

## Required Clinical Privileging Criteria for Robotic Surgery

Initial Privileging – No Previous Experience with Robotics (e.g., existing surgeon newly trained on daVinci)	Initial Privileging – Newly Graduated from Residency/Fellowship		Initial Privileging – Experience Achieved After Completion of Formal Training (e.g., surgeon trained at another hospital)		Surgeons performing initial observing & evaluating and Surgeons who are assisting	Non-Physician Surgical Assistants
	If prior experience is ≥ 20 cases as primary surgeon	If prior experience is <20 cases as primary surgeon	If prior experience is ≥ 20 cases as primary surgeon	If prior experience is <20 cases as primary surgeon		
<p><b>Baseline Qualifications</b></p> <p><b>NOTE: All physicians, including surgeons observing &amp; evaluating and assisting surgeons, and all APPs (e.g., PAs and APRNs) are required by CMS and Joint Commission to be credentialed using the medical staff process. The DHP process must NOT be used for these provider types, regardless of their level of involvement in the procedure.</b></p> <p><b>NOTE: For purposes of these guidelines, the surgeon who is performing the initial observation and evaluation could be a volunteer from the medical staff or another facility, or an outside paid consultant, provided each is a fully trained and experienced robotic surgeon who has been approved to perform this function.</b></p>						
Board certified/eligible in the specialty associated with the robotic privileges requested	Board eligible in the specialty associated with the robotic privileges requested	Board certified/eligible in the specialty associated with the robotic privileges requested			N/A	
Has privileges for equivalent procedure(s) via other means (e.g., open or laparoscopic)	Residency/fellowship included training in equivalent procedure(s) via other means (e.g., open or laparoscopic)	Has privileges for equivalent procedure(s) via other means (e.g., open or laparoscopic)			Has privileges as an APP or an approved scope of services as a DHP or non-APP employee for assisting on an equivalent procedure(s) via other means	
Practitioner is credentialed in accordance with medical staff bylaws and all other medical staff criteria are met to qualify for clinical privileges (e.g., threshold eligibility criteria and other qualifications are met, as applicable.)					<p>If an APP (e.g., PA or APRN), the practitioner is credentialed in accordance with medical staff bylaws and all other medical staff criteria are met to qualify for clinical privileges (e.g., state licensure requirements are satisfied, etc.)</p> <p>If the practitioner is not a physician or an APP, (e.g., RNFA or CFA), the practitioner’s qualifications and competencies are verified through the human resources process, either as an employee or a Tier 3 DHP in accordance with Ethics Policy CSG.QS.003.</p>	

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<b>Training Specific to Robotics</b>						
Case observation <i>(Defined as: Observation of at least one case by potential surgeon to ascertain his/her interest in this training pathway.)</i>	N/A		N/A		N/A	Case observation <i>(Defined as: Observation of at least one case by potential non-physician surgical assistant to ascertain his/her interest in this training pathway.)</i>
N/A	Program director must provide an evaluation of competency specific to robotic surgery, including verification of the number of cases the resident/fellow performed as the primary surgeon, and verification that there were no concerns about clinical quality or performance		Department chairman from facility where the surgeon most recently practiced must provide an evaluation of competency specific to robotic surgery, including verification of the number of cases performed as the primary surgeon, and verification that there are/were no concerns about clinical quality or performance		Observing & evaluating surgeon must have performed at least twenty (20) robotic cases and be in the same specialty as the surgeon being observed & evaluated	N/A
Surgeon completes all of the following within 60 days <b>prior to</b> initial case with the observing & evaluating surgeon:		Evidence of completion of all of the following:		Evidence of completion of all of the following:	Assistant surgeon utilized in assisted cases must be robotically-trained and privileged.	Robotic specific training including completion of:
<ul style="list-style-type: none"> <li>Intuitive Surgical provided on-line computer modules for introduction to the daVinci components</li> </ul>		<ul style="list-style-type: none"> <li>Intuitive Surgical provided on-line computer modules for introduction to the daVinci components</li> </ul>		<ul style="list-style-type: none"> <li>Intuitive Surgical provided on-line computer modules for introduction to the daVinci components</li> </ul>	It is preferred that the assistant surgeon should be in the same specialty as the surgeon but this is not required.	<ul style="list-style-type: none"> <li>Intuitive Surgical provided on-line computer modules for introduction to the daVinci components</li> </ul>
<ul style="list-style-type: none"> <li>Bedside and daVinci side-cart training (at hospital or at daVinci training facility)</li> </ul>		<ul style="list-style-type: none"> <li>Bedside and daVinci side-cart training (at hospital or at daVinci training facility)</li> </ul>		<ul style="list-style-type: none"> <li>Bedside and daVinci side-cart training (at hospital or at daVinci training facility)</li> </ul>		<ul style="list-style-type: none"> <li>Bedside and daVinci side-cart training (at hospital or at daVinci training facility)</li> </ul>
<ul style="list-style-type: none"> <li>Side-cart docking practice (at hospital or at daVinci training facility)</li> </ul>		<ul style="list-style-type: none"> <li>Side-cart docking practice (at hospital or at daVinci training facility)</li> </ul>		<ul style="list-style-type: none"> <li>Side-cart docking practice (at hospital or at daVinci training facility)</li> </ul>		<ul style="list-style-type: none"> <li>Side-cart docking practice (at hospital or at daVinci training facility)</li> </ul>

