INSTRUCTIONS

All new applicants must meet the following requirements as approved by the governing body effective: 4/30/13

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, other qualifications, and for resolving doubts.

Department Clinical Service Chief: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements:
- Note that privileges granted may only be exercised at UNM Sandoval Regional Medical Center that has 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 departmental policy.
- This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
QUALIFICATIONS FOR VASCULAR SURGERY

To be eligible to apply for core privileges in vascular surgery, the initial applicant must meet the following criteria:

· Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA) – accredited residency in general surgery followed by successful completion of an ACGME or AOA fellowship in vascular surgery or successful completion of an ACGME approved vascular residency.

AND / OR

· Current subspecialty certification or active participation in the examination process leading to subspecialty certification or special/added qualifications in vascular surgery by the American Board of Surgery or American Osteopathic Board of Surgery.

Required Previous Experience: Applicants for appointment must be able to demonstrate the performance or a minimum of adequate 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 or demonstrated successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment Requirements: To be eligible to renew core privileges in vascular surgery, the applicant must meet the following maintenance of privilege criteria:

· Current demonstrated competence and an adequate volume of experience in vascular surgery procedures with acceptable outcomes, reflective of the scope of privileges requested for the past 24 months based on the 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.

VASCULAR SURGERY CORE PRIVILEGES

Admit, evaluate, diagnose, provide consultation, and treat patients of all ages with diseases/disorders of the arterial, venous, and lymphatic circulatory systems, excluding the intra-cranial vessels or the heart. Assess, stabilize, and determine the 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; such other procedures that are extensions of the same techniques and skills.

☐ Requested
SPECIAL NON-CORE PRIVILEGES (See Specific Criteria)

If desired, non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core 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.

NON-CORE PRIVILEGE USE OF LASER PRIVILEGES

Criteria: Successful completion of an approved training program in a specialty or subspecialty that included training in laser principles and use, or completion of equivalent training in laser principles and use with an appropriate body of experience. Practitioner agrees to limit his or her practice to only the specific laser types for which he or she has provided documentation of training and experience.

☐ Requested

NON-CORE PRIVILEGE QUALIFICATIONS FOR ENDOVENOUS ABLATION VIA ALL ENERGY SOURCES (Laser or Radiofrequency)

Criteria: Successful completion of an approved training program which included supervised training in the diagnosis and treatment of varicose vein; training in interpreting ultrasound examinations of the legs or an equivalent body of experience and training. Applicant must demonstrate training and experience with the specific energy source to be used limiting their practice to the use of that energy source.

☐ Requested

NON-CORE PRIVILEGE TRANS-CRANIAL DOPPLER ULTRASONOGRAPHY (TCD)

Criteria: Successful completion of an approved training program in a specialty or subspecialty that included trans-cranial Doppler ultrasonography TDC, principles, and use or completion of equivalent training in TCD with an appropriate body of experience. Practitioner agrees to limit his or her practice to only the specific TCD procedures for which he or she has provided documentation of training and experience.

☐ Requested
NON-CORE PRIVILEGE QUALIFICATIONS FOR VASCULAR LABORATORY INTERPRETATION

Non-Core privilege qualifications for vascular laboratory interpretation (includes carotid duplex, venous duplex, peripheral artery duplex, physiologic testing, and mesenteric duplex).

Criteria: Successful completion of ACGME / AOA approved vascular fellowship or residency.

Or

RPVI / RVT certification after completion of residency with equivalent training in vascular lab studies interpretation.

