



Delineation Of Privileges

Trauma

Provider Name:

Privilege	Requested	Deferred	Approved
	—	—	—

Criteria: New applicants or Current Staff Members: Successful completion of an ACGME or AOA approved training program in Trauma and Board Certification or active candidacy for board certification by the American Board of General Surgery. Current ATLS certification and PALS certification (if applicable)

Grandfather Clause: Current Staff Members Only: Successful completion of an ACGME or AOA approved training program in the Trauma specialty; OR demonstrated acceptable practice in the privileges being requested. Current ATLS certification and PALS certification (if applicable)

Proctoring Requirements: Individual procedures will be proctored as per Department/Section Proctoring Protocol. Proctoring shall consist of a minimum of six (6) acceptable representative cases as the primary surgeon.

GENERAL PRIVILEGES:

Admit	—	—	—
Consultation Only Privileges	—	—	—
Surgical Assist ONLY	—	—	—

Sedation analgesia

Criteria: Requires successful completion of the Sedation Assessment test.

a) Adult	—	—	—
b) Pediatric (17 years and under)	—	—	—
Local and regional block anesthesia	—	—	—

Restraint and Seclusion

Criteria: Requires successful completion of the Restraint and Seclusion Assessment Test

CATEGORY 1 GENERAL SURGERY PRIVILEGES:

Includes the management and coordinator of care, treatment and services, including: Medical History and Physical examinations; Consultations and prescribing medication in accordance with DEA certificate.

Abdominal Surgery:

Anastomosis, repair and other operations on intestine	—	—	—
Appendectomy	—	—	—



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Colon	—	—	—
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Drainage procedures for relief of ascites	—	—	—
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Gastro-duodenal surgery	—	—	—
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Incision, excision, resection and enterostomy of intestine	—	—	—
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Laparotomy for bowel obstruction/ruptured viscus	—	—	—
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Laparotomy for diagnostic or exploratory purpose or for management of intra-abdominal sepsis	—	—	—
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Operations on gallbladder, biliary tract, bile duct, hepatic duct	—	—	—
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Perineal resection	—	—	—
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Small intestine	—	—	—
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Surgery of abdominal wall including management of all forms of hernia, including diaphragmatic hernia, hydrocelectomy, orchiopexy, vasectomy, and orchiectomy in association with hernia repair (age 2 years and above).	—	—	—
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Surgery of the spleen and associated lymphatic structures, including staging procedures for lymphoma, and other forms of malignant disease	—	—	—
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Vagotomy	—	—	—
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Basic Endoscopic Procedures (includes: diagnostic laparoscopy, laparoscopic lysis of adhesions, laparoscopic cholecystectomy with IOC and laparoscopic appendectomy & laparoscopic ovarian surgery).	—	—	—
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Proctoring Requirements: A minimum of three cases as the primary surgeon. These minimum cases pertain to endoscopic cases and do NOT supplant the six (6) basic cases required as a Provisional Staff member.

Breast Surgery:

Modified radical mastectomy	—	—	—
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Partial mastectomy, excision of lesion ___

Radical mastectomy ___

Sentinel node biopsy ___

Simple mastectomy ___

Thyroid/parathyroid gland surgery ___

Endoscopy:

Bronchoscopy ___

Colonoscopy (with and without polypectomy) ___

Esophagogastroduodenoscopy (EGD) ___

Laryngoscopy ___

Percutaneous endoscopic gastrostomy (PEG) ___

Gynecology:

Recto-vaginal fistula repair ___

Surgery on: uterus, ovary, fallopian tube, vagina, vulva & cervix ___

Head, Neck and Esophageal Surgery:

Management of localized tumors ___

Surgical management of diverticulum of the cervical esophageus, and surgery of the minor salivary glands ___

Surgery of the oral cavity soft tissues ___

Surgery of the parotid gland and major salivary glands ___



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Surgery on thymus ___ ___ ___

Thyroid/parathyroid gland surgery ___ ___ ___

Tracheostomy ___ ___ ___

Pancreatic/Hepatobiliary Surgery:

Hemi-hepatectomy ___ ___ ___

Partial liver resection ___ ___ ___

Partial pancreatectomy ___ ___ ___

Radical regional lymph node dissection ___ ___ ___

Treatment of pancreatic pseudocysts ___ ___ ___

Wedge resection/biopsy ___ ___ ___

Rectal Surgery:

Anal fissure/fistula ___ ___ ___

Hemorrhoidectomy ___ ___ ___

Incision/excision, perirectal tissue ___ ___ ___

Local excision of rectal lesion ___ ___ ___

Operation on pilonidal sinus/cyst ___ ___ ___

Proctectomy, including abdominoperineal approach ___ ___ ___

Rectocele ___ ___ ___

Rectovesical fistula ___ ___ ___



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Repair of rectum

— — —

Sigmoidoscopy

— — —

Sphincter muscle defects

— — —

Transanal rectal mass excision

— — —

Skin and Soft Tissue:

Grafts - split or full thickness

— — —

Rotational flaps

— — —

W-Plasty

— — —

Emergency General and Trauma Surgery:

