

DETROIT MEDICAL CENTER

DEPARTMENT OF MEDICINE

DELINEATION OF PRIVILEGES IN GASTROENTEROLOGY *

APPLICANT NAME: _____

PLEASE PRINT

QUALIFICATIONS:

*** You must also complete the General Internal Medicine delineation with this delineation of privileges.**

Core Privileges in Gastroenterology

Effective July 1, 2009, all new applicants to the DMC will be required to be board certified, or in the active certification process, in their practice specialty. See Board Certification addendum for complete requirements.

1. Board certification, or in the active certification process, in Gastroenterology through the American Board of Internal Medicine, or the American Osteopathic Board of Internal Medicine, AND successful completion of an accredited ACGME or AOA fellowship program in Gastroenterology Diseases.; AND,
2. Documented clinical experience in the practice of Gastroenterology:
 - A. If the applicant is within 2 years of completion of an accredited ACGME or AOA fellowship program in Gastroenterology Diseases, a letter from the fellowship director (or designee) must be supplied.
 - B. If the applicant completed training in Gastroenterology Diseases at an accredited ACGME or AOA fellowship program more than 2 years before the application, proof of activity in the practice of Gastroenterology may be demonstrated by either (1) or (2):
 - 1) Proof of sufficient hospital inpatient activity to demonstrate delivery of care meeting accepted standards and guidelines, and without demonstrated variance from standards as recommended by the Gastroenterology Specialty Chief and Chief of Medicine.
 - 2) Proof of sufficient ambulatory activity to demonstrate delivery of care meeting acceptable standards and guidelines for clinical care and without demonstrated variance from accepted clinical standards. The ambulatory practice review may be accomplished by the Specialist-in-Chief, or designee. Upon request, the applicant may be required to gather additional letters of reference or other information to support the application and to determine quality of care.

Special Privileges

Proof of successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable program; and demonstration of indications for the procedures, test or therapy, and documentation of the competence to obtain and retain clinical privileges. Where nationally recognized certification agencies have established specific criteria for minimal clinical experience, the criteria will be cited and followed.

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Reappointment Requirements

Current demonstrated competence and sufficient volume to evaluate ongoing quality of care without demonstrated variance from accepted standards and guidelines for clinical care as recommended by the Specialist-in-Chief of the Department of Medicine. When appropriate, proof of sufficient ambulatory activity to demonstrate delivery of care meeting acceptable standards and guidelines for clinical care and without demonstrated variance. The ambulatory practice review may be accomplished by the Specialist-in-Chief, or designee. Upon request the applicant may be requested to gather additional letters of reference or other information to support the application and to determine quality of care. Maintain Board Certification as defined by the appropriate specialty board.

DMC Affiliation for No Volume or Referring Physicians

Requesting “Affiliate Status, Membership Only (No clinical privileges)” status is for those practitioners that wish to obtain or maintain a DMC affiliation but do not meet the minimum qualifications as defined by the DMC and/or their clinical department.

PRIVILEGES REQUESTED:

(R) Requested (A) Recommend, Approved as Requested (C) Recommend with Conditions (N) Not Recommended

Note: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason must be stated below or on the last page of this form and discussed with the applicant.

Applicant: Please place a check in the (R) column for each privilege requested.

(R) (A) (C) (N)

REQUESTING MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES

Requesting “Membership Only” status. *Do not complete the remainder of this form, Check ‘R’ box, sign on page 3 and submit.*

(R) (A) (C) (N)

CORE PRIVILEGES IN GASTROENTEROLOGY

Admit, work up, diagnose and provide treatment or consultative services to patients of all ages in need of gastroenterological care. **Core privileges may include the following high volume procedures, which are commonly performed by specialists in gastroenterology.**

1. Diagnostic EGD
2. Total colonoscopy
3. Snare polypectomy
4. Non-variceal hemostasis
5. Variceal hemostasis
6. Flexible sigmoidoscopy
7. PEG
8. Liver biopsy
9. Total parenteral nutrition
10. Evaluation and/or consultation of appropriate diagnostic radiographs

These core privileges do not include any of the following special procedures:

