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BEFORE THE BOARD OF HEALING ARTS  
OF THE STATE OF KANSAS

KS State Board of Healing Arts

In the Matter of  
WHITNEY VINZANT, M.D.

Kansas License No. 04-16020

KSBHA Docket No. 15-HA00025

**FINAL ORDER ON RECONSIDERATION**

NOW on this 12<sup>th</sup> day of June, 2015, the above-captioned matter comes before the Kansas State Board of Healing Arts ("Board") on the Board's own motion to review the Initial Order of the Presiding Officer filed April 14, 2015. Whitney VinZant, M.D. ("Licensee") appears in person, and *pro se*. Reese Hays, Litigation Counsel, appears on behalf of the Petitioner Board. Members of the Board recused from participation in the proceedings include Terry Webb, M.D., Richard Macias, J.D., Douglas Milfeld, M.D. and Joel Hutchins, M.D.

Pursuant to the authority granted to Board by the Kansas Healing Arts Act, K.S.A. 65-2801 *et seq.*, and in accordance with the provisions of the Kansas Administrative Procedure Act, K.S.A. 77-501 *et seq.*, the Board hereby enters this Final Order in the above-captioned matter. After reviewing the agency record in this matter, hearing the statements and arguments of the parties, and being otherwise duly advised in the premises, the Board makes the following findings, conclusions and order:

**Procedural History**

1. On or about August 19, 2014, Licensee entered into a Consent Order with the Board to resolve allegations that Licensee had practiced below the standard of care; had disciplinary taken against his hospital privileges; and Confidential which impairs his ability to practice with reasonable skill and safety.

2. The terms of the Consent Order places a limitation on Licensee's license that prohibited him from performing all but eleven (11) specified surgeries. The limitation is to remain in effect until such time as Licensee is able to prove by clear and convincing evidence that he has the requisite skill and competence to perform surgery. Additionally, the Consent Order required Licensee to submit to a clinical skills assessment at the Center for Personalized Education for Physicians ("CPEP"). Such assessment was to be presented to the Board for review, and after such review, the Board could modify the terms and conditions of the Consent Order to address any findings or recommendations of CPEP.

3. Licensee obtained the clinical skills assessment at CPEP in June of 2014, and an Assessment Report was received by the parties subsequent to the entry of the Consent Order.

4. On September 12, 2014, Petitioner filed a Motion to Incorporate CPEP Recommendations which requested that the Board order Licensee to complete specific recommendations made by CPEP and impose additional requirements and practice limitations as a result of the CPEP Assessment Report's findings and recommendations.

5. Subsequently, Licensee requested that the Board expand the list of permitted surgical procedures beyond those contained in the Consent Order.

6. On December 11, 2014, the Board heard the matter in a conference hearing and declined the requested modifications of the Consent Order made by both parties. A Final Order Denying Modification of Consent Order was issued December 22, 2014, concluding that the underlying basis for limiting Licensee's surgical procedures had not changed.

7. On January 9, 2015, Petitioner filed a Petition for Reconsideration of Final Order which asserted that the evidence presented at the conference hearing had demonstrated a change in the underlying basis for limiting Licensee's surgical procedures.



8. The Board concluded that reconsideration was warranted to allow for a more in-depth presentation of evidence by both parties. Board Member Joel Hutchins, M.D. was appointed as a Presiding Officer by the Board to conduct a hearing and issue an initial order subject to review by the full Board.

9. Dr. Hutchins conducted a formal hearing on April 2, 2015, and Dr. issued his Initial Order that was filed with the Board on April 14, 2015.

10. On April 23, 2015, the Board issued a Notice of Intent to Review Initial Order with a briefing deadline, and scheduled oral argument for June 12, 2015.

### **Findings**

The Board accepts and adopts, in substantially the same form, the following Findings of Fact made by the Presiding Officer in the Initial Order as follows:

11. Licensee has a current active license to practice medicine and surgery in Kansas. Such license was originally issued on December 6, 1974.

12. Licensee is a board-certified general surgeon with privileges at both Wesley Medical Center (“Wesley”) and Via Christi Health (“Via Christi”), in Wichita, Kansas.

13. On August 19, 2014, Licensee entered into a Consent Order with the Board based upon allegations that Licensee failed to meet the standard of care during the care and treatment of at least three (3) separate oncologic abdominal surgical patients at Via Christi. All three of these surgeries occurred between the dates of February 17, 2012, and January 14, 2013.

