

UPMC
Delineation of Privileges Request
Criteria Summary Sheet

Facility: UPMC Shadyside

Specialty: GENERAL SURGERY

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| KNOWLEDGE | Successful Completion of an ACGME/AOA, accredited program |
| TRAINING | Successful completion of an ACGME -or AOA - approved residency program in General Surgery |
| CERTIFICATION | <ul style="list-style-type: none"> ▪ In order to function as primary surgeon in the Operating Room, one must be Board Certified in his/her specialty. Specialty Board Certification is a bare minimum requirement for maintenance of Operation Room privileges. Board Certification must be achieved within three years of initial appointment to the staff in all surgical specialties. This policy applies exclusively to the American Board of Medical Specialties Certification Boards. There are no equivalencies. ▪ Certification by the American Board of General Surgery. If not certified, satisfactory completion of Board eligibility requirements and certification by the American Board of General Surgery must be accomplished within three years of the applicant's initial appointment. |
| OTHER | <ul style="list-style-type: none"> ▪ For Laser Privileges, Documentation of training and procedures performed must accompany request for privileges with specific modality noted. <p>For the following privileges, privilege approval requires additional training in the specific category. To expedite the approval process, case logs for the specific category must be included with the application, along with documentation of the advanced training:</p> <ul style="list-style-type: none"> ▪ Perineal Proctectomy, Sphincteroplasty ▪ Restorative Proctocolectomy (Pouch Procedures) ▪ Bariatric Surgery (All Types) ▪ Endovascular ▪ Advanced Laparoscopic Procedures <p>A. Peripheral Vascular Procedures The peripheral vasculature consists of three regions (1) aortoiliac and brachiocephalic vessels (2) renal and abdominal visceral vessels (3) infra-inguinal vessels, as defined in Section D.</p> |

To be privileged, the physician must possess appropriate cognitive skills of the region, perform the appropriate number of procedures, and have a letter of endorsement from the proctor or training program once basic requirements are met.

1. **COGNITIVE SKILLS:**

Cognitive skills for each region will be required. It is expected the cognitive skills will be obtained via residency training or CME courses. A list of cognitive skills by no means meant to be totally inclusive follows:

- Clinical evaluation and assessment.
- Knowledge of anatomy and physiology of vessels to be tested.
- Familiarity with non-invasive testing.
- Device training
- Knowledge of appropriate indications for interventions
- Ability to perform catheter directed dilations and thrombectomy

2. **ANGIOGRAPHY:**

To receive initial privileges in peripheral angiography, a physician must have performed 100 diagnostic arteriograms with 50 as the primary operator. These procedures will also count for regional privileging.

3. **INTERVENTIONS:**

- Interventions are defined as coiling, balloon dilatations or stenting of vessels.
- To receive initial privileges in peripheral interventions, the physician must have participated in 50 peripheral intervention procedures with 25 as the primary operator.

4. **REGIONAL CREDENTIALING:**

Regional privileging will also be needed. To receive initial privileges in a specific region, the physician must have performed 20 diagnostic arteriograms and 10 interventions as primary operator in that specific region ((1) aortoiliac and brachiocephalic vessels (2) renal and abdominal visceral vessels (3) infra-inguinal vessels).

5. ENDOVASCULAR STENT GRAFTS:

- **Abdominal Aorta.** To receive initial privileges in endovascular stent grafts of the abdominal aorta, the physician must have performed a minimum number of 10 cases as primary operator. If a physician privileged to perform endovascular stent grafts of the Abdominal Aorta is not a vascular surgeon, a vascular surgeon must nevertheless be present during the procedure.
- **Thoracic Aorta.** To receive initial privileges in endovascular stent grafts of the Thoracic Aorta, the physician must have performed a minimum number of 10 cases as primary operator in the absence of privileges in the Abdominal Aorta and 5 cases if the Physician already has privileges in the Abdominal Aorta. If a physician privileged to perform endovascular stent grafts of the Thoracic Aorta is not a vascular surgeon, a vascular surgeon must nevertheless be present during the procedure.

B. INTRACEREBRAL ARTERIOGRAPHY

Intracerebral angiography and selective intracerebral catheterization can only be performed by physicians that have spent at least a year in a dedicated neuro interventional training program.

1. CAROTID ARTERIOGRAPHY:

If the physician has met the peripheral angiography criteria (section I above), to receive initial privileges in carotid arteriography, a physician must have performed 50 selective carotid arteriograms with 25 as primary operator. If the physician has not met the peripheral angiography criteria, then to receive initial privileges in carotid arteriography, the physician must have performed 100 arteriograms with 50 as primary operator.

2. CAROTID INTERVENTIONS:

- To receive initial privileges in carotid stents, the physician must have performed 25 interventions with 15 as primary operator.

