

**KETTERING MEDICAL CENTER**  
**Credentialing Criteria**  
**BARIATRIC SURGERY**

1. Introduction

Bariatric surgeons should be responsible for demonstrating a defined experience and exposure to the discipline's unique cognitive, technical, and administrative challenges. Bariatric procedures are divided into procedures which involve stapling/division of the gastrointestinal tract to achieve weight loss or procedures that do not involve stapling/division of the gastrointestinal tract. Surgeons performing bariatric surgery will have bariatric surgery specifically delineated in their file.

2. Global Credentialing Requirements:

To meet the global credentialing requirements in bariatric surgery the applicant must:

- Complete a fellowship in bariatric surgery or have demonstrated current competence as manifested by successful outcomes in a Bariatric Center of Excellence or an integrated program.
- Meet general surgery criteria with unrestricted privileges to perform gastrointestinal and biliary surgery.
- Document that he or she has practiced or is practicing at a Bariatric Center of Excellence or in an integrated program for the care of the morbidly obese patient that provides ancillary services such as specialized nursing care, dietary instruction, counseling, support groups, exercise training, and psychological assistance as needed. KMC has a designation as a Center of Excellence and new applicants for bariatric surgery must receive documentation that s/he is enrolled and/or applied and be accepted as a member of the KMC Center of Excellence.
- Document that there is a program in place to prevent, monitor, and manage short- and long-term complications. The surgeon must promptly and accurately provide all required patient data through the KMC Center of Excellence database. Document that there is a system in place to provide and encourage follow-up for all bariatric patients. Follow-up visits must be documented and recorded into the Center of Excellence database for credentialing.
- Agree to terms of the Bariatric Panel Criteria
- Agree to participate in peer review activities in a specific bariatric peer review group or a process designated by the hospital through general surgery or its medical staff.
- Document that there is continuing medical education for bariatric surgery. A minimum of 8 hours of CME is required for each biennial reappointment. (Not required for applicants within six months of completion of training program.)
- Document that the surgeon performs at least fifty bariatric cases annually.
- Document that professional liability insurance includes bariatric procedures.

3. Experience in Bariatric Surgery Required To Train Applicants:

Experienced bariatric surgeons who wish to train applicants for bariatric surgery must meet Global Credentialing Requirements and have experience with at least 200 bariatric procedures in the appropriate category of procedure in which the applicant is seeking privileges prior to training the applicant.

4. Definition of the Operative Experience:

As a privileging guideline, the operative experience is defined broadly to include not only procedure performance, but also global care of the bariatric patient that encompasses preoperative and postoperative management. Specifically, preoperative management experience must include patient evaluation and preparation for surgery. Postoperative management experience must include inpatient postoperative management AND outpatient management extending beyond the 90 day global period (i.e. 6 month and or annual follow-up visits). Documentation of perioperative management should reflect “hands-on” experience in the hospital ward or in the outpatient clinic/surgeon’s office. Procedure performance experience is defined as “hands-on” performance of a more than 50% of the operation under direct supervision of an experienced bariatric surgeon as defined above.

5. Open Bariatric Surgery Privileges Involving Stapling or Division of the Gastrointestinal Tract.

To obtain “open” bariatric surgery privileges, the surgeon must meet Global Credentialing Requirements and document an operative experience of 15 open bariatric procedures (or subtotal gastric resection with reconstruction) with satisfactory outcomes during either 1) general surgery residency, or 2) post residency training supervised by an experienced bariatric surgeon. Surgeons who perform primarily laparoscopic bariatric surgery may obtain open bariatric surgery privileges after documentation of 50 laparoscopic cases (see below) AND at least 10 open cases supervised by an experienced bariatric surgeon.

6. Laparoscopic Bariatric Surgery Privileges for Procedures Involving Stapling or Division of the Gastrointestinal Tract.

To obtain laparoscopic bariatric surgery privileges that involve stapling of the GI tract, the surgeon must meet the Global Credentialing Requirements and:

- Have privileges to perform “open” bariatric surgery at the accredited facility, and
- Have privileges to perform advanced laparoscopic surgery at the accredited facility
- Document 50 cases with satisfactory outcomes during residency/fellowship training or post-residency training under the supervision of an experienced bariatric surgeon.

