



Thoracic - Cardiovascular Surgery KHDO
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. Applicant 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

Membership

I request the following clinical privileges, and I am aware that a denial of privileges relating to a practitioner 's professional competence or professional conduct will result in the hospital submitting a report to the National Practitioner Data Bank.

Primary Privileges Thoracic - Cardiovascular Surgery

Request	<p align="center"><i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i></p>	Department/Section Chair	Credentials Committee Chair
CARDIAC SURGERY			
	<p>Admit, evaluate, diagnose, consult, and provide pre-, intra-, and postoperative surgical care to patients of all ages 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. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. 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.</p>		
	<p>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.</p>		
	<p>With cardiopulmonary bypass</p>		
	<p>Without cardiopulmonary bypass</p>		
	<p>Coarctation, aorta</p>		
	<p>Emergency tracheotomy/ostomy and laryngostomy</p>		
	<p>Excision, pericardiectomy (independent procedure)</p>		
	<p>Operations on thymus</p>		
	<p>Incision, heart/pericardium</p>		
	<p>Cardiotomy, exploratory (including removal of foreign body)</p>		
	<p>Pericardiocentesis</p>		
	<p>Pericardiotomy with exploration, drainage or removal of foreign body</p>		
	<p>Introduction/Insertion</p>		
	<p>Replacement of permanent internal pacemaker and myocardial electrodes by thoracotomy</p>		
	<p>Replacement of permanent transvenous electrode and pacemaker, including transvenous electrode only; pacemaker only; replacement or repair of pacemaker</p>		
	<p>Transvenous electrode, temporary (independent procedure)</p>		
	<p>Suture</p>		
	<p>Anomalous coronary vessels</p>		
	<p>Atrial septal defect, secundum</p>		
	<p>Cardiorrhaphy: suture of heart wound or injury repair</p>		
	<p>Coronary angioplasty (endarterectomy, arterial implantation or anastomosis) combined with vascularization</p>		
	<p>Mitral valve, valvotomy (commissurotomy), closed</p>		
	<p>Repair, arteries and veins</p>		
	<p>Aorto-pulmonary window</p>		

	Ligation and division of ductus arteriosus		
	Pulmonary-superior caval anastomosis (Glenn type procedure)		
	Repair of aortic arch anomalies (vascular ring)		
	Systemic pulmonary artery shunt (i.e., Potts, Blalock, etc.)		
	THORACIC SURGERY		
	With cardiopulmonary bypass		
	Without cardiopulmonary bypass		
	Operations on esophagus		
	Repair diaphragm and diaphragmatic hernia		
	Abdominal approach		
	Thoracic approach		
	Incision, trachea and bronchi		
	Tracheal fenestration with skin flaps		
	Tracheostomy (independent procedure) Over age 2		
	Tracheostomy (independent procedure) Under age 2 years		
	Endoscopy		
	Bronchoscopy, diagnostic		
	Bronchoscopy with biopsy		
	Bronchoscopy with drainage of lung abscess or cavity		
	Bronchoscopy with excision of tumor		
	Bronchoscopy with injection of contrast medium for bronchography		
	Bronchoscopy with removal of foreign body		
	Bronchoscopy with therapeutic aspiration of tracheobronchial tree		
	Bronchoscopy with tracheal dilation or closed reduction of fracture of tracheal ring(s)		
	Catheterization for Bronchspirometry		
	Injection procedures for bronchography repair		
	Introduction for tracheal aspiration (independent procedure) under direct vision		
	Tracheoplasty		
	Asai technique for vocal rehabilitation		
	Intrathoracic		
	Plastic operation on trachea, cervical		
	Bronchoplasty		
	Excision of stenosis and anastomosis		
	Graft repair		
	Tracheorrhaphy		
	Closure of tracheostomy or tracheal fistula		
	Closure of tracheostomy or tracheal fistula with plastic repair		
	Intrathoracic		
	Suture of external tracheal wound or injury, cervical		
	Incision, lungs and pleura		
	Thoracentesis: puncture of pleural cavity for aspiration		
	Thoracotomy, exploratory including biopsy		
	Thoracotomy for postoperative complications		
	Thoracotomy with control of hemorrhage and/or repair of lung fistula		
	Thoracotomy with cyst(s) removal		

