

UNIVERSITY HOSPITAL AND HEALTH SYSTEM
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
2500 North State Street, Jackson MS 39216

CARDIOTHORACIC SURGERY CLINICAL PRIVILEGES

Name: _____

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- Initial Appointment
 Reappointment

All new applicants must meet the following requirements as approved by the governing body effective: 12/17/2015.

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.

Service 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

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) 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 and/or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional governance (MS Bylaws, Rules and Regulations) organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR CARDIOTHORACIC SURGERY

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

Current specialty certification in thoracic surgery by the American Board of Thoracic Surgery or thoracic cardiovascular surgery by the American Osteopathic Board of Surgery.

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in cardiothoracic surgery and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to specialty certification in thoracic surgery by the American Board of Thoracic Surgery or thoracic cardiovascular surgery by the American Osteopathic Board of Surgery.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance of a sufficient volume of cardiothoracic surgical procedures, reflective of the scope of privileges requested during the past 24 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.

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

Current demonstrated competence and a sufficient 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. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. Medical Staff members whose board certificates in thoracic surgery or thoracic cardiovascular surgery bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

CORE PRIVILEGES

CARDIOTHORACIC SURGERY CORE PRIVILEGES



Requested

Admit, evaluate, diagnose, consult, and provide pre-, intra-, and post operative surgical care to adult patients to correct or treat various conditions of the thoracic abdominal cavity and related structures including the chest wall, the pleura, the heart and related blood vessels within the chest including open and closed heart procedures; surgical care of coronary artery disease; pathologic conditions with the chest; surgical cancers of the lung, esophagus and chest wall; abnormalities of the trachea, great vessels, and heart valves; congenital anomalies of the chest and heart; tumors of the mediastinum; diseases of the diaphragm; management of the airway and injuries of the chest including trauma patients; and the ordering of diagnostic studies and procedures related to cardiothoracic problems. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine 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.

QUALIFICATIONS FOR PEDIATRIC CARDIOTHORACIC SURGERY

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

As for cardiothoracic surgery above, plus successful completion of a fellowship in pediatric cardiothoracic surgery or equivalent training and/or experience in pediatric cardiothoracic surgery.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate successful performance, reflective of the scope of privileges requested, of a sufficient volume of major pediatric cardiothoracic procedures during the past 24 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.

CARDIOTHORACIC SURGERY CLINICAL PRIVILEGES

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

Current demonstrated competence and a sufficient volume of pediatric cardiothoracic surgery cases, 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. Medical Staff members whose board certificates in thoracic surgery or thoracic cardiovascular surgery bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

CORE PRIVILEGES

PEDIATRIC CARDIOTHORACIC SURGERY CORE PRIVILEGES

Requested

Admit, evaluate, diagnose, consult, and provide pre-, intra-, and post operative surgical care to patients from birth through adolescence to correct or treat various conditions of the thoracic abdominal cavity and related structures including the chest wall, the pleura, the heart and related blood vessels within the chest including open and closed heart procedures; surgical care of coronary artery disease; pathologic conditions with the chest; surgical cancers of the lung, esophagus and chest wall; abnormalities of the trachea, great vessels, and heart valves; congenital anomalies of the chest and heart; tumors of the mediastinum; diseases of the diaphragm; management of the airway and injuries of the chest including trauma patients; and the ordering of diagnostic studies and procedures related to cardiothoracic problems. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine 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.

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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 previous experience, and for maintenance of clinical competence.

USE OF LASER

Requested

Criteria:

- 1) Completion of an acceptable laser safety course provided by the UMMC Laser Safety Officer
AND
- 2) Successful completion of an approved residency in a specialty or subspecialty which included training in lasers
OR
Successful completion of a hands-on CME course which included training in laser principles and observation and hands-on experience with lasers
OR
Evidence of sufficient volume of procedures performed utilizing lasers (with acceptable outcomes) within the past 24 months
AND
- 3) Practitioner agrees to limit practice to only the specific laser types for which they have documentation of training and/or experience

Maintenance of Privilege:

A practitioner must document that procedures have been performed over the past 24 months utilizing lasers (with acceptable outcomes) in order to maintain active privileges for laser use. In addition, completion of a laser safety refresher course provided by the Laser Safety Officer is required for maintenance of the privilege. Practitioner agrees to limit practice to only the specific laser types for which they have documentation of training and/or experience.