☐ Requested

NON-CORE PRIVILEGE PERIPHERAL VASCULAR INTERVENTIONS PRIVILEGES

Criteria: Peripheral vascular interventions, including diagnostic and therapeutic angiography, angioplasty, and stenting (arterial, venous, grafts, and fistulas); excluding carotid stenting and intra-cranial interventions. Physicians performing elective peripheral vascular interventions agree to participate in emergency room call for patients who present with acute limb ischemia

Requested aortoiliac and brachiocephalic arteries

☐ Requested

Requested abdominal visceral and renal arteries

☐ Requested

Requested infrainguinal arteries

☐ Requested
NON-CORE PRIVILEGE ENDOVASCULAR REPAIR OF THORACIC AORTIC ANEURYSMS (TAA) AND ABDOMINAL AORTIC ANEURYSMS (AAA)

Criteria: Successful completion of an approved training program in a specialty or subspecialty that included endovascular repair of thoracic aortic aneurysms (TAA) and abdominal aortic aneurysms (AAA), principles and use, or completion of equivalent training in TAA and AAA with an appropriate body of experience. Practitioner agrees to limit his or her practice to only specific TAA and AAA procedures for which he or she has provided documentation of training and experience. Physicians performing elective aneurysm repair agree to participate in emergency room call for patients who present with symptomatic aneurysms.

☐ Requested

NON-CORE PRIVILEGE PERCUTANEOUS THROMBOLYSIS / THROMBECTOMY

Criteria: Successful completion of an approved training program in a specialty or subspecialty that included percutaneous thrombolysis / thrombectomy, principles and use, or completion of equivalent training in percutaneous thrombolysis / thrombectomy with an appropriate body of experience. Practitioner agrees to limit his or her practice to only the specific percutaneous thrombolysis / thrombectomy procedures for which he or she has provided documentation of training and experience.

☐ Requested

NON-CORE PRIVILEGE QUALIFICATIONS FOR CAROTID STENTING

Criteria: Successful completion of an approved training program in a specialty or subspecialty that included carotid stenting, principles and use, or completion of equivalent training in carotid stenting with an appropriate body of experience. Practitioner agrees to limit his or her practice to only the specific carotid stenting procedures for which he or she has provided documentation of training and experience.

☐ Requested
VASCULAR CORE PRIVILEGES

This list is a sampling of procedures included in the core. It is not intended to be an all-encompassing list, but rather is reflective of the categories/types of procedures included in the core.

To the Applicant: If you wish to exclude any procedures, please strike through those you do not wish to request, then initial and date.

1. Perform History and Physical Exam
2. Amputations – upper and lower extremities
3. Aneurysms Repair – thoracic aorta, abdominal aorta, peripheral vessels emergent and elective, both open and endovascular angioplasty/stents of all peripheral vessels (excluding coronary arteries).
4. Angioplasty – femoral and iliac
5. Bypass Grafting – all vessels (excluding coronary and intra-cranial)
6. Carotid Endarterectomy
7. Central Venous Access – catheters and ports
8. Cervical, Thoracic, or Lumbar Sympathectomy
9. Diagnostic Biopsy or other diagnostic procedures on Blood Vessels
10. Embolectomy or Thrombectomy – all vessels (excluding coronary and intra-cranial)
11. Endarterectomy – all vessels (excluding coronary)
12. Extra Cranial Carotid and Vertebral Artery Surgery
13. Hemodialysis Access Procedures
14. Angiography/Venography – both diagnostic and intra-operative
15. Intraoperative Angioplasty and Balloon Dilation
16. Other major open peripheral Vascular Arterial and Venous Reconstructions
17. Placement of Inferior Vena Cava (IVC) Filter
18. Reconstruction, Resection, Repair of major Vessels with Anastomosis or Replacement (excluding cardiopulmonary and intra-cranial)
19. Sclerotherapy
20. Temporal Artery Biopsy
21. Thoracic Outlet Decompression Procedures – including rib resection
22. Vein Litigation and Stripping, Vein Ablation, Microphlabectomy
23. Venous Reconstruction
24. Use of Ultrasound for Percutaneous Access of Veins/Arteries for Therapy
25. Spine Exposure
**Acknowledgment of Practitioner**

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 UNM SRMC, 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. 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.

Signed ___________________________ Date _____________________

**Clinical Service Chief’s Recommendation**

I have reviewed the requested clinical privileges 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:

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**Notes:**
____________________________________________________________________
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Print Name
Date Signature

Clinical Service Chief or Designee Signature