

MIDLAND MEMORIAL HOSPITAL
Delineation of Privileges
THORACIC SURGERY



Your home for healthcare

Physician Name: _____

Thoracic Surgery Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in thoracic surgery:

- Basic education: MD or DO
- Minimum formal training: Applicants must be able to demonstrate successful completion of an ACGME- or AOA-accredited training program in thoracic surgery

AND

- Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification in thoracic surgery by the ABTS or the AOBs (cardiothoracic surgery). (**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 must be able to demonstrate that they have performed at least 25 thoracic surgical procedures, reflective of the scope of privileges requested, in the past 12 months or successfully completed an ACGME or AOA-accredited residency or clinical fellowship within the past 12 months.

References for New Applicants

A letter of reference should come from the director of the applicant's training program. Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief 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. To be eligible to renew privileges in thoracic surgery, the applicant must have current demonstrated competence and an adequate volume of experience (50 thoracic surgical procedures) 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 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"/>	
<p>Core Privileges: Core privileges for thoracic surgery include the ability to admit, evaluate, diagnose, and provide operative, perioperative, and critical care to patients of all ages with pathological conditions within the chest. This includes surgical care of coronary artery disease; cancers of the lung, esophagus, and chest wall; abnormalities of the trachea; abnormalities of the great vessels and heart valves; congenital anomalies of the chest; tumors of the mediastinum; and diseases of the diaphragm. Practitioners may provide care to patients in the intensive care setting in conformity with unit policies. Privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call service.</p>			<p>Core privileges include but are not limited to:</p> <ul style="list-style-type: none"> • Performance of history and physical exam • Cervical, thoracic, or dorsal sympathectomy • Correction of diaphragmatic hernias, both congenital or acquired, and antireflux procedures • Decortication or pleurectomy procedures • Diagnostic procedures, including cervical and mediastinal exploration, parasternal exploration, and mediastinoscopy • Endoscopic procedures, including bronchoscopy, esophagoscopy, and mediastinoscopy • Implantation of cardioverter defibrillator • Lymph node and superficial biopsy procedures • Management of chest and neck trauma • Operations for achalasia and for promotion of esophageal drainage • Pericardiocentesis, pericardial drainage procedures, and pericardiectomy • Procedures upon the chest wall, pleura, and lungs, including wedge resections, segmentectomy, lobectomy, and pneumonectomy

			<ul style="list-style-type: none"> • Resection, reconstruction, or repair of the trachea and bronchi • Resection, reconstruction, repair, or biopsy of the lung and its parts • Surgery on the esophagus, mediastinum, and diaphragm, including surgery for diverticulum, as well as perforation, resections, transhiatal esophagectomy, surgery for benign esophageal disease, and surgery on mediastinum for removal of benign or malignant tumors • Thoracentesis • Thoracoscopy • Thoracotomy for trauma, hemorrhage, rib biopsy, drainage of empyema, or removal of foreign body • Tracheostomy • Tube thoracostomy • VATS • Use of Laser 	
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 thoracic surgery include.			<input type="checkbox"/> Robotic-Assisted Surgery	Refer to criteria
			<input type="checkbox"/> Preceptor for Robotic Assisted System for Thoracic procedures	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>			<p>Core</p> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <p>Non-Core</p> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/>

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