	Thoracotomy with open drainage of empyema cavity by rib resection (independent procedure)		
	Tube thoracostomy with water seal complicated in surgery		
	Tube thoracostomy with water seal, for drainage, empyema		
	Tube thoracostomy with water seal, pneumothorax, simple		
	Pneumonotomy		
	With open drainage of pulmonary abscess/cyst		
	With removal of foreign body from lung		
	Decortication		
	Decortication, pulmonary, partial		
	Decortication, pulmonary, total (independent procedure)		
	Excision		
	Biopsy, Pleura, needle		
	Extrapleural enucleation of empyema cavity		
	Extrapleural enucleation with lobectomy		
	Pneumonectomy, total		
	Pneumonocentesis: puncture of lung for aspiration biopsy		
	Lobectomy, total, subtotal, or segmental		
	Lobectomy with bronchoplasty		
	Lobectomy with concomitant decortication		
	Pulmonary resection with concomitant thoracoplasty		
	Wedge resection, single or multiple		
	Endoscopy		
	Closed intrapleural pneumonolysis		
	Thoracoscopy, exploratory (independent procedure)		
	Thoracoscopy with biopsy		
	Surgical collapse therapy		
	Extrapleural pneumonolysis, including associated filling or packing procedures		
	Extraperiosteal pneumonolysis, including associated filling or packing procedures		
	Pneumothorax: intrapleural injection of air		
	Surgical collapse therapy		
	Thoracoplasty - extrapleural resection of ribs, any type, 1st, 2nd, 3rd stages		
	Coarctation		
	Coarctation, aorta		
	Incision, mediastinum		
	Foreign body removal, cervical approach, transthoracic, intercostal, sternal split excision		
	Mediastinotomy with exploration or drainage, cervical approach, transthoracic, intercostal, sternal split		
	Excision, mediastinum		
	Ligation, thoracic duct, cervical approach, transthoracic approach		
	Mediastinal cyst/tumor		
	Endoscopy		
	Mediastinoscopy		
	Repair, diaphragm		

	Repair diaphragmatic hernia, transabdominal, including fundoplasty, combined thoracoabdominal		
	Repair diaphragmatic hernia, transabdominal, including fundoplasty, except neonatal		
	Repair diaphragmatic hernia, transabdominal, including fundoplasty, Neonatal		
	Repair diaphragmatic hernia, transabdominal, including fundoplasty, transthoracic		
	Repair diaphragmatic hernia, transabdominal, including fundoplasty, traumatic, acute		
	VASCULAR SURGERY		
	With cardiopulmonary bypass		
	Without cardiopulmonary bypass		
	Anastomosis and other repair, peripheral		
	Endarterectomy - abdominal		
	Embolectomy-thrombectomy peripheral vessels		
	Endarterectomy, peripheral vessels		
	Excision aneurysm, peripheral		
	Excision blood vessels, intra-abdominal		
	Excision and ligation peripheral artery		
	Excision and ligation peripheral vein, except varicose		
	Excision and ligation varicose veins		
	Incision intra-abdominal blood vessels		
	Other operations on blood vessels of head, neck, base of brain		
	Other operation on lymphatics		
	Radical excision lymphatic structures		
	Reconstruction intra-abdominal artery by blood vessel graft		
	Reconstruction peripheral artery by graft		
	Repair intra-abdominal aneurysm, including aortic		
	Suture ligation, blood vessels - head, neck, base of brain		
	Venous anastomosis, intra-abdominal		
	Incision, arteries and veins (Arterial embolectomy direct)		
	Aorto-iliac		
	Axillary-brachial		
	Carotid		
	Celiac or mesenteric		
	Femoral-popliteal		
	Innominate		
	Renal		
	Pulmonary, with bypass		
	Pulmonary, without bypass		
	Subclavian		
	Incision, arteries and veins (Arterial embolectomy, catheter)		
	Axillary-brachial		
	Aorto-iliac		
	Femoral-popliteal		
	Subclavian		
	Incision, arteries and veins (Venous thrombectomy, direct or with catheter, vena cava and/or iliac)		
	Abdominal approach		

