

# *Regions Hospital*

## *Delineation of Privileges*

### *Surgery*

**Applicant's Name:** \_\_\_\_\_  
Last
First
M
Date

**Instructions:** Check the box corresponding to the privileges that you are requesting. Applicant's requesting privileges should only request those privileges when the minimum criteria has been met.

**Note:** Applicants must attach to this delineation of privileges supporting documentation attesting to his or her experience and/or formal training.

**CORE I - Privileges in General Surgery**

Privileges	Basic Education & Minimal Formal Training	Required Documents and Experience
<p>Privileges include the performance of surgical procedures (including related admission, consultation, work-up, pre- and post-operative care) to correct or treat various conditions, illnesses, and injuries of the: alimentary tract, including colon and rectum, abdomen and its contents, breasts, skin, and soft tissue, head and neck, endocrine system, and vascular system, excluding the intercranial vessels, the heart, and those vessels intrinsic and immediately adjacent thereto.</p> <p>Also included within this core of privileges: minor extremity surgery (biopsy, I&amp;D, varicose veins, foreign body removal, and skin grafts.</p>	<ol style="list-style-type: none"> <li>1. MD or DO</li> <li>2. Successful completion of an ACGME or AOA approved resident training program in General Surgery <b>and</b></li> <li>3. Board certification or progressing toward board certification in General Surgery.</li> </ol>	<p><u>New Applicants:</u></p> <ol style="list-style-type: none"> <li>1. Documentation that the applicant has performed at least 50 general surgical procedures during the past 24 months.</li> <li>2. A letter of reference from the Residency or Fellowship training program is required if within 5 years of completion of surgical training program.</li> </ol> <p><u>Reappointment Applicants:</u></p> <ol style="list-style-type: none"> <li>1. Evaluation of your competency conducted by a qualified physician peer of your choice. Please indicate name and address of the physician whom we may contact.</li> </ol> <p>Name: _____  Add: _____  Ph/Fax#: _____</p>

## Special privileges in General Surgery

This privileging section is only applicable to those applicants who have met Core I requirements for basic education and minimal formal training in addition to the educational requirements listed below

Procedure	Basic Education/Formal Training	Required Documents and Experience
<input type="checkbox"/> Bronchoscopy <input type="checkbox"/> Colonoscopy with/without biopsy <input type="checkbox"/> EGD with/without biopsy <input type="checkbox"/> Endorectal ultrasound <input type="checkbox"/> Endovascular aneurysm repair* <input type="checkbox"/> ERCP <input type="checkbox"/> Esophageal sclerotherapy <input type="checkbox"/> Intestinal reservoir procedures, e.g. J-Pouch, ect. <input type="checkbox"/> Laparoscopic Surgery-Advanced <input type="checkbox"/> Laparoscopic Surgery-Basic <input type="checkbox"/> Laser Surgery <input type="checkbox"/> Pulmonary Artery Catheterization <input type="checkbox"/> Robotic Surgery**	Same as Core I	<p><u>New Applicants:</u></p> <p>1) Documentation of a formal training program in the procedures listed (copies of operative notes) from a recognized ACGME or AOA approved training program <b>or</b></p> <p>A letter from a surgical colleague who can document your competency to perform the procedure(s), <b>or</b></p> <p>Demonstrated competency by proctorship with a surgical colleague or gastroenterologist with privileges at Regions Hospital or his/her designee <b>or</b></p> <p>2) Documentation of formal training course or its equivalent or a letter from another hospital confirming prior credentialing to perform these procedures.</p> <p>3) At the discretion of the Regions Division Head of Surgery, initial 5 procedures may require proctoring by a surgeon previously credentialed to perform these procedures.</p> <p>4) A letter of reference from the Residency or Fellowship training program is required if within 5 years of completion of surgical training program</p> <p>5) *Requires satisfactory completion of an approved manufacture's training course by either the radiologist or the surgeon.</p> <p>6) **Robotic Surgery – all surgeons:</p> <p>A) Documentation of satisfactory completed of an approved FDA mandated training course (at least 8 hours including 3 hours of personal time on the system during training)</p> <p>B) Clinical privileges for open procedures that will be performed robotically.</p> <p>C) Documentation of having been observed performing (2) robotic operations.</p>

