



Delineation Of Privileges
Pediatric Surgery

Provider Name:

Privilege	Requested	Deferred	Approved
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Please note that there are separate Vascular and General Surgery privilege forms. If you are interested in privileges within these sub-specialties, please request the specific delineation of privileges form.

PEDIATRIC SURGERY PRIVILEGES

Criteria: New Applicants or Current Staff Members: Board Certified or active candidacy for board certification in Pediatric Surgery by the American Board of Surgery.

Criteria - Current Staff Members: Continued maintenance of General Surgery certification.

Proctoring Requirements: A minimum of six (6) cases, in accordance with the Medical Staff Proctoring Protocol.

Current Competence Requirements: Evidence of performance of at least four (4) cases per year from Category 1
(Current competence requirements must be met at time of reappointment)

GENERAL PRIVILEGES:

Admit (17 years and under) ___

Consultation Only Privileges ___

Surgical Assist Only ___

Sedation analgesia (Pediatric - 17 years and under) ___

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

Local and regional block anesthesia ___

Restraint and Seclusion ___

Criteria: Requires successful completion of the Restraint & Seclusion Assessment test

CATEGORY 1 - PEDIATRIC SURGERY PRIVILEGES:

Includes the management and coordination of care, treatment and services, including: medical history and physical examinations, consultations and prescribing medication in accordance with DEA certificate. ___

Central venous placement of catheter in patients ___

Repair of inguinal hernia in patients ___



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Surgical management of anomalies of the gastrointestinal tract, including malrotation, volvulus, omphalocele, atresias, Hirschsprung's disease, imperforate anus	—	—	—
Surgical management of congenital anomalies of the genitourinary tract, including exstrophy and hypospadias	—	—	—
Surgical management of congenital defects of the abdominal wall and diaphragm	—	—	—
Surgical management of intra-abdominal and retroperitoneal tumors	—	—	—
Surgical management of intra-thoracic tumors, pulmonary resection for congenital anomalies and acquired disease	—	—	—
Surgical management of intussusception	—	—	—
Surgical management of pyloric stenosis	—	—	—
Surgical management of tracho-esophageal fistulas or other congenital anomalies of the upper respiratory tract or the upper gastrointestinal tract	—	—	—
Thoracic Surgery: Lung resection, empyema decortication, pleurodesis, thymectomy, patent ductus arteriosum ligation - all including thoracotomy and thoracoscopic approach	—	—	—
Transurethral surgery, including diagnostic and therapeutic procedures of the lower urinary tract	—	—	—
Urologic Surgery: Radical nephrectomy, bladder repair, orchidopexy, hydrocelectomy, circumcision	—	—	—
Vascular access for ECMO	—	—	—
Basic Laparoscopic Procedures (Includes: diagnostic laparoscopy, laparoscopic lysis of adhesions, laparoscopic cholecystectomy with IOC and laparoscopic appendectomy and laparoscopic ovarian surgery)	—	—	—

Proctoring Requirements: A minimum of three cases as the primary surgeon. These minimum cases pertain to laparoscopic cases and do NOT supplant the six (6) basic cases required as a Provisional Staff member.



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CATEGORY 2 - PEDIATRIC SURGERY PRIVILEGES:

Criteria: New applicants and current staff members: Must meet the criteria outlined in Category 1 Pediatric Surgery Privileges; AND, submit evidence of experience and demonstrated competence in each procedure requested.

Category 2 - Advanced Laparoscopic Privileges

Criteria: Applicants must be currently privileged in Category 1 analogous open procedures; applicants must hold Basic Laparoscopic privileges AND have completed proctoring for the Basic Laparoscopic procedures; AND applicants must provide evidence of specific advanced laparoscopic training and experience as part of an accredited surgical residency program in the Advanced Privilege group being requested.

Proctoring Requirements: A minimum of three (3) representative sample cases. The proctor must be a member of the HMH Medical Staff, approved by the General Surgery Section, who has completed proctoring in the Advanced Laparoscopic procedure category being proctored. These minimum cases do NOT supplant the six cases required as a Provisional Staff member.

Competency Requirements: Evidence of the successful performance, as primary surgeon, of at least three (3) Advanced Laparoscopic procedures every two (2) years.

Advanced Laparoscopic Procedures

Laparoscopic intestinal procedures to include: small and large bowel resection and anastomosis, right and left colon resection, low anterior resection, abdominal perineal resection, colostomy formation, colostomy closure (excluding bariatric surgery)

Laparoscopic gastric procedures to include: gastric fundoplication, gastric resection, gastroenterostomy, vagotomy, duodenal procedures and gastric tube placement (excluding bariatric surgery)

Laparoscopic hernia repair

Laparoscopic solid organ procedures to include: adrenal, pancreas, kidney and liver splenectomy and spleen



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Category 2 - Robotic Laparoscopic Advanced Privileges

Criteria: Applicants must be board certified or eligible for certification by the American Board of Surgery; must have current laparoscopic privileges in the specific procedure being requested; must have completed Training Workshop for the da Vinci system; AND meet either Route "1" or Route "2" criteria below.

ROUTE "1" CRITERIA: Previous practical experience via an accredited residency or fellowship program with documented clinical experience of a minimum of twenty (20) robotic assisted procedures, with at least ten (10) as the primary surgeon.

Proctoring Requirements: At least the first three (3) cases as the primary surgeon, proctored by a surgeon who has performed a minimum of ten (10) robotic procedures.

Competency Requirements: Performance of at least five (5) robotic procedures per year as the primary surgeon to maintain robotic privileges. Physicians who fail to meet the competency requirements will be required to undergo proctoring of at least three (3) cases.

ROUTE "2" CRITERIA: Completion of an approved residency or fellowship program in general surgery with documented clinical experience of at least twenty-five (25) laparoscopic procedures within the last year.

Proctoring Requirements: At least the first five (5) cases as the primary surgeon, proctored by two different surgeons who have performed a minimum of ten (10) robotic procedures.

Competency Requirements: Performance of at least five (5) robotic procedures per year as primary surgeon to maintain robotic privileges. Physicians who fail to meet the competency requirements will be required to undergo proctoring of at least five cases.

Robotic Laparoscopic Procedures _____

Revised: 3/25/10; 10/25/13; 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:** _____



Huntington Hospital

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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

Robotic Medical Director: _____ Date: _____

Section Chair: _____ Date: _____

Department Chair: _____ Date: _____

Credential Committee Date: _____

Medical Executive Committee Date: _____

Board of Directors Approved on: _____