

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

UROLOGY 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:02/10/2016

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 UROLOGY

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

Current specialty certification in urology by the American Board of Urology or the American Osteopathic Board of Surgery.

OR

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

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance of a sufficient volume of urological 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 urology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume of urological 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 ability to perform privileges requested is required of all applicants for renewal of privileges. Medical Staff members whose board certificates in urology 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

UROLOGY CORE PRIVILEGES

- Requested** 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 and including endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures. 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.

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.

LAPAROSCOPIC OR ROBOTIC RADICAL PROSTATECTOMY (LRP)

- Requested**

Criteria: Successful completion of an ACGME or AOA accredited residency in urology or general surgery that included training in advanced minimally invasive surgery and LRP OR completion of a hands on CME in LRP, which was supervised by an experienced LRP surgeon in the past 12 months OR be preceptored by a experienced LRP surgeon for the first 3 procedures. All applicants should also have the ability to perform open radical retropubic prostatectomies. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of advanced laparoscopic procedures, which included a sufficient volume of LRPs in the past 24 months OR must be preceptored for the first 3 procedures. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of advanced laparoscopic procedures which included a sufficient volume of LRPs in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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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.

RADIOACTIVE SEED IMPLANTATION FOR PROSTATE CANCER (IN COLLABORATION WITH RADIATION ONCOLOGIST)

Requested

Criteria: Successful completion of an ACGME or AOA accredited residency in urology that included training in prostate seed implantation training. If the residency did not include prostate seed implantation training, the applicant should be required to demonstrate successful completion of an accredited course in prostate seed implantation and evidence of being proctored in at least 3 cases by a physician experienced in prostate seed implantation. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of prostate seed implantation procedures in the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of prostate seed implantation procedures in 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. In addition, CME that relate to prostate seed implantation techniques and equipment is recommended.

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SACRAL NERVE STIMULATION FOR URINARY CONTROL

Requested

Criteria: As for specialty, plus, ample exposure to sacral nerve stimulation during post graduate training program OR successful completion of a training course in InterStim Therapy. . **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of InterStim Therapy stimulator test and implant procedures in the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of InterStim Therapy stimulator test and implant procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to SNS for urinary control and InterStim Therapy should be required.

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.)

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, 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.

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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 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:

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-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

QUALIFICATIONS FOR FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY (FEMALE UROLOGY)

To be eligible to apply for core privileges in female pelvic medicine and reconstructive surgery (female urology), the initial applicant must meet the following criteria:

Current subspecialty certification in female pelvic medicine and reconstructive surgery by the American Board of Urology

OR

Successful completion of an American Board of Urology (ABU) approved fellowship in female pelvic medicine and reconstructive 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 female pelvic medicine and reconstructive surgery by the American Board of Urology

OR

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Current specialty certification in Urology by the American Board of Urology or the American Osteopathic Board of Surgery AND equivalent experience in female pelvic medicine and reconstructive surgery (female urology).

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance of a sufficient volume of female pelvic medicine and reconstructive surgical procedures, reflective of the scope of privileges requested, in 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.

Reappointment Requirements: To be eligible to renew core privileges in female pelvic medicine and reconstructive surgery, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume of 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 ability to perform privileges requested is required of all applicants for renewal of privileges. Medical Staff members whose board certificates 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

FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY (FEMALE UROLOGY)

- Requested** Admit, evaluate, diagnose, treat and provide consultation, pre-, intra- and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. 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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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.

