



Board of Trustees

CLINICAL AFFAIRS COMMITTEE MEETING

February 19, 2018 - 12:30 p.m. - Driscoll Alumni Center, Schmamel Room

Sharon Speyer - Chair, Mary Ellen Pisanelli - Vice Chair

Alfred A. Baker, Pat D'Eramo, Patrick J. Kenney - Trustee Members

Hedyeh Elahinia, Lucas D. Zastrow - Student Trustee Members

Shobha Ratnam - Faculty Representative

Gary P. Thieman - Community Member



Clinical Affairs Committee Meeting - February 19, 2018

Agenda

12:30 p.m.

1. Call to Order

2. Action Items

Clinical Affairs Committee Meeting Minutes for
December 18, 2017

3. Discussion Items

4. Education Items

- U.S. Opioid Crisis and Our Response

5. Executive Session

Executive Session to discuss privileged information
related to the evaluation of medical staff personnel
appointments and quality reporting

6. Other Business

7. Adjournment

Minutes
The University of Toledo Board of Trustees
Clinical Affairs Committee Meeting
December 18, 2017

Committee Chair Ms. Sharon Speyer was present with Committee members Mr. Alfred A. Baker, Mr. Pat D'Eramo, Mr. Patrick Kenney, Ms. Mary Ellen Pisanelli and Student Trustees Ms. Hedyeh Elahinia and Mr. Lucas D. Zastrow. Other Trustees who attended included Mr. Steven M. Cavanaugh, Mr. Jeffrey C. Cole, Mr. Will Lucas, and Mr. Joseph H. Zerbey, IV. Faculty Representative Dr. Shobha Ratnam was present; Community member Mr. Gary P. Thieman was absent. Others in attendance were Mr. Daniel Barbee, Ms. Sherri Boyle, Dr. Christopher Cooper, Ms. Meghan Cunningham, Dr. Michael Ellis, Ms. Sarah Elms, Dr. Sharon Gaber, Mr. Rick Gerasimiak, Ms. Jennifer Henning, Mr. Adrian Horton, Mr. Charles Jake, Mr. Anthony Jason, Dr. Samer Khouri, Ms. Jean Lovejoy, Mr. Peter Papadimos, Mr. Matthew Schroeder, Ms. Joan Stasa and Dr. Amy Thompson.

ATTENDANCE

The meeting was called to order at 12:30 p.m. by Trustee Speyer at the Driscoll Alumni Center in the Schmakel room. Ms. Joan Stasa, Secretary to the Board, recorded the minutes.

CALL TO ORDER

Trustee Speyer requested a motion to waive the reading of the minutes from the September 18 Committee meeting and approve them as written. A motion for approval was provided by Trustee Baker, seconded by Trustee Pisanelli, and approved by the Committee.

APPROVAL OF MINUTES

Mr. Daniel Barbee, CEO for UTMC, provided the Committee with an update about accreditation. UTMC completed the triannual joint commission survey in October and were notified in December that they were fully compliant. An excellent survey overall. Multiple surveys are scheduled for 2018 and results will be shared with the Committee as they are received.

ACCREDITATION UPDATE

Trustee Speyer requested a motion to enter Executive Session to discuss privileged information related to the evaluation of medical staff personnel appointments and quality reporting. The motion was received from Trustee Pisanelli, seconded by Trustee D'Eramo, and a roll call was taken by Ms. Stasa: Mr. Baker, yes; Mr. D'Eramo, yes; Mr. Kenney, yes; Ms. Pisanelli, yes; and, Ms. Speyer, yes. After discussions, the Committee exited Executive Session.

EXECUTIVE SESSION

Ms. Speyer requested a motion to approve the Chief of Staff Report as presented in Executive Session. A motion for approval of the report was received from Trustee Baker, seconded by Trustee D'Eramo, and approved by the Committee. The Chief of Staff Report is attached.

CHIEF OF STAFF REPORT

With no further business before the Committee, Trustee Speyer adjourned the meeting at 1:23 p.m.