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<ul style="list-style-type: none"> <li>Instrument insertion and exchange practice (at hospital or at daVinci training facility)</li> </ul>		<ul style="list-style-type: none"> <li>Instrument insertion and exchange practice (at hospital or at daVinci training facility)</li> </ul>		<ul style="list-style-type: none"> <li>Instrument insertion and exchange practice (at hospital or at daVinci training facility)</li> </ul>		<ul style="list-style-type: none"> <li>Instrument insertion and exchange practice (at hospital or at daVinci training facility)</li> </ul>
<ul style="list-style-type: none"> <li>Live tissue practice in porcine lab</li> </ul>		<ul style="list-style-type: none"> <li>Dry lab skills and simulation certificate</li> </ul>		<ul style="list-style-type: none"> <li>Dry lab skills and simulation certificate</li> </ul>		
<ul style="list-style-type: none"> <li>Four (4) basic simulation exercises with a passing score of &gt; 85% on each, with specific exercises TBD by credentials committee</li> </ul>		<ul style="list-style-type: none"> <li>Four (4) basic simulation exercises with a passing score of &gt; 85% on each, with specific exercises TBD by credentials committee</li> </ul>		<ul style="list-style-type: none"> <li>Four (4) basic simulation exercises with a passing score of &gt; 85% on each, with specific exercises TBD by credentials committee</li> </ul>		
<b>Privilege Delineation Notes</b>						
DaVinci privileges must be specifically delineated and are not to be assumed to be included as part of the privileges for the surgical procedure itself.					The observing & evaluating surgeon provides instructional guidance, not clinical intervention	<ul style="list-style-type: none"> <li>For APPs – daVinci assisting privileges must be delineated the same as for physicians</li> <li>For DHPs and non-APP employees, daVinci must be specified in approved scope of practice</li> </ul>

Initial FPPE						
Satisfactory completion of <b>four (4)</b> cases with and observing & evaluating surgeon and with FPPE metrics within 60 days <b>after</b> training	Satisfactory completion of <b>two (2)</b> cases with an observing & evaluating surgeon and with FPPE metrics within 60 days of each other <b>after</b> initial privileging	Satisfactory completion of <b>four (4)</b> cases with an observing & evaluating surgeon and with FPPE metrics within 60 days of each other <b>after</b> initial privileging	If the >20 cases were performed outside of St. David's HealthCare: Satisfactory completion of <b>two (2)</b> cases with an observing & evaluating surgeon from the same specialty and with FPPE metrics within 60 days of each other <b>after</b> initial privileging  If >20 cases were performed within St. David's HealthCare: Supply a letter from the facility or appropriate department chair attesting to their volume and unrestricted privileges. The last five (5) cases will be reviewed via the electronic record.	Satisfactory completion of <b>four (4)</b> cases with an observing & evaluating surgeon and with FPPE metrics within 60 days of each other <b>after</b> initial privileging	N/A	Satisfactory completion of <b>two (2)</b> cases observed & evaluated by a robotically-trained surgical assistant or a robotically-trained surgeon who is of an equal or higher degree than the practitioner being evaluated.
Performance of four (4) additional cases with FPPE metrics with assistance by a robotically-trained surgeon	Performance of two (2) additional cases with FPPE metrics with assistance by a robotically-trained surgeon	Performance of four (4) additional cases with FPPE metrics with assistance by a robotically-trained surgeon	If the >20 cases were performed outside of St. David's HealthCare (omit this requirement for those who performed their 20 cases within SDH): Performance of two (2) additional cases with FPPE metrics with assistance by a robotically-trained surgeon from any specialty	Performance of four (4) additional cases with FPPE metrics with assistance by a robotically-trained surgeon	N/A	The performance of APPs shall be measured using the same FPPE and OPPE metrics as for physicians. The evaluation process shall be inclusive of the performance of the entire team.  [need different language for DHPs and employees who are not APPs.]
Performance of four (4) additional cases performed independently with FPPE metrics			Performance of two (2) additional cases performed independently with FPPE metrics	Performance of four (4) additional cases performed independently with FPPE metrics	N/A	
All cases should be completed within one year.					N/A	

