

Regions Hospital Delineation of Privileges Cardiovascular Thoracic (CVT) Surgery

Applicant's Name: _____
Last First M.

- Instructions:
- Place a check-mark where indicated for each core group you are requesting.
 - Review *education and basic formal training* requirements to make sure you meet them.
 - Review *documentation and experience* requirements and be prepared to prove them.
 - ✓ Note all renewing applicants are required to provide evidence of their current ability to perform the privileges being requested.
 - ✓ When documentation of cases or procedures is required, attach said case/procedure logs to this privileges-request form.
 - Provide complete and accurate names and addresses where requested -- it will greatly assist how quickly our credentialing-specialist can process your requests.

Overview

Core I thoracic privileges

Special privileges in thoracic surgery

- VATS
- Laser

Core II cardiovascular privileges

Special privileges in cardiovascular surgery

- Stentless aortic valve implantation
- Laser
- Robotics

Core procedure list

CORE I — Thoracic surgery (Appointments are based on the needs of the Medical Center as determined by the Director of Cardiovascular Thoracic Surgery, Division Head of Surgery and Hospital Board.)

Privileges

Admit, evaluate, diagnose and provide operative, perioperative, and critical care to patients of all ages with pathological conditions within the chest. Includes 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. 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.

Basic education and minimal formal training

1. MD, DO, MBBS or MB BCH
2. Completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved residency training program in General Surgery.
3. Successful completion of an ACGME, AOA, Royal College of Physicians and Surgeons of Canada approved residency/fellowship training program in Thoracic Surgery or Cardiovascular Thoracic Surgery.
4. Current certification or active participation in the examination process (with achievement of certification within 5 years), leading to certification in Thoracic and Cardiac Surgery by the American Board of Surgery, Cardiothoracic Surgery by the American Osteopathic Board of Surgery, or Cardiac Surgery and Thoracic Surgery by the Royal College of Physicians and Surgeons of Canada.

Required documentation and experience

NEW APPLICANTS:

1. Provide documentation of at least 50 thoracic surgical procedures in the past 12 months.
2. If within 5 years of completing a surgical training program, provide a letter of reference from the Residency or Fellowship training program.
3. Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency.

Name: _____

Name of Facility: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

REAPPOINTMENT APPLICANTS:

1. Attend -- at least every other year -- the national meeting of either the Society of Thoracic Surgery or the American Association of Thoracic Surgeons.
2. Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency.

Name: _____

Name of Facility: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Special Privileges in Thoracic Surgery

