

Please Print Name

QUALIFICATIONS: Licensed physician (DO/MD) as defined in the Surgery Department Rules and Regulations with appropriate specialty training.

Of the following, indicate particular privileges requested: Privileges granted herein permit the physician to treat patients without limitation, for all inpatient and outpatient areas, intensive care units, and Emergency Department.

REQ = Requested APP = Approved

REQ	APP	Privileges Requested:
		ADMIT; provide consultation; order diagnostic tests and procedures and treat patients with cardiac and thoracic/vascular problems

CORE PROCEDURAL PRIVILEGES: All Cardiothoracic/Vascular Surgeons are eligible to apply for the following core procedures. A letter from the residency program director confirming training/experience in procedures requested for all new applicants who have recently (within the past 5 years) completed training. Applicants should provide a copy of procedural case logs from their training program. Applicants out of training over 5 years must provide documentation of training and recent experience. **SPECIFIC CRITERIA FOR EACH SECTION IS ATTACHED.**

REQ	APP	CARDIAC SURGERY WITH/WITHOUT CARDIOPULMONARY BYPASS <u>Privilege Requested:</u>	VASCULAR SURGERY (See Attached additional Criteria) <u>Privilege Requested:</u>
		Acute Aortic Dissection	All diagnostic and intraoperative procedures pertinent to arterial and venous circulatory system Aneurysm and Occlusive disease surgical procedures i.e., Femoral, subclavian, popliteal procedures; Visceral arteries, renal celiac or spleen procedures; Distal bypass grafts; abdominal aorta. Amputations for vascular impairment Carotid endarterectomy Central venous access Renal vascular procedure: including infrarenal and suprarenal procedures
		Aneurysmectomy	
		- Thoracic Aorta	
		- Ventricular	
		Coronary Bypass Graft	
		Pericardiectomy	
		Valve Replacement	

REQ	APP	THORACIC SURGERY <u>Privilege Requested:</u>	ENDOVASCULAR SURGERY – this is a ***Separate*** delineation of privileges. You can print this delineation from our website at www.jcl.com/credentialing . It is located under DV delineation of privileges, Dept of Surgery.
		AICD (Must be performed in conjunction with an electrophysiologist to test the device.)	SPECIAL PROCEDURES: Documentation of training/expertise must be submitted when requesting these privileges. Cardiothoracic and Vascular Surgeons with appropriate specialty training/experience are eligible to apply for the following special procedures, provided that specific criteria are met (when applicable). See Attached Criteria. <u>Privilege Requested:</u> Sternotomy Maze Thoracoscopic Maze Thoracoscopic Laser Surgery Endovenous Frequency Ablation VNS (Vagus Nerve Stimulation) Transesophageal Echocardiography: TEE Conscious Sedation
		Bronchoscopy	
		Chest Wall, Diaphragm or Thoracic Outlet	
		Endoscopic vein harvesting	
		Endoscopy	
		Esophagoscopy <input type="checkbox"/> Rigid <input type="checkbox"/> Flexible	
		Lung Biopsy	
		Mediastinum including Mediastinoscopy	
		Pacemaker Implantation	
		- Temporary	
		- Permanent-Pervenous	
		Pericardial Drainage	
		Pleura, Lung & Tracheobronchial Structure	
		Surgery of Descending Thoracic Aorta or Other Intrathoracic Great Vessels	

Please Print Name

I have reviewed the above list and have checked the procedures to which I am limiting my practice; and have been trained accordingly. By my signature below, I certify that my malpractice insurance meets or exceeds the limits required by the Board of Directors

Applicant's Signature:	Date:
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DEPARTMENTAL REPORT AND RECOMMENDATION: Upon review of all the credentialing information available with particular focus on education/training, experience, current competence and ability to perform the specific privileges requested, I recommend the applicant as capable of carrying out duties and is competent to perform each of the specific privileges as designated above.

CVT Designee:	Date:
Surgery Department Chairman/Vice Chairman:	Date:

Date: _____
 Credentials approval

Date: _____
 Medical Executive approval

Date: _____
 Board of Directors approval

Cardiothoracic and Vascular Surgery
CRITERIA FOR GRANTING PRIVILEGES

INITIAL APPLICANTS

A letter from the residency/fellowship program director confirming training/experience in procedures requested is required for all new applicants who have recently (within the past 5 years) completed training. Applicants should provide a copy of procedural case logs from their training program. Applicants out of training over 5 years must provide documentation of training and recent experience.

RE-APPLICANTS

Physician must be able to show current demonstrated competence and adequate volume of experience in Cardiothoracic and Vascular Surgery reflective of the scope of privileges requested for the past 24 months.

