

DETROIT MEDICAL CENTER

DEPARTMENT OF PEDIATRIC SURGERY  
**DELINEATION OF PRIVILEGES IN PEDIATRIC GENERAL SURGERY**

**Applicant Name** \_\_\_\_\_

**PLEASE PRINT**

**QUALIFICATIONS:**

*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 attached addendum.*

**Pediatric General Surgery:**

Two groups of surgeons may be granted clinical privileges in Pediatric General Surgery:

1. **PEDIATRIC SURGEONS**

Pediatric Surgeons must have completed an ACGME accredited training program in Pediatric Surgery **and** be Board Certified by the American Board of Surgery, or in the active certification process leading to certification with, **special qualifications in Pediatric Surgery**, within 5 years of training completion. Pediatric Surgeons will maintain an active pediatric surgical practice and be able to demonstrate (via surgical logs) the, performance of a minimum of **50 pediatric surgical procedures per year**.

2. **GENERAL SURGEONS**

General Surgeon privileges will be limited to children categorically defined by age limits related to past training and documented Pediatric experience as documented by submission of pediatric surgical logs for the past 24 months. General surgeons will have completed an ACGME accredited training program in Surgery or the American Osteopathic Association, or their equivalent (e.g., Royal College of Surgeons, Canada). General surgeons must be currently board certified by the American Board of Surgery or American Osteopathic Board of Surgery, or actively participating in the examination process leading to certification within five (5) years of completion of formal training. Time limited board certification must be maintained. It is expected that General Surgeons will have a practice that regularly includes children, and will have performed a minimum of twelve (12) pediatric procedures per year within a DMC hospital or ambulatory setting. Specific privileges may be recommended by the Chief of Pediatric General Surgery at the Chief's discretion.

**Affiliation via Membership Only Status:**

**Initial applicants:** If you will only be referring patients to the DMC/Children's Hospital of Michigan, you should apply for Membership Only (no clinical privileges). This will allow an affiliation without having to meet other medical staff requirements.

**Reappointment applicants:** Those practitioners that do not meet minimum eligibility requirements to hold clinical privileges and/or have insufficient DMC based volume to provide for an ongoing professional practice evaluation and/or have an office-based practice only, but wish to maintain a DMC affiliation, may also request Membership Only (no clinical privileges).

## **DELINEATION OF PRIVILEGES IN PEDIATRIC GENERAL SURGERY**

**Applicant Name** \_\_\_\_\_

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### **Use of Laser Equipment**

Surgeons must provide proof of laser training. Minimum requirements include four (4) hours of didactic education either by a formal course **or** by self-study. The surgeon must perform a minimum of two (2) proctored laser cases at Children's Hospital of Michigan under the direct supervision of another surgeon who holds laser privileges.

Laser privileges will be granted individually for each specific lasers. Granting of one laser privilege does not automatically constitute privileges for any other laser. Surgeons with laser training as a part of their surgical training program may also be granted privileges upon submission of proof of training and/or a signed statement as to the nature and type of laser training. Laser privileges may be recommended by the Chief of Pediatric General Surgery at the Chief's discretion.

### **Minimally Invasive Pediatric Surgery**

Surgeons requesting minimally invasive surgery privileges are required to submit proof of training and/or a signed statement as to the nature and type of training. Minimum training is defined as a minimum of eight (8) hours of didactic education that has been obtained by either a formal course or by self-study. In addition, the surgeon must be proctored and under direct observation of at least five (5) cases for each privilege/procedure requested.

Privileges are granted individually. Surgeons with training in minimally invasive surgery as a part of their surgical training may also be granted privileges when they have submitted a signed statement as to the nature and type of this training. Minimally invasive surgery privileges may be recommended by the Chief of Pediatric General Surgery at the Chief's discretion.

### **Zeus Surgical Robotic System.**

Surgeons requesting computer assisted robotic surgery privileges must submit proof of training and/or a signed statement of the nature and type of their training. Minimum requirements: 1) must hold privileges in minimally invasive surgery and, 2) completed a minimum of **25** minimally invasive surgical clinical cases, 3) completion of individualized training modules for the specified surgical procedures requested as well as general surgical tasks, on the robotic system currently used at Children's Hospital of Michigan, training procedures must be documented and signed.

Privileges are granted individually for specific robotic procedures. Surgeons with training in computer assisted robotic surgery, on the same system used by Children's Hospital of Michigan, as part of their surgical training may also be granted privileges when they have submitted assigned statement as to the nature and type of this training.

**DELINEATION OF PRIVILEGES IN PEDIATRIC GENERAL SURGERY**

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**Other Special Pediatric Procedures**

Other procedures/privileges may require special competence, for example:

- comprehensive care of critically ill children in critical care unit
- cannulation for, management of, extracorporeal membrane oxygenation
- flexible and rigid endoscopy, diagnostic and therapeutic;
- vascular surgery
- transplantation.

