

UNIVERSITY HOSPITAL AND HEALTH SYSTEM
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
2500 North State Street, Jackson MS 39216

PEDIATRIC SURGERY CLINICAL PRIVILEGES

Name: _____

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- Initial Appointment
- Reappointment

All new applicants must meet the following requirements as approved by the governing body effective: 01/06/2016

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional governance (MS Bylaws, Rules and Regulations) organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR PEDIATRIC SURGERY

To be eligible to apply for core privileges in Pediatric Surgery, the initial applicant must meet the following criteria:

Current subspecialty certification in pediatric surgery by the American Board of Surgery.

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in general surgery followed by successful completion of an accredited fellowship in pediatric surgery and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to subspecialty certification in pediatric surgery by the American Board of Surgery.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance of a sufficient volume of pediatric surgical procedures, reflective of the scope of privileges requested, during the past 24 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

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Reappointment Requirements: To be eligible to renew core privileges in Pediatric Surgery, the applicant must meet the following Maintenance of Privilege Criteria:

Current demonstrated competence and a sufficient volume of pediatric surgical 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. For individuals who do not meet the recommended guidelines, reappointment for these privileges will be considered on a case by case basis. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. Medical Staff members whose board certificates in pediatric surgery bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

CORE PRIVILEGES

PEDIATRIC SURGERY CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, consult and provide surgical (including pre and post operative) care to premature and newborn infants, children, adolescents, and adults with special needs or disease processes specific to pediatric surgery expertise to correct various conditions, disorders and injuries of the alimentary tract, abdomen and its contents, breast, skin and soft tissue, head and neck, vascular system, (excluding the intracranial vessels, the heart, and those vessels intrinsic and immediately adjacent thereto); endocrine system and minor extremity surgery (biopsy, I&D, foreign body removal, and skin grafts), comprehensive management of trauma including musculoskeletal, hand and head injuries. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list.

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SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, Non-Core Privileges are requested individually in addition to requesting the Core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

FETAL SURGERY PRIVILEGES

Requested Perform privileges delineated by Pediatric Surgery privileges on fetuses.

Criteria: As for pediatric surgery privileges with additional training and experience in fetal surgery.

Required Previous Experience: Demonstrated current competence with sufficient volume of fetal surgery cases in the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and sufficient volume of fetal surgery cases, with acceptable outcome, in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

ROBOTICALLY ASSISTED MINIMALLY INVASIVE SURGERY

Requested

Criteria:

- PATH 1: As for specialty, plus, applicants must show evidence of clinical experience in a minimum of five (5) computer-assisted procedures with the DaVinci Surgical Platform over the past 12 months via residency or fellowship training program.

AND

Demonstrate successful use of the Tele-robotic system during two (2) proctored cases (first two cases utilizing the tele-robotic system).

OR

- PATH 2: As for specialty, plus, evidence of a minimum of five (5) computer-assisted procedures performed with the DaVinci Surgical Platform over the past 12 months with acceptable outcomes.

AND

Demonstrate successful use of the Tele-robotic system during two (2) proctored cases (first two cases utilizing the tele-robotic system).

OR

- PATH 3: Attendance and successful completion of a hands-on training program of at least eight (8) hours in duration in the use of the DaVinci Surgical Platform.

AND

At least three (3) hours of personal experience on the system during the training program.

AND

Observation of at least one (1) clinical case using the Tele-robotic surgical system.

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AND

Demonstrate successful use of the Tele-robotic system during two (2) proctored cases (first two cases utilizing the tele-robotic system).

Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least ten (10) robotically-assisted minimally invasive surgery procedures in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. (If less than twenty-four (24) months since last (re)appointment, then five (5) procedures per year.)

USE OF LASER

Requested

Criteria:

- 1) Completion of an acceptable laser safety course provided by the UMMC Laser Safety Officer
AND
- 2) Successful completion of an approved residency in a specialty or subspecialty which included training in lasers
OR
Successful completion of a hands-on CME course which included training in laser principles and observation and hands-on experience with lasers
OR
Evidence of sufficient volume of procedures performed utilizing lasers (with acceptable outcomes) within the past 24 months
AND
- 3) Practitioner agrees to limit practice to only the specific laser types for which they have documentation of training and/or experience

Maintenance of Privilege:

A practitioner must document that procedures have been performed over the past 24 months utilizing lasers (with acceptable outcomes) in order to maintain active privileges for laser use. In addition, completion of a laser safety refresher course provided by the Laser Safety Officer is required for maintenance of the privilege. Practitioner agrees to limit practice to only the specific laser types for which they have documentation of training and/or experience.

FLUOROSCOPY USE

Requested

Criteria:

- Current board certification in Radiology, Diagnostic Radiology or Radiation Oncology by the American Board of Radiology or the American Osteopathic Board of Radiology
OR
- Successful completion of a residency/fellowship program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) that included 6 months of training in fluoroscopic imaging procedures and documentation of the successful completion of didactic course lectures and laboratory instruction in radiation physics, radiobiology,

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radiation safety, and radiation management applicable to the use of fluoroscopy, including passing a written examination in these areas.