CARDIOTHORACIC SURGERY

1. Evidence of certification by the American Board of Thoracic Surgery and/or the Royal College of Surgeons of Canada, or the American Osteopathic Board of Surgery.

If not certified by the American Board of Thoracic Surgery, evidence of certification by the American Board of Surgery, as well as a letter of admission to be examined by the American Board of Thoracic Surgery;
2. Letter of recommendation from the Chief of Residency Training Program; and
3. List of cardiac/thoracic surgery procedures performed as responsible and assistant surgeon that was submitted to the American Board of Thoracic Surgery, the Royal College of Surgeons of Canada, or the American Osteopathic Board of Surgery. This list should also include procedures performed during the past year.
4. Observation
 - a. The practice of concurrent observation of newly appointed members of the Department of Surgery has been eliminated.
 - b. Observation/retrospective review may be required if determined necessary for new procedures under development.
 - c. The Department of Surgery reserves the right to require concurrent observation or retrospective review if circumstances warrant such action.

VASCULAR SURGERY PRIVILEGES

As recommended by an Ad Hoc Committee to the Joint Council of the Society for Vascular surgery and the North American Chapter of the International Society for Cardiovascular Surgery.

1. APPLICANTS WHO HAVE JUST COMPLETED THEIR SURGICAL TRAINING

The applicant should fulfill **one of the following criteria:**

- a. Be a graduate of a residency in peripheral vascular surgery and provide a letter from the program director attesting to satisfactory completion of the training program. It is recommended, but not required, that the applicant take and pass the American Board of Surgery (ABS) Examination for Special or Added Qualifications in General Vascular Surgery within 3 years of graduation.
- b. Completion of a one-year senior experience in vascular surgery. This one be as part of a non-approved vascular surgery fellowship or, in some instances, a part of the general surgery residency training program in which a one-year time block is provided to the general surgery resident at a senior level. The applicant must provide evidence of having received sufficient training and experience, equivalent to that received in a training program in vascular surgery. This must include a case list documenting performance of approximately 50 cases of arterial reconstruction representing a balanced case mix and certified by the program director.
- c. Be a graduate of a cardiothoracic program in which specific training for peripheral vascular surgery is provided and approved by the Residency Review Committee.

- d. Graduates from general surgery residencies without a one-year period of vascular training who wish to practice vascular surgery should be evaluated on a case-by-case basis. Although vascular surgery is considered a primary component of general surgery, vascular surgery experience varies from program to program. Thus satisfactory completion of a general surgery residency does not guarantee proper qualifications in vascular surgery. The importance of extended training in vascular surgery is attested to by the fact that the RRC for surgery has approved programs that provide an additional year of training in vascular surgery beyond the general surgery residency, and graduates of these extended programs are provided the opportunity to be certified by the ABS.

On the other hand, some general surgical programs provide a rich experience in vascular surgery. If an applicant considers himself/herself so qualified, we recommend that individual review of the applicant be carried out by the hospital credentialing committee. Such a review should include evaluation of a case list, supported by operative notes and, if possible, discharge summaries. If the applicant can document an acceptable balanced experience (a case list in excess of approximately 30 major arterial reconstructions with a board mix) and, if the applicant receives written verification by the program director

attesting to their qualifications to practice vascular surgery, then the individual may be considered as having completed the training required to obtain privileges in vascular surgery at the entry level.

2. APPLICANTS IN PRACTICE WHO COMPLETED TRAINING AFTER 1984

- a. Applicants must fulfill one of the requirements listed above.
- b. Each applicant shall submit lists of their last consecutive 50 vascular surgery cases or their last two years' case experience in managing vascular surgery problems, whichever is greater.
- c. The applicant will present a letter from the chief of surgery of each hospital in which he/she currently practices or from the former hospital(s) in which they practiced, attesting that the applicant is in good standing and currently has privileges in vascular surgery.

3. APPLICANTS IN PRACTICE WHO COMPLETED TRAINING BEFORE 1984

- a. ABS Certificate of Special Qualification in Vascular surgery, or letter(s) from chief of surgery at the hospital(s) in which they are currently practicing stating that the applicant has privileges in vascular surgery and is in good standing.
- b. The applicants will submit lists of their last 50 consecutive vascular surgery cases or 2 years' experience, whichever is greater.

