Read the results of a survey on laparoscopic surgery privileging

This month, the Credentialing Resource Center (CRC) surveyed medical staff professionals (MSP) regarding which specialties are granted privileges to perform laparoscopic surgery at their facility. This benchmarking survey is a direct response to interest among MSPs in privileging issues related to this practice area. We’d like to thank all of the respondents who completed the survey. The pages that follow detail the survey’s results.

Help us to help you

We continually strive to bring you the most helpful information in our benchmarking survey reports. If you have suggestions for future benchmarking survey topics or comments about how we could improve the surveys or reports, please e-mail them to Managing Editor Margot Suydam at msuydam@hcpro.com. We welcome and value your feedback.

The mission

Growing interest in laparoscopic surgery has led hospitals to begin to roll out this service. However, a key issue is identifying which specialists are eligible to request privileges to perform laparoscopic surgery procedures. Many hospitals question not only which practitioners should hold such privileges, but also what education, training, and experience a physician must have to be competent to be granted laparoscopic surgery privileges. Our objective is to provide you, the MSP, with the detailed information you need to learn about the laparoscopic surgery privileging practices of your peers at hospitals with demographics similar to those of your facility.

The design

Our survey requested various demographic data, including geographic region, the type of facility a respondent represents, and whether the hospital is part of a healthcare system or is a stand-alone facility. According to a previous CRC survey, however, the demographics most requested by respondents are the number of physicians practicing at the facility, the annual number of procedures performed at the facility, and the facility bed size. CRC members are also interested in learning about the privileging trends at hospitals similar in type (e.g., academic, nonacademic acute-care, or rural community) to their facility.
Consequently, we have carefully cross-referenced all data so you can gain knowledge of the privileging trends of your colleagues in terms of these specific demographic criteria. Each facility demographic has its own section that starts with a general statistical overview. A series of charts that follow the overview drill down into the privileging trends of respondents. In each demographic section, we address the following questions:

1. Which of the following specialties are granted privileges for laparoscopic surgery at your hospital?
2. Have your medical staff experienced privileging disputes regarding which specialties should be granted privileges for laparoscopic surgery?
3. To be granted privileges for laparoscopic surgery at your hospital, must physicians document that they have completed special training/education?
4. To be granted privileges for laparoscopic surgery at your hospital, how many procedures must a physician have performed in the past 12 months for competency?
5. To be granted privileges for laparoscopic surgery at your hospital, how many proctored cases—in which the proctor is fully trained in laparoscopic surgery—must an applicant have performed?
6. To be granted privileges for laparoscopic surgery at your hospital, physicians must document the successful outcome (with acceptable perioperative complications rates) of how many cases?

I. The issue at hand

In what is commonly referred to as “open” surgery, surgeons have traditionally made an incision large enough to expose the internal organs that are to be operated on during the procedure. However, within the past decade, new minimally invasive techniques have revolutionized many procedures by enabling surgeons to reach the same internal organs through a series of small incisions. In laparoscopic surgery, a tiny telescope connected to a camera and other surgical instruments are inserted in the lower or upper abdomen, enabling the surgeon to perform a variety of procedures while viewing a magnified image of the patient’s internal organs on a video monitor.

Consequently, a wide variety of physicians are granted privileges for laparoscopic surgery including general surgeons, gynecologists, and urologists. Other specialties granted laparoscopic surgery privileges include colon and rectal surgeons, gastrointestinal surgeons, and bariatric surgeons. According to some hospitals, orthopedic and cardiovascular surgeons are among those who perform laparoscopic surgery. However, only 12% of hospitals responding say they have experienced a dispute regarding which specialties should be granted privileges to perform laparoscopic surgery procedures.

For example, one healthcare facility reports that its gynecologists and urologists are vying to perform similar procedures. Consequently, the hospital has formed a dispute resolution committee led by a trained facilitator.

