



Atrium Health

IMPORTANT

Dear Applicant

Enclosed you will find the Delineation of Privileges Form specific to your specialty. This form reflects the minimum qualifications as outlined and approved by the Atrium Health Medical Staff.

- Please thoroughly review and select your desired clinical privileges. Check the box corresponding to the privileges that you are requesting. Applicants should only request those privileges where the criteria has been achieved.
- After you have selected your privileges, sign, date, and submit the **required documentation** for each privilege selected.
(i.e. case logs, fellowship director letter, ACLS documentation)
- Where case logs are required, please include 1) Date of procedure, 2) Medical Record Number, 3) Procedure Type and 4) Privilege Number listed on the Delineation of Privileges Form.
- Privileges for which you have not selected or do not meet the minimum criteria cannot be performed.
- If you wish to perform privileges and do not have documentation of the minimum criteria requirements as outlined on the Delineation of Privileges Form, you will need to request permission to proctor through Medical Staff Services.
- Failure to return the Delineation of Privileges Form along with the required documentation will **delay** your start date.

If you have any questions or concerns, please contact the Medical Staff Services teammate assigned to your file.

ATRIUM HEALTH
DELINEATION OF PRIVILEGES
PEDIATRIC SURGERY
SPECIALTY OF GENERAL SURGERY

	YES		NO*	I have participated in direct patient care in the hospital setting within the past two (2) years.
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***If the answer is No, please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.**

Initial appointment **Reappointment** **Updated DOP** **Request for Clinical Privileges**

To be eligible for core privileges in General Surgery (Pediatric Surgery), the applicant must meet the following qualifications:

- If the applicant is not currently sub-specialty certified by the American Board of Surgery (ABMS) or by the American Osteopathic Association (AOA) in Pediatric Surgery the applicant must:
 1. Provide documentation of certification from the American Board of Surgery or by the American Osteopathic Association (AOA); **AND**
 2. Provide documentation of successful completion of a residency or fellowship training program which is ACGME or AOA accredited in Pediatric Surgery, within the past five (5) years; **AND**
 3. Documentation of the performance of at least one hundred (100) surgical procedures during the past two (2) years.
- If the applicant is currently subspecialty certified in Pediatric Surgery by the American Board of Surgery (ABMS) or by the American Osteopathic Association (AOA), the applicant must:
 1. Provide documentation of sub-specialty certification from the American Board of Surgery or by the American Osteopathic Association (AOA) in Pediatric Surgery; **AND**
 2. Documentation of the performance of at least one hundred (100) surgical procedures during the past two (2) years.

Print Name _____

NOTE 1: Physicians must apply for "CORE" privileges in order to be eligible for clinical privileges in the specialty of Pediatric Surgery at any facility within the Atrium Health.

NOTE 2: "CORE" privileges cannot be amended or altered in any way.

NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		PEDIATRIC SURGERY CORE PRIVILEGES
	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	CPSUR-1	Evaluate, diagnose, consult, and provide surgical (including preoperative and postoperative) care to patients of all ages to correct various pediatric conditions, disorders and injuries of the alimentary tract, abdomen and its contents, breast, skin and soft tissue, head and neck, vascular system, (excluding the intra-cranial vessels and the heart), endocrine system and minor extremity surgery (biopsy, I&D, foreign body removal and skin grafts), thoracic surgery (thoracoscopy and open) specifically disorders of the lung, esophagus and mediastinum, use of adjunct energy sources such as lasers and cryosurgery. Assess, stabilize, and determine disposition of patients with emergent conditions.

Print Name _____

*** SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		PEDIATRIC TRAUMA SERVICE
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CPSUR-2	Trauma Service Privileges - Privileges to admit, evaluate, diagnose, consult, provide pre-operative, intra-operative and post-operative surgical care and perform surgical procedures for trauma patients from birth to adolescents, and patients from birth to adolescents with greater than 5% total body surface area burns.

NOTE: Pediatric Trauma Service Privileges include, but are not limited to, all procedures delineated as "CORE PROCEDURES" in this document, and any other operative procedures, including vascular surgery, necessary to save life or limb.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	PEDIATRIC TRANSPLANT PRIVILEGES		Minimum Number Required	Number Performed Within The Past 2 Years	Location
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CPSUR-3*	Pediatric Liver Transplantation	See criteria		
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CPSUR-4*	Pediatric Renal Transplantation	See criteria		
CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) MANAGEMENT		Minimum Number Required	Number Performed Within The Past 2 Years	Location
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CPSUR-5*	Extracorporeal Membrane Oxygenation (ECMO) Management, Cannulation and Decannulation	See criteria		

