



Delineation Of Privileges
Urology Privileges

Provider Name:

Privilege	Requested	Deferred	Approved
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UROLOGY PRIVILEGES

Criteria - New Applicants: Board Certification or qualified for certification by the American Board of Urology.

Criteria - Current Staff Members Only: Successful completion of an ACGME or AOA approved training program; OR demonstrated acceptable practice in the privileges being requested for a minimum of five (5) years.

Proctoring Requirements: A minimum of eight (8) cases, in accordance with the Medical Staff Proctoring Protocol.

GENERAL PRIVILEGES:

Admit _____

Consultation Only Privileges _____

Surgical Assist Only _____

Local block anesthesia _____

Regional block anesthesia _____

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) _____

CATEGORY 1 - UROLOGY PRIVILEGES

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

Urethral, bladder catheterization _____

Suprapubic, bladder aspiration _____



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Wound aspiration	—	—	—
Prostate aspiration	—	—	—
Circumcision	—	—	—
Cystotomy	—	—	—
Abscess, incision and drainage	—	—	—
Antegrade pyelography	—	—	—
Condylomata, excision of	—	—	—
Extra corporeal shock wave lithotripsy	—	—	—
Hydrocele, excision of	—	—	—
Hydrocoelectomy	—	—	—
Laser surgery	—	—	—
Lymph node, biopsy or excision of	—	—	—
Meatotomy	—	—	—
Orchiectomy, simple	—	—	—
Orchiectomy, radical	—	—	—
Epididymis, biopsy of	—	—	—
Spermatocele, excision of	—	—	—
Urethral dilation	—	—	—
Cystoscopy	—	—	—



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Retrograde pyelography	—	—	—
Prostatic needle biopsy	—	—	—
Ureteroscopy	—	—	—
Nephroscopy	—	—	—
Cystolithotomy	—	—	—
Epididymectomy	—	—	—
Meatoplasty	—	—	—
Orchidipexy	—	—	—
Priapism operation (corpora cavernosa & saphenous vein shunt)	—	—	—
Seed implants	—	—	—
Trans-urethral microwave thermotherapy	—	—	—
TUR - prostate	—	—	—
TUR - bladder tumor	—	—	—
Urethrotomy	—	—	—
Internal Urethrotomy	—	—	—
Ureteroscopic/nephroscopic surgery	—	—	—
Vasotomy	—	—	—
Ureterostomy tube, change of	—	—	—
Urinary tract fluoroscopy	—	—	—



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CATEGORY 2 - UROLOGY PRIVILEGES

Criteria: Applicants must meet the criteria outlined for Category 1 privileges, AND provide certification by a training director regarding experience and demonstrated competence to perform the procedures requested.

Proctoring Requirements: Four of the eight cases requiring proctoring must be from the Category 2 section or above.

CATEGORY 2 - UROLOGY PRIVILEGES:

Adrenal exploration	___	___	___
Adrenalectomy	___	___	___
Basic Laparoscopic Procedures - to include: Diagnostic laparoscopy	___	___	___
Percutaneous nephrostomy	___	___	___
Cystectomy, simple	___	___	___
Cystectomy, complete	___	___	___
Lymphadenectomy, retroperitoneal	___	___	___
Lymphadenectomy, pelvic	___	___	___
Lymphadenectomy, inguinal	___	___	___
Nephrolithotomy	___	___	___
Nephrectomy, single	___	___	___
Nephrectomy, partial	___	___	___
Prostatectomy, radical	___	___	___
Penile plaque, excision of	___	___	___
Plastic operation of penis for insertion of penile prosthesis	___	___	___
Pyelolithotomy	___	___	___



