

SPECIALTY OF UROLOGY

Delineation of Clinical Privileges

Criteria for granting privileges:

Current certification by the American Board of Urology, or the American Osteopathic Board of Surgery for Urology.

Or

Successful completion of an ACGME, or AOA accredited post-graduate training program in Urology and board certification within 5 years of program completion.

Or

Current certification by the American Board of Urology, and additional training or subspecialty certification in Pediatric Urology.

Or

Successful completion of an ACGME accredited post-graduate training programs in Urology and additional training in Pediatric Urology, and board certification within 5 years of program completion.

Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.

Current Clinical Competence - MLH

In addition to the required education, experience and/or training specified on each DOP (Delineation of Privilege) form, documentation of current clinical competence is required. Current clinical competence is described as having “performed the privilege recently and performed it well”.

Current clinical competence is assessed prior to granting privileges initially and is reassessed when renewing privileges at reappointment – for maintenance of privileges. Current Clinical Competence (CCC) may be location specific (acute hospital care/surgery center) and/or age specific (adult, pediatric, neonatal).

This should not be confused with Focused Professional Practice Evaluation (FPPE)

- FPPE: an evaluation of clinical competence of all new privileges as performed at the specific licensed MLH facility (MHMH, MHOBH) for which they have been initially granted. This applies to privileges for all new applicants as well as to new/additional privileges for current members.

Both FPPE and current clinical competence assessments are privilege-specific. FPPE is conducted during the period after granting new/additional privileges. FPPE must occur at the MLH facility(ies) where privileges/membership are held. Current clinical competence may be evaluated from case logs provided by non-MLH facilities.

Current Clinical Competence: Requirements for New Applicants

- If applying directly from training, or based on the training received in a formal training program, provider should submit case* logs from the program authenticated by the program director along with their recommendation attesting to the comparable training, experience and qualifications relative to the criteria for the clinical privileges requested.
- If applying more than 1 year after training completion, submit the following:

- Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
- Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
- Case logs (see specifications below) for any special privileges requested that meet the criteria specific for the number of procedures defined for current clinical competence.

Current Clinical Competence: Maintenance of Privileges for Current Members

- **For active staff members:** MLH source data will be aggregated to review cases and procedures performed. If this does not meet the minimum requirement for core and/or special privileges, the practitioner will be required to submit additional case logs from other facilities.
- **For courtesy staff members with low activity and for certain active staff with activity that has diminished and is now low:** Department chair recommendation should be obtained from their primary facility; and the practitioner should submit the following:
 - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Case logs (see specifications below) for any special privileges requested that meet the specific number of procedures defined for current clinical competence.

Case Logs

All required case logs and/or procedure lists must contain the following information at a minimum: Date, patient identifier, CPT/ICD procedure code, diagnosis, complications, and disposition, and the facility name, name/title of the person authenticating the log, signature, date signed, and contact information. If the information requested is not available, please provide an explanation.

*A “case” is defined as an episode of care – either cognitive or procedural. For interpretive care, “case” is interpretation of one diagnostic study.

Ongoing Professional Performance Evaluation (OPPE)

OPPE is evaluated periodically (more frequently than annually) in the facility where membership/privileges are held.

To assure OPPE requirements are satisfied, the practitioner must periodically exercise the privileges in the MLH facility(ies) where he/she has membership. OPPE must occur regularly on patient encounters in the MLH facility(ies) where privileges/membership are held.

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
Urology Surgery Core	<p>Current certification by the American Board of Urology, or the American Osteopathic Board of Surgery for Urology.</p> <p>Or</p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in Urology and board certification within 5 years of completion.</p>	<p>Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD9 codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p>	<p>First 5 cases: nephrectomy, partial nephrectomy and prostatectomy recommended</p>	<p>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p>
Urology Pediatric Surgery Core	<p>Current certification by the American Board of Urology, or the American Osteopathic Board of Surgery for Urology.</p> <p>Or</p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in Urology and board certification within 5 years of completion.</p>	<p>Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD9 codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p>	<p>First 5 cases: Cystoscopy (2) Reimplant (1), Circumcision (1), and Laparoscopy (1)</p>	<p>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p>

