



**John C. Lincoln North Mountain Hospital**  
**Department of Surgery**  
**CARDIOTHORACIC and VASCULAR SURGERY**  
 Delineation of Privileges

**Please Print Name**

**QUALIFICATIONS:** Licensed physician (MD or DO) who has successfully completed a residency training program necessary for or who has board qualification in Cardiovascular and or Thoracic and/or Vascular Surgery.

**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 problems related to surgery.	
<b>CORE PROCEDURAL PRIVILEGES:</b> 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. <b>SPECIFIC CRITERIA FOR EACH SECTION IS ATTACHED.</b>			
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	<b>All diagnostic and intraoperative procedures</b> pertinent to arterial and venous circulatory system <b>Aneurysm and Occlusive disease surgical procedures</b> i.e., Femoral, subclavian, popliteal procedures; Visceral arteries, renal celiac or spleen procedures; Distal bypass grafts; abdominal aorta. <b>Amputations</b> for vascular impairment Carotid endarterectomy Central venous access <b>Renal vascular procedure:</b> including infrarenal and suprarenal procedures <b>Venous system procedures:</b> Varicose veins, Vena Cava Filters/Clips; Portal Decompression procedures
		Aneurysmectomy	
		- Thoracic Aorta	
		- Ventricular	
		Coronary Bypass Graft	
		Pericardiectomy	
		Valve Repair/Replacement	
		Atrial Septal Defect	
		Ventricular Septal Defect	
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 <a href="http://www.jcl.com/credentialing">www.jcl.com/credentialing</a> . It is located under NM delineation of privileges, Dept of Surgery. <b>SPECIAL PROCEDURES:</b> 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). <b>See Attached Criteria.</b> <u>Privilege Requested:</u>
		AICD (Must be performed in conjunction with an electrophysiologist to test the device.)	Procedural Sedation Sternotomy Maze Stand Alone Maze Thoracoscopic Laser Surgery Transesophageal Echocardiography: TEE General Endovascular Procedures: i.e.; Balloon Angioplasty, Atherectomy, Stents, etc. Endoluminal Graft - Abdominal Aortic Aneurysm Endoluminal Graft –Thoracic Aortic Aneurysm Venous Ablation Carotid Stents
		Bronchoscopy	
		Chest Wall, Diaphragm or Thoracic Outlet	
		Endoscopic vein harvesting	
		Endoscopy	
		Esophagoscopy <input type="checkbox"/> Rigid <input type="checkbox"/> Flexible	
		Lung Biopsy –Percutaneous & Transbronchial	
		Mediastinum including Mediastinoscopy	
		Pacemaker Implantation	
		- Temporary	
		- Permanent-Peravenous	
		Pericardial Drainage	
		Pleura, Lung & Tracheobronchial Structure	
		Surgery of Descending Thoracic Aorta or Other Intrathoracic Great Vessels	
		Thoracic Esophagus	
		Thoracoscopy	



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I have reviewed the above list and have checked the procedures to which I am limiting my practice, and having been training accordingly, I am requesting permission to do these procedures. I certify that my malpractice insurance will cover, to the dollar limits required by the Medical Staff Bylaws my exercise of the above requested privileges.

<b>Applicant's Signature:</b>	<b>Date:</b>
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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.

<b>CVT Designee:</b>	<b>Date:</b>
<b>Surgery Department Chairman/Vice Chairman:</b>	<b>Date:</b>

Date: \_\_\_\_\_  
 Credentials approval

Date: \_\_\_\_\_  
 Medical Executive approval

Date: \_\_\_\_\_  
 Board of Directors approval

Revised: 12/06; 8/07; 1/10; 7/11

**CARDIOVASCULAR 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; certification to be obtained within 5 years of completion of residency program.
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.

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**SPECIAL PROCEDURES**

**TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) PRIVILEGES**

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

**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 wavelength modality that the applicant intends to use. A certificate documenting the wavelength 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.

**ENDOVASCULAR PRIVILEGES**

Current proficiency and knowledge of endovascular procedures.

1. Documentation of adequate training in residency for the privileges being requested; **OR**
2. Documentation of course with content consistent with the privileges being requested; **OR**
3. Documentation of training/expertise acceptable to the Department of Surgery.

**ENDOVASCULAR / ENDOLUMINAL GRAFT REPAIR OF ABDOMINAL AORTIC ANEURYSMS (ELG - AAA)**

Cardiac, Thoracic and Vascular surgeons with appropriate specialty training / experience, *including angioplasty, stenting and cath placement*, are eligible to apply for this procedure, provided that specific criteria are met (when applicable).

1. Procedure is to be performed in the Operating Room only.
2. Procedure is to be performed by a primary operator (defined below) with a vascular surgeon assisting (also defined below).
3. Vascular surgeon is required in the Operating Room for the duration of the procedure.
5. Primary operator must be a vascular surgeon, radiologist or cardiologist.
6. If the primary operator is a vascular surgeon, a vascular surgeon assist is not necessary.
7. Primary operator is to have significant hands on training.