DELINEATION OF PRIVILEGES IN GASTROENTEROLOGY

APPLICANT NAME: _____

Please Print

(R) (A) (C) (N)

SPECIAL PRIVILEGES IN GASTROENTEROLOGY

1. Laser via endoscopy
2. Laparoscope
3. Sengstaken-Blakemore tube
4. Esophageal dilation with guide wire
5. Pneumatic dilation for achalasia
6. Esophagel stent placement
7. Hydrogen breath analysis for H. Phlorri
8. Endoscopic Ultrasound
9. ERCP (therapeutic)
10. ERCP (diagnostic)

11. **Moderate Sedation**

This category requires knowledge of the DMC Moderate Sedation Tier 1 Policy (and Tier 3 Children’s Hospital policy for Pediatrics), acknowledgement to observe the policies and complete the Net Learning Modules on Moderate Sedation. My initials attest that I will comply with the policy and have completed the module.

_____ Initial

12. **Esophagoscopy with Ablation (HALO)**

Minimal formal training: Applicants must have completed an ACGME/AOA-accredited program in gastroenterology that included training in Radiofrequency Ablation or have completed equivalent training under the supervision of an experienced endoscopic physician (minimum of 5 proctored cases). Applicants must also perform the first 10 procedures with Barrx Medical company representative due to the needs of elaborate protocol associated with the procedure.

Required previous experience: Applicants must be able to demonstrate that they have performed at least 120 upper endoscopy procedures in the last 12 months.

Proctoring: Applicants who have attended course must be proctored by a credentialed physician for the first two cases performed, in addition to having the Barrx representative present. The proctoring physician must be an experienced endoscopic physician credentialed to perform HALO procedures.

Acknowledgement of Practitioner

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges.

Applicant Signature

Date

Service Chief / Specialist-in-Chief Recommendations:

By my signature below, I certify that I have reviewed and evaluated the applicant's request for clinical privileges, credentials and other supporting information, and the recommendations that has been made takes all pertinent factors into consideration.

Recommend as requested

Do not recommend

Recommend with conditions/modification as listed

Chief of Service (or designee) Signature

Date

Specialist-in-Chief (or designee) Signature

Date

Joint Conference Committee Approval:

Date

JCC Approval 11.24.09; Revised JCC 4.24.12

BOARD CERTIFICATION REQUIREMENTS

- Beginning July 1, 2009, all applicants to the DMC Medical Staff shall be Board Certified, or shall achieve Board Certification within five (5) years of completion of formal training.
- Individual clinical department Board certification may be more stringent. If so, the department's requirements supersede the DMC minimum Board certification requirement.
- The Board certification must be in the specialty and specific practice which clinical privileges are requested.
- Board certification must be in a specialty recognized by the American Board of Medical Specialties, American Osteopathic Association, American Dental Association or the American Board of Podiatric Surgery.
- If Board certification is time-limited, in all cases, the applicant will have a maximum of three (3) years to achieve re-certification, beginning with the expiration date of his/her current Board Certification, or will be voluntarily resigned from the Medical Staff.
- DMC medical staff members on staff prior **to July 1, 2009**, who are not Board certified will not be required to achieve Board certification. Eligibility for the Board certification waiver requires uninterrupted DMC Medical Staff membership since July 1, 2009.
- Under special circumstances, some outstanding applicants brought to the DMC may be ineligible for Board certification. These members will be considered by their departments on an individual case-by-case basis, and review by a subcommittee of the SICs, may be granted privileges without Board certification with a majority vote of the Medical Executive Committee and the Joint Conference Committee.

Detroit Medical Center Endoscopy Department

HALO Procedure Log

Physician Name (Print): _____

Record procedures completed below and have proctor and Barrx rep present sign.

DATE	CASE #	PROCEDURE TYPE (360/90)	BARRX REP INITIALS (10 REQUIRED)	PROCTOR INITIALS (2 REQUIRED)

PROCTOR NAME (Print): _____

PROCTOR SIGNATURE: _____

BARRX MEDICAL REP NAME (Print): _____

BARRX REP SIGNATURE: _____

I am applying for privileges to perform HALO ablation procedures and have completed the required training and proctored cases as documented above.