ROBOTICALLY ASSISTED MINIMALLY INVASIVE SURGERY

Requested

Criteria:

- PATH 1: As for specialty, plus, applicants must show evidence of clinical experience in a minimum of five (5) computer-assisted procedures with the DaVinci Surgical Platform over the past 12 months via residency or fellowship training program.

AND

Demonstrate successful use of the Tele-robotic system during two (2) proctored cases (first two cases utilizing the tele-robotic system).

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OR

- PATH 2: As for specialty, plus, evidence of a minimum of five (5) computer-assisted procedures performed with the DaVinci Surgical Platform over the past 12 months with acceptable outcomes.

AND

Demonstrate successful use of the Tele-robotic system during two (2) proctored cases (first two cases utilizing the tele-robotic system).

OR

- PATH 3: Attendance and successful completion of a hands-on training program of at least eight (8) hours in duration in the use of the DaVinci Surgical Platform.

AND

At least three (3) hours of personal experience on the system during the training program.

AND

Observation of at least one (1) clinical case using the Tele-robotic surgical system.

AND

Demonstrate successful use of the Tele-robotic system during two (2) proctored cases (first two cases utilizing the tele-robotic system).

Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least ten (10) robotically-assisted minimally invasive surgery procedures in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. (If less than twenty-four (24) months since last (re)appointment, then five (5) procedures per year.)

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HEART TRANSPLANTATION

Requested

Criteria:

Current certification by the American Board of Thoracic Surgery or its equivalent. (Board certification or its equivalent in thoracic surgery is understood as either its foreign equivalent or its equivalent in experience.) If board certification in thoracic surgery is pending (as in the case of one just finished residency) conditional approval may be granted for a 24-month period, with the possibility of its being renewed for an additional 24-month period to allow time for the completion of certification.

Required previous experience:

Demonstrated current competence and evidence of performance of at least twenty (20) heart transplant cases (lifetime) as the primary surgeon or first assistant, with at least two (2) cases within the past two (2) years as the primary surgeon;
OR successful completion of an American Board of Thoracic Surgery and/or UNOS approved cardiothoracic surgery residency within the past twenty-four (24) months.

Maintenance of privileges (Reappointment/re-privileging): Demonstrated current competence and evidence of the performance of a sufficient volume of heart or heart/lung transplant procedures during the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

FLUOROSCOPY USE

Requested

Criteria:

Current board certification in Radiology, Diagnostic Radiology or Radiation Oncology by the American Board of Radiology or the American Osteopathic Board of Radiology

OR

Successful completion of a residency/fellowship program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) that included 6 months of training in fluoroscopic imaging procedures and documentation of the successful completion of didactic course lectures and laboratory instruction in radiation physics, radiobiology, radiation safety, and radiation management applicable to the use of fluoroscopy, including passing a written examination in these areas.

OR

Participation in a preceptorship that requires at least 10 procedures be performed under the direction of a qualified physician who has met these standards and who certifies that the trainee meets minimum fluoroscopy safety standards. (Applicable to physicians whose residency/fellowship did not include radiation physics, radiobiology, radiation safety, and radiation management)

OR

Good faith estimate of volume of procedures performed utilizing fluoroscopy in the last 24 months.

Examples of procedures performed: _____

Number of procedures performed in the last 24 months: _____

Percentage of cases with fluoroscopic time >120 minutes, dose > 3 Gy, or equivalent: _____

AND (all applicants)

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- Successful completion of a fluoroscopy safety course provided by the UMMC Radiation Safety Officer

Maintenance of Privilege: A practitioner must document that procedures have been performed over the past 24 months utilizing fluoroscopy (with acceptable outcomes) in order to maintain active privileges for use. In addition, completion of a fluoroscopy safety refresher course provided by the Radiation Safety Officer is required for maintenance of the privilege.

