

**JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL**  
 Privilege Delineation Check sheet  
**GENERAL SURGERY**

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

**OF THE FOLLOWING, INDICATE PARTICULAR PRIVILEGES REQUESTED:** Privileges granted herein permit the surgeon to treat patients without limitation, for all inpatient and outpatient areas, intensive care units, Emergency Department, and nursing floors.

		<b>COGNITIVE</b>
		<b>ADMIT PATIENTS</b> with problems related to general and vascular surgery; provide consultation for problems related to general and vascular surgery; order diagnostic tests and procedures for problems related to general and vascular surgery; and treat patients with general and vascular surgical problems
REQ	APP	<b>GENERAL SURGERY PROCEDURES</b>
		AMPUTATIONS
		ANAL and RECTAL SURGERY, including hemorrhoidectomy, drainage rectal abscess, and rectal problems
		BILIARY TRACT SURGERY, including cholecystectomy, common duct procedures and biliary enteric bypass
		BREAST SURGERY, including biopsy and resection for cancer
		GASTRODUODENAL SURGERY of esophagus, stomach and duodenum
		HEAD and NECK SURGERY, including thyroidectomy, parathyroidectomy, tracheotomy, and salivary gland resection
		HEPATIC RESECTIONS
		HERNIA REPAIR, including all hernias of the abdominal wall and peritoneal cavity
		SURGERY OF INTESTINE – SMALL and LARGE, Including resection with anastomosis, internal bypass (NOT for obesity) and external diversion
		PANCREATIC SURGERY, including resection and diversion
		RADICAL CANCER SURGERY, including regional lymph node dissection
		SPLENECTOMY OR SPLENIC REPAIR
		SPLIT THICKNESS SKIN GRAFTS
		VARICOSE VEINS
		CENTRAL VENOUS ACCESS
REQ	APP	<b>COLORECTAL PROCEDURES</b>
		FISSURE
		HEMORRHOIDECTOMY
		THROMBOSED HEMORRHOIDS -incision / drainage
		ISCHIORECTAL ABSCESS
		PRURITIS - operative or injection treatment
		PLASTIC ON THE SPHINCTER
		TREATMENT OF ACTIVE LOCAL BLEEDING
		TREATMENT OF PROLAPSE if abdominal procedure not included
REQ	APP	<b>VASCULAR PROCEDURES</b>
		ALL DIAGNOSTIC INTRAOPERATIVE PROCEDURES pertinent to arterial and venous circulatory system
		ANEURYSM and OCCLUSIVE DISEASE SURGICAL PROCEDURES i.e., Femoral , subclavian, popliteal procedures; Visceral arteries, renal celiac or spleen procedures; distal bypass grafts; abdominal aorta
		AMPUTATIONS for vascular impairment
		CAROTID ENDARTERECTOMY
		RENAL VASCULAR PROCEDURES, including infrarenal and suprarenal procedures
		VENOUS SYSTEM PROCEDURES, i.e, Varicose veins, Vena Cava Filters/Clips, Portal Decompression procedures

REQ	APP	<b>★ENDOSCOPY</b> Documentation of training/expertise is required. Refer to attached criteria.
		BILARY STENTING PROCEDURES
		COLONOSCOPY
		DUCTULAR CANNULATION (ERCP)/SPHINCTEROTOMIES
		ESOPHAGEAL VARICEAL SCLEROSIS
		ESOPHAGEAL DILATION
		UPPER INTESTINAL ENDOSCOPY (EGD)
		FLEXIBLE SIGMOIDOSCOPY
		PEG

REQ	APP	<b>★SPECIAL PROCEDURES</b> Documentation of training/expertise is required. Refer to attached criteria.
		LAPAROSCOPIC procedures
		LASER <input type="checkbox"/> Argon <input type="checkbox"/> CO <sub>2</sub> <input type="checkbox"/> YAG
		THORASCOPIC LASER surgery
		STEREOTACTIC BREAST BIOPSY
		ENDOVASCULAR procedures, i.e. Balloon, Angioplasty, Atherectomy, Stents, etc
		MEDICAL ACUPUNCTURE
		MICROSURGICAL FLAP
		ENDOLUMINAL GRAFT FOR AAA - Abdominal aortic aneurysms
		ENDOLUMINAL GRAFT FOR TAA - Thoracic aortic aneurysms
		VENOUS ABLATION
		CAROTID STENTS
		PROCEDURAL SEDATION ****(SEE CRITERIA ON WEBSITE)
		da Vinci
		EsophyX Transoral Incisionless Fundoplication Surgery

