DELINEATION OF CLINICAL PRIVILEGES PACKET

NAME: __________________________________ (PLEASE PRINT)
OHIO VALLEY GENERAL HOSPITAL

GENERAL INSTRUCTIONS

STEP I: Print your name on the front of the packet.

STEP II: Select the core privilege category or categories necessary to support your practice program. All areas of the packet should be reviewed by all practitioners requesting clinical privileges.

STEP III: Select the special requests necessary to support your practice program. Special requests are those specific privileges listed immediately below the core grouping(s) that you have selected. These privileges are not included within core groupings and must be requested and approved on an individual basis.

STEP IV: If you are requesting clinical privileges to do procedures that require conscious sedation (e.g., endoscopy) you must also request Core I privileges from the Department of Anesthesiology (see below).

If you are requesting clinical privileges that require imaging guidance (e.g., fluoroscopy) you must also request Core I privileges from the Department of Radiology (see below).

STEP V: Sign and date the packet on page 36.

NOTES: Privileges in the Departments of Anesthesiology, Cardiology, Nuclear Medicine and Radiology are categorized into multiple core privilege groupings. For the delineation of clinical privileges in these departments, the following guidelines apply:

CORE I: The management of frequently encountered but specific conditions or the use of techniques requiring skills ordinarily acquired during post internship specialty training or as a consequence of documented experience.

CORE II: In addition to core privileges from Category I, the management of complex or severe conditions with immediate and/or serious threat to life requiring skills ordinarily acquired during training sufficient to attain eligibility for board certification; physicians in this category shall provide evidence of experience and training in the care of seriously ill patients.

CORE III: In addition to core privileges from Category I and Category II, the management of conditions requiring expertise or competence in skills which are ordinarily acquired only through significant experience or subspecialty training.

Should you have any questions regarding the completion of this packet, please feel free to contact the Ohio Valley General Hospital Medical Staff Office at (412) 777-6220.¹

Clinical privileges shall be granted on the basis of each practitioner’s training and experience for all privileges requested as well as the Ohio Valley General Hospital’s ability to support the privilege program.
# Delineation of Clinical Privileges Packet

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<td>ANESTHESIOLOGY</td>
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</table>
|           | ANESTHESIOLOGY CORE I: Management of conditions requiring skills ordinarily acquired during post internship specialty training including non-anesthesiology training or as a result of documented experience. Privileges include the provision of local infiltration anesthesia; topical application and minor nerve blocks; patient-controlled analgesia and IV sedation in a manner which does not cause loss of protective reflexes.  
Additional privileges not included within Anesthesiology Core I:  
REQUESTED | | | |
|           | OTHER: ___________________________ | | |
|           | ANESTHESIOLOGY CORE II: In addition to Core I, the management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures; the support of life functions under stress of anesthetic and surgical manipulations; the clinical management of the patient unconscious from whatever cause; spinal anesthesia ("Saddle Block"); epidural anesthesia; plexus anesthesia; Intravenous regional anesthesia ("Bier-Block"); IV sedation in a manner that may cause loss of protective reflexes; and the management of problems in pain relief by regional anesthetic techniques.  
Additional privileges not included within Anesthesiology Core II:  
REQUESTED | | | |
|           | OTHER: ___________________________ | | |
|           | OTHER: ___________________________ | | |
|           | ANESTHESIOLOGY CORE III: In addition to Cores I and II, the management of problems in pain relief; the management of problems in cardiac and respiratory resuscitation; the management of specific methods of respiratory therapy and the clinical management of various fluids, electrolyte and metabolic disturbances.  
Additional privileges not included within Anesthesiology Core IV:  
REQUESTED | | | |
|           | OTHER: ___________________________ | | |
|           | OTHER: ___________________________ | | |
DEPARTMENT OF ANESTHESIOLOGY

REQUESTED | GRANTED | NOT GRANTED
---|---|---
☐ ANESTHESIOLOGY CORE IV: The Clinical Management of patients in chronic pain including evaluation, diagnostic work-up, development of a treatment plan, follow-up care and referrals as necessary. Treatment modalities include medication management and procedures such as: epidural steroid injections, caudal injections, peripheral and sympathetic nerve blocks, selective nerve root blocks, trigger point injections, facet nerve (cervical, thoracic, lumbar) blocks, intrathecal infusion pump trials including placement and refills, discograms, IDET procedures, rhizotomy procedures, spinal cord stimulator trials and implantations, percutaneous disc decompressions, vertebroplasties, and epidural blood patch.

Additional privileges not included within Anesthesiology Core IV:

REQUESTED
☐ OTHER: ______________________________

☐ OTHER: ______________________________

DEPARTMENT OF ANESTHESIOLOGY APPROVAL

This request for privileges and all supporting documentation has been reviewed and evaluated. Consideration for granting of these privileges is based upon this practitioner’s current professional competence and clinical judgement in the treatment of patients, ethics, professional conduct, mental and physical capabilities, current Licensure status, training, continuing education and experience. In addition, consideration has been given where applicable, to peer recommendations, patterns of care, relevant quality findings, pending challenges to Licensure and registration, involvement in professional liability claims and information received from the National Practitioner Data Bank.

☐ Recommend approval
☐ Recommend approval with provisions listed
☐ Do not recommend approval

Chairman, Department of Anesthesiology: ____________________________ (SIGNATURE) ____________________________ (DATE)
Emergency Medicine: Core privileges include assessment, work up, diagnosis and the provision of initial treatment to patients who present in the Emergency Department with any illness or injury, condition or symptom. An emergency physician is expected to provide those services necessary to ameliorate minor illnesses or injuries, provide stabilizing treatment to patients presenting with major illnesses or injuries and to assess all patients in order to determine if more definitive services are necessary.

