robotics experienced surgeon in the same specialty as the applicant (if the applicant is trained in a Kaleida Health residency program it is up to the discretion of the program director whether trainee is required to have any proctored cases).
  - B. If > one (1) year since completion of residency or fellowship and held robotics privileges at another institution - Documentation from the Chair of the surgical specialty department of the previous institution stating a history of safe use of the requested robotics procedures.  
**AND**  
 Ten (10) cases minimum, at least two (2) of which were during the previous year, as the primary surgeon; documentation from hospital or physician case log.
  - C. If no robotics privileges held at another institution - Successful completion of Intuitive Surgical Inc. training course (or equivalent sanctioned course).  
**AND**  
 Two (2) cases minimum proctored by a robotics experienced surgeon in the same specialty as the applicant.
5. Re-privileging - To demonstrate current competence and maintain privileges, twelve (12) cases must be performed at Kaleida Health during the Two (2) year reappointment cycle.
6. There will be periodic evaluations to monitor outcomes of all surgeons including patient safety, intra-op complications and O.R. time efficiency.
7. In the future if a robot is placed at Oishei Children's Hospital these adult criteria may need to be revisited.
8. It is the responsibility of the surgeon applying for robotic privileges to arrange for the proctor. All efforts should be made by the applicant to secure a Kaleida Health surgeon to proctor. If this is not feasible then an outside proctor can be used. If the proctor does not have privileges at Kaleida Health and is going to assist in any way other than observation and discussion, the proctor must obtain temporary Kaleida Health privileges.

*Proctor - To qualify to Proctor Level I Robotic Assisted Surgery in the Kaleida Health system, the applicant must also have completed a minimum of twenty-five (25) Level I Robotic Surgery cases with satisfactory outcomes and must agree to be present in the O.R. during the entire surgical procedure being proctored.*

	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements** (Provide Details)
a. Abdominal explorations including intestinal resections for benign and malignant disease- lysis of adhesions- solid organ biopsy-lymph node biopsy b. Appendectomies c. Cholecystectomy d. Colon excluding total colectomies e. Diaphragmatic hernias both congenital and acquired- thereby including all forms of funduplications and primary diaphragmatic repair f. Gastrectomy – Wedge and Sleeve g. Gastric bypass (Gastric bypass or gastric sleeve resection) h. Hernias – inguinal or ventral including incisional				
May Act as a Proctor for Level I Robotic Assisted Surgery in the Department of Surgery.				

**SINGLE PORT/REDUCED PORT ROBOTIC PROCEDURES – GENERAL SURGERY LEVEL I**

*If proctorship is a pre-requisite, contact the Medical Staff Office for instructions and to obtain the required forms. You must be “approved with proctoring” PRIOR to performing the procedure within Kaleida.*

- 1. Applicant must have unrestricted privileges to perform multiport robot assisted surgery.*
- 2. Applicant must have completed twenty-five (25) multiport robot assisted surgeries.*
- 3. Applicant must provide documentation of a one day dedicated hands-on experience training course designed for single port robotic surgery*
- 4. Applicant must have first three (3) single port robotic surgery cases proctored.*
- 5. Applicant must perform twenty five (25) robot-assisted surgeries each year with satisfactory results to maintain privilege. This may include a combination of both single and multiport robot assisted surgeries.*
- 6. Interruption of robot assisted surgery for more than three (3) months will result in loss of full privileges; however, the surgeon will maintain provisional privileges with the ability to reapply for unrestricted full privileges. Further, the surgeon must provide documentation of completion of at least four (4) hours of use of the Surgical Simulator prior to performing any robot assisted surgeries.*

*\*To qualify to proctor robotic surgery, the applicant must also have completed a minimum of twenty-five (25) single port robotic surgery cases with satisfactory outcomes, and must agree to be present in the O.R during the entire surgical procedure being proctored.*

	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements** (Provide Details)
Single Port/Reduced Port Robot Assisted Cholecystectomy				
May Act as a Proctor for Single Port/Reduced Port Robotic Assisted Surgery in the Department of Surgery.				

