

## DOP INSTRUCTIONS

1. Complete the attached DOP
2. Use the current privilege roster we have provided in your packet to cross-reference privileges if needed
3. Identify the privileges you need then check each facility box where the privilege will be practiced (see IMAGE #1)
4. If you currently hold a privilege requiring maintenance criteria (see IMAGE #2 as an example) you must submit the required documentation to keep the privilege. Maintenance criteria is highlighted throughout the DOP for you. **No Maintenance – No Privilege**
5. If you are requesting a privilege you do not already hold (check your privilege roster),
  - You must meet the initial criteria detailed on the DOP
  - Privileges for which you have not selected or do not meet the minimum criteria cannot be performed.
  - If you wish to perform privileges and do not have the minimum required criteria or documentation as outlined on the delineation of privileges form, you will need to request permission to proctor through Medical Staff Services.
6. Return all pages of the DOP by email or fax (jpeg images not accepted)

### IMAGE #1

You need privilege CALL-1 at Pineville, Cabarrus and Stanly so this is how your request should look

Please check appropriate blocks when applying for privileges:

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLV		ALLERGY AND IMMUNOLOGY CORE PRIVILEGES
	X		N/A		X		X		N/A	CALL-1	Privileges to evaluate, diagnose, and manage patients of all ages presenting with conditions or disorders involving the immune system, both acquired and congenital.
<p>NOTE: Privileges include but are not limited to: asthma, anaphylaxis, rhinitis, eczema, urticaria, and adverse reactions to drugs, foods, and insect stings as well as immune deficiency diseases (both acquired and congenital), defects in host defense, and problems related to autoimmune disease, organ transplantation or malignancies of the immune system. Privileges also include allergy testing and desensitization.</p> <p>These core privileges do not include any of the special procedures listed below.</p>											

### IMAGE #2

#### Maintenance Criteria for Continued Privileges (CHEM-1):

The Physician must perform a minimum of ten (10) representative samples of Adult Hematology Core procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Adult Hematology Core privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any Adult Hematology Core privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

ATRIUM HEALTH  
REAPPOINTMENT DOP  
PEDIATRIC SURGERY  
SPECIALTY OF GENERAL SURGERY

Print Name \_\_\_\_\_

	YES		NO*	I have participated in direct patient care in the hospital setting within the past two (2) years.
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**\*If the answer is No, please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.**

To be eligible for core privileges in General Surgery (Pediatric Surgery), the applicant must meet the following qualifications:

- If the applicant is not currently sub-specialty certified by the American Board of Surgery (ABMS) or by the American Osteopathic Association (AOA) in Pediatric Surgery the applicant must:
  1. Provide documentation of certification from the American Board of Surgery or by the American Osteopathic Association (AOA); **AND**
  2. Provide documentation of successful completion of a residency or fellowship training program which is ACGME or AOA accredited in Pediatric Surgery, within the past five (5) years; **AND**
  3. Documentation of the performance of at least one hundred (100) surgical procedures during the past two (2) years.
  
- If the applicant is currently subspecialty certified in Pediatric Surgery by the American Board of Surgery (ABMS) or by the American Osteopathic Association (AOA), the applicant must:
  1. Provide documentation of sub-specialty certification from the American Board of Surgery or by the American Osteopathic Association (AOA) in Pediatric Surgery; **AND**
  2. Documentation of the performance of at least one hundred (100) surgical procedures during the past two (2) years.

NOTE 1: Physicians must apply for "CORE" privileges in order to be eligible for clinical privileges in the specialty of Pediatric Surgery at any facility within the Atrium Health.

NOTE 2: "CORE" privileges cannot be amended or altered in any way.

NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		<b>PEDIATRIC SURGERY CORE PRIVILEGES</b>
	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	CPSUR-1	Evaluate, diagnose, consult, and provide surgical (including preoperative and postoperative) care to patients of all ages to correct various pediatric conditions, disorders and injuries of the alimentary tract, abdomen and its contents, breast, skin and soft tissue, head and neck, vascular system, (excluding the intra-cranial vessels and the heart), endocrine system and minor extremity surgery (biopsy, I&D, foreign body removal and skin grafts), thoracic surgery (thoracoscopy and open) specifically disorders of the lung, esophagus and mediastinum, use of adjunct energy sources such as lasers and cryosurgery. Assess, stabilize, and determine disposition of patients with emergent conditions.

**\* SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		<b>PEDIATRIC TRAUMA SERVICE</b>
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CPSUR-2	Trauma Service Privileges - Privileges to admit, evaluate, diagnose, consult, provide pre-operative, intra-operative and post-operative surgical care and perform surgical procedures for trauma patients from birth to adolescents, and patients from birth to adolescents with greater than 5% total body surface area burns.

NOTE: Pediatric Trauma Service Privileges include, but are not limited to, all procedures delineated as "CORE PROCEDURES" in this document, and any other operative procedures, including vascular surgery, necessary to save life or limb.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	<b>PEDIATRIC TRANSPLANT PRIVILEGES</b>	Minimum Number Required	Number Performed Within The Past 2 Years	Location
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CPSUR-3*	See criteria		
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CPSUR-4*	See criteria		
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CPSUR-5*	See criteria		

**MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES: CPSUR-3**

The Physician must provide documentation of attendance of one (1) major transplant meeting every two (2) years to be eligible to reapply for Liver Transplantation privileges. This will be reviewed by the Director of the Transplant Service at the time of reappointment.

**MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES: CPSUR-4**

The Physician must provide documentation of attendance of one (1) major transplant meeting every two (2) years to be eligible to reapply for Liver Transplantation privileges. This will be reviewed by the Director of the Transplant Service at the time of reappointment.

**MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES: CPSUR-5**

The Physician must perform a minimum of four (4) ECMO management, cannulation and decannulation cases over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	<b>ROBOTIC PRIVILEGES</b>	Minimum Number	Number Performed Within The
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											Required	Past 2 Years	Location	
	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	CPSUR-6*	da Vinci Surgical Robot	See criteria		
<b>CMC</b>	<b>PVL</b>	<b>UNV</b>	<b>CR</b>	<b>LIN</b>	<b>CAB</b>	<b>UNN</b>	<b>STN</b>	<b>ANS</b>	<b>CLE</b>	<b>STIMULATION THERAPY PRIVILEGES</b>		<b>Minimum Number Required</b>	<b>Number Performed Within The Past 2 Years</b>	<b>Location</b>
	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	CPSUR-7*	Implantation of Sacral Nerve Stimulator Therapy (SNS)	2		
	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	CPSUR-8*	Implantation of Gastric Stimulation Therapy (GST) - Temporary and Permanent	2		

**CRITERIA FOR MAINTENANCE OF PRIVILEGES: CPSUR-6**

The physician must perform two (2) procedures over a two (2) year period to be eligible to reapply for da Vinci Surgical Robot privileges. This will be reviewed at the time of the physician's reappointment.

**MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES: CPSUR-7**

The Physician must perform a minimum of two (2) Implantation of Sacral Nerve Stimulator (SNS) Therapy procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

**MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES: CPSUR-8**

The Physician must perform a minimum of two (2) Implantation of Gastric Stimulation Therapy (GST) - Temporary and Permanent procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

**PRIVILEGES REQUESTED BY:**

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 Atrium Health and;

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by 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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Approval by the CHS Medical Executive Committee: 02/08/2018  
Approval by the Board of Commissioners: 03/13/2018

**SHORT DEFINITION:** The Pediatric Trauma Surgeon is responsible for all aspects of trauma care for the injured pediatric patient from birth to adolescents. Core Pediatric Trauma Surgeon responsibilities include, but are not limited to triage, resuscitation, operative care, post-operative care, critical care discharge planning and post-discharge follow-up and coordination of subspecialty care.