14. On or about January 17, 2013, Licensee’s privileges at Via Christi were formally restricted.

Confidential

Confidential

15. Wesley later adopted the same restrictions on Licensee's privileges as those at Via Christi.

16. Confidential  
Confidential

17. Confidential  
Confidential

18. Confidential  
Confidential

19. Confidential

20. From June 11 through 12, 2014, Licensee completed a CPEP Assessment as required by the Consent Order. The Assessment was provided to the parties. Confidential

Confidential



Confidential

21. Confidential

Confidential

22. Confidential

Confidential

23. Confidential

Confidential

24. Licensee testified that he has reduced his surgical case load from 7 to 8 surgeries a day to 2 to 3. He further testified that he has reduced his clinic patients from 30 to 50 a week to approximately 15 a week. Licensee further testified that he has no intention of increasing his patient load and he has been referring patients to his younger partners to assist in building their practice.

25. Licensee testified that since these matters came before the Board his practice has adopted electronic medical records. Licensee testified that this has dramatically improved his

record keeping. He now has a nurse that does a skeletal history and he goes over their notes with them after the appointment.

26. Licensee testified that he is no longer performing gynecological or pediatric oncology surgeries and that he has no intention of doing those types of surgeries again.

27. The Presiding Officer found Licensee to be a credible witness.

### **Conclusions and Policy Rationale for Decision**

28. Pursuant to the terms and conditions of the Consent Order, the Board has the authority to modify the Consent Order as necessary to address any findings and recommendations of CPEP and to consider the request of Licensee to expand the scope of permissible surgical procedures.

29. In paragraph 22 of the Initial Order, the Presiding Officer concluded that Licensee had proven by clear and convincing evidence that he was competent to practice to a degree warranting removal of all limitations on his license. The Board declines to adopt paragraph 22 of the Initial Order.

30. In paragraph 23, the Presiding Officer made non-binding recommendations with respect to Licensee's documentation practices, having ongoing medical record reviews, and maintaining a reduced patient caseload. The Board declines to adopt paragraph 23 of the Initial Order.

31. As stated in K.S.A. 65-2801, the Board's duty is to protect patients. The Board concludes that **Confidential** is particularly significant to Licensee's ability to practice with reasonable skill and safety to patients because he is a surgeon. Generally speaking, the practice of surgery carries a higher and more direct risk of injury to patients.

32. The Board concludes that Confidential evidence demonstrates that Licensee's Confidential affects his ability to practice with reasonable skill and safety. The evidence presented does not demonstrate that Licensee's Confidential

33. The Board concludes that Licensee has not proven by clear and convincing evidence that unlimited practice is warranted in the circumstances.

34. The Board concludes Licensee has shown by clear and convincing evidence that he has the requisite knowledge, skill and competence to warrant expanding the list of permissible surgical procedures with ongoing monitoring of both Licensee's Confidential and practice, and with patient volume limitations.

35. In order to ensure that Licensee is safe to practice, the Board concludes it is necessary to impose continued limitations on Licensee's surgical procedures and patient volume, in conjunction with probationary terms that include documentation requirements and ongoing monitoring of Licensee's Confidential and surgical cases.

**IT IS THEREFORE ORDERED, BY THE KANSAS STATE BOARD OF HEALING ARTS** that the LIMITATION prohibiting Licensee from performing all but eleven (11) enumerated surgical procedures set forth in the Consent Order filed August 19, 2014, is hereby TERMINATED.

**IT IS FURTHER ORDERED** that Licensee's license to practice medicine and surgery shall be indefinitely LIMITED as follows:



- A. Licensee shall only be permitted to perform the surgical procedures in Exhibit G and Exhibit H which are set forth in black and blue colored type (regardless of strike-through type), and hand-written. In the event there are inconsistencies between the privileges specified in Exhibit G and Exhibit H, the more restrictive delineated privilege shall apply.
- B. Regardless of the skin graft privileges specified in Exhibit G and Exhibit H, Licensee shall be limited to performing non-burn-related, split-thickness grafts, less than 100 square centimeters. Exhibit G and Exhibit H are attached to and incorporated in this Final Order by reference.
- C. Licensee shall personally dictate, type or write all documentation in patient medical records and shall not rely entirely on a scribe.
- D. Licensee has also voluntarily LIMITED his scope of practice in that he has restricted his clinic patients to approximately fifteen (15) per week and his surgical caseload to approximately three (3) surgeries per day. Licensee has ceased taking weekend call for himself when another group member is taking call and Licensee does not take EMTALA call. These voluntary LIMITATIONS are hereby incorporated into this Final Order as the orders of the Board.
- E. Licensee shall have the burden to prove by clear and convincing evidence that he has the requisite skill and competence to warrant modification or termination of any of the LIMITATIONS set forth in this Final Order.

