

Regions Hospital Delineation of Privileges Internal Medicine – Gastroenterology

Applicant's Name: _____
Last First M.

- Instructions:
- Place a check-mark where indicated for each core group you are requesting.
 - Review *education and basic formal training* requirements to make sure you meet them.
 - Review *documentation and experience* requirements and be prepared to prove them.
 - ✓ Note all renewing applicants are required to provide evidence of their current ability to perform the privileges being requested\
 - ✓ When documentation of cases or procedures is required, attach said case/procedure logs to this privileges-request form.
 - Provide complete and accurate names and addresses where requested -- it will greatly assist how quickly our credentialing-specialist can process your requests.

Overview

Core I – gastroenterology privileges

Special privileges

- ✓ Capsule endoscopy performance and interpretation
- ✓ Therapeutic endoscopic retrograde cholangiopancreatographies (ERCP)

Moderate sedation

Core procedure list

Signature page

☐ **CORE I — Gastroenterology**

Privileges
Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, with diseases, injuries, and disorders of the digestive organs, including the stomach, bowels, liver, and gallbladder and related structures, such as the esophagus and pancreas, including the use of diagnostic and therapeutic procedures using endoscopes to see internal organs. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
Basic education and minimal formal training
1. MD, DO, MBBS or MB BCH 2. Completion of an approved ACGME-, AOA- or Royal College of Physicians and Surgeons of Canada accredited internal medicine or internal medicine residency program. 3. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited fellowship in gastroenterology. 4. Current certification or active participation in the examination process – with achievement of certification within 5 years – leading to certification in gastroenterology by the American Board of Internal Medicine, an Achievement of a certificate of special qualification in gastroenterology by the American Osteopathic Board of Internal Medicine, or certification in gastroenterology by the Royal College of Physician and Surgeons of Canada).
Required documentation and experience
NEW APPLICANTS: 1. Provide documentation of active gastroenterology practice for at least 25 patients in the past 12 months in an accredited hospital or healthcare facility; Or Successful completion of an ACGME- or AOA-accredited residency and clinical fellowship or research in gastroenterology in the past 12 months. 2. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____ REAPPOINTMENT APPLICANTS: 1. Provide documentation of an active gastroenterology practice for at least 25 patients during the past 24 months; Or Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____

Special privileges (check those that apply)

Privilege
☐ Capsule Endoscopy performance and interpretation
Basic education and minimal formal training
1. Successful completion of an ACGME- or AOA-accredited program in gastroenterology that included training in capsule endoscopy Or Completion of a hands-on course -- with a minimum of eight hours of CME credit -- endorsed by a national or international GI or surgical society.
Required documentation and experience
NEW APPLICANTS: 1. Provide documentation of the performance of at least 10 capsule endoscopy procedures in the past 12 months. REAPPOINTMENT APPLICANTS: 1. Provide documentation of the performance of at least 10 capsule endoscopy procedures in the past 24 months. 2. Provide evidence of continuing education related to capsule endoscopy required. Or Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____

Special privileges continued (check those that apply)

Privilege
☐ Therapeutic Endoscopic Retrograde Cholangiopancreatographies (ERCP)
Basic education and minimal formal training
1. Successful completion of an ACGME- or AOA-accredited program in gastroenterology that included training in ERCP.
Required documentation and experience
NEW APPLICANTS: 1. Provide documentation of the performance of at least 200 therapeutic ERCP procedures (including 40 spincterotomies and 10 stent placements) in the past 12 months Or Letter of recommendation from Regions department head of gastroenterology based on personal observation and/or peer information. REAPPOINTMENT APPLICANTS: 1. Provide documentation of the performance of at least 50 therapeutic ERCP procedures (including 25 spincterotomies and 25 stent placements) in the past 24 months. 2. Provide evidence of continuing education related to gastrointestinal endoscopy in the last 24 months.

