

DETROIT MEDICAL CENTER

DEPARTMENT OF SURGERY

DELINEATION OF PRIVILEGES IN GENERAL SURGERY

Applicant Name: _____

PLEASE PRINT

QUALIFICATIONS FOR CLINICAL PRIVILEGES IN GENERAL SURGERY

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.

Department of Surgery requires current certification or active participation in the certification process leading to certification in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery, with certification to be achieved within **5 years** of completion of residency training, **-AND,**

Successful completion of a post-graduate residency program in general surgery accredited by the ACGME, the AOA, or its equivalent.

Required Previous Experience:

Documentation of the performance of a minimum of 25 General Surgery Procedures during the past 24 months must be confirmed by the applicant's most recent program director or department chief and/or surgical case logs for the previous 24 months. Any exception to aforementioned criteria would need to be reviewed and approved by the Department of Surgery Advisory Committee and/or Chairman of the Department of Surgery.

General Surgery Special Procedures:

Certificate or letter of successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable program, and documentation of competence to obtain and retain clinical privileges. Documentation should include surgical case logs for those special privileges requested for the previous **12 months**. **If less than 25 cases in previous 12 months, provide surgical case logs for the previous 24 months.**

Observation/Proctoring Requirements: Monitoring through **focused professional performance evaluation and** departmental quality assessment and improvement activities.

Use of Laser: Completion of an accredited laser training program documenting laser care, physics and clinical indications for utilization of the specific laser therapy; or documentation from the chief of an accredited residency training program attesting to the training in specific laser therapy during residency.

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 Surgery. Maintain Board Certification as defined by the appropriate specialty board

Those practitioners that do not meet minimum eligibility requirements to hold clinical privileges and/or have insufficient inpatient volume to provide for ongoing professional practice evaluation and/or have an office-based practice only, but wish to maintain a DMC affiliation, may request Membership Only with No Clinical Privileges.

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Surgical Critical Care Core and Special Privileges

Board Certification, or in the active certification process, in Critical Care Medicine through the American Board of Internal Medicine, or the American Osteopathic Board of Internal Medicine, American Board of Surgery, American Board of Osteopathic Surgery, and/or successful completion of an accredited ACGME or AOA fellowship program in Critical Care Medicine.

- Documented clinical experience in the practice of Critical Care Medicine:
- If the applicant is within 2 years of completion of an accredited ACGME or AOA fellowship program in Critical Care Medicine, a letter from the fellowship director (or surrogate) must be supplied.
OR
- If the applicant completed training in Critical Care Medicine at an accredited ACGME or AOA residency program more than 2 years before the application, documentation of activity in the practice of Critical Care Medicine may be demonstrated by either (1) or (2).
 - 1) Demonstration of sufficient inpatient activity to allow ongoing professional performance evaluation on delivery of care meeting accepted standards and guidelines, and without variance from standards as recommended by the appropriate Specialist-in-Chief (SIC).
 - a. Patients hospitalized at a DMC owned/operated facility within the past 2 years for which the applicant has been the attending of record, **OR**
 - b. Submission of documentation of hospital admissions at a Joint Commission accredited hospital and demonstration of certification at that hospital.
 - 2) 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.

Core Privileges in Burn Care

- Current certification or active participation in the certification process leading to certification in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery, with certification to be achieved within **5 years** of completion of residency training, **-AND**, Successful completion of a post-graduate residency program in general surgery accredited by the ACGME, the AOA, or its equivalent.
- Burn Fellowship trained or two years of active burn experience caring for at least 50 inpatient burn patients annually.
- **Must also qualify for ICU privileges.**

Robotic Core and Special Procedures

- Current clinical privileges at The Detroit Medical Center to perform the same general procedure now being requested to be performed on the da Vinci Surgical platform.

