BUFFALO REGIONAL MEDICAL CENTER
DELINEATION of PRIVILEGES
DEPARTMENT OF SURGERY

BASIC EDUCATION: M. D. or D.O.

MINIMAL FORMAL TRAINING: Successful completion of a post-graduate residency program in general surgery approved by the ACGME.

REQUIRED PREVIOUS EXPERIENCE: For individuals who have just completed an approved residency, a letter from their program chairman supporting the granting of full privileges at the associate staff level is necessary. Additionally, a copy of the residency case logs is required. For all others, the successful applicant must document performance of at least 100 general surgical procedures during the past 24 months. The chairman of the Department of Surgery will decide if the documented experience is broad enough to warrant full privileges. He/she may require further documentation of clinical competence or additional proctoring in a specific area before granting privileges in a specific area.

BOARD CERTIFICATION:
Those applicants who are not board certified at the time of application but who have completed their residency or fellowship training within the last five years shall be eligible for Medical Staff appointment. However, in order to remain eligible, those applicants must achieve board certification in their primary area of practice within five (5) years from the date of completion of their residency or fellowship training.

Core Privileges in General Surgery (CR.SU)
Reflecting the position of the American Board of Surgery, surgical privileges encompass the skills required in the diagnosis, preoperative, operative and postoperative management in the following areas:

- Alimentary tract;
- Endoscopy
- Abdomen and its contents;
- Breasts, skin, and soft tissue;
- Head and neck (including congenital, endocrine an oncologic disorders-particularly tumors of the skin, thyroid and parathyroid gland);
- Endocrine system;
- Laparoscopy
- Surgical oncology;
- Management of trauma (the responsibility for all phases of care of the injured patient);
- Complete care of critically ill patients with underlying surgical conditions in the Emergency Department, Intensive Care and Trauma Care Units. This includes placement of monitoring devices (such as Swan-Ganz catheters and arterials lines) and ventilator management;
- Extremities surgery (biopsy, I&D, varicose veins, foreign body removal, and skin grafts).

See last page for procedure list

SPECIAL REQUESTS: These procedures require additional documentation.

Yag Laser (LS.YG)
Argon Laser (LS.AR)
Candela Laser (LS.CA)
CO2 Laser (LS.CO)

1. Documentation that a certified course has been taken
   OR
2. Proctoring for the first two cases.

Thoracoscopy (34.21)
1. The physician must have the thoracic privilege for the procedure to be performed.
   IF A PHYSICIAN DOES NOT HAVE LAPAROSCOPIC PRIVILEGES:
2. A formal course must be taken which includes hands-on work with large animals and didactic instruction.
3. Be proctored for the first five cases.
   IF A PHYSICIAN DOES HAVE LAPAROSCOPIC PRIVILEGES:
2. The physician may perform thoracoscopically those procedures he/she has on an open basis after providing a letter documenting what his extra training, i.e. textbooks or tapes consisted of.

3. Be proctored for the first three cases.

Vascular Procedures (CR.VS)

1. DIRECTLY OUT OF TRAINING: The applicant must be Board eligible, Board certified or Board equivalent in Vascular Surgery, OR

FROM ANOTHER COMMUNITY: Submit operative notes and summaries, demonstrating the previous year's cases consisting of approximately 40 varied vascular cases.

2. To be released from mentoring, the physician must complete 20 varied cases in a 24-month period under the supervision and evaluated by three to five surgeons with vascular surgical privileges.

CORE PRIVILEGES IN VASCULAR SURGERY

AMPUTATIONS

AAA WITH STENT GRAFT

ANGIOGRAM

ANGIOLYTIC THERAPY

ANGIoplasty BALLOON

ANGIoplasty UPPER / LOWER

AORTOGRAM

AORTOGRAM WITH RUNOFF

ARCH ANGIOGRAPHY

ARTERIOGRAM

AV FISTULA THROMBOLYSIS

CAROTID ANGIOGRAPH

Y

CAROTID STENT ANGIOGRAPHY

CAVAL VENOGRAPHY

ILIAC ANGIOPLASTY

ILIAC ANGIOPLASTY WITH STENT

RENAL ANGIOGRAPHY

Endovascular Treatment of Abdominal Aortic Aneurysm

1. Vascular surgery (open aneurysm repair) privileges.

2. Endovascular privileges

3. Satisfactory completion of a manufacture’s endorsed course for the specific device.

4. Perform a minimum of 10 procedures with satisfactory outcomes, either as primary operator or as first assistant, in the presence of a qualified physician preceptor or a manufacturer representative that is qualified for this purpose.