7. Bariatric Surgery Privileges for Procedures that Do Not Involve Stapling of the Gastrointestinal Tract.

To obtain laparoscopic bariatric surgery privileges for procedures that do not involve stapling or division of the GI tract, the surgeon must meet the Global Credentialing Requirements and:

- Have privileges to perform laparoscopic bariatric procedures.
- Document 10 cases with satisfactory outcomes.

8. Procedures Which Involve Implantation of FDA Approved Devices for Weight Loss

- Must successfully complete a training course for the implantable device
- Must have privileges to perform “open” and laparoscopic bariatric surgery

9. Revisional Bariatric Surgery Procedures:

Revision surgery on bariatric patients is a high-risk procedure that involves converting one weight loss procedure to another weight loss procedure. Revision surgery is very technically difficult, requires longer operative times and lengths of stay, and may result in a higher rate of complications.

Bariatric surgeons who wish to perform revisions of previous bariatric procedures should be experienced bariatric surgeons who meet Global Credentialing Requirements and have privileges for open and laparoscopic bariatric procedures which involve stapling or divisions of the GI tract.

## 10. Provisional Bariatric Surgery Privileges:

Provisional bariatric surgery privileges are to facilitate the pursuit of full bariatric surgical credentials. Provisional privileges may be conferred to:

- Those bariatric surgeons who are/were members of a Center of Excellence elsewhere and otherwise meet the Global Credentialing Requirements and criteria for Center of Excellence procedures.
- Bariatric surgeons who have not been members of a Center of Excellence who request privileges to do bariatric surgery may be approved for provisional privileges if the surgeons performed 50 cases within the preceding 12 month period. Applicants must successfully complete a site inspection of their practice site by the appropriate body from the American Society for Bariatric Surgery within the first year and meet all other requirements for the Center of Excellence.
- Surgeons who have completed an advanced laparoscopic fellowship or bariatric fellowship will be granted provisional privileges for one year following their application to KMC Center of Excellence at which time credentialing may be conferred if the above requirements have been met.
- Surgeons who have completed a bariatric training course (for a new bariatric procedure to that surgeon) must include both didactic and hands-on laboratory work. Documentation of the first 10 cases, including pre- and post-operative follow-up, clinical outcomes, and data entry which meet the operative experience as described above will be reviewed to determine whether the surgeon will be granted full privileges for that procedure.

## 11. Continued Assessment of Outcomes:

The Center of Excellence/Hospital program will review the surgeon's outcome data within six months of initiation of new privileges and after the surgeon's first 50 procedures done independently, as well as at regular intervals thereafter to confirm patient safety. In addition, the surgeon should continue to meet Global Credentialing Requirements for bariatric surgery at the time of reappointment.

## 12. Average Annual Case Volumes

For surgeons who experience a recent decline in case volume due to insurance reimbursement issues or natural disasters which prevent them from reaching their annual case volume requirement, the credentialing committee (in accordance with the BSRC) will consider volumes from both the 12 month application period and its 2nd preceding year. For surgeon applicants, full approval of privileges may be granted or continued if the average number of cases is equal to or greater than 50. The specific situation of each applicant will be considered, including an explanation of the reason for decline in volume.

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| Adopted: | 6/21/2005                   |            |
| Revised: | Surgery Clinical Service    | 11/21/2006 |
|          | Credentials Committee       | 01/08/2007 |
|          | Medical Executive Committee | 01/16/2007 |
|          | Board of Directors          | 02/08/2007 |

**Bariatric Surgery (see bariatric surgery credentialing criteria)**

1) Surgery involving stapling or division of the GI tract:

- open
- laparoscopic (must also have open privileges)
- Roux-en-Y Gastric Bypass
- Duodenal switch (must have performed 100 lap Roux's)
- Gastric sleeve
- Other \_\_\_\_\_

2) Surgery not involving stapling or division of the GI tract (must meet criteria for number one above)

- open
- laparoscopic (must also have open privileges)

3)  Bariatric revision surgery (must have open and lap privileges for stapling/division of the GI tract)