All applicants for robotic privileges must have completed one of two options for robotic training:

- Successful completion of an Accredited Residency or Fellowship in General Surgery, Minimally Invasive, Thoracic/Cardiovascular Surgery, Vascular Surgery, Transplant Surgery, Plastic Surgery

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within the preceding two (2) years, which included, as part of its curriculum, appropriate training in robotic surgery. This requires a letter from the program director stating the applicant successfully completed at least ten (10) cases.

OR

- Completion of an approved robotics basic course that includes hands on practice training. The applicant must submit a copy of the certification of completion. It is required that the surgeon perform at least two (2) cases as soon as possible following the offsite robotic training.

Proctoring for Robotic

- The Medical Staff requires proctoring for at least the three (3) initial cases. This is the minimum for exceptionally good candidate such as surgeons who are residency trained or who have extensive prior laparoscopic or simulator experience. Surgeons who have successfully completed a post-residency minimally invasive fellowship may be exempted from proctoring. The applicable Department Chair should recommend the amount of proctoring needed with the approval of the Credentials Committee. Advanced privileges may require additional proctoring. For a sample list of Basic versus Advanced Privileges, see attachment 1.
- The Medical Staff, with the recommendation of the applicable Department Chair, must approve all proctors. Proctors must have demonstrated success in using the robot for the privilege for which they are proctoring.
- Proctors should be of the same specialty as the applicant.
- Proctors must complete an evaluation form for each case they proctor.
- Proctors may be either Medical Staff members or external experts, approved by the robotic manufacturer. The Medical Staff must approve all proctors.

Maintenance of Privileges for Robotic

- For each applicant granted robotic privileges, the Specialist-in-Chief completes a focused professional practice evaluation after six months following initial privileging to evaluate competence and evaluates metrics such as the percentage of robotic case conversion (from robotic to open) and complication rate of robotic cases (compared with open).
- The Medical Staff requires successful performance of at least 20 robotic surgery cases in a two year period (coinciding with the credentialing cycle) for recredentialing.
- If less than 20 cases are performed in any two year period, the Medical Staff may require that a certain number of subsequent cases be proctored by an approved proctor.
- The Medical Staff encourages surgeons to access simulators for ongoing experience and case preparation.

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The Specialist-in-Chief of Surgery reserves the right to modify, make conditional or not approve any requested privileges based on the applicant's training and/or experience.

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

“Membership Only” status is for those practitioners that wish to maintain a DMC affiliation but do not need to maintain hospital clinical privileges and/or do not meet the qualifications as defined by their clinical department and are ineligible to request clinical privileges. **(Check ‘R’ box and go directly to the signature page, do not complete remaining sections).**

R	A	C	N	(R)=Requested (A)=Recommended as Requested (C)= Recommend with Conditions (N)= Not Recommended
				GENERAL SURGERY CORE PRIVILEGES
				Performance of surgical procedures, including: admission, consultation, work-up, diagnosis, pre and post-operative care, to correct or treat various conditions, illnesses, injuries or disorders of the: <ul style="list-style-type: none"> ▪ Alimentary tract ▪ Abdomen and its contents ▪ Breast ▪ Skin and soft tissue ▪ Head and neck ▪ Vascular system (excluding the intracranial vessels, the heart, and those vessels intrinsic and immediately adjacent thereto.) ▪ Endocrine system ▪ Minor extremity surgery (biopsy, I&D, varicose veins, foreign body removal, and skin grafts) ▪ Comprehensive management of trauma and complete care of critically ill patients with underlying surgical conditions in the emergency department and the trauma units. ▪ Colon, rectum and perianal areas. These privileges include the provision of consultation as well as the ordering of diagnostic studies and procedures related to the colon and rectal problem. ▪ Placement of arterial and central venous catheters ▪ Placement of percutaneous vascular access for pheresis/dialysis ▪ Evaluation and/or consultation of appropriate diagnostic radiographs ▪ Tube thoracostomy and management ▪ Pericentesis ▪ Thoracocentesis ▪ Cricothyrotomy tube placement (Seldinger technique)

