

Vascular 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 and 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	To be eligible to apply for core privileges in vascular surgery, the initial applicant must meet the following criteria
Education/Training	<p>Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)-accredited residency in general surgery and/or followed by successful completion of an ACGME- or AOA-accredited fellowship in vascular surgery</p> <p style="text-align: center;">OR</p> <p>Successful completion of an integrated program accredited by the ACGME of five years of training in vascular surgery combined with core surgical training in the same institution, leading to certification only in vascular surgery.</p>
Certification	Current subspecialty certification or active participation in the examination process with achievement of certification within six years leading to subspecialty certification or special/added qualifications in vascular surgery by the American Board of Surgery or the American Osteopathic Board of Surgery.
Clinical Experience (Initial)	<p>Applicants for initial appointment must be able to demonstrate performance of a minimum of 50 vascular surgery procedures, reflective of the scope of privileges requested, within the past 12 months, the majority being of a reconstructive nature excluding cardiac surgery</p> <p style="text-align: center;">OR</p> <p>Demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.</p>
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 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.

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	Request all privileges listed below.
SOIN	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

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>
NOIN	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>
NOIN	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

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>
NIOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Special Non-Core Privileges

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	<i>Request all privileges listed below.</i>
NIOIN	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 (See Hospital Policy for Moderate Sedation)

Request	<i>Request all privileges listed below.</i>
SOIN	Click shaded blue check box 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 _____