Privileges do not include the provision of definitive long-term care for patients on an inpatient basis, the scheduling or performance of scheduled elective procedures (with the exception of procedures performed during routine Emergency Department follow-up visits). Consultation is required for all patients presenting with major trauma, cardiac or psychiatric illness and for all patients admitted to the Hospital.

The following is a representative, but of necessity not exhaustive, list of emergency procedures and problems. It is not intended to be construed as limiting the physician’s ability to provide emergency care, and it is assumed that other procedures, techniques and problems of similar complexity will fall within the privileges identified below.

- advanced cardiac life support
- arterial cannulation for monitoring
- arterial sampling for blood gas analysis
- arthrocentesis
- bladder catheterization
- cardiac pacing, external/transthoracic/emergent transvenous
- cardiac massage, open/closed
- cardiopulmonary resuscitation
- cardioversion/defibrillation
- central venous access
- cervical immobilization
- contrast injection for imaging
- cystourethrogram
- electrocardiography
- emergency thoracostomy
- emergent pericardiocentesis
- emergent/urgent closed reduction of fracture or dislocation
- emergent pericardiocentesis
- endotracheal intubation, nasal/oral
- epistaxis control
- cricothyrotomy
- foreign body removal
- fracture/dislocation immobilization
- gastric lavage
- incision and drainage of abscess
- initial ordering of imaging studies and evaluation of the results to the degree that a plan of action can be formulated
- injection of bursa or joint
**Emergency Medicine (continued)**

- intra osseous infusion
- local anesthesia
- lumbar puncture
- mechanical ventilation
- nail trephination
- nasogastric or orogastric intubation
- needle thoracostomy
- neuro-muscular blockade
- percutaneous transtracheal ventilation
- peritoneal lavage
- precipitous delivery of newborn
- proctoscopy
- regional nerve blocks
- sigmoidoscopy
- slit lamp examination with or without foreign body removal
- thoracentesis
- tonometry
- tube thoracostomy
- wound management and repair

Additional privileges not included within emergency medicine core:

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<td>flexible sigmoidoscopy</td>
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<td>pelvic ultrasound</td>
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<td>suprapubic bladder catheterization</td>
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<td>ultrasound of subcutaneous tissues for foreign body localization</td>
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 OTHER: ________________________________

 OTHER: ________________________________
This request for privileges and all supporting documentation has been reviewed and evaluated. Consideration for granting of these privileges is based upon this practitioner's current professional competence and clinical judgement in the treatment of patients, ethics, professional conduct, mental and physical capabilities, current Licensure status, training, continuing education and experience. In addition, consideration has been given where applicable, to peer recommendations, patterns of care, relevant quality findings, pending challenges to Licensure and registration, involvement in professional liability claims and information received from the National Practitioner Data Bank.

- Recommend approval
- Recommend approval with provisions listed
- Do not recommend approval

Chairman, Department of Emergency Medicine: ________________________________

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- **Allergy and Immunology**: Core privileges include work up, diagnosis and the provision of treatment or consultative services to patients presenting with allergic or immunologic conditions.

  Additional privileges not included within allergy and immunology core:

  REQUESTED

  - OTHER: ____________________________

- **Cardiology Core I**: Core privileges include work up, diagnosis and the provision of treatment or consultative services to patients presenting with cardiovascular disease. Privileges include echocardiography and Advanced Cardiac Life Support (ACLS), including cardioversion, EKG and Stress Testing.

- **Cardiology Core III**:
  - Temporary pacemaker insertion
  - Permanent pacemaker insertion
  - TEE - Transesophageal Echocardiography
    *Must request Nuclear Medicine Core I Privileges (page 18)
  - Cardiac Catheterization
    *Must request Anesthesia Core I (page 2) and Radiology Core IA Privileges (page 19)
  - Diagnostic Angiography (cardiac, peripheral, renal and carotid)
  - Interventional Procedures (peripheral and renal)
    - Angioplasty
    - Intra Vascular Stenting
    - Thrombolytic Therapy

- **Dermatology**: Core privileges include work up, diagnosis and the provision of nonsurgical therapy or consultative services to patients with illnesses or injuries of the integumentary system (epidermis, dermis, subcutaneous tissue, hair, nails, and cutaneous glands).

  Additional privileges not included within dermatology core:

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<td><strong>Endocrinology and Metabolism:</strong> Core privileges include work up, diagnosis, and the provision of treatment or consultative services to patients presenting with illnesses, injuries, and disorders of the endocrine or metabolic systems. Privileges include fine needle aspiration of the thyroid. Additional privileges not included within endocrinology and metabolism core:</td>
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<td><strong>Gastroenterology:</strong> Core privileges include work up, diagnosis, and the provision of treatment or consultative services to patients presenting with illnesses, injuries, and disorders of the stomach, intestine, and related structures such as the esophagus, liver, gallbladder, and pancreas, including the provision of consultation. Privileges include total colonoscopy, gastroscopy, snare polypectomy, nonvariceal hemostasis, variceal hemostasis, esophageal dilation with guide wire, flexible sigmoidoscopy, liver biopsy, paracentesis, PEG, tumor ablation, pneumatic dilation for achalasia, and esophageal stent placement. Additional privileges not included within gastroenterology core:</td>
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<td><strong>ERCP (diagnostic and therapeutic)</strong></td>
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### General Medicine

Core privileges include work up, diagnosis and the provision of treatment or consultative services to patients admitted or in need of care for general medical problems.

