



Vascular 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 postgraduate training program in vascular 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 participation in at least 50 vascular surgery-related services in the past 12 months or in the final year of training 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 Vascular Surgery the applicant must demonstrate current competence by providing documentation of participation in at least 100 vascular surgery-related procedures with acceptable results in the last 24 months, reflective of the scope of privileges requested, 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	Vascular surgeons wishing to request General Surgery privileges must complete a separate General Surgery Delineation of Privileges.

Primary Privileges Vascular Surgery

Description: Core Privileges in Vascular Surgery include admit, manage and treat patients as follows

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Surgery of the Venous System (including, but not limited to, varicose vein surgery, interruption of inferior vena cava - filters, ligation, venous bypasses and valve reconstructions)	
	Surgery of the Extrathoracic Arterial System (Including, but not limited to, diagnostic procedures - arterial embolectomy or thrombectomy, direct repair or excision of aneurysm, thromboendarterectomy, bypass graft, intraoperative angiography, atherectomy, angioplasty and thrombolytic therapy)	
	Hemoaccess (Including, but not limited to, dialysis grafts, central venous access and Swan Ganz catheterization, arterial lines)	
	Amputations (Upper extremity and lower extremity with the exception of hand and forearm)	
	Cervical and lumbar sympathectomy	
	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 Vascular Surgery	
	Amputations, upper extremity, lower extremity	
	Aneurysm repair, excluding intracranial and coronary	
	Angioplasty, excluding intracranial and coronary	
	Bypass grafting all vessels excluding coronary and intracranial vessels	
	Carotid endarterectomy	
	Central venous access catheters and ports	
	Cervical, thoracic or lumbar sympathectomy	
	Diagnostic biopsy or other diagnostic procedures on blood vessels	
	Embolectomy or thrombectomy for all vessels excluding coronary and intra cranial vessels	
	Endarterectomy for all vessels excluding coronary	
	Extra cranial carotid and vertebral artery surgery	
	Hemodialysis access procedures	
	Intraoperative angiography	
	Intraoperative angioplasty, balloon dilatation	
	Other major open peripheral vascular arterial and venous reconstructions	
	Percutaneous thrombolysis/thrombectomy	
	Perform history and physical exam	
	Placement of inferior vena cava (IVC) filter	
	Reconstruction, resection, repair of major vessels with anastomosis or replacement (excluding cardiopulmonary, intracranial)	
	Sclerotherapy	
	Stent placement (arterial & venous, excluding cranial and coronary)	
	Thoracic outlet decompression procedures including rib resection	
	Transcranial doppler ultrasonography	
	Vein ligation and stripping	
	Venous reconstruction	

Endovascular Stent Graft Placement

Qualifications

Clinical Experience (Initial) Performance of at least 5 endovascular stent graft procedures in the last 12 months by one of the following methods: 1) under the supervision of an experience endovascular stent graft physician; 2) in an approved training program; 3) at an outside acute care facility.

AND

A letter that evaluates competency must be submitted from one of the following: 1) the proctor of the applicant's initial endovascular stent graft procedures; 2) from the training program director; 3) or from the Director of the Department of Surgery or Vascular Surgery of the outside acute care facility at which the practitioner performs endovascular stent graft placement.

AND

100 diagnostic angiograms

AND

50 non-cardiac angioplasties (peripheral, renal and/or or visceral)

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

Request	<p align="center"><i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i></p>	Dept Chair Rec
	Endovascular Stent Graft Placement	

Cervical/Cerebral/Carotid Vascular Therapeutic Interventions/Carotid Stent

Qualifications

Education/Training Meet criteria for peripheral therapeutic interventions
AND
 Meet criteria for cervical/cerebral/carotid vascular angiography

Continuing Education 16 CME hours of carotid didactic training, if not so trained in a fellowship

Clinical Experience (Initial) Documentation of 50 angioplasty interventions of which 25 include carotid stent placements, performed as primary operator OR 160 cervical/cerebral vascular angiograms performed as primary operator
AND
 50 angioplasty interventions of which 25 include carotid stent placements, performed as primary operator.

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

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Cervical/cerebral/carotid vascular therapeutic interventions/carotid stent	

Peripheral Angiography Diagnostic (non cerebral)

Qualifications

Clinical Experience (Initial) Documentation of performance of 100 diagnostic angiograms, 25 as primary operator.