**SKILLS AND TRAINING NEEDED TO PERFORM THE PRIVILEGE:** Skills include the ability to evaluate and manage multiple simultaneous pediatric trauma patients. The Pediatric Trauma Surgeon must understand the physiology of the healthy pediatric patient, the pathophysiology of the injured pediatric patient, the complications of severe trauma and massive fluid resuscitation, the manifestations of shock on other organ systems, medical and critical care management of the multiple trauma patient, and the potential complications of operations. In addition, the Pediatric Trauma Surgeon must be familiar with current Advanced Trauma Life Support (ATLS) recommendations, current American College of Surgeons Trauma Center verification standards and rules, and current pediatric trauma literature.

**CREDENTIALS REQUIRED:**

1. Provide documentation of the successful completion of an ACGME or AOA accredited General Surgery residency program within the past two (2) years and have written documentation from the Program Director demonstrating competency in Pediatric Trauma Surgeon privileges; **OR**
1. Documentation of certification in General Surgery or Pediatric General Surgery by the American Board of Surgery or by the American Osteopathic Association (AOA); **AND**
2. Present evidence of a minimum of sixteen (16) CME credits per year in Trauma related topics. Fifty percent (50%) of these CME credits must be extramural (both Category I and II are acceptable). This must include a minimum of four (4) hours of Pediatric Trauma CME credits; **AND**
3. Present evidence of current ATLS and PALS certification.

**ADDITIONAL REQUIREMENTS:**

1. Review and sign the meeting minutes from the Pediatric Trauma Outcomes Committee; **AND**
2. Adhere to all requirements ascribed by the American College of Surgeons Committee on Trauma and also the NCOEMS for Trauma Surgeons in a Level 1 Trauma Center; **AND**
3. Compliance with all Pediatric Trauma Service guidelines and standards of care of Pediatric Trauma, as determined by the Medical Director of Pediatric Trauma, and the Pediatric Trauma Process Improvement Program; **AND**
4. Prior to exercising Pediatric Trauma Service Privileges, you must be assigned by the Director of the Pediatric Trauma to serve as an Attending on the Pediatric Trauma Service.

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**CPSUR-3 PEDIATRIC LIVER TRANSPLANTATION**

**DEFINITION:**

1. Replacement of the liver with a deceased donor liver including reduced size, split and auxiliary liver grafting in patients 17 years of age and below;
2. Procedures related to complications of liver transplantation in patients 17 years of age and below.

**SKILLS AND TRAINING NEEDED TO PERFORM THE PRIVILEGE:**

Skills should also include the ability to remove the donor liver, and divide the donor liver for reduced size or split hepatic grafts. Knowledge should include normal and disease state physiology especially that of the cirrhotic patient, the complications of End Stage Liver Disease (ESLD), the manifestations of ESLD on other organ systems, the medical and critical care management of the pre and post-transplant patient, the potential complications of the operation and the management of immunosuppression and the complications of immunosuppression. Knowledge should also include understanding of organ preservation, the current United Network for Organ Sharing (UNOS) liver allocation systems, UNOS standards and rules, and current transplant literature.

**CREDENTIALS REQUIRED:**

1. Documentation of completion of American Society of Transplant Surgeons (ASTS) Certified Transplantation Fellowship (or equivalent training).
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**CPSUR-4 PEDIATRIC RENAL TRANSPLANTATION**

**DEFINITION:**

1. Implant and explant of the transplanted kidney in patients 17 years of age and below;
2. Deceased Donor Nephrectomy; in patients 17 years of age and below;
3. Removal of diseased, ureter and bladder resulting from complications of renal transplant in patients 17 years of age and below;
4. Live Donor Nephrectomy in patients 17 years of age and below.

**SKILLS AND TRAINING NEEDED TO PERFORM THE PRIVILEGE:**

Skills should also include the ability handle the native kidneys, ureter, bladder, arteries, and veins. Knowledge should include native disease states, transplant situations and potential complications related to transplantation. Skills should include management of the deceased donor - the deceased donor Nephrectomy, handling of the kidney post removal including cold stored and machine preserved organs. Knowledge should include an understanding of the current renal allocation and distribution system, HLA typing, and current literature. Skills should also include the ability to biopsy the transplanted graft.

