

MIDLAND MEMORIAL HOSPITAL

Delineation of Privileges

GASTROENTEROLOGY



Your home for healthcare

Physician Name: _____

Gastroenterology Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in gastroenterology:

- Basic education: MD or DO
- Minimum formal training: Successful completion of an ACGME or AOA-accredited fellowship in gastroenterology.

AND

- Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification in gastroenterology by the ABIM or achievement of a certificate of special qualifications in gastroenterology by the AOBIM. (**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:

- Applicants for initial appointment must be able to demonstrate inpatient or consultative services, reflective of the scope of privileges requested, for at least 25 patients during the previous 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the previous 12 months.

References for New Applicants

A letter of reference must come from the director of the applicant's training program in gastroenterology. Alternatively, a letter of reference regarding competence may come from the chief or chair of gastroenterology at the institution 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. Applicants must demonstrate that they have maintained competence by showing evidence that they have successfully provided inpatient or consultative services, reflective of the scope of privileges requested, for at least 50 patients annually over the reappointment cycle based on the 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>Core Privileges: Core privileges in gastroenterology include the ability to admit, evaluate, diagnose, treat, and provide consultation to patients of all ages with diseases, injuries, and disorders of the digestive organs, including the stomach, bowels, liver, and gallbladder and related structures (e.g., the esophagus and pancreas), including the use of diagnostic and therapeutic procedures using endoscopes to see internal organs. Physicians may also provide care to patients in the intensive care setting in conformity with unit policies. Physicians also 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"> • Argon plasma coagulation • Biliary tube/stent placement • Biopsy of the mucosa of esophagus, stomach, small bowel, and colon • Breath test performance and interpretation • Capsule endoscopy performance and interpretation • Colonoscopy with or without polypectomy • Diagnostic and therapeutic EGD • Endoscopic mucosal resection • Endoscopic retrograde cholangiopancreatographies • Enteral and parenteral alimentation • Esophageal dilation • Esophageal or duodenal stent placement • Esophagogastroduodenoscopy to include foreign body

			<ul style="list-style-type: none"> removal, stent placement, or polypectomy • Flexible sigmoidoscopy • Gastrointestinal motility studies and 24-hour pH monitoring • Interpretation of gastric, pancreatic, and biliary secretory tests • Nonvariceal hemostasis (upper and lower) • Percutaneous endoscopic gastrostomy • Percutaneous liver biopsy • Perform history and physical exam • Proctoscopy • Sengstaken/Minnesota tube intubation • Snare polypectomy • Therapeutic endoscopic retrograde cholangiopancreatographies • Variceal hemostasis (upper and lower) 	
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Criteria	
Refer-and-follow privileges			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.	
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Procedure	Criteria
<p>Non-Core Privileges: For each special request, threshold criteria (i.e., additional training or completion of a recognized course and required experience) must be established. Special requests in gastroenterology include.</p>			<input type="checkbox"/> Ultrasound, including endoscopic ultrasound and fine needle aspiration	<p>New Applicant: For comprehensive competence in all aspects of EUS, at least 150 supervised cases should be performed within the last 12 months.</p> <p>Reappointment: To maintain active privileges for EUS, applicants must be able to demonstrate that they have maintained competence by successfully performing a minimum of 25 procedures during the previous 24 months.</p>
			<input type="checkbox"/> Use of laser	<p>New Applicant: A letter of reference must come from the department chair at the hospital where the physician currently holds laser privileges or from the director of the physician's residency program or CME course director.</p> <p>Reappointment: To maintain active privileges for laser use, applicants must be able to demonstrate that they have maintained competence by successfully performing a minimum of 10 procedures during the previous 24 months.</p>
			<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.
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Privilege/Criteria	
<p>Current Privileges: 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.</p> <p>Please provide criteria and supporting documentation to medical staff office for any non-core privileges listed.</p>			<p>Core</p> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/>	

	<input type="checkbox"/>
	<input type="checkbox"/>
	Non-Core
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

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