- Additionally, 15 diagnostic carotid studies are required prior to being primary operator on an interventional carotid procedure.

BARIATRIC SURGERY

To meet the Bariatric Credentialing Guidelines in bariatric surgery, the applicant should:

1. Have credentials at an accredited facility to perform gastrointestinal and biliary surgery;
2. Document that he or she is working within an integrated program for the care of the morbidly obese patient that provides ancillary services such as specialized nursing care, dietary instruction, counseling, support groups, exercise training, and psychological assistance as needed;
3. Document that there is a program in place to prevent, monitor, and manage short-term and long-term complications;
4. Document that there is a system in place to provide follow-up for all patients, with the expectation that at least 50% of the patients who receive restrictive procedures and 75% of those with malabsorptive operations, will be seen on a regular basis for at least five years

Provisional Bariatric Surgery Privileges

Provisional bariatric surgery privileges are conferred to facilitate the pursuit of full bariatric surgical credentials. With this classification, it is appropriate for the surgeon to schedule bariatric cases if the Bariatric Credentialing Guidelines and these additional conditions are met:

1. The successful completion of a bariatric training course of at least two days, which includes both didactic and hands-on laboratory work involving cadavers; and
2. Documentation of three proctored cases in which the assistant is a fully training bariatric surgeon; or
3. Completion of an approved preceptorship program

Open Bariatric Surgery Privileges:

To obtain “open” bariatric surgery privileges, the surgeon must meet the Bariatric Credentialing Guidelines and :

1. Document three proctored cases in which the assistant is a fully trained bariatric surgeon; and,
2. Document the successful outcomes (with acceptable perioperative complications rates) for 10 open bariatric surgical cases performed by the applicant.

Laparoscopic Bariatric Surgery Privileges:

To obtain laparoscopic bariatric surgery privileges the surgeon must meet the Bariatric Credentialing Guidelines and:

1. Have privileges to perform “open” bariatric surgery at an approved facility;
2. Have privileges at the given facility to perform advanced laparoscopic surgery;
3. Document three proctored cases in which the assistant is a fully trained bariatric surgeon; and,
4. Document the outcomes of 15 laparoscopic bariatric surgical cases performed as primary surgeon, demonstrating an acceptable perioperative complication rate.

It is recommended that the local facility review the surgeon’s outcome data within 6 months of initiation of a new program and at regular intervals thereafter, to evaluate patient safety comparable to published outcome benchmarks. In addition, the surgeon should continue to meet the Bariatric Credentialing Guidelines for bariatric surgery at the time of reappointment. Continuing medical education and active participation in surgical societies related to this field is also strongly recommended.

FLUOROSCOPY

Initial Privileges:

1. Review the educational materials contained in a didactic manual, “Minimizing Risks from Fluoroscopic X-Rays” by Louis Wagner & Benjamin Archer.
2. Successfully complete a written test (passing grade of 80%). Up to 2.5 Category 1 CME credits will be awarded for a passing score.
3. Complete and submit a CME registration and evaluation form.

For Re-certification (re-certification for fluoroscopy certification is required as part of the reappointment process):

Access the Fluoroscopy Rapid Deployment CME module at the following website: <http://cme.health.pitt.edu>

LASER

1. For each laser type and operative category, produce a letter from your residency chair or director stating the laser safety training and use of supervision during your residency

OR

2. For each specific laser type and operative category provide

documentation of an instructional course taken to learn about this specific laser and its operative applications. Please note that the certificate must delineate the specific laser(s) involved in the course and their operative application(s).

OR

3. Complete the in-house Laser Education and Proctoring Program by: Taking the University of Iowa Health Care laser safety-training test.

a. You must read the safety course items and then click on Basic Laser Safety Exam. You need to then type in all of your personal information and take the test. Before you click on "Submit the Test" please print the test. Then hit Submit and the test will be scored for you. You will need to print this as well. You must score 100% to pass the test.

b. You will need to submit these two (2) printouts to the appropriate Medical Staff Office. The fax number for the Presbyterian Campus is 412-647-6607 while the fax number for the Shadyside Campus is 412-623-3005.

c. Completing laser proctoring at either the Presbyterian Campus or the Shadyside Campus of UPMC Presbyterian Shadyside with a colleague in your department who is recommended by your department chair as qualified. The proctor must have the laser privileges you are requesting and deem you qualified for each laser type and operative category you are requesting. The individual must proctor two (2) individual cases for each laser type and operative application requested. The proctor's documentation must accompany the addendum and be returned to the appropriate Medical Staff Office for processing as part of your application to the Medical Staff. The Laser Safety Officer can provide further clarification regarding these policies and give you assistance arranging for a proctor.

NOTE: The request for laser privileges will not be considered unless the necessary documentation is attached