REQ	APP	<b>★TRAUMA SURGEON RELATED PROCEDURES – For Level I trauma cases</b> Documentation of training/expertise is required. Refer to attached criteria
		THORACIC procedures
		ABDOMINAL procedures
		VASCULAR procedures
		Focused Abdominal Ultrasound in Trauma (FAST Exam)

I have reviewed the list and have checked the procedures to which I am limiting my practice; and having been training accordingly, I am requesting permission to do these procedures. I certify that my malpractice insurance will cover, to the dollar limits required by the Medical Staff Bylaws, my exercise of the above requested privileges.

<b>SIGNATURE OF REQUESTING PHYSICIAN</b>	<b>DATE</b>
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<b>APPROVAL</b>	
Department Chairman or Vice Chairman	Date

\_\_\_\_\_  
Date – Executive Committee

\_\_\_\_\_  
Date – Board of Directors

CRITERIA FOR GRANTING SURGERY PRIVILEGES  
**GENERAL SURGERY**

**CRITERIA FOR GRANTING GENERAL SURGERY**

1. All new applicants for privileges as members in the Department of Surgery shall be reviewed with respect to the performance of their clinical abilities.
2. All new applicants for general and trauma surgery privileges shall be considered only if they are **certified or an active candidate** as recognized by the American Board of Surgery, the American Osteopathic Board, or the Royal College of Surgeons (Canada).
3. Staff members within the Department of Surgery requesting an increase in, or wider scope of surgical privileges, must do so in writing to the Committee stating and including documentation of additional training or experience which shall justify such privileges as required by established criteria.

**CRITERIA FOR GRANTING TRAUMA SURGERY PRIVILEGES**

1. All new applicants for trauma and general surgery privileges as members in the Department of Surgery shall be reviewed with respect to the performance of their clinical abilities, AND credentialed as provisional or active general surgeon at North Mountain.
2. All new applicants for trauma and general surgery privileges shall be considered only if they are-Board certified as general surgeon by American Board of Surgery or American Osteopathic Board of Surgery or Board eligible per JCL bylaws.
3. Experience in trauma surgery as demonstrated by:
  - a) Successful completion of one (1) year trauma fellowship, OR
  - b) Successful completion of one (1) year ACGME accredited surgical critical care fellowship, OR
  - c) Successful completion of two (2) year acute care surgery fellowship, OR
  - d) Minimum of two (2) years trauma surgeon experience working at a level I or level II trauma center within the past five years.
    - I. Documentation of satisfactory management of a minimum of fifty (50) trauma patients with an Injury Severity Score (ISS) of greater than sixteen (16).
    - II. Documentation of adequate trauma operative experience
4. ATLS certification (Documentation is required)
5. Approval by the Trauma Program Medical Director

Staff members within the Department of Surgery requesting an increase in, or wider scope of surgical privileges, must do so in writing to the Committee stating and including documentation of additional training or experience which shall justify such privileges as required by established criteria

(Trauma criteria reviewed and revised: 4/11)

**OBSERVATION REQUIREMENTS**

1. The practice of concurrent observation of newly appointed members of the Department of Surgery has been eliminated.
2. Observation/retrospective review may be required if determined necessary for new procedures under development.
3. The Department of Surgery reserves the right to require concurrent observation or retrospective review if circumstances warrant such action.

## SPECIAL PROCEDURES - TRAUMA

### FOCUSED ABDOMINAL ULTRASOUND IN TRAUMA (FAST SCAN)

#### EDUCATION:

MD / DO  
Board Certified or Board Eligible

Applicants who have routinely performed FAST exams at other Trauma Centers must provide documentation of competence from those facilities (i.e. letter from Department Chair), OR

Applicants who have completed a general surgery residency with a completion date of July 1, 2000 or later must submit a letter from the program director confirming training and experience of performing at least 10 proctored cases, OR

Applicants must provide documentation/certification of current experience by completing eight (8) hours of didactic training\* and hands-on instruction and documentation of performing at least 10 exams on actual patients as approved by the individual department. At least two of the exams will need to be on patients with positive findings.