Additional privileges not included within general medicine core:

**REQUESTED**

- rigid proctosigmoidoscopy
- lumbar puncture
- joint aspiration/injection
- thoracentesis
- abdominal paracentesis
- management of mechanical ventilator, short term
- arterial puncture for blood gases
- exercise testing
- fiber optic flexible sigmoidoscopy, with biopsy
- endotracheal tube placement
- indirect laryngoscopy
- pulmonary artery catheterization (Swan-Ganz)
- temporary transvenous pacemaker placement
- percutaneous liver biopsy
- thoracentesis with pleural biopsy
- breast mass aspiration

**OTHER:**

- ________________________________
- ________________________________

### Hematology

Core privileges include work up, diagnosis, and the provision of treatment or consultative services to patients presenting with illnesses and disorders of the blood and blood-forming tissues. Privileges include administration of chemotherapy, the management and care of indwelling venous access catheters, therapeutic phlebotomy, lymph node aspiration, and therapeutic thoracentesis and paracentesis.

Additional privileges not included within hematology core:

**REQUESTED**

- OTHER: ________________________________
- OTHER: ________________________________
**Hyperbaric Oxygen Therapy:** Only physicians who have completed appropriate training for Hyperbaric Oxygen Therapy (HBOT) may oversee the use of HBOT for Ohio Valley General Hospital Patients.

The HBOT physician shall have the following qualifications and credentials, which must be maintained continuously and which are a condition into entry and continuing affiliation with the HBOT program:

1. M.D. or D.O. Graduate of an accredited medical school
2. Current unrestricted license to practice medicine in the State of Pennsylvania
3. Compliance with Ohio Valley General Hospital Medical Staff requirements for licensure and board certification
4. Active Medical Staff Status in good standing with Ohio Valley General Hospital
5. Certificate of completion from an accredited Undersea and Hyperbaric Medical Society (UHMS) Program
6. Minimum of 12 credit hours of Physician Category I CME hours in hyperbaric medicine related topics every two years after initial credentialing

**Infectious Diseases:** Core privileges include work up, diagnosis and the provision of treatment or consultative services to patients presenting with infectious or immunologic diseases. Privileges include: management of an unusually severe infection, such as tuberculosis meningitis, disseminated tuberculosis, system mycosis and unusual infections in the immune-compromised host, lumbar puncture; aspiration of superficial abscess; incision and drainage of superficial abscess; arthrocentesis; and interpretation of gram stain.

Additional privileges not included within infectious disease core:

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**Nephrology:** Core privileges include work up, diagnosis and the provision of treatment or consultative services to patients presenting with illnesses, injuries, and disorders of the kidneys. Privileges include hemodialysis, peritoneal dialysis, and catheter insertion.

Additional privileges not included within nephrology core:

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<td>☐ Neurology:</td>
<td>Core privileges include work up, diagnosis and the provision of non-surgical therapy or consultative services to patients presenting with illnesses, injuries or disorders of the neurologic system.</td>
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<td>☐ Occupational Medicine:</td>
<td>Core privileges include work up, diagnosis and the provision of treatment or consultative services to patients on an outpatient basis presenting with work related illnesses and injuries.</td>
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<td>☐ Oncology:</td>
<td>Core privileges include work up, diagnosis and the provision of treatment or consultative services to patients presenting with malignant tumors. Privileges include administration of chemotherapeutic agents and biological response modifiers via all therapeutic routes.</td>
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**Physical Medicine and Rehabilitation:** Core privileges include work up, diagnosis and the provision of treatment or consultative services to patients presenting with neuromuscular or musculoskeletal illnesses, injuries, and disorders.

Additional privileges not included within physical medicine and rehabilitation core:

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<td>✧ muscle biopsy</td>
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<td>✧ motor point blocks</td>
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**Psychiatry:** Core privileges include work up, diagnosis and the provision of therapy to patients above the age of 15 presenting with mental, behavioral, or emotional disorders. Privileges include the provision of consultation to physicians in other fields regarding mental, behavioral, or emotional disorders and their interaction with physical disorders.

Additional privileges not included within psychiatry core:

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<td>✧ hypnosis</td>
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<td>✧ group and family therapy</td>
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<td>✧ use and interpretation of psychological tests</td>
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### Pulmonary Medicine

Core privileges include work up, diagnosis and the provision of treatment or consultative services to patients presenting with illnesses, injuries, and disorders of the organs of the thorax or chest, the lungs, cardiovascular and tracheobronchial systems, esophagus and other mediastinal contents, diaphragm, and circulatory system.

Additional privileges not included within pulmonary core:

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<td>☐</td>
<td>pleural biopsy</td>
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<td>☐</td>
<td>needle biopsy of lung</td>
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<td>☐</td>
<td>management of mechanical ventilation</td>
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<td>☐</td>
<td>use of the laser</td>
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<td>☐</td>
<td>interpretation of pulmonary functions testing</td>
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### Radiation Oncology

Core privileges include evaluation and the provision of consultative services to patients presenting with malignant tumors requiring radiation therapy.

Additional privileges not included within radiation oncology core:

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<thead>
<tr>
<th>REQUESTED</th>
<th>MEDICINE</th>
<th>GRANTED</th>
<th>NOT GRANTED</th>
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<tr>
<td>☐</td>
<td>OTHER: _______________________________</td>
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<td>OTHER: _______________________________</td>
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</tbody>
</table>
### Rheumatology

Core privileges include work up, diagnosis and the provision of treatment or consultative services to patients presenting with rheumatic diseases.

Additional privileges not included within rheumatology core:

- **OTHER:** ________________________________
- **OTHER:** ________________________________

### DEPARTMENT OF MEDICINE APPROVAL

This request for privileges and all supporting documentation has been reviewed and evaluated. Consideration for granting of these privileges is based upon this practitioner's current professional competence and clinical judgement in the treatment of patients, ethics, professional conduct, mental and physical capabilities, current Licensure status, training, continuing education and experience. In addition, consideration has been given where applicable, to peer recommendations, patterns of care, relevant quality findings, pending challenges to Licensure and registration, involvement in professional liability claims and information received from the National Practitioner Data Bank.

