Criteria for granting privileges: Maintain clinical privileges at the facility in an appropriate specialty. Participate in the structured Le Bonheur program for Pediatric Robotic Surgery.

And

Complete Robotic Surgery training course, which includes didactic and laboratory training as evidenced by a certificate of completion.

And

Complete five successful proctored cases as evidenced by submission of proctor evaluation forms.

And

Submit a case log documenting 10 major pediatric laparoscopic procedures within the respective field in the previous 12 months. Major laparoscopic procedures are defined as

- Pediatric General Surgery: Laparoscopy of the biliary system, stomach, or intestines (excluding simple appendectomy). Acceptable procedures include cholecystectomy, Nissen fundoplication, atresia procedures, and colorectal procedures.

- Pediatric Urology: Laparoscopic surgery of the kidney, ureter, bladder or bowel. Acceptable procedures include pyeloplasty, nephrectomy, partial nephrectomy, ureteral reimplantation, augmentation cystoplasty, mitrofanoff, or MACE procedure.

- Pediatric Thoracic Surgery: Non-cardiac thoracic surgery. Acceptable procedures include VATS, pectus excavatum repair, lobectomy and lung biopsy, mediastinal mass resection, diaphragmatic hernia repair, plication of diaphragm, esophagectomy with esophageal replacement (colon or stomach).

Pediatric Robotic Surgery training in Residency or Fellowship, evidenced by case logs and attestation from Program Director, which may substitute for proctoring requirements.

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".

Board Approval: October 21, 2015
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 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 (MHH, 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.
<table>
<thead>
<tr>
<th>Specialty/Procedure Delineation of Privilege Form</th>
<th>Education/Training Documentation for Initial Granting</th>
<th>Initial Application (Proof of current clinical competence)</th>
<th>FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)</th>
<th>Maintenance Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Robotic Surgery Privileges</td>
<td>Maintain current clinical privileges at Methodist Le Bonheur Healthcare in an appropriate pediatric specialty And Complete Robotic Surgery training course, which includes didactic and laboratory training as evidenced by a certificate of completion Or Pediatric Robotic Surgery training in Residency or Fellowship, evidenced by case logs and attestation from Program Director, which may substitute for proctoring requirements if cases within the previous 24 months..</td>
<td>Completion of 5 successfully proctored robotic cases as evidenced by submission of proctor evaluation forms And Current clinical competence in 10 major pediatric laparoscopic cases within the previous 12 months. Appropriate pediatric laparoscopic cases include: • Pediatric General surgery: Laparoscopy of the biliary system, stomach, or intestines (excluding simple appendectomy). Acceptable procedures include cholecystectomy, Nissen fundoplication, atresia procedures, and colorectal procedures. • Pediatric Urology: Laparoscopic surgery of the kidney, ureter, bladder or bowel. Acceptable procedures include pyeloplasty, nephrectomy, partial nephrectomy, ureteral reimplantation, augmentation cystoplasty, mitrofanoff, or MACE procedure. • Pediatric Thoracic Surgery: Non-cardiac thoracic surgery. Acceptable procedures include pectus excavatum repair, lobectomy and lung biopsy, mediastinal mass resection, diaphragmatic hernia repair, plication of diaphragm, esophagectomy with esophagophal replacement (colon or stomach)</td>
<td>First 5 cases</td>
<td>Case log documenting the performance of at least 10 pediatric robotic procedures over the previous 24 months</td>
</tr>
</tbody>
</table>

**Pediatric Robotic Surgery Privileges:** Privileges granted allow this technique to be utilized on any procedure for which the practitioner has been granted open and laparoscopic privileges.
Pediatric Robotic Surgery Privileges Clinical Privileges

**Check below the particular privileges desired in Pediatric Robotic Surgery Privileges:**

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

<table>
<thead>
<tr>
<th>Privilege Description</th>
<th>Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South &amp; University, Outpatient Clinics &amp; Diagnostic Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Limitations</td>
<td>Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South &amp; University, Outpatient Clinics &amp; Diagnostic Facilities</td>
</tr>
<tr>
<td>Neonates</td>
<td>Infants (29 days – 2 Years)</td>
</tr>
<tr>
<td>Infants</td>
<td>Children &amp; Adolescents (2-18 years)</td>
</tr>
<tr>
<td>Children &amp; Adolescents</td>
<td>Adults &amp; Adolescents (13 &amp; Above)</td>
</tr>
<tr>
<td>Adults</td>
<td>Adults (18 &amp; Above)</td>
</tr>
</tbody>
</table>

Robotic Surgery  

Limitations  

Clinical privileges are granted only to the extent privileges are available at each facility.

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 the 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