

**CHARLESTON AREA MEDICAL CENTER, INC.
INSTITUTIONAL CRITERIA TO PERFORM
ROBOTIC COMPUTER ASSISTED SURGERY**

I. Education Background

MD / DO Degree

II. Training / Experience Requirements Initial Applicants

Training Pathway – Initial Residency Completion

- Must have obtained formal training in use of Robotic Computer Assisted Surgery during an ABMS or AOA approved surgical specialty residency or fellowship that includes fiberoptic scope surgery.
- Must be Board Certified or Board Admissible by the appropriate ABMS or AOA Board.
- Must interview with Robotic Steering Committee member of appropriate department before submission of application to Credentials Committee

AND

Provide a letter from the residency program director or proctor(s) attesting to the competency of the individual to perform the procedure including information related to quality for the most recent 10 cases performed to include information related to readmissions, number of mortalities and disposition of patients.

Include a video of a computer assisted robotic surgery case if available.

NOTE: If detailed information is not available or satisfactory

THEN

- A minimum of two (2) proctored cases and further appropriate proctoring will follow until competency is demonstrated. During this time resident involvement will be limited to observation only.
- It should be understood that the proctor is not expected to perform any portion of the procedure for which he/she is proctoring.

OR

Training Pathway – Initial Residency Completion

- If > than 1 year since completion of residency or fellowship and applicant held robotics privileges at another institution applicant, must provide documentation of current

competency to perform the requested robotics procedure from the Chair of the appropriate surgical department of the previous institution.

AND

- Provide documentation (from the hospital or physician case log) of a minimum of 10 cases, at least two (2) of which were during the previous year, as the primary surgeon. Provide a letter from the proctor(s) attesting to the competency of the individual to perform the procedure including information related to quality for the most recent 10 cases performed to include information related to readmissions, number of mortalities and disposition of patients.

NOTE: If detailed information is not available or satisfactory

THEN

- At a minimum, the first two (2) procedures performed at CAMC will be proctored by a robotics-experienced surgeon who operates in the same body cavity and who holds clinical privileges to perform this procedure at a hospital that has been accredited by a CMS deemed status accreditation organization.
- Additional proctoring may be required in order to demonstrate competency.

OR

- If no robotics privileges held at another institution applicant must provide proof of successful completion of (but may not be limited to) Intuitive Surgical Inc. training course in Robotic Assisted Surgery that includes hands-on and didactic training.

AND

- At a minimum, the first two (2) procedures performed at CAMC will be proctored by a robotics- experienced surgeon who operates in the same body cavity and who holds clinical privileges to perform this procedure at a hospital that has been accredited by a CMS deemed status accreditation organization.
- Additional proctoring may be required in order to demonstrate competency.
- Provide a letter from the proctor(s) attesting to the competency of the individual to perform the procedure.

III. Practice-Based Pathway Current Medical Staff Members

- Must hold both open and operative endoscopic/laparoscopic privileges in the appropriate surgical specialty
- Must provide proof of successful completion of (but may not be limited to) Intuitive Surgical Inc. training course in Robotic Assisted Surgery that includes hands-on and didactic training
- Provide a letter from the proctor(s) attesting to the competency of the individual to perform the procedure

- Provide a letter from the proctor(s) attesting to the competency of the individual to perform the procedure including information related to quality for the most recent 10 cases performed to include information related to readmissions, number of mortalities and disposition of patients.
- If an applicant for Computer Assisted Robotic Surgery privileges with experience or proctoring at another institution by an external daVinci proctor or a CAMC (daVinci certified proctor and can produce documentation from their institution/proctor(s) that their cases were of high quality with no adverse outcomes and current clinical competence, waiver of proctoring may be considered

NOTE: If detailed information is not available or satisfactory

THEN

- Robotic credentialing will be considered and granted for specific procedures requested and related procedures of the same level of complexity. Additional privileges will need to be requested for dissimilar procedures and higher levels of complexity with appropriate training by recognized courses and proctoring outlined in Section II.
- For advanced procedures: case observation should be completed prior to performing a proctored case.

NOTE: There will be no resident involvement at the surgeon console in Robotic Computer Assisted Surgery cases until the attending physician has completed a minimum of 20 robotic cases.