The Chief of Pediatric General Surgery may require demonstration of special competence in these and other areas.

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

**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.

\_\_\_\_\_  
Initials

**I AM REQUESTING PRIVILEGES AS A:**

[ ] **Pediatric Surgeon**                      OR                      [ ] **General Surgeon**

**PRIVILEGES REQUESTED:**

(R)-Requested (A)-Recommend Approval 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 mark in the (R) column for each privilege requested.**

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

**MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES**

Practice is limited to referring patients and/or office-based practice only. No inpatient privileges.

**Do Not Complete The Remainder Of This Form.** Go to page 12, sign and submit.

# DELINEATION OF PRIVILEGES IN PEDIATRIC GENERAL SURGERY

Applicant Name \_\_\_\_\_

PLEASE PRINT

## PEDIATRIC GENERAL SURGERY CORE PRIVILEGES

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Admission, work-up, pre- and post-operative care
- Consultations
- Care of patient in the intensive care units
- Comprehensive management of trauma
- Comprehensive management of burns

## PEDIATRIC GENERAL SURGERY CONSULTING PRIVILEGES

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Consultations **Only**, does **not** include admitting or operative privileges

## PEDIATRIC OPERATIVE PROCEDURES

R	A	C	N		AGES (Select Age Group(s))		
					3 and older	10 and older	All ages
				<b>SKIN/SOFT TISSUE/MUSCULOSKETETAL</b>			
				-Burn debridement or grafting			
				-Complex wound closure			
				-Subcutaneous mastectomy			
				-Pilonidal cyst excision			
				-Major excision soft tissue tumor			
				-Major soft tissue repair for trauma			
				<b>HEAD &amp; NECK</b>			
				-Cleft lip/palate repair			
				-Thyroidectomy (any)			
				-Parathyroidectomy (any)			
				-Branchial cleft cyst/sinus			
				-Thyroglossal duct cyst/sinus			
				-Cystic hygroma/lymphangioma			
				-Dermoid /other cyst			
				-Major tumor (head & neck)			

# DELINEATION OF PRIVILEGES IN PEDIATRIC GENERAL SURGERY

Applicant Name \_\_\_\_\_

PLEASE PRINT

## PEDIATRIC OPERATIVE PROCEDURE - Continued

R	A	C	N		AGES (Select Age Group(s))		
					3 and older	10 and older	All ages
				<b>THORACIC</b>			
				-Tracheostomy			
				-Laryngeal or tracheal resection and/or reconstruction			
				-Repair chest wall deformity			
				-Resection chest wall tumor			
				-Excision mediastinal cyst			
				-Excision mediastinal tumor			
				-Pulmonary resection tumor, congenital malformation, infection, etc.			
				-Thoracotomy for trauma			
				-Lung biopsy: Open			
				-Lung biopsy: Scope			
				-Decortication/pleurectomy/blebectomy: Open			
				-Decortication/pleurectomy/blebectomy: Scope			
				-Esophageal resection or replacement			
				-Esophagomyotomy			
				-Repair esophageal atresia and/or tracheoesophageal fistula			
				<b>DIAPHRAGM</b>			
				-Repair diaphragmatic hernia			
				-Plication of diaphragm			
				-Transthoracic and/or retroperitoneal exposure for scoliosis			
				<b>CARDIOVASCULAR</b>			
				-Patent ductus arteriosus			
				-Coarctation			
				-Vascular ring			
				-Any closed heart procedure			

# DELINEATION OF PRIVILEGES IN PEDIATRIC GENERAL SURGERY

Applicant Name \_\_\_\_\_

PLEASE PRINT

## PEDIATRIC OPERATIVE PROCEDURE - Continued

R	A	C	N		AGES (Select Age Group(s))		
					3 and older	10 and older	All ages
				<b>CARDIOVASCULAR (continued)</b>			
				-Aortopexy			
				-Renal artery reconstruction			
				-Peripheral artery reconstruction			
				-Construction or take down AV fistula/shunt			
				-Surgical placement/removal central access line (any external or port)			
				-Dialysis access insertion/removal			
				-Cannulate/Decannulate ECMO			
				-Major vessel reconstruction			
				<b>ABDOMINAL</b>			
				-Antireflux procedure: Open			
				-Antireflux procedure: Scope			
				-Pyloroplasty/gastric resection with/without vagotomy			
				-Any gastrostomy/jejunostomy: Open			
				-Any gastrostomy/jejunostomy: Scope			
				-Pyloromyotomy			
				-Operation for malrotation			
				-Repair intestinal atresia, stenosis or web			
				-Intestinal resection/repair or ostomy for:			
				-Necrotizing Enterocolitis			
				-Inflammatory Bowel Disease			
				-Trauma			
				-Intestinal resection (Meckel's, Duplication, Meconium Ileus, etc.)			

