

MIDLAND MEMORIAL HOSPITAL

Delineation of Privileges

CARDIOVASCULAR (CARDIAC) SURGERY



Your home for healthcare

Physician Name: _____

Cardiovascular Surgery Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in cardiovascular surgery:

- Basic education: MD or DO
- Minimum formal training: Successful completion of an ACGME or AOA-accredited residency in general thoracic and cardiothoracic surgery.

AND

- Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to subspecialty certification in cardiovascular disease by the ABIM or the AOBIM with special qualifications in cardiology. (**Members of the Staff prior to the adoption of Bylaws 10/2007 are considered grandfathered in and are encouraged but not required to achieve board certification*).

Required current experience:

- Applicants for initial appointment must be able to demonstrate the performance of a minimum of 25 cardiovascular surgical procedures, reflective of the scope of privileges requested, during the previous 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the previous 12 months.

References for New Applicants

A letter of reference should come from the director of the applicant's training program in general thoracic and cardiothoracic surgery. Alternatively, a letter of reference may come from the head of general thoracic and cardiothoracic surgery at the facility where the applicant most recently practiced.

Reappointment

Reappointment should be based on unbiased, objective results of care according to the organization's existing quality improvement measures. The successful applicant must be able to demonstrate the performance of a minimum of 50 cardiovascular surgical procedures, reflective of the scope of privileges requested, annually during the reappointment cycle. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Please check requested privileges.

| Requested <input type="checkbox"/> | Approved <input type="checkbox"/> | Not Approved <input type="checkbox"/> | Core privileges include but are not limited to: |
|--|-----------------------------------|---------------------------------------|--|
| Core Privileges: Core privileges in cardiovascular surgery include the ability to 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. These conditions include surgical care of coronary artery disease, abnormalities of the great vessels and heart valves, and congenital anomalies of the heart. Cardiovascular surgeons may provide care to patients in the intensive care setting in conformity with unit policies. They assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. | | | <ul style="list-style-type: none"> • All procedures upon the heart for the management of acquired/congenital cardiac disease, including surgery upon the pericardium, coronary arteries, valves, and other internal structures of the heart, and for acquired septal defects and ventricular aneurysms • Carotid endarterectomies • Correction or repair of all anomalies or injuries of great vessels and branches thereof, including the aorta, the pulmonary artery, pulmonary veins, and the vena cava • Endoscopic procedures and instrumentation involving the esophagus and tracheobronchial tree • Management of congenital septal and valvular defects • Maze procedures • Minimally invasive direct coronary artery bypass • Operations for myocardial revascularization |

| | | | | |
|--|--|--|---|--|
| | | | <ul style="list-style-type: none"> • Pacemaker or Automatic Implantable Cardioverter Defibrillator (AICD) implantation and management, transvenous and transthoracic • History and physical examinations • Off-pump coronary artery bypass • Pericardiocentesis, pericardial drainage procedures, and pericardiectomy • Pulmonary embolectomy • Surgery of patent ductus arteriosus and coarctation of the aorta • Surgery of the aortic arch and branches; descending thoracic aorta for aneurysm/trauma • Surgery of the thoracoabdominal aorta for aneurysm • Surgery of heart and pericardium tumors • Vascular access procedures for use of life support systems, such as extra corporeal oxygenation and cardiac support • Vascular operations exclusive of the thorax (e.g., caval interruption, embolectomy, endarterectomy, repair or excision of aneurysm, vascular graft, or prosthesis) • Use of lasers | |
| Requested <input type="checkbox"/> | Approved <input type="checkbox"/> | Not Approved <input type="checkbox"/> | Criteria | |
| Refer-and-follow privileges | | | Privileges include performing outpatient preadmission history and physical, ordering noninvasive outpatient diagnostic tests and services, visiting patients in the hospital, reviewing medical records, consulting with the attending physician, and observing diagnostic or surgical procedures with the approval of the attending physician or surgeon. | |
| Requested <input type="checkbox"/> | Approved <input type="checkbox"/> | Not Approved <input type="checkbox"/> | Procedure | Criteria |
| Non-Core Privileges For each special request, threshold criteria (i.e., additional training or completion of a recognized course and required experience) must be established. Special requests for cardiovascular surgery include. | | | <input type="checkbox"/> Robotic-Assisted Surgery | Refer to criteria |
| | | | <input type="checkbox"/> Endovascular repairs of thoracic and abdominal aortic aneurysms | New Applicant: Successful completion of an ACGME or AOA accredited postgraduate training program in cardiovascular disease, vascular surgery, thoracic surgery, radiology, or interventional cardiology, as well as successful completion of an STS-, AATS-, or SVS-sponsored endovascular training course. Applicants must demonstrate current competence with: <ul style="list-style-type: none"> • 5 AAA case in the past 12 months as surgeon or assistant. and/or <ul style="list-style-type: none"> • 2 TAA cases in the past 12 months as surgeon or assistant. Reappointment: Demonstrate that they have maintained competence by showing evidence: <ul style="list-style-type: none"> • Successfully performed at least 2 to 5 AAA cases and/or 2 to 5 TAA cases in the past 24 months based on results of quality assessment and improvement activities and outcomes. |
| | | | <input type="checkbox"/> Moderate Sedation | Meet the criteria set forth by the Rules and Regulations for Anesthesia Services and complete "Requirements for Moderate Sedation Privileges" form. |

| Requested <input type="checkbox"/> | Approved <input type="checkbox"/> | Not Approved <input type="checkbox"/> | Privilege/Criteria | | |
|--|-----------------------------------|---------------------------------------|---|--|--|
| <p>Current Privileges: List any current privileges not listed above in core or non-core. These privileges will remain in effect until the end of the current appointment period and then will be moved up to the appropriate core/non-core section.</p> <p>Please provide criteria and supporting documentation to medical staff office for any non-core privileges listed.</p> | | | Core <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | | |
| | | | Non-Core | | |
| | | | <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | | |

To the applicant: If you wish to exclude any privileges, please strike through the privileges that you do not wish to request and then initial.

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request. I have requested **only** those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Midland Memorial Hospital. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested 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) Applicants have the burden of producing information deemed adequate by Midland Memorial Hospital for a proper evaluation of current competence, other qualifications and for resolving any doubts.

(c) I will request consultation if a patient needs service beyond my expertise.

Physician's Signature/Printed Name

Date

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ Recommend all requested privileges
- ☐ Recommend privileges with the following conditions/modifications:
- ☐ Do not recommend the following requested privileges:

Privilege Condition/modification/explanation

Notes:

Department Chair/Chief Signature

Date