



Delineation of Privileges

Urology

Applicant's Name _____

First Middle Last

Instructions

1. Review Basic Minimum Requirements to make sure you qualify for this form.
2. Peer references listed on the initial/reappointment application will be contacted to assess competency of privileges requested.
3. Select Core Privileges you wish to request.
 - ✓ Use check marks to identify each entity you are requesting within each core privilege group.
 - ✓ Review Requirements.
 - ✓ Review the core description and procedure lists for each core selected and strike through those you do not wish to request.
4. Select Supplemental privileges.
 - ✓ Use check marks to identify which supplemental privileges at each entity you are requesting.
 - ✓ Review core required and additional requirements. When documentation of cases or procedures is required, attach case/procedure logs to this privileges-request form.
 - ✓ New applicants to a HealthPartners hospital may obtain documentation from their most current hospital affiliation(s) or training programs completed within the past 24 months.
 - ✓ New applicants already on staff at another HealthPartners hospital and reappointment applicants may request documentation from the Health Information Management or Quality departments.
5. Sign and date Applicant Acknowledgement.
6. Return all pages of the privilege form with your application.

Table of Contents:		Key:
Urology Core	Page 2	AH = Amery Hospital and Clinics
Supplemental Privileges	Page 3	HH = Hudson Hospital
Moderate Sedation (AH/HH/LH/RH/WH)	Page 4	LH = Lakeview Hospital
Moderate Sedation (MH)	Page 5	MH = Methodist Hospital
Robotic Assisted Surgery (MH)	Page 6	RH = Regions Hospital
Robotic Assisted Surgery (RH)	Page 7	WH = Westfields Hospital and Clinics
Applicant Acknowledgement (Signature)	Page 8	If a privilege is not available at a hospital or TRIA, the selection box will be gray.

Basic Minimum Requirements

Professional Education: MD, DO or equivalent.

Formal Training: Successful completion of Urology residency approved by ACGME, AOA or Royal College of Physicians and Surgeons of Canada.

Board Certification: ABMS, AOA, or Royal College of Physicians and Surgeons of Canada board certified in Urology (Urological Surgery), in the process of obtaining board certification within time limit established by the relevant specialty board, or participating in ongoing maintenance of certification with the intent of maintain board certification.

Urology Core

Select Entity:	AH	HH	LH	MH	RH	WH																																								
Place a check-mark at each entity you are requesting these core privileges.																																														
Requirements: 1. Must meet Basic Minimum Requirements (page 1). Core Description: Admit, evaluate, diagnose, treat (surgically or medically), and provide consultation to patients of all ages presenting with medical and surgical disorders of the genitourinary system and the adrenal gland, including endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures. 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. Strike through those you do not wish to request.																																														
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Applicant Name: _____

*For sites that do not have medical staff department chairs, documentation from the appropriate service line physician leader, medical director or Chief of Staff, or their designee may be accepted in lieu of a department chair.

Return all pages of the privilege form with your application.

Supplemental Privileges

1. Use check marks to identify which supplemental privileges at each entity you are requesting.
2. Review core required and additional requirements. When documentation of cases or procedures is required, attach case/procedure logs to this privileges-request form.

Supplemental Privilege	Additional Requirements	AH	HH	LH	MH	RH	WH
Complex pelvic floor reconstruction	<p>Initial: Provide contact information within the peer reference section of the credentialing application for the training Program Director, current or previous hospital Department Chair (or equivalent), or peer who has observed procedure to provide documentation of competency and acceptable outcomes within the past 12 months.</p> <p>Reappointment: Approval of the Department Chair*, or designee, based on demonstrated competency and acceptable outcomes.</p>						
Moderate Sedation	See supplemental form(s) – page 4 and 5						
Cryoablation: Prostate and/or renal	<p>Initial: Documentation of training: Provide contact information on page 8 for the training course completed within the past 12 months.</p> <p>OR Documentation of 2 cases within the past 12 months.</p> <p>Reappointment: Documentation of 4 cases within the past 24 months.</p>						
Interstim placement surgery & management	<p>Initial: Provide contact information on page 8 for the training course completed within the past 12 months.</p> <p>OR Provide contact information within the peer reference section of the credentialing application for the Residency Program Director, current or previous hospital Department Chair (or equivalent), or peer who has observed procedure to provide documentation of competency and acceptable outcomes within the past 12 months.</p> <p>Reappointment: Documentation of 2 cases within last 12 months.</p>						
Robotic Assisted Surgery	See supplemental form for criteria				See supplemental form – page 6 and 7		

Applicant Name: _____

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Moderate Sedation (Amery/Hudson/Lakeview/Regions/Westfields)

Select Entity:	AH	HH	LH	RH	WH
Place a check-mark at each entity you are requesting these core privileges.					

Requirements:

- Must meet Basic Minimum Requirements (page 1).
- Initial Applicant:**
 - Complete moderate sedation test provided by Regions medical staff services with passing score;
Or
Document experience by providing one of the following:
 - Evidence of successful completion of a moderate sedation test from another hospital with passing score;
 - 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.
 - Provide documentation of current ACLS (or CALS at AH/HH/LH/WH), ATLS or PALS certification.
- Reappointment:**
 - 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.
 - Provide documentation of current ACLS (or CALS at AH/HH/LH/WH), ATLS or PALS certification.

Description: 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.