**IT IS FURTHER ORDERED** that Licensee's license is hereby placed on PROBATION with the following terms and requirements:

- F. On a quarterly basis and at Licensee's own expense, Licensee shall have 25% of his surgical patient medical records reviewed for adequacy of documentation and appropriateness of care by a Kansas-licensed surgeon who is approved by the Board or the Board's designee. On or before

September 15, 2015, Licensee shall submit to the Board for approval the curriculum vitae of the proposed surgeon to perform the medical record reviews.

- G. The reviews shall be based upon Licensee's office medical record for each surgical patient including but not limited to Licensee's office notes of each patient's preoperative evaluation, any pertinent collateral records, Licensee's operative report(s), reports of pertinent findings and any postoperative office notes. Licensee shall ensure that a report, on a form provided by Board staff, for each quarterly review is submitted by the reviewing surgeon to the Board on or before the 15<sup>th</sup> of the month in October, January, April and July of each year, commencing October 15, 2015. The reports shall be submitted to the attention of: Compliance Coordinator, Kansas State Board of Healing Arts, 800 SW Jackson Street, Lower Level, Suite A, Topeka, Kansas 66612.

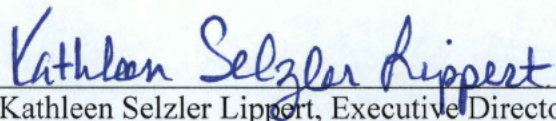

- H. **Confidential**
- 



**IT IS FURTHER ORDERED** that for any period of time that Licensee is not actively practicing medicine and surgery in Kansas, the LIMITATIONS and PROBATION terms contained in this Final Order shall remain in effect, but any associated deadlines shall be tolled.

**IT IS FURTHER ORDERED** that the Board shall maintain jurisdiction over this matter to issue future order(s) deemed necessary and appropriate in the circumstances.

**IT IS SO ORDERED THIS 13<sup>th</sup> DAY OF JULY, 2015, IN THE CITY OF TOPEKA, COUNTY OF SHAWNEE, STATE OF KANSAS.**

  
Kathleen Selzler Lippert, Executive Director  
Kansas State Board of Healing Arts  


#### **NOTICE OF RIGHTS**

**PLEASE TAKE NOTICE** that this is a Final Order. A Final Order is effective upon service, and service of a Final Order is complete upon mailing. Pursuant to K.S.A. 77-529, Licensee may petition the Board for Reconsideration of a Final Order within fifteen (15) days following service of the final order. Additionally, a party to an agency proceeding may seek judicial review of a Final Order by filing a petition in the District Court, as authorized by K.S.A. 77-601, *et seq.* Reconsideration of a Final Order is not a prerequisite to judicial review. A petition for judicial review is not timely unless filed within **30 days** following service of the Final Order. A copy of any petition for judicial review must be served upon Kathleen Selzler Lippert, Executive Director, Kansas State Board of Healing Arts, 800 SW Jackson, Lower Level-Suite A, Topeka, KS 66612.



**CERTIFICATE OF SERVICE**

I, the undersigned, hereby certify that a true and correct copy of the above and foregoing **FINAL ORDER** was served this 13<sup>th</sup> day of July, 2015, by depositing the same in the United States Mail, first-class, postage prepaid, and addressed to:

Whitney VinZant, MD  
818 North Emporia, Ste. 200  
Wichita, KS 67214

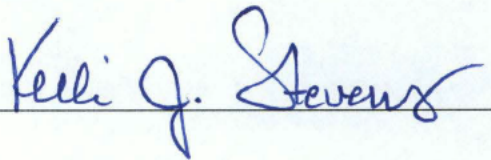
Randy Trout  
Tracie England  
Hite, Fanning & Honeyman, L.L.P.  
100 N. Broadway, Suite 950  
Wichita, KS 67202

And a copy was delivered to:

Reese Hays, Litigation Counsel  
Kansas State Board of Healing Arts  
800 SW Jackson, Lower Level-Suite A  
Topeka, Kansas 66612

Compliance Coordinator  
Kansas State Board of Healing Arts  
800 SW Jackson, Lower Level-Suite A  
Topeka, Kansas 66612

And the original was filed with the office of the Executive Director.

  
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## VIA CHRISTI HOSPITALS

*\*Not all privileges are available  
at all facilities*

CRITERIA FOR: Revised  
GENERAL SURGERY - CORE Page 1  
Priv. Code # 64100  
Board Approved: 02-22-07  
For Physician: 640292  
Surgery Department Approved: 09/09/2013

### CLINICAL DESCRIPTION

The performance of surgical procedures (including related admission, consultation, work-up, pre- and post-operative care) to correct or treat various conditions, illnesses, and injuries of the that could include:

- alimentary tract
- abdomen and its contents
- breasts, skin, and soft tissue
- head and neck (including trauma, vascular, endocrine, congenital and oncological disorders-particularly tumors of the skin, salivary glands, thyroid, parathyroid, and the oral cavity)
- vascular system (excluding the intracranial vessels, the heart, and those vessels intrinsic and immediately adjacent thereto)
- endocrine system
- surgical oncology (including coordinated multimodality management of the cancer patient by screening, surveillance, surgical adjunctive therapy, rehabilitation, and follow-up)
- management of trauma, including musculo-skeletal, hand and head injuries. (The responsibility for all phases of care of the injured patient is an essential component of general surgery); and
- complete care of critically ill patients with underlying surgical conditions in emergency departments, intensive care units.