- [ ] Recommend approval
- [ ] Recommend approval with provisions listed
- [ ] Do not recommend approval

Chairman, Department of Medicine: ________________________________

(SIGNATURE) ________________________________  (DATE)
Obstetrics: Core privileges include work up, diagnosis and the treatment of female patients of all ages presenting in any condition of pregnancy. Privileges include cesarean sections, infant resuscitation, amniocentesis and all other procedures related to normal and complicated delivery. Privileges also include admission, work up, diagnosis and the nonsurgical treatment of female patients of all ages presenting with illnesses, injuries and disorders of the obstetric system. Privileges include the provision of consultation as well as the ordering of diagnostic studies and procedures related to obstetric care.

The following is a representative, but of necessity not exhaustive, list of obstetric procedures and techniques. It is not intended to be construed as limiting the physician’s ability to provide obstetric care, and it is assumed that other procedures, techniques and problems of similar complexity will fall within the privileges identified below.

- amniocentesis
- amniotomy
- anesthesia-pudendal block, local
- breech delivery
- cerclage of incompetent cervix
- cesarean section
- colpotomy
- curettage, post partum
- Duhrssen’s incisions
- ectopic pregnancy-salpingectomy/salpingotomy
- episiotomy and repair
- evacuation of vulvar hematoma
- excision of vulvar lesions at delivery
- fetal scalp sampling
- forceps, mid, delivery
- forceps, low
- hemorrhoid excision
- hypogastric Aa. Ligatation
- induction of labor
- infant resuscitation
- infant circumcision
- manual removal of placenta
- multiple pregnancy
- piper, application of, after coming head
- pre-eclampsia/eclampsia
- prolapsed cord
- repair of third and fourth degree lacerations
- repair of lacerations, cervical, uterine and vaginal
- spontaneous delivery
- uterine inversion
- uterine packing
**Gynecology:** Core privileges include work up, diagnosis and pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with illnesses, injuries and disorders of the gynecologic system as well as nonsurgical treatment of illnesses and injuries of the mammary glands and urinary tract.

The following is a representative, but of necessity not exhaustive, list of gynecologic procedures and techniques. It is not intended to be construed as limiting the physician’s ability to provide gynecologic care, and it is assumed that other procedures, techniques and problems of similar complexity will fall within the privileges identified below.

- anterior repair
- biopsy of cervix
- colpectomy
- colpotomy
- conization of cervix
- construction of artificial vagina
- D&C
- dilation, evacuation and curettage
- endometrial ablation
- evacuation of pelvic abscesses
- eversion repair
- excision of Skene duct cyst
- excision of urethral caruncle
- hymenectomy
- hymenotomy
- hypogastric Aa. Ligation
- hysterectomy, abdominal
- hysterectomy, vaginal
- hysterosalpingography
- hysteroscopy
- I&D Bartholin duct abscess
- incisional hernia repair
- laparoscopy
- Marshall-Marchetti
- node dissections-superficial inguinal, pelvic
- node dissections-superficial inguinal, periaortic
- sacrospinous fixation
- Leep procedure
- Incisional appendectomy
- oophorectomy
- ovarian cystectomy
- perineorrhaphy
- perineotomy
- perineoplasty
- polypectomy
**Gynecology (continued)**

- presacral neurectomy
- pubo-vesico-urethral suspension
- removal of foreign bodies from vagina and uterus
- repair of vesico-vaginal fistula
- repair of enterocele
- repair of rectocele
- repair of recto-vaginal fistula
- repair of surgical rent bladder, bowel
- repair of cysto-urethrocele
- salpingectomy
- salpingoplasty
- Sturmdorf repair of cervix
- umbilical hernia repair
- vulva biopsy
- vulvectomy, simple
- wedge resection, ovary

Additional privileges not included within obstetrics and gynecology core:

<table>
<thead>
<tr>
<th>REQUESTED</th>
<th>OBSTETRICS AND GYNECOLOGY</th>
<th>GRANTED</th>
<th>NOT GRANTED</th>
</tr>
</thead>
</table>

- laparoscopic hysterectomy
- use of the surgical laser
- InterStim Therapy (sacral nerve stimulation for urinary control) ¹

**OTHER:** __________________________________________

¹ Additional documentation required. Please refer to Attachment A, Credentialing Requirements for Special Procedures.
**DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

### REQUESTED OBSTETRICS AND GYNECOLOGY

<table>
<thead>
<tr>
<th>REQUESTED</th>
<th>OBSTETRICS AND GYNECOLOGY</th>
<th>GRANTED</th>
<th>NOT GRANTED</th>
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<tbody>
<tr>
<td>☐ Pediatrics: Core privileges include the treatment of patients between the ages of birth to 18 years, the performance of procedures that do not carry a significant threat to life. Privileges include consultation and work up; venipuncture laceration repair; incisions; and drainage of superficial abscesses as well as the treatment of major or complicated illness.</td>
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</table>

Additional privileges not included within pediatrics core:

**OTHER:** _________________________________________________________________________

**OTHER:** _________________________________________________________________________

### DEPARTMENT OF OBSTETRICS AND GYNECOLOGY APPROVAL

This request for privileges and all supporting documentation has been reviewed and evaluated. Consideration for granting of these privileges is based upon this practitioner’s current professional competence and clinical judgement in the treatment of patients, ethics, professional conduct, mental and physical capabilities, current Licensure status, training, continuing education and experience. In addition, consideration has been given where applicable, to peer recommendations, patterns of care, relevant quality findings, pending challenges to Licensure and registration, involvement in professional liability claims and information received from the National Practitioner Data Bank.

