BENCHMARKING REPORT

Read the results of a survey about laser surgery privileging policies

This month, the Credentialing Resource Center (CRC) surveyed medical staff professionals (MSP) regarding which specialties are granted privileges to perform laser surgery at their facility. This benchmarking survey is a direct response to interest among MSPs in privileging issues related to this procedure. We 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 Senior Managing Editor Maureen Coler at mcoler@hcpro.com. We welcome and value your feedback.

The mission

The use of light amplification by the stimulated emission of radiation (i.e., laser) technology in medicine and surgery continues to evolve in a variety of specialties. The key issues for hospitals are not only how to identify which specialists are eligible to request privileges to perform laser surgery, but also what education, training, and experience a physician must have to be granted privileges in the procedure. Our objective is to provide you, the MSP, with the detailed information you need to learn about the laser surgery privileging practices of your peers at hospitals with demographics similar to those at your facility.

The design

Our survey collected various demographic data, including geographic region, the type of facility a respondent represents, and whether the hospital is part of a health-care system or is a stand-alone facility. However, according to a previous CRC survey, 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.

> continued on p. 2
Consequently, we have carefully cross-referenced the survey data so you can learn about the privileging trends of your colleagues in terms of these specific demographic criteria. Each facility demographic has its own section, which starts with a general statistical overview. A series of charts, which follow the overview, drill down into the privileging trends of respondents. In each demographic section, we asked respondents the following questions:

1. Which of the following specialties are granted privileges for laser surgery at your hospital?
2. Have your medical staff members experienced privileging disputes regarding which specialties should be granted privileges to perform laser surgery procedures?
3. Does your hospital require surgeons to have documented privileges at the facility before they perform laser surgery procedures?
4. To be granted privileges to perform laser surgery procedures at your hospital, must physicians document that they have completed special training/education?
5. To be granted the privilege at your hospital, how many laser surgery procedures must a physician have performed in the past 12 months to demonstrate competency?
6. In order to be granted the privilege at your hospital, how many proctored cases—in which the assistant is fully trained in laser surgery—must a physician have performed in the past 12 months to demonstrate competency?
7. Has your hospital created a multispecialty team for laser surgery?

1. The issue at hand

Physicians use laser surgery to remove tumors, repair blood vessels, reduce swelling and pain, improve vision, and perform cosmetic procedures. There are several different types of lasers, including the following:

- YAG laser, used for general tumor removal
- CO2 laser, used for general tumor removal and treatment of cutaneous lesions
- Argon laser, used in endarterectomy of peripheral vessels
- Excimer laser, used in photorefractive keratectomy
- KTP laser, used in gynecological surgery

According to the survey, general surgeons, neurosurgeons, thoracic surgeons, cardiac surgeons, vascular surgeons, gynecologists, and urologists perform laser surgery. Respondents also listed other specialties performing laser surgery, including ophthalmologists, otolaryngologists, dermatologists, plastic surgeons, oral maxillofacial surgeons, gastroenterologists, podiatrists, and radiation oncologists. One facility reports that it granted laser surgery privileges to all surgery specialties.

However, only 2% of respondents report a turf battle among these specialties to perform laser surgery. Rather, hospitals say that performing the cutting-edge procedure involves a team effort. For example, one facility reports that years ago it formed a multidisciplinary task force, which proposed criteria that could be applied for all specialties. Another facility also says that its team is no longer active, having completed the task of developing criteria for laser surgery in 1995. A number of other facilities report that they currently have active multispecialty teams.

What almost everyone agrees on is that to be granted privileges for laser surgery, physicians must undergo special training and education. As one hospital notes, laser surgery is not a core privilege. In other words, physicians must have fellowship or residency training in their specialty and be able to document additional training and hands-on experience in performing laser surgery. For example, one facility says that laser surgery privileges may be granted to physicians who submit certification of completion of an appropriate laser course, as deemed acceptable by the surgery department, to include laser safety with hands-on training. Alternately, they can submit a letter from the program director of an accredited residency in which laser utilization was part of the physician’s
training and experience. In addition, practitioners granted laser surgery privileges already must have privileges to perform the procedure without the use of the laser.

Another hospital says that it requires that practitioners complete an approved eight-hour continuing medical education (CME) course, which includes training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field, and hands-on experience with lasers. In addition, a letter outlining the content and successful completion of the course must be submitted. Alternately, the physician must document the successful completion of an approved residency in a specialty or subspecialty that included training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field, and a minimum of six hours of observation and hands-on experience with lasers.

