

DELINEATION OF CLINICAL PRIVILEGES - GENERAL SURGERY

For use of this form, see AR 40-68; the proponent agency is OTSG

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. FACILITY
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INSTRUCTIONS:

PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

GENERAL: Providers are responsible for the pre-operative preparation, surgical management, and post-operative care of patients of all age groups with diseases of the alimentary tract, of the head and neck, breast and chest, abdomen, vascular system, endocrine system, and of the integument generally recognized as not requiring a special expertise exclusive to surgical subspecialty such as--Neurosurgery (craniotomy for cerebral neoplasm), Obstetrics (cesarean section), or Thoracic Surgery (cardiopulmonary by-pass).

PROVIDER CODES	SUPERVISOR CODES
1 - Fully competent to perform 2 - Modification requested <i>(Justification attached)</i> 3 - Supervision requested 4 - Not requested due to lack of expertise 5 - Not requested due to lack of facility support/mission	1 - Approved as fully competent 2 - Modification required <i>(Justification noted)</i> 3 - Supervision required 4 - Not approved, insufficient expertise 5 - Not approved, insufficient facility support/mission

SECTION I - CLINICAL PRIVILEGES

Category I. Privileges in this category are for uncomplicated surgical illness or problems that present no serious threat to life. Consultation will be sought when doubt exists as to the patient's diagnosis, or in cases in which improvement with treatment is not soon apparent.

Category I privileges may be granted to physicians without formal surgical training based on documented evidence that such privileges have been previously granted and successfully exercised.

Requested	Approved	
		Category I clinical privileges

Category II. Privileges in this category include those in Category I plus those for specific surgical conditions and procedures of increased scope and complexity and that may require general or conductive anesthesia, but which do not constitute an immediate or serious threat to life. Practitioners with these privileges are expected to request consultation when improvement is not soon apparent and when specialized therapeutic or diagnostic techniques are indicated.

Category II privileges may be granted to those practitioners who have satisfactorily completed at least one year post-PGY1 formal training in surgery, or whose skills have been gained and maintained through experience.

Requested	Approved	
		Category II clinical privileges

Category III. Privileges in this category include those in Categories I and II plus those associated with complex or severe illness or general surgical problems, as well as those with immediate or serious threat to life. Physicians with these privileges may act as consultants to others and may, in turn, be expected to seek consultation when:

- a. The diagnosis and/or management remains in doubt over an unduly long period of time, specifically in the presence of life-threatening illness.
- b. Unexpected complications arise that are beyond the level of the practitioner's competence.
- c. Specialized treatments or procedures with which the practitioner is unfamiliar are contemplated.

Category III providers are expected to have training and/or experience and competence on a level commensurate with that provided by specialty training and (except in unusual circumstance as determined by the Credentials Committee) sufficient for board certification eligibility.

Requested	Approved	
		Category III clinical privileges

Category IV. Privileges in this category include those in Categories I, II and III to the extent that qualification criteria are met, plus those associated with illnesses and surgical problems requiring an unusual degree of expertise and competence. Practitioners with these privileges have the highest level of competence within a given field and are qualified to act as consultants and should, in turn, request consultation from within the hospital staff, or from outside consultants, whenever needed.

Practitioners with these privileges are expected to have training and/or experience considered appropriate for a subspecialist and (except under unusual circumstances as determined by the Credentials Committee) sufficient for subspecialty board certification eligibility.

Requested	Approved	
		Category IV clinical privileges

Surgical Subspecialty. Initial the subspecialty(ies) for which clinical privileges are being requested.

NOTE: If a separate privilege list for the subspecialty is in use, please attach this document.

Requested	Approved	Requested	Approved
		a. General Surgery	g. Plastic Surgery
		b. Cardiac Surgery	h. Thoracic Surgery
		c. Orthopaedic Surgery	i. Urology
		d. Otolaryngology	j. Vascular Surgery
		e. Ophthalmology	k. Colo-rectal Surgery
		f. Neurosurgery	

GENERAL SURGERY PRIVILEGES

The following list of diagnostic and therapeutic modalities exemplifies the range of procedures within the specialty but is neither inclusive nor exclusive. (*Specific exceptions will be noted in the "Comments" section of this form.*)