5. Receive endorsement from the manufacturer.

6. If from out of town, documentation of 40 endovascular AAA procedures, one-half of which as primary operator, or meet above (1, 2 and 3) within the preceding two years.

Mentorship

A physician with these privileges must mentor ten cases. All mentored cases must be performed at Renown Regional Medical Center, St. Mary’s Regional Medical Center, Northern Nevada Medical Center or the VA Medical Center.

Endovascular Procedures (For General, Cardiovascular, and Vascular Surgeons)

1. Board qualified/certified general surgery or cardiovascular surgery or with vascular surgery privileges.

2. By Training: Formal Residency/Fellowship within the last two years including extensive experience in diagnostic angiography and percutaneous Endovascular procedures. Minimum documented experience must include performance of:

   a. 100 diagnostic peripheral angiograms,* including 50 selective Catheterizations.

   b. 50 peripheral/renal percutaneous transluminal angioplasties (PTCA) and/or stent placements with half as the primary operator.
2. By Experience: Applicants must document experience including success and complication rates at another institution in performance of diagnostic and therapeutic Endovascular procedures within the last two years. Minimum documented experience must include performance of:
   a. 100 diagnostic peripheral angiograms,* including 50 selective Catheterizations.
   b. 50 peripheral/renal percutaneous transluminal angioplasties (PTCA) and/or stent placements with half as the primary operator.
   c. 10 Thrombolytic cases

**Mentorship**

Qualified applicants are granted privileges and must be mentored on their first 10 diagnostic peripheral angiograms and five PTCA/Stent procedures by a physician with these privileges. All procedures should be performed at Renown Regional Medical Center, St. Mary’s Regional Medical Center, Northern Nevada Medical Center, or the VA Medical Center.

**Definitions**

For purposes of these criteria, a diagnostic peripheral angiogram is defined as the percutaneous passage of a catheter into an artery under fluoroscopic guidance with subsequent injection of contrast material and imaging of the entire vascular distribution in question using conventional serial film changers or a large field digital imaging system.

**Participation in Performance Improvement Program**

Physicians granted these privileges must participate in a performance improvement program, which monitors the indications, success and complications of all performed procedures. This data will be used to determine release from mentoring and recredentialing/maintenance of these privileges. Minimal volume criteria for maintenance of privileges are recommended and should be specified (minimum 30 Endovascular interventions in a two-year period), plus 10 CME credits every two years directly related to Endovascular procedures.

**Thoracic Procedures (CR.TR)**

1. DIRECTLY OUT OF RESIDENCY: Verification from the Residency Director attesting to the physician’s competence in performing the procedures, as well as having performed 25 varied cases, including 10 Pneumonectomies, Lobectomies (two each minimum), additional Esophageal and post infection cases (decortication).
   FROM ANOTHER COMMUNITY: Submit operative notes and summaries, demonstrating the previous year’s cases consisting of 25 varied thoracic cases.

3. To be released from mentoring, the physician must complete 20 varied cases in a 24-month period under the supervision and evaluated by three to five surgeons with thoracic surgical privileges.

**Core privileges Thoracic**

- BLEB RESECTION
- CHEST TUBE INSERTION
- DECORTICATION
- ESOPHAGECTOMY
- LOBECTOMY
- LUNG BIOPSY OPEN
- MEDIASTINOSCOPY
- PNEUMONECTOMY
- RIB RESECTION
- STERNOTOMY
- THORACOSCOPY
- THORACOTOMY
CAROTID STENT PRIVILEGES

From Training: Completion of an accredited general vascular surgery, interventional radiology, or interventional cardiology residency/fellowship.