		<p><u>Reappointment Applicants:</u></p> <ol style="list-style-type: none"> <li>Evaluation of your competency conducted by a qualified physician peer of your choice. Please indicate name and address of the physician whom we may contact.</li> <li>Documentation demonstrating participation in at least 10 cases using robotic surgical system.</li> </ol> <p>Name: _____  Add: _____  Ph/Fax#: _____</p>
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**CORE II - Privileges in Trauma** - New appointments are based on the needs of the Trauma Center as determined by the Trauma Medical Director, Regions Division Head of Surgery and Regions Hospital Board.

Privileges	Basic Education & Minimal Formal Training	Required Documents and Experience
<p>Privileges include the performance of comprehensive management of trauma, including musculoskeletal and head injuries, and complete care of critically ill patients with underlying surgical conditions in the emergency department, operating room and intensive care unit.</p>	<ol style="list-style-type: none"> <li>MD or DO</li> <li>Successful completion of an ACGME or AOA approved residency training program in General Surgery,</li> <li>Board certification or progressing toward board certification in General Surgery.</li> <li>Trauma fellowship trained or two years of active trauma experience.</li> <li>Current ATLS Provider Certification.</li> </ol>	<p><u>New Applicants:</u></p> <ol style="list-style-type: none"> <li>Active trauma experience and documentation of caring for a minimum of 50 trauma inpatients a year.</li> <li>Documentation of pediatric trauma care within a year.</li> <li>Documentation of 16 trauma CME credits in the past 12 months.</li> </ol> <p><u>Reappointment Applicants:</u></p> <ol style="list-style-type: none"> <li>A minimum of 16 trauma related CME credits annually.</li> <li>A minimum of 50% attendance at Trauma Morbidity and Mortality Conference, which Credentialing will receive from Administration, and</li> <li>A minimum of 50% attendance at Trauma Multidisciplinary Trauma Conference, which Credentialing will receive from Administration.</li> <li>Satisfactory compliance with trauma performance improvement activities.</li> <li>Evaluation of your competency conducted by a qualified physician peer of your choice. Please indicate name and address of the physician whom we may contact.</li> </ol> <p>Name: _____  Add: _____  Ph/Fax#: _____</p>

**CORE III - Privileges in Burn** - New appointments are based on the needs of the Burn Center as determined by the Burn Center Medical Director, Regions Division Head of Surgery and Regions Hospital Board.

Privileges	Basic Education & Minimal Formal Training	Required Documents and Experience
<p>Privileges include the comprehensive management of burn patients, including thermal injury, electrical injury, chemical injuries, and radiation injuries. This care includes acute care of the burn patient, fluid resuscitation, escharotomies, fasciotomies, surgical excision and grafting and contracture releases with skin grafting. Comprehensive burn care also includes long term care and supervision of the burn patient's rehabilitation and reintegration into society.</p>	<ol style="list-style-type: none"> <li>1. MD or DO</li> <li>2. Successful completion of an ACGME or AOA approved residency training program in General Surgery,</li> <li>3. Board certification or progressing toward board certification in General Surgery.</li> <li>4. Burn fellowship trained or two years of active burn experience caring for at least 50 inpatient burns annually.</li> <li>5. Current ABLS Provider or Instructor Certification.</li> </ol>	<p><u>New Applicants:</u></p> <ol style="list-style-type: none"> <li>1) Active burn experience and documentation of caring for a minimum of 50 burn inpatients a year.</li> <li>2) Documentation of at least 5 pediatric burns requiring inpatient care within the past 12 months.</li> <li>3) Documentation of 16 burn and/or trauma CME credits in the past 12 months.</li> </ol> <p><u>Reappointment Applicants:</u></p> <ol style="list-style-type: none"> <li>1. A minimum of 16 burn and/or trauma related CME credits annually.</li> <li>2. A minimum of 50% attendance at weekly Burn Team rounds.</li> <li>3. A minimum of 50% attendance at weekly Care Conference.</li> <li>4. A Minimum of 50% attendance at Burn Mortality &amp; Morbidity conference.</li> <li>5. Satisfactory compliance with burn performance improvement activities.</li> <li>6. Re-appointments are based on the needs of the Burn Center as determined by the Burn Center Medical Director, Regions Division Head of Surgery and Regions Hospital Board.</li> <li>7. Evaluation of your competency conducted by a qualified physician peer of your choice. Please indicate name and address of the physician whom we may contact.</li> </ol> <p>Name: _____  Add: _____  Ph/Fax# _____</p>