### INVOLVED SPECIALISTS

General Surgeons

### EDUCATION/TRAINING

MD or DO.

Certification by the American Board of General Surgery; or fellowship in the American College of Surgeons; or Active candidate for certification by the American Board of Surgery; or applicant for American Board of Surgery examination; or equivalent training requirements of the above as defined by the American Osteopathic Association

### CRITERIA

Member of the Via Christi Medical Staff

### CORE PRIVILEGES

- 641.01 Admission of patients
- 641.02 Order diagnostic tests and therapeutic services
- 641.03 Chart in the patients medical record
- 641.04 Refer and request consultation
- 641.05 Conscious sedation intrinsic to delineated clinical privileges.
- 641.06 Imaging privileges for non-radiologists intrinsic to delineated clinical privileges

### 642.00 ALIMENTARY TRACT

#### 642.01 Esophagus:

- ~~642.02 Esophagectomy~~
- ~~642.03 Esophage-gastrectomy~~
- ~~642.04 Antireflux procedure~~
- ~~642.05 Esophageal-bypass procedure~~
- ~~642.06 Repair of perforation (esophageal disease)~~
- ~~642.07 Other operations for esophageal stenosis~~
- ~~642.08 Esophageal diverticulectomy~~

#### 642.15 Stomach:

- ~~642.16 Gastrectomy (all types)~~
- ~~642.17 Gastric resection, partial~~
- ~~642.18 Vagotomy, truncal/selective with drainage or resection~~
- ~~642.19 Repair of perforation (gastric disease)~~
- ~~642.20 Proximal gastric vagotomy, highly selective~~
- ~~642.21 Gastric reduction for morbid obesity (all types)~~

#### 642.30 Small Intestine:

- 642.31 Enterolysis
- 642.32 Enterectomy
- 642.33 Repair of perforation (duodenal disease)
- 642.34 Repair of perforation (small bowel disease)
- 642.35 Ileostomy (not associated with colectomy)
- 642.36 Diverticulectomy

#### 642.40 Large Intestine:

- 642.41 Colostomy (all types)
- 642.42 Colostomy, closure
- 642.43 Colectomy, partial

EXHIBIT

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# VIA CHRISTI HOSPITALS

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CRITERIA FOR: Revised  
GENERAL SURGERY - CORE Page 2  
Priv. Code # 64100  
Board Approved: 02-22-07  
For Physician: 640292  
Surgery Department Approved: 09/09/2013

- 642.44 Colectomy, total or subtotal with ileostomy
- ~~642.45 Colectomy with ileo-anal pull-through~~
- ~~642.46 Colectomy with continent reconstruction~~
- ~~642.47 Abdomino-perineal resection~~
- 642.48 Repair of perforation (colon disease)

## 642.55 Ano-rectal:

- 642.56 Hemorrhoidectomy (all types)
- ~~642.57 (a) Sphincterotomy~~
- ~~642.57 (b) sphincteroplasty~~
- 642.58 Drainage procedures for anorectal abscess
- 642.59 Repair of anorectal fistula
- ~~642.60 Other operations for anal incontinence~~
- ~~642.61 Repair of rectal prolapse~~
- 642.62 Pilonidal cystectomy
- 642.63 Operations for anal fissure

## 642.70 ABDOMEN

- ~~642.71 Exploratory laparotomy exclusive of trauma~~
- ~~642.72 Drainage of intra-abdominal abscess~~
- ~~642.73 Pelvic exenteration~~
- ~~642.74 Major retroperitoneal/pelvic lymph node dissection~~

## 642.80 Liver:

- ~~642.82 Wedge resection or open biopsy~~
- ~~642.83 Drainage of liver abscess~~

## 642.85 Biliary tract:

- ~~642.86 Cholecystectomy~~
- 642.87 Cholecystectomy with or without operative cholangiograms
- 642.88 Common bile duct exploration
- ~~642.89 Choledochenteric anastomosis~~
- ~~642.90 Sphincteroplasty (Oddi)~~