<p>Review and approval by the department chair forwarded to the credentials committee of the observing &amp; evaluating surgeon's reports and FPPE metrics for above cases and a recommendation to the MEC to grant full privileges, amend privileges, or discontinue privileges.</p>	<p>N/A</p>	<p>For PAs/NPs (APPs) there shall be review and approval by the department chair forwarded to the credentials committee of the observing &amp; evaluating surgeon's reports and FPPE metrics for above cases and a recommendation to the MEC to grant full privileges, amend privileges, or discontinue privileges.</p> <p>For DHPs who are not employees competencies shall be verified and scope of duties shall be approved there shall be review and approval by the designated medical staff member (e.g., Department of Surgery Chairman, or medical director for the robotics program) in accordance with the DHP policy for Tier 3.</p> <p>For employees who are not at the APP level, competencies shall be verified and scope of duties shall be approved using the processes outlined in HR policies.</p>
<p><b>OPPE ( To be reviewed at least every 8 to 10 months)</b></p>		
<p>Simulation exercises must be completed by each surgeon with a volume of less than 20 cases / 2 years, with validated completion (e.g., should not be simply a self-attestation of completion – a smart phone photo of the console showing score and completion would be considered validation, or simulation score can be saved in console but only if hospital sets up each surgeon as a user with a user name and pass code using the administrative function), and with a passing score of 85% or greater. The simulations exercises shall be chosen on an annual basis by the credentials committee.</p>	<p>N/A</p>	<p>DHPs must complete an annual competency assessment on the use of the daVinci surgical system</p>

<p>OPPE metrics:</p> <ul style="list-style-type: none"> <li>• Complication resulting from a daVinci procedure</li> <li>• Unplanned, unexpected conversion from outpatient to inpatient admission or a readmission resulting from a daVinci procedure</li> <li>• Need for transfusion due to hemorrhage as the result of a daVinci procedure</li> <li>• Conversion from daVinci to open procedure or laparoscopic procedure – should be examined as a possible signal of concern particularly if there is a trend, but it may be entirely appropriate given the clinical situation in a single case based on surgeon judgment</li> <li>• Unscheduled/unplanned return to OR due to bleeding, injury to adjacent tissue or organs during a daVinci procedure, or any other return to surgery associated with a daVinci procedure</li> <li>• Any other morbidity or mortality associated with a daVinci procedure</li> </ul>	N/A	OPPE metrics for APPs must be the same as for surgeons
<b>Renewal of Privileges</b>		
If greater than 20 cases within 2 years, the surgeon must have satisfactory OPPE metrics to renew privileges	N/A	<ul style="list-style-type: none"> <li>• APP same as physicians</li> </ul>
If less than 20 cases/2 years are performed, the surgeon must pass simulation requirements as outlined in the OPPE section above <b>within 60 days of reappointment</b> and have satisfactory OPPE metrics and successfully complete re-evaluation with two (2) cases with an observing & evaluating surgeon to renew privileges	N/A	<ul style="list-style-type: none"> <li>• N/A for DHPs and non-APP employees</li> </ul>

\*\*\*Da Vinci required simulations approved by SDMC Credentials Committee: Camera Targeting 1, Energy Switching 1, Suture Sponge 1, and Thread the Rings.