

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

CLINICAL PRIVILEGES- SURGICAL ASSISTANT (NON-RN)

Name: _____

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- Initial Appointment
- Reappointment

All new applicants must meet the following requirements as approved by the governing body effective: 02/01/2017

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 SURGICAL FIRST ASSISTS (NON-RN)

To be eligible to apply for core privileges as a surgical first assist (SFA) or certified surgical assistant (CSA), the initial applicant must meet the following criteria:

Current certification as a surgical first assistant by The National Board of Surgical Technology and Surgical Assisting (NBSTSA) or certification as a surgical assistant by the National Commission for the Certification of Surgical Assistants (NCCSA);

Required Previous Experience: Applicants for initial appointment must be able to demonstrate clinical experience as a SFA or CSA during the past 24 months or demonstrate successful completion of SFA or CSA certification within the past 12 months.

Reappointment Requirements: To be eligible to renew core privileges as an SFA or CSA, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience, with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

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CORE PRIVILEGES

SURGICAL FIRST ASSIST (NON-RN) CORE PRIVILEGES

- Requested**
Provides care to patients intra-operatively including the tasks and procedures on the attached list. All privileges are performed under the direct supervision of the surgeon. The core privileges in this specialty include the tasks and procedures below. ***If you wish to exclude any procedures, please strike through those procedures which you do not wish to request. Procedures that are not in concert with your supervising physician's privileges should be stricken from this list.***
- Intra-operatively:
 - Assists with patient positioning, skin preparation, and draping
 - Provides wound exposure, closure and dressing application
 - Handles tissue appropriately to reduce the potential for injury
 - Uses and manipulates surgical instruments
 - Assists in controlling blood loss
 - Sutures tissue

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.

Criteria: As for core

Required Previous Experience: Applicants for initial appointment must demonstrate performance of a sufficient number of each procedure during the past 24 months or must demonstrate successful completion of a SFA program that meets the NBSTSA standards or CSA program that meets the NCCSA standards for surgical assistant education programs within the past 12 months that included training in each requested item. Additionally, applicants must meet any additional proctoring requirements noted with each specific privilege. Applicants with limited or no experience in any of these procedures requested will be required to adhere to requirements in the policy "Expansion of Privileges for New and Currently Privileged Providers" and the appropriate documents submitted to the Credentials Committee for review.

Maintenance of Privilege: Demonstrated current competence and evidence of the successful performance of a sufficient number of each requested procedure in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested:

- Procurement of the saphenous vein

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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, University of Mississippi Medical Center, 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** _____

Supervising physicians: _____

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** _____