ADJOURNMENT

CHIEF OF STAFF REPORT
December 18, 2017

I. Initial Appointments - Physicians/Dentists

McCullough, Daniel, MD
Surgery, General Surgery

Migliori, Jamie, MD
Psychiatry

Zoorob, Dani, MD
Obstetrics/Gynecology

II. Initial Appointments - Allied Health Professionals (AHP)

Giudici, Nicole, PA-C
Neurology

Kirk, Jill, RNFA
Surgery/General Surgery

Mikolay, Jeffrey, PharmD
Urology

Nachman, Adam, RD
Surgery/General Surgery

III. Additional/Withdrawal of Privileges

- | | | |
|---|------|--------|
| 1. Schweitzer, Kellie, MD | PM&R | Active |
| - Approve additional privileges for Interventional pain treatment, including intrathecal medication administration and electrical stimulation under FPPE. | | |

IV. Removal from FPPE - Transition to OPPE - Physicians

- | | | |
|------------------------|------------------------------------|--------|
| 1. Elliot, David, MD | Radiation Oncology | Active |
| 2. Horen, Nicholas, MD | Medicine/General Internal Medicine | Active |

V. Removal from FPPE - Transition to OPPE - AHPs

- | | | |
|----------------------------|------------------------------------|-----|
| 1. Belville, Jaclynn, RD | Medicine/General Internal Medicine | AHP |
| 2. Majcher, Ryan, RD | Medicine/General Internal Medicine | AHP |
| 3. Warren, Danielle, FNP-C | Medicine/Infectious Disease | AHP |

VI. Physician Departures - Informational

- | | | |
|-------------------------|-----------|--------|
| 1. Cantley, Richard, MD | Pathology | Active |
| 2. Menezes, Krishe, MD | Neurology | Active |

VII. Allied Health Professional Departures - Informational

- | | | |
|------------------------|--------------------------------|-----|
| 1. Hacker, Elana, PA-C | Surgery/Cardiothoracic Surgery | AHP |
|------------------------|--------------------------------|-----|

VIII. Proposed Revisions to the Urology Delineation of Privileges

1. Proposed Revisions to the Urology Delineation of Privileges submitted by the Chair and the Urology Department for approval. The revisions reflect the principle of conversion to a “Core Privileging” model for all departments.

UTMC UROLOGY CLINICAL PRIVILEGES

Name: _____
Effective from ____/____/____ to ____/____/____

- Initial privileges (initial appointment) Renewal of privileges (reappointment)

All new applicants must meet the following requirements as approved by the governing body, effective: ____/____/____.

If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive or employment contracts are indicated by [EC].

Applicant: Check the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

[Department chair/chief]: Check the appropriate box for recommendation on the last page of this form [and include your recommendation for focused professional practice evaluation (FPPE).¹] If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

Other requirements

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR UROLOGY

Initial applicants: To be eligible to apply for privileges in urology, the applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in urology.

¹. For Joint Commission– and HFAP–accredited hospitals only.

Name: _____
Effective from ____/____/____ to ____/____/____

[AND/OR]

Current certification or must be board certified within five years of completion of post-graduate training in urology by the American Board of Urology or the American Osteopathic Board of Surgery (Urological Surgery).

AND

Required current experience: At least 50 urological procedures, reflective of the scope of privileges requested, during the past 12 months, or successful completion of an ACGME– or AOA–accredited residency or clinical fellowship within the past 12 months.

Renewal of privileges: To be eligible to renew privileges in urology, the applicant must meet the following criteria:

Current demonstrated competence and an adequate volume of experience (50 urological procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Core privileges: Urology

Requested Admit, evaluate, diagnose, treat (surgically or medically), and provide consultation to patients of all ages presenting with medical and surgical disorders of the genitourinary system and the adrenal gland, including endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

Special Non-Core Privileges (See Specific Criteria)

Name: _____
Effective from ____/____/____ to ____/____/____

Non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant or reapplicant.

