

ST. DAVID'S MEDICAL CENTER
GASTROENTEROLOGY -
Special, Invasive, Diagnostic, or High-Risk Procedure Requirements

Special Privileges and training/volume requirements:

If a practitioner is unable to provide documentation of current competence as required in the following criteria, whether via training or case log documentation, the practitioner may receive a recommendation for conditional approval of the privilege requiring proctoring for (x) number of cases by a practitioner who is currently approved / privileged to perform the procedure being requested. The number of cases for proctoring will be recommended by the Department Chairman and approved by the Board of Directors.

Proctors Defined:

All proctors must be credentialed in gastroenterology and must hold unrestricted privileges for the specific procedure which is being requested. The proctor may be allowed to first assist. The proctor must also sign and fully adhere to the proctoring agreement, complete an evaluation after each proctored case, and after the completion of the number of cases for which proctoring is recommended determine if further proctoring is recommended or if the applicant has successfully completed proctoring. Additional proctoring may be required at the discretion of the Department Chair. (See "Proctoring Review & Recommendations" below).

Proctoring Review & Recommendations:

The Department Chair will base his/her recommendations on the review of the proctor evaluations. After completion of the required proctored cases the department chair must review the operative notes, discharge summaries on inpatient cases, and proctor evaluations and make a recommendation to the Credentials Committee (or to the Medical Executive Committee, at Heart Hospital Campus) as to whether FPPE (100% review of the next five [5] cases) should proceed. After completion of FPPE the Department Chair will recommend whether full privileges should be granted, further proctoring is recommended, or the privilege should be denied.

Proctoring outside of SDMC:

Cases proctored during Fellowship training or at another accredited hospital during the immediate past two years may be included in meeting this requirement.

Credentialing Criteria:

ERCP (diagnostic and therapeutic) – biliary and pancreatic ductal imaging, including sphincterotomy, stone removal, biopsy, and stent placement, and mechanical lithotripsy

Initial Appointment Requirements:

- Completion of an ACGME/AOA-approved fellowship in Gastroenterology within the prior 2 years that included the successful performance of 100 (one hundred) ERCP procedures as primary operator; OR
- If fellowship program completed more than 2 years prior, documentation from the applicant's primary affiliation (or immediate past hospital affiliation) which documents successful performance of 20 ERCP procedures during the prior 2 years.

Reappointment Requirements:

- Documentation of the successful performance of 15 (fifteen) ERCP procedures in prior 2 years.

ERCP (advanced therapeutic) – cholangioscopy, pancreatoscopy, advanced lithotripsy (laser, EHL), altered anatomy

Initial Appointment Requirements:

- Completion of an ACGME/AOA-approved fellowship in Gastroenterology within the prior 2 years AND a letter from Program Director attesting to training and current competence; OR
- If training completed more than 2 years prior, if the applicant is credentialed in advanced therapeutic ERCP at another accredited hospital AND provides a letter from the facility or the appropriate department chair from that hospital, stating that the physician holds unrestricted advanced therapeutic ERCP surgical privileges and is in good standing.
 - If letter is received but there is no advanced ERCP volume within the last 2 years, proctoring may be required.

Reappointment Requirements:

- Continue to meet ERCP (diagnostic and therapeutic) criteria.

Pneumatic dilatation for achalasia

Initial Appointment Requirements:

- Documentation of the successful performance of one (1) case in the prior 2 years.

Reappointment Requirements:

- Documentation of the successful performance of one (1) case in the prior 2 years.

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GI luminal stent placement and removal

Initial Appointment Requirements:

- Completion of an ACGME/AOA-approved fellowship in Gastroenterology within the prior 2 years that included the successful performance of at least 5 luminal stents; OR
- If fellowship program completed more than 2 years prior, documentation from the applicant's primary affiliation (or immediate past hospital affiliation) which documents successful performance of 5 luminal stent procedures during the prior 2 years.