	Combined vena cava and extremity, inguinal approach		
	Extremity		
	Inguinal and abdominal approach		
	Excision and Graft or Direct Repair -- aneurysm or occlusive disease		
	Ascending arch		
	Axillary-brachial		
	Carotid		
	Common femoral artery		
	Descending thoracic aorta		
	Hepatic, celiac, mesenteric		
	Iliac artery		
	Innominate		
	Popliteal artery		
	Renal artery		
	Splenic artery		
	Subclavian		
	Transverse arch		
	Arteriovenous fistula		
	Chest		
	Abdomen		
	Extremity		
	Neck		
	Thromboendarterectomy - with and without patch graft		
	Abdominal aorta		
	Axillary-brachial		
	Carotid or vertebral		
	Combined aorta-iliac		
	Common and/or deep (profunda) femoral		
	Femoral and/or popliteal		
	Iliac		
	Innominate		
	Mesenteric or celiac		
	Renal, unilateral/bilateral		
	Subclavian		
	Bypass graft		
	Carotid		
	Carotid-subclavian		
	Aorto-femoral, popliteal		
	Aorto-femoral, unilateral/bilateral		
	Aorto-iliac, unilateral/bilateral		
	Aorto-renal, unilateral/bilateral		
	Aorto-subclavian or mesenteric		
	Axillary-femoral		
	Femoral-femoral bypass		
	Femoral-popliteal, unilateral/bilateral		
	Spleno-renal, unilateral/ bilateral		
	Subclavian-axillary		
	Venous or synthetic graft		

	Exploration (Not followed by surgical repair)		
	Carotid		
	Femoral		
	Popliteal		
	Exploration for postoperative hemorrhage or thrombosis		
	Abdomen		
	Chest		
	Neck		
	Extremity		
	Endovascular surgical procedures, angioplasty		
	Distal lower extremity		
	Distal upper extremity		
	Iliac artery		
	Peripheral visceral artery		
	Renal artery		
	Superficial femoral		
	Injection procedures for vascular surgery		
	Intra-arterial and/or intra-aortic: needle, intracatheter, catheter technique		
	Intravenous: needle, intracatheter, catheter technique		
	Venipuncture, complex or non-routine, needle or catheter for diagnostic study or intravenous therapy, percutaneous		
	Suture (Arteriorrhaphy: Suture wound or injury of major artery)		
	Abdomen		
	Chest		
	Extremity		
	Neck		
	Suture (Phleborrhaphy: Suture of wound or injury of major vein)		
	Abdomen		
	Chest		
	Neck		
	Extremity		
	Suture (Ligation)		
	Ligation and division and complete stripping of long and/or short saphenous veins		
	Ligation and division and complete stripping of long and/or short saphenous veins; bilateral/unilateral		
	Ligation and division of long saphenous vein at sapheno-femoral junction		
	Ligation and division of long saphenous vein at sapheno-femoral junction; retrograde injection or distal interruption		
	Ligation and division of short saphenous vein at sapheno-popliteal junction, and minor varicose vein of leg		
	Ligation and/or division of inferior vena cava; plication or clipping of vena cava		
	Ligation of external carotid, internal or common carotid		
	Ligation of femoral vein		
	Radical subfascial stripping (i.e., Linton Type)		
	Robotic Assisted Surgery		

Vascular Studies

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i></p>	Department/Section Chair	Credentials Committee Chair
	Read and Interpret Vascular Studies		

Robotic Assisted Surgery (da Vinci)*

Description: Note: All proctoring at requires approval by Medical Staff Services prior to performing procedures. Proctors must be credentialed members of the Medical Staff at KHDO, 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 Service Chair. *Not available at Kettering Health Washington Township.

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)	<p>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 Grandview Medical Center 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 Grandview Medical Center 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 Grandview Medical Center shall be reviewed by the department Chair, or designee.</p>
Clinical Experience (Reappointment)	<p>Proficient completion of 20 cases, including those at outside institutions during the reappointment cycle. 10 of those cases should be done in the last 12 months. AND If <10 cases in the last 12 months, the first case should be proctored AND Ongoing continuing medical education in robotics AND</p>
Additional Qualifications	Unrestricted privileges, either open or laparoscopic, for the procedure to be performed without robotic assistance.

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i></p>	Department/Section Chair	Credentials Committee Chair
	Robotic Assisted Surgery (da Vinci)		

Administration of Sedation and Analgesia

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i></p>	Department/Section Chair	Credentials Committee Chair
	Sedation		
	Moderate/Conscious Sedation		

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I am entitled to perform and that I wish to exercise at Kettering Health Dayton/Kettering Health Washington Township and I understand that:

A. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature

Date

Clinical Service 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

Clinical Service Chair Recommendation - Additional Comments

Chair, Department/Section

Date

Chair, Credentials Committee

Date