☐ Recommend approval

☐ Recommend approval with provisions listed

☐ Do not recommend approval

Chairman, Department of Obstetrics and Gynecology: _____________________________  (SIGNATURE)  (DATE)
**DEPARTMENT OF PATHOLOGY / NUCLEAR MEDICINE**

### REQUESTED PRIVILEGES

<table>
<thead>
<tr>
<th>Pathology / Nuclear Medicine</th>
<th>GRANTED</th>
<th>NOT GRANTED</th>
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<tbody>
<tr>
<td><strong>Pathology:</strong> Core privileges include general anatomical, clinical, dermato-, neuro-, and radioisotope pathology and the management of the blood bank. Core privileges do not include admission or independent treatment of patients.</td>
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<tr>
<td><strong>Nuclear Medicine Core I:</strong> (Primary Practice in Cardiology): Limited use of Nuclear Medicine Imaging for the interpretation of Outpatient Nuclear Cardiology Examinations.</td>
<td>☐</td>
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</tr>
<tr>
<td><strong>Nuclear Medicine Core II:</strong> Core privileges include consultation, performance, and interpretation of all routine and non-routine nuclear medicine procedures to make diagnostic evaluations of the anatomic or physiologic conditions of the body by both in vivo and in vitro (non-imaging) techniques and to provide therapy with unsealed radioactive sources.</td>
<td>☐</td>
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</tr>
<tr>
<td><strong>Telemedicine:</strong> Including the interpretation of diagnostic imaging via Teleradiology.</td>
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</tbody>
</table>

### DEPARTMENT OF PATHOLOGY AND NUCLEAR MEDICINE APPROVAL

This request for privileges and all supporting documentation has been reviewed and evaluated. Consideration for granting of these privileges is based upon this practitioner’s current professional competence and clinical judgement in the treatment of patients, ethics, professional conduct, mental and physical capabilities, current Licensure status, training, continuing education and experience. In addition, consideration has been given where applicable, to peer recommendations, patterns of care, relevant quality findings, pending challenges to Licensure and registration, involvement in professional liability claims and information received from the National Practitioner Data Bank.

- Recommend approval
- Recommend approval with provisions listed
- Do not recommend approval

Chairman, Department of Pathology and Nuclear Medicine:

(SIGNATURE)  (DATE)
**RADIOLOGY CORE I (Primary practice in another core specialty or specialties):** Limited use of diagnostic imaging for the management of conditions and performance of procedures under imaging guidance (not to include supervision and interpretation) which require skills ordinarily acquired during post internship specialty training including non-radiology training or as a result of documented experience. Privileges include but are not limited to radiographic, fluoroscopic and diagnostic ultrasound procedures.

In order to be granted Radiology Core I privileges, practitioners:

A. Must have been granted clinical privileges in core specialty or specialties
B. Must have specialized training/clinical experience in the specific area in which diagnostic imaging privileges are requested
C. Must demonstrate qualification by virtue of training, experience or apprenticeship as outlined below

**Qualification by Training:** Experience in performing specific procedures requested, including the number of cases for which the applicant was the primary operator, must be documented in a letter from the Program Director. This will refer to training received during an ACGME accredited residence or fellowship program. The letter from the Program Director must include affirmation or denial that the applicant has gained proficiency in performing the procedures requested.

**Qualification by Experience:** The applicant will generally be required to document previous performance of 100 of the procedures in question, half of which must have been done with the applicant as the primary operator. The applicant should also be able to present documentation of results and complications.

**Qualification by apprenticeship:** The applicant must perform 100 of the procedures under the direct supervision of a qualified physician preceptor and must be the primary operator for at least half of these procedures. In addition, a minimum of 50 Category I Continuing Medical Education Credits relating specifically to the procedures requested must be obtained and a record submitted.

<table>
<thead>
<tr>
<th>REQUESTED</th>
<th>RADIOLOGY</th>
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<th>NOT GRANTED</th>
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<tbody>
<tr>
<td>☐</td>
<td>RadioLOGY CORE I</td>
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</table>
### Requested Radiotherapy

**NOTE:** For Radiology Core 1 Privileges, please identify below those specific procedure requested form the Department of Radiology.

<table>
<thead>
<tr>
<th>Requested Procedure</th>
<th>Granted</th>
<th>Not Granted</th>
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[Image of a table with radiotherapy procedures listed, with options for granted or not granted]
RADIOLOGY CORE IA (Core privileges in Cardiology): Performance of intravascular stenting for outpatients as well as limited utilization of imaging equipment for above procedure.

In order to be granted Radiology Core IA privileges, practitioners:

A. Must have been granted clinical privileges in core specialty or specialties
B. Must have specialized training/clinical experience in the specific area in which diagnostic imaging privileges are requested
C. Must demonstrate qualification by virtue of training, experience or apprenticeship as outlined below

**Qualification by Training:** Experience in performing specific procedures requested, including the number of cases for which the applicant was the primary operator, must be documented in a letter from the Program Director. This will refer to training received during an ACGME accredited residence or fellowship program. The letter from the Program Director must include affirmation or denial that the applicant has gained proficiency in performing the procedures requested.

**Qualification by Experience:** The applicant will generally be required to document previous performance of 100 of the procedures in question, half of which must have been done with the applicant as the primary operator. The applicant should also be able to present documentation of results and complications.

**Qualification by Apprenticeship:** The applicant must perform 100 of the procedures under the direct supervision of a qualified physician preceptor and must be the primary operator for at least half of these procedures. In addition, a minimum of 50 Category I Continuing Medical Education Credits relating specifically to the procedures requested must be obtained and a record submitted.

NOTE: Please identify below any additional privileges requested from the Department of Radiology.

Requested

☐ □ □

☐ □ □

☐ □ □
RADIOLOGY CORE II: Management of conditions requiring skills ordinarily acquired during training sufficient to attain Board Certification by the American Board of Radiology, or in special cases Board Eligibility.