- All forms of prostate ablation
- All forms of prostatectomy, including biopsy with the exception of radical prostatectomy
- 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
- Correction of ambiguous genitalia
- Creation of neobladders
- Cystolithotomy
- Cystoscopy
- Enterostomy as component of urologic procedure
- Excision of appendix testis
- Excision of retroperitoneal cyst or tumor
- Exploration of retroperitoneum
- Extracorporeal shock wave lithotripsy
- Ileal or intestinal conduit or diversion
- Inguinal herniorrhaphy as related to urologic operation
- Insertion/removal of ureteral stent
- Injection for Peyronie's disease
- Irrigation of corpora for priapism
- IV access procedures, central venous catheter, and ports
- Laparoscopic surgery, for disease of the genitourinary tract excluding radical prostatectomy
- Laparoscopic nephrectomy
- Laparotomy for diagnostic or exploratory purposes (urologic related conditions)
- Laser ablation of cutaneous lesions, urothelial lesions, prostatic tissue, and upper tract stones
- Lymph node dissection-inguinal, retroperitoneal, or pelvic
- Management of congenital anomalies of the genitourinary tract, including epispadias and hypospadias
- Microscopic surgery- vasoepididymostomy, vasovasotomy
- Open renal biopsy
- Open stone surgery on kidney, ureter, bladder
- Operation for Peyronie's disease with grafting
- Order respiratory services
- Order rehab services
- Other plastic and reconstructive procedures on external genitalia
- Penis repair for benign or malignant disease including grafting
- Percutaneous aspiration or tube insertion
- Percutaneous nephrolithotripsy
- Percutaneous renal biopsy

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- Performance and evaluation of urodynamic studies
- 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
- Periurethral or vesicular injections. i.e., collagen and other bulking agents or neuromuscular agents
- Plastic and reconstructive procedures on ureter, bladder and urethra, genitalia, kidney
- Radiographic procedure involving instillation of contrast in urinary tract
- Reconstructive procedures on external male genitalia requiring prosthetic implants or foreign materials
- Renal bench surgery
- Renal endoscopy through established nephrostomy or pyelostomy
- Renal vascular repair, resection, anastomosis, graft
- Renovascular surgery procedures
- Resection (enbloc) of Renal Vein/Vena Caval Thrombi w/vascular repair
- Sonographic imaging of bladder for post-void volume determination
- Sonographic imaging of kidneys, bladder, prostate, transrectal
- Sphincter prosthesis
- Surgery of the testicle, scrotum, epididymis and vas deferens including biopsy, excision and reduction of testicular torsion, orchiopexy
- Surgery upon the adrenal gland
- Surgery upon the kidney, including total or partial nephrectomy, including radical transthoracic approach
- Surgery upon the penis including total penectomy
- 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
- Telehealth
- Testicular biopsy
- Total or simple cystectomy
- Transurethral surgery, including resection of prostate and bladder tumors, as well as minimally invasive procedures for prostate obstruction
- Transvesical ureterolithotomy
- Treatment of urethral valves, open and endoscopic
- Ureteral substitution
- Uretero-calyceal anastomosis
- Ureterocele repair, open or endoscopic
- Ureterscopy including treatment of all benign and malignant processes including lithotripsy, tumor resection, biopsy, and stricture dilation/incision
- Urethral fistula repair, all forms including grafting
- Urethral suspension procedures including grafting, all material types
- Urethroscopy including treatment for all benign and malignant processes
- Urinary sphincter prosthesis procedures
- Urodynamic evaluation, including cystometrogram and uroflowmetry
- Ventral/flank herniorrhaphy as related to urologic operation
- Visual urethrotomy

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Female pelvic medicine and reconstructive surgery

- Cystoscopy with botox injection
- Cystotomy/cystostomy
- Iliococcygeus suspension
- Insertion of mesh
- Multichannel urodynamic testing
- Order respiratory services
- Order rehab services
- Paravaginal repair
- Pelvic floor evaluation and rehabilitation including endoanal sonography, EMG electrical stimulation
- Percutaneous tibial nerve stimulation
- Perform history and physical exam
- Repair of external anal sphincters and perineal body
- Rectocele repair, enterocele repair, anterior repair
- Retropubic or pubovaginal urethralpexy
- Sacrocolpopexy
- Scarospinous ligament suspension
- Telehealth
- Urethral bulking injections
- Urethral sling
- Uterosacral culposuspension

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2500 North State Street, Jackson MS 39216

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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** _____

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** _____

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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, 10/5/2011, 11/2/2011, 12/16/2011, 1/4/2012, 6/6/2012, 07/11/2012, 11/07/2012, 4/3/2013, 7/3/2013, 0825/2015, 09/02/2015, 02/10/2016