## 642.95 Pancreas:

- ~~642.96 Drainage of pancreatic abscess~~
- ~~642.97 Resection, distal~~
- ~~642.98 Resection, Whipple~~
- ~~642.99 Resection, total~~
- ~~643.01 Drainage of pseudocyst (all types)~~
- ~~643.02 Pancreaticojejunostomy~~
- ~~643.03 Other major~~

## ~~643.10 Spleen~~

- ~~643.11 Splenectomy for disease~~
- ~~643.12 Staging laparotomy~~
- ~~643.13 Other major~~

## 643.15 BREASTS, SKIN AND SOFT TISSUES

- 643.16 Breast-Biopsy
- 643.17 Breast-Simple mastectomy
- ~~643.18 Breast-Modified radical mastectomy~~
- ~~643.19 Breast-Radical mastectomy~~
- ~~643.20 Breast-Excisional biopsy or quadrant excision with axillary sampling~~

## 643.25 Skin and Soft Tissues:

- ~~643.26 Major lymphadenectomies~~
- ~~643.27 Major excision and repair/graft for skin neoplasms~~
- ~~643.28 Radical excision of soft tissue tumor~~

## 643.35 ENDOCRINE SYSTEM

- ~~643.36 Thyroidectomy, partial or total~~
- ~~643.37 Parathyroidectomy~~
- ~~643.38 Adrenalectomy~~
- ~~643.39 Pancreatic endocrine procedure~~
- 643.40 Total parenteral nutrition

## 643.50 GENITO-URINARY

- ~~643.51 Circumcision~~
- ~~643.52 Hydrocelectomy~~
- ~~643.53 Cystostomy~~
- ~~643.54 Cystectomy (partial)~~
- ~~643.55 Heminephrectomy~~
- ~~643.56 Nephrectomy radical~~
- ~~643.57 Nephroureterectomy~~
- ~~643.58 Orchiectomy~~
- ~~643.59 Orchiopexy~~
- ~~643.60 Thoraco-abdominal with possible vena-cava resection~~
- ~~643.61 Testicular biopsy~~
- ~~643.62 Vasectomy (due to infection)~~
- ~~643.63 Repair of renal trauma~~
- ~~643.64 Repair of bladder rupture~~
- ~~643.65 Continent urinary diversion~~
- ~~643.66 Closure vesicovaginal fistula~~
- ~~643.67 Nephrostomy~~
- ~~643.68 Renal exploration~~
- ~~643.69 Penis, biopsy~~
- ~~643.70 Penis, Condyloma excision~~
- ~~643.71 Ileal urinary conduit~~
- ~~643.72 Meatotomy~~
- ~~643.73 Urethropexy~~



# VIA CHRISTI HOSPITALS

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CRITERIA FOR: Revised  
GENERAL SURGERY - CORE Page 3  
Priv. Code # 64100  
Board Approved: 02-22-07  
For Physician: 640292  
Surgery Department Approved: 09/09/2013

## 643.80 TESTES, SPERMATIC CORD, AND SCROTUM

- 643.81 Herniorrhaphy, inguinal
- ~~643.82 Spermatic vein ligation  
(varicocelelectomy)~~
- ~~643.83 Biopsy~~
- ~~643.84 Orchiectomy~~
- ~~643.85 Orchiopexy~~
- ~~643.86 Vasectomy due to infection~~
- ~~643.87 Epididymectomy~~
- ~~643.88 Spermatocelectomy~~
- ~~643.89 Hydrocoelelectomy with or without  
herniorrhaphy~~

## 644.20 HEAD AND NECK

- ~~644.21 Resections of lesions: Lips,  
Tongue and Floor of mouth/buccal  
mucosa~~
- ~~644.22 Parotidectomy~~
- ~~644.23 Resection of other salivary glands~~
- ~~644.24 Radical neck dissection~~
- ~~644.25 Resection of mandible or maxilla~~
- ~~644.26 Tracheostomy~~

## 644.35 NERVOUS SYSTEM

- ~~644.36 Cranial decompression or  
exploration (emergency)~~
- ~~644.37 Extracranial/ventricular shunt~~
- ~~644.38 Peripheral nerve operation or  
decompression~~
- ~~644.39 Placement of Intra-Cranial pressure  
monitors~~

## 644.45 PLASTIC

- 644.46 Revision of scars and resultant  
deformities
- 644.47 Skin-grafting, non-burn (all types)
- ~~644.48 Composite tissue transfer~~

## 644.55 THORACIC

- ~~644.56 Thoracotomy~~
- ~~644.57 Repair of diaphragmatic hernia~~
- ~~644.58 Excision of mediastinal tumor~~
- ~~644.59 Pneumonectomy~~
- ~~644.60 Lobectomy of lung~~
- ~~644.61 Wedge resection of lung~~
- ~~644.62 Thoracic outlet decompression  
procedure~~
- ~~644.63 Open drainage of empyema~~
- ~~644.64 Pericardial decompression~~