Print Name _____

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	ROBOTIC PRIVILEGES		Minimum Number Required	Number Performed Within The Past 2 Years	Location
	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	CPSUR-6*	da Vinci Surgical Robot	See criteria		
CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	STIMULATION THERAPY PRIVILEGES		Minimum Number Required	Number Performed Within The Past 2 Years	Location
	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	CPSUR-7*	Implantation of Sacral Nerve Stimulator Therapy (SNS)	2		
	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	CPSUR-8*	Implantation of Gastric Stimulation Therapy (GST) - Temporary and Permanent)	2		

REFERENCE

PRIVILEGES REQUESTED BY:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Atrium Health 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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

Signature

Date

Print Name

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CPSUR-2 PEDIATRIC TRAUMA SURGEON PRIVILEGES

SHORT DEFINITION: The Pediatric Trauma Surgeon is responsible for all aspects of trauma care for the injured pediatric patient from birth to adolescents. Core Pediatric Trauma Surgeon responsibilities include, but are not limited to triage, resuscitation, operative care, post-operative care, critical care discharge planning and post-discharge follow-up and coordination of subspecialty care.

SKILLS AND TRAINING NEEDED TO PERFORM THE PRIVILEGE: Skills include the ability to evaluate and manage multiple simultaneous pediatric trauma patients. The Pediatric Trauma Surgeon must understand the physiology of the healthy pediatric patient, the pathophysiology of the injured pediatric patient, the complications of severe trauma and massive fluid resuscitation, the manifestations of shock on other organ systems, medical and critical care management of the multiple trauma patient, and the potential complications of operations. In addition, the Pediatric Trauma Surgeon must be familiar with current Advanced Trauma Life Support (ATLS) recommendations, current American College of Surgeons Trauma Center verification standards and rules, and current pediatric trauma literature.

CREDENTIALS REQUIRED:

1. Provide documentation of the successful completion of an ACGME or AOA accredited General Surgery residency program within the past two (2) years and have written documentation from the Program Director demonstrating competency in Pediatric Trauma Surgeon privileges; **OR**
1. Documentation of certification in General Surgery or Pediatric General Surgery by the American Board of Surgery or by the American Osteopathic Association (AOA); **AND**
2. Present evidence of a minimum of sixteen (16) CME credits per year in Trauma related topics. Fifty percent (50%) of these CME credits must be extramural (both Category I and II are acceptable). This must include a minimum of four (4) hours of Pediatric Trauma CME credits; **AND**
3. Present evidence of current ATLS and PALS certification.

ADDITIONAL REQUIREMENTS:

1. Review and sign the meeting minutes from the Pediatric Trauma Outcomes Committee; **AND**
 2. Adhere to all requirements ascribed by the American College of Surgeons Committee on Trauma and also the NCOEMS for Trauma Surgeons in a Level 1 Trauma Center; **AND**
 3. Compliance with all Pediatric Trauma Service guidelines and standards of care of Pediatric Trauma, as determined by the Medical Director of Pediatric Trauma, and the Pediatric Trauma Process Improvement Program; **AND**
 4. Prior to exercising Pediatric Trauma Service Privileges, you must be assigned by the Director of the Pediatric Trauma to serve as an Attending on the Pediatric Trauma Service.
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CPSUR-3 PEDIATRIC LIVER TRANSPLANTATION

DEFINITION:

1. Replacement of the liver with a deceased donor liver including reduced size, split and auxiliary liver grafting in patients 17 years of age and below;
2. Procedures related to complications of liver transplantation in patients 17 years of age and below.

SKILLS AND TRAINING NEEDED TO PERFORM THE PRIVILEGE:

Skills should also include the ability to remove the donor liver, and divide the donor liver for reduced size or split hepatic grafts. Knowledge should include normal and disease state physiology especially that of the cirrhotic patient, the complications of End Stage Liver Disease (ESLD), the manifestations of ESLD on other organ systems, the medical and critical care management of the pre and post-transplant patient, the potential complications of the operation and the management of immunosuppression and the complications of immunosuppression. Knowledge should also include understanding of organ preservation, the current United Network for Organ Sharing (UNOS) liver allocation systems, UNOS standards and rules, and current transplant literature.