During the committee’s meetings, the respondent reports, participants don’t leave until they have an understanding of all issues and resolutions. Other hospitals report that often the dispute is over requirements in education, training, and experience among different specialties. One hospital says its credentials committee set up a multispecialty task force to set privileging criteria.

However, what everyone appears to agree on is that to be granted privileges for advanced laparoscopic surgery procedures, physicians must undergo special training/education. For example, one hospital says that to be granted privileges, physicians must meet the criteria for their appropriate surgical specialty. This includes board certification, a procedure-specific laparoscopic/endoscopic hands-on surgical training course, and proctorship under the guidance of an active staff member with laparoscopic/endoscopic surgical privileges. In lieu of the above, an applicant may present documentation from the program director of an approved residency training program in which laparoscopic/endoscopic surgical procedures were part of the training.
II. A bird’s-eye view

Before we analyze each demographic, let’s take a big-picture look at the MSPs who responded to the survey. The largest percentage of respondents represent rural community hospitals (43%) and are part of a national healthcare system (55%). The largest percentages of respondents work at hospitals that have either 50–100 (24%) or more than 500 or more physicians on staff (23%), and that have more than 200 beds (49%). General surgeons (99%) and gynecologists (94%) are the most likely to hold privileges for laparoscopic surgery, followed by urologists (79%) and orthopedic surgeons (52%). Other specialties granted privileges for laparoscopic surgery include colon and rectal surgeons (43%), gastrointestinal surgeons (38%), bariatric surgeons (36%) cardiothoracic surgeons (26%), and other practitioners, such as family physicians (10%).

According to the survey, 2% of hospitals perform fewer than 51 laparoscopic surgery procedures per year, and 76% perform more than 100. In addition, 96% of all respondents say that they require physicians to have documented privileges, whereas 86% say that they require physicians to have special training to perform laparoscopic surgery. In terms of the number of laparoscopic surgery procedures physicians need for competency, 59% of medical staff offices say they do not require a minimum number of cases. Moreover, 51% of respondents say that they do not require a physician to document a minimum number of proctored procedures to show competency.

In addition, 58% of respondents say they do not require physicians to document a minimum number of laparoscopic procedures with successful outcomes to be granted privileges. Eighty-eight percent of respondents say they have not experienced a privileging dispute regarding laparoscopic surgery.

Survey < continued from p. 2
Survey  
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<th>Number of beds</th>
<th>50–100</th>
<th>101–150</th>
<th>151–200</th>
<th>201+</th>
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<td>52%</td>
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<th>Network or stand-alone facility</th>
<th>Part of a network</th>
<th>Stand-alone facility</th>
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<td>55%</td>
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Specialties granted privileges for laparoscopic surgery

- General surgeons: 99%
- Gynecologists: 94%
- Urologists: 79%
- Orthopedic surgeons: 52%
- Colon & Rectal surgeons: 43%
- Gastrointestinal surgeons: 38%
- Bariatric surgeons: 36%
- Cardiothoracic surgeons: 26%
- Other: 10%

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Survey < continued from p. 4

Facilities experiencing privileging disputes regarding laparoscopic surgery

- Yes: 12%
- No: 88%

Facilities that require physicians to have special training/education

- Yes: 86%
- No: 14%

Facilities that require physicians to have documented privileges

- Yes: 96%
- No: 4%

Number of laparoscopic surgery procedures for competency

- No minimum: 59%
- 5–9: 10%
- 10–24: 19%
- 25–50: 10%
- 51+: 2%

Number of proctored cases for competency

- No minimum: 51%
- 1–5: 33%
- 6–9: 11%
- 10–15: 2%
- 16+: 5%

Number of laparoscopic surgery procedures with successful outcomes

- No minimum: 58%
- 1–4: 11%
- 5–10: 15%
- 11–15: 6%
- 16–20: 4%
- 21+: 6%
Survey  < continued from p. 5

III. Type of facility you represent

This month’s benchmarking report features a section for those interested in learning about the privileging trends at hospitals similar in type (i.e., academic, nonacademic acute-care, or rural community) to their facility. The largest percentage (43%) of respondents work at a rural community hospital, whereas 35% work at a nonacademic acute-care hospital, and 22% work at an academic medical center.