## 644.95 Intra-abdominal Obstructive:

- ~~644.96 Celiac/superior mesenteric axis  
endarterectomy, bypass, or repair~~
- ~~644.97 Renal artery endarterectomy,  
bypass or repair~~

## 645.05 Upper Extremity (axillary, brachial):

- ~~645.06 Direct repair or graft (not vascular  
access)~~

## 645.15 Lower Extremity:

- ~~645.16 Operations on femoral or popliteal  
arteries and tibial arteries~~

## 645.20 Extra-cavitary Bypass Procedure:

- ~~645.21 Axillary-femoral~~
- ~~645.22 Femoral-femoral~~

## 645.30 Portal Decompression Procedures:

- ~~645.31 Portacaval shunt~~
- ~~645.32 Splenorenal shunt, proximal or distal~~
- ~~645.33 Mesocaval shunt~~

## 645.70 Amputations:

- ~~645.71 Digit~~
- ~~645.72 Transmetatarsal~~
- ~~645.73 Below knee~~
- ~~645.74 Above knee~~
- ~~645.75 Arm~~

## MAINTENANCE OF COMPETENCE

Insertion Central Venous Catheter  
Port-A-Cath Insertion

Insertion of Chest Tube  
Incisional Hernia Repair  
Umbilical Hernia Repair  
Baroscopy



## **VIA CHRISTI HOSPITALS**

***\*Not all privileges are available  
at all facilities***

**CRITERIA FOR:  
PERCUTANEOUS LIVER BIOPSY  
For: Physician 640292  
Prlv. Code # 99125  
Board Approved: 01-25-07**

### CLINICAL DESCRIPTION

~~Removal of a portion of the liver with specialized  
needle percutaneously.~~

~~Privileges may be extended without (qualification)  
observation or under observation of another member  
of the Medical Staff with the same privileges.~~

### INVOLVED SPECIALISTS

~~Internal Medicine  
Gastroenterologists  
General Surgeons  
Radiologists~~

### MAINTENANCE OF COMPETENCE:

### EDUCATION/TRAINING

~~MD or DO  
Board eligible/certified in Internal Medicine, General  
Surgery, or Radiology.~~

### CRITERIA

~~Member of the Via Christi Medical Staff, and,~~

~~Applicant should perform at least ten (10) supervised  
liver biopsies. Cognitive skills, including knowledge  
of complications, the methods for early detection and  
how to manage them, and technical skills, including  
the ability to select the proper entry site and guide  
the biopsy needle to obtain an adequate size  
specimen and avoid surrounding organs must be  
demonstrated.~~

~~Radiology Department: no changes 10-16-07  
Credentials Committee:  
Medical Executive Committee:~~

### OTHER

## **VIA CHRISTI HOSPITALS**

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at all facilities***

### **CRITERIA FOR:**

**BRONCHOSCOPY - DIAGNOSTIC**

**For: Physician 640292**

**Prtv. Code # 99160**

**Board Approved: 01-25-07**

### **CLINICAL DESCRIPTION**

~~Bronchoscopy is the examination of the bronchi and includes endobronchial biopsy, therapeutic aspiration of secretion, and removal of foreign bodies.~~

### **MAINTENANCE OF COMPETENCE**

### **INVOLVED SPECIALISTS**

~~Pulmonologists  
General Surgeons  
Cardiothoracic Surgeons  
Otolaryngologist~~

### **CRITERIA**

~~Member of the Via Christi Medical Staff~~

### **EDUCATION/TRAINING**

~~MD or DO.~~

~~Pulmonary Medicine Fellowship; General Surgery Residency; Otolaryngology Residency; Cardio-Thoracic Surgery Residency or Critical Care training.~~

### **CRITERIA**

- ~~1. Documentation of participation in fifty (50) cases, 25 of which being performed under direct supervision as primary physician during training program; and.~~
- ~~2. Confirming specific letter attesting to competency to perform these procedures; or~~
- ~~3. Documentation of fifty (50) cases as primary physician during the past two (2) years, if in practice outside the fellowship/residency.~~



## **VIA CHRISTI HOSPITALS**

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### **CRITERIA FOR:**

**BRONCHOSCOPY - THERAPEUTIC**

**For: Physician 640292**

**Priv. Code # 99161**

**Board Approved: 01-25-07**

### CLINICAL DESCRIPTION

~~Therapeutic bronchoscopy is the performance of  
trans bronchial and fluoroscopic procedures.~~

### MAINTENANCE OF COMPETENCE

### INVOLVED SPECIALISTS

~~Cardiothoracic Surgeons  
General Surgeons  
Otolaryngologist  
Pulmonologists~~

