

Surgery Center

DELINEATION OF CLINICAL PRIVILEGES Urology

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|-----------------|------------|
| Applicant _____ | Date _____ |
|-----------------|------------|

The granting, reviewing, and changing of clinical privileges will be in accordance with the Medical Staff Bylaws. Assignment of such clinical privileges must be based on education, clinical training, demonstrated skills, and capacity to manage procedurally related complications. Indicate procedures for which you **do** and **do not** wish to be credentialed. Return this form with your application.

| Procedures | Privilege Request | | Recommendation by QM Committee | |
|--|-------------------|----|--------------------------------|----|
| | Yes | No | Yes | No |
| Amputation penis, complete | | | | |
| Amputation penis, partial | | | | |
| Aspiration bladder trochar intracath | | | | |
| Biopsy of testis, incision bilateral | | | | |
| Biopsy of testis, incision unilateral | | | | |
| Biopsy penis deep | | | | |
| Biopsy prostate incisional | | | | |
| Biopsy vaginal mucosa, extensive | | | | |
| Bladder, Biopsy, TURBT | | | | |
| Bladder, Interstim Therapy | | | | |
| Bladder, Monarch Sling Procedure | | | | |
| Brush biopsy renal pelvis | | | | |
| Cath or stent ureter | | | | |
| Change nephrostomy tube | | | | |
| Change of cystostomy tube | | | | |
| Circumcision, any technique | | | | |
| Close urethrostomy fistula | | | | |
| Colpocentesis | | | | |
| Cysto & inter urethrotomy female | | | | |
| Cysto & inter urethrotomy male | | | | |
| Cysto incompetent bladder diverticulum | | | | |
| Cysto incompetent bladder neck | | | | |
| Cysto insert JJ stent | | | | |
| Cysto removal of foreign body/JJ stent | | | | |
| Cysto stone basket manipulation | | | | |
| Cysto stone basket extraction | | | | |
| Cysto w/resection ureterocele | | | | |
| Cystorrhaphy complex | | | | |
| Cystourethroscopy w/ejaculation duct | | | | |
| Cystourethroscopy-remove foreign body/calculus | | | | |

| Procedures | Privilege Request | | Recommendation by QM Committee | |
|---|-------------------|----|--------------------------------|----|
| | Yes | No | Yes | No |
| Destruction of lesions, vulva extensive | | | | |
| Dilatation female urethral w/anesthesia | | | | |
| Direct vision cold urethrotomy | | | | |
| Dorsal slit | | | | |
| Drain perineal abscess | | | | |
| Drainage deep periurethral abscess | | | | |
| Epididymectomy bilateral | | | | |
| Epididymectomy unilateral | | | | |
| Epididymovasostomy, micro bilateral | | | | |
| Epididymovasostomy, unilateral | | | | |
| Excision hydrocele bilateral | | | | |
| Excision hydrocele sperm cord unilateral | | | | |
| Excision hydrocele unilateral | | | | |
| Excision lesion sperm cord | | | | |
| Excision local lesion testis | | | | |
| Excision local lesion epididymis | | | | |
| Excision Mullerian duct cyst | | | | |
| Excision of Bartholins gland | | | | |
| Excision of penile plaque | | | | |
| Excision of Peyronie's exposed plaque | | | | |
| Excision of vaginal septum | | | | |
| Excision or fulguration carcinoma urethra | | | | |
| Excision spermatocele | | | | |
| Excision urethral caruncle | | | | |
| Excision urethral diverticulum male | | | | |
| Excision urethral diverticulum female | | | | |
| Excision urethral prolapse | | | | |
| Excision varicocele of sperm cord w/hernia | | | | |
| Excision varicocele or ligation of sperm cord | | | | |
| Explore epididymis w/wo biopsy | | | | |
| Extracorporeal shock wave lithotripsy | | | | |
| Fulguration prostate | | | | |
| Hernia hydrocele repair | | | | |
| Hydrocelectomy | | | | |
| Incision & drainage of epididymis | | | | |
| Incision & drainage of perineal abscess | | | | |
| Incision & drainage of hematoma | | | | |
| Incontinence procedure male | | | | |
| Injection | | | | |
| Injection for pyelography thru cath | | | | |
| Injection procedure for pyelography | | | | |

