

Loma Linda University Medical Center
Loma Linda, CA 92354
PEDIATRIC SURGERY PRIVILEGE FORM

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REQUEST	CATEGORY	MEMBERSHIP CATEGORY	ACTION		
			Approved	Conditions	Denied
	Provisional (Bylaws 4.3)	All initial appointees shall be placed in the Provisional Category for the duration of their initial appointment.			
	Administrative (Bylaws 4.7)	For practitioners who are members of the Medical Staff who have no clinical privileges, who are recommended for appointment or reappointment to the Administrative Staff by the Chief of the Clinical Service, the Credentials Committee, and the Medical Staff Executive Committee, and who must MUST meet the following:			
		1. Have been a member in good standing of the Active, Courtesy, or Provisional Staff for at least one (1) year.			
		2. Have completed proctoring for any clinical privileges previously requested.			
		3. Agree to refrain from participating in any activities within the Medical Center that require clinical privileges.			
		4. Provide significant service to the Medical Center and the Medical Staff in the form of academic activities, quality improvement activities, or administration.			
		5. Be recommended for appointment or reappointment			
		Failure to meet any of these qualifications will be adequate grounds to deny reappointment.			
	Affiliate (Bylaws(4.9)	Practitioners who CANNOT :			
		1. Vote or hold office in the Medical Staff or Service. 2. Be a member of any Medical Staff Committee. 3. Be Reappointed to the Affiliate Category.			
		Practitioners who MUST :			
		1. Have been a member in good standing of the Active, Courtesy or Consulting category during the immediate preceding appointment period. 2. Have completed, in a timely manner as described in the Bylaws, an application for reappointment. 3. Have been found to be qualified for reappointment, other than the volume of clinical activity.			
	Active (Bylaws 4.2)	Regularly care for patients to the Medical Center; have completed proctoring requirements and the Provisional period.			
	Courtesy (Bylaws 4.4)	Admit or otherwise provide care for not more than twelve (12) patients in the Medical Center during each year. Have completed proctoring and the Provisional period.			
	Consulting (Bylaws 4.5)	Render a clinical opinion within their competence. Shall not be eligible to admit patients or to assume continuing care of patients in the Medical Center. Not eligible to vote or hold office in the Medical Staff or Clinical Service			

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CATEGORY	QUALIFICATIONS
All	Current demonstrated competence and an adequate volume of current experience with acceptable results for patients of all age groups except as specifically excluded from practice; and:
General Surgery Category 1	Current certification or active participation in the examination process leading to certification in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery to be achieved within five (5) years of completion of residency training; or Successful completion of an ACGME/AOA accredited residency program in general surgery. Where these privileges overlap with those in pediatric surgery, these general surgery privileges are limited to patients six (6) years of age and older.
Pediatric Surgery Category 2	As for Category 1 General Surgery; plus Successful completion of an ACGME/AOA accredited residency program in pediatric surgery; and/or Certificate of Special Qualification in Pediatric Surgery by the American Board of Surgery.
Privileges Followed by an Asterisk (*)	Successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable program and demonstration of indications for the procedure/test/therapy; and Documentation of competence to obtain and retain clinical privileges as set forth in departmental policies governing the exercise of the specific privileges.
Laparoscopic Procedures*	Privileges for laparoscopic cholecystectomy, diagnostic laparoscopy, laparoscopic appendectomy, and other defined laparoscopic procedures will be based on criteria and policies developed by the Surgery Services.
Sedation	Moderate Sedation: Successful completion of the PURPLE Book test, or equivalency, from Loma Linda University Medical Center – Quality Resource Management (LLUMC-QRM). Deep Sedation: Successful completion of the PRS Self-Study packet and test, or equivalence, from LLUMC-QRM.