Privileges in specialized areas of angiography and interventional radiology may require completion of a one year fellowship in a recognized program. If the physician does not have formal fellowship training, a minimum of one year additional training under the supervision of an individual qualified in the requested subspecialty field is required.

Core II privileges include but are not limited to diagnostic radiology (supervision and interpretation), diagnostic ultrasound, diagnostic invasive procedures, and diagnostic body imaging.

The following is a representative, but of necessity not exhaustive, list of imaging procedures and techniques. It is not intended to be construed as limiting the physician’s ability to perform imaging procedures, and it is assumed that other procedures, techniques and problems of similar complexity will fall within the privileges identified below.

- arthrography
- bronchography
- CT scanning
- dacrocystography
- discography
- fluoroscopy
- general and selective arteriography
- general diagnostic radiology to include all organ systems
- hysterosalpingography
- insertion and adjustment of nasogastric catheters
- lymphography
- magnetic resonance imaging
- myelography
- needle localization of and core biopsy of breast lesions
- percutaneous biopsy of lesions
- percutaneous use of needles, catheters, guidewires and other devices for percutaneous drainage of abscess or fluid collection in the body
- procedures in the chest, gastrointestinal, biliary and genitourinary tract
- sialography
- sinus and fistula tract injections
- superior and inferior venacavography
- ultrasound including Doppler
- venography of extremities
**DEPARTMENT OF RADIOLOGY APPROVAL**

I attest that I have reviewed the credentials of the applicant, and the privileges requested in the Department of Radiology have or have not been granted as indicated above.

Chairman, Department of Radiology: ____________________________

(SIGNATURE) ____________________________ (DATE)
**Cardio-thoracic Surgery:** Core privileges include work up, diagnosis and the performance of surgical procedures to correct or treat various conditions of the thoracic cavity and related structures, including the chest wall and vessels intrinsic and immediately adjacent to the heart. Privileges include consultation as well as the ordering of diagnostic studies and procedures involving problems of the blood vessels intrinsic and immediately adjacent to the heart.

The following is a representative, but of necessity not exhaustive, list of procedures and techniques. It is not intended to be construed as limiting the physician’s ability to perform cardiovascular surgery, and it is assumed that other procedures, techniques and problems of similar complexity will fall within the privileges identified below.

- balloon angioplasty
- cardioversion
- creation, arteriovenous fistula
- endarterectomy, head/neck
- insertion of catheters and central lines
- insertion pacemaker
- lobectomy, lung
- lung biopsy/percutaneous biopsy
- mediastinotomy
- peripheral bypass
- pulmonary artery catheterization
- repair, abdominal aortic aneurysm
- stripping of vericose veins
- thoracotomy

Additional privileges not included within cardio-thoracic core:

- thoracoscopy
- use of the surgical laser
- mediastinoscopy
- **OTHER:** ____________________________
- **OTHER:** ____________________________
### Colon and Rectal Surgery

Core privileges include work up, diagnosis and the performance of surgical procedures to correct or treat patients with illnesses, injuries and disorders of the colon and rectum and perianal areas. Privileges include consultation as well as the ordering of diagnostic studies and procedures involving problems of the colon and rectum.

The following is a representative, but of necessity not exhaustive, list of procedures and techniques. It is not intended to be construed as limiting the physician’s ability to perform colon and rectal surgery, and it is assumed that other procedures, techniques and problems of similar complexity will fall within the privileges identified below.

- abdominoperineal resection of colon
- anal fistulectomy
- biopsy large and/or small intestines
- biopsy rectum
- colon resection
- colostomy
- hemorrhoidectomy, internal and/or external
- ileostomy
- incision large and/or small intestines
- incision and drainage perirectal abscess
- intestinal anastomosis
- polypectomy
- proctoscopy
- rectal resection
- sphincterotomy with fissurectomy
- total colonoscopy including therapeutics

Additional privileges not included within colon and rectal surgery core:

<table>
<thead>
<tr>
<th>REQUESTED</th>
<th>SURGERY</th>
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<td>use of the surgical laser</td>
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<td>use of the laparoscope</td>
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<td>OTHER:</td>
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## General Surgery

Core privileges include work up, diagnosis and the performance of surgical procedures to correct or treat patients with illnesses, injuries and disorders of the: alimentary tract; abdomen and its contents; breasts; skin and soft tissue; head and neck; vascular system, excluding the intracranial vessels; vessels intrinsic and immediately adjacent to the heart; and the endocrine system.

Also included within this core of privileges: minor extremity surgery (biopsy, I&D, varicose veins, foreign body removal, and skin grafts); comprehensive management of trauma, including musculoskeletal, hand and head injuries; complete care of critically ill patients with underlying surgical conditions in the emergency department and intensive care unit; and consultation as well as the ordering of diagnostic studies and procedures involving the above illnesses, injuries and disorders.

The following is a representative, but of necessity not exhaustive, list of procedures and techniques. It is not intended to be construed as limiting the physician’s ability to perform general surgery, and it is assumed that other procedures, techniques and problems of similar complexity will fall within the privileges identified below.