1. Satisfies the requirements for privileges in peripheral angiography and interventions for the respective department.
2. Documented supervised experience in the performance of 30 selective carotid angiographies, at least 15 as the primary operator.
3. Documentation of at least 25 supervised carotid stent procedures with cerebral protection, at least half as the primary operator.
4. Demonstration of the cognitive and clinical skills necessary to manage patients with carotid vascular disease including the pre, intra and post-procedural evaluation and management.

From a local practice or another community:

- Meets the requirement for privileges or has privileges in general vascular surgery, interventional radiology or interventional cardiology.
- Meets the requirement for privileges or has privileges in peripheral angiography and interventions appropriate to the specific department.

CAROTID ANGIOGRAPHY

1. Currently holds privileges in carotid peripheral angiography and has performed at least 30 carotid angiograms.
2. Performance of at least 30 supervised selective carotid angiograms, 15 as the primary operator.

CAROTID STENTING:

1. Documentation of performance of at least 25 carotid stent procedures with cerebral protection, at least half as the primary operator.
2. All applicants must participate in the hospitals outcomes measurement and quality assurance program.

MENTORING:

From training or outside institution:

Mentoring of the first 5 cases by a qualified practitioner with privileges in carotid stenting.

From local practice:

Mentoring included as part of the 25 supervised carotid stent cases if at least 5 are performed at Renown Regional Medical Center.

Bariatric Surgery

Training

New from Training

Must be qualified/certified in general surgery and have completed an approved fellowship or high volume residency training program in open Bariatric and/or advanced laparoscopic Bariatric surgery. A letter of reference must come from the director of Bariatric surgery of the applicant’s training program.

Experienced-in Practice

Must be American Board of Surgery certified and have full unrestricted general surgery privileges and must demonstrate formal structured training (minimum two week mini fellowship) or equivalent practice experience. A letter of reference regarding competence from the Chief of Surgery or the Chief of Bariatric surgery at the institution where the applicant most recently practiced.

All candidates must:

- Demonstrate performance of at least 15 procedures in Bariatric surgery in the past 12 months (may include last 36 months if coming directly from training) of which at least 6 (six) must be laparoscopic, if laparoscopic Bariatric surgery privileges are sought.
- Be able to document outcomes of 15 Bariatric cases performed as primary surgeon, with acceptable complication rate as determined by the General Surgery Section Chair.
The Chair of the General Surgery Section (with the assistance of a Bariatric Surgical Committee) will decide if the documented experience is broad enough to warrant full privileges or further documentation of clinical experience or proctoring is required.

All candidates must:

- Provide a comprehensive Bariatric program to each patient scheduled for Bariatric surgery consisting of:
- Regular Bariatric patient support groups
- A Bariatric clinical pathway
- Preoperative risk assessments and sub specialist consultation
- Long term follow up plan and documentation of long term follow up plan with maintenance of data
- Psychological evaluation and counseling
- Dietary/nutritional counseling
- Documentation of a program to present short and long term complications

Release from Mentoring
The physician must have 6 initial proctored cases done in Reno in a 12 month period under supervision and be evaluated by a fully trained Bariatric surgeon as first assistant.

Reappointment and maintenance of Privileges:
The physician must perform a minimum of 15 procedures in Bariatric surgery in a two-year period, plus 6 CME credits every two years directly related to Bariatric surgery

Moderate Sedation Privileges

A. Member Competence for Privileges
Members other than Anesthesiologists, Trauma surgeons, Pulmonologists, Intensivist, Emergency Medicine, Pediatric Intensivist, Neonatologists, Otolaryngologists, Cardiologists and Gastroenterologists, seeking to direct moderate sedation for procedures performed at the Hospital must be privileged according to the following criteria:

Moderate Sedation. Any active or Associate Member of the Medical Staff may apply for moderate sedation privileges as follows:

a. Initial Privileges. The Member must submit a written request for moderate sedation privileges to the Medical Staff Services Office along with:
   (i) Completion of mandatory education materials and score of 80% on an examination that reviews the applicable pharmacology, adverse effects, administration, dosage and emergency interventions for the sedative(s) used at least once every two (2) years; and
   (ii) Maintenance of current ACLS certification. If the Member does not maintain current ACLS certification, then an individual certified in ACLS must be present every time the Member exercises his or her moderate sedation privileges.

b. Reappointment Privileges. The Member must submit a Request for moderate sedation privileges to the Medical Staff Services Office along with:
   (i) Completion of mandatory education materials and 80% on an examination that reviews the applicable pharmacology, adverse effects, administration, dosage and emergency interventions for the sedative(s) used;
   (ii) Maintenance of current ACLS certification. If the Member does not maintain current ACLS certification, then an individual certified in ACLS must be present every time the Member exercises his or her moderate sedation privileges.