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				Department chair recommendation will be obtained from primary practice facility.
<i>Use of Laser</i>	Completion of an approved eight hour minimum CME course which includes training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and hands-on experience with lasers. A letter outlining the content and successful completion of course must be submitted, or documentation of successful completion of an approved residency in a specialty or subspecialty which included training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and a minimum of six hours observation and hands-on experience with lasers.		First 5 cases	Case log documenting 5 procedures within the previous 24 months
Radioactive Seed Implantation	If the residency did not include prostate seed implantation training, the applicant should be required to demonstrate successful completion of an accredited course in prostate seed implantation and evidence of being proctored in at least three cases by a physician experienced in prostate seed implantation.	Proctor evaluations for three successful cases	First 5 cases	Case log documenting 6 procedures within the previous 24 months
Transurethral needle ablation	Documentation of training in TUNA. It is recommended that a physician who did not receive residency training in this area participate in a one-and one-half day course devoted to TUNA, including a didactic portion and a hands-on session involving the observation of two patient treatments.	Proctor evaluations for two successful cases	First 5 cases	Case log documenting 4 procedures within the previous 24 months
Sacral Nerve Therapy	If not included in Residency training, applicants must provide documentation of completion of a training program for	Proctor evaluations for three successful cases	First 5 cases	Case log documenting 6 procedures within the previous 24 months

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	sacral nerve therapy for bladder control.			
Laparoscopic Orchiopexy	Applicants must have completed a laparoscopic surgery training program.	Proctor evaluations for three successful cases	First 5 cases	Case log documenting 6 procedures within the previous 24 months
Laparoscopic Nephrectomy	Current credentials to perform open nephrectomy, documentation of attendance of an animate lab training course. Residents would be required to have a case log including three cases, five years proctoring by a General Surgeon or Urologist with laparoscopic experience, be credentialed for open Nephrectomy post residency and provide documentation of attendance of a course involving animate lab training experience.	Proctor evaluations for three successful cases	First 5 cases	Case log documenting 6 procedures within the previous 24 months
Pediatric Therapeutic Laparoscopic Procedures	Current credentials to perform open nephrectomy, documentation of attendance of an animate lab training course. Residents would be required to have a case log including three cases, five years proctoring by a General Surgeon or Urologist with laparoscopic experience, be credentialed for open Nephrectomy post residency and provide documentation of attendance of a course involving animate lab training experience.	Documentation of proctor evaluations for three successful pediatric cases.	Five cases with a minimum of two pediatric renal laparoscopic cases.	Case log documenting 6 pediatric procedures within the previous 24 months

Urology Core Privilege: Admit, evaluate, diagnose, treat (surgically or medically) and provide consultation to patients over the age of 13, except as specifically excluded from practice, presenting with malignant medical and surgical disorders of the genitourinary system and the adrenal gland and including endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The core privileges in this specialty include, but are not limited to the procedures listed below and such other procedures that are extensions of the same techniques and skills:

- Prostatectomy, including biopsy
- Anterior Pelvic exenteration
- Appendectomy as component of urologic procedure
- Bladder instillation of anticarcinogenic agents
- Bowel resection as a component of urologic procedure
- Circumcision
- Continent reservoirs
- Creation of neobladders
- Cystolithotomy
- Cystoscopy
- Endoscopic destruction of urethral valves, child
- Enterostomy as component of urologic procedure
- Excision of retroperitoneum
- Extracorporeal shock wave lithotripsy
- Female sphincter prosthesis
- Ileal or intestinal conduit
- Inguinal herniorrhaphy as related to urologic operation
- Insertion of totally indwelling ureteral stent
- Laparoscopic surgery, urologic for disease of the urinary tract (Except for Laparoscopic Nephrectomy)
- Laparotomy for diagnostic or exploratory purposes (urologic related conditions)
- Lymph node dissection-inguinal, retroperitoneal, or iliac
- Male sphincter prosthesis
- Management of congenital anomalies of the genitourinary tract, including epispadias
- Microscopic surgery-epididymovasostomy, vasovasotomy
- Open renal stone surgery
- Open renal biopsy
- Operation for Peyronie's disease, including grafting
- Operation for urethral fistula
- Other plastic and reconstructive procedures on external male genitalia
- Pelvic and inguinal lymph node biopsy
- Percutaneous nephrolithotripsy
- Periurethral collagen injections