OR

- Participation in a preceptorship that requires at least 10 procedures be performed under the direction of a qualified physician who has met these standards and who certifies that the trainee meets minimum fluoroscopy safety standards. (Applicable to physicians whose residency/fellowship did not include radiation physics, radiobiology, radiation safety, and radiation management)

OR

- Good faith estimate of volume of procedures performed utilizing fluoroscopy in the last 24 months.
Examples of procedures performed: _____
Number of procedures performed in the last 24 months: _____
Percentage of cases with fluoroscopic time >120 minutes, dose > 3 Gy, or equivalent: _____

AND (all applicants)

- Successful completion of a fluoroscopy safety course provided by the UMMC Radiation Safety Officer

Maintenance of Privilege: A practitioner must document that procedures have been performed over the past 24 months utilizing fluoroscopy (with acceptable outcomes) in order to maintain active privileges for use. In addition, completion of a fluoroscopy safety refresher course provided by the Radiation Safety Officer is required for maintenance of the privilege.

RADIOLOGY CHAIR APPROVAL:

I have reviewed the above requested privileges and I attest that this practitioner is competent to perform the privileges requested based on the information provided.

Signature, Chair—Department of Radiology

ADMINISTRATION OF SEDATION AND ANALGESIA

- Requested** See Hospital Policy for Procedural Sedation by Non-Anesthesiologists for additional information.

Section One--INITIAL REQUESTS ONLY:

- Completion of residency or fellowship in anesthesiology, emergency medicine or critical care **-OR-**
- Completion of residency or fellowship within the past year in a clinical subspecialty that provides training in procedural sedation training **-OR-**
- Demonstration of prior clinical privileges to perform procedural sedation along with a good-faith estimate of at least 20 such sedations performed during the previous year (the estimate should include information about each type of procedure where

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sedation was administered with a list of any adverse events related to the sedation during those cases, including causal analysis, treatment, and outcome:

-OR-

- Successful completion (within six months of application for privileges) of a UMHC-approved procedural sedation training and examination course that includes practical training and examination under simulation conditions.

Section Two--INITIAL AND RE-PRIVILEGING REQUESTS:

- Successful completion of the UMHC web based Procedural Sedation Course/Exam initially and at least once every two years **-AND-**

Provision of a good-faith estimate of the number of instances of each type of procedure where sedation is administered with a list of any adverse events related to the sedation during those cases, including causal analysis, treatment, and outcome:

-AND-

- ACLS, PALS and/or NRP, as appropriate to the patient population. **(Current)**

-OR-

- Maintenance of board certification or eligibility in anesthesiology, emergency medicine, pediatric emergency medicine, cardiovascular disease, advanced heart failure and transplant cardiology, clinical cardiac electrophysiology, interventional cardiology, pediatric cardiology, critical care medicine, surgical critical care, neurocritical care or pediatric critical care, as well as active clinical practice in the provision of procedural sedation.

Section Three--PRIVILEGES FOR DEEP SEDATION:

- I am requesting privileges to administer/manage deep sedation as part of these procedural sedation privileges.

Deep Sedation/Anesthetic Agents used: _____

APPLICABLE TO REQUESTS FOR DEEP SEDATION ONLY:

I have reviewed and approve the above requested privileges based on the provider's critical care, emergency medicine or anesthesia training and/or background.

Signature of Anesthesiology Chair

Date

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ULTRASOUND-GUIDED CENTRAL LINE INSERTION

Requested See Medical Staff Policy for Ultrasound-Guided Central Line Insertion for additional information.

Initial Privileging:

As for core privileges plus:

- Performance of at least 10 ultrasound-guided central line insertions in the past 24 months; and
- Completion of a UMMC ultrasound-guided central line insertion Healthstream learning module

Maintenance of Privilege:

As for core privileges plus:

- Performance of at least 10 ultrasound-guided central line insertions in the past 24 months; and
- Completion of a UMMC ultrasound-guided central line insertion Healthstream learning module

If volume requirements are not met, the following may substitute:

- Completion of ultrasound-guided central line insertion simulation training in the UMMC Simulation and Interprofessional Education Center; and
- Focused professional practice evaluation to include proctoring of the ultrasound-guided insertion of at least 5 central lines (femoral or internal jugular) within the first 6 months of re-appointment

