

UNMH Cardiothoracic Surgery Clinical Privileges

Name:

Effective Dates: _____ To: _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 02/20/2015

INSTRUCTIONS

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, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair: 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

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics that have 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 department policy.
2. 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.

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Qualifications for Cardiac Surgery

Initial Applicant - *To be eligible to apply for privileges in cardiac 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 thoracic and cardiothoracic surgery or congenital cardiac surgery

AND

Current certification or active participation in the examination process leading to certification in thoracic surgery by the American Board of Thoracic Surgery or the American Osteopathic Board of Surgery for Thoracic and Cardiovascular Surgery or subspecialty certification in congenital cardiac surgery by the American Board of Thoracic Surgery (ABTS)

AND

Required current experience: An adequate volume of cardiac surgical procedures with acceptable results, reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

Reappointment (Renewal of Privileges) Requirements - *To be eligible to renew privileges in cardiac surgery, the reapplicant must meet the following criteria:*

Current demonstrated competence and an adequate volume of experience cardiac 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.

CORE PRIVILEGES: *Cardiac Surgery*

Admit, evaluate, diagnose, consult, and provide preoperative, intraoperative, and postoperative surgical care to patients of all ages with structural abnormalities involving the heart and major blood vessels. Includes correction or treatment of various conditions of the heart and related blood vessels within the chest, including surgical care of coronary artery disease, abnormalities of the great vessels and heart valves (including infections, trauma, tumors, and metabolic disorders), and congenital anomalies of 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 procedures list and such other procedures that are extensions of the same techniques and skills.

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Cardiac Surgery Core Procedures List

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather 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 procedures which you do not wish to request, then initial and date.

1. Performance of history and physical exam
2. Ablative surgery (radiofrequency energy, microwave, cryoablation, laser and high-intensity focused ultrasound, and maze)
3. All procedures of the heart for the management of acquired/congenital cardiac disease, including surgery of the pericardium, coronary arteries, valves, and other internal structures of the heart and for acquired septal defects and ventricular aneurysms
4. Correction or repair of all anomalies or injuries of great vessels and branches thereof, including the aorta, pulmonary artery, pulmonary veins, and vena cava
5. Endarterectomy of pulmonary artery
6. Endomyocardial biopsy
7. Endoscopic procedures and instrumentation, involving the esophagus and tracheobronchial tree
8. Management of congenital septal and valvular defects
9. Minimally invasive direct coronary artery bypass
10. Off-pump coronary artery bypass
11. Operations for myocardial revascularization
12. Pacemaker and/or automatic implantable cardioverter defibrillator implantation and management, transvenous and transthoracic
13. Palliative vascular procedures (not requiring cardiopulmonary bypass) for congenital cardiac disease
14. Pericardiocentesis, pericardial drainage procedures, pericardiectomy
15. Pulmonary embolectomy
16. Surgery for implantation of artificial heart and mechanical devices to support or replace the heart partially or totally
16. Surgery of patent ductus arteriosus and coarctation of the aorta
17. Surgery of the aortic arch and branches and the descending thoracic aorta for aneurysm/trauma
18. Surgery of the thoracoabdominal aorta for aneurysm
19. Surgery of tumors of the heart and pericardium
20. Vascular access procedures for use of life support systems, such as extra corporeal oxygenation and cardiac support
21. Vascular operations exclusive of the thorax (e.g., caval interruption, embolectomy, endarterectomy, repair of excision of aneurysm, and vascular graft or prosthesis)
22. Open/laparoscopic procedures

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Qualifications for Thoracic Surgery

Initial Applicant - To be eligible to apply for privileges in thoracic 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 thoracic surgery.

AND

Current certification or active participation in the examination process leading to certification in thoracic surgery by the American Board of Thoracic Surgery or the American Osteopathic Board of Surgery (thoracic cardiovascular surgery).