# DELINEATION OF PRIVILEGES IN PEDIATRIC GENERAL SURGERY

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PLEASE PRINT

## PEDIATRIC OPERATIVE PROCEDURE - Continued

R	A	C	N		AGES (Select Age Group(s))		
					3 and older	10 and older	All ages
				<b>ABDOMINAL</b> (continued)			
				-Laparotomy or resection for intussusception			
				-Ostomy for:			
				Anorectal malformation			
				Hirschsprung's			
				-Closure/revision any ostomy			
				-Appendectomy: Open			
				-Appendectomy: Scope			
				-Perineal procedure for imperforate anus			
				-Pull through for:			
				Imperforate anus (posterior sagittal, abdominal, sacral, etc.)			
				Hirschsprung's: Open			
				Hirschsprung's: Scope			
				IBD or polyposis: Open			
				IBD or polyposis: Scope			
				-Exploratory laparotomy with or without biopsy			
				-Excision of omental/mesenteric cyst			
				-Omphalocele (any surgical repair)			
				-Gastroschisis (any surgical repair)			
				-Resection urachal remnant			
				-Resection omphalomesenteric duct/cyst			
				-Excision neuroblastoma/adrenal/other retroperitoneal tumor			
				-Excision sacrococcygeal teratoma			

# DELINEATION OF PRIVILEGES IN PEDIATRIC GENERAL SURGERY

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## PEDIATRIC OPERATIVE PROCEDURE - Continued

R	A	C	N		AGES (Select Age Group(s))		
					3 and older	10 and older	All ages
				<b>HERNIA REPAIR</b>			
				-Pediatric Repair inguinal hernia (unilateral or bilateral is a single procedure)			
				-Infant (< 6 mos of age) repair inguinal hernia (unilateral or bilateral is a single procedure)			
				-Repair umbilical hernia			
				-Repair ventral hernia			
				<b>LIVER/BILIARY</b>			
				-Major hepatic resection/repair			
				Tumor			
				Trauma			
				-Lysis of adhesions			
				-Liver biopsy: Open			
				-Liver biopsy: Scope			
				-Liver harvest			
				-Liver transplant			
				-Cholecystectomy with or without common bile duct exploration: Open			
				-Cholecystectomy with or without common bile duct exploration: Scope			
				-Portoenterostomy			
				-Excision choledochal cyst			
				-Portosystemic shunts or other operations for portal hypertension			
				-Pancreatic resection for:			
				Trauma			
				Hyperinsulinism			
				Tumor			
				-Operations for pseudocyst			



# DELINEATION OF PRIVILEGES IN PEDIATRIC GENERAL SURGERY

Applicant Name \_\_\_\_\_

PLEASE PRINT

## PEDIATRIC OPERATIVE PROCEDURE - Continued

R	A	C	N		AGES (Select Age Group(s))		
					3 and older	10 and older	All ages
				<b>LIVER/BILIARY</b> (Continued)			
				-Splenorrhaphy			
				-Splenectomy: Open			
				-Splenectomy: Scope			
				<b>GENITO/URINARY</b>			
				-Nephrectomy (total or partial)			
				Tumor			
				Trauma			
				Cystic dysplasia			
				-Renal transplant			
				-Renal biopsy (open)			
				-Cystectomy (partial or total)			
				-Repair extrophy (any type)			
				-Nephrostomy			
				-Operation for nephro-uretero lithiasis			
				-Enteric conduit (any)			
				-Bladder augmentation or repair (any)			
				-Urinary diversion			
				-Pyeloplasty/UPJ reconstruction			
				-Ureteral reconstruction/reimplantation			
				-Reconstruct cloacal extrophy			
				-Hypospadias/epispadias repair			
				-Circumcision (OR only)			

# DELINEATION OF PRIVILEGES IN PEDIATRIC GENERAL SURGERY

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PLEASE PRINT

## PEDIATRIC OPERATIVE PROCEDURE - Continued

R	A	C	N		AGES (Select Age Group(s))		
					3 and older	10 and older	All ages
				<b>GENITO/URINARY (Continued)</b>			
				-Orchidopexy: Open			
				-Orchidopexy: Scope			
				-Orchiectomy			
				-Operation for torsion testis or appendages			
				-Operation for varicocele: Open			
				-Operation for varicocele: Scope			
				-Procedures for intersex (vaginal reconstruction, clitoroplasty, etc.)			
				-Oophorectomy (partial or total)			
				-Hysterectomy/salpingectomy			
				-Repair complex laceration vagina/perineum			
				-Plastic operation on vulva or perineum			
				-Vaginoscopy for foreign body			
				<b>ENDOSCOPIC PROCEDURES</b>			
				-Diagnostic Thoracoscopy			
				-Diagnostic Laparoscopy			
				-Cystoscopy			
				-Bronchoscopy			
				-Esophagoscopy			
				-Removal foreign body of esophagus or trachea			
				-Esophageal dilation			
				-Colonoscopy			
				-Sigmoidoscopy			
				-Other endoscopy			