Moderate Sedation (Methodist)

Select Entity:

MH

Place a check-mark at each entity you are requesting these core privileges.

Requirements:

1. Must meet Basic Minimum Requirements (page 1).
2. Initial Applicants:
 - a. ACLS, ATLS or PALS certification or successful completion of the American Society of Anesthesiologists core Safe Sedation Training-Moderate (SST). <http://www.asahq.org/education/online-learning/safe-sedation-training-moderate> **AND** Communication from Medical Staff Office/Governing Body at another hospital explicitly stating that the practitioner has moderate sedation privileges and the date they were granted;
OR
 - b. If experienced practitioner, documentation of at least 25 moderate sedation cases within the past 24 months
 - c. If a recent graduate, in their first position, attestation of competency and training from program director.
3. Reappointment:
 - a. Provide documentation of performing moderate sedation for at least 20 patients within the past 24 months;
OR
 - b. Provide documentation of current ACLS, ATLS or PALS certification or successful completion of the American Society of Anesthesiologists core Safe Sedation Training-Moderate (SST).
<http://www.asahq.org/education/online-learning/safe-sedation-training-moderate>

Description: Administer and manage moderate sedation/analgesia, a drug-induced depression of consciousness during which patient respond purposefully to verbal commands, either alone or accomplished by light tactile stimulation. A patient airway is maintained and spontaneous ventilation is adequate. Cardiovascular function is always maintained.

Applicant Name: _____

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Return all pages of the privilege form with your application.

Robotic Assisted Surgery (Methodist)

Select Entity:

MH

Place a check-mark at each entity you are requesting these core privileges.

Requirements:

1. Must meet Basic Minimum Requirements (page 1)
2. Must hold core privileges
3. Must hold privileges to perform procedure for which the robotic system is to be used
4. Must have training and experience in the specific robotic platform to be used.
5. **Initial Applicants:**
 - a. Provide documentation demonstrating satisfactory completion of FDA mandated training
AND
 - b. Provide documentation of having observed 2 specialty specific robotic operations
AND
 - c. Provide documentation of having performed 5 proctored specialty specific operations post training and a letter from your proctor attesting to your clinical competency.

OR

 - a. Provide a letter from residency or fellowship program director attesting to your clinical competency on the robotic platform.
AND
 - b. Provide documentation of having performed 5 proctored specialty specific operations post training and a letter from your proctor attesting to your clinical competency.
6. **Reappointment:**
 - a. Provide documentation of 10 robotic assisted procedures in the last 24 months.
AND
 - b. Provide contact information for a physician peer who we can contact to provide an evaluation of your clinical competency as it relates to robotic assisted surgery.

OR

 - a. Provide documentation of 10 hours of annual simulator time.
AND
 - b. Provide contact information for a physician peer who we can contact to provide an evaluation of your clinical competency as it relates to robotic assisted surgery.

Description:

- Use of robotic assisted platform for surgical procedures.
- Physician must limit practice to clinical procedures for which he or she hold privileges
- Physician must limit practice to the specific robotic platform for which he or she has provided documentation of training and experience.

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Robotic Assisted Surgery (Regions)

Select Entity:

RH

Place a check-mark at each entity you are requesting these core privileges.

Requirements:

1. Must meet Basic Minimum Requirements (page 1)
2. Must hold core privileges
3. Must hold privileges to perform procedure for which the robotic system is to be used
4. Must have training and experience in the specific robotic platform to be used.
5. **Initial Applicants:**
 - a. Provide documentation of training in residency with evidence of at least 20 cases as primary surgeon
AND
 - b. On the initial application, provide contact information for a physician peer whom we may contact to provide an evaluation of your clinical competency.

OR

 - a. Provide documentation demonstrating satisfactory completion of FDA mandated training;
AND
 - b. Provide documentation of having observed 2 robotic operations per organ site performed by a physician with robotic privileges;
AND
 - c. Provide documentation of having performed 5 proctored robotic operations per organ site.
AND
 - d. On the initial application, provide contact information for a physician peer whom we may contact to provide an evaluation of your clinical competency.
6. **Reappointment:**
 - a. Provide documentation demonstrating performance of a minimum of 10 robotic-assisted procedures in the past 24 months. If this requirement cannot be met, then documentation of at least 10 hours of simulator time annually and/or approval of the robotics committee.
 - b. Extension of robotic privileges to a new technique, organ or system must be disclosed to the director of robotics who may then require proof of additional training and proctoring.
 - c. On the reappointment application, provide contact information for a physician peer whom we may contact to provide an evaluation of your clinical competency.

Description:

- Use of robotic assisted system for urologic procedures.
- Physician must limit practice to:
 - specific robotic system for which he or she has provided documentation of training and experience
 - clinical procedures for which he or she holds privileges

Applicant Name: _____

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Applicant Acknowledgement

I attest that I meet all of the minimum threshold criteria for the privileges I am asking for in this request. I understand that, if privileges are granted, I must exercise them consistently with the medical staff's governing or operational policies, and with all policies of the Hospital.

Applicant Signature: _____ **Date:** _____

Return all pages of the privilege form with your application.

Supplemental Privileges: Initial Application Training Course Contact Information

- Cryoablation: Prostate and/or renal
- Interstim placement surgery & management

Name _____ Phone: _____

Name of Facility: _____ Fax: _____

Address: _____ Email: _____

Applicant Name: _____

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