| Procedures | Privilege Request | | Recommendation by QM Committee | |
|---|-------------------|----|--------------------------------|----|
| | Yes | No | Yes | No |
| Injection procedure for corpora cavernosography | | | | |
| Injection procedure-cystography | | | | |
| Injection procedure-retrograde urethrocycto | | | | |
| Injection ureterography thru cath | | | | |
| Injection vis ileal conduit | | | | |
| Interpretation of x-rays taken in the Facility | | | | |
| Irrigation corpora cavernosa/priapism | | | | |
| Ligation internal sperm vein | | | | |
| Lithotripsy, Holmium Laser Ablation | | | | |
| Lithopaxy large | | | | |
| Lithopaxy small | | | | |
| Marsup urethral caruncle | | | | |
| Marsupialization of Bartholins | | | | |
| Meatotomy | | | | |
| Meatotomy infant | | | | |
| Needle biopsy of prostate | | | | |
| Orchidopexy bilateral | | | | |
| Orchidopexy unilateral | | | | |
| Orchiectomy radical inguinal approach | | | | |
| Orchiectomy, unilateral | | | | |
| Plastic operation of penis, injury | | | | |
| Primary urethroplasty, staged or unstaged | | | | |
| Prostatotomy simple | | | | |
| Prostate, Greenlite Laser Ablation | | | | |
| Prostate, TURP, TUVF, Cryo | | | | |
| Punch cystostomy | | | | |
| Removal foreign body from deep penis | | | | |
| Removal of foreign body in scrotum | | | | |
| Renal endoscopy thru established nephrostomy | | | | |
| Renal endoscopy w/fulguration and/or excision | | | | |
| Repair hydrocele bottle type | | | | |
| Repair inguinal hernia, recurrent | | | | |
| Repair inguinal hernia w/orchiectomy | | | | |
| Repair inguinal hernia, sliding | | | | |
| Repair inguinal hernia w/excision of hydrocele | | | | |
| Repair testicular injury | | | | |
| Repair umbilical hernia, age 5 or over | | | | |
| Repair ventral hernia | | | | |
| Repair ventral hernia, recurrent | | | | |
| Resection of scrotum | | | | |
| Scrotoplasty, complicated | | | | |

| Procedures | Privilege Request | | Recommendation by QM Committee | |
|--|-------------------|----|--------------------------------|----|
| | Yes | No | Yes | No |
| Scrotoplasty, simple | | | | |
| Secondary urethroplasty | | | | |
| Soft Tissue Excision | | | | |
| Suprapubic Tube Insertion | | | | |
| Transposition of testis to thigh | | | | |
| Ureteral endoscopy thru ureterotomy | | | | |
| Ureteral endoscopy w/removal foreign body | | | | |
| Ureteral endoscopy w/ureteral cath | | | | |
| Ureteral endoscopy w/biopsy | | | | |
| Ureteral endoscopy w/fulguration, incision | | | | |
| Ureteroscopy complete & dilation | | | | |
| Ureteroscopy w/biopsy/fulguration | | | | |
| Ureteroscopy w/stone extraction | | | | |
| Urethral dilatation female | | | | |
| Urethral dilatation male sound | | | | |
| Urethral dilatation male filiforms & followers | | | | |
| Urethral dilatation sound-anesthesia | | | | |
| Urethromeatoplasty w/mucosal adhesions | | | | |
| Urethromeatoplasty w/partial excision | | | | |
| Urethroplasty female | | | | |
| Urethroplasty scrotal perineal | | | | |
| Urethrorrhaphy female | | | | |
| Urethrorrhaphy perineal | | | | |
| Urethrorrhaphy prostate | | | | |
| Urethrotomy pendulous urethra | | | | |
| Urethrotomy perineal urethra | | | | |
| Vasovasostomy, unilateral | | | | |
| CRNA Supervision | | | | |

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|-----------------------|------|
| Applicant's Signature | Date |
|-----------------------|------|

For Administrative Purposes Only

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|---|------|
| Clinical privileges recommendations approved by Governance. | |
| Governance Chairperson | Date |

Physician Job Description

Reports To: Medical Director and Board of Directors

Position Summary: The Surgeon should be a highly visible, working physician representing the Center to the medical community and the public.

The Physician should participate in and understand the centers budget. He/she should work in a collegiate way with the Administrator and the Nurse Manager to affect efficient and profitable operations.

Qualifications:

A Physician shall be a physician who has successfully completed a residency program Accredited by the Accreditation Council for Graduate Medical Education or Approved by the American Osteopathic, or successfully achieved Podiatry Licensure. Member of the Medical Staff as a licensed independent practitioner, with active clinical privileges appropriate to the Center. Keeps abreast of national and federal regulations.

Responsibilities:

1. Participates in orientation and educational activities.
2. Participates in staff orientation and staff educational activities.
3. Assures quality care is rendered in the Center.

Work Environment and Hazards:

Hazards include risk of exposure to communicable diseases and hazardous substances, and the risk of physical injury from moving/ lifting patients and equipment, as well as operation of equipment. Work may be stressful at times. Interaction with others is constant and interruptive. Contact may involve with dealing with sick/and or persons under high stress/anxiety. While occasionally exposed to fumes or airborne particles and or toxic or caustic chemicals. The noise level in the work environment is usually moderate.

Special Physical Demands: The physical demands described here are representative of those that may be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to stand, use hands, talk and hear. The employee must occasionally climb, stoop, or balance; kneel, sit, walk, use hands to finger, handle or feel objects, tool or controls; and reach with hands and arms. The employee must occasionally lift and/or move fifty (50) pounds and occasionally lift/move more than one hundred (100) pounds. Specific vision abilities required by this job include close vision, distance vision, peripheral vision, and the ability to adjust to focus

The above statements reflect the general outline considered necessary to describe the principal functions of this job. It shall not be construed as a detailed description of all work requirements of the job.

Signature

Date _____