**CORE IV - Privileges in Thoracic Surgery** - New appointments are based on the needs of the Medical Center as determined by the Director of Cardiovascular Thoracic Surgery, Regions Division Head of Surgery and Regions Hospital Board.

Privileges	Basic Education & Minimal Formal Training	Required Documents and Experience
<p>Privileges include the evaluation, diagnosis, and treatment of patients with illnesses, injuries, and disorders of the chest and thoracic cavity. These privileges include the provision of consultation as well as the performance of specialized diagnostic studies, such as bronchoscopy and mediastinoscopy related to thoracic disorders.</p>	<ol style="list-style-type: none"> <li>1. MD or DO</li> <li>2. Successful completion of an ACGME or AOA approved residency training program in General Surgery, <b>and</b></li> <li>3. Successful completion of an ACGME or AOA approved residency/fellowship training program in Thoracic Surgery <b>or</b> Cardiovascular Thoracic Surgery.</li> <li>4. Board certification or progressing toward board certification in Thoracic Surgery or Cardiovascular Thoracic Surgery and</li> <li>5. Board certification in General Surgery.</li> </ol>	<p><u>New Applicants:</u></p> <ol style="list-style-type: none"> <li>1) A letter of reference from the Residency or Fellowship training program is required if within 5 years of completion of surgical training program</li> <li>2) Documentation of at least 50 thoracic surgical procedures in the past year.</li> </ol> <p><u>Reappointment Applicants:</u></p> <ol style="list-style-type: none"> <li>1. Attendance at least every other year at the national meeting of either the Society of Thoracic Surgery or the American Association of Thoracic Surgeons.</li> <li>2. Evaluation of your competency conducted by a qualified physician peer of your choice. Please indicate name and address of the physician whom we may contact</li> </ol> <p>Name: _____  Add: _____  Ph/Fax#: _____</p>

**Special privileges in Thoracic Surgery**

**This privilege section is only applicable to those applicants who have met Core IV requirements for basic education and minimal formal training addition to the educational requirements listed below.**

Procedures	Basic Education/Formal Training	Required Documents and Experience
<input type="checkbox"/> VATS <input type="checkbox"/> Laser  Types ___ Lumenis Powersuite 20W ___ Cardiogenesis NS 2000  ___ KTP ___ CO2	Same as Core IV	<p><u>New Applicants:</u>            1) Documentation of a formal training program in the procedures listed (copies of operative notes) from a recognized ACGME or AOA approved training program <b>or</b></p> <p>A letter from a surgical colleague who can document your competency to perform the procedure(s) <b>or</b></p> <p>Demonstrated competency by proctorship with a surgical colleague <b>or</b></p> <ol style="list-style-type: none"> <li>Documentation of formal training by Residency Director or from an ACS sponsored training course or its equivalent or a letter from another hospital confirming prior credentialing to perform these procedures.</li> <li>At the discretion of the Regions Division Head of Surgery, the initial 5 procedures may require proctoring by a surgeon previously credentialed to perform these procedures.</li> <li>A letter of recommendation from your residency or fellowship training program is required if within 5 years of completion of surgical training program</li> </ol> <p><u>Reappointment Applicants:</u>            1. Evaluation of your competency conducted by a qualified physician peer of your choice. Please indicate name and address of the physician whom we may contact.</p> <p>Name: _____            Add: _____            Ph/Fax#: _____</p>

□ **CORE V - Privileges in Cardiovascular Surgery** - New appointments are based on the needs of the Medical Center as determined by the Director of Cardiovascular Thoracic Surgery, Regions Division Head of Surgery and Regions Hospital Board.