**\*Didactic Training:** Physician will submit certification for an ultrasound course of at least 8 hours in length. Such a course should include instruction in the physics of sound, sonographic instrumentation and the basics of interpretation (including common pitfalls).

## SPECIAL PROCEDURES

### ENDOSCOPIC PROCEDURES

#### Current proficiency and knowledge of endoscopic procedures:

- a. Documentation of having completed a training course acceptable to the Department of Surgery.
- b. Documentation of experience:

The required minimum number of procedures performed are as follows:

20	Diagnostic EGD	5	PEG
40	Total Colonoscopy	75	ERCP (Diagnostic)
5	Variceal Hemostasis	25	ERCP (Therapeutic)
5	Esophageal Dilation with guidewire	5	Pneumatic Dilation for Achalasia
5	Flexible Sigmoidoscopy or 15 colonoscopies	25	Laparoscopy OR 5 Laparoscopies and 50 Laparotomies
		10	Esophageal Stent Placement

### LAPAROSCOPIC PROCEDURES related to General Surgery.

#### Current proficiency and knowledge of general surgery procedures:

- a. Documentation of having completed a training course acceptable to the Department of Surgery.
- b. Documentation of experience:  
Residency training; letter from another surgeon, or letter from another facility.
- c. Preceptorship

## LASER PRIVILEGES

### Current proficiency and knowledge of laser procedures.

- a. Laser surgery course with content consistent with the privileges being requested; or
- b. Letter from a residency director documenting adequate training for the privileges being requested; or
- a. Letter of explanation which requests that these privileges be granted without the above requirements being met.

## THORACOSCOPIC LASER SURGERY

1. The applicant must have successfully completed a two-day CME course in thoracoscopy at an accredited institution within the United States wherein the applicant must have served as surgeon, surgical assistant, and/or camera operator on at least two procedures in a live animal (such as a pig weighing at least 100 lbs.) The course curriculum certificate of attendance and CME credit certificate must accompany the application.  
----OR----  
If the applicant has received training in thoracoscopy at an approved residency training in the United States, a letter from the program director must accompany the application.
2. If the applicant wishes to use laser in thoracoscopy surgery, he/she must provide documentation concerning the completion of a hands-on course involving the use of lasers in thoracic surgery. The course must have been held within the United States and documentation must be included for the wave length modality that the applicant intends to use. A certificate documenting the wave length modality is required.

## STEREOTACTIC BREAST BIOPSY

1. Initial Training and Qualification
  - a. Have evaluated\* at least 480 mammograms every two years in consultation with a physician who is qualified to interpret mammograms under MQSA
    - Evaluation means review of the mammographic films in direct consultation with an MQSA qualified physician and/or independent review of mammograms with the authenticated mammographic report.
  - b. Initially, have at least 15 hours of Category I CME in stereotactic breast imaging and biopsy  
--- OR ---  
3 years experience having performed at least 36 stereotactic breast biopsies
  - c. Have 4 hours of Category I CME in medical radiation physics.  
--- OR ---  
At least 3 hands-on stereotactic breast biopsy procedures under a physician who is qualified to interpret mammography under MQSA and has performed at least 24 stereotactic breast biopsies.
2. Maintenance of Proficiency and CME Requirements
  - a. Perform at least 12 stereotactic breast biopsies per year or re-qualify as specified for initial training or qualifications.
  - b. Obtain at least 3 hours of Category I CME in stereotactic breast biopsy every 3 years.
  - c. Be experienced in post-biopsy management.
3. Responsibilities of the Surgeon
  - a. Patient selection;
  - b. Quality assurance activities including medical audit (tracking of number of biopsies done, cancers found, benign lesions, biopsies needing repeat, and complications);
  - c. Oversight of all quality control during the procedure;
  - d. Supervision of the radiologic technologist during the procedure; an

- e. Post-op management of the patient.

## **MEDICAL ACUPUNCTURE**

### Qualifications for Initial Privileges:

1. Completion of an approved, specialized course of study to support current demonstrated competence and documentation of 200 hours of graduate training in medical acupuncture from an AMA Category 1 or AOA Category 1A accredited program.
2. Minimum of one (1) year of active clinical experience in medical acupuncture.
  - b. Three most recent (3) case summaries documenting use of medical acupuncture in clinical setting.
  - c. Three letters of recommendation from professional colleagues who can specifically address and attest to an applicant's qualifications and experience in the practice of medical acupuncture.