AND

Required current experience: Applicants for initial appointment must be able to demonstrate the performance of at an adequate volume of thoracic surgical procedures with acceptable results, reflective of the scope of privileges requested, the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment (Renewal of Privileges) Requirements - To be eligible to renew privileges in thoracic surgery, the reapplicant must meet the following criteria:

Current demonstrated competence and an adequate volume of experience of 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 ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES: Thoracic Surgery

Admit, evaluate, diagnose, and provide consultation to patients of all ages with illnesses, injuries, and disorders within the thoracic abdominal cavity and related structures, including the chest wall or the pleura. Privileges also include operative, perioperative, and critical care of patients with pathologic conditions with the chest; surgical 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; management of the airway; and the ordering of diagnostic studies and procedures related to thoracic problems. 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 procedures list (below) and such other procedures that are extensions of the same techniques and skills.

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Thoracic Surgery Core Procedures List

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather 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 procedures which you do not wish to request, then initial and date.

1. Bronchoscopy
2. Cervical, thoracic or dorsal sympathectomy
3. Correction of diaphragmatic hernias, both congenital or acquired, and anti reflux procedures
4. Decortication or pleurectomy procedures
5. Diagnostic procedures to include cervical and mediastinal exploration, parasternal exploration, and mediastinoscopy
6. Endoscopic procedures and instrumentation involving the esophagus and tracheobronchial tree
7. Implantation of cardioverter defibrillator
8. Lymph node and superficial biopsy procedures
9. Management of chest and neck trauma
10. Operations for achalasia and for promotion of esophageal drainage
11. Operations upon the esophagus to include surgery for diverticulum, as well as perforation
12. Perform history and physical exam
13. Pericardiocentesis, pericardial drainage procedures, pericardiectomy
14. Procedures upon the chest wall, lungs including wedge resections, segmental resections, lobectomy, and pneumonectomy for benign or malignant disease
15. Resection, reconstruction, or repair of the trachea and bronchi
16. Resection, reconstruction, repair, or biopsy of the lung and its parts
17. Surgery on the esophagus for benign or malignant disease
18. Surgery on mediastinum for removal of benign or malignant tumors
19. Thoracentesis
20. Thoracoscopy
21. Thoracotomy for trauma, hemorrhage, rib biopsy, drainage of empyema or removal of foreign body
22. Tracheostomy
23. Transhiatal esophagectomy
24. Tube thoracostomy
25. Maze procedure
26. Open/laparoscopic procedures

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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 experience, and maintenance of clinical competence.

Qualifications for Use of Laser

Criteria: Successful completion of an approved residency in a specialty or subspecialty which included training in laser principles or completion of an approved 8 -10 hour minimum CME course which includes training in laser principles. In addition, an applicant for privileges should spend time after the basic training course in a clinical setting with an experienced operator who has been granted laser privileges acting as a preceptor. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience. The applicant must supply a certificate documenting that she/he attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course.

Required Current Experience: Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results, in the past 12 months or completion of training in the past 12 months.

Renewal of Privilege: Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGE: *Use of Laser*

Requested

Qualifications for Use of a Robotic Assisted Procedures

Initial Criteria - To be eligible to apply for privileges in robotic assistance in surgical procedures, the applicant must meet the following criteria:

Successful completion of ACGME or AOA postgraduate training program that included training in minimal access (laparoscopic) procedures and therapeutic robotic devices and their use

OR

Completion of approved structured training program that included didactic education on the specific technology, animal laboratory training, and the specialty specific approach to organ

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systems.

AND

Must hold open/laparoscopic privileges to perform the procedures being requested for use with robotic system

AND

Must hold privileges in, or demonstrate training and experience in, general laparoscopic procedures.

Required Current Experience: Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results, or completion of training program within the last 12 months. First three (3) cases must be proctored in the OR by a physician holding robotic privileges at UNMH for applicants meeting criteria #1 (above) or applicants with verified current competency after #2. First ten (10) cases must be proctored in the OR by a physician holding robotic privileges at UNMH for applicants meeting criteria #2 and without verified current competency. Additional proctoring may be required as deemed appropriate by the proctor.

Renewal of privileges: Current demonstrated competence and an adequate volume of experience 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.

