

CREDENTIALS REPORT TO THE BOARD OF COMMISSIONERS

DATE: April 27th, 2022

PRESENTED BY: Joshua Lenchus, DO, Interim System CMO

Core Privilege Forms

The following Core Privilege was approved at all 4 Regional MEC meetings:

- Pancreaticoduodenectomy (Whipple Procedure) has been added to the General Surgery DOP.

The following change to Use of Robotic Assisted System Privilege(s) was approved at all 4 Regional MEC meetings:

USE OF ROBOTIC ASSISTED SYSTEM

Requested BHMC BHCS BHIP BHN

Criteria: Successful completion of an ACGME or AOA post graduate training program that included training in minimal access procedures and therapeutic robotic devices and their use or completion of an approved structured training program that included didactic education on the specific technology and an educational program for the specialty specific approach to the organ systems. Training should include observation of live cases. Physician must have privileges to perform the procedures being requested for use with the robotic system, hold privileges in or demonstrate training and experience in minimal access procedures. Practitioner agrees to limit practice to only the specific robotic system for which they have provided documentation of training and experience. **Required Current Experience:** Demonstrated current competence and evidence of at least ~~six (6)~~ **five (5)** robotic assisted procedures in the past 12 months, or successful completion of training in the past 12 months, or the applicant's initial ~~two (2)~~ **five (5)** cases will be proctored by a physician holding robotic privileges. **Renewal of Privilege:** Demonstrated current competence and evidence of at least twelve (12) robotic assisted procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

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 GENERAL SURGERY

<i>Education and training</i>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in general surgery.
<i>Certification</i>	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.
<i>Required current experience – initial</i>	Demonstrated current competence and evidence of at least 50 general surgery procedures, reflective of the scope of privileges requested, during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
<i>Required current experience – renewal</i>	Demonstrated current competence and an adequate volume of experience (100 general surgery procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.
<i>Ability to perform (health status)</i>	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES – GENERAL SURGERY

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

Admit (in accordance with staff category), evaluate, diagnose, consult, and provide pre-, intra and post-operative care to adolescent and adult patients. Perform surgical procedures to correct or treat various conditions, diseases, disorders, and injuries of the alimentary tract; skin, soft tissues, and breast; endocrine system; head and neck; surgical oncology, and the vascular system. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.

Perform history and physical exam

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

GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

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Effective From ___/___/___ To ___/___/___

Trauma, abdomen, alimentary

1. Antireflux procedure - Open and Laparoscopic
2. Abdominoperineal resection
3. Amputations, above the knee, below knee; toe, transmetatarsal, digits
4. Anoscopy
5. Appendectomy
6. Colectomy (abdominal)
7. Colon surgery for benign or malignant disease
8. Colotomy, colostomy
9. Correction of intestinal obstruction
10. Drainage of intra-abdominal, deep ischiorectal abscess
11. Emergency thoracostomy
12. Endoscopy (intraoperative)
13. Enteric fistulae, management
14. Enterostomy (feeding or decompression)
15. Esophageal perforation - repair/resection
16. Excision of fistula in ano/fistulotomy, rectal lesion
17. Excision of pilonidal cyst/marsupialization
18. Gastric operations for cancer (radical, partial, or total gastrectomy)
19. Gastroduodenal surgery
20. Gastrectomy – Partial/total
21. Gastrostomy open or percutaneous endoscopic
22. Genitourinary procedures incidental to abdominal exploration
23. Gynecological procedure incidental to abdominal exploration
24. Hepatic resection
25. Hemorrhoidectomy, including stapled hemorrhoidectomy
26. Incision and drainage of abscesses and cysts
27. Incision and drainage of pelvic abscess
28. Incision, excision, resection, and enterostomy of small intestine
29. Incision/drainage and debridement, perirectal abscess
30. Insertion and management of pulmonary artery catheters
31. IV access procedures, central venous catheter, and ports
32. Laparoscopy, diagnostic, appendectomy, cholecystectomy, lysis of adhesions, and catheter positioning.
33. Laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis or trauma
34. Liver biopsy (intra operative), liver resection
35. Lymph node biopsy
36. Management of burns
37. Management of intra-abdominal trauma, including injury, observation, paracentesis, lavage
38. Management of multiple trauma
39. Operations on gallbladder, biliary tract, bile ducts, hepatic ducts, including biliary tract reconstruction
40. Pancreatectomy, distal
41. **Pancreaticoduodenectomy (Whipple Procedure)**
42. Pancreatic sphincteroplasty
43. Pancreatic debridement / Pancreatic Pseudocyst - Drainage
44. Panniculectomy
45. Proctosigmoidoscopy, rigid with biopsy, with polypectomy/tumor excision

