



## Cardiovascular and Thoracic Surgery SoIn 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	
<b>Membership</b>	To be eligible to apply for core privileges in thoracic surgery, the initial applicant must meet the following criteria:
<b>Education/Training</b>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)-accredited residency in general thoracic and cardiothoracic surgery.
<b>Certification</b>	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.
<b>Clinical Experience (Initial)</b>	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.
<b>Clinical Experience (Reappointment)</b>	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.

## Primary Privileges Cardiovascular and Thoracic Surgery

Request	<i>Request all privileges listed below.</i>
SOIN	Click <span style="background-color: #ADD8E6;">shaded blue check box</span> to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	<b>Cardiac Surgery</b>
	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.
	<b>Procedures Cardiac Surgery</b>
	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)
	<b>Thoracic Surgery</b>
	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.
	<b>Procedures Thoracic Surgery</b>
	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

<b>Use of Laser</b>
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<b>Qualifications</b>
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**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.

**Note** Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience.

<b>Request</b>	<b><i>Request all privileges listed below.</i></b>
<b>SOIN</b>	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Use of Laser

## 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.  
**AND**  
 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>
SOIN	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Carotid Endarterectomy (CE)

## Endovascular Procedures (See Endovascular Supplement)

Request	<i>Request all privileges listed below.</i>
SOIN	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Endovascular Procedures

## Robotic Assisted Surgery (da Vinci)

**Description:** 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.

### Qualifications

<b>Membership</b>	Unrestricted privileges, either open or laparoscopic, for the procedure to be performed without robotic assistance
<b>Education/Training</b>	Successful completion of an ACGME/AOA accredited residency or fellowship training within respective specialty currently credentialed or being credentialed.
<b>Clinical Experience (Initial)</b>	<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; <b>AND</b> Case log of at least 10 cases in the last 12 months. <b>AND</b> If &lt;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.</p> <p>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. <b>AND</b> Case log of at least 10 cases performed in the last 12 months. <b>AND</b> If &lt;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.</p> <p>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. <b>AND</b> Observe and document two cases with preceptor physician. <b>AND</b> Perform a minimum of three proctored cases acting as primary physician. <b>AND</b> 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, the physician will continue proctored cases beyond the initial 3 cases until deemed proficient by the proctor. <b>AND</b> After deemed proficient, all applicants are required to request full-unrestricted privileges. Temporary privilege may be requested in the interim. <b>AND</b> The next five cases performed shall be reviewed by the Robotics Committee, department Chair, or designee.</p>
<b>Clinical Experience (Reappointment)</b>	<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. <b>AND</b> If &lt;10 cases in the last 12 months, the first case should be proctored <b>AND</b></p>

Ongoing continuing medical education in robotics

**Additional Qualifications** ALL proctoring at IRS requires approval by the Medical Staff Office prior to performing procedures. Proctors must be currently credentialed, appropriately trained, and recommended members of the medical staff at a Kettering Network Facility. Must have on record an adequate case volume, as defined by Intuitive, representing the types of cases proctored. All proctors are to be approved by the Clinical Service Chair.

<b>Request</b>	<b><i>Request all privileges listed below.</i></b>
<b>NIOS</b>	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
	<b>- Currently granted privileges</b>
	Robotic Assisted (daVinci) Surgery

## 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.

<b>Request</b>	<b><i>Request all privileges listed below.</i></b>
<b>NIOS</b>	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Special Non-Core Privileges

**Administration of Sedation and Analgesia (See Hospital Policy for Moderate Sedation)**

<b>Request</b>	<i>Request all privileges listed below.</i>
<b>SOIN</b>	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Administration of Sedation and Analgesia

**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 Soin Medical Center, 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