**MULTIPORT ROBOTIC PROCEDURES – GENERAL SURGERY LEVEL II**

- 1. Applicant must have Robotic Level I privileges at Kaleida Health.*
- 2. Applicant must have two (2) cases minimum proctored by a robotics experienced surgeon in the same specialty as the applicant. The proctor will then determine if applicant is competent to perform robotics independently. If the proctor does not sign off after two (2) cases, the next course of action will be decided by the Chairman of that department along with the Director of Robotics.*
- 3. Proctor - To qualify to Proctor Level II Robotic Assisted Surgery in the Kaleida Health system, the applicant must also have completed a minimum of twenty-five (25) Level II Robotic Assisted Surgery cases with satisfactory outcomes and must agree to be present in the O.R. during the entire surgical procedure being proctored.*

	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements** (Provide Details)
a. Adrenalectomy b. Benign and malignant soft tissue malignancy c. Gastrectomy - Total d. Liver wedge resections and thermal energy procedures e. Pancreas excluding those involving the head but including distal pancreatectomy with and without splenectomy-enucleation-drainage procedures-necrosectomies f. Splenectomy g. Total colectomy				
May Act as a Proctor for Level II Robotic Assisted Surgery in the Department of Surgery.				

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**MULTIPOINT ROBOTIC PROCEDURES – GENERAL SURGERY LEVEL III**

1. Applicant must have Robotic Level II privileges at Kaleida Health.
2. Applicant must have two (2) cases minimum proctored by a robotics experienced surgeon in the same specialty as the applicant. The proctor will then determine if the applicant is competent to perform robotics independently. If the proctor does not sign off after two (2) cases, the next course of action will be decided by the Chairman of that department along with the Director of Robotics.
3. Proctor - To qualify to Proctor Level III Robotic Assisted Surgery in the Kaleida Health system, the applicant must also have completed a minimum of twenty-five (25) Level III Robotic Assisted Surgery cases with satisfactory outcomes and must agree to be present in the O.R. during the entire surgical procedure being proctored.

	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements** (Provide Details)
a. Biliary resections b. Ileoanal pullthrough with pouches c. LAR d. Liver Lobectomy e. Liver resections including placement of intra-arterial infusion pumps f. Lung Lobectomy/wedge resection g. Pancreatic head procedures including Whipple, Frey and Beger h. Transanal excision				
May Act as a Proctor for Level III Robotic Assisted Surgery in the Department of Surgery.				

<b>KEY</b>	
<b>*NOT GRANTED DUE TO:</b> Provide Details Below	<b>**WITH FOLLOWING REQUIREMENTS</b> Provide Details Below
1) Lack of Documentation	1) With Consultation
2) Lack of Required Training/Experience	2) With Assistance
3) Lack of Current Competence (Databank Reportable)	3) With Proctoring
4) Other (Please Define) (i.e., Exclusive Contract)	4) Other (Please Define)

DETAILS: \_\_\_\_\_

**National Practitioner Databank Disclaimer Statement:** - Kaleida Health must report to the National Practitioner Data Bank when any clinical privileges are not granted for reasons related to professional competence or conduct. (Pursuant to the Health Care Quality Improvement Act of 1986 (43 U.S.C. 11101 et seq.)

\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_ I recommend approval of the procedures requested by the applicant: \_\_\_\_\_ a) as requested \_\_\_\_\_ b) as amended

\_\_\_\_\_ I have consulted with Pediatric Surgery on \_\_\_\_/\_\_\_\_/\_\_\_\_ who agrees to recommend approval of the requested Pediatric Level II/III privileges in General Surgery.

\_\_\_\_\_/\_\_\_\_\_  
Signature of Chief of Service Date

**APPLICANT: PLEASE RETAIN A COPY OF THIS SIGNED FORM FOR YOUR RECORDS.**