IV. Initial Cases

- Preferably initial proctored cases should be scheduled and completed within 30 days of privileges being granted; definitely no more than 90 days.

V. Quality Review/Assurance

- 100% of cases of Robotic computer assisted surgeries (with a minimum of 10 of each procedure) will be reviewed during the first six months by the Peer Review Committees of the relevant clinical departments with input provided to the Interdisciplinary Performance Improvement Committee for Robotic Computer Assisted Surgery.

VI. Reappointment

- Maintenance of robotic privileges shall require performance of a minimum of fifty procedures per two (2) year reappointment cycle using the Robotic Surgical Platform. Should these requirements not be met, the surgeon will be required to complete simulation exercises and complete the number of procedures on the simulator needed to meet the volume requirements. Note: Thoracic surgeons will be required to perform a minimum of 25 procedures per two (2) year reappointment cycle.

- Case volume may be considered for a junior partner in a practice if he or she participates in a significant step at the console assisting during a computer assisted robotic surgery with a senior partner.
- In addition, continuing education related to robotic specific surgery is recommended and will be considered with reappointment
- Reappointment will be based on objective results of care according to the existing quality improvement mechanisms.

Approvals	Original	Revision		
Robotic Task Force: NA	June 16, 2010	February 2, 2011 October 30, 2014	May 20, 2013 October 30, 2015	October 30, 2013 January 28, 2016
Robotic Executive Committee:	July 16, 2019			
Credentials Committee:	August 21, 2007	July 6, 2010 November 5, 2013 June 7, 2016	March 1, 2011 January 6, 2015 September 3, 2019	June 4, 2013 February 2, 2016
MSEC:	August 21, 2007	July 8, 2010 November 13, 2013 June 9, 2016	April 14, 2011 January 8, 2015 September 12, 2019	June 13, 2013 February 11, 2016
Board of Trustees:	August 22, 2007	July 28, 2010 November 20, 2013 June 22, 2016	April 27, 2011 January 28, 2015 September 25, 2019	June 26, 2013 February 24, 2016

**Department of Cardiovascular Medicine
Thoracic Surgery**

Level I Procedures

1. Robotic Computer Assisted Hiatal Hernia
2. Robotic Computer Assisted Heller Myotomy
3. Robotic Computer Assisted Anterior or Mediastinal Mass Excision
4. Robotic Computer Assisted Diaphragm Plication
5. Wedge Resection

Level II Procedures

1. Robotic Computer Assisted Esophagectomy
2. Robotic Computer Assisted Lobectomy
3. Robotic Computer Assisted Lung Resection
4. Robotic Computer Assisted Posterior Mediastinal Mass Excision

Level III Procedures

1. Robotic Computer Assisted Sleeve Lobectomy

Cardiac Surgery

Level I Procedures - N/A

1. Robotic Computer Assisted LIMA Takedown and Pericardial Window

Level II Procedures

1. Robotic Computer Assisted Hybrid Procedure in conjunction with Cardiologist (Surgeon – LIMA; Cardiologist – Stenting of other lesions)
2. Robotic Computer Assisted LIMA Takedown with Anastomosis
3. Robotic Computer Assisted MAZE/Left Atrial Appendage Ligation

Level III Procedures

1. Robotic Computer Assisted Intracardiac Sanger such as:
 1. Mitral Valve
 2. Tricuspid Valve
 3. Intracardiac Tumor

Recommended by Cardiothoracic Section: April 28, 2016
Recommended by Department of Cardiovascular Medicine: May 5, 2016

Department of Obstetrics and Gynecology

**ROBOTIC COMPUTER ASSISTED SURGERY
Gynecology**

ROBOTIC COMPUTER ASSISTED LAPAROSCOPIC SURGERY: Basic GYN Robotic Privileges (0 – 75 cases)

1. Robotic Computer Assisted Total Hysterectomy
2. Robotic Computer Assisted Bilateral Salpingo-Oophorectomy
3. Robotic Computer Assisted Oophorectomy/Cystectomy
4. Robotic Computer Assisted Myomectomy: may be performed after 25 basic Robotic procedures (if holding abdominal or laparoscopic myomectomy privileges)