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Renal homotransplantation	—	—	—
Renal transplantation	—	—	—
Penectomy, simple	—	—	—
Penectomy, radical	—	—	—
Surgery of impotence, silastic rod implant	—	—	—
Surgery of incontinence, silastic cuff implant	—	—	—
Plastic operation on penis for hypospadias	—	—	—
Ureterectomy	—	—	—
Ureterostomy	—	—	—
Ureteroplasty	—	—	—
Ureteroureterostomy	—	—	—
Urethrectomy	—	—	—
Urethrolithotomy	—	—	—
Prostatectomy, subtotal	—	—	—
Percutaneous lithotripsy	—	—	—

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CATEGORY 3 - UROLOGY LAPAROSCOPIC PROCEDURES

Criteria: Applicants must meet the criteria outlined for Category 1 and Category 2 Urology privileges; AND be privileged to perform all requested laparoscopic procedures by the open method; AND, provide certification of completion of an approved 'hands-on' laparoscopy training program or course accredited by the American Urology Association or provide evidence of specific advanced laparoscopic training and experience as part of an accredited surgical residency program, **AND** Applicant must have assisted in five (5) laparoscopic procedures prior to being a primary surgeon in laparoscopic procedures.

Proctoring Requirements: The first five (5) cases of each procedure must be proctored by a surgeon who has completed the laparoscopic proctoring for that procedure. Proctoring for the Category 4 Robotic Laparoscopic procedures shall satisfy the proctoring requirements for the Category 3 Advanced Laparoscopic procedure proctoring.

CATEGORY 3 - UROLOGY LAPAROSCOPIC PROCEDURES:

Laparoscopic Procedures, includes: Adrenals, nephrectomy, bladder, pyelo, incontinence and kidney.

—	—	—
—	—	—

CATEGORY 4 - UROLOGY ROBOTIC LAPAROSCOPIC PROCEDURES

(REQUIRES REVIEW BY ROBOTIC COMMITTEE CHAIR)

Criteria: Must meet the criteria outlined for Category 1 Urology privileges and have current laparoscopic and open privileges in the specific procedure requested; provide documentation of course attendance, training or experience in basic laparoscopy; and documentation of completion of training for Robotic Assisted Minimally Invasive Surgery with Intuitive Surgical da Vinci Surgical System Training Program; AND meet one of the following:

ROUTE 1: Requires previous practice 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.

Proctoring Requirement - ROUTE 1: At least the first three (3) cases as the primary surgeon, proctored by two different surgeons who have performed a minimum of ten (10) robotic procedures.

Competency Requirement - ROUTE 1: Performance of at least five (5) robotic procedures per year to maintain robotic privileges. Physicians who fail to meet the competency requirements will be required to undergo proctoring of at least three (3) cases.



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ROUTE 2: Completion of an approved residency or fellowship program in the surgical specialty. The physician must maintain basic laparoscopic privileges.

Proctoring Requirements - ROUTE 2: 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 - ROUTE 2: Performance of at least five (5) robotic procedures per year to maintain robotic privileges. Physicians who fail to meet the competency requirements will be required to undergo proctoring of at least five (5) cases.

CATEGORY 4 - UROLOGY ROBOTIC LAPAROSCOPIC PROCEDURES:

Adrenalectomy	___	___	___
Nephrectomy/Partial Nephrectomy	___	___	___
Renal Reconstructive Surgery (including Pyeloplasty)	___	___	___
Ureteral Surgery (including ureteroureterostomy & ureteral reimplantation)	___	___	___
Retroperitoneal Surgery/Lymphadenectomy	___	___	___
Cystectomy/Bladder Reconstruction (including augmentation)	___	___	___
Prostatectomy	___	___	___
Gonadectomy	___	___	___
Laparoscopic Cryoablation	___	___	___

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:

Robotic Medical Director: _____ **Date:** _____

Section Chair: _____ **Date:** _____

Department Chair: _____ **Date:** _____

Credential Committee Date: _____

Medical Executive Committee Date: _____

Board of Directors Approved on: _____

Revised: 01/24/2013; 10/24/2013; 02/23/2014; 10/30/2014