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R	A	C	N	(R)=Requested (A)=Recommended as Requested (C)= Recommend with Conditions (N)= Not Recommended
				GENERAL SURGERY CORE PRIVILEGES (Continued)
				<ul style="list-style-type: none"> ▪ Percutaneous tracheostomy ▪ Gastroesophageal balloon tamponade (Segstaken-Blakemore) ▪ Pericardiocentesis ▪ Diagnostic peritoneal lavage ▪ Total parenteral nutrition and management

R	A	C	N	(R)=Requested (A)=Recommended as Requested (C)= Recommend with Conditions (N)= Not Recommended
				GENERAL SURGERY SPECIAL PROCEDURES- See Qualifications and Specific Criteria on Pages 1-3. Endoscopic procedures must be requested separately for the following procedures.)
				Endoscopic Procedures:
				Upper Gastrointestinal Endoscopy
				Colonoscopy
				ERCP
				Endoscopic Papillotomy
				Bronchoscopy
				Total Colonoscopy
				Snare Polypectomy
				PEG
				Diagnostic Laparoscopy
				Flexible Sigmoidoscopy
				Use of Laser:
				CO ₂
				Argon – Standard
				Argon – Tuned dye
				Nd: YAG – Open
				Nd: YAG – Endoscopically
				Vena cava umbrella/filters
				Requirements: <ul style="list-style-type: none"> • Documented experience (at least four cases) using a Mobin-Udin, Greenfield filter, or any comparable filter. Copies of operative reports will suffice. • Document your degree of familiarity with the use of image intensifiers and interpretation of angiography films. (This aspect relates to the seating of the filter at the appropriate level in the IVC.) • If you have no documented experience inserting filters, but wish to apply for these privileges, you will be required to perform a minimum of four cases under the direct supervision of a qualified DMC surgeon (proctor) who holds these privileges. Following successful completion and positive recommendation of the supervising surgeon these privileges may be granted.

R	A	C	N	(R)=Requested (A)=Recommended as Requested (C)= Recommend with Conditions (N)= Not Recommended
				GENERAL SURGERY SPECIAL PROCEDURES (Continued)- See Qualifications and Specific Criteria on Pages 1-3. Endoscopic procedures must be requested separately for the following procedures.)
				<u>Laparoscopic cholecystectomy and appendectomy</u> <u>Requirements:</u> <ul style="list-style-type: none"> • Successful completion of a nationally recognized course. • Performance of three laparoscopic cholecystectomies as the primary surgeon under the supervision of a proctor. • Written documentation by the proctor(s) that your qualifications are suitable for privileges in laparoscopic cholecystectomy, OR • Letter from residency program director or current chief of surgery attesting to formal training and competency.
				<u>Advanced Laparoscopic Surgery (Other than cholecystectomy and appendectomy)</u> <u>Requirements:</u> <ul style="list-style-type: none"> • Hold basic laparoscopic surgery privileges. • Attendance at a didactic course which covers the privileges requested. • Performance of the procedures on animals. • Observation of the procedures being done on at least <u>two</u> humans, OR • Letter from residency program director, or current chief of surgery, attesting to formal training and competency.
				<u>Bariatric Laparoscopic Surgery</u> <u>Requirements:</u> <ul style="list-style-type: none"> • Documented evidence of participation in a Bariatric laparoscopic cadaver laboratory course; OR a Bariatric preceptorship, AND • Performance of at least 10 open bariatric procedures.
				<u>Bariatric Open Surgery</u> <u>Requirements:</u> <ul style="list-style-type: none"> • Perform a minimum of three cases under the direct supervision of a qualified DMC surgeon (proctor) who holds these privileges. • Following successful patient outcomes and positive recommendation of the supervising surgeon these privileges may be granted
				<u>Transplants, kidney</u> <u>Requirements:</u> <ul style="list-style-type: none"> • Successful completion of a fellowship program and certification by program director of applicant's qualifications and competency.