SPECIAL PROCEDURES

STERNOTOMY MAZE PRIVILEGES

A physician requesting sternotomy maze privileges will provide documentation as follows:

1. Satisfactory completion of one of the following manufacturer training courses:
 - a. Microwave
 - b. Bipolar radiofrequency
 - c. Laser
 - d. High Intensity focused ultrasound

THORACOSCOPIC MAZE PRIVILEGES

A physician requesting thoracoscopic maze privileges will provide documentation as follows:

1. Unsupervised thoracoscopic privileges or documentation of recent training and experience in thoracoscopic procedures.
2. Satisfactory completion of one of the following manufacturer training courses:
 - a. Microwave, Bipolar radiofrequency, laser, High Intensity focused ultrasound

THORACOSCOPIC LASER SURGERY

1. The applicant should have unobserved privileges in thoracic surgery at John C. Lincoln Hospital and must have exhibited competency in thoracic surgery while on the hospital staff.
2. The applicant must have successfully completed a two-day continuing medical education course in thoracoscopy at an accredited institution within the United States wherein the applicant must have served as surgeon, surgical assistant, and/or camera operator on at least two procedures in a live animal (such as a pig weighing at least 100 pounds). The course curriculum certificate of attendance and CME credit certificate must accompany the application.

- OR -

If the applicant has received training in thoracoscopy at an approved residency training in the United States, a letter from the program director must accompany the application.

3. If the applicant wishes to use laser in thoracoscopy surgery, he/she must provide documentation concerning the completion of a hands-on course involving the use of lasers in thoracic surgery. The course must have been held within the United States and documentation must be included for the wave length modality that the applicant intends to use. A certificate documenting the wave length modality is required.
4. Privileges will also be extended to General Surgeons who have unobserved laparoscopy privileges at JCLH, and who have unobserved surgery privileges for invasive chest procedures

ENDOVENOUS RADIOFREQUENCY ABLATION

A physician requesting endovenous radiofrequency ablation privileges will provide documentation as follows:

- a. Documentation of training in residency; **OR**
- b. Documentation of attendance at a course specific to the privileges requested and acceptable to the Surgery Committee; **OR**
- c. Expertise may be considered by providing a privilege checklist (s) and case list (s) from other healthcare facilities documenting experience performing the procedure being requested.

VNS (VAGUS NERVE STIMULATION)

A physician requesting VNS privileges will be a licensed MD or DO surgeon with ENT, cardiac, vascular privileges or a neurosurgeon. Physicians who implant the device should be experienced in operating within the carotid sheath. Physician must provide evidence of attendance at an accredited course which provides training for VNS. The Manufacturer's Representative will serve as a proctor for the first 3 cases. The criteria for patients is as follows:

1. VNS is indicated for use as:
 - a. an adjunctive therapy in reducing the frequency of seizures in adults and adolescents over 12 years of age with partial onset seizures which are refractory to antiepileptic medications.
 - b. a standard available option for TRD (treatment-resistant depression) patients 18 years and older with chronic or recurrent depression, whether unipolar or bipolar, with a history of failure to respond to at least four antidepressant interventions. It is not approved for psychotic depression.
2. All patients admitted for surgery must have a neurology consult (for seizure patients) or a psychiatry consult (for depression patients) documented in the medical record.
3. All practitioners must have the procedural risks delineated on the consent and documentation in the consultation note or operative note that the risks and benefits were discussed with the patient.

The first ten cases performed will be reviewed for documentation of any side effects from the neurologist or psychiatrist following the patient.

TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) PRIVILEGES

1. A physician requesting privileges in transesophageal echocardiography (TEE) will provide documentation, as follows:
 - a. Board certification or eligibility in Cardiology or Thoracic Surgery; and
 - b. Attendance at a accredited course providing training in the interpretation of transesophageal echocardiograms.

CONSCIOUS SEDATION

Qualifications and competency requirements for privileges to administer conscious sedation by an applicant at the time of appointment and reappointment to the Medical Staff and as an Emergency Department Nurse Practitioner include:

INITIAL REQUEST - CRITERIA FOR GRANTING PRIVILEGES

ADULT Patients:

- A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Deer Valley Patient Services Policy, Management of Conscious Sedation #14.17.0.60 and the John C. Lincoln Deer Valley Conscious Sedation Learning Packet; **AND**
- B. ACLS certification; **AND**
- C. Training and education during residency, fellowship or continuing medical education courses that include:

- i. Evaluation and care of patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
- ii. Successful completion of the attached Conscious Sedation Post Test

PEDIATRIC Patients

- A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Deer Valley Patient Services Policy, Management of Conscious Sedation #14.17.0.60 and the John C. Lincoln Deer Valley Conscious Sedation Patient Learning Packet; **AND**

- B. PALS certification; **AND**
- C. Training and education during residency, fellowship or continuing medical education courses that include:
 - i. Evaluation and care of patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
 - ii. Successful completion of the attached Conscious Sedation Post Test

REAPPOINTMENT REQUEST - CRITERIA FOR CONTINUING PRIVILEGES

ADULT & PEDIATRIC Patients:

- A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Deer Valley Patient Services Policy, Management of Conscious Sedation #14.17.0.60; **AND**
- B. ACLS certification. PALS certification for pediatric patients.