2. 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, as shown in Figures 2.1–12. Most facilities responding to the survey represent nonacademic acute-care hospitals (41%), and are part of a national healthcare system (67%). The largest percentages of respondents also work at hospitals that have 500 or more physicians on staff (35%), perform more than 100 procedures per year (53%), and have more than 200 beds (59%).

According to the survey, urologists (90%) are the most likely to hold privileges for laser surgery, followed by general surgeons (86%), gynecologists (76%), and vascular surgeons (61%). In addition, hospitals grant laser surgery privileges to thoracic surgeons (41%), cardiac surgeons (39%), and neurosurgeons (37%). Moreover, 47% of respondents said that other specialties—such as ophthalmologists, otolaryngologists, dermatologists, plastic surgeons, oral maxillofacial surgeons, gastroenterologists, podiatrists, and radiation oncologists—are granted privileges for laser surgery.

Whereas 98% of respondents say that they have not experienced a privileging dispute, 94% of hospitals report that they require physicians to hold privileges to perform laser surgery. Meanwhile, 98% of respondents say they require practitioners to have special training and education to perform the procedure. However, 78% of respondents report that they do not require physicians to perform a minimum number of procedures to demonstrate competency. In addition, 62% report that they do not require physicians to perform a minimum number of proctored cases to demonstrate competency. Fourteen percent of respondents say they have created a multispecialty team for laser surgery procedures.
Survey < continued from p. 3

**Figure 2.3**

Number of physicians on the active medical staff

<table>
<thead>
<tr>
<th>Number of Physicians</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-100</td>
<td>8%</td>
</tr>
<tr>
<td>101-199</td>
<td>15%</td>
</tr>
<tr>
<td>200-299</td>
<td>19%</td>
</tr>
<tr>
<td>300-399</td>
<td>15%</td>
</tr>
<tr>
<td>400-499</td>
<td>8%</td>
</tr>
<tr>
<td>500+</td>
<td>35%</td>
</tr>
</tbody>
</table>

**Figure 2.4**

Number of beds at your hospital

<table>
<thead>
<tr>
<th>Number of Beds</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-100</td>
<td>22%</td>
</tr>
<tr>
<td>101-150</td>
<td>13%</td>
</tr>
<tr>
<td>151-200</td>
<td>7%</td>
</tr>
<tr>
<td>201+</td>
<td>59%</td>
</tr>
</tbody>
</table>

**Figure 2.5**

Network or stand-alone facility

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stand-alone facility</td>
<td>33%</td>
</tr>
<tr>
<td>Part of a network</td>
<td>67%</td>
</tr>
</tbody>
</table>

**Figure 2.6**

Specialties that are granted privileges to perform laser surgery procedures

<table>
<thead>
<tr>
<th>Specialties</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>General surgeons</td>
<td>86%</td>
</tr>
<tr>
<td>Neurosurgeons</td>
<td>37%</td>
</tr>
<tr>
<td>Thoracic surgeons</td>
<td>41%</td>
</tr>
<tr>
<td>Cardiac surgeons</td>
<td>39%</td>
</tr>
<tr>
<td>Vascular surgeons</td>
<td>61%</td>
</tr>
<tr>
<td>Gynecologists</td>
<td>76%</td>
</tr>
<tr>
<td>Urologists</td>
<td>90%</td>
</tr>
<tr>
<td>Other</td>
<td>47%</td>
</tr>
</tbody>
</table>

> continued on p. 5
Survey < continued from p. 4

Figure 2.7
Facilities that have experienced a privileging dispute

- Yes: 2%
- No: 98%

Figure 2.8
Facilities that require physicians to have documented privileges

- Yes: 94%
- No: 6%

Figure 2.9
Facilities that require physicians to have special training/education

- Yes: 98%
- No: 2%

Figure 2.10
Number of laser surgery procedures a year for competency

- No minimum required: 78%
- 1–5: 12%
- 6–9: 0%
- 10–24: 4%
- 25–50: 6%

Figure 2.11
Number of proctored laser surgery cases a year for competency

- No minimum required: 62%
- 1–5: 30%
- 6–9: 4%
- 10–24: 2%
- 25+: 2%

Figure 2.12
Facilities that have created a multispecialty team

- Yes: 14%
- No: 86%

> continued on p. 6
3. 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. As shown in Figure 2.1, the largest percentage of respondents (41%) work at a nonacademic acute-care hospital, 37% work at a rural community hospital, and 22% work at an academic medical center.