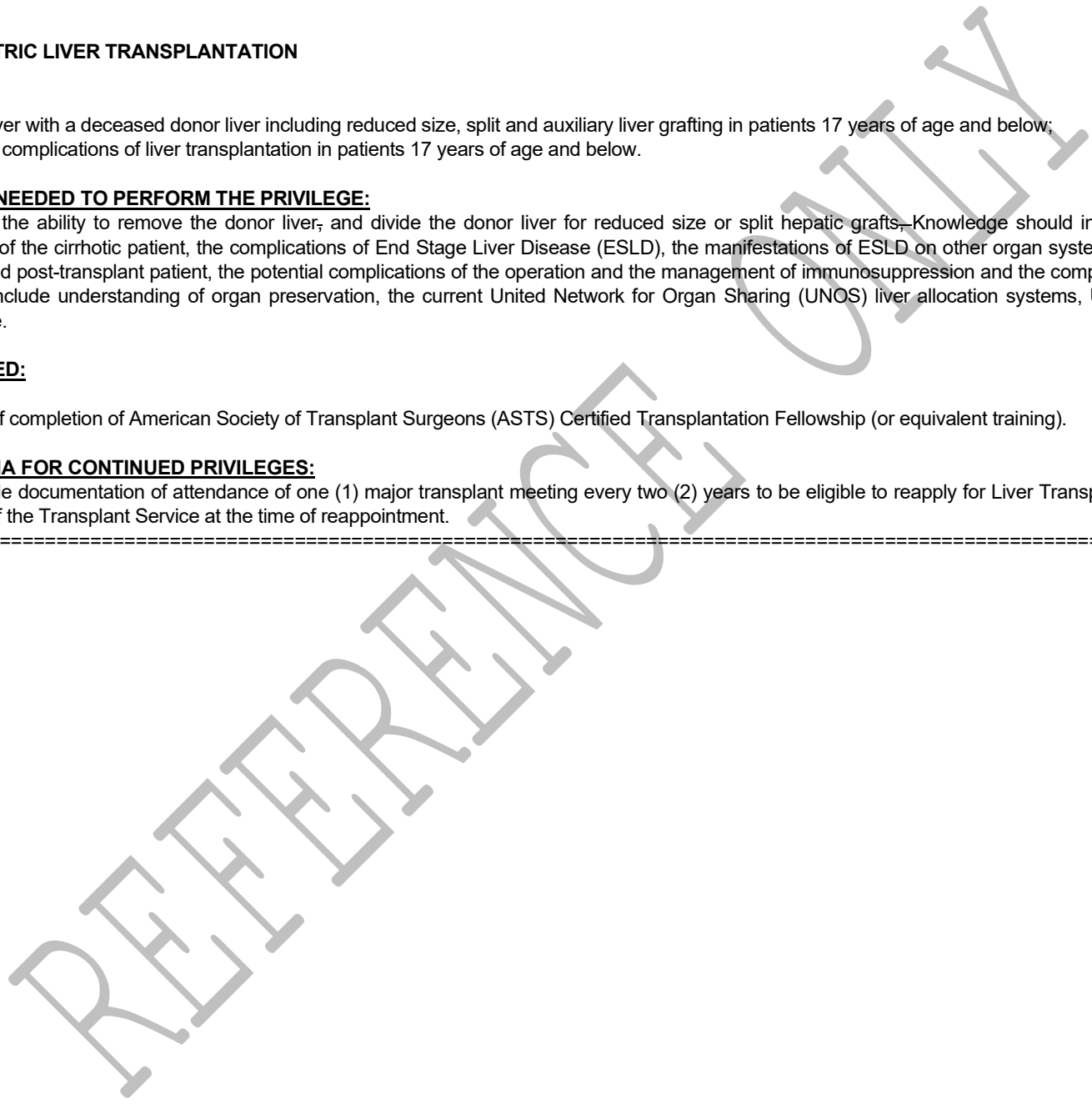
CREDENTIALS REQUIRED:

1. Documentation of completion of American Society of Transplant Surgeons (ASTS) Certified Transplantation Fellowship (or equivalent training).

MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES:

The Physician must provide documentation of attendance of one (1) major transplant meeting every two (2) years to be eligible to reapply for Liver Transplantation privileges. This will be reviewed by the Director of the Transplant Service at the time of reappointment.

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CPSUR-4 PEDIATRIC RENAL TRANSPLANTATION

DEFINITION:

1. Implant and explant of the transplanted kidney in patients 17 years of age and below;
2. Deceased Donor Nephrectomy; in patients 17 years of age and below;
3. Removal of diseased, ureter and bladder resulting from complications of renal transplant in patients 17 years of age and below;
4. Live Donor Nephrectomy in patients 17 years of age and below.

SKILLS AND TRAINING NEEDED TO PERFORM THE PRIVILEGE:

Skills should also include the ability handle the native kidneys, ureter, bladder, arteries, and veins. Knowledge should include native disease states, transplant situations and potential complications related to transplantation. Skills should include management of the deceased donor - the deceased donor Nephrectomy, handling of the kidney post removal including cold stored and machine preserved organs. Knowledge should include an understanding of the current renal allocation and distribution system, HLA typing, and current literature. Skills should also include the ability to biopsy the transplanted graft.