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**Criteria to apply for Primary Operator Privileges:**

1. Fellowship training (*Vascular, Radiology or Cardiology*) shall consist of not less than 6-12 months hands-on experience during which time a minimum of ten (10) cases will be performed as the primary operator. Case logs shall be submitted listing the applicant's role in each case as either primary operator, assistant with hands on, or observer only. Outcome data is required and referred to the applicant's department. A letter from the program director will be obtained.  
**AND**  
Physician must be credentialed to do iliac angioplasty and stenting.  
**OR**
2. The applicant must provide documentation of completion of a hands-on training program in endovascular grafts that is certified by the company of the device the applicant wishes to use.  
**OR**
3. In lieu of formal training, prior hands-on experience with endoluminal grafting (ELG) of abdominal aortic aneurysms must be documented. The applicant will submit a log of cases (minimum of ten [10] cases) listing the applicant's roll as the primary operator.

**Criteria to apply for ELG Surgical Assist:**

Vascular surgeons with full (open) vascular privileges must show evidence of completion of brief training course in endoluminal grafting technology.\*

Radiologists and cardiologists with full invasive radiology or cardiology privileges, must show evidence of completion of a brief training course in endoluminal grafting technology. \*

*\* Angioplasty, stent and cath placement privileges are not required as long as one person on the surgical team has those privileges / skills.*

**OBSERVATION REQUIREMENT - Retrospective Review**

All ELG-AAA cases will be retrospectively reviewed.

**ENDOASCULAR / ENDOLUMINAL GRAFT REPAIR OF THORACIC AORTIC ANEURYSMS (ELG - TAA)**

**Please refer to the criteria above. The requirements of training/experience must be specific to ELGTAA.**

**OBSERVATION REQUIREMENT - Retrospective Review**

All ELG-TAA cases will be retrospectively reviewed.

**CAROTID STENTS**

1. Physicians requesting carotid stent privileges must be credentialed to perform basic endovascular procedures.
2. Successful completion of 25 or more cerebral or carotid angiograms; **OR** Attendance at 20 carotid interventions, including complete cerebral angiograms, 10 of which as the primary operator.
3. Successful completion of an approved vendor training course in carotid stent insertions.
4. All carotid stent procedures will be reviewed by the Endovascular Committee for appropriate patient selection procedure and patient outcome.

**MAZE**

**STERNOTOMY MAZE PRIVILEGES**

Physicians requesting Sternotomy Maze privileges will provide documentation as follows:

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

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**STAND ALONE MAZE PRIVILEGES**

Physicians requesting Stand Alone Maze privileges will provide documentation as follows:

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

**VASCULAR SURGERY**

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.

*APPLICANTS WHO HAVE JUST COMPLETED THEIR SURGICAL TRAINING*

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

1. 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.
2. 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.
3. Be a graduate of a cardiothoracic program in which specific training for peripheral vascular surgery is provided and approved by the Residency Review Committee.
4. 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.

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 broad 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.

**APPLICANTS IN PRACTICE WHO COMPLETED TRAINING AFTER 1984**

1. Applicants must fulfill one of the requirements listed above.
2. 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.
3. 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.



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**APPLICANTS IN PRACTICE WHO COMPLETED TRAINING BEFORE 1984**

1. 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.
2. The applicants will submit lists of their last 50 consecutive vascular surgery cases or 2 years' experience, whichever is greater.

**OBSERVATION REQUIREMENTS**

1. The practice of concurrent observation of newly appointed members of the Department of Surgery has been eliminated.
2. Observation/retrospective review may be required if determined necessary for new procedures under development.
3. The Department of Surgery reserves the right to require concurrent observation or retrospective review if circumstances warrant such action.

**MEDICAL ACUPUNCTURE**

Qualifications for **Initial Privileges**:

1. Completion of an approved, specialized course of study to support current demonstrated competence and documentation of 200 hours of graduate training in medical acupuncture from an AMA Category 1 or AOA Category 1A accredited program.
2. Minimum of one (1) year of active clinical experience in medical acupuncture.
  - a. Three most recent (3) case summaries documenting use of medical acupuncture in clinical setting.
  - b. Three letters of recommendation from professional colleagues who can specifically address and attest to an applicant's qualifications and experience in the practice of medical acupuncture.

Qualifications for **Renewal** of Privileges:

1. Successful completion of 20 hours of approved, recognized courses over a two-year period of continuing education in medical acupuncture.
2. Demonstration of satisfactory performance in providing care since last credentialed.
3. Compliance with Medical Staff Bylaws, Rules & Regulations.

**LASER PRIVILEGES**

Current proficiency and knowledge of laser procedures.

1. Laser surgery course with content consistent with the privileges being requested; **OR**
2. Letter from a residency director documenting adequate training for the privileges being requested; **OR**
3. Letter of explanation which requests that these privileges be granted without the above requirements being met.

**ENDOVASCULAR PRIVILEGES**

Current proficiency and knowledge of endovascular procedures.

1. Documentation of adequate training in residency for the privileges being requested; **OR**
2. Documentation of course with content consistent with the privileges being requested; **OR**
3. Documentation of training/expertise acceptable to the Department of Surgery.

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**VENOUS ABLATION** (*Endovenous Radiofrequency Saphenous Vein Occlusions*)

In order to be granted this procedure, the following criteria must be met:

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