In terms of specialties that perform laser surgery (see Figure 3.1), general surgeons (88.2%), urologists (88.2%), gynecologists (76.5%), and vascular surgeons (70.6%) are most likely to hold privileges at academic medical centers responding to the survey. Nonacademic acute-care hospitals are most likely to grant privileges to general surgeons (94.7%) and urologists (89.5%). Meanwhile, they grant privileges to gynecologists and vascular surgeons in equal percentages (73.7%). Vascular surgeons hold privileges for laser surgery at 40% of rural community hospitals.

Whereas 100% of nonacademic acute-care hospitals and rural community hospitals report that they have not experienced a privileging dispute, 5.9% of academic medical centers report that they have (see Figure 3.2). In addition, 100% of academic medical centers and rural community hospitals require physicians to hold privileges before they can perform laser surgery, whereas 15.8% of nonacademic acute-care hospitals say they do not require physicians to have documented privileges (see Figure 3.3). Moreover, 100% of nonacademic acute-care hospitals and rural community hospitals require physicians to have completed special training in laser surgery before they are granted privileges, whereas only 94.1% of academic medical centers have such a requirement (see Figure 3.4).

According to the survey, 81.3% of academic medical centers do not require physicians to have performed a minimum number of laser surgery procedures in the past 12 months to demonstrate competency (see Figure 3.5), whereas 12.5% of this facility type requires 10–24 procedures before privileges are granted. Meanwhile, at nonacademic acute-care hospitals, 78.9% of respondents say they do not require a minimum number of laser surgery procedures for competency, whereas 15.8% say they require one to five laser surgery procedures. At rural community hospitals, 70% report that they do not require physicians to perform a minimum number of laser surgery procedures to show competency, and 20% say that they require 25–50 procedures for competency.

In terms of the number of proctored laser surgery cases required for competency (see Figure 3.6), 86.7% of academic medical centers do not require a minimum number, and 13.3% require one to five procedures before privileges are granted. Meanwhile, 47.4% of nonacademic acute-care hospitals say they do not require a minimum number of proctored laser surgery cases for competency, and the same percentage say that they require one to five such procedures. At rural community hospitals, 44.4% report that they do not require physicians to perform a minimum number of proctored laser surgery cases to show competency, whereas an equal percentage (22.2%) say that they require one to five and six to nine laser surgery procedures.

As shown in Figure 3.7, 100% of rural community hospitals, 89.5% of academic medical centers, and 70.6% of nonacademic acute-care hospitals say they have not created a multispecialty team around laser surgery.

> continued on p. 7
Survey <continued from p. 6

1. Which of the following specialties are granted privileges to perform laser surgery procedures at your hospital?

![Bar chart showing distribution of privileges by specialty and facility type.]

2. Have your medical staff members experienced privileging disputes regarding which specialties should be granted privileges to perform laser surgery procedures?

![Bar chart showing distribution of privileging disputes by type of facility.]

> continued on p. 8
Survey  < continued from p. 7

3. Does your hospital require surgeons to have documented privileges at the facility before they perform laser surgery procedures?

![Figure 3.3](image)

**Type of facility**

4. To be granted privileges to perform laser surgery procedures at your hospital, must physicians document that they have completed special training/education?

![Figure 3.4](image)

**Type of facility**
**Survey**  
< continued from p. 8

5. In order to be granted the privilege at your hospital, how many laser surgery procedures must a physician have performed in the past 12 months to demonstrate competency?

**Figure 3.5**

6. In order to be granted the privilege at your hospital, how many proctored cases—in which the assistant is fully trained in laser surgery—must a physician have performed in the past 12 months to demonstrate competency?

**Figure 3.6**
Survey  < continued from p. 9

7. Has your hospital created a multispecialty team for laser surgery procedures?

Figure 3.7

<table>
<thead>
<tr>
<th>Type of facility</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic medical center</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>Rural community hospital</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Nonacademic acute-care hospital</td>
<td>20%</td>
<td>80%</td>
</tr>
</tbody>
</table>

> continued on p. 11
4. Number of laser surgery procedures performed per year

As shown previously in Figure 2.2, 6% of hospitals responding to the survey perform fewer than 25 laser surgery procedures per year, 11% perform 25–50 procedures per year, 19% perform 51–75, 11% perform 76–100, and 53% perform more than 100 procedures per year.