Deep Sedation: Member Competence for Privileges

Members other than Anesthesiologists, Trauma surgeons, Pulmonologists, Intensivist, Emergency Medicine, Pediatric Intensivist, Neonatologists and Otolaryngologists, seeking deep sedation for procedures performed at the Hospital must be privileged according to the following criteria:

Any Active or Associate Member of the Medical Staff may apply for deep sedation privileges as follows:

a. Initial Privileges. The Member must submit a written request for deep sedation privileges to the Medical Staff Services Office along with:
Completion of mandatory education materials and 80% on an examination that reviews the applicable pharmacology, adverse effects, administration, dosage and emergency interventions for the sedative(s) used once every two (2) years.

Maintenance of current intubation privileges at Hospital

b. **Reappointment Privileges.** The Member must submit a written request for deep sedation privileges to the Medical Staff Services Office along with:

(i) Completion of mandatory education materials and 80% on an examination that reviews the applicable pharmacology, adverse effects, administration, dosage and emergency interventions for the sedative(s) used at least once every two (2) years.

(ii) Maintenance of current intubation privileges at Hospital.

**ADVANCEMENT TO ACTIVE STAFF**

Advancement to the Active Staff will be considered after 12 months, with satisfactory completion of the following:

1) The provisional physician is required to have 20 major surgical procedures proctored by an Active Staff General Surgeon within the first (1st) six (6) months of starting practice.
2) The proctoring must be done by at least three (3) different physicians.
3) It will be the responsibility of provisional surgeon to obtain the proctoring forms and to return them to Medical Staff Services office within the six (6) months time frame. If the forms are not completed within the six (6) month timeframe, then the physician will be required to come before the next meeting of the General Surgery Section, or have his/her privileges suspended.
4) If there are any proctoring evaluation forms that are marked as “below standard of care”, then the provisional candidate will be required to be proctored on an additional 20 major surgical procedures. If during that second provisional time period, there are “below stand of care” determinations, then the provisional candidate will be required to come before the next meeting of the General Surgical Section for review or have his/her privileges suspended.

**REAPPOINTMENT/CURRENT CLINICAL COMPETENCE**

All members of the Department of Surgery are reappointed every two years in accordance with the Bylaws and Policies and Procedures. Since reappointment is an affirmation of good clinical practice, each applicant for reappointment to the active staffs shall provide evidence of 50 surgical cases. If an applicant has not had 50 surgical cases at RENOWN REGIONAL MEDICAL CENTER, the applicant will be asked to provide evidence of additional cases at another local, Joint Commission accredited hospital which will total 50 cases. The facility will be queried to ascertain whether or not the physician is in good standing. If the applicant cannot provide evidence of 50 surgical cases at a local hospital, the physician will be asked to submit in writing, his or her reasons for desiring to remain on the medical staff. The Department will consider these reasons, and, if sufficient, the applicant will be recommended for reappointment.

