I. PURPOSE
To establish the criteria that must be met for clinical privileges using robotic surgery technology.

II. SCOPE
This policy applies to all practitioners applying for privileges utilizing the robotic surgical technology at the Indiana University Health North Hospital.

III. POLICY STATEMENTS
Promoting safety and quality care for patients through accurate privileging is the guiding principle of this policy.

A. Qualifications of Initial Applicant
1. M.D. or D.O. Board Certified or Board Eligible within their Surgical Specialty or Surgical Subspecialty.
2. The Physician maintains unrestricted privileges for the surgical procedure to be performed with the DVSP.
3. The Physician must show documentation of attendance at a “hands-on” training practicum in the use of DVSP as required by the manufacturer. (See section C below).
   Or
   The physician has current da Vinci privileges at an IUH (Indiana University Health) facility. The physician will provide a log of his da Vinci cases over the last 2 years.
   Or
   A trained resident or fellow must provide a letter from the residency director overseeing the DVSP training, as well as a case log of at least ten (10) cases. The case log must include all DaVinci cases in which the applicant is the console surgeon.
B. Qualifications of a Surgical Assistant for DVSP

1. The attending physician must be Board Certified or Board Eligible within their Surgical Specialty or Subspecialty. They must have unrestricted privileges for the surgical procedure to be performed with the DVSP. A non-physician must be experienced in the procedure being performed with the DVSP.

2. The surgical assisting role only applies to the bedside assistant function. It does not allow the assistant to operate the surgical console. The only exception is if the assistant is a qualified DVSP surgeon.

C. Initial Granting of Privileges

If the applicant does not have da Vinci robot privileges with another IUH facility or ten (10) cases logged, but meets the above qualifications, the applicant may be granted privileges upon the recommendation of the Chief Medical Officer (CMO) or be subject to the following:

1. The Physician must perform the procedure under the supervision of a proctor for three (3) cases. If the Physician cannot find a proctor then the manufacturer will provide the proctor. The proctor will have filled out a form which indicated a satisfactory performance by the Physician.

2. The proctor may be a current IUH medical staff member with privileges for the DVSP who has completed a minimum of ten (10) da Vinci cases in the last two (2) years. The proctor may also act as a co-surgeon.

3. The results of the proctoring will be reviewed by the applicable Section Chairman who will make a recommendation to the Credentials Committee/Medical Executive Committee to grant or not grant privileges. These privileges will be reviewed bi-annually at the time of credentialing.

D. Reappointment

Reappointment of privileges for use of the DVSP will lie with the Section Chairmen or CMO and their recommendation to the Credentials Committee. The reappointment should be based on but not limited to the following:

1. Volume of cases over two (2) years. The case volumes may come from another facility if the case log reflects the practitioner as the console surgeon. There is no minimum number required, but the Section Chair or CMO may request the physician have a proctor at the next case if there have been limited cases in the last 2 years.
2. Available outcome data is satisfactory as determined by each section (e.g. length of stay, blood loss, complications, OR time, conversion laparotomy).
3. Recommendation by the Section Chairman or the CMO.
4. Recommendation of the Credentials Committee/Medical Executive Committee.

IV. RESPONSIBILITY
Credentials Committee, Medical Staff

V. APPROVAL BODY
Medical Staff

VI. APPROVAL SIGNATURES
Approved by:

__________________________________________ __________________
James Leland, M.D., Chair, Credentials Committee  Date

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Jack Keene, M.D., Chair, Medical Executive Committee  Date

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Lynda Smirz, M.D., MBA, Chief Medical Officer Vice President, Surgical Services  Date