As shown in Figure 4.1, 100% of facilities that perform 25–50 procedures per year grant laser surgery privileges to general surgeons and gynecologists, whereas 80% of these facilities grant privileges to urologists and vascular surgeons. Urologists hold privileges at 100% of hospitals that perform fewer than 25 and 51–75 procedures. Moreover, 80% of hospitals that perform 76–100 laser surgery procedures per year grant privileges to urologists and general surgeons. Urologists and general surgeons hold privileges at 88% of hospitals that perform more than 100 laser surgery procedures per year.

Meanwhile, 100% of hospitals that perform fewer than 100 laser surgery procedures per year report that they have not experienced a privileging dispute, whereas 4.2% of hospitals that perform more than 100 laser surgery procedures per year report that they have (see Figure 4.2). In addition, 100% of hospitals that perform fewer than 50 and 76–100 laser surgery procedures require physicians to hold privileges before they perform laser surgery, whereas 22.2% of hospitals that perform 51–75 laser surgery procedures per year and 4% of those that perform more than 100 say they do not require physicians to have documented privileges (see Figure 4.3). Moreover, 100% of hospitals that perform fewer than 100 laser surgery procedures per year require physicians to have completed special training in laser surgery before they are granted privileges, whereas only 95.8% of those that perform more than 100 say that they have such a requirement (see Figure 4.4).

1. Which of the following specialties are granted privileges to perform laser surgery procedures at your hospital?

Figure 4.1

<table>
<thead>
<tr>
<th>General surgeons</th>
<th>Neurosurgeons</th>
<th>Thoracic surgeons</th>
<th>Cardiac surgeons</th>
<th>Vascular surgeons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gynecologists</td>
<td>Urologists</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of laser surgery procedures performed per year

> continued on p. 12
As shown in Figure 4.5, 60%–80% of respondents in all procedures-per-year ranges say that they do not require physicians to perform a minimum number of laser surgery procedures in the past 12 months to demonstrate competency. However, 33.3% of those in the fewer-than-25 range, and 40% of those that perform 25–50 procedures per year require one to five procedures to demonstrate competency. Meanwhile, 11.1% of facilities in the 51–75 laser procedure range and 4.2% of those that perform more than 100 laser surgery procedures require physicians to have performed 10–24 procedures in the past 12 months to demonstrate competency. Twenty percent of facilities that perform 76–100 and 8.3% of those that perform more than 100 procedures per year require 25–50 laser surgery procedures for competency.

According to the survey, 33%–77.8% of respondents in all procedure-per-year ranges say that they do not require physicians to have performed a minimum number of proctored laser surgery cases in the past 12 months to demonstrate competency (see Figure 4.6). However, 66.7% of those in the fewer-than-25 range, and 60% of those that perform 76–100 procedures per year require one to five proctored cases. In addition, 40% of facilities in the 25–50 laser procedure ranges and 27.3% of those that perform more than 100 laser surgery procedures also require physicians to have performed one to five proctored cases. Meanwhile, an equal percentage (4.5%) of facilities in the more-than-100-procedures-per-year range require physicians to perform six to nine and 25 or more proctored laser surgery cases to demonstrate competency.

According to the survey (see Figure 4.7), 33% of facilities that perform fewer than 25 procedures per year, 11.1% that perform 51–75, 20% that perform 76–100, and 16% that perform more than 100 laser surgery procedures annually say they have created a multispecialty team around laser surgery.

2. Have your medical staff members experienced privileging disputes regarding which specialties should be granted privileges to perform laser surgery procedures?
Survey < continued from p. 12

3. Does your hospital require surgeons to have documented privileges at the facility before they perform laser surgery procedures?

![Figure 4.3](chart1)

4. To be granted privileges to perform laser surgery procedures at your hospital, must physicians document that they have completed special training/education?

![Figure 4.4](chart2)
Survey  < continued from p. 13

5. In order to be granted the privilege at your hospital, how many laser surgery procedures must a physician have performed in the past 12 months to demonstrate competency?

![Figure 4.5](image-url)

6. In order to be granted the privilege at your hospital, how many proctored cases—in which the assistant is fully trained in laser surgery—must a physician have performed in the past 12 months to demonstrate competency?