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Robotic Surgical Platform	<p><u>Primary Surgeon:</u></p> <p>Education and Training: The physician must have completed an approved residency program in Pediatric Surgery in an ACGME approved program. Certification by the certifying agency of the American Board of Medical Specialties (ABMS) or demonstrated equivalent competence. Eligibility and current active privileges to perform the laparoscopic/thoracoscopic surgery/procedure being performed on the Robotic Surgical Platform are required. Active participation in the ongoing performance improvement program.</p> <p>AND</p> <p>Must show evidence of training by attendance at a hands-on training practicum in the use of the Robotic Surgical Platform of at least eight (8) hours duration with experience in a laboratory setting, which includes a minimum of three (3) hours of personal time on the system during animate or cadaver models.</p> <p>OR</p> <p>Previous practical experience via an accredited fellowship or residency program with documented clinical experience in a minimum of 10 computer-assisted procedures in that program. With that experience, the Chief of the appropriate Department/Division may, at his/her discretion recommend waiving further requirements after proctoring one surgical case of the applicant using the Robotic Surgical Platform.</p> <p>Proctoring: Successful completion of a minimum of five (5) proctored cases. The first two (2) procedures must be proctored by an approved and qualified proctor who meets the above qualifications, the other three (3) cases may be proctored by an LLUMC physician that has completed proctoring on the use of the Robotic Surgical Platform (same specialty not required). Need for additional proctoring, if any, to be determined by the Service Chief.</p>
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MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Conditions	Denied
PEDIATRIC SURGERY: CATEGORY 1					
		Supervision of residents			
		Supervision of Allied Health Professional under the following circumstances: AHP is granted practice privileges by Medical Staff AHP operates under standardized procedures Other circumstances as recommended by the IDP Committee and approved by the Medical Staff			
		Supervise Radiologic Technologists and operate Fluoroscopy Equipment. <u>Fluoroscopy Supervisor and Operator Permit required (attach current copy).</u>			
		Serve as an attending physician in outpatient areas with privileges to perform minor procedures such as:			
		Removal of central venous lines			
		Excision of minor lesions of skin and subcutaneous tissues			
		Removal of superficial foreign bodies			
		Bronchoscopy, fiberoptic with or without biopsy Required qualifications: a letter from Residency Program Director attesting to training and competency, if completed recently; or a letter from the Chief of Staff/Service at a JCAHO accredited hospital attesting to current competency.”			
		Bronchoscopy, rigid with or without biopsy Required qualifications: a letter from Residency Program Director attesting to training and competency, if completed recently; or a letter from the Chief of Staff/Service at a JCAHO accredited hospital attesting to current competency.”			
	GS09860	Peripheral arterial/venous access, percutaneous or cutdown			
	GS01360	Biliary tract surgery excluding reconstruction > age 2			
	GS02070	Central venous access, percutaneous or cutdown > age 2			
	GS02790	Correction of intussusception			
	GS04250	Excision of neck masses			
	GS04240	Excision of Meckel's diverticulum			
	GS04780	Gastrostomy			
	GS05360	Incision and drainage of superficial abscesses, excision of subcutaneous cysts or tumors; subcutaneous foreign body removal			
	GS06400	Jejunostomy			
	GS06530	Laparotomy for diagnostic or exploratory purposes or for management of intra abdominal sepsis and trauma			

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MARK IF REQUESTED	CODE	PRIVILEGE-PEDIATRIC SURGERY <i>Category 1 Continued</i>	ACTION		
			Approved	Conditions	Denied
	GS07150	Management of all forms of simple soft tissue tumors, inflammations, infections			
	GS07670	Management of pediatric trauma (simple) >age 2			
	GS10040	Placement of long term catheter in central vein			
	GS10670	Pyloromyotomy			
	GS01542	Small bowel resection > age 2			
	GS11960	Surgery of the abdominal wall, including management of all forms of hernia including diaphragmatic hernias, inguinal hernias, and orchiectomy in association with hernia repair. Excludes Congenital Diaphragmatic Hernia.			
	GS12030	Surgery of the spleen and associated lymphatic structures, including staging procedures for lymphoma and other forms of malignant disease			
	GS08490	Nutrition support			
	GS02800	Correction of malrotation of intestine > age 2			
	GS07430	Management of intra abdominal trauma >age 2			
PEDIATRIC SURGERY: CATEGORY 2					
	GS00820	Antireflux procedures			
	GS01340	Biliary tract reconstruction			
	GS02740	Correction of congenital megacolon			
	GS02780	Correction of intestinal obstructions (including newborn)			
	GS03960	Endoscopy of upper GI tract			
	GS04760	Gastroduodenal surgery			
	GS06510	Laparoscopy *			
	GS07270	Management of congenital defects of the abdominal wall and diaphragm (excluding groin and umbilical hernia)			
	GS07240	Management of complex trauma			
	GS07830	Management of tracheoesophageal fistulas or other congenital anomalies of the upper respiratory tract or the upper intestinal tract			
	GS09260	Pediatric solid tumors			
	GS09270	Pediatric thoracic surgery (excluding cardiovascular)			
	GS05854	Placement of pulmonary artery catheter			
	GS09241	Gynecological pediatric surgery			
	GS09242	Urological pediatric surgery			
	GS02800	Correction of malrotation of intestine < age 2			
	GS07430	Management of intra abdominal trauma < age 2			

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SPECIAL PROCEDURE					
		Perform Robotic Assisted Surgery Using the Robotic Surgical Platform* (Attach Required Certificate of Training) See Requirements for qualifications and proctoring above			
SEDATION (Attach appropriate Sedation Certificate)					
		Moderate sedation (Attach Certificate)			
		Deep Sedation (Attach Certificate)			

Acknowledgement of Practitioner

I have requested only those specific privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Loma Linda University Medical Center, Inc.; **and** I understand

- (a) In exercising any clinical privileges granted, I am constrained by any 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.

Signed: _____

Date: _____

Conditions/Modifications:

The requested clinical privileges have been approved by the Board of Trustees with the following conditions/modifications:

Code	Privilege	Condition/Modification

RECOMMENDED:

 Chief of Section

 Date

 Chief of Service

 Date

 Chair, Credentials Committee

 Date

 Chair, Medical Staff Executive Committee

 Date

APPROVED:

 Governing Board officer

 Date