In terms of specialties that perform laparoscopic surgery procedures, general surgeons are granted privileges at 100% of nonacademic acute-care and rural community hospitals, and at 94.4% of academic medical centers.

According to the survey, gynecologists perform laparoscopic surgery procedures at 96.7% of nonacademic acute-care facilities, 94.3% of rural community hospitals, and 88.9% of academic medical centers. Meanwhile, 93.3% of nonacademic acute-care facilities, 72.2% of academic medical centers, and 71.4% of rural community hospitals grant laparoscopic surgery privileges to urologists.

Academic medical centers are the most likely to grant laparoscopic surgery privileges to bariatric surgeons (77.8%), colon and rectal surgeons (72.2%), and gastrointestinal surgeons (55%). Although the majority of respondents from all facility types report that they have not experienced a privileging dispute, academic medical centers are the most likely (16.7%) to have experienced a privileging dispute.

1. Which of the following specialties are granted privileges for laparoscopic surgery at your hospital?
2. Have your medical staff experienced privileging disputes regarding which specialties should be granted privileges for laparoscopic surgery?
Survey
< continued from p. 7

3. To be granted privileges for laparoscopic surgery at your hospital, must physicians document that they have completed special training/education?

![Bar chart showing the percentage of responses for different types of facilities.]

Type of facility

4. To be granted privileges for laparoscopic surgery at your hospital, how many procedures must a physician have performed in the past 12 months for competency?

![Bar chart showing the number of procedures required for different types of facilities.]

Type of facility

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5. To be granted privileges for laparoscopic surgery at your hospital, how many proctored cases—in which the assistant is a fully trained laparoscopic surgeon—must a physician have performed?

6. To be granted privileges for laparoscopic surgery at your hospital, physicians must document the successful outcome (with acceptable perioperative complications rates) of how many cases?
IV. Number of laparoscopic surgery procedures performed per year at your hospital (by all physicians privileged at your location collectively)

According to the survey, 1% of hospitals that responded perform fewer than 25 procedures per year, 1% perform 25–50, 8% perform 51–75, 13% perform 76–100, and 76% perform more than 100. General surgeons and gynecologists hold privileges for laparoscopic surgery at 90%–100% of facilities across nearly the entire procedures-performed-per-year range. However, only 85.7% of respondents in the 51–75-procedures-per-year range grant privileges to these specialties. Urologists and colon and rectal surgeons perform laparoscopic surgery at 100% of facilities performing fewer than 25 procedures per year, according to the survey.

Significant percentages of facilities have not experienced privileging disputes around laparoscopic surgery. The largest percentage (100%) of hospitals that have experienced privilege disputes falls in the fewer-than-25-procedures-per-year range. However, 100% of facilities in the 25–50 procedure range do not report any privilege disputes.

In regard to the number of laparoscopic surgery procedures a physician must have performed within the past 12 months for competency, a significant number of hospitals do not require physicians to perform a minimum number to hold privileges. For example, 100% of hospitals performing 25–50 procedures annually, and 65% of hospitals performing more than 100 procedures annually—as well as 45% of hospitals in the 76–100-procedures-per-year range—do not require physicians to perform a minimum number of procedures to hold privileges.

1. Which of the following specialties are granted privileges for laparoscopic surgery at your hospital?

![Diagram showing percentages of facilities granting privileges for laparoscopic surgery to various specialties based on the number of procedures performed per year.](image-url)
Survey  < continued from p. 10

range—do not require physicians to have performed a minimum number to hold privileges. However, 100% of facilities that perform fewer than 25 procedures annually and 42.9% of facilities that perform 51–75 procedures annually require a physician to have performed five to nine procedures during the past 12 months in order to hold privileges for laparoscopic surgery.