- Plastic and reconstructive procedures on ureter, bladder, and urethra
- Reconstructive procedures on external genitalia requiring prosthetic implants or foreign materials
- Reconstructive surgery of upper and lower urinary tract
- Renal endoscopy through established nephrostomy or pyelostomy
- Release of labial fusion
- Surgery of the testicle, scrotum, epididymis, and vas deferens, including biopsy, excision and reduction of testicular torsion and orchiopexy
- Surgery upon the adrenal gland
- Open surgery upon the kidney, including total or partial nephrectomy for malignant or benign disease, including radical transthoracic nephrectomy
- Surgery upon the penis
- Surgery upon the ureter and renal pelvis
- Surgery upon the urinary bladder for benign or malignant disease, including partial resection and removal of stones and foreign bodies
- Testicular biopsy
- Total or simple cystectomy
- Transurethral surgery, including resection of prostate and bladder tumors
- Transvesical ureterolithotomy
- Ureteral substitution
- Uretero-calyceal anastomosis
- Ureteroscopy
- Urethral suspension procedures
- Ventral/flank herniorrhaphy as related to urologic operation
- Visual urethrotomy

Urology Pediatric Core Privilege:

Admit, evaluate, diagnose, consult, and treat patients from neonates to below the age of 13 presenting with acquired or congenital diseases or disorders of the reproductive and genitourinary systems.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The procedures below reflect the scope of practice included in the core, but are not limited to the procedures listed:

- Circumcision
- Correction of ambiguous genitalia
- Cystoscopy and retrogrades
- Endoscopic incision or fulguration, urethral valves
- Epispadias repair
- Excision of appendix testis
- Hydrocelectomy
- Meatotomy
- Operations for hypospadias (correction of penile chordee; first, second, third stage; repair of urethrocutaneous fistula repair or

- penoplasty)
- Orchiectomy
- Orchiopexy
- Reconstructive surgery of upper and lower urinary tract
- Reduction of torsion of testes
- Secondary plastic repair, injured membranous urethra
- Ureteroneocystostomy with plastic narrowing
- Release of labial fusion
- Vaginal reconstruction
- Repair of bladder exstrophy
- Deflux injection for reflux

Special: The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

Administration of moderate sedation: See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists.
Requires: Separate DOP, ACLS, NRP or PALS certification

Robotic Surgery: See Physician Credentialing requirements for Robotic Surgery. Requires: Separate DOP

Urology Clinical Privileges

Check below the particular privileges desired in Urology for each facility:

Please check (✓) applicable age categories for each privilege requested.

Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities				Methodist Healthcare – Olive Branch Hospital (MHOBH)
	Neonates (0-28 days)	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13 & Above)	Adults & Adolescents (13 & Above)
Urology Core					
Urology Pediatric Core					
Special Privileges					
Use of Laser					
Radioactive seed implantation for prostate cancer					
Transurethral Needle Ablation (TUNA) of the Prostate					
Sacral Nerve Therapy for bladder control					
Laparoscopic Orchiopexy					
Laparoscopic Nephrectomy					
Pediatric Therapeutic Laparoscopic Procedures					
Limitations	Clinical privileges are granted only to the extent privileges are available at each facility.				
<div style="background-color: black; width: 15px; height: 10px; display: inline-block;"></div> Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.					

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 for which I wish to exercise at the facilities indicated above, to the extent services are available at each facility, and I understand that:

(a) in exercising any clinical privileges granted, I am constrained by facility 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 or related documents

Physician's Signature

Date

Printed Name