### Qualifications for Renewal of Privileges:

1. Successful completion of 20 hours of approved, recognized courses over a two-year period of continuing education in medical acupuncture.
2. Demonstration of satisfactory performance in providing care since last credentialed.
3. Compliance with Medical Staff Bylaws, Rules & Regulations.

## **CRITERIA FOR GRANTING COMPUTER/ROBOTIC ASSISTED SURGERY**

1. All new applicants must be board certified or board eligible within their surgical specialty **OR**
2. Currently hold medical staff privileges **AND**
3. Applicant must have applied for, or have been granted, privileges in a surgical specialty and surgical privileges for the procedure(s) to be performed with computer/robotic assistance; **AND**
4. Documentation of current competency in advanced endoscopic, laparoscopic and/or thoracoscopic techniques; **AND**
5. Applicant must provide documentation of successful completion of training in computer/robotic assisted surgery in residency or fellowship training **OR** through a course approved by Intuitive Surgical to include didactic and hands-on experience in the use of computer/robotic assisted surgery. Training course must be at least eight (8) hours in duration and must include at least three (3) hours of personal time on the system during this training **AND** at least two (2) simulations with team and vendor; **AND**
6. Applicant must satisfactorily complete two (2) clinical cases under direct observation with a supervisor who has unsupervised privileges using computer/robotic assisted surgery procedures **OR** an approved proctor at John C. Lincoln North Mountain **OR** provide proof of two (2) observed cases from another facility. Where applicable, surgeons must have advanced documented experiences in performing endoscopic, laparoscopic and/or thoracoscopic procedures for which the computer/robot will be used.

### MICROSURGICAL FLAP CRITERIA

A physician requesting these privileges will provide the following documentation:

- Board Certification with a board recognized by the **American Board of Medical Specialties**;
- Maintain competency by performing a minimum of ten (10) microsurgical flap cases within the past two years;
- If the minimum number of cases is not met, the physicians cases may be proctored;
- Have a success rate of at least **85% within the past two (2) years**;
- Retrospective review may be necessary to determine the success rate

### CRITERIA FOR GRANTING ESOPHYX TIF (TRANSORAL INCISIONLESS FUNDOPLICATION SURGERY)

1. All new applicants must be a board certified or board eligible general or thoracic surgeon **AND**
2. Currently hold medical staff privileges **AND**
3. Applicant must have applied for, or have been granted, privileges in a surgical specialty and surgical privileges for the procedure(s) to be performed with the EsophyX Device; **AND**
4. Documentation of current competency in advanced endoscopic techniques; **AND**
5. Applicant must provide documentation of successful completion of training from EndoGastric Solutions in residency or fellowship training **OR** through a course approved by Department of Surgery to include didactic and hands-on experience in the use of the EsophyX Device. Training course must be at least seven (7) hours in duration and must include at least three (3) hours of personal time on the system during this training **AND** at least three (3) simulations with team and vendor; **AND**
6. Applicant must satisfactorily complete three (3) clinical cases under direct observation with a supervisor who has unsupervised privileges using EsophyX procedures **OR** an approved proctor at John C. Lincoln North Mountain **OR** provide proof of three (3) observed cases from another facility. Where applicable, surgeons must have advanced documented experiences in performing endoscopic procedures for which the EsophyX device will be used.

## Criteria for Granting Privileges **VASCULAR SURGERY**

### ALL SURGERY SPECIALTIES AND SUBSPECIALTIES

1. All new applicants for privileges as members in the Department of Surgery shall be reviewed with respect to the performance of their clinical abilities.
2. All new applicants for vascular surgery privileges shall be considered only if they are **certified or an active candidate** as recognized by the American Board of Surgery, the American Osteopathic Board, or the Royal College of Surgeons (Canada).
3. Staff members within the Department of Surgery requesting an increase in, or wider scope of surgical privileges, must do so in writing to the Committee stating and including documentation of additional training or experience which shall justify such privileges as required by established criteria.

