

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

**COLON AND RECTAL 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: 8/5/2015**

**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 COLON AND RECTAL SURGERY**

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**To be eligible to apply for core privileges in colon and rectal surgery, the initial applicant must meet the following criteria:**

Current specialty certification in colon and rectal surgery by the American Board of Colon and Rectal Surgery.

OR

Successful completion of 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 colon and rectal surgery and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to specialty certification in colon and rectal surgery by the American Board of Colon and Rectal Surgery.

**Required Previous Experience:** Applicants for initial appointment must be able to demonstrate the performance of a sufficient volume of colon and rectal surgery 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 colon and rectal surgery, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume of colon and rectal 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

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privileges requested is required of all applicants for renewal of privileges. Medical Staff members whose board certificates in colon and rectal 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**

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**COLON AND RECTAL SURGERY CORE PRIVILEGES**

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- Requested** Admit, evaluate, diagnose, treat and provide consultation to patients of all ages, presenting with diseases, injuries, and disorders of the intestinal tract, colon, rectum, anal canal and perianal areas by medical and surgical means including intestinal disease involvement of the liver, urinary, and female reproductive systems. 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.

**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.

**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).

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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.

**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.)

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**ADVANCED LAPAROSCOPIC PROCEDURES E.G. COLECTOMY; SPLENECTOMY; ADRENALECTOMY; NISSEN FUNDOPLICATION**

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**Requested**

**Criteria:** Successful completion of an accredited residency in general surgery that included advanced laparoscopic training or completion of a hands-on CME. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of advanced laparoscopic procedures in the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of advanced laparoscopic 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.

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**ADMINISTRATION OF SEDATION AND ANALGESIA**

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- 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:
- \_\_\_\_\_

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**-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.

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**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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**IMPLANTATION OF GASTRIC ELECTRIC STIMULATOR (NOT AVAILABLE TO INITIAL APPLICANTS)**

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- Requested**

**Maintenance of Privilege:** Demonstrated current competence and evidence of a sufficient volume of gastric electric stimulator implantation procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**SACRAL NERVE STIMULATION FOR BOWEL CONTROL**

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- 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 12 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.

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**ULTRASOUND-GUIDED CENTRAL LINE INSERTION**

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- Requested** See Medical Staff Policy for Ultrasound-Guided Central Line Insertion for additional information.  
Initial Privileging:

As for core privileges plus:

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- 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**

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**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
- Anoscopy
- Appendectomy as related to colon rectal surgery
- Colectomy, total, subtotal, partial
- Colon surgery for benign or malignant disease
- Colonoscopy, fiberoptic with biopsy, coagulation, injection; with polypectomy
- Colotomy, colostomy
- Correction of intestinal obstruction
- Enteric fistulae management
- Enterostomy (feeding or decompression)
- Excision of rectal lesion
- Incision, drainage and debridement of perirectal abscess
- Incision/excision of pilonidal cyst
- IV access procedures, central venous catheter (femoral and internal jugular access require special privileges for ultrasound guided central line insertion)
- Laparoscopy, diagnostic, appendectomy, colectomy
- Laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis or trauma
- Liver biopsy (intraoperative)
- Management of hemorrhoids (internal and external) including hemorrhoidectomy (including stapled hemorrhoidectomy)
- Management of soft-tissue tumors, inflammations and infection of anorectal region
- 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
- Proctosigmoidoscopy, rigid with biopsy, with polypectomy/tumor excision
- Order respiratory services
- Order rehab services
- Repair of perforated viscus (gastric, small intestine, large intestine)
- Sigmoidoscopy, fiberoptic with or without biopsy, with polypectomy
- Small bowel surgery for benign or malignant disease
- Splenectomy
- Surgery of the abdominal wall
- Surgical treatment of anal fissure
- Surgical treatment of anal fistula, rectovaginal fistula
- Surgical correction of anal sphincter incontinence



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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:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Notes**  
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 \_\_\_\_\_  
 \_\_\_\_\_

**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:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Notes**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Department Chair Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Reviewed:

Revised:

2/3/2010, 6/2/2010, 12/1/2010, 3/2/2011, 7/6/2011, 10/5/2011, 11/2/2011, 12/16/2011, 7/11/2012, 4/3/2013, 7/3/2013, 10/14/2014, 8/05/2015