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GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

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Effective From ___/___/___ To ___/___/___

46. Pyloromyotomy
47. Radical regional lymph node dissections
48. Removal of ganglion (palm or wrist; flexor sheath)
49. Repair of perforated viscus (gastric, small intestine, large intestine)
50. Scalene node biopsy
51. Selective vagotomy
52. Sigmoidoscopy, fiberoptic with or without biopsy, with polypectomy
53. Small bowel surgery for benign or malignant disease
54. Splenectomy / Splenorrhaphy partial (laparoscopic or open)
55. Surgery of the abdominal wall, including management of inguinal, femoral, ventral, paraesophageal, laparoscopic and open repair of hernias, including orchiectomy in association with hernia repair
56. Thoracentesis
57. Thoracoabdominal exploration
58. Tracheostomy
59. Transhiatal esophagectomy
60. Tube thoracostomy
61. Vagotomy and Drainage

Breast, skin, and soft tissue

1. Axillary Sentinel Lymph Node Biopsy
2. Complete mastectomy with or without axillary lymph node dissection
3. Excision of breast lesion
4. Breast biopsy with or without needle localization
5. Incision and drainage of abscess
6. Management of soft-tissue tumors, inflammations, and infection
7. Modified radical mastectomy
8. Operation for gynecomastia
9. Partial mastectomy with or without lymph node dissection
10. Radical mastectomy
11. Skin grafts (partial thickness, simple)
12. Subcutaneous mastectomy

Endocrine system

1. Excision of thyroid tumors
2. Excision of thyroglossal duct cyst
3. Parathyroidectomy
4. Thyroidectomy

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GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

Vascular surgery

1. Peritoneal venous shunts, shunt procedure for portal hypertension
2. Peritoneovenous drainage procedures for relief or ascites

QUALIFICATIONS FOR BREAST SURGERY

<i>Education and training</i>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in general surgery that included training in advanced breast procedures or completion of a breast surgery fellowship or the equivalent in training and experience.
<i>Certification</i>	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.
<i>Required current experience – initial</i>	Demonstrated current competence and evidence of at least 25 breast surgery procedures, reflective of the scope of privileges requested, during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
<i>Required current experience – renewal</i>	Demonstrated current competence and evidence of at least 50 breast surgery procedures, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.
<i>Ability to perform (health status)</i>	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES – BREAST SURGERY

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

Admit (in accordance with staff category), evaluate, diagnose, consult, and provide pre-, intra and post-operative care, and perform surgical procedures, to correct or treat various conditions, diseases, disorders, and injuries of the breast for pediatric, adolescent, and adult patients. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.

1. Perform history and physical exam
2. Excision of breast lesion
3. Breast biopsy with or without needle localization
4. Nipple exploration and duct excision
5. Nipple/areola reconstruction
6. Axillary sentinel lymph node biopsy

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GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

- 7. Axillary lymph node dissection
- 8. Partial mastectomy with or without lymph node dissection
- 9. Total mastectomy with or without axillary lymph node dissection
- 10. Skin sparing mastectomy with or without axillary lymph node dissection
- 11. Nipple sparing mastectomy with or without axillary lymph node dissection
- 12. Modified radical mastectomy
- 13. Radical mastectomy
- 14. Incision and drainage of abscess
- 15. Management of soft-tissue tumors, inflammations, and infection
- 16. Operation for gynecomastia
- 17. Skin grafts (partial thickness, simple)
- 18. Mammary implant and removal
- 19. Mammoplasty (with or without prosthetic implant and local rotational tissue flaps)
- 20. Mastopexy
- 21. Breast ultrasound with or without minimally invasive needle intervention

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

Non-Core Privileges are requested individually in addition to requesting the core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria as applicable to the initial applicant or reapplicant.