### VASCULAR SURGERY

As recommended by an Ad Hoc Committee to the Joint Council of the Society for Vascular Surgery and the North American Chapter of the International Society for Cardiovascular Surgery.

### APPLICANTS WHO HAVE JUST COMPLETED THEIR SURGICAL TRAINING

The applicant should fulfill **one of the following criteria:**

1. Be a graduate of a residency in peripheral vascular surgery and provide a letter from the program director attesting to satisfactory completion of the training program. It is recommended, but not required, that the applicant take and pass the American Board of Surgery (ABS) Examination for Special or Added Qualifications in General Vascular Surgery within 3 years of graduation.
2. Completion of a one-year senior experience in vascular surgery. This one be as part of a non-approved vascular surgery fellowship or, in some instances, a part of the general surgery residency training program in which a one-year time block is provided to the general surgery resident at a senior level. The applicant must provide evidence of having received sufficient training and experience, equivalent to that received in a training program in vascular surgery. This must include a case list documenting performance of approximately 50 cases of arterial reconstruction representing a balanced case mix and certified by the program director.
3. Be a graduate of a cardiothoracic program in which specific training for peripheral vascular surgery is provided and approved by the Residency Review Committee.
4. Graduates from general surgery residencies without a one-year period of vascular training who wish to practice vascular surgery should be evaluated on a case-by-case basis. Although vascular surgery is considered a primary component of general surgery, vascular surgery experience varies from program to program. Thus satisfactory completion of a general surgery residency does not guarantee proper qualifications in vascular surgery. The importance of extended training in vascular surgery is attested to by the fact that the RRC for surgery has approved programs that provide an additional year of training in vascular surgery beyond the general surgery residency, and graduates of these extended programs are provided the opportunity to be certified by the ABS.

On the other hand, some general surgical programs provide a rich experience in vascular surgery. If an applicant considers himself/herself so qualified, we recommend that individual review of the applicant be carried out by the hospital credentialing committee. Such a review should include evaluation of a case list, supported by operative notes and, if possible, discharge summaries. If the applicant can document an acceptable balanced experience (a case list in excess of approximately 30 major arterial reconstructions with a broad mix) and, if the applicant receives written verification by the program director attesting to their qualifications to practice vascular surgery, then the individual may be considered as having completed the training required to obtain privileges in vascular surgery at the entry level.

**APPLICANTS IN PRACTICE WHO COMPLETED TRAINING AFTER 1984**

1. Applicants must fulfill one of the requirements listed above.
2. Each applicant shall submit lists of their last consecutive 50 vascular surgery cases or their last two years' case experience in managing vascular surgery problems, whichever is greater.
3. The applicant will present a letter from the chief of surgery of each hospital in which he/she currently practices of from the former hospital(s) in which they practiced, attesting that the applicant is in good standing and currently has privileges in vascular surgery.

**APPLICANTS IN PRACTICE WHO COMPLETED TRAINING BEFORE 1984**

1. ABS Certificate of Special Qualification in Vascular surgery, or letter(s) from chief of surgery at the hospital(s) in which they are currently practicing stating that the applicant has privileges in vascular surgery and is in good standing.
2. The applicants will submit lists of their last 50 consecutive vascular surgery cases or 2 years' experience, whichever is greater.

**OBSERVATION REQUIREMENTS**

4. The practice of concurrent observation of newly appointed members of the Department of Surgery has been eliminated.
5. Observation/retrospective review may be required if determined necessary for new procedures under Development.
6. The Department of Surgery reserves the right to require concurrent observation or retrospective review if circumstances warrant such action.

**SPECIAL PROCEDURES**

**ENDOVASCULAR PRIVILEGES**

Current proficiency and knowledge of endovascular procedures.

1. Documentation of adequate training in residency for the privileges being requested; or
2. Documentation of course with content consistent with the privileges being requested; or
3. Documentation of training/expertise acceptable to the Department of Surgery.

**VENOUS ABLATION (Endovenous Radiofrequency Saphenous Vein Occlusions)**

In order to be granted this procedure, the following criteria must be met:

1. Documentation of training in residency; OR
2. Documentation of attendance at a course specific to the privileges requested and acceptable to the Surgery Committee; OR
3. Expertise may be considered by providing privilege checksheet(s) and case list(s) from other healthcare facilities documenting experience performing the procedure being requested.