**GENERAL SURGERY CORE PROCEDURES 10-08**

- **ABDOMINAL ABSCESS DRAINAGE**
- **ABDOMINAL EXPLORATION / EXPLORATORY LAPAROTOMY**
- **ABDOMINAL PERINEAL RESECTION**
- **ABDOMINAL WALL BIOPSY**
- **ADRENALECTOMY (+/- LAP)**
- **ANAL FISTULA REPAIR**
- **ANAL SPHINCTEROTOMY**
- **ANORECTOPLASTY**
- **ANTRECTOMY (GASTRIC)**
- **APPENDECTOMY (+/- LAP)**
- **AXILLARY NODE DISSECTION**
- **BIOPSY GENERAL**
- **BREAST BIOPSY**
- **BREAST LUMPECTOMY**
BREAST QUADRANTECTOMY
CATH PLACEMENT
CATH REMOVAL
CHEST TUBE INSERTION
CHOLECYSTECTOMY (+/- LAP)
COLON RESECTION / COLECTOMY (+/- LAP)
COLONOSCOPY
COLOSTOMY (+/- LAP)
COLOSTOMY CLOSURE / TAKEDOWN
COMMON BILE DUCT EXPLORATION (+/- LAP)
CYST EXCISION (+/- LAP)
DEBRIDEMENT
DIAPHRAGM HERNIA REPAIR (+/- LAP)
DRAINAGE HEMATOMA
EPIGASTRIC HERNIA REPAIR (+/- LAP)
ESOPHAGECTOMY
EXAM UNDER ANESTHESIA
EXCISION SKIN LESION / MOLE
FEMORAL / INGUINAL HERNIA REPAIR
FOREIGN BODY REMOVAL
FUNDOPICATION / Hiatal hernia repair (+/- LAP)
GANGLION CYST EXCISION
GASTRIC RESECTION / GASTRECTOMY
GASTROENTEROSTOMY / GASTROJEJUNOSTOMY
GASTROSCHISIS
GASTROSCOPY
GASTROSTOMY TUBE (+/- LAP)
GROIN / INGUINAL EXPLORATION
HEMORRHOIDECTOMY
ILEOSTOMY (+/- LAP)
ILEOSTOMY CLOSURE
INCISION AND DRAINAGE / DEBRIDEMENT
INCISIONAL HERNIA REPAIR
INGUINAL HERNIA REPAIR (+/- LAP)
JEJUNOSTOMY (+/- LAP)
LACERATION REPAIR
LIPOMA / SOFT TISSUE MASS / NODULE EXCISION
LIVER BIOPSY (+/- LAP)
LOW ANTERIOR RESECTION (+/- LAP)
LYMPH NODE EXCISION / BIOPSY
LYMPH NODE SAMPLING
LYSIS OF ADHESIONS /ADHESIOLYSIS (+/- LAP)
MAMMECTOMY
MAMMECTOMY MODIFIED RADICAL
MUSCLE BIOPSY
NECK EXPLORATION
NODE BIOPSY SENTINEL
NODE DISSECTION
OMENTECTOMY (+/- LAP)
Surgery DOP

OMPHALOCELE

PANCREATECTOMY / PANCREATIC RESECTION / WHIPPLE

PANNICULECTOMY

PARATHYROIDECTOMY / PARATHYROID EXPLORATION

PERINEAL RECTAL ABSCESSE INCISION AND DRAINAGE

PERINEAL RECTO SIGMOIDECTOMY

PHLEBECTOMY

PIOLONIDAL CYST EXCISION

PROCTOSCOPY / SIGMOIDOSCOPY

PYLOROPLASTY

QUADRANTECTOMY

RECTAL BIOPSY

RIB RESECTION

SCAR EXCISION

SMALL BOWEL RESECTION (+/- LAP)

SPLENECTOMY (+/- LAP)

SUTURE REMOVAL

SYMPATHECTOMY (+/- LAP)

TEMPORAL ARTERY BIOPSY

THORACIC ESOPHAGECTOMY

THYROID LOBECTOMY / THYROIDECTOMY

THYROIDECTOMY TOTAL /BILATERAL

TISSUE HARVEST

TRACHEOTOMY

TRANSANAL EXCISION

ULCER DEBRIDEMENT / EXCISION

UMBILICAL HERNIA REPAIR (+/- LAP)

VAGOTOMY (+/- LAP)

VASECTOMY

VEIN LIGATION

VENTRAL HERNIA REPAIR (+/- LAP)

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Applicant      Date

___________________________________   __________________

Chief, Department of Surgery    Date

Date of Recommendation by the Credentials & Privileges Committee:  ___________

Date of Recommendation by the Executive Committee:  ___________

Date of Approval by the Board of Governors:    ___________