

MIDLAND MEMORIAL HOSPITAL

Delineation of Privileges

VASCULAR SURGERY



Your home for healthcare

Physician Name: _____

Vascular Surgery Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in vascular surgery:

- Basic education: MD or DO
- Minimum formal training: Successful completion of an ACGME–accredited fellowship in vascular surgery via one of the four pathways approved by the ACGME or an AOA–accredited fellowship in vascular surgery

AND

- Current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years) leading to subspecialty certification in vascular surgery by the ABS or the AOBSS. (**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:

- At least 25 vascular surgery procedures including open and major endovascular procedures, reflective of the scope of privileges requested, within the past 12 months, the majority being of a reconstructive nature, excluding cardiac surgery, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

References for New Applicants

If the applicant is recently trained, 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 vascular surgery, the applicant must have current demonstrated competence and an adequate volume of experience 50 vascular surgery 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 vascular surgery include the ability to admit, evaluate, diagnose, and provide consultation and treatment to patients of all ages with diseases/ disorders of the arterial, venous, and lymphatic circulatory systems, excluding the intracranial vessels or the heart. Physicians may provide care to patients in the intensive care setting in conformity with unit policies. They may also assess, stabilize, and determine the disposition of patients with Emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p>			<p>Core privileges include but are not limited to:</p> <ul style="list-style-type: none"> • Performance of history and physical exam • Amputations of an upper or lower extremity • Diagnostic angiography/arteriography (excluding intracardiac and intracranial) • Diagnostic venography (excluding intracardiac and intracranial) • Central venous access catheters and ports • Hemodialysis access procedures • Cervical, thoracic, or lumbar sympathectomy • Diagnostic biopsy or other diagnostic procedures on blood vessels • Endovascular procedures, including: <ul style="list-style-type: none"> ○ Repair (e.g., stent, stent graft, and embolization) of aneurysms of the thoracic aorta, thoracoabdominal aorta, abdominal aorta, iliac artery, visceral/ renal arteries, aortic arch branch vessels, and the carotid and vertebral arteries. ○ Reconstruction and repair (e.g., angioplasty, stent, stent graft, and embolization) of the thoracic aorta, thoracoabdominal aorta, abdominal aorta, iliac artery, visceral/renal arteries, aortic arch branch vessels, and the carotid and vertebral arteries • Open vascular procedures, including: <ul style="list-style-type: none"> ○ Repair of aneurysms of the thoracic aorta,

			<p>Thoracoabdominal aorta, abdominal aorta, iliac artery, visceral/renal arteries, aortic arch branch vessels, carotid and vertebral arteries, and peripheral arteries</p> <ul style="list-style-type: none"> ○ Reconstruction and repair of the thoracic aorta, thoracoabdominal aorta, abdominal aorta, iliac artery, visceral/renal arteries, aortic arch branch vessels, carotid and vertebral arteries, peripheral arteries, central veins, and peripheral veins (e.g., endarterectomy, thrombectomy, embolectomy, bypass grafting, prosthetic graft, autologous vein, in situ vein, and extra-anatomic bypass) • Open and percutaneous endovascular procedures (excluding intracardiac and intracranial) • Placement of inferior vena cava filter • Endovenous ablative therapy (laser or radiofrequency) • Intravascular ultrasonography • Balloon angioplasty • Stent placement • Stent graft placement • Intra-arterial and IV thrombolytic therapy • Embolization/ablation, including transarterial chemoembolization • Decompression fasciotomy • Sclerotherapy • Temporal artery biopsy • Vein ligation and stripping • Vascular laboratory • Interpretation of noninvasive cerebrovascular studies • Interpretation of noninvasive arterial studies of the extremities • Interpretation of noninvasive venous studies • Interpretation of noninvasive studies of visceral and intra-abdominal vessels • Transcranial Doppler • Performance of carotid duplex • Peripheral vascular interventions, including diagnostic and therapeutic angiography, angioplasty, and stenting (arterial, venous, grafts, and fistulas) and excluding carotid stenting and intracranial interventions • Percutaneous thrombolysis/thrombectomy • Endovascular repair of abdominal aortic aneurysms • 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
<p>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 vascular surgery include.</p>			<input type="checkbox"/> Transcranial Doppler ultrasonography	<p>New Applicant: An ACGME/AOA-accredited residency or fellowship program, which included supervised training in TCD performance/interpretation.</p> <ul style="list-style-type: none"> • Applicants must be able to demonstrate that they have performed/interpreted at least 100 TCD studies in the past 12 months. • A letter of reference should come from the director of the applicant's TCD training program. <p>Reappointment: Applicants must be able to demonstrate that they have maintained competence by showing evidence that they performed/interpreted at least 200 TCD studies in the past 24 months.</p>

	<input type="checkbox"/> Endovascular repairs of thoracic aortic aneurysms	<p>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.</p> <ul style="list-style-type: none"> Applicants must demonstrate current competence with 2 TAA cases in the past 12 months as surgeon or assistant. <p>Reappointment: Demonstrate that they have maintained competence by showing evidence of successfully performing at least 4 TAA cases in the past 24 months based on results of quality assessment and improvement activities and outcomes.</p>
	<input type="checkbox"/> Carotid stenting	<p>New Applicant Applicants must have completed an ACGME/AOA accredited vascular medicine, cardiovascular surgery, or interventional radiology residency or fellowship program that included training in diagnostic angiography, carotid angioplasty, and stent placement procedures.</p> <ul style="list-style-type: none"> If not taught in an accredited residency/fellowship program, applicants must have completed an approved hands-on training program in diagnostic angiography and carotid angioplasty under the supervision of a qualified physician instructor. Applicants must have also completed a training course in the embolic protection system or device that is used in the carotid artery stenting procedure. Proctoring for initial cases should be part of the training program. Applicants must be able to demonstrate that they have performed at least 200 diagnostic cerebral angiograms if they have no prior catheter experience or 100 diagnostic cerebral angiograms if they have experience sufficient to meet the AHA requirements for peripheral vascular interventions. In addition, applicants must be able to demonstrate that they have performed at least 20 carotid artery stenting procedures in the past 24 months in residency or fellowship. If the practitioner has not completed the total number required the additional procedures can be done with proctoring as long as it is completed with a member of the medical staff who currently holds this privilege and is in good standing. All proctoring cases will be provided to Surgical Control Committee (SCC) for review and approval For at least half of these procedures, the applicant must have been the primary operator. <p>Reappointment: Demonstrate that they have maintained competence by showing evidence that they have performed at least 5 carotid artery stenting procedures in the past 24 months. If the practitioner has not completed the required procedures for reappointment the additional procedures should be proctored up to the 5</p>

				procedures required to maintain this privilege. For at least half of these procedures, the applicant must have been the primary operator. In addition, continuing education related to carotid artery stenting should be required.
			<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/>	
			<p>Non-Core</p> <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