

**TRANSPLANT SURGERY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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Effective From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

- Initial Appointment (initial privileges)
- Reappointment (renewal of privileges)

- Privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- The core procedure list (if applicable) is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques. Applicants wishing to exclude any procedures, should strike through those procedures which they do not wish to request, initial, and date.

**QUALIFICATIONS FOR TRANSPLANT SURGERY**

<b><i>Education and training</i></b>	<p>Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in general surgery followed by successful completion of an ASTS approved surgical transplant fellowship.</p> <p align="center">OR</p> <p>Completion of an ASTS (American Society of Transplant Surgeons) approved fellowship program; (ii) certification by the Board of Surgery in the country of surgical training; (iii) minimum of two years experience in transplant surgery for which privileges are being requested; (iv) recognized as a Fellow by the American College of Surgeons; and (v) cannot meet the Board Certification requirements due to circumstances regarding his or her training and has not otherwise been denied or failed to achieve Board Certification for any reason. Such waiver must be recommended by the Medical Executive Committee, upon consideration of the recommendation of its Credentials &amp; Qualifications Committee.</p>
<b><i>Certification</i></b>	<p>Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery.</p> <p align="center">OR</p> <p>Completion of an ASTS (American Society of Transplant Surgeons) approved fellowship program; (ii) certification by the Board of Surgery in the country of surgical training; (iii) minimum of two years experience in transplant surgery for which privileges are being requested; (iv) recognized</p>

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;  
BHIP = Broward Health Imperial Point; BH North = Broward Health North

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***Approved by MEC = May 11<sup>th</sup>, 2021***

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	as a Fellow by the American College of Surgeons; and (v) cannot meet the Board Certification requirements due to circumstances regarding his or her training and has not otherwise been denied or failed to achieve Board Certification for any reason. Such waiver must be recommended by the Medical Executive Committee, upon consideration of the recommendation of its Credentials & Qualifications Committee.
<b><i>Required current experience – initial</i></b>	Demonstrated current competence and evidence of the provision of transplant services (kidney, liver and pancreas), reflective of the scope of privileges requested, during the past 12 months, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
<b><i>Required current experience – renewal</i></b>	Demonstrated current competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes as per the Medical Staff Bylaws.
<b><i>Ability to perform (health status)</i></b>	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

**CORE PRIVILEGES – TRANSPLANT SURGERY**

**Requested**     **BHMC**         **Liver**         **Kidney**

Admit (in accordance with staff category), evaluate, diagnose, consult, and provide pre-, intra and post-operative care, and perform transplant surgery. 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.

**CORE PRIVILEGES – PRE AND POST OP MANAGEMENT OF TRANSPLANT PATIENTS ONLY**

**Requested**     **BHCS**         **BHIP**         **BHN**

Admit (in accordance with staff category), evaluate, diagnose, consult, and provide pre- and post-transplant care. 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.

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**CHECK THE BOX BELOW TO REQUEST A GENERAL SURGERY PRIVILEGE FORM**

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**Requested**    

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**LAPAROSCOPIC NEPHRECTOMY (INCLUDES HAND ASSISTED)**

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**Requested**      **BHMC**

**Criteria:** Successful completion of an ASTS approved transplant fellowship that included laparoscopic nephrectomy training. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least 10 laparoscopic nephrectomies as the primary or assisting surgeon in the past 12 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least 5 laparoscopic nephrectomies as the primary, co-surgeon or assisting surgeon in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

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**ACKNOWLEDGEMENT OF PRACTITIONER**

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.

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 Broward Corporate, 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** \_\_\_\_\_

**DEPARTMENT CHAIRPERSON'S RECOMMENDATION**

Check the appropriate box for recommendation.

If recommended with conditions or not recommended, provide explanation. *I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and 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. _____	_____

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

**Department Chairperson Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Credentials and Qualifications Committee Action** **Date** \_\_\_\_\_

**Medical Executive Committee Action** **Date** \_\_\_\_\_

**Board of Commissioners Action** **Date** \_\_\_\_\_

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