



Vascular KHMC & KHMB & KHTR
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 and 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

Table with 2 columns: Requirement Category and Description. Rows include Membership, Education/Training, Certification, Clinical Experience (Initial), and Clinical Experience (Reappointment).

Core Privileges Vascular

Description: This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Admit, evaluate, diagnose, provide consultation, and treat patients with diseases/disorders of the arterial, venous, and lymphatic circulatory systems, excluding the intracranial vessels or 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.
			Procedures (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)
			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

Special Non-Core Privileges

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 for maintenance of clinical competence.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	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)

Endovenous Ablative Therapy (ELVT) Via All Energy Sources

Qualifications

Education/Training Successful completion of an accredited training program that included supervised training in the diagnosis and treatment of varicose veins and training in interpreting ultrasound examinations of the legs.

AND

Applicants must demonstrate completion of training in EVLT, which included the performance/interpretation of 10 EVLT procedures.

AND

Applicant must demonstrate training and experience with the specific energy source to be used.

Clinical Experience (Initial) Demonstrated current competence and evidence of the performance and/or interpretation of at least 6 ELVT procedures in the past 12 months.

Clinical Experience (Reappointment) Demonstrated current competence and evidence of the performance and/or interpretation of at least 10 EVLT procedures 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	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Endovenous Ablative Therapy (ELVT) Via All Energy Sources

For Additional Procedures - See Endovascular Supplement

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			For Additional Procedures - See Endovascular Supplement

Fluoroscopy

Description: Must demonstrate competence - initial applicants must complete online quiz; reapplicants must complete annual attestations

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	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			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	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, Kettering Health Miamisburg and Kettering Health Troy 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):

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	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