Non-core privileges: Sacral nerve stimulation for urinary control

Requested

Criteria: Successful completion of an ACGME–or AOA–accredited postgraduate training program in urology or in urogynecology. Applicants must have completed a training course in InterStim therapy and should also be proctored in their initial neurostimulator implant cases.

AND

Required current experience: Demonstrated current competence and evidence of the performance of at least three InterStim therapy stimulator tests and implant procedures in the past 24 months, or completion of training in the past 24 months.

Renewal of privileges: Demonstrated current competence and evidence of the performance of at least 3 InterStim® therapy stimulator tests and implant procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to sacral nerve stimulation for urinary control and InterStim® Therapy should be required.

Source: HCPro's *Clinical Privilege White Paper: Sacral Nerve Stimulation for Urinary Control—Procedure 227 and Implantable Nerve Stimulators—Procedure 417.*

Non-core privileges: Kidney transplant surgery

Requested Admit, evaluate, diagnose, consult, and manage patients of all ages with renal dysfunction or end-stage renal disease requiring kidney transplantation, including the selection of appropriate recipients for transplantation, donor selection, histocompatibility and tissue typing, immediate postoperative and continuing inpatient care, the use of immunosuppressive therapy, histologic interpretation of allograft biopsies, and interpretation of ancillary tests for renal dysfunction and long-term patient care. Includes peritoneal dialysis catheter insertion and all forms of kidney mass ablation.

Name: _____
Effective from ____/____/____ to ____/____/____

Criteria: Successful completion of an American Society of Transplant Surgeons–approved transplant fellowship training program, or completion of a two-year formal transplant fellowship at a transplant program meeting United Network for Organ Sharing (UNOS) membership criteria in renal transplantation. In lieu of one year of formal transplant fellowship training and one year of experience or a two-year formal transplant fellowship, three years of experience with a transplant program meeting the criteria for acceptance into UNOS will suffice. In addition, the surgeon shall have and maintain current certification by the American Board of Surgery, the American Board of Urology, the American Board of Osteopathic Surgery, or their foreign equivalent. If board certification is pending (as is the case if one just finished training), conditional approval may be granted for a 12-month period, with the possibility of it being renewed for an additional 12-month period to allow time for the completion of certification.

AND

Required current experience: Demonstrated current competence and evidence of the performance of 5 kidney transplants in the past 12 months, or completion of training in the past 12 months.

Renewal of privileges: Demonstrated current competence and evidence of the performance of at least 5 kidney transplants in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Source: United Network for Organ Sharing.

Non-core privileges: Use of robotic-assisted systems for urological procedures (prostatectomy, cystectomy, pyeloplasty, nephrectomy, pelvic lymph node dissection, ureteral reimplantation, and resection of bladder neoplasm)

Requested

Criteria: Successful completion of an ACGME or AOA postgraduate training program that included training in minimal access procedures and therapeutic robotic devices and their use, or completion of an approved structured training program that included didactic education on the specific technology and an educational program for the specialty-specific approach to the organ systems. Training should include observation of live cases. Physician must have privileges to perform the procedures being requested for use with the robotic system and hold privileges in or demonstrate training and experience in minimal access procedures.

AND

Required current experience: Demonstrated current competence and evidence of at least 10 robotic-assisted procedures in the past 12 months, or successful completion of training in the past 12 months, and the

Name: _____
Effective from ____/____/____ to ____/____/____

applicant's initial 3 cases will be proctored by a physician holding robotic privileges.

Renewal of privileges: Demonstrated current competence and evidence of at least 6 robotic-assisted procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Source: Society of American Gastrointestinal and Endoscopic Surgeons and the Minimally Invasive Robotic Association, 2006.

Non-core privileges: Administration of sedation and analgesia

Requested

See "Hospital Policy 3364-100-53-11 Sedation/Analgesia by Non-Anesthesiologists."

CORE PROCEDURES LIST

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

To the applicant: If you wish to exclude any procedures, please strike through the procedures that you do not wish to request, and then initial and date.