Amputation, lower extremity

— — —

Argon beam for control of hemorrhage due to trauma

— — —

Bowel obstruction, observation and conservative treatment

— — —

Catheterization - central venous monitoring and IV access (age 2 years and above)

— — —

Catheterization - insertion of Broviac or Hickman catheter (age 2 years and above)

— — —

Comprehensive management of head and neck trauma

— — —

Comprehensive management of all intra-abdominal

— — —

Comprehensive management of all intra-thoracic injuries (including thoracotomy, sternotomy and stabilization of chest wall)

— — —

Endotracheal intubation

— — —

Enteric fistula, major

— — —



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Orthopedic privileges - to allow for reduction and splinting for long bone fractures and limited soft tissue repair	___	___	___
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Pediatric privileges - for comprehensive trauma and burn management of pediatric patients to mirror the privileges given for adult patients. In addition, acute surgical emergencies on pediatric patients will also mirror the adult privileges	___	___	___
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Pleural decortication	___	___	___
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Radical regional lymphadenectomy	___	___	___
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Surgery: peripheral venous disease, excision/grafting of stasis ulcers	___	___	___
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Vascular privileges - as appropriate for comprehensive care of vascular injuries and acute extremity emergencies such as amputation and debridement	___	___	___
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CATEGORY 2 - ADVANCED PRIVILEGES:

Criteria: Applicants must meet the criteria outlined for Category 1 Trauma privileges; AND provide one of the following:

a) Certification by a Training Director regarding experience and demonstrated competence in each privilege requested;

OR

b) Evidence of acceptable practice in the privileges being requested.

Proctoring Requirements: Proctoring requirements are outlined under each Category 2 privilege below

Competency Requirements: As outlined below under each Category 2 privilege group

CATEGORY 2 - ADVANCED PRIVILEGES:

Laser (Specify type):

a) Argon	___	___	___
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b) CO2	___	___	___
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c) YAG	___	___	___
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Category 2 - Advanced Endoscopy Privileges

Criteria: Applicants must be currently privileged in Category 1 analogous open procedures; applicants must hold Basic Endoscopy privileges AND have completed proctoring for the Basic Endoscopic procedures; AND provide certification of



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completion of an approved Endoscopic training program or course in the specific privilege care requested; AND applicants must meet one of the following criteria:

Option "A": Applicant must currently hold Basic Endoscopic privileges and provide evidence of successfully completing a minimum of 25 Basic Endoscopic procedures.

Option "B": Applicant must provide evidence of specific advanced endoscopic training and experience as part of an accredited surgical residency program in the same Advanced Privilege group being requested.

Proctoring Requirements - Option "A" and Option "B": A minimum of three (3) representative sample cases. The proctor must be a member of the HH Medical Staff, approved by the General Surgery Section, who has completed proctoring in the Advanced endoscopy 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 2 years.

Laparoscopic assisted colostomy or ileos	—	—	—
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 lysis of adhesions	—	—	—
Laparoscopic ostomy take down	—	—	—
Laparoscopic solid organ procedures to include: adrenal, pancreas, kidney and liver splenectomy and spleen	—	—	—
Laparoscopic or thoracic diaphragm repair	—	—	—
Video assisted thoracic surgery (VATS)	—	—	—



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CRITICAL CARE MEDICINE CORE PRIVILEGES

Criteria:

- a) Successful completion of a Fellowship in Critical Care, and holding Board Certification in Critical Care from either the American Board of Internal Medicine, the American Board of Anesthesiology or the American Board of Surgery at the time of application, **OR** Board eligible for Critical Care with successful completion of Certification testing within three (3) years of initial appointment. Certification is to be maintained. Canadian Certification is accepted as equivalent.
- b) Grandfather Clause (applicable to members on the medical staff as of 10/1/2008):
 - 1) Successful completion of a Fellowship program in Pulmonary, Anesthesia or Surgery prior to 1987, who are Active Staff and have demonstrated expertise for critical care patients; **OR**
 - 2) Successful completion of Fellowship in Critical Care, certification is strongly recommended. Canadian Certification is accepted as equivalent.

Proctoring Requirements: The Critical Care Section required proctoring to be by direct observation of a minimum of eight (8) representative cases from the "Core" privilege section unless otherwise stated.

CRITICAL CARE 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.

Arterial line placement	—	—	—
Arterial puncture (blood gas)	—	—	—
Swan Ganz catheterization	—	—	—
TPN Management	—	—	—
Ventilator Management	—	—	—

CRITICAL CARE SUPPLEMENTAL PRIVILEGES

Criteria: Applicants must meet the criteria outlined for the Core privileges; **AND** provide one of the following:

- a) Certification by a Training Program Director regarding experience and demonstrated competence in each procedure requested; **OR**
- b) Evidence of acceptable practice in the privileges being requested.

Proctoring Requirements: In accordance with the Critical Care Section Rules and Regulations.

Bronchoalveolar lavage	—	—	—
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Central venous catheter placement	___	___	___
Chest tube placement	___	___	___
Percutaneous tracheostomy	___	___	___
Pleural biopsy	___	___	___
Transbronchial biopsy	___	___	___

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:** _____

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: _____

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Medical Executive Committee Date: _____

Board of Directors Approved on: _____