

MIDLAND MEMORIAL HOSPITAL

Delineation of Privileges

UROLOGY



Your home for healthcare

Physician Name: _____

Urology Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in urology:

- Basic education: MD or DO
- Minimum formal training: Successful completion of an ACGME or AOA-accredited residency in urology

And

- Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification in urology by the ABU or in urological surgery by the AOBG. (**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 the performance of at least 25 urological procedures, reflective of the scope of privileges requested, 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 should come from the director of the applicant's urology training program. Alternatively, a letter of reference regarding competence should come from the head of urology 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. The successful applicant must be able to demonstrate performance of at least 50 urological procedures, reflective of the scope of privileges requested, annually over the past 24 months. 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 urology include the ability to admit, evaluate, diagnose, treat (surgically or medically), and provide consultation to patients of all ages presenting with medical and surgical disorders of the genitourinary system and the adrenal gland, which includes endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures. Practitioners may provide care to patients in the intensive care setting in conformity with unit policies. Urologists may 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"> • Prostate ablation • Prostatectomy, including biopsy • Anterior pelvic exenteration • Appendectomy as component of urologic procedure • Bladder instillation treatments for benign and malignant disease • Bowel resection as component of urologic procedure • Circumcision • Closure evisceration • Continent reservoirs • Creation of neobladders • Cystolithotomy • Cystoscopy • Enterostomy as component of urologic procedure • Excision of retroperitoneal cyst or tumor • Exploration of retroperitoneum • Extracorporeal shock wave lithotripsy • History and physical examination • Inguinal herniorrhaphy as related to urologic operation • Insertion/removal of ureteral stent • Intestinal conduit • Laparoscopic surgery, urologic (for disease of the urinary tract) • Laparotomy for diagnostic or exploratory purposes (urologic-related conditions) • Lymph node dissection (inguinal, retroperitoneal, or pelvic)

	<ul style="list-style-type: none"> • Management of congenital anomalies of the genitourinary tract (presenting in the adult), including epispadias and hypospadias • Microscopic surgery (epididymovasostomy, vasovasotomy) • Nephrectomy/Nephroureterectomy • Open renal biopsy • Open stone surgery on the kidney, ureter, or bladder • Other plastic and reconstructive procedures on external genitalia • Penis repair for benign or malignant disease, including grafting • Percutaneous aspiration or tube insertion • Percutaneous nephrolithotripsy • Performance and evaluation of urodynamic studies • Periurethral injections (e.g., collagen) • Plastic and reconstructive procedures on ureter, bladder, urethra, genitalia, or kidney • Reconstructive procedures on external male genitalia requiring prosthetic implants or foreign materials • Renal surgery through established nephrostomy or pyelostomy • Open renal surgery • Radioactive seed implantation for prostate cancer (in collaboration with radiation oncologist) • Sacral nerve stimulation for urinary control • Sphincter prosthesis • Surgery of the testicle, scrotum, epididymis, and vas deferens, including biopsy, excision and reduction of testicular torsion, and orchiopexy • Surgery upon the adrenal gland • Surgery upon the kidney, including total or partial nephrectomy and radical transthoracic approach • Surgery upon the penis • Surgery upon the ureter and renal pelvis • Surgery upon the urinary bladder for benign or malignant disease, including partial resection, complete resection, diverticulectomy, and reconstruction • Total or simple cystectomy • Transurethral surgery, including resection of prostate and bladder tumors • Treatment of urethral valves, open and endoscopic • Ureteral substitution • Ureteral Reimplantation Anastomosis • Ureterocele repair, open or endoscopic • Ureteroscopy, including treatment for all benign and malignant processes • Urethral fistula repair (all forms, including grafting) • Urethral suspension procedures, including grafting (all material types) • Urethroscopy, including treatment for all benign and malignant processes • Ventral/flank herniorrhaphy, as related to urologic operation • Visual urethrotomy • Use of Laser except for Green Light Laser for treatment of BPH or Prostatectomy 		
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 urology include.</p>			<input type="checkbox"/> Green light laser for treatment of BPH or Prostatectomy	Refer to criteria
			<input type="checkbox"/> Laparoscopic renal surgery	<p>New Applicant: Applicant must provide</p> <ul style="list-style-type: none"> • Documentation of 4 cases with course certification during the previous 12 months • First 3 cases must be proctored <p>Reappointment: The successful applicant must be able to demonstrate performance of at least 4 laparoscopic renal surgeries, over the reappointment period. Continuing education related to urology should also be required.</p>
			<input type="checkbox"/> Robotic Assisted System for Urological procedures	Refer to criteria
			<input type="checkbox"/> Preceptor for Robotic Assisted System for Urological procedures	Refer to criteria
			<input type="checkbox"/> Cryoablation of prostate	<p>New Applicant: Applicant must provide</p> <ul style="list-style-type: none"> • Documentation of 4 cases with course certification during the previous 12 months • First 3 cases must be proctored <p>Reappointment: The successful applicant must be able to demonstrate performance of at least 4 cryoablation of prostate, over the reappointment period. Continuing education related to urology should also be required.</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"/> <hr/>	
			<p>Non-Core</p> <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