General urology

- Performance of history and physical exam
- Anterior pelvic exenteration
- Appendectomy as a component of a urologic procedure
- Bowel resection as a component of a urologic procedure
- Closure evisceration
- Continent reservoirs
- Enterostomy as a component of a urologic procedure
- Inguinal herniorrhaphy as related to a urologic operation
- Intestinal conduit
- Management of congenital anomalies of the genitourinary tract (presenting in adults), including epispadias and hypospadias

Name: _____

Effective from ____/____/____ to ____/____/____

- Microscopic surgery (epididymovasostomy and vasovasostomy)
- Open stone surgery on kidney, ureter, and bladder
- Percutaneous aspiration or tube insertion
- Performance and evaluation of urodynamic studies
- Surgery of the lymphatic system, including lymph node dissection (inguinal, retroperitoneal, or pelvic), excision of retroperitoneal cyst or tumor, and exploration of retroperitoneum
- Surgery of the testicle, scrotum, epididymis, and vas deferens, including biopsy, excision and reduction of testicular torsion, orchiopexy, orchiectomy, epididymectomy, vasectomy, vasovasostomy, and repair of injury
- Surgery upon the adrenal gland, including adrenalectomy and excision of adrenal lesion
- Surgery upon the kidney, including total or partial nephrectomy, including radical transthoracic approach, renal surgery through established nephrostomy or pyelostomy, and open renal biopsy (all forms of kidney mass ablation)
- Surgery upon the penis, including circumcision, penis repair for benign or malignant disease, grafting, excision or biopsy of penile lesion, and insertion, repair, removal of penile prosthesis
- Surgery of the ureter and renal pelvis, including ureterolysis, insertion/removal of ureteral stent, and ureterocele repair (open or endoscopic)
- Surgery of the urethra, including treatment of urethral valves (open and endoscopic), urethral fistula repair (all forms, including grafting), urethral suspension procedures (including grafting, all material types), visual urethrotomy, sphincter prosthesis, and periurethral injections (e.g., collagen)
- Surgery of the urinary bladder for benign or malignant disease (including partial and complete resection), diverticulectomy and reconstruction, bladder instillation treatments, cystolithotomy, total or simple cystectomy, creation of neobladders, and repair of bladder injury and bladder neck suspension
- Surgery of the prostate, including transrectal ultrasound-guided biopsy techniques, ultrasonic guided needle placement, all forms of prostate ablation, and all forms of prostatectomy
- Ventral/flank herniorrhaphy as related to urologic operation
- Peritoneal dialysis insertion and removal
- Port-a-cath removal

Endourology/stone disease

- Extracorporeal shockwave lithotripsy

Endoscopic surgery

- Cystoscopy
- Laparoscopic surgery, urologic for disease of the urinary tract
- Laparotomy for diagnostic or exploratory purposes (urologic-related conditions)
- Percutaneous nephrolithotripsy
- Transurethral surgery, including resection of prostate and bladder tumors

Name: _____
Effective from ____/____/____ to ____/____/____

- Transvesical ureterolithotomy
- Ureteroscopy, including treatment of all benign and malignant processes
- Urethroscopy, including treatment for all benign and malignant processes

Reconstructive surgery

- Plastic and reconstructive procedures on ureter, bladder, urethra, genitalia, and kidney
- Reconstructive procedures on external male genitalia requiring prosthetic implants or foreign materials
- Other plastic and reconstructive procedures on external genitalia

Use of Lasers

- CO2 laser
- Yag laser
- KTP (Greenlight)
- Argon
- Holmium

Urologic Cryosurgery

ACKNOWLEDGMENT 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 [hospital name], and I understand that:

- In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- 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.

Signed _____ Date _____

DEPARTMENT CHAIR/CHIEF]'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

Name: _____
Effective from ____/____/____ to ____/____/____

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/modification/explanation

Notes: ____

[Department chair/chief] signature _____

Date _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials committee action _____

Date _____

Medical executive committee action _____

Date _____

[Governing board] action _____

Date _____