Core Procedure List — Gastroenterology Clinical Privileges

To the applicant: If you want to exclude any procedures, please strike through those procedures you do not wish to request.

This list is a sampling of procedures included in the core. This is not intended to be all-encompassing but rather reflective of the categories/types of procedures included in the core.

1. Biopsy of the mucosa of esophagus, stomach, small bowel, and colon
2. Breath test performance and interpretation
3. Colonoscopy with or without polypectomy
4. Diagnostic and therapeutic EGD
5. Endoscopic mucosal resection
6. Enteral and parenteral alimentation
7. Esophageal dilation
8. Esophageal or duodenal stent placement
9. Esophagogastroduodenoscopy to include foreign body removal, stent placement, or polypectomy
10. Flexible sigmoidoscopy
11. Gastrointestinal motility studies and 24 hour pH monitoring
12. Interpretation of gastric, pancreatic, and biliary secretory tests
13. Nonvariceal hemostasis (upper and lower)
14. Percutaneous endoscopic gastrostomy
15. Percutaneous liver biopsy
16. perform history and physical exam
17. Proctoscopy
18. Sengstaken/Minnesota tube intubation
19. Snare polypectomy
20. Ultrasound, including endoscopic ultrasound and fine needle aspiration
21. Variceal hemostasis (upper and lower)

ACKNOWLEDGEMENT OF PRACTITIONER

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 Regions Hospital. I understand that:

1. In exercising any clinical privilege granted, I am governed by Regions Hospital and Regions Medical Staff policies and rules applicable generally and any applicable to the particular situation.
2. In an emergent situation I may perform a procedure for which I am not privileged when no practitioner holding the applicable procedure is available to respond to the emergency.

I agree to supply Regions Hospital Medical Staff Services (or designee) with all the information that has been requested of me for the privileges that I have applied for. I also understand that my application for privileges will not proceed until the information is received.

Signature

Date

DIVISION / SECTION HEAD RECOMMENDATION

I have reviewed and/or discussed the clinical privileges requested 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.	
4.	

Notes:

Signature

Date

Regions Hospital Delineation of Privileges Moderate Sedation

Privilege
☐ Administer and manage moderate sedation/analgesia, a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accomplished by light tactile stimulation. A patent airway is maintained and spontaneous ventilation is adequate. Cardiovascular function is always maintained.
Basic education and minimal formal training
1. MD, DO, MBBS, MB BCH, DPM, DMD, DDS, 2. Successful completion of an ACGME or AOA or Royal College of Physicians and Surgeons of Canada, approved residency training program. 3. Current ACLS, ATLS or PALS certification.
Required documentation and experience
NEW APPLICANTS: 1. Provide documentation of successful completion of an examination provided by the Regions medical staff services Or Document experience by providing one of the following: • Evidence of successful completion of a moderate sedation test with passing score from another hospital; • Governing board letter from another hospital indicating the applicant has moderate sedation privileges; • Letter from Medical Staff Office at another hospital indicating specifically that the practitioner has moderate sedation privileges and the date they were granted; • If a recent graduate, attestation of competency from program director. 2. Provide documentation of current ACLS, ATLS or PALS certification. REAPPOINTMENT APPLICANTS: 1. Provide documentation of performing moderate sedation for at least ten (10) patients within the past 24 months; Or Provide documentation from Division/Section Head that attests to ongoing current competence. 2. Provide documentation of current ACLS, ATLS or PALS certification.

TO BE COMPLETED BY APPLICANT: I agree to supply all of the information being requested of me for the privileges I am applying for. I understand my application for privileges will not proceed until the information is received.

Signature

Date

TO BE COMPLETED BY REGIONS HOSPITAL DIVISION/SECTION HEAD AT TIME OF REVIEW AND APPROVAL: I have reviewed and/or discussed the privileges requested and find them to be commensurate with this applicant's training and experience. I recommend this application proceed.

Signature

Date