<table>
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<tr>
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<tbody>
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<td>abdominoperineal resection of colon</td>
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<td></td>
<td>anal fistulectomy</td>
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<td>appendectomy</td>
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<td>biopsy large and/or small intestines</td>
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<td>biopsy rectum</td>
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<td></td>
<td>breast biopsy</td>
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<td></td>
<td>bronchoscopy</td>
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<td>colon resection</td>
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<td></td>
<td>colostomy</td>
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<td>debridement ulcer/skin</td>
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<td>excision lesions, tumors superficial</td>
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<td></td>
<td>exploratory laparotomy</td>
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<td>gastrectomy</td>
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<td>hemorrhoidectomy, internal and/or external</td>
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<td></td>
<td>ileostomy</td>
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<td>incision and drainage perirectal abscess</td>
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<td>insertion chest tubes</td>
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<td>lower extremity amputation</td>
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<td>lysis, adhesions</td>
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<td>mastectomy</td>
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<td>open cholecystectomy</td>
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<td></td>
<td>paracentesis</td>
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</table>
**General Surgery (continued)**

- polypectomy
- proctoscopy
- rectal resection
- skin graft
- sphincterotomy with fissurectomy
- thoracentesis
- thyroidectomy
- vasectomy

Additional privileges not included within general surgery core:

**REQUESTED**

- bronchoscopy
- gastroscopy
- laparoscopic cholecystectomy
- laparoscopic hernia repair
- laparoscopic appendectomy
- laparoscopic splenectomy
- laparoscopic colonoscopy
- laparoscopic bowel resection
- laser surgery
- pacemaker insertion, temporary/permanent
- PEG
- peripheral vascular surgery

**OTHER:** ____________________________

**OTHER:** ____________________________
Neurological Surgery: Core privileges include work up, diagnosis and the performance of surgical procedures to correct or treat patients with illnesses, injuries and disorders of the central and peripheral nervous system and supporting structures and vascular supply. Privileges include consultation as well as the ordering of diagnostic studies and procedures involving problems of the central and peripheral nervous system.

- carpal tunnel
- cervical laminectomy
- discectomy
- general laminectomy
- lumbar fusion
- repair of nerve injury
- root decompression
- sympathectomy
- tarsal tunnel

Additional privileges not included within neurological surgery core:

<table>
<thead>
<tr>
<th>REQUESTED</th>
<th>SURGERY</th>
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<th>NOT GRANTED</th>
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<tbody>
<tr>
<td>insertion, omaya reservoir</td>
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<td>spine surgery involving the use</td>
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<td>of various stabilizing devices</td>
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<tr>
<td>percutaneous discectomy</td>
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</tbody>
</table>
**Ophthalmology:** Core privileges include work up, diagnosis and the performance of surgical procedures to correct or treat patients with illnesses, injuries and disorders of the eye and related structures and visual pathways. Privileges include consultation as well as the ordering of diagnostic studies and procedures involving problems of the eye and related structures and visual pathways.

- blepharoplasty
- cataract extraction with intraocular lens implant
- complicated repair eyelid or eyebrow laceration
- entropion repair with lid reconstruction
- excision lesion eyelid
- operations involving extraocular muscles
- probing or incision lacrimal duct
- trabulectomy
- vitrectomy

Additional privileges not included within ophthalmology core:

<table>
<thead>
<tr>
<th>REQUESTED</th>
<th>SURGERY</th>
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</thead>
<tbody>
<tr>
<td>corneal transplant</td>
<td>☐</td>
</tr>
<tr>
<td>penetrating keratoplasty</td>
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<tr>
<td>repair, retinal detachment</td>
<td>☐</td>
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<tr>
<td>use of the surgical laser</td>
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<td>OTHER:</td>
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</table>
### Orthopedic Surgery

Core privileges include work up, diagnosis and the performance of surgical procedures to correct or treat patients with illnesses, injuries and disorders of the musculoskeletal system. Privileges include consultation as well as the ordering of diagnostic studies and procedures involving problems of the musculoskeletal system.

The following is a representative, but of necessity, not exhaustive list of orthopedic privileges and techniques. It is not intended to be construed as limiting the physician’s ability to perform orthopedic procedures, and it is assumed that other procedures, techniques and problems of similar complexity will fall within the privileges identified below.

- biopsy, exploration, debulking and excision of tumors of the soft tissues or the extremities and trunk
- biopsy, exploration, curettage, excision and grafting of bone tumors excluding skull and facial bones
- decompression, transposition or repair of peripheral nerves including carpal tunnel release, anterior ulnar nerve transposition or repair of nerve laceration
- exploration and decompression of the cervical, thoracic and lumbar spine including herniated disc, spinal stenosis or spondylolysis
- open and closed treatment of fracture, dislocation, malunion and nonunion
- treatment of soft tissue injuries and non-traumatic pathological conditions excluding those of the head and face
- treatment of traumatic and non-traumatic joint afflictions of the extremities including
  - arthroscopy, arthroplasty, arthrodese and realignment procedures
- treatment of lesions of the nerve roots and peripheral nerves which may include biopsy, excision, repair or grafting
- treatment of infections of the soft and bony tissues of the extremities, trunk, spine, pelvis and shoulder girdle which may include irrigation, debridement, grafting or amputation
DELINEATION OF CLINICAL PRIVILEGES

DEPARTMENT OF SURGERY

Additional privileges not included within orthopedic surgery core:

**REQUESTED**

**SURGERY**

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**Spine**
- anterior cervical instrumentation
- anterior C1 - C3 fusion and/or instrumentation
- anterior corpectomy
- anterior segmental instrumentation thoracic and lumbar
- posterior segmental instrumentation thoracic and lumbar
- posterior cervical instrumentation (not including wiring)
- spinal instrumentation for correction of scoliosis

**Upper extremity**
- exploration brachial plexus
- forequarter amputation
- peripheral nerve repair (secondary)

**Lower extremity**
- clubfoot surgery
- corrective osteotomies for congenital hip dislocations
- hemipelvectomy
- peripheral nerve repair (secondary)

**Miscellaneous**
- complex hand surgery
- free flaps
- laminectomies
- reconstructive procedure (complex) for bone tumor
- reimplantation of extremities
- use of the surgical laser
- vascular grafts of the hands and forearm
- vascularized bone grafts

**OTHER:** ____________________________

**OTHER:** ____________________________
### Oral and Maxillofacial Surgery:

Core privileges include work up, diagnosis and the performance of surgical procedures to correct or treat patients with illnesses, injuries and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial regions. Privileges include consultation as well as the ordering of diagnostic studies and procedures involving oral and maxillofacial problems.

