

# MIDLAND MEMORIAL HOSPITAL

## *Delineation of Privileges*

### COLON AND RECTAL SURGERY



*Your home for healthcare*

Physician Name: \_\_\_\_\_

### Colon and Rectal Surgery Core Privileges

#### Qualifications

Minimum threshold criteria for requesting privileges in colon and rectal surgery:

- Basic education: MD or DO
- Successful completion of an ACGME-/AOA-accredited training program in general surgery, followed by completion of an accredited program in colon and rectal surgery

AND

- Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification in colon and rectal surgery by the ABCRS or the AOBPR. (*\*Members of the Staff prior to the adoption of Bylaws 10/2007 are considered grandfathered in and are encouraged but not required to achieve board certification*)

Required current experience:

- At least 25 colon and rectal surgery procedures, reflective of the scope of privileges requested, in the past 12 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

#### References for New Applicants

If the applicant is recently trained, a letter of reference should come from the director of the applicant's training program. Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced.

#### Reappointment

Reappointment should be based on unbiased, objective results of care according to the organization's existing quality improvement measures. To be eligible to renew privileges in colon and rectal surgery, the Applicants must demonstrate current competence and an adequate volume of experience in at least 50 colon and rectal procedures, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

#### Please check requested privileges.

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	
<p><b>Core Privileges:</b> Core privileges in colon and rectal surgery include the ability to admit, evaluate, diagnose, treat, and provide consultation to patients of all ages presenting with diseases, injuries, and disorders of the intestinal tract, colon, rectum, anal canal, and perianal areas by medical and surgical means, including intestinal disease involved with other organs and tissues (such as the liver, urinary, and female reproductive systems). Physicians may provide care to patients in the intensive care setting in conformity with unit policies. Privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p>			<p>Core privileges include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Performance of history and physical</li> <li>• Appendectomy as related to colon rectal surgery</li> <li>• Excision of rectal lesion</li> <li>• Incision, drainage, and debridement of perirectal abscess</li> <li>• Incision/excision of pilonidal cyst</li> <li>• IV access procedures, central venous catheter</li> <li>• Repair of perforated viscus (gastric, small intestine, large intestine) Enteric fistulae, management</li> <li>• Use of lasers</li> <li>• Anorectal procedures               <ul style="list-style-type: none"> <li>○ Excisional hemorrhoidectomy (conventional, procedure for prolapse and hemorrhoids)</li> <li>○ Fistulotomy</li> <li>○ Endorectal advancement flap</li> <li>○ Sphincteroplasty</li> <li>○ Internal sphincterotomy</li> </ul> </li> <li>• Abdominal procedures:               <ul style="list-style-type: none"> <li>○ Strictureplasty</li> <li>○ Segmental colectomy (includes ileocolic resection)</li> <li>○ Laparoscopic resections</li> <li>○ Low anterior resection (straight anastomosis, with colon pouch or coloplasty)</li> <li>○ Abdominoperineal resection</li> <li>○ Transanal excision</li> <li>○ Protocolectomy (with ileostomy, with ileoanal reservoir, stapled anastomosis, hand sewn, either ileal pouch-anal anastomosis [IPAA] or coloanal, with/without reservoir)</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>o Prolapse repair (abdominal, perineal)</li> <li>o Stomas (parastomal hernia, stenosis retraction prolapse, fistula)</li> <li>o Total pelvic dissections (rectal cancer, abdominal perineal resection, low anterior resection, coloanal, proctocolectomy, IPAA)</li> <li>• Endoscopy/pelvic floor: <ul style="list-style-type: none"> <li>o Proctoscopy/anoscopy</li> <li>o Colonoscopy (diagnostic, with polypectomy)</li> <li>o Endorectal ultrasound/endoanal ultrasound</li> <li>o Pelvic floor evaluation</li> </ul> </li> <li>• Medical management and treatment: <ul style="list-style-type: none"> <li>o Anorectal (anal fissure, anal fistula, hemorrhoids, pelvic floor, constipation, incontinence)</li> <li>o Abdominal (carcinoma of the rectum, Crohn's disease, diverticular disease, FAP/Gardner's syndrome, prolapse, ulcerative colitis, intra-abdominal trauma, including observation, paracentesis, lavage)</li> </ul> </li> </ul>	
<b>Requested</b> <input type="checkbox"/>	<b>Approved</b> <input type="checkbox"/>	<b>Not Approved</b> <input type="checkbox"/>	<b>Criteria</b>	
<b>Refer-and-follow privileges</b>			Privileges include performing outpatient preadmission history and physical, ordering noninvasive outpatient diagnostic tests and services, visiting patients in the hospital, reviewing medical records, consulting with the attending physician, and observing diagnostic or surgical procedures with the approval of the attending physician or surgeon.	
<b>Requested</b> <input type="checkbox"/>	<b>Approved</b> <input type="checkbox"/>	<b>Not Approved</b> <input type="checkbox"/>	<b>Procedure</b>	<b>Criteria</b>
<b>Non-Core Privileges</b> For each special request, threshold criteria (i.e., additional training or completion of a recognized course and required experience) must be established. Special requests for colon and rectal surgery include.			<input type="checkbox"/> Robotic Assisted System for Colon and Rectal procedures	Refer to criteria
			<input type="checkbox"/> Preceptor for Robotic Assisted System for Colon and Rectal procedures	Refer to criteria
			<input type="checkbox"/> Moderate Sedation	Meet the criteria set forth by the Rules and Regulations for Anesthesia Services and complete "Requirements for Moderate Sedation Privileges" form.
<b>Requested</b> <input type="checkbox"/>	<b>Approved</b> <input type="checkbox"/>	<b>Not Approved</b> <input type="checkbox"/>	<b>Privilege/Criteria</b>	
<b>Current Privileges:</b> List any current privileges not listed above in core or non-core. These privileges will remain in effect until the end of the current appointment period and then will be moved up to the appropriate core/non-core section.  Please provide criteria and supporting documentation to medical staff office for any non-core privileges listed.			<b>Core</b>	
			<input type="checkbox"/>	
			<hr/>	
			<input type="checkbox"/>	
			<hr/>	
			<input type="checkbox"/>	
			<hr/>	
			<input type="checkbox"/>	
			<hr/>	
			<input type="checkbox"/>	
<hr/>				
<b>Non-Core</b>				
<input type="checkbox"/>				
<hr/>				
<input type="checkbox"/>				
<hr/>				
<input type="checkbox"/>				
<hr/>				
<input type="checkbox"/>				
<hr/>				

**To the applicant: If you wish to exclude any privileges, please strike through the privileges that you do not wish to request and then initial.**

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request. I have requested **only** those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Midland Memorial Hospital. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested and I understand that:

(a) In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

(b) Applicants have the burden of producing information deemed adequate by Midland Memorial Hospital for a proper evaluation of current competence, other qualifications and for resolving any doubts.

(c) I will request consultation if a patient needs service beyond my expertise.

\_\_\_\_\_  
Physician's Signature/Printed Name

\_\_\_\_\_  
Date

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/modification/explanation  
Notes:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Department Chair/Chief Signature

\_\_\_\_\_  
Date