



Thoracic 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 provide documentation of provision of care of adequate volume of performance for thoracic surgical procedures, reflective of the scope of privileges requested, during 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)	To be eligible to renew core privileges in Thoracic Surgery, the applicant must demonstrate 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.
Note	To request Vascular Privileges - please complete the Vascular Surgery Delineation of Privileges form

Primary Privileges Thoracic Surgery

Description: Core Privileges include: Admit, evaluate, diagnose, and provide consultation to patients of all ages with illnesses, injuries, and disorders within the thoracic abdominal cavity and related structures, including the chest wall or the pleura. Privileges also include operative, perioperative, and critical care of patients with pathologic conditions with the chest; surgical cancers of the lung, esophagus, and chest wall; abnormalities of the trachea; congenital anomalies of the chest; tumors of the mediastinum and diseases of the diaphragm; management of the airway; and the ordering of diagnostic studies and procedures related to thoracic problems. 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
	Admit and manage patients in non-critical care and unmonitored settings	
	Admit and manage patients in ICU and other monitored settings	
	Perform History and Physical Examinations	
	Consultation privileges in Thoracic Surgery	
	Cervical, thoracic or dorsal sympathectomy	
	Correction of diaphragmatic hernias, both congenital or acquired, and anti reflux procedures	
	Decortication or pleurectomy procedures	
	Diagnostic procedures to include cervical and mediastinal exploration, parasternal exploration, and mediastinoscopy	
	Management of chest trauma	
	Operations for achalasia and for promotion of esophageal drainage	
	Operations upon the esophagus to include surgery for diverticulum, as well as perforation	
	Pericardiectomy	
	Procedures upon the chest wall, lungs including wedge resections, segmental resections, lobectomy, and pneumonectomy for benign or malignant disease	
	Resection, reconstruction, or repair of the bronchi	
	Resection, reconstruction, repair, or biopsy of the lung and its parts	
	Surgery on the esophagus for benign or malignant disease	
	Surgery on mediastinum for removal of benign or malignant tumors	
	Thoracoscopy	
	Thoracotomy for trauma, hemorrhage, rib biopsy, drainage of empyema or removal of foreign body	
	Transhiatal esophagectomy	
	Tube thoracostomy	

Robotic Assisted Surgery (da Vinci)

Description: NOTE: ALL proctoring at KHHM requires approval by Medical Staff Services prior to performing procedures. Proctors must be credentialed members of the Medical Staff at KHHM in the same specialty as the applicant with robotic assisted surgery privileges and adequate case volume. All proctors are to be approved by the respective Clinical Department Chair.

Qualifications

Membership

For initial robotic assisted privileges, the applicant must fulfill the following criteria:

Education/Training Successful completion of an ACGME or AOA accredited Residency or Fellowship training program in respective specialty currently credentialed or being credentialed

Clinical Experience (Initial) If RESIDENCY COMPLETED WITHIN LAST THREE YEARS; Applicant must provide letter from the program director affirming qualification to perform the requested procedure(s) using the robotic system

AND

Case log of at least 10 cases in the last 12 months.

AND

If <10 cases, first case will be proctored and once deemed proficient by the proctor, the next four cases performed at FHH should be reviewed by the Department Chair or designee.

IF RESIDENCY COMPLETION GREATER THAN THREE YEARS WITH PRIOR ROBOTIC EXPERIENCE; Applicant must provide letter from Hospital Department Chair at a CMS accredited facility affirming qualification to perform the requested procedure(s) using the robotic system;

AND

Case log of at least 10 cases performed in the last 12 months.

AND

If <10 cases, first case will be proctored and once deemed proficient by the proctor, the next four cases performed at FHH should be reviewed by the Department Chair or designee.

IF RESIDENCY TRAINED BUT NO PRIOR ROBOTIC EXPERIENCE; Completion of Mini Fellowship Training that includes computer-based education, porcine lab, docking and problem resolution training.

AND

Observe and document two cases with preceptor physician.

AND

Perform a minimum of three proctored cases acting as primary physician

AND

Submit a letter of documenting proficiency along with the case log or three cases from the proctor to Medical Staff Services if physician is not deemed proficient by the proctor.

AND

After deemed proficient, all applicants are required to request full-unrestricted privileges. Temporary privilege may be requested in the interim.

AND

The next five cases performed at FHH shall be reviewed by the Department Chair, or designee.

Clinical Experience (Reappointment) Proficient completion of 10 cases, including those at outside institutions during the reappointment cycle. 5 of those cases should be done in the last 12 months.

AND

If <5 cases in the last 12 months, the first case should be proctored

AND

Ongoing continuing medical education in robotics

Additional Qualifications Unrestricted privileges, either open or laparoscopic, for the procedure to be performed without robotic assistance.

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Robotic Assisted Surgery (da Vinci)	

Special Privileges Thoracic 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 Thoracic 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
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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