<b>Privileges</b>	<b>Basic Education &amp; Minimal Formal Training</b>	<b>Required Documents and Experience</b>
<p>Privileges include evaluation, diagnosis, and treatment of patients with illnesses, injuries, and disorders of the heart and great vessels.</p>	<ol style="list-style-type: none"> <li>1. MD or DO</li> <li>2. Successful completion of an ACGME or AOA approved residency training program in General Surgery and</li> <li>3. Successful completion of an ACGME or AOA approved residency/fellowship training program in Cardiovascular Thoracic Surgery.</li> <li>4. Board certification or progressing toward board certification in Cardiovascular Thoracic Surgery</li> <li>5. Board certification in General Surgery.</li> </ol>	<p><u>New Applicants:</u></p> <ol style="list-style-type: none"> <li>1. A letter of recommendation from the residency or fellowship training program is required if within 5 years of completion of surgery training program</li> <li>2. Documentation of at least 50 cardiovascular surgical procedures in the past year.</li> </ol> <p><u>Reappointment Applicants:</u></p> <ol style="list-style-type: none"> <li>1. Attendance at least every other year at the national meeting of cardiovascular surgery.</li> <li>2. Evaluation of your competency conducted by a qualified physician peer of your choice. Please indicate name and address of the physician whom we may contact.</li> </ol> <p>Name: _____  Add: _____  Ph/Fax#: _____</p>

## O Special privileges in Cardiovascular Surgery

This privilege section is only applicable to those applicants who have met Core V requirements for basic education and minimal formal training addition to the educational requirements listed below.

Procedures	Basic Education/Formal Training	Required Documents and Experience
<p><input type="checkbox"/> Laser Surgery</p> <p>Types</p> <p>___ Lumenis Powersuite 20W</p> <p>___ Cardiogenesis NS 2000</p> <p>___ KTP</p> <p>___ CO2</p> <p><input type="checkbox"/> Stent-less aortic valve implantation</p> <p><input type="checkbox"/> Robotic Surgery**</p>	<p>Same as Core V</p>	<p><u>New Applicants:</u></p> <ol style="list-style-type: none"> <li>1. Documentation of formal training, including documentation of the number of procedures performed (copies of operative notes) from a recognized ACGME or AOA approved training program <b>or</b></li> <li>2. A letter from a surgical colleague who can document your competency to perform, the procedure(s) <b>or</b></li> <li>3. Documentation of competency by proctorship by a surgical college <b>or</b></li> <li>4. Documentation of formal training by Residency Director or from an ACS sponsored training course or its equivalent or a letter from another hospital confirming prior credentialing to perform these procedures.</li> <li>5. At the discretion of the Regions Division Head of Surgery, the initial 5 procedures may require proctoring by a surgeon previously credentialed to perform these procedures.</li> <li>6. A letter of recommendation from the residency or fellowship training program is required if within 5 years of completion of surgical training program.</li> <li>7. <b>**Robotic Surgery – all cardiothoracic surgeons</b> <ol style="list-style-type: none"> <li>1. Documentation of satisfactory completed of an approved FDA mandated training course (at least 8 hours including 3 hours of personal time on the system during training)</li> <li>2. Clinical privileges for open procedures that will be performed robotically.</li> <li>3. Documentation of having been observed performing (2) robotic operations.</li> </ol> </li> </ol> <p><u>Reappointment Applicants:</u></p> <ol style="list-style-type: none"> <li>1. Evaluation of your competency conducted by a qualified physician peer of your choice. Please indicate name and address of the physician whom we may contact.</li> <li>2. Documentation demonstrating</li> </ol>

		<p>participation in at least 10 cases using robotic surgical system.</p> <p>Name: _____</p> <p>Add: _____</p> <p>Ph/Fax#: _____</p>
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**TO BE COMPLETED BY APPLICANT:**

I agree to supply Regions Hospital Credentialing Office (or designee) with all of the information that has been requested of me for the privileges that I have applied for listed above. I also understand that my application for privileges will not proceed until which time that the information is received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY DIVISION/SECTION HEAD:**

I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date