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CORE PROCEDURE LIST

To the applicant: *If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.*

- Abdominoperineal resection
- Amputations, above the knee, below knee; toe, transmetatarsal, digits
- Anoscopy
- Appendectomy
- Biliary tract surgery excluding reconstruction
- Breast: complete mastectomy with or without axillary lymph node dissection; excision of breast lesion, breast biopsy, incision and drainage of abscess, modified radical mastectomy, operation for gynecomastia, partial mastectomy with or without lymph node dissection, radical mastectomy, subcutaneous mastectomy
- Bronchoscopy
- Cannulation, decannulation of patients for ECMO
- Catheterization of bladder
- Central venous access, percutaneous or cutdown
- Circumcision
- Colectomy (abdominal)
- Colon surgery for benign or malignant disease
- Colonoscopy with polypectomy
- Colotomy, colostomy
- Correction of intestinal obstruction
- Correction of intussusception
- Correction of malrotation of intestine, congenital megacolon, intestinal obstructions (including newborn)
- Distal esophagogastrectomy
- Drainage of intra abdominal, deep ischiorectal abscess
- EGD with/without biopsy
- Emergency thoracostomy
- Endoscopy (intraoperative)
- Enteric fistulae, management
- Esophageal resection and reconstruction
- Excision of fistula in ano/fistulotomy, rectal lesion
- Excision of Meckel's diverticulum
- Excision of neck masses
- Excision of pilonidal cyst/marsupialization
- Excision of solid tumors
- Excision of thyroglossal duct cyst
- Excision of thyroid tumors
- Gastric operations for cancer (radical, partial, or total gastrectomy)
- Gastroduodenal surgery
- Gastrointestinal esophageal dilatation, gastroscopy, G-tube placement
- Gastrostomy (feeding or decompression)
- Genitourinary procedures incidental to malignancy or trauma

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- Gynecological procedure incidental to abdominal exploration
- Hemodialysis access procedures
- Hemorrhoidectomy, including stapled hemorrhoidectomy
- Hepatic resection
- Incision and drainage (skin)
- Incision and drainage of pelvic abscess
- Incision and drainage of superficial abscesses, excision of subcutaneous cysts or tumors; subcutaneous foreign body removal
- Incision, excision, resection and enterostomy of small intestine
- Incision/drainage and debridement, perirectal abscess
- Insertion and management of central venous catheters, long term (femoral and internal jugular access require special privileges for ultrasound guided central line insertion)
- Insertion and management of pulmonary artery catheters
- Insertion of and management of chest tube
- Jejunostomy
- Laparoscopy, diagnostic, appendectomy, cholecystectomy, common duct explorations/stone extractions, lysis of adhesions, mobilization and catheter positioning
- Laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis or trauma
- Laryngoscopy
- Liver biopsy (intra operative), liver resection
- Major thoracotomy
- Management of all forms of simple soft tissue tumors, inflammations, infection
- Management of congenital defects of the abdominal wall and diaphragm excluding groin and umbilical hernia
- Management of intra-abdominal trauma, including injury, observation, paracentesis, lavage
- Management of pediatric trauma including burns
- Management of soft-tissue tumors, inflammations and infection
- Management of tracheoesophageal fistulas or other congenital anomalies of the upper respiratory tract or the upper intestinal tract
- Operations on gallbladder, biliary tract, bile ducts, hepatic ducts, including biliary tract reconstruction
- Orchiopexy
- Order respiratory services
- Order rehab services
- Pancreatectomy, total or partial
- Pancreatic sphincteroplasty
- Parathyroidectomy
- Perform history and physical exam
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
- Peripheral arterial/venous access, percutaneous or cutdown
- Peritoneal venous shunts, shunt procedure for portal hypertension
- Peritoneovenous drainage procedures for relief or ascites
- Proctosigmoidoscopy, rigid with biopsy, with polypectomy/tumor excision
- Pyloromyotomy
- Radical regional lymph node dissections

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- Removal of ganglion (palm or wrist; flexor sheath)
- Repair of perforated viscus (gastric, small intestine, large intestine)
- Scalene node biopsy
- Sclerotherapy
- Selective vagotomy
- Sentinel lymph node biopsy
- Sigmoidoscopy, fiberoptic with or without biopsy, with polypectomy
- Simple excision, biopsy (skin)
- Skin grafts (partial thickness, simple)
- Small bowel resection
- Small bowel surgery for benign or malignant disease
- Splenectomy (trauma, staging, therapeutic)
- Suprapubic cystostomy tubes for neurogenic bladder
- Surgery of the abdominal wall, including management of all forms of hernia including diaphragmatic hernias, inguinal hernias, and orchiectomy
- Surgery of the spleen and associated lymphatic structures, including staging procedures for lymphoma and other forms of malignant disease
- Thoracentesis
- Thoracoabdominal exploration
- Thyroidectomy and neck dissection
- Tissue laceration repair
- Tracheostomy
- Transhiatal esophagectomy
- Tube Thoracostomy
- Vein ligation and stripping

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ACKNOWLEDGEMENT OF PRACTITIONER

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 University Hospital and Health System, 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. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed _____ **Date** _____

TRAUMA DIRECTOR'S RECOMMENDATION (AS APPLICABLE)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

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

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Trauma Director's Signature _____ **Date** _____

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DIVISION CHIEF'S RECOMMENDATION (AS APPLICABLE)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

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

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Division Chief Signature _____ **Date** _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

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

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Department Chair Signature _____ **Date** _____

Reviewed:
Revised: 2/3/2010, 6/2/2010, 4/22/2011, 10/5/2011, 11/2/2011, 12/16/2011, 6/6/2012, 4/3/2013,
12/17/2015, 8/05/15, 1/06/2016