Reappointment Requirements:

- Documentation of the successful performance of 5 luminal stent procedures in prior 2 years.

Endoscopic mucosal resection

Initial Appointment Requirements:

- Completion of an ACGME/AOA-approved fellowship in Gastroenterology within the prior 2 years that included the successful performance of at least 5 endoscopic mucosal resections; OR
- If fellowship program completed more than 2 years prior, documentation from the applicant's primary affiliation (or immediate past hospital affiliation) which documents successful performance of 5 endoscopic mucosal resection procedures during the prior 2 years.

Reappointment Requirements:

- Documentation of the successful performance of 5 endoscopic mucosal resection procedures in prior 2 years.

Esophageal ablation

Initial Appointment Requirements:

- Completion of an ACGME/AOA-approved fellowship in Gastroenterology within the prior 2 years that included the successful performance of at least 5 esophageal ablations; OR
- If fellowship program completed more than 2 years prior, documentation from the applicant's primary affiliation (or immediate past hospital affiliation) which documents successful performance of 5 esophageal ablation procedures during the prior 2 years.

Reappointment Requirements:

- Documentation of the successful performance of 5 esophageal ablation procedures in prior 2 years.

Endoscopic ultrasound and FNA

Initial Appointment Requirements:

- Completion of an ACGME/AOA-approved fellowship in Gastroenterology within the prior 1 year that included the successful performance of 100 EUS procedures, 25 of which involved FNA; OR
- If fellowship program completed more than 12 months prior, provide training case logs of 100 successful procedures performed [25 involving FNA], along with documentation of the performance of 10 successful EUS procedures in the 12 months preceding the request [documentation must include FNA cases]; OR
- If training obtained during a post-fellowship course, provide case logs of 100 successful hands-on cases [25 involving FNA]; OR
- If the course was completed more than 12 months prior to the request, provide documentation of the performance of 10 successful EUS procedures in the preceding 12 months [documentation must include FNA cases]

NOTE: Cases proctored during Fellowship training or at another accredited hospital during the immediate past 2 years may be included in meeting this requirement.

Reappointment Requirements:

- Documentation of the successful performance of 20 procedures in the last 2 years [documentation must include FNA cases]

Endoscopic suturing

Initial Appointment Requirements:

- Completion of an ACGME/AOA-approved fellowship in Gastroenterology within the prior 2 years that included the performance of 5 successful endoscopic suturing procedures; OR
- If training obtained during a post-fellowship course, provide documentation of the successful completion of 5 endoscopic suturing procedures in the prior 2 years; OR
- Documentation of successful completion of a hands-on workshop or a training course from the device manufacturer in the prior 2 years; OR
- If practitioner has not received prior training in endoscopic suturing, proctoring will be required for the first 5 endoscopic suturing procedures.

Reappointment Requirements:

- Documentation of the successful performance of 5 procedures in prior 2 years.

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Balloon-assisted enteroscopy

Initial Appointment Requirements:

- Completion of an ACGME/AOA-approved fellowship in Gastroenterology within the prior 2 years that included the performance of 10 successful balloon-assisted enteroscopy procedures; OR
- If training obtained during a post-fellowship course, provide documentation of the successful completion of 10 balloon-assisted enteroscopy procedures in the prior 2 years; OR
- If practitioner has not received prior training in balloon-assisted enteroscopy, proctoring will be required for the first 5 balloon-assisted enteroscopy procedures.

Reappointment Requirements:

- Documentation of the successful performance of 10 procedures in prior 2 years.

Use of Hemospray

- When checked on the GI DOP, it is a confirmation that the physician has completed vendor training through Cook Medical and submitted proof to the Medical Staff Office. The physician acknowledges this treatment will only be used for high risk cases. Hemospray is a device that is allowed to be used for hemostasis of nonvariceal gastrointestinal bleeding and is for enteric use only. Hemospray should be a second line therapy (unless first line therapy is deemed to be ineffective).