Privileges									
<input type="checkbox"/>	VATS								
<input type="checkbox"/>	Laser/s — Indicate selection/s with an "X." Practitioner agrees to limit practice to the specific laser for which they provide training and experience documentation as set out below. <div style="margin-top: 10px;"><table style="width: 100%; border: none;"><tr><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> Angiodynamics endovenus diode (model venus cure)</td><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> Iridex oculight TX KPP Yag (model 3200-1)</td></tr><tr><td style="vertical-align: top;"><input type="checkbox"/> Cardiogenesis Holium Yag (model ns 2000)</td><td style="vertical-align: top;"><input type="checkbox"/> Sharplan CO2 (model 1041S)</td></tr><tr><td style="vertical-align: top;"><input type="checkbox"/> Lumenis Holium Yag (model power suite 100W)</td><td style="vertical-align: top;"><input type="checkbox"/> SSI CO2 40W (model: MD40)</td></tr><tr><td style="vertical-align: top;"><input type="checkbox"/> Lumenis Holium Yag (model: power suite 20W)</td><td></td></tr></table></div>	<input type="checkbox"/> Angiodynamics endovenus diode (model venus cure)	<input type="checkbox"/> Iridex oculight TX KPP Yag (model 3200-1)	<input type="checkbox"/> Cardiogenesis Holium Yag (model ns 2000)	<input type="checkbox"/> Sharplan CO2 (model 1041S)	<input type="checkbox"/> Lumenis Holium Yag (model power suite 100W)	<input type="checkbox"/> SSI CO2 40W (model: MD40)	<input type="checkbox"/> Lumenis Holium Yag (model: power suite 20W)	
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Basic education and minimal formal training									
<ol style="list-style-type: none">1. MD, DO, MBBS or MB BCH2. Completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved residency training program in General Surgery.3. Successful completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved residency/fellowship training program in Thoracic Surgery or Cardiovascular Thoracic Surgery.4. Current certification or active participation in the examination process (with achievement of certification within 5 years), leading to certification in Thoracic and Cardiac Surgery by the American Board of Surgery, Cardiothoracic Surgery by the American Osteopathic Board of Surgery, or Cardiac Surgery and Thoracic Surgery by the Royal College of Physicians and Surgeons of Canada.									
Required documentation and experience									
NEW APPLICANTS <ol style="list-style-type: none">1. Provide documentation demonstrating the performance of a minimum of 5 laser procedures in the past 12 months.2. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.<div style="margin-top: 10px; padding-left: 40px;">Name: _____</div><div style="margin-top: 5px; padding-left: 40px;">Name of Facility: _____</div><div style="margin-top: 5px; padding-left: 40px;">Address: _____</div><div style="margin-top: 5px; padding-left: 40px;">Phone: _____ Fax: _____</div><div style="margin-top: 5px; padding-left: 40px;">Email: _____</div>									
REAPPOINTMENT APPLICANTS <ol style="list-style-type: none">1. Provide documentation of the performance of a minimum of 10 procedures in the past 24 months.2. Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency.<div style="margin-top: 10px; padding-left: 40px;">Name: _____</div><div style="margin-top: 5px; padding-left: 40px;">Name of Facility: _____</div><div style="margin-top: 5px; padding-left: 40px;">Address: _____</div><div style="margin-top: 5px; padding-left: 40px;">Phone: _____ Fax: _____</div><div style="margin-top: 5px; padding-left: 40px;">Email: _____</div>									

CORE II — Cardiovascular surgery (Appointments and reappointments are based on the needs of the Medical Center as determined by the Director of Cardiovascular Thoracic Surgery, Division Head of Surgery and Hospital Board.)

Privileges

Admit, evaluate, diagnose and provide operative, perioperative, and critical care to patients of all ages with pathological conditions within the chest. 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. 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.

Basic education and minimal formal training

1. MD, DO, MBBS or MB BCH
2. Completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved residency training program in General Surgery.
3. Successful completion of an ACGME or AOA approved residency/fellowship training program in Cardiovascular Surgery.
4. Current certification or active participation in the examination process (with achievement of certification within 5 years), leading to certification in Thoracic and Cardiac Surgery by the American Board of Surgery, Cardiothoracic Surgery by the American Osteopathic Board of Surgery, or Cardiac Surgery and Thoracic Surgery by the Royal College of Physicians and Surgeons of Canada.

Required documentation and experience

NEW APPLICANTS:

1. If within 5 years of completing a surgical training program, provide a letter of reference from the Residency or Fellowship training program.
2. Provide documentation of performing 50 cardiovascular surgical procedures in the past 12 months.
3. Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency.

Name: _____

Name of Facility: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

REAPPOINTMENT APPLICANTS:

1. Provide evidence of attendance -- at least every other year -- at the national meeting of Cardiovascular Surgery.
2. Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency.

Name: _____

Name of Facility: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Special Privileges in Cardiovascular Surgery

Privileges									
<input type="checkbox"/>	Stentless aortic valve implantation								
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REAPPOINTMENT APPLICANTS <ol style="list-style-type: none">1. Provide documentation of the performance of a minimum of 10 procedures in the past 24 months.2. Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency.<div style="margin-top: 10px;"><p>Name: _____</p><p>Name of Facility: _____</p><p>Address: _____</p><p>Phone: _____ Fax: _____</p><p>Email: _____</p></div>									

Special privileges in Cardiovascular Surgery (continued)