ROBOTIC COMPUTER ASSISTED LAPAROSCOPIC SURGERY – ADVANCED PROCEDURES (> 75 Cases)

1. Robotic Computer Assisted Sacrocolpopexy (if holding abdominal or laparoscopic privilege)
2. Robotic Computer Assisted Tubal Re-anastomosis (if holding abdominal or laparoscopic privilege)

ROBOTIC COMPUTER ASSISTED LAPAROSCOPIC SURGERY: GYN ONCOLOGY (Basic Plus)

1. Robotic Computer Assisted Radical Laparoscopic Hysterectomy
2. Robotic Computer Assisted Laparoscopic Para-Aortic Lymphadenectomy
3. Robotic Computer Assisted Laparoscopic Pelvic Lymphadenectomy

ROBOTIC COMPUTER ASSISTED LAPAROSCOPIC SURGERY: Reproductive Endocrinology (Basic Plus)

1. Robotic Computer Assisted Laparoscopic Myomectomy
2. Robotic Computer Assisted Laparoscopic Tubal Re-anastomosis

ROBOTIC COMPUTER ASSISTED LAPAROSCOPIC SURGERY: Urogynecology (Basic Plus)

1. Robotic Computer Assisted Laparoscopic Abdominal Sacrocolpopexy
2. Robotic Computer Assisted Laparoscopic Total Hysterectomy
3. Robotic Computer Assisted Enterocele Repair Abdominally
4. Robotic Computer Assisted Laparoscopic Lysis of Adhesions and Treatment of Endometriosis and Ovarian Disorders
5. Robotic Computer Assisted Myomectomy
6. Robotic Computer Assisted Sacroculpopexy
7. Robotic Computer Assisted Salpingo-Oophorectomy
8. Robotic Computer Assisted Ovarian Cystectomy

**Department of Surgery
General Surgery**

ROBOTIC COMPUTER ASSISTED SURGERY

To include cholecystectomies, Nissen Funduplications, repair of paraesophageal hiatal hernias and other gastric surgery, surgery on the viscera including the colon and as experience grows more advanced procedures such as pancreas and spleen cases.

To include gastrointestinal, pancreatic, endoscopic surgery and computer enhanced laparoscopic surgery.

Abdominal surgery to include but not limited to gallbladder, Nissan, gastric cases. As experience grows, adrenal and pancreas cases will be added.

1. Robotic Computer Assisted Appendectomy
2. Robotic Computer Assisted Cholecystectomy
3. Robotic Computer Assisted Colectomy
4. Robotic Computer Assisted Colectomy Reversal
5. Robotic Computer Assisted Colostomy
6. Robotic Computer Assisted Distal Pancreatectomy/Splenectomy
7. Robotic Computer Assisted Nissen Fundoplication

Robotic Computer Assisted Other Gastric Surgery

1. Robotic Computer Assisted Gastric Bypass
2. Robotic Computer Assisted Gastric Band
3. Robotic Computer Assisted Pancreaticoduodenectomy
4. Robotic Computer Assisted Pancreaticoduodenectomy
5. Robotic Computer Assisted Repair of Paraesophageal Hiatal Hernias
6. Robotic Computer Assisted Surgery on the Viscera Including the Colon

Department of Urology and Renal Transplantation

ROBOTIC COMPUTER ASSISTED SURGERY

1. Computer Assisted Laparoscopic Robotic Adrenalectomy
2. Computer Assisted Laparoscopic Robotic Nephrectomy
3. Computer Assisted Laparoscopic Robotic Prostatectomy
4. Computer Assisted Laparoscopic Robotic Pyeloplasty
5. Computer Assisted Laparoscopic Renal Surgery
6. Computer Assisted Laparoscopic Robotic Sacrocolpopexy (**Urogynecology**)
7. Computer Assisted Laparoscopic Robotic Supra Cervical Hysterectomy
8. Computer Assisted Laparoscopic Robotic Ureteral Re-implant (**Urogynecology**)
9. Computer Assisted Laparoscopic Robotic Vesicovaginal Fistula Surgery (**Urogynecology**)