**LASER PRIVILEGES**

Current proficiency and knowledge of laser procedures.

1. Laser surgery course with content consistent with the privileges being requested; or
2. Letter from a residency director documenting adequate training for the privileges being requested; or
3. Letter of explanation which requests that these privileges be granted without the above requirements being met.

### **CAROTID STENTS**

1. Physicians requesting carotid stent privileges must be credentialed to perform basic endovascular procedures.
2. Successful completion of 25 or more cerebral or carotid angiograms;  
**OR**  
Attendance at 20 carotid interventions, including complete cerebral angiograms, 10 of which as the primary operator.
3. Successful completion of an approved vendor training course in carotid stent insertions.
4. All carotid stent procedures will be reviewed by the Endovascular Committee for appropriate patient selection procedure and patient outcome.

### **ENDOASCULAR / ENDOLUMINAL GRAFT REPAIR OF ABDOMINAL AORTIC ANEURY (ELG – AAA)**

Cardiac, Thoracic and Vascular surgeons with appropriate specialty training / experience, *including angioplasty, stenting and cath placement*, are eligible to apply for this procedure, provided that specific criteria are met (when applicable).

1. Procedure is to be performed in the Operating Room only.
2. Procedure is to be performed by a primary operator (defined below) with a vascular surgeon assisting (also defined below).
3. Vascular surgeon is required in the Operating Room for the duration of the procedure.
4. Primary operator must be a vascular surgeon, radiologist or cardiologist.
5. If the primary operator is a vascular surgeon, a vascular surgeon assist is not necessary.
6. Primary operator is to have significant hands on training.

#### Criteria to apply for Primary Operator Privileges

1. Fellowship training (Vascular, Radiology or Cardiology) shall consist of not less than 6-12 months hands-on experience during which time a minimum of ten (10) cases will be performed as the primary operator. Case logs shall be submitted listing the applicant's role in each case as either primary operator, assistant with hands on, or observer only. Outcome data is required and referred to the applicant's department. A letter from the program director will be obtained.  
**OR**
2. The applicant must provide documentation of completion of a hands-on training program in endovascular grafts that is certified by the company of the device the applicant wishes to use..  
**OR**
3. In lieu of formal training, prior hands-on experience with endoluminal grafting (ELG) of abdominal aortic aneurysms must be documented. The applicant will submit a log of cases (minimum of ten [10] cases) listing the applicant's roll as the primary operator

#### Criteria to apply for ELG Surgical Assist:

Vascular surgeons with full (open) vascular privileges must show evidence of completion of brief training course in endoluminal grafting technology.\*

Radiologists and cardiologists with full invasive radiology or cardiology privileges, must show evidence of completion of a brief training course in endoluminal grafting technology. \*

\* Angioplasty, stent and cath placement privileges are not required as long as one person on the surgical team has those privileges / skills.

#### OBSERVATION REQUIREMENT - Retrospective Review

All cases are reviewed retrospectively by the Endovascular Surgery Committee.

### **ENDOASCULAR / ENDOLUMINAL GRAFT REPAIR OF THORACIC AORTIC ANEURYSMS (ELG - TAA)**

Please refer to the criteria above. The requirements are the same except the training/experience must be specific to ELG-TAA.

#### OBSERVATION REQUIREMENT - Retrospective Review

All cases are reviewed retrospectively by the Endovascular

## **MEDICAL ACUPUNCTURE**

### Qualifications for **Initial Privileges**:

1. Completion of an approved, specialized course of study to support current demonstrated competence and documentation of 200 hours of graduate training in medical acupuncture from an AMA Category 1 or AOA Category 1A accredited program.
2. Minimum of one (1) year of active clinical experience in medical acupuncture.
3. Three most recent (3) case summaries documenting use of medical acupuncture in clinical setting.
4. Three letters of recommendation from professional colleagues who can specifically address and attest to an applicant's qualifications and experience in the practice of medical acupuncture.

### Qualifications for **Renewal** of Privileges:

1. Successful completion of 20 hours of approved, recognized courses over a two-year period of continuing education in medical acupuncture.
2. Demonstration of satisfactory performance in providing care since last credentialed.
3. Compliance with Medical Staff Bylaws, Rules & Regulations.