- alveoloplasty
- excision lesion tongue
- extraction teeth
- odontectomy
- open/closed reduction of fractures, jaw
- repair, tempo mandibular joint

Additional privileges not included within oral and maxillofacial core:

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<tr>
<td>☐ microvascular reanastomosis procedures associated with oral and maxillofacial reconstruction</td>
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<td>☐ management of malignant tumors of oral and maxillofacial regions</td>
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**Otolaryngology:** Core privileges include work up, diagnosis and the performance of surgical procedures to correct or treat patients with illnesses, injuries and disorders of the head and neck affecting the ears, facial skeleton and respiratory and upper alimentary system. Privileges include surgery involving temporal bone, nasal and paranasal sinus, skull-base, maxillofacial, aesthetic, plastic, reconstructive, thyroid, parathyroid, pituitary, salivary glands, lymphatic tissue of the head and neck and the provision of consultation as well as the ordering of diagnostic studies and procedures involving problems of the head and neck.

- biopsy or excision lesion pharynx
- ethmoidectomy / antrostomy
- excision and biopsy lesions, head/neck
- laryngoscopy including bronchoscopy
- mastoidectomy
- myringotomy with placement of tubes
- radical neck dissection thyroidectomy
- septoplasty/rhinoplasty
- sialoadenectomy
- stapedectomy
- tonsillectomy / adenoidectomy
- tracheostomy
- tympanoplasty

Core privileges do not include any of the following procedures which must be individually requested and approved:

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<td>✅ sinus endoscopy</td>
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**Plastic Surgery:** Core privileges include work up, diagnosis and the performance of surgical procedures to correct or treat patients with both congenital and acquired defects of the body’s soft tissue including functional and aesthetic management. Privileges include the provision of consultation as well as the ordering of diagnostic studies and procedures related to congenital and acquired soft tissue problems.

- breast reconstruction/implantation
- carpal tunnel
- debridement complicated/extensive lesions with reconstruction
- facelift
- skin graft

Additional privileges not included within plastic surgery core:

- complex hand surgery
- liposuction
- microsurgery
- use of the surgical laser

**OTHER:** ________________

**OTHER:** ________________
Urology: Core privileges include work up, diagnosis and the performance of surgical procedures to correct or treat patients with illnesses, injuries and disorders of the genitourinary system. Privileges include consultation as well as the ordering of diagnostic studies and procedures involving problems of the genitourinary system.

The following is a representative, but of necessity not exhaustive, list of procedures and techniques. It is not intended to be construed as limiting the physician’s ability to perform urologic surgery, and it is assumed that other procedures, techniques and problems of similar complexity will fall within the privileges identified below.

- biopsy prostate
- biopsy bladder
- bladder suspension
- circumcision
- cystectomy
- cystometrogram
- cystoscopy with/without biopsy or excision bladder lesion
- cystoscopy and pyelogram
- dissection pelvic lymph node
- excision of hydrocele
- lithotripsy of urinary calculus
- meatotomy
- orchiectomy
- orchiopexy
- penile implantation
- removal of urethral/ureteral calculi
- removal of bladder calculi
- transurethral resection of bladder tumor
- transurethral resection prostate
- ureteroscopy with stent placement
- urethral dilation
- vasectomy

**REQUESTED**

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<td>electrohydraulic lithotripsy</td>
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<td>laparoscopic urological procedures</td>
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<tr>
<td>InterStim Therapy (sacral nerve stimulation for urinary control)</td>
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**OTHER:**

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1 Additional documentation required. Please refer to Attachment A, Credentialing Requirements for Special Procedures.
This request for privileges and all supporting documentation has been reviewed and evaluated. Consideration for granting of these privileges is based upon this practitioner’s current professional competence and clinical judgement in the treatment of patients, ethics, professional conduct, mental and physical capabilities, current Licensure status, training, continuing education and experience. In addition, consideration has been given where applicable, to peer recommendations, patterns of care, relevant quality findings, pending challenges to Licensure and registration, involvement in professional liability claims and information received from the National Practitioner Data Bank.

☐ Recommend approval
☐ Recommend approval with provisions listed
☐ Do not recommend approval

Chairman, Department of Surgery: ____________________________ (SIGNATURE) ____________________________ (DATE)
This request for privileges and all supporting documentation has been reviewed and evaluated. Consideration for granting of these privileges is based upon this practitioner’s current professional competence and clinical judgement in the treatment of patients, ethics, professional conduct, mental and physical capabilities, current Licensure status, training, continuing education and experience. In addition, consideration has been given where applicable, to peer recommendations, patterns of care, relevant quality findings, pending challenges to Licensure and registration, involvement in professional liability claims and information received from the National Practitioner Data Bank.

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## InterStim Therapy (Sacral Nerve Stimulation for Urinary Control)

### Qualification by Training:

Successful completion of twelve (12) months of either:

- an accredited residency/fellowship in Urology; or
- an accredited residency/fellowship in Gynecology

_and_

- documentation of successful completion of an InterStim System placement training program determined acceptable by the Credentials Committee with a minimum of twelve (12) hours training including didactic and laboratory training.

### Qualification by Experience:

- The applicant will generally be required to document previous performance of five (5) InterStim procedures, with the applicant as the primary operator. The applicant should also be able to present documentation of results and complications.

### InterStim Privileges Include the Following:

- Percutaneous implantation of neurostimulator electrodes; peripheral nerve
- Incision for implantation of neurostimulator electrodes, peripheral nerve
- Incision and subcutaneous placement of peripheral neurotransmitter pulse generator or receiver, direct or inductive coupling
- Revision or removal of peripheral neurostimulator electrodes
- Revision or removal of peripheral neurostimulator pulse generator or receiver