



Delineation Of Privileges
Gastroenterology Privileges

Provider Name:

Privilege	Requested	Deferred	Approved
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GASTROENTEROLOGY - CORE PRIVILEGES

Criteria:

- a) Board Certification or qualified for certification by the American Board of Internal Medicine with a subspecialty certificate in Gastroenterology; OR,
- b) Successful completion of an ACGME or AOA approved Gastroenterology training or fellowship program.

Proctoring Requirements: A minimum of eight (8) cases as outlined in the Medicine Staff Proctoring Protocol.

GENERAL PRIVILEGES:

Admitting Privileges ___

Consultation Only Privileges ___

Sedation Analgesia

Criteria: Requires successful completion of the Sedation Assessment Test
Additional criteria effective April 1, 2015: a) Evidence of current ACLS and/or PALS certification from the American Heart Association; AND b) Evidence of completion of an Airway Management Course

a) Adult Sedation ___

b) Pediatric Sedation (17 years and under) ___

GASTROENTEROLOGY CORE PRIVILEGES:

Includes the management and coordination of care, treatment and services, including: Medical history and physical examinations, consultations, and prescribing medication according to DEA Certificate. (ACC) ___

Upper GI endoscopy, diagnostic and therapeutic
(Minimum # of cases required = 100) ___

Lower GI endoscopy, diagnostic and therapeutic
(Minimum # of cases required = 100) ___

Percutaneous endoscopic gastrostomy (PEG)
(Minimum # of cases required = 10) ___



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Liver biopsy	—	—	—
Sigmoidoscopy, including anoscopy (ACC)	—	—	—
Pneumatic dilation for achalasia <i>(Minimum # of cases required = 5)</i>	—	—	—
Paracentesis	—	—	—
Hemorrhoidal band ligation	—	—	—
Esophageal dilatation with guide wire <i>(Minimum # of cases required = 15)</i>	—	—	—
Nonvariceal Hemostasis, Upper and Lower (includes ten active bleeders) <i>(Minimum # of cases required = 20)</i>	—	—	—
Snare Polypectomy <i>(Minimum # of cases required = 20)</i>	—	—	—
Variceal Hemostasis (includes five active bleeders) <i>(Minimum # of cases required = 15)</i>	—	—	—

SUPPLEMENTAL/ADVANCED PRIVILEGES - GASTROENTEROLOGY

Criteria: Applicants must meet the criteria outlined for Core Gastroenterology Privileges; AND provide certification by a Training Director regarding experience and demonstrated competence to perform the procedure(s) being requested.

Proctoring Requirements: As outlined under the specific supplemental procedure below.

ERCP

Criteria: Initial applicants requesting ERCP privileges must provide documented evidence from an accredited training program of having successfully performed a minimum of seventy-five (75) procedures to establish training and experience.

Proctoring Requirement: One case by direct observation

— — —

Esophageal manometry (including impedance as applicable)

Proctoring Requirement: One case by direct observation

— — —



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Anorectal manometry

Proctoring Requirement: One case by direct observation

— — —

Endoscopic mucosal resection (EMR)

Proctoring Requirement: One case by direct observation

— — —

24 hour pH monitoring

Proctoring Requirement: One case by direct observation

— — —

Esophageal Stenting

Criteria: Initial applicants requesting esophageal stenting privileges must provide documented evidence from an accredited training program of having successfully performed a minimum of ten (10) cases to establish training and experience.

Proctoring Requirements: One case by direct observation.

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Endoscopic Ultrasound (EUS)

Criteria: Initial applicants requesting endoscopic ultrasound privileges must provide documented evidence from an accredited training program of having successfully performed a minimum of one hundred (100) endoscopic ultrasound cases to establish training and experience.

a) Endoscopic ultrasound with guided fine needle aspiration

Proctoring Requirement: One case by direct observation

— — —

b) Endoscopic ultrasound celiac plexus neurolysis

Proctoring Requirement: Two cases by direct observation (Must include one pancreatic case and one fine needle aspiration case.)

— — —

Revised: 5/24/2007; 7/22/2010; 09/22/2011; 05/23/2013; 10/30/2014

ACKNOWLEDGEMENT OF THE PRACTITIONER:

I have requested only those privileges for which my education, training, current experience and demonstrated performance I am qualified to perform, and that I wish to exercise at Huntington Hospital, and I understand that: a) in exercising my clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation; b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature of Applicant: _____ **Date:** _____



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DEPARTMENT CHAIR RECOMMENDATIONS

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Applicant may perform privileges and procedures as indicated: _____ YES _____ NO

Exceptions/Limitations (Please Specify): _____

APPROVALS:

Section Chair: _____ Date: _____

Department Chair: _____ Date: _____

Credential Committee Date: _____

Medical Executive Committee Date: _____

Board of Directors Approved on: _____