

MILLARD FILLMORE SURGERY CENTER, LLC

Name: _____

Date: _____

DELINEATION OF PRIVILEGES - GENERAL SURGERY

GENERAL STATEMENTS –Credentialing period is effective for 2 years

LEVEL I PRIVILEGES - <i>Procedures which are assumed to have been mastered following satisfactory completion of an approved surgical training program, and which can be performed by any competent surgeon. Apply to patients who are =>12 yrs.</i>
Abdominal Laparoscopy-Diagnostic
Administration of Local Anesthesia
Amputation of digit
Anal (incision, excision, biopsy, repair)
Breast (biopsy, excision, repair)
Breast/Pelvic Biopsy/Excision of tumor
Biopsy and/or excision of lesions of skin and Subcutaneous tissue
Circumcision
Colonoscopy
Cord & Epididymis (repair, resection, ligation)
Decompression Median Nerve
Excision Bronchial Cleft Cysts
Excision congenital cysts of neck
Excision of ganglion
Excision of pilonidal cyst
Excision Thyroglossal Cyst
Excisional Biopsy bone or soft tissue tumors
Extensor tendon repair
Fasciectomy
Fissurectomy
Flexor tendon repair
Genitalia (excision hydrocele, repair, biopsy)
Hernia (inguinal, femoral, umbilical, open or laparoscopic, other)
Hydrocelectomy
History and Physical
Incision and drainage
Injection procedures, i.e. bone cyst

LEVEL I PRIVILEGES (CON'T)
<i>Apply to patients who are =>12 yrs.</i>
Injection procedures, i.e. bone cyst
Intestinal-other (ostomies, revision, repair)
Laparoscopic Cholecystectomy
Laser surgery – Limited to co2, laser of skin lesions and pilonidal cysts
Lymphatic System (biopsies)
Meatotomy
Nerve repair (Hand, Arm, Foot)
Orchidopexy
Penis (biopsy [adult])
Puncture of Vessel (cutdowns, catheterization)
Rectal & Perirectal (endoscopy, biopsy, excision, repair)
Release Trigger Finger
Removal of Foreign body
Repair of lacerations
Revision of scars
Salivary Gland (biopsy, repair)
Skin & Subcutaneous (incision, excision, biopsy, grafts)
Skin flaps
Skin grafts-FT, ST, Pinch/Punch Z Plasty
Spermatoclectomy
Temporal artery biopsy
Testes (biopsy, resection, repair)
Tongue (biopsy, suture)
Vasectomy
Vein ligation-Spermatic (Varicocelectomy)
Vein ligation-superficial

LEVEL I PRIVILEGES	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements** (Provide Details)

LEVEL II PRIVILEGES <i>Procedures listed below, including those not listed in Level I, may require documentation of additional experience or training. Applies to patients who are greater than or equal to 18 years old (unless otherwise noted).</i>	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements** (Provide Details)
Colonoscopy with Polypectomy				

KEY *NOT GRANTED DUE TO: Provide Details Below	**WITH FOLLOWING REQUIREMENTS Provide Details Below
1) Lack of Documentation	1) With Consultation
2) Lack of Required Training/Experience	2) With Assistance
3) Lack of Current Competence (Databank Reportable)	3) With Proctoring
4) Other (Please Define) (i.e., Exclusive Contract)	4) Other (Please Define)

DETAILS: _____

National Practitioner Databank Disclaimer Statement: - Kaleida Health must report to the National Practitioner Data Bank when any clinical privileges are not granted for reasons related to professional competence or conduct. (Pursuant to the Health Care Quality Improvement Act of 1986 (43 U.S.C. 11101 et seq.)

_____/_____
Signature of Applicant **Date**

___ I recommend approval of the procedures requested by the applicant: ___ as requested ___ as amended

_____/_____
Signature of Clinical Chief **Date**

APPLICANT: PLEASE RETAIN A COPY OF THIS SIGNED FORM FOR YOUR RECORDS.