![Figure 4.6](image-url)

> continued on p. 15
Survey  < continued from p. 14

7. Has your hospital created a multispecialty team for laser surgery procedures?

Figure 4.7

Number of laser surgery procedures performed per year
**Survey**  < continued from p. 15

**5. Number of physicians on the active medical staff at your hospital**

As shown in Figure 2.3, 8% of the hospitals surveyed have 50–100 physicians on the active medical staff, 15% have 101–199, 19% have 200–299, 15% have 300–399, 8% have 400–499, and 35% have 500 or more physicians on active medical staff.

Urologists hold laser surgery privileges at 100% of hospitals with 50–100, 101–199, and 400–499 physicians on the active medical staff (see Figure 5.1). They also hold privileges at 88.9% of facilities with 200–299 physicians, 85.7% of facilities with 300–399 physicians, and 88.2% of facilities with 500 or more physicians on staff. General surgeons hold privileges at 100% of hospitals with 400–499 physicians on staff, 94.1% of those with 500 or more physicians, 88.9% of those with 200–299 physicians, and 85.7% of facilities with 300–399 physicians on staff. An equal percentage (75%) of facilities with 400–499 physicians on staff say that they grant privileges for laser surgery to gynecologists, neurosurgeons, thoracic surgeons, cardiac surgeons, vascular surgeons, and other specialties. Gynecologists hold privileges at 71.4%–82.4% of all medical-staff size hospitals.

However, 100% of facilities with 50–499 physicians on the active medical staff report that they have not experienced a privileging dispute regarding laser surgery, whereas 5.9% of hospitals with 500 or more physicians on staff report that they have (see Figure 5.2). Moreover, 100% of facilities with 101–199, 300–399, 400–499, and 500 or more physicians on the active medical staff report that they require physicians to hold documented privileges in laser surgery, whereas 25% of those with 50–100 physicians and 22.2% of those with 200–299 physicians say they do not have such a requirement (see Figure 5.3). Meanwhile, 100% of facilities with 50–499 physicians on staff say that they require practitioners to have completed

1. Which of the following specialties are granted privileges to perform laser surgery procedures at your hospital?

![Figure 5.1](image-url)
Survey < continued from p. 16

special training in laser surgery before they are granted privileges, whereas only 94.1% of those with 500 or more physicians have such a requirement (see Figure 5.4).

In terms of the number of laser surgery procedures a physician must have performed in the past 12 months to demonstrate competency, 100% of facilities with 50–100 and 400–499 physicians on the active medical staff do not require a minimum number (see Figure 5.5). At facilities with 300–399 and 500 or more physicians on staff, 85.7% and 82.4% respectively report that they do not require a minimum number.

Meanwhile, 33.3% of hospitals in the 200–299 medical-staff-size range require practitioners to have performed one to five laser surgery procedures in the past 12 months to demonstrate competency, whereas 28.6% of those in the 101–199 medical-staff-size range require 25–50 procedures in the past 12 months to demonstrate competency.

According to the survey, 57.1%–75% of respondents of almost all medical-staff-size ranges say that they do not require a minimum number of proctored laser surgery cases in the past 12 months to demonstrate competency. However, only 28.6% of those in the 101–199 do not require physicians to perform a minimum number of proctored laser surgery cases (see Figure 5.6). Meanwhile, 22.2%–42.9% of facilities with 50–100, 101–199, 200–299, 300–399, and 500 or more physicians on the active medical staff perform one to five proctored cases. At facilities with 400–499 physicians on staff, 33.3% require 25 or more proctored cases for competency.

Between 85% and 100% of facilities with 50–100, 101–199, 200–299, 300–399, and 500 or more physicians on the active medical staff report that they have not formed a multispecialty team for laser surgery, whereas only 50% of facilities with 400–499 physicians on staff say that they have formed such a team (see Figure 5.7).

2. Have your medical staff members experienced privileging disputes regarding which specialties should be granted privileges to perform laser surgery procedures?

Figure 5.2

Number of physicians on the active medical staff

> continued on p. 18
Survey  < continued from p. 17

3. Does your hospital require surgeons to have documented privileges at the facility before they perform laser surgery procedures?

Figure 5.3

4. To be granted privileges to perform laser surgery procedures at your hospital, must physicians document that they have completed special training/education?

Figure 5.4

> continued on p. 19
Survey < continued from p. 18

5. In order to be granted the privilege at your hospital, how many laser surgery procedures must a physician have performed in the past 12 months to demonstrate competency?

![Figure 5.5]

6. In order to be granted the privilege at your hospital, how many proctored cases—in which the assistant is fully trained in laser surgery—must a physician have performed in the past 12 months to demonstrate competency?