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

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Peripheral angiography diagnostic (non cerebral)	

Peripheral Angioplasty (non-carotid)

Qualifications

Education/Training Meet criteria for peripheral angiography privileges

Clinical Experience (Initial) Provide documentation of 50 therapeutic interventions, 25 performed as primary operator.

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

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Peripheral Angioplasty (non-carotid)	

Visceral/Renal Angiography

Qualifications

Education/Training Meet criteria for peripheral angiography privileges

Clinical Experience (Initial) Provide documentation of 15 visceral/renal angiograms, 10 as primary operator.

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

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

Therapeutic Visceral/Renal Interventions

Qualifications

Education/Training Meet criteria for peripheral therapeutic interventions

Clinical Experience (Initial) Documentation of 10 visceral/renal therapeutic interventions, 5 as primary operator.

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

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
	Therapeutic visceral/renal interventions	

Cervical/Cerebral/Carotid Vascular Angiography

Qualifications

Clinical Experience (Initial) Documentation of performance of 50 cervical/cerebral/carotid vascular angiograms, 25 as primary operator.

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

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
	Cervical/cerebral/carotid vascular angiography	

Vascular Lab - Interpretation of Vascular Studies

Qualifications

Initial Privileges Formal Training Completion of a residency or fellowship that includes appropriate didactic and clinical vascular laboratory experience as an integral part of the program.

AND

The physician must have experience in interpreting the following minimum number of diagnostic studies: Carotid duplex ultrasound - 100 cases; Peripheral arterial physiologic - 100 cases; Peripheral arterial duplex - 100 cases; Venous duplex ultrasound - 100 cases or Broad spectrum vascular ultrasound exams - 500 cases

Initial Privileges Informal Training Appropriate training and experience for proper qualifications to interpret non-invasive vascular laboratory studies can be achieved through formal accredited post graduate education that includes: A minimum of 40 hours of relevant Category I CME credits must be acquired within the three-year period prior to the initial application.

AND

Twenty (20) hours must be courses specifically designed to provide knowledge of the techniques, limitations, accuracies, and methods of interpretations of non-invasive vascular laboratory examinations the physician will interpret.

AND

Twenty (20) hours may be dedicated to appropriate clinical topics relevant to vascular testing.

AND

Eight (8) of the 40 hours must be specific to each testing area the physician will interpret

AND

For those examinations the physician will interpret, there must be documentation of interpretation for the following minimum number of studies while under the supervision of a physician who has already met the ICAVL criteria. Carotid duplex ultrasound - 100 cases; Peripheral arterial physiologic - 100 cases; Peripheral arterial duplex - 100 cases; Venous duplex ultrasound - 100 cases or Broad spectrum vascular ultrasound exams - 500 cases

**Initial Privileges
Established Practice**

Current training and current experience will be considered appropriate for a physician who has met the qualifications of and has worked for an accredited vascular laboratory for at least the past three (3) years

AND

Has interpreted the following minimum number of diagnostic studies in the specific areas that will be interpreted. Carotid duplex ultrasound - 300 cases; Peripheral arterial physiologic - 300 cases; Peripheral arterial duplex - 300 cases; Venous duplex ultrasound - 300 cases

**Registered Physician in
Vascular Interpretation
(RPVI)**

Physician is registered at an American College of Radiology accredited vascular lab and meets ACR Accreditation requirements for physicians.

**Clinical Experience
(Reappointment)**

Provide documentation of the following requirements: Carotid Duplex Ultrasound - 100 cases; Peripheral Arterial Physiologic - 100 cases; Peripheral Arterial Duplex - 100 cases; Venous Duplex Ultrasound - 100 cases

AND

Broad spectrum Vascular Ultrasound Exams - 500 cases to include all categories performed at this hospital with a minimum of 50 cases from each of the above categories.

AND

All medical staff members should interpret a minimum of ten (10) non-invasive vascular examinations per month (120 per year).

Continuing Education

Each medical staff member must show evidence of maintaining current knowledge by participating in CME courses that are relevant to vascular testing. To be relevant, the course content must address principles, instrumentation, techniques, or interpretation of non-invasive vascular testing. A minimum of fifteen (15) hours of CME is required every three (3) years, of which ten (10) hours must be Category I.

OR

The CME requirement will be waived if, in the previous three (3) years prior to the application submission, the medical staff member has: Completed formal training, acquired an appropriate vascular credential, or has been employed in the laboratory less than one (1) year

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
	Vascular Lab - Interpretation of Vascular Studies	

Special Privileges Vascular 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 Vascular 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

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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