RADIOLOGY CHAIR APPROVAL:

I have reviewed the above requested privileges and I attest that this practitioner is competent to perform the privileges requested based on the information provided.

Signature, Chair—Department of Radiology

ADMINISTRATION OF SEDATION AND ANALGESIA

- Requested** See Hospital Policy for Procedural Sedation by Non-Anesthesiologists for additional information.

Section One--INITIAL REQUESTS ONLY:

- Completion of residency or fellowship in anesthesiology, emergency medicine or critical care **-OR-**
- Completion of residency or fellowship within the past year in a clinical subspecialty that provides training in procedural sedation training **-OR-**
- Demonstration of prior clinical privileges to perform procedural sedation along with a good-faith estimate of at least 20 such sedations performed during the previous year (the estimate should include information about each type of procedure where sedation was administered with a list of any adverse events related to the sedation during those cases, including causal analysis, treatment, and outcome:

-OR-

- Successful completion (within six months of application for privileges) of a UMHC-approved procedural sedation training and examination course that includes practical training and examination under simulation conditions.

Section Two--INITIAL AND RE-PRIVILEGING REQUESTS:

- Successful completion of the UMHC web based Procedural Sedation Course/Exam initially and at least once every two years **-AND-**

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Provision of a good-faith estimate of the number of instances of each type of procedure where sedation is administered with a list of any adverse events related to the sedation during those cases, including causal analysis, treatment, and outcome:

-AND-

- ACLS, PALS and/or NRP, as appropriate to the patient population. **(Current)**

-OR-

- Maintenance of board certification or eligibility in anesthesiology, emergency medicine, pediatric emergency medicine, cardiovascular disease, advanced heart failure and transplant cardiology, clinical cardiac electrophysiology, interventional cardiology, pediatric cardiology, critical care medicine, surgical critical care, neurocritical care or pediatric critical care, as well as active clinical practice in the provision of procedural sedation.

Section Three--PRIVILEGES FOR DEEP SEDATION:

- I am requesting privileges to administer/manage deep sedation as part of these procedural sedation privileges.

Deep Sedation/Anesthetic Agents used: _____

APPLICABLE TO REQUESTS FOR DEEP SEDATION ONLY:

I have reviewed and approve the above requested privileges based on the provider's critical care, emergency medicine or anesthesia training and/or background.

Signature of Anesthesiology Chair

Date

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TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR)

Requested

Criteria: As for Cardiothoracic Surgery, plus:

- For applicants with no clinical experience:
 - Successful completion of an industry-sponsored training course specific to TAVR device/procedure within the past year;AND
 - Proctoring of a minimum of the first three (3) transfemoral and the first three (3) transapical TAVR procedures as primary operator by an industry-sponsored proctor and/or in-house TAVR-privileged physician
- For applicants with clinical experience during the past 24 months:
 - See required previous experienceAND
 - Focused professional practice evaluation should include direct observation of at least the first transfemoral and the first transapical TAVR procedures as primary operator.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance, reflective of the scope of privileges requested, of a sufficient volume of transcatheter aortic valve replacements in the past 24 months or demonstrate successful completion of an ACGME or AOA residency or clinical fellowship that included performance of transcatheter aortic valve replacement as primary operator within the past 12 months. **Maintenance of Privilege:** Demonstrated current competence based on results of ongoing professional practice evaluation and outcomes; and evidence of the performance of at least ten (10) TAVR procedures in the past 24 months.