### CRITERIA

~~Member of the Via Christi Medical Staff~~

### EDUCATION/TRAINING

~~MD or DO  
Pulmonary Medicine Fellowship; General Surgery  
Residency, Otolaryngology Residency, Cardio-  
thoracic Surgery Residency or Critical Care training.~~

### CRITERIA

- ~~1. Privileges to perform diagnostic bronchoscopy  
procedures.~~
- ~~2. Documentation of training in a residency/  
fellowship.~~
- ~~3. Confirming specific letter attesting to competency  
to perform these procedures.~~

## VIA CHRISTI HOSPITALS

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at all facilities**

### CRITERIA FOR : ROBOTIC GENERAL SURGERY/COLORECTAL SURGERY

**For: Physician 640292**

**Priv. Code #99197**

**Board Approved: 02-16-2012**

#### CLINICAL DESCRIPTION

The use of a computer enhanced Robotic Surgical System to perform a minimally invasive laparoscopic procedure for surgery.

Proctor's should have a minimum of 50 cases; a general surgeon may proctor a colorectal surgeon if they have a minimum of 50 cases of the same case they are proctoring.

#### INVOLVED SPECIALISTS

Colo/Rectal Surgery  
General Surgery

#### OTHER

In order to be granted privileges at the time of initial appointment, applicant must submit the above documentation or provide documentation of privileges and activity at another facility.

#### EDUCATION/TRAINING

MD or DO  
Board eligible/certified in primary specialty

#### FOCUSED REVIEW

Upon completion of these requirements, all applicants will be allowed to do the Robotic procedures without supervision once the processing of that recommendation is completed through the medical staff and Board. The first ten (10) cases for all physicians will be under focused concurrent review by the section chair and/or section.

#### CRITERIA

1. Member of the Via Christi Medical Staff;
2. Applicant must have core privileges in specialty;
3. Must attend a basic certified course in Robotic assisted surgery (sponsored by Intuitive) with a minimum of eight (8) clinical training hours and must provide documentation of this training; and;
4. Must observe a minimum of two (2) full Robotic assisted cases prior to being granted proctored privileges; or;
5. Received robotic training during residency or fellowship and provide documentation of training; and;
6. Prior to performing proctored procedures, the applicant will perform a minimum of two (2) documented simulated runs with OR staff and company representative.

#### MAINTENANCE OF COMPETENCE

In order to maintain privileges at the time of reappointment, applicant must provide documentation of having performed eight (8) procedures within the previous two (2) years with acceptable outcomes.

#### PROCTORING

Once the above criteria are met and the applicant has been granted proctored privileges, the applicant must have two (2) cases observed by a physician of the same specialty with robotic surgery privileges, and the company representative (or other experienced technician) who will be observing the technical component of the equipment use. The attached Proctoring Evaluation Form must be completed and provided as documentation of satisfactory training. Upon completion of these requirements, the applicant will be allowed to do the Robotic procedures without supervision once the processing of that recommendation is complete through the Medical Staff and Board.

#### LOCATION

These procedures will be performed only in the operating room suite.

