



Cardiovascular Surgery KHHM Delineation of Privileges

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation.
5. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving doubts related to qualification of requested privileges.

Note:

Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Required Qualifications

Education/Training	Must have successfully completed an ACGME/AOA-accredited residency in general thoracic and cardiothoracic surgery.
Certification	The applicant physician must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.
Clinical Experience (Initial)	The successful applicant for initial appointment must be able to demonstrate adequate volume of performance for cardiac surgical procedures, reflective of the scope of privileges requested, the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.
Clinical Experience (Reappointment)	Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Primary Privileges Cardiovascular Surgery

Description: Core Privileges include: Admit, evaluate, diagnose, consult, and provide pre-, intra- and postoperative surgical care to correct or treat various conditions of the heart and related blood vessels within the chest, including surgical care of coronary artery disease, abnormalities of the great vessels and heart valves, and congenital anomalies of the heart. Assess, stabilize, and determine disposition of patients with emergent conditions. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i></p>	Dept Chair Rec
	All procedures upon the heart for the management of acquired/congenital cardiac disease, including surgery upon the pericardium, coronary arteries, the valves, and other internal structures of the heart and for acquired septal defects and ventricular aneurysms	
	Ablative surgery for Wolff-Parkinson-White syndrome	
	Admit and manage patients in ICU and other monitored settings	
	Admit and manage patients in non-critical care and unmonitored settings	
	Consultation privileges in Cardiovascular Surgery	
	Correction or repair of all anomalies or injuries of great vessels and branches thereof, including aorta, pulmonary artery, pulmonary veins, and superior vena cava	
	Endarterectomy of pulmonary artery	
	Endomyocardial biopsy	
	Endoscopic procedures and instrumentation involving the esophagus and tracheobronchial tree	
	Management of congenital septal and valvular defects	
	Minimally invasive direct coronary artery bypass (MIDCAB)	
	Operations for myocardial revascularization	
	Pacemaker or AICD implantation and management, transvenous and transthoracic	
	Perform History and Physical Examinations	
	Pericardiocentesis, pericardial drainage procedures	
	Palliative vascular procedures (not requiring cardiopulmonary bypass)	
	Pericardiectomy	
	Pulmonary embolectomy	
	Surgery for implantation of artificial heart and mechanical devices (IMPELLA 5.0) to support or replace the heart partially or totally	
	Surgery of patent ductus arteriosus and coarctation of the aorta	
	Surgery of the aortic arch and branches; descending thoracic aorta for aneurysm	
	Surgery of the thoracoabdominal aorta for aneurysm	
	Surgery of tumors of the heart and pericardium	
	Vascular access procedures for use of life support systems	
	Vascular operations exclusive of thorax (e.g., caval interruption, embolectomy, endarterectomy, repair of excision of aneurysm, vascular graft, or prosthesis)	

Endovascular Procedures Off-Pump Coronary Artery Bypass (OPCAB)*

Qualifications

Education/Training

Successful completion of an ACGME- or AOA-accredited training program in general surgery

followed by the successful completion of an accredited thoracic surgery residency program. If training in OPCAB was not included in the thoracic surgery program, applicants must be able to demonstrate equivalent training in off-pump surgery.

Clinical Experience (Initial) Demonstrated current competence and evidence of performance in the past 12 months.

Clinical Experience (Reappointment) Demonstrated current competence and evidence of performance in the past 12 months.

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Endovascular Procedures Off-Pump Coronary Artery Bypass (OPCAB)*	

Carotid Endarterectomy (CE)

Qualifications

Education/Training Successful completion of an ACGME- or AOA-accredited training program in vascular surgery, general surgery, cardiac surgery, or neurological surgery that included training in CE procedures. If the program did not include CE procedures, applicant must have completed an approved hands-on training program under the supervision of a qualified surgeon instructor.

Clinical Experience (Initial) Demonstrated current competence and evidence of the performance in the past 12 months.

Clinical Experience (Reappointment) Demonstrated current competence and evidence of the performance in the past 24 months based on ongoing professional practice evaluation and outcomes.

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Carotid Endarterectomy (CE)	

Maze Procedure

Qualifications

Education/Training Successful completion of an ACGME- or AOA-accredited training program in general surgery followed by the successful completion of an accredited thoracic surgery postgraduate training program. If maze procedure training was not included in the program, applicants must be able to demonstrate equivalent training by completion of a formal hands on course.

Clinical Experience (Initial) Demonstrated current competence and evidence of the performance in the past 12 months.

Clinical Experience (Reappointment) Demonstrated current competence and evidence of the performance in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Maze Procedure	

Special Privileges Cardiovascular Surgery

Description: The below special privileges are not routinely part of the post-graduate training program. Additional proof of training and/or experience may be necessary to request the privilege and is noted within the privilege block. If documentation is required, please submit all required elements with your application/reapplication.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Special Privileges Cardiovascular Surgery	

Laser

Description: Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or provide documentation appropriate to the specific laser to be utilized. Practitioner agrees to limit practice to only the specific laser types for which they have been provided documentation of training and experience.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Laser	

Fluoroscopy

Description: All practitioners requesting fluoroscopically-guided procedures at this hospital are required to take a competency assessment examination prior to being granted these privileges. Practitioners may submit documentation of competency from another hospital for consideration by the Radiology Department Chair. Please contact the Medical Staff Office.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Fluoroscopy	

Mild/Moderate Sedation

Description: Moderate Sedation (Requires written examination - please contact Medical Staff Office) Current ACLS certification is also required.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Mild/Moderate Sedation	

Acknowledgment of Applicant

I hereby request the clinical privileges as indicated. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in performance of the privileges I have requested, and in treating associated diseases with adequate consultation when indicated.

I recognize that in emergency situations where immediate life-saving action is necessary, any member of the medical staff is authorized to perform such life-saving treatment as may be required.

I further understand that any and all privileges granted me shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Credentials and Executive Committees of the medical staff and the Board of Trustees of the hospital reserve the right to grant or limit my privileges in accord with my continuing performance in rendering patient care.

Practitioner's Signature

Date

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Additional Comments

Signature of Department Chair/Designee

Date