Requested	Approved	
		a. Moderate sedation
		b. Diagnostic procedures: Introduction of radiologic contrast materials in conjunction with operative procedures or assessment of trauma.
		c. Endoscopy: Diagnostic and therapeutic endoscopic procedures including flexible and rigid bronchoscopy, esophagogastroduodenoscopy (including biopsy), sigmoidoscopy, colonoscopy (including biopsy), and choledochoscopy.
		d. Head and neck: Biopsy and partial or complete resectional procedures involving the thyroid, parathyroids, salivary glands, face, scalp, external ear and soft tissues of the face and neck. Includes dissection of cervical lymph nodes.
		e. Breast/chest: Biopsy of breast lesions. Partial or complete mastectomies. Dissection of axillary lymph nodes alone or in conjunction with breast procedure.
		f. Abdomen: Operations on the gastrointestinal tract (esophagus, stomach, small bowel, colon, rectum and anus) or biliary tract. Operations involving other intra-abdominal or retroperitoneal organs (e.g., liver, spleen, adrenals, pancreas, kidneys, ureters, bladder, urethra, external genitalia, uterus, fallopian tubes, ovaries).
		g. Laparoscopic operative and diagnostic approaches to intra-abdominal procedures, e.g., anti-reflux procedures, diagnostic laparoscopy, hernia repair, appendectomy, splenectomy, bariatric procedures, and bowel resection.
		h. Abdominal wall: Repair of hernias including the use of prosthetic materials.
		i. Musculoskeletal: Operations on nerves, ganglia, muscles, and tendons. Management of simple fractures.
		j. Skin and subcutaneous tissue: Repair, excision and/or grafting of injuries or lesions involving the skin and SQ tissues. Includes radical lymph node dissections.
		k. Trauma: Initial stabilization, resuscitation, emergent operative management, and coordination of specialty care of the injured patient. This includes but is not limited to patients with injuries to the brain, airway, maxillofacial region, neck, chest/lungs, heart and great thoracic vessels, abdomen, genitourinary system, extremities, pelvis, and peripheral vascular system. Exposure, resection and/or repair of traumatic injuries involving the head and neck, thorax and intrathoracic components, abdominal cavity and extremities not otherwise specified.
		l. Intensive care management: Placement and interpretation of arterial, central venous and pulmonary artery catheters. Management of ventilators. Use of vasoactive medications. Management of fluid and electrolytes as well as hyperalimentation.
		m. General pediatric surgery: Elective surgical management of common pediatric surgical problems such as hernias, pyloric stenosis, etc. Emergent management of traumatic injuries in pediatric patients.
		n. Sentinel lymph node mapping and biopsy procedures. (<i>Specific documentation of training/experience is required.</i>)
		o. Use of mechanical, electrocautery for the excision, coagulation, vaporization and/or repair of tissue.
		p. Laser privileges (See special requirements below.)

GENERAL THORACIC SURGERY PRIVILEGES

The following list of diagnostic and therapeutic modalities exemplifies the range of procedures within the specialty but is neither inclusive nor exclusive.

Requested	Approved	
		a. Endoscopy: Diagnostic and therapeutic bronchoscopy and esophagoscopy (<i>flexible or rigid</i>).
		b. Chest wall: Resection and/or reconstruction of the thoracic cage for benign or malignant conditions, and chest wall tumors. First rib/cervical rib resections for thoracic outlet syndrome.
		c. Mediastinum: Mediastinoscopy, anterior mediastinotomy, resection of mediastinal tumors (<i>via transthoracic or transcervical routes</i>).
		d. Trachea: Resection and reconstruction of tracheal lesions. Repair of traumatic injuries.
		e. Pleural space: Biopsy of pleural lesions, drainage of pleural fluid collections, mechanical and chemical pleurodesis. Includes open and thorascopic approaches.
		f. Lung: Biopsy, wedge resection, lobectomy, and pneumonectomy.
		g. Esophagus: Resection, reconstruction, bypass or anti-reflux procedures involving the intrathoracic esophagus.

GENERAL THORACIC SURGERY PRIVILEGES (continued)

h. Heart, intrathoracic aorta and great vessels: Repair, bypass, reconstruction or bypass of traumatic injuries.

GENERAL VASCULAR SURGERY PRIVILEGES

The following list of diagnostic and therapeutic modalities exemplifies the range of procedures within the specialty but is neither inclusive nor exclusive.

Requested	Approved	
		a. Diagnostic procedures: Arteriography, venography and angioscopy.
		b. Venous procedures: Vein strippings, venous bypass, ligation/interruption of any veins <i>(with the exception of the intracerebral veins)</i> .
		c. Arterial procedures: Aneurysmorrhaphy, arterial repair, thrombectomy or arterial bypass of any artery with the exception of the thoracic aorta and intracerebral vessels.
		d. Access procedures: Indwelling catheter placement, arteriovenous shunt or fistula, peritoneal dialysis catheter placement.
		e. Amputations for vascular insufficiency or trauma.
		f. Lymphedema procedures: Lymphangioplasty or shunt procedures.
		g. Sympathectomy for vascular spasm or insufficiency.
		h. First rib/cervical rib resections for thoracic outlet syndrome.
		i. Percutaneous transluminal peripheral angioplasty/intravascular stent placement (except intracranial vessels). <i>(Specific documentation of training/experience is required.)</i>

LASER PRIVILEGES

In addition to this delineation of privileges, requests for laser privileges require appropriate documentation of the provider's laser training, experience, and competence. Acknowledgment of the HCP's receipt of the MTF's laser policy and applicable procedures, as well as the review and approval by appropriate MTF supervisory personnel will accompany the request for laser privileges.

NOTE: Explain any variance between provider request and approval by supervisor or credentials committee in the "Comments" section that follows.

Requested				Approved
Tuneable Dye	CO2	YAG	ARGON	
				a. Debulking of tumors
				b. Thoracic/abdominal surgeries
				c. Pancreatic/liver resections
				d. Mastectomies
				e. Dissection of vascular lesions
				f. Excision, coagulation, for the vaporization and/or repair of tissue
Requested				Approved
KTP	CANDELA			
	Alexlazr	VBeam		
				a. Vaporization of tattoos
				b. Vaporization of vascular lesions

COMMENTS

COMMENTS *(continued)*

SIGNATURE OF PROVIDER

DATE (YYYYMMDD)

SECTION II - SUPERVISOR'S RECOMMENDATION

Approval as requested

Approval with Modifications *(Specify below)*

Disapproval *(Specify below)*

COMMENTS

DEPARTMENT/SERVICE CHIEF *(Typed name and title)*

SIGNATURE OF PROVIDER

DATE (YYYYMMDD)

SECTION III - CREDENTIALS COMMITTEE/FUNCTION RECOMMENDATION

Approval as requested

Approval with Modifications *(Specify below)*

Disapproval *(Specify below)*

COMMENTS

COMMITTEE CHAIRPERSON *(Name and rank)*

SIGNATURE

DATE (YYYYMMDD)