ADVANCED LAPAROSCOPIC PROCEDURES: COMMON BILE DUCT EXPLORATION, COLECTOMY, SPLENECTOMY, DIAPHRAGMATIC HERNIA REPAIR

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

Criteria: Successful completion of an ACGME or AOA accredited residency in general surgery that included training in advanced laparoscopic procedures. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least 5 advanced laparoscopic procedures 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 10 advanced laparoscopic procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

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GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

BARIATRIC SURGERYRequested BHMC BHCS BHIP BHN**Open or Laparoscopic with stapling**

Criteria: Successful completion of an accredited fellowship in metabolic and bariatric surgery or post general surgery residency training in metabolic and bariatric surgery or the equivalent in experience and training. Surgeon must have been primary or co-surgeon for at least 75 cases during training. Hold privileges to perform advanced laparoscopic surgery. Physicians who primarily perform laparoscopic bariatric surgery are also granted open bariatric surgery privileges. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least 12 bariatric surgery procedures in the past 12 months or completion of training in the past 12 months. Initial applicants will have at least their first three (3) cases proctored. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least 24 bariatric procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes. In addition, continuing education related to bariatric surgery is required.

Requested BHMC BHCS BHIP BHN**Open or Laparoscopic without stapling**

Criteria: Hold privileges to perform advanced laparoscopic surgery and open or laparoscopic with stapling and evidence of 10 cases with satisfactory outcomes during bariatric surgery fellowship or post residency training under the supervision of an experienced Bariatric Surgeon. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least 12 laparoscopic surgery procedures that do not involve stapling of the gastrointestinal tract 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 24 laparoscopic surgery procedures that do not involve stapling of the gastrointestinal tract in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes. In addition, continuing education related to bariatric surgery is required.

STEREOTACTIC GUIDED BREAST BIOPSYRequested BHMC BHCS BHIP BHN

Criteria: Successful completion of an ACGME or AOA accredited post graduate training program that included training in the stereotactic technique of breast biopsy or completion of hands on CME. **Required Current Experience:** Demonstrated current competence and performance of at least 12 stereotactic breast biopsies in the past year or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least 12 stereotactic breast biopsies in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

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GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

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Effective From ___/___/___ To ___/___/___

ULTRASOUND GUIDED BREAST BIOPSY**Requested** **BHMC** **BHCS** **BHIP** **BHN**

Criteria: Successful completion of an ACGME or AOA accredited post graduate training program that included training in ultrasound guided breast biopsy or completion of hands on CME. **Required Current Experience:** Demonstrated current competence and evidence of at least 25 ultrasound guided breast biopsies or completion of training in the past 24 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least 25 breast ultrasound exams in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

USE OF ROBOTIC ASSISTED SYSTEM**Requested** **BHMC** **BHCS** **BHIP** **BHN**

Criteria: Successful completion of an ACGME or AOA post graduate training program that included training in minimal access procedures and therapeutic robotic devices and their use or completion of an approved structured training program that included didactic education on the specific technology and an educational program for the specialty specific approach to the organ systems. Training should include observation of live cases. Physician must have privileges to perform the procedures being requested for use with the robotic system, hold privileges in or demonstrate training and experience in minimal access procedures. Practitioner agrees to limit practice to only the specific robotic system for which they have provided documentation of training and experience. **Required Current Experience:** Demonstrated current competence and evidence of at least ~~six (6)~~ **five (5)** robotic assisted procedures in the past 12 months, or successful completion of training in the past 12 months, or the applicant's initial ~~two (2)~~ **five (5)** cases will be proctored by a physician holding robotic privileges. **Renewal of Privilege:** Demonstrated current competence and evidence of at least twelve (12) robotic assisted procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

ADMINISTRATION OF SEDATION AND ANALGESIA**Requested** **BHMC** **BHCS** **BHIP** **BHN**

See Broward Health's Sedation Protocol for additional information for Sedation and Analgesia by Non-Anesthesiologists

Requested **Level 1 – Deep Sedation****Requested** **Level 2 – Moderate Sedation**

Criteria: Successful completion of ACGME or AOA accredited post graduate training or Commission on Dental Accreditation (CDA) training that included sedation training and completion of Broward Health's online education module for sedation education with a passing score of at least 85%. Initial and ongoing American Health Association certification in ACLS, ATLS, PALS, and/or NRP as specific to the patient population. **Required Current Experience:** Demonstrated current competence and evidence of the administration of at least five (5) cases in the past 24 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the administration of at least five (5) cases in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes. There will be a five-day grace period to present valid life certification if the physician's certification expires.

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GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

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:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____

Notes:

Department Chairperson Signature _____ Date _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials and Qualifications Committee Action _____ Date _____

Medical Executive Committee Action _____ Date _____

Board of Commissioners Action _____ Date _____

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