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

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R	A	C	N	(R)=Requested (A)=Recommended as Requested (C)= Recommend with Conditions (N)= Not Recommended
				CORE PRIVILEGES IN SURGICAL CRITICAL CARE MEDICINE - See Qualifications and Specific Criteria on Pages 1-3.
				Admit, work up, diagnose and provide treatment or consultative services to patients of all ages with pulmonary problems and critical care. <i>Core privileges include those commonly performed by an Intensivist for the critically ill patient:</i> <ul style="list-style-type: none"> ▪ Endotracheal intubation and airway management ▪ Management of mechanical ventilation ▪ Placement of arterial and central venous catheters ▪ Placement of percutaneous vascular access for pheresis/dialysis ▪ Calibration, operation and interpretation of hemodynamic recording systems ▪ Evaluation and/or consultation of appropriate diagnostic radiographs ▪ Placement of pulmonary artery balloon flotation catheters ▪ Tube thoracostomy and management ▪ Total parenteral nutrition and management ▪ Gastroesophageal balloon tamponade (Segstaken-Blakemore)\ ▪ Pericardiocentesis ▪ Diagnostic peritoneal lavage ▪ Rigid /Fiberoptic bronchoscopy ▪ Cricothyrotomy tube placement (Seldinger technique) ▪ Percutaneous tracheostomy ▪ EGD ▪ Sigmoidoscopy ▪ Pericentesis ▪ Thoracocentesis

R	A	C	N	(R)=Requested (A)=Recommended as Requested (C)= Recommend with Conditions (N)= Not Recommended
				SPECIAL CREDENTIALS AND PROCEDURES IN SURGICAL CRITICAL CARE MEDICINE - See Qualifications and Specific Criteria on Pages 1-3.
				Intracranial pressure monitoring
				Extracorporeal life support
				Pulmonary Stent
				Laser therapy
				Closed pleural biopsy

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R	A	C	N	(R)=Requested (A)=Recommended as Requested (C)= Recommend with Conditions (N)= Not Recommended
				CORE PRIVILEGES IN BURN CARE - See Qualifications and Specific Criteria on Pages 1-3. Must also qualify for ICU privileges.
				<p>Admit, work up, diagnose and provide treatment or consultative services to patients of all ages for the comprehensive management of burn patients including thermal injuries, electrical injuries, chemical injuries, and radiation injuries including acute care of the burn patient.</p> <ul style="list-style-type: none"> • Fluid resuscitation • Tracheostomy • PEG • Escharotomies • Fasciotomies • Surgical excision and grafting and contracture releases with skin grafting • Comprehensive burn care also includes long term care and supervision of the burn patient's rehabilitation and reintegration into society

R	A	C	N	(R)=Requested (A)=Recommended as Requested (C)= Recommend with Conditions (N)= Not Recommended
				CORE PRIVILEGES IN BASIC GENERAL ROBOTIC SURGERY – See Qualifications and Specific Criteria on Pages 1 and 2.
				<p>Cholecystectomy Gastric banding Appendectomy Simple hernia repairs Right colectomy Repair bower lacerations Basic trauma repairs BMI <35 patient and procedure can be concluded in less than two hours</p>

R	A	C	N	(R)=Requested (A)=Recommended as Requested (C)= Recommend with Conditions (N)= Not Recommended
				CORE PRIVILEGES IN ADVANCED GENERAL ROBOTIC SURGERY- See Qualifications and Specific Criteria on Pages 1-3.
				Nissen fundoplication
				Rectal surgery (low anterior resection)
				Whipple procedure
				Pancreatectomy
				Splenectomy and advanced trauma repairs
				Surgeries that require advanced skills with fourth arm manipulation, sewing and complex anatomy

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

RECOMMENDATIONS

Chief of Service/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, Chief of Service

Date

Signature, Specialist-in-Chief

Date

Joint Conference Committee Approval:

Date

JCC Approved 12/22/2009: 11/21/2014: 4/24/2015: 05/27/2016

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.
- An extension of Board certification or re-certification requirement may be granted by the Medical Executive Committee to the applicant who has obtained an extension from the requisite Board for reasons of significant health issues or military service.
- 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 4.24.2015