APPLICANT NAME (Print): _____

SIGNATURE: _____ DATE: _____

RECEIVED BY: _____ DATE: _____

Chief of Gastroenterology

Privileges for New Procedure: Esophagoscopy with Ablation [HALO]

- A.**
1. Minimal formal training: Applicants must have completed an ACGME/AOA-accredited program in gastroenterology or general surgery that included training in Radiofrequency Ablation or have completed equivalent training under the supervision of an experienced endoscopic physician (a minimum of 5 proctored cases). Applicants must also perform the first 10 procedures with Barrx Medical company representative due to the needs of elaborate protocol associated with the procedure.
Required previous experience: Applicants must be able to demonstrate that they have performed at least 120 upper endoscopy procedures in the last 12 months.
Proctoring: Applicants who attended a course must be proctored by a credentialed physician for the first two cases performed, in addition to having the Barrx representative present.
 2. Procedure will be performed in Endoscopy suite.
 3. Service is within the scope of services provided in the Department of Surgery at HVSH.
 4. Appropriate policies are established to cover this procedure.
 5. Huron Valley-Sinai Hospital (Detroit Medical Center) has contracted and procured the equipment from Barrx Medical. Barrx Medical will also provide staff with in-service training.
 6. HVSH has adequate staff to provide this service. BARRX Medical will offer a comprehensive, two-part in-service program for physicians, nursing and GI technician staff who will participate in the use of the HALO System for the treatment of Barrett's esophagus.
 6. Financial resources have been committed.
 7. Corporate Medical Affairs [Mary Merity, Corporate Director, CVO] is aware this new privilege has been requested.
- B.**
1. In conjunction with upper endoscopy, ablation therapy is performed on Barrett's esophagus tissue. The HALO System is designed to remove the Barrett's epithelium in a short, well-tolerated endoscopic procedure indicated for patients with intestinal metaplasia, low-grade, and high-grade dysplasia. Endoscopic eradication therapy is not suggested for the general population of patients with Barrett's esophagus in the absence of dysplasia, however the American Gastroenterological Association (AGA) Medical Position Statement, 2011, states that RFA should be a therapeutic option for select individuals with nondysplastic Barrett's esophagus who are judged to be at increased risk for progression to high-grade dysplasia or cancer.
 2. The HALO System, approved by the FDA as a Class II Medical Device is used for this procedure. Barryx Medical provides a comprehensive, two part in-service program for physicians, nursing, and GI technicians who will participate in the use of the HALO System.
 3. For treatment of Barrett's esophagus, delivery of ablation energy with the HALO ablation technology is capable of achieving complete removal of diseased tissue without damage to normal underlying structures. Clinical studies have demonstrated the Barrett's tissue can be completely eliminated with the HALO ablation technology in 98.4% of patients.
Source: Clinical Privilege White Paper; American Society of Gastrointestinal Endoscopy [ASGE], American Gastroenterology Association [AGA] & Barrx Medical [attached].
 4. Minimal formal training: Applicants must have completed an ACGME/AOA-accredited program in gastroenterology or general surgery, that included training in Radiofrequency Ablation or have completed equivalent training under the supervision of an experienced endoscopic physician (minimum of 5 proctored cases). Applicants must also perform the first 10 procedures with Barrx Medical company representative due to the needs of elaborate protocol associated with the procedure.
Required previous experience: Applicants must be able to demonstrate that they have performed at least 120 upper endoscopy procedures in the last 12 months.
Proctoring: Applicants who have attended course must be proctored by a credentialed physician for the first two cases performed, in addition to having the Barrx representative present.
 5. A qualified BARRX Medical representative will be present during the initial procedures for technical support (operation of equipment).
 - o Signature required for each physician after completion of 10 cases.
 - o Physician and site will contact with advance notice when those 10 cases are scheduled for 3 month follow-up so Barrx Medical representative can review results and support usage of the HALO.
 6. Proctoring requirements: The proctoring physician must be an experienced endoscopic physician credentialed to perform HALO procedures.