

MIDLAND MEMORIAL HOSPITAL

Delineation of Privileges

GENERAL SURGERY



Your home for healthcare

Physician Name: _____

General Surgery Core Privileges

Qualifications

Minimum threshold criteria for requesting privileges in general surgery:

- Basic education: MD or DO
- Successful completion of an ACGME- or AOA accredited residency in general surgery

AND

- Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification in general surgery by the ABS or the AOBS. Certification in ACLS, ATLS, and FLS programs is required. (**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 100 general surgery procedures, reflective of the scope of privileges requested, during the past 12 months or demonstrate 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 general surgery, the applicant must provide current demonstrated competence and an adequate volume of experience (200 general surgery procedures) with acceptable results, 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 privilege renewal.

Please check requested privileges.

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Core privileges include but are not limited to:
Core Privileges: Core privileges for general surgery include the ability to admit, evaluate, diagnose, consult, and provide pre-, intra-, and postoperative care and perform surgical procedures for patients of all ages to correct or treat various conditions, diseases, disorders, and injuries of the alimentary tract; skin, soft tissues, and breast; endocrine system; head and neck; surgical oncology, trauma, and non-operative trauma; and the vascular system. Physicians may provide care to patients in the intensive care setting in conformity with unit policies. They may also assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.			<ul style="list-style-type: none"> • Performance of history and physical exam; • Trauma, abdomen, alimentary • Abdominoperineal resection • Amputations, above and below the knee, toe, transmetatarsal, digits • Anoscopy • Appendectomy • Circumcision • Colectomy (abdominal) • Colon surgery for benign or malignant disease • Colotomy, colostomy • Correction of intestinal obstruction • Drainage of intra-abdominal, deep ischiorectal abscess • Emergency thoracostomy • Endoscopy (intraoperative) • Enteric fistulae, management • Enterostomy (feeding or decompression) • Esophageal resection and reconstruction • Distal esophagogastrectomy • Excision of fistula in ano/fistulotomy, rectal lesion • Excision of pilonidal cyst/marsupialization • Gastric operations for cancer (radical, partial, or total gastrectomy) • Gastroduodenal surgery

	<ul style="list-style-type: none"> • Gastrostomy (feeding or decompression) • Genitourinary procedures incidental to malignancy or trauma • Gynecological procedures incidental to abdominal exploration • Hepatic resection • Hemorrhoidectomy, including stapled hemorrhoidectomy • Incision and drainage of abscesses and cysts • Incision and drainage of pelvic abscesses • Incision, excision, resection, and enterostomy of small intestine • Incision/drainage and debridement, perirectal abscesses • Insertion and management of pulmonary artery catheters • IV access procedures, central venous catheter, and ports • Laparoscopy, diagnostic, appendectomy, cholecystectomy, lysis of adhesions, mobilization, and catheter positioning • Laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis or trauma • Liver biopsy (intraoperative), liver resection • Management of burns • Management of intra-abdominal trauma, including injury, observation, paracentesis, and lavage • Management of multiple trauma • Operations on gallbladder, biliary tract, bile ducts, and hepatic ducts, including biliary tract reconstruction • Pancreatectomy, total or partial • Pancreatic sphincteroplasty • Panniculectomy • Proctosigmoidoscopy, rigid with biopsy, with polypectomy/tumor excision • Pyloromyotomy • Radical regional lymph node dissections • Repair of perforated viscus (gastric, small intestine, large intestine) • Scalene node biopsy • Selective vagotomy • Sigmoidoscopy, fiberoptic with or without biopsy, with polypectomy • Small-bowel surgery for benign or malignant disease • Splenectomy (trauma, staging, therapeutic) • Surgery of the abdominal wall, including management of all forms of hernias, including diaphragmatic and inguinal hernias, and orchiectomy in association with hernia repair • Thoracentesis • Thoracoabdominal exploration • Tracheostomy • Transhiatal esophagectomy • Tube thoracostomy • Esophagogastroduodenoscopy (EGD) with and without biopsy • Colonoscopy with polypectomy • Laparoscopic Nissen fundoplication (antireflux surgery) • Advanced laparoscopic procedures (e.g., colectomy, splenectomy, adrenalectomy, common duct, exploration/stone extraction, donor nephrectomy) • Insertion and management of pulmonary artery catheters • Sentinel lymph node biopsy • Use of Laser • Breast, skin, and soft tissue <ul style="list-style-type: none"> ○ Complete mastectomy with or without axillary lymph node dissection ○ Excision of breast lesion ○ Breast biopsy ○ Incision and drainage of abscess ○ Management of soft-tissue tumors, inflammations, and infections ○ Modified radical mastectomy ○ Operation for gynecomastia ○ Partial mastectomy with or without lymph node dissection ○ Radical mastectomy ○ Skin grafts (partial thickness, simple) ○ Subcutaneous mastectomy ○ Endocrine system ○ Excision of thyroid tumors ○ Excision of thyroglossal duct cyst ○ Parathyroidectomy ○ Thyroidectomy and neck dissection
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			<ul style="list-style-type: none"> • Vascular surgery <ul style="list-style-type: none"> ○ Hemodialysis access procedures ○ Peritoneal venous shunts, shunt procedure for portal hypertension ○ Peritoneovenous drainage procedures for relief or ascites ○ Sclerotherapy ○ Vein ligation and stripping • Trauma <ul style="list-style-type: none"> ○ Emergency sternotomy ○ Emergency vascular repair, ligation, and bypass ○ Emergent thoracotomy ○ Exploration and repair of traumatic soft tissue and musculofacial injury ○ Exploration of neck for traumatic injury ○ Exploratory laparotomy for traumatic injury ○ Management of trauma patients in the ICU setting ○ Nonanatomic pulmonary resection (posttraumatic lung injury) ○ Performance of image-guided procedures ○ Preliminary interpretation of imaging studies relative to diagnosis and/or treatment in the trauma patient ○ Surgical treatment of penetrating or crush injuries in which soft tissue, musculoskeletal, or organ trauma has occurred ○ Video-assisted thoracoscopic surgery 	
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
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 general surgery include.			<input type="checkbox"/> Robotic Assisted System for General Surgery procedures	Refer to criteria - Contact the Medical Staff Office
			<input type="checkbox"/> Preceptor for Robotic Assisted System for General Surgery procedures	Refer to criteria - Contact the Medical Staff Office
			<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.
			<input type="checkbox"/> Open/Laparoscopic Roux-en-Y Gastric Bypass	Refer to criteria - Contact the Medical Staff Office
			<input type="checkbox"/> Laparoscopic Gastric Banding	Refer to criteria - Contact the Medical Staff Office
			<input type="checkbox"/> Open/Laparoscopic Vertical Sleeve Gastrectomy	Refer to criteria - Contact the Medical Staff Office
			<input type="checkbox"/> Preceptor for Bariatric surgery	Refer to criteria - Contact the Medical Staff Office

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Privilege/Criteria
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<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> <p><input type="checkbox"/></p> <hr/> <p><input type="checkbox"/></p> <hr/> <p><input type="checkbox"/></p> <hr/> <p><input type="checkbox"/></p> <hr/> <p><input type="checkbox"/></p> <hr/>
	<p>Non-Core</p> <p><input type="checkbox"/></p> <hr/> <p><input type="checkbox"/></p> <hr/> <p><input type="checkbox"/></p> <hr/> <p><input type="checkbox"/></p> <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