Privileges	
<input type="checkbox"/>	Use of robotic assisted system for cardiovascular procedures. Physician must limit practice to: <ul style="list-style-type: none">• specific robotic system for which he or she has provided documentation of training and experience• clinical procedures for which he or she holds privileges
Basic education and minimal formal training	
<ol style="list-style-type: none">1. Hold core privileges.2. Hold privileges to perform the clinical procedures for which the robotic system is to be used.3. Have training and experience in the particular robotic system to be used.	
Required documentation and experience	
NEW APPLICANTS: <ol style="list-style-type: none">1. Provide documentation of training in residency with evidence of at least 20 cases as primary surgeon Or Provide documentation demonstrating satisfactory completion of FDA mandated training; And Provide documentation of having observed 2 robotic operations per organ site performed by a physician with robotic privileges; And Provide documentation of having performed 5 proctored robotic operations per organ site.2. Provide contact information for a physician peer whom we may contact to provide an evaluation of your clinical competency. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____	
REAPPOINTMENT APPLICANTS: <ol style="list-style-type: none">1. Provide documentation demonstrating performance of a minimum of 10 robotic-assisted procedures in the past 24 months. If this requirement cannot be met, then documentation of at least 10 hours of simulator time annually and/or approval of the robotics committee.2. Extension of robotic privileges to a new technique, organ or system must be disclosed to the director of robotics who may then require proof of additional training and proctoring.3. Provide contact information for a physician peer whom we may contact to provide an evaluation of your clinical competency. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____	

Core Procedure List

To the applicant: Strike through those procedures you do not wish to request.

Thoracic Surgery

- Performance of history and physical exam
- Cervical, thoracic, or dorsal sympathectomy
- Correction of diaphragmatic hernias, both congenital or acquired, and anti-reflux 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
- 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
- Video-assisted thoracoscopic surgery

Cardiac Surgery

- Ablative surgery (radiofrequency energy, microwave, cryoablation, laser and high-intensity focused ultrasound, and maze)
- All procedures on the heart for the management of acquired/congenital cardiac disease, including surgery on the pericardium, coronary arteries, valves, and other internal structures of the heart and for acquired septal defects and ventricular aneurysms
- Correction or repair of all anomalies or injuries of great vessels and branches thereof, including aorta, pulmonary artery, pulmonary veins, and vena cava
- Endarterectomy of pulmonary artery
- Endomyocardial biopsy
- Management of congenital septal and valvular defects
- Minimally invasive direct coronary artery bypass
- Off-pump coronary artery bypass
- Operations for myocardial revascularization
- Pacemaker and/or automatic implantable cardiac device implantation and management, transvenous and transthoracic
- Palliative vascular procedures (not requiring cardiopulmonary bypass) for congenital cardiac disease
- Pulmonary embolectomy
- Surgery for implantation of artificial heart and mechanical devices to support or replace the heart partially or totally
- Surgery of patent ductus arteriosus and coarctation of the aorta
- Surgery of the aortic arch and branches and the descending thoracic aorta for aneurysm/trauma
- Surgery of the thoracoabdominal aorta for aneurysm
- Surgery of tumors of the heart and pericardium
- 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 of excision of aneurysm, vascular graft, or prosthesis)

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which – by education training, current experience and demonstrated performance – I am qualified to perform and that I wish to exercise at Regions Hospital. I understand that:

1. In exercising any clinical privilege granted, I am governed by Regions Hospital and Regions Medical Staff policies and rules applicable generally and any applicable to the particular situation.
2. In an emergent situation I may perform a procedure for which I am not privileged when no practitioner holding the applicable procedure is available to respond to the emergency.

I agree to supply Regions Hospital Medical Staff Services (or designee) with all the information that has been requested of me for the privileges that I have applied for. I also understand that my application for privileges will not proceed until the information is received.

Signature

Date

DIVISION / SECTION HEAD RECOMMENDATION

I have reviewed and/or discussed the clinical privileges requested and supporting documentation for the above-named applicant and make the following recommendation/s:

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

Privilege	Condition / Modification / Explanation
1.	
2.	
3.	

Signature

Date