**DELINEATION OF PRIVILEGES IN PEDIATRIC GENERAL SURGERY**

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				NON-OPERATIVE TREATMENT OF MAJOR OR MULTI-SYSTEM TRAUMA	Initial	Subsequent

**PEDIATRIC HAND SURGERY**

**QUALIFICATIONS:**

**Pediatric Hand Surgery**

Completion of an ACGME or AOA certified training program in Plastic Surgery, Orthopaedic or General Surgery and/or completion of accredited Hand Fellowship. Board certification, or in the active certification process, in one of the above specialties and certificate of added qualification in Hand Surgery. Surgeons more than two years out of training should demonstrate ongoing practice of at least **twenty-four (24)** hand cases per year. Board certification must be attained within five (5) years of training completion.

**Complex Reconstructions including:**

These privileges may only be requested by surgeons who have successfully completed a fellowship in which they have performed at least **twelve (12)** Pediatric Hand procedures. Surgical case logs must be submitted as proof of pediatric hand cases. Complex reconstructions privileges includes:

- Thumb reconstruction
- Pollicization
- Complex syndactyly reconstruction
- Muscle and tendon transfers
- Secondary tendon reconstructions
- Joint replacements.

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

**PEDIATRIC HAND SURGERY CORE PRIVILEGES**

Admit, work up, diagnose and provide treatment, consultative services or surgical procedures to provide care to patients under the age of 21 presenting with illness, injuries, and disorders of the hand and related structures. The core privileges do not include the following Special Procedures.

R	A	C	N	<u>PEDIATRIC HAND SURGERY PROCEDURES</u>	AGES (Select Age Group(s))		
					3 and older	10 and older	All ages
				-Trauma			
				.Skin lacerations			
				.Extensor tendons			

# DELINEATION OF PRIVILEGES IN PEDIATRIC GENERAL SURGERY

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PLEASE PRINT

R	A	C	N	PEDIATRIC HAND SURGERY PROCEDURES – Continued	AGES (Select Age Group(s))		
					3 and older	10 and older	All ages
				.Flexor tendons			
				.Digital nerves			
				.Major nerves			
				.Fractures			
				-Polydactyly			
				-Syndactyly (simple)			
				-Lesion/Excision			
				-Malignant Lesion/Excision			
				-Ganglion/Excision			
				-Nerve decompression			
				-Fingertip Repair			
				-Skin Graft			
				-Local Flap			
				-Infection			
				-Nail Structures			
				-Soft Tissue			
				-Tendon Transfer			
				-Compartment Syndrome			

## Acknowledgment 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.

\_\_\_\_\_  
Signature, Applicant

\_\_\_\_\_  
Date

**DELINEATION OF PRIVILEGES IN PEDIATRIC GENERAL SURGERY**

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**PLEASE PRINT**

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**RECOMMENDATIONS**

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**Department Chief Recommendation** (Primary Hospital other than Children's)  
(If Applicable)

- Recommend as requested.  Do not recommend.  
 Recommend with conditions/modifications as listed.

\_\_\_\_\_  
Service Chief Signature

\_\_\_\_\_  
Date

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**CHM Pediatric Chief Recommendation** (if applicable)

- Recommend as requested.  Do not recommend.  
 Recommend with conditions/modifications as listed.

\_\_\_\_\_  
Pediatric Chief Signature

\_\_\_\_\_  
Date

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**Children's Hospital Medical Staff Operations Committee Recommendation**

- Recommend as requested.  Do not recommend.  
 Recommend with conditions/modifications as listed.

\_\_\_\_\_  
Chair, CHM MSOC Signature

\_\_\_\_\_  
Date

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**Specialist-in-Chief Recommendations**

I certify that I have reviewed and evaluated the applicant's request for clinical privileges, credentials and other supporting documentation, and the recommendation that is made below takes all pertinent factors into consideration:

- Recommend as requested.  Do not recommend.  
 Recommend with conditions/modifications as listed.

\_\_\_\_\_  
Signature, Specialist-in-Chief

\_\_\_\_\_  
Date

**Joint Conference Committee Approval:** \_\_\_\_\_

\_\_\_\_\_  
Date

**JCC Approved 12.22.09**

## DETROIT MEDICAL CENTER

### 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.

JCC APPROVED 2.26.2013