Significant percentages of hospitals responding to the survey do not require physicians to document a minimum number of proctored laparoscopic surgery procedures to receive privileges.

The exception is that only 14.3% of facilities that perform 51–75 procedures per year do not require physicians to document a minimum of proctored laparoscopic surgery procedures to receive privileges. However, 57.1% of respondents in this range require one to five proctored procedures for competency.

Meanwhile, more than 50% of all respondents say that they do not require physicians to document the successful outcome (with acceptable perioperative complication rates) of a minimum number of procedures.

However, only 28.6% of respondents in the 51–75 procedure-per-year range do not require physicians to document a minimum number of successful laparoscopic surgery cases to be granted privileges.

Instead, equal percentages (28.6%) of these respondents require documentation of one to four and five to 10 such cases.

2. Have your medical staff experienced privileging disputes regarding which specialties should be granted privileges for laparoscopic surgery?

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3. To be granted privileges for laparoscopic surgery at your hospital, must physicians document that they have completed special training/education?

4. To be granted privileges for laparoscopic surgery at your hospital, how many procedures must a physician have performed in the past 12 months for competency?
Survey < continued from p. 12

5. To be granted privileges for laparoscopic surgery at your hospital, how many proctored cases—in which the assistant is a fully trained laparoscopic surgeon—must a physician have performed?

![Graph showing number of laparoscopic surgery procedures performed per year]

6. To be granted privileges for laparoscopic surgery at your hospital, physicians must document the successful outcome (with acceptable perioperative complications rates) of how many cases?

![Graph showing number of laparoscopic surgery procedures performed per year]
V. Number of physicians on the active medical staff at your hospital

To begin, 24% of hospitals surveyed have 50–100 physicians on the active medical staff, 18% have 101–199, 21% have 200–299, 7% have 300–399, 6% have 400–499, and 23% have 500 or more physicians. General surgeons perform laparoscopic surgery at 100% of hospitals of all medical-staff sizes with the exception of those with 50–100 physicians (95%). Meanwhile, gynecologists perform laparoscopic surgery at 100% of hospitals with 200–499 physicians on staff. Also, 100% of hospitals with 300–399 physicians on staff grant privileges for laparoscopic surgery to urologists, whereas 100% of hospitals with 400–999 physicians on staff grant privileges to gastrointestinal surgeons and colon and rectal surgeons.

Although the majority of respondents from all staff-sizes report that they have not experienced a privileging dispute, approximately 20% of facilities with 200–299, 300–399, 400–499, and 500 or more physicians report that they have.

Between 80% and 90% of facilities of almost all medical-staff sizes say that they require physicians to document that they have completed special training in laparoscopic surgery before they are granted privileges. The exception is that 100% of hospitals with 400–499 physicians report this requirement.

1. Which of the following specialties are granted privileges for laparoscopic surgery at your hospital?
In terms of the number of laparoscopic surgery procedures a physician must have performed in the past 12 months for competency, 50%–70% of facilities of all staff-size ranges do not require physicians to perform a minimum number to be granted privileges.

Meanwhile, 33.3% of hospitals in the 300–399 staff-size range require five to nine procedures for competency.

Moreover, 25% of hospitals in the 101–199 staff-size range, and 27.8% with 500 or more physicians require 10–24 procedures for competency.

According to the survey, 35%–65% of respondents do not require physicians to document a minimum number of proctored laparoscopic surgery procedures to receive privileges. However, 15%–48% of hospitals of all medical-staff sizes require one to five proctored procedures.

Finally, more than 50% of respondents from almost all staff-size hospitals do not require physicians to document the successful outcome (with acceptable perioperative complications rates) of a minimum number of procedures.

However, only 43.8% of hospitals with 101–199 physicians report that they do not require a minimum number.