#### PROCTORING REQUIREMENTS



# **WESLEY MEDICAL CENTER**

**Vinzant, Whitney L M.D.**

**SPECIALTY: GENERAL SURGERY**

CODE	APPROVED PRIVILEGES	DATE GRANTED
38	Admission of Patient, Order diagnostic tests and therapeutic services, Chart in the patient's medical record,	3/16/2005
	Refer and request consultation	3/16/2005
40	Adrenalectomy	3/16/2005
41	Adult Circumcision, age 14 and older	3/16/2005
50	Amputations at or Distal to MP Joints, Foot	3/16/2005
51	Amputations at or Distal to MP Joints, Hand	3/16/2005
54	Anal Fissure Repair	3/16/2005
63	Appendectomy	3/16/2005
656	Appendectomy, Laparoscopic	3/16/2005
15	Arterial Line Insertion	3/16/2005
68	Arteriotomy w/Removal of Embolus or Thrombus	3/16/2005
86	Biopsy &/or Excision of Breast Tumors	3/16/2005
1399	Biopsy of skin and subcutaneous tissue	3/16/2005
906	Bronchoscopy for Foreign Body	3/16/2005
904	Bronchoscopy, Diagnostic	3/16/2005
1337	Bronchoscopy, Therapeutic	3/16/2005
417	Central Venous Catheter - Insertion	3/16/2005
152	Chest Drainage - open/closed	
468	Cholecystectomy	3/16/2005
215	Colonoscopy - Diagnostic and Therapeutic, which includes polyp removal and biopsy	
1352	Colonoscopy with Biopsy	3/16/2005
213	Dermis Grafts	3/16/2005
1112	Diagnostic Cystoscopy	3/16/2005
1433	Epididymectomy	3/16/2005
265	Esophageal Anti-reflux Procedures	
271	Esophagogastroduodenoscopy (EGD)	
796	Excision of thrombosed hemorrhoid	3/16/2005
284	Excision & Anastomosis, Intestines	3/16/2005
287	Excision or Fulguration of Small Skin or Mucosal Lesion	3/16/2005
289	Exploratory Laparotomy	3/16/2005
313	Fistulotomy/Fistulectomy	
325	Gallbladder & Common Duct Surgery	3/16/2005
330	Gastric Resection W/ or W/O Vagotomy	
1177	Gastrostomy	
373	Hemorrhoidectomy	3/16/2005
375	Hepatectomy - Partial	
1144	Hernia Repair, Laparoscopic	3/16/2005
380	Herniorrhaphy: Inguinal W / or W/O Hydrocele	3/16/2005
384	Hydrocele/Spermatocele/Naricocele	3/16/2005
397	Ileal Conduit	3/16/2005
398	Imaging Techniques Intrinsic to Delineated Clinical Privileges	3/16/2005
406	Incision & Drainage of Intra-Abdominal Abscess	3/16/2005
407	Incision & Drainage of Rectal Abscess	3/16/2005
412	Inguinal Herniorrhaphy	3/16/2005
424	Intestinal Resection (Stomach, Small Intestine, Colon) with Colostomy	3/16/2005
425	Intestinal Resection (Stomach, Small Intestine, Colon) without Colostomy	3/16/2005
1418	Laparoscopic Adrenalectomy	
795	Laparoscopic Cholecystectomy	3/16/2005
1332	Laparoscopic Colectomy	

**EXHIBIT**

**H**



**WESLEY MEDICAL CENTER**

**Vinzant, Whitney L M.D.**

**SPECIALTY: GENERAL SURGERY**

CODE	APPROVED PRIVILEGES	DATE GRANTED
296	Laparoscopic Nissen	3/16/2005
459	Laparoscopy	3/16/2005
460	Laparoscopy, Diagnostic	3/16/2005
21	Liver Biopsy	
485	Lysis of Adhesions	3/16/2005
1138	Lysis of adhesions for moderate and severe adhesions or adhesions involving bowel	3/16/2005
503	Mastectomy: Partial	3/16/2005
504	Mastectomy: Radical	3/16/2005
505	Mastectomy: Simple	3/16/2005
508	Meatotomy	3/16/2005
535	Needle biopsy of Pleura and Liver	
1189	Orchidopexy	3/16/2005
558	Orchiectomy	3/16/2005
1425	Other Operations for Esophageal Stenosis	3/16/2005
1574	Panniculectomy	
1187	Pa rathyroidectomy	3/16/2005
569	Partial Cystectomy	3/16/2005
578	Percutaneous Endoscopic Gastrostomy (PEG)	3/16/2005
951	Peripheral Nerve Surgery	
613	Pilonidal Cyst Excision	3/16/2005
1436	Placement of Intra Cranial Pressure Monitors	
1391	Prolapse and hemorrhoids (PPH)	
714	Scar Revision	3/16/2005
318	Sigmoidoscopy, Flexible - with or without biopsy (Surgery)	3/16/2005
698	Sigmoidoscopy, Rigid - with or without biopsy (Surgery)	3/16/2005
739	Skin Grafts (Split/Full Thickness Excluding Burns)	3/16/2005
742	Small Skin Grafts	3/16/2005
743	Soft Tissue Repair & Use of Pedicle Skin Grafts	3/16/2005
744	Soft Tissue Tumors	3/16/2005
1179	Sphincterotomy	
750	Splenectomy	3/16/2005
794	Thoracoscopy	3/16/2005
797	Thyroidectomy, Subtotal	3/16/2005
798	Thyroidectomy, Total with Limited Neck Dissection	3/16/2005
1301	Total Parenteral Nutrition (TPN)	3/16/2005
803	Trachelectomy	3/16/2005
805	Tracheostomy	3/16/2005
981	T-Tube Cholangiogram	3/16/2005
1571	Use of continuous IV sedation for maintaining intubated/ventilated patients. Must follow clinical practice guidelines (e.g. for drip include: Propofol, Lorazepam, Midazolam, Ketamine)	
444	Use of IV/IM Analgesia/sedatives (e.g. midazolam) with the intent to produce conscious sedation for procedures, excluding potent narcotics and anesthetics.	3/16/2005
846	Vasectomy	
976	Vena Cava Filter Placement	3/16/2005
852	Ventilator Management - Category 2 (own patient, less than 48 hours)	
853	Ventral Hernia Repair (Incisional or Umbilical)	3/16/2005