CREDENTIALS REQUIRED:

1. Documentation of completion of American Society of Transplant Surgeons (ASTS) Certified Transplantation Fellowship (or equivalent training).

MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES:

The Physician must provide documentation of attendance of one (1) major transplant meeting every two (2) years to be eligible to reapply for Liver Transplantation privileges. This will be reviewed by the Director of the Transplant Service at the time of reappointment.

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CPSUR-5 EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) MANAGEMENT, CANNULATION AND DECANNULATION

SHORT DEFINITION: ECMO is the specialized technique of mechanical extracorporeal cardiac and/or respiratory support for patients with life-threatening failure of heart or lung function.

SKILLS AND TRAINING NEEDED:

1. Provide verification from the pediatric residency or pediatric fellowship program director that the Applicant has been trained in ECMO cannulation and decannulation and has participated in the management of four (4) cases within the past two (2) years;

OR

1. Provide documentation of certification of attendance at an ECMO Management Course indicating the completion of didactic and simulation training exercise within the past two (2) years; **AND**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Extracorporeal Membrane Oxygenation (ECMO) Management, Cannulation and Decannulation. You must provide documentation of proctoring for the management, cannulation and decannulation of three (3) cases.

OR

1. Provide verification from the Chief/Chairman of the Applicant's Department that the Applicant has performed active ECMO management, cannulation and decannulation within the past two (2) years; **AND**
2. Provide case log documentation of successful active ECMO management, cannulation and decannulation of four (4) cases within the past two (2) years.

MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES:

The Physician must perform a minimum of four (4) ECMO management, cannulation and decannulation cases over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CPSUR-6 DA VINCI ROBOTIC-ASSISTED SURGERY

DEFINITION:

The da Vinci surgical system itself is a large console, controlled by the surgeon, with three interactive robotic arms, specialized surgical instrumentation, and a high-performance video system. The video system provides surgeons with a highly magnified, three-dimensional view of a patient's interior, while the surgical instrumentation allows for improved precision and manipulation in tight spaces.

SKILLS AND TRAINING NEEDED:

The applicant must meet the following:

1. Provide verification from the Residency or Fellowship program director that the Applicant has been trained in da Vinci and has proficiently performed three (3) da Vinci cases within the past two (2) years.

OR

1. Documentation of successful completion of a formal course on the da Vinci system offered through Intuitive Surgical; **AND**
2. Verification by the approved Robotics Proctoring Physician that the Applicant was successfully proctored for a minimum of three (3) robotic-assisted patient cases; **OR**
3. Documentation of proficiently performing three (3) da Vinci cases within the past two (2) years; **OR**
3. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform da Vinci Surgical Robot. You must provide documentation of proctoring for three (3) procedures.

CRITERIA FOR MAINTENANCE OF PRIVILEGES:

The physician must perform two (2) procedures over a two (2) year period to be eligible to reapply for da Vinci Surgical Robot privileges. This will be reviewed at the time of the physician's reappointment.

CPSUR-7 IMPLANTATION OF SACRAL NERVE STIMULATOR (SNS) THERAPY

DEFINITION: The therapy involves electrical stimulation of the sacral nerves (in the sacrum through either S-3 or S-4) via a totally implantable system that includes a lead and implantable pulse generator (IPG).

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in Implantation of Sacral Nerve Stimulator (SNS) Therapy; **OR**
1. Provide documentation of successful completion of a SNS Physician Education Program on-line course at www.training.interstim.com; **AND**
2. Provide a minimum of two (2) cases within the past two (2) years; **OR**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Implantation of Sacral Nerve Stimulator (SNS) Therapy. You must provide documentation of proctoring for two (2) procedures.

MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES:

The Physician must perform a minimum of two (2) Implantation of Sacral Nerve Stimulator (SNS) Therapy procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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CPSUR-8 IMPLANTATION OF GASTRIC STIMULATION THERAPY (GST) - TEMPORARY AND PERMANENT

DEFINITION: The permanent therapy involves electrical stimulation of the stomach via a totally implantable system that includes two leads implanted in the wall of the stomach and implantable pulse generator (IPG). Temporary stimulation involves electrical stimulation of the stomach via a temporary lead implanted in a submucosal position through a gastroscope and an external pulse generator.

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in Implantation of Gastric Stimulation Therapy (GST) - Temporary and Permanent; **OR**
1. Provide a minimum of two (2) cases within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Implantation of Gastric Stimulation Therapy (GST) - Temporary and Permanent. You must provide documentation of proctoring for two (2) procedures.

MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES:

The Physician must perform a minimum of two (2) Implantation of Gastric Stimulation Therapy (GST) - Temporary and Permanent procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CASE LOG

Physician's Name: _____

Date: _____

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. PSUR-3)
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30				
			TOTAL	

