



Cardiovascular and Thoracic Surgery KHMC & KHMB 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.

Clinical Service Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

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	To be eligible to apply for core privileges in thoracic surgery, the initial applicant must meet the following criteria:
Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)-accredited residency in general thoracic and cardiothoracic surgery.
Certification	Current certification or active participation in the examination process with achievement of certification within six years leading to certification in thoracic surgery by the American Board of Thoracic Surgery or the American Osteopathic Board of Surgery for Thoracic and Cardiovascular Surgery.
Clinical Experience (Initial)	Applicants for initial appointment must be able to demonstrate adequate volume of performance for both cardiac and thoracic 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)	To be eligible to renew core privileges in thoracic surgery, the applicant must meet the following maintenance of privilege criteria: 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.

Cardiac Surgery

Request		<i>Request all privileges listed below.</i>
KHMC	KHMB	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Cardiac Surgery
		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.
		The following are covered by an exclusive contract:
		Ablative surgery for Wolff-Parkinson-White syndrome
		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
		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
		Management of congenital septal and valvular defects
		Minimally invasive direct coronary artery bypass (MIDCAB)
		Operations for myocardial revascularization
		Pericardiectomy
		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
		The following are not covered by an exclusive contract:
		Endoscopic procedures and instrumentation involving the esophagus and tracheobronchial tree
		Pacemaker or AICD implantation and management, transvenous and transthoracic
		Palliative vascular procedures (not requiring cardiopulmonary bypass)
		Perform history and physical exam
		Pericardiocentesis, pericardial drainage procedures
		Pulmonary embolectomy
		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)

Thoracic Surgery

Request		<i>Request all privileges listed below.</i>
KHMC	KHMB	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Thoracic Surgery
		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. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the 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.
		Procedures 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

Special Noncore Privileges (See Specific Criteria)

Description: If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and maintenance of clinical competence.

Request		Request all privileges listed below.
KHMC	KHMB	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Special Noncore Privileges (See Specific Criteria)

Use of Laser

Qualifications

Education/Training 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 provided documentation of training and experience.

Request		Request all privileges listed below.
KHMC	KHMB	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Use of Laser

Robotic Assisted Surgery (da Vinci)

Description: NOTE: ALL proctoring at KHMC requires approval by Medical Staff Services prior to performing procedures. Proctors must be credentialed members of the Medical Staff at KMCS, 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.

Qualifications

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 should be reviewed by the Robotics Committee, 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 should be reviewed by the Robotics Committee, 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 shall be reviewed by the Robotics Committee, department Chair, or designee.

Clinical Experience (Reappointment)

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

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>
KHMC	KHMB	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Robotic Assisted Surgery

Endovascular Procedures (See Endovascular Supplement)

Request		<i>Request all privileges listed below.</i>
KHMC	KHMB	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.

		- Currently granted privileges
		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 the performance of at least 50 OPCAB procedures 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.
KHMC	KHMB	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Off-Pump Coronary Artery Bypass

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>
KHMC	KHMB	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Carotid Endarterectomy (CE)

Maze Procedure (Exclusive Contract)

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		<i>Request all privileges listed below.</i>
KHMC	KHMB	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Maze Procedure

Trans-Catheter Aortic Valve Replacement (TAVR)

Description: To be eligible to apply for core privileges in catheter-based interventional cardiac procedures , the initial applicant must be granted core privileges in cardiothoracic surgery and meet the following criteria:

Qualifications	
Education/Training	Successful completion of an ACGME- or AOA-accredited cardiothoracic surgery. Initial Appointment - The applicant must: Have evidence of successful completion of a CMS approved training program provided by the vendor on the device.
Certification	Current/certification or active participation in the examination process with achievement of certification within six years leading to certification in cardiothoracic surgery by the American Board of Thoracic surgery or American Osteopathic Board of Surgery for Thoracic and Cardiovascular Surgery
Clinical Experience (Initial)	Demonstrate current competence as evidence by all of the following: * Performance of 100 aortic valve replacement procedures over career, at least 10 of which are considered high risk with STS score ≤ 6 * Performance of 20 AVR in the last 12 months and 50 in the last 24 months * Management of peripheral cardiopulmonary bypass * Experience with open retroperitoneal exposure and surgical intervention of the iliac arteries * Perform a minimum of 5 proctored cases * Submit a letter of proficiency and case log from the proctor to the Central Credentialing Office. The cardiologist will continue proctored cases beyond the initial 5 cases until deemed proficient by the proctor.
Clinical Experience (Reappointment)	Demonstrated current competence by: * Performance of 10 TAVR in the last 12 months and 20 TAVR in the past 24 months based on results of ongoing professional practice evaluation and outcomes * Completion of 10 hours of continuing medical education in structure heart disease in the last 24 months

Request		Request all privileges listed below.
KHMC	KHMB	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Trans-Catheter Aortic Valve Replacement (TAVR)

Fluoroscopy

Description: Must demonstrate competence - initial applicants must complete the online quiz; reapplicants must complete online quiz at least once then complete annual attestations thereafter.

Request		Request all privileges listed below.
KHMC	KHMB	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Fluoroscopy

Administration of Sedation and Analgesia

Description: See Hospital Policy for Moderate Sedation

Request		Request all privileges listed below.
KHMC	KHMB	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Moderate Sedation

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Kettering Health Main Campus and Kettering Health Miamisburg and I understand that:

- A. In exercising any clinical privileges granted, I am constrained by applicable 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

Clinical Service Chair Signature

Date