NON-CORE PRIVILEGES: *Use of robotic-assisted system for cardiothoracic procedures*

Requested

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

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

1. Atrial septal defect repair
2. Coronary bypass
3. Lobectomies
4. Mitral valve repair
5. Pericardiectomy
6. Sternotomy
7. Thoracotomy
8. Tumor enucleations

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NON-CORE PRIVILEGES: *Use of robotic-assisted system for oncological procedures*

Requested

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

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

1. Colon cancer
2. Esophageal tumors
3. Gastric cancer
4. Retromediastinal tumors
5. Thymoma

Qualifications for Carotid Endarterectomy (CE)

Initial privileges: Successful completion of an ACGME- or AOA-accredited training program in vascular, general, cardiac, or neurological surgery that included training in CE procedures. If the program did not include CE procedures, applicant must have completed an approved hands-on training program under the supervision of a qualified surgeon instructor.

Required current experience: Demonstrated current competence and evidence of the performance of an adequate volume of CE procedures with acceptable results, reflective of the scope of privileges requested in the past 12 months or completion of training in the past 12 months.

Renewal of privileges: Demonstrated current competence and evidence of the performance of an adequate volume of CE procedures with acceptable results, reflective of the scope of privileges requested in the past 24 months based on ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGE: *Carotid Endarterectomy (CE)*

Requested

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Qualifications for Heart transplantation (excluding infants and young children)

Initial privileges: Successful completion of an American Society of Transplant Surgeons–approved transplant fellowship training program or completion of a two-year formal transplant fellowship at a transplant program meeting United Network for Organ Sharing (UNOS) membership criteria in heart transplantation. In lieu of one year of formal transplant fellowship training and one year of experience or a two-year formal transplant fellowship, three years of experience with a transplant program meeting the criteria for acceptance into UNOS will suffice. Current certification by the American Board of Thoracic Surgery or its equivalent is required. If board certification in thoracic surgery is pending (as is the case if one just finished residency), conditional approval may be granted for a 24-month period, with the possibility of it being renewed for an additional 24-month period to allow time for the completion of certification.

AND

Required current experience: Demonstrated current competence and evidence of the performance of an adequate volume of heart or heart/lung transplant procedures during residency as the primary surgeon or first assistant or documentation of the performance of an adequate volume of heart or heart/lung procurement procedures as the primary surgeon or first assistant under the supervision of a qualified heart transplant surgeon. The above training must have been at a medical center with a cardiothoracic training program approved by the American Board of Thoracic Surgery and/or UNOS.

Renewal of privileges: Demonstrated current competence and evidence of the performance of an adequate volume of heart or heart/lung transplant procedures with acceptable results, reflective of the scope of privileges requested during the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGE: Heart transplantation (excluding infants and young children)

Requested

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Qualifications for Endovascular repair of thoracic aortic aneurysms (TAA) and abdominal aortic aneurysms (AAA)

Initial privileges: Successful completion of an ACGME- or AOA-accredited postgraduate training program in thoracic surgery. Successful completion of a Society of Thoracic Surgeons (STS)–, American Association for Thoracic Surgery–, or Society for Vascular Surgery–sponsored endovascular training course. Applicant agrees to limit procedure to use of endovascular graft device for which he or she has demonstrated training and experience. Qualifications should include experience with at least an adequate number of open thoracic surgical procedures, a sufficient number of wire/catheter placements, participation in an acceptable number of abdominal or an acceptable number of thoracic aortic endovascular stent grafting procedures, experience with large bore femoral sheath cannulation, and experience with retroperitoneal exposure of, and procedure on, the iliac arteries.

AND

Required current experience: Demonstrated current competence and longitudinal experience with patients with thoracic aortic diseases (an adequate number of patients in the past two years), documentation of experience in an adequate volume of endovascular repairs of TAA and/or AAA procedures with acceptable results, reflective of the scope of privileges requested in the past 12 months, or completion of training in the past 12 months. In addition, supervision by a physician experienced in performing endovascular repair of TAAs is recommended for an applicant's initial number of cases, as defined by the department chair.

Renewal of privileges: Demonstrated current competence and evidence of the performance of an adequate volume of endovascular repair of TAA and/or AAA procedures with acceptable results, reflective of the scope of privileges requested in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Endovascular repair of thoracic aortic aneurysms (TAA) and abdominal aortic aneurysms (AAA)

Requested

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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 Hospitals and clinics, 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 _____

Department recommendation(s)

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

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation

Notes:

Division Chief Signature _____ Date _____

Print Name _____ Title _____

Department Chair Signature _____ Date _____

Print Name _____

Criteria approved by UNMH Board of Trustees on 02/20/2015