![Figure 5.6]

> continued on p. 20
Survey < continued from p. 19

7. Has your hospital created a multispecialty team for laser surgery procedures?

Figure 5.7

![Bar chart showing the percentage of hospitals with multispecialty teams for laser surgery procedures by the number of physicians on the active medical staff.]

<table>
<thead>
<tr>
<th>Number of Physicians</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>50–100</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>101–199</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>200–299</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>300–399</td>
<td>40%</td>
<td>60%</td>
</tr>
<tr>
<td>400–499</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>500+</td>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>

> continued on p. 21
6. Number of beds at your hospital

As shown previously in Figure 2.4, 22% of hospitals responding have 50–100 beds, 13% have 101–150, 7% have 151–200, and 59% have more than 200 beds. General surgeons, urologists, and gynecologists hold privileges in laser surgery at 100% of hospitals with 101–150 beds, whereas general surgeons, gynecologists, and vascular surgeons hold privileges at 100% of hospitals with 151–200 beds (see Figure 6.1). General surgeons also hold laser surgery privileges at 80% of facilities with 50–100 beds and 88.9% of those with more than 200 beds. At facilities with more than 200 beds, 92.6% say that they grant laser surgery privileges to urologists, whereas 77.8% grant privileges to gynecologists.

Whereas 100% of facilities in the 50–200-bed range say they have not experienced a privileging dispute regarding laser surgery, 3.7% of respondents with more than 200 beds say that they have (see Figure 6.2). Meanwhile, 100% of facilities with more than 150 beds require physicians to hold documented privileges to perform laser surgery, whereas only 90% of those with 50–100 beds and 66.7% of those with 101–150 beds have such a requirement (see Figure 6.3). Moreover, 100% of survey respondents in the 50–200-bed-size range require practitioners to document that they have completed special training in laser surgery before they are granted privileges, whereas 3.7% of respondents with more than 200 beds say that they have no such requirement (see Figure 6.4).

Regarding the number of laser surgery procedures that a physician must have performed in the past 12 months to demonstrate competency, 73%–100% of hospitals surveyed of all bed-size ranges report that they do not require physicians to perform a minimum number of procedures to be granted privileges (see Figure 6.5).

1. Which of the following specialties are granted privileges to perform laser surgery procedures at your hospital?

![Figure 6.1](image_url)

> continued on p. 22
Survey < continued from p. 21

However, 10% of facilities with 50–100 beds, 16.7% of those with 101–150 beds, and 11.5% of those in the more-than-200-bed range, require one to five procedures. In addition, 10% of facilities with 50–100 beds and 7.7% of those with more than 200 beds require 25–50 laser surgery procedures for competency.

In terms of the number of proctored laser surgery cases that a physician must have performed in the past 12 months to demonstrate competency, 100% of hospitals with 151–200 beds report that they do not require physicians to perform a minimum number of procedures to be granted privileges (see Figure 6.6). Meanwhile, only 50% of facilities with 50–100 beds say that they do not require a minimum number of proctored cases.

However, 20% of facilities with 50–100 beds, 16.7% of those with 101–150 beds, and 40% of those in the more-than-200-bed range, require one to five procedures.

Whereas 100% of hospitals surveyed with 50–100 and 151–200 beds say that they have not formed a multispecialty laser surgery team, 16.7% of facilities with 101–150 beds and 22.2% of respondents with more than 200 beds report that they have formed such a team (see Figure 6.7).

2. Have your medical staff members experienced privileging disputes regarding which specialties should be granted privileges to perform laser surgery procedures?

![Figure 6.2](image-url)

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Survey < continued from p. 22

3. Does your hospital require surgeons to have documented privileges at the facility before they perform laser surgery procedures?

![Figure 6.3](image)

4. To be granted privileges to perform laser surgery procedures at your hospital, must physicians document that they have completed special training/education?

![Figure 6.4](image)

> continued on p. 24
5. In order to be granted the privilege at your hospital, how many laser surgery procedures must a physician have performed in the past 12 months to demonstrate competency?

6. In order to be granted the privilege at your hospital, how many proctored cases—in which the assistant is fully trained in laser surgery—must a physician have performed in the past 12 months to demonstrate competency?
7. Has your hospital created a multispecialty team for laser surgery procedures?

**Figure 6.7**

![Bar chart showing the percentage of hospitals with multispecialty teams for laser surgery procedures, grouped by the number of beds at the hospital.](image)
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