**CREDENTIALS REQUIRED:**

1. Documentation of completion of American Society of Transplant Surgeons (ASTS) Certified Transplantation Fellowship (or equivalent training).
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**CPSUR-5      EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) MANAGEMENT, CANNULATION AND DECANNULATION**

**SHORT DEFINITION:** ECMO is the specialized technique of mechanical extracorporeal cardiac and/or respiratory support for patients with life-threatening failure of heart or lung function.

**SKILLS AND TRAINING NEEDED:**

1. Provide verification from the pediatric residency or pediatric fellowship program director that the Applicant has been trained in ECMO cannulation and decannulation and has participated in the management of four (4) cases within the past two (2) years;

**OR**

1. Provide documentation of certification of attendance at an ECMO Management Course indicating the completion of didactic and simulation training exercise within the past two (2) years; **AND**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Extracorporeal Membrane Oxygenation (ECMO) Management, Cannulation and Decannulation. You must provide documentation of proctoring for the management, cannulation and decannulation of three (3) cases.

**OR**

1. Provide verification from the Chief/Chairman of the Applicant's Department that the Applicant has performed active ECMO management, cannulation and decannulation within the past two (2) years; **AND**
2. Provide case log documentation of successful active ECMO management, cannulation and decannulation of four (4) cases within the past two (2) years.

**CPSUR-6      DA VINCI ROBOTIC-ASSISTED SURGERY**

**DEFINITION:**

The da Vinci surgical system itself is a large console, controlled by the surgeon, with three interactive robotic arms, specialized surgical instrumentation, and a high-performance video system. The video system provides surgeons with a highly magnified, three-dimensional view of a patient's interior, while the surgical instrumentation allows for improved precision and manipulation in tight spaces.

**SKILLS AND TRAINING NEEDED:**

The applicant must meet the following:

1. Provide verification from the Residency or Fellowship program director that the Applicant has been trained in da Vinci and has proficiently performed three (3) da Vinci cases within the past two (2) years.

**OR**

1. Documentation of successful completion of a formal course on the da Vinci system offered through Intuitive Surgical; **AND**
2. Verification by the approved Robotics Proctoring Physician that the Applicant was successfully proctored for a minimum of three (3) robotic-assisted patient cases; **OR**
3. Documentation of proficiently performing three (3) da Vinci cases within the past two (2) years; **OR**
3. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform da Vinci Surgical Robot. You must provide documentation of proctoring for three (3) procedures.

**CPSUR-7      IMPLANTATION OF SACRAL NERVE STIMULATOR (SNS) THERAPY**

**DEFINITION:** The therapy involves electrical stimulation of the sacral nerves (in the sacrum through either S-3 or S-4) via a totally implantable system that includes a lead and implantable pulse generator (IPG).

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in Implantation of Sacral Nerve Stimulator (SNS) Therapy; **OR**
1. Provide documentation of successful completion of a SNS Physician Education Program on-line course at [www.training.interstim.com](http://www.training.interstim.com); **AND**
2. Provide a minimum of two (2) cases within the past two (2) years; **OR**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Implantation of Sacral Nerve Stimulator (SNS) Therapy. You must provide documentation of proctoring for two (2) procedures.

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**CPSUR-8            IMPLANTATION OF GASTRIC STIMULATION THERAPY (GST) - TEMPORARY AND PERMANENT**

**DEFINITION:** The permanent therapy involves electrical stimulation of the stomach via a totally implantable system that includes two leads implanted in the wall of the stomach and implantable pulse generator (IPG). Temporary stimulation involves electrical stimulation of the stomach via a temporary lead implanted in a submucosal position through a gastroscope and an external pulse generator.

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in Implantation of Gastric Stimulation Therapy (GST) - Temporary and Permanent; **OR**
1. Provide a minimum of two (2) cases within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Implantation of Gastric Stimulation Therapy (GST) - Temporary and Permanent. You must provide documentation of proctoring for two (2) procedures.