Instead, an equal percentage (18.8%) of such hospitals say they require physicians to document one to four and five to 10 successful procedures. Meanwhile, 33.3% of hospitals with 300–399 physicians report that they require one to four such cases.

2. Have your medical staff experienced privileging disputes regarding which specialties should be granted privileges for laparoscopic surgery?
Survey < continued from p. 15

3. To be granted privileges for laparoscopic surgery at your hospital, must physicians document that they have completed special training/education?

4. To be granted privileges for laparoscopic surgery at your hospital, how many procedures must a physician have performed in the past 12 months for competency?

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5. To be granted privileges for laparoscopic surgery at your hospital, how many proctored cases—in which the assistant is a fully trained laparoscopic surgeon—must a physician have performed?

6. To be granted privileges for laparoscopic surgery at your facility, physicians must document the successful outcome (with acceptable perioperative complications rates) of how many cases?
VI. Number of beds at your hospital

According to the survey, 25% of hospitals responding have 50–100 beds, 15% have 101–150, 11% have 151–200, and 49% have more than 200 beds. General surgeons and gynecologists perform laparoscopic surgery are close to 100% of facilities of all bed sizes. Further, 92.3% of hospitals with 101–150 beds grant privileges to urologists, whereas 82% of hospitals with more than 200 beds grant privileges to this specialty. Also, according to the survey, hospitals with more than 200 beds are the most likely to grant privileges for laparoscopic surgery to colon and rectal surgeons (66.6%), bariatric surgeons (59%), and gastrointestinal surgeons (56.4%).

The majority of hospitals—no matter how many beds—have not experienced privilege disputes around laparoscopic surgery, according to the survey. The largest percentage that has (22.2%) falls in the 151–200 bed-size range. Meanwhile, 15.4% of hospitals in the more-than-200 bed-size ranges report disputes as well.

Most facilities say they require physicians to document that they have completed special training in laparoscopic surgery before they are granted privileges. The exception is that only 65% of hospitals with 50–100 beds report this requirement.

1. Which of the following specialties are granted privileges for laparoscopic surgery at your hospital?
Regarding the number of laparoscopic surgery procedures that a physician must have performed in the past 12 months for competency, significant percentages of hospitals surveyed in the 50–100 (60%), 101–150 (58.3%), and more-than-200 (63.2%) bed-size ranges do not require physicians to perform a minimum number to be granted privileges. However, 25% of hospitals in both the 101–150 and 151–200 bed-size ranges, and 21.1% facilities with more than 200 beds require 10–24 procedures for competency.

Similarly, according to the survey, significant percentages of respondents in the 50–100 (60%), 101–150 (58.3%), 151–200 (62.5%), and more than 200 (41%) bed-size ranges do not require physicians to document a minimum number of proctored laparoscopic surgery procedures to receive privileges. Meanwhile, 35% of hospitals with 50–100 beds and 43.6% of those with more than 200 beds require practitioners to document one to five proctored cases.

Finally, no matter the facility bed-size, more than 50% of respondents say they do not require physicians to document the successful outcome (with acceptable perioperative complications rates) of a minimum number of procedures.

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2. Have your medical staff experienced privileging disputes regarding which specialties should be granted privileges for laparoscopic surgery?
Survey  < continued from p. 19

3. To be granted privileges for laparoscopic surgery at your hospital, must physicians document that they have completed special training/education?

4. To be granted privileges for laparoscopic surgery at your hospital, how many procedures must a physician have performed in the past 12 months for competency?

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**Survey**  < continued from p. 20

5. To be granted privileges for laparoscopic surgery at your hospital, how many proctored cases—in which the assistant is a fully trained laparoscopic surgeon—must a physician have performed?

6. To be granted privileges for laparoscopic surgery at your hospital, physicians must document the successful outcome (with acceptable perioperative complications rates) of how many cases?
### CRC Platinum Privilege Benchmarking Report

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