DURABLE VENTRICULAR ASSIST DEVICE IMPLANTATION

Requested

Criteria: As for Cardiothoracic Surgery, plus:

- Documentation of at least 10 implants during residency training completed within the past year;
- OR
- Documentation of at least 10 implants over the previous 36 months of practice
- OR
- Successful completion of Cardiac Transplantation/Mechanical Circulatory Support Surgical Fellowship Training
- OR

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- Successful completion of the training course offered by the device manufacturer (attach letter or certificate of completion from device manufacturer) and the Chairman of the Department of Surgery is satisfied as to competency

Maintenance of Privilege: Demonstrated current competence based on results of ongoing professional practice evaluation and outcomes; and evidence of the performance of at least ten (10) implants in the past 24 months.

ULTRASOUND-GUIDED CENTRAL LINE INSERTION

- Requested** See Medical Staff Policy for Ultrasound-Guided Central Line Insertion for additional information.

Initial Privileging:

As for core privileges plus:

- Performance of at least 10 ultrasound-guided central line insertions in the past 24 months; and
- Completion of a UMMC ultrasound-guided central line insertion Healthstream learning module

Maintenance of Privilege:

As for core privileges plus:

- Performance of at least 10 ultrasound-guided central line insertions in the past 24 months; and
- Completion of a UMMC ultrasound-guided central line insertion Healthstream learning module

If volume requirements are not met, the following may substitute:

- Completion of ultrasound-guided central line insertion simulation training in the UMMC Simulation and Interprofessional Education Center; and
- Focused professional practice evaluation to include proctoring of the ultrasound-guided insertion of at least 5 central lines (femoral or internal jugular) within the first 6 months of re-appointment

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CORE PROCEDURE LIST (APPLICABLE FOR BOTH CARDIOTHORACIC SURGERY AND PEDIATRIC CARDIOTHORACIC SURGERY)

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

- Ablative surgery for Wolff-Parkinson-White syndrome
- All procedures upon the heart for the management of acquired/congenital cardiac disease, including surgery upon the pericardium, coronary arteries, the valves, and other internal structures of the heart and for acquired septal defects and ventricular aneurysms
- Bronchoscopy
- Cervical, thoracic or dorsal sympathectomy
- Correction or repair of all anomalies or injuries of great vessels and branches thereof, including aorta, pulmonary artery, pulmonary veins, and vena cava
- Correction of diaphragmatic hernias, both congenital or acquired, and anti reflux procedures
- Decortication or pleurectomy procedures
- Diagnostic procedures to include cervical and mediastinal exploration, parasternal exploration, and mediastinoscopy
- Endarterectomy of pulmonary artery
- Endoscopic procedures and instrumentation involving the esophagus and tracheobronchial tree
- Endovascular repair of thoracic aneurysm in conjunction with a vascular surgeon
- Function as first assistant during adult/pediatric cardiothoracic surgery cases
- Harvesting intercostal muscle, omentum, latissimus, serratus, and pectoral rotational flaps
- Harvesting of the colon or small bowel for reconstruction of the esophagus
- Insertion and removal of intra aortic balloon pump
- Implantation of cardioverter defibrillator
- Lymph node and superficial biopsy procedures
- Major thoracotomy
- Management of chest and neck trauma
- Management of congenital septal and valvular defects
- Maze procedure
- Management of patient on intra-aortic balloon pump
- Minimally invasive direct coronary artery bypass (MIDCAB)
- Off pump coronary artery bypass (OPCAB)
- Operations for achalasia and for promotion of esophageal drainage
- Operations for myocardial revascularization
- Operations upon the esophagus to include surgery for diverticulum, as well as perforation
- Order respiratory services
- Order rehab services
- Pacemaker and/or AICD implantation and management, transvenous and transthoracic
- Palliative vascular procedures (not requiring cardiopulmonary bypass) for congenital cardiac disease
- Percutaneous or open caval interruption
- Perform history and physical exam
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
- Pericardiocentesis, pericardial drainage procedures, pericardiectomy

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- Procedures upon the chest wall, lungs including wedge resections, segmental resections, lobectomy, and pneumonectomy for benign or malignant disease
- Pulmonary embolectomy
- Resection, reconstruction, or repair of the trachea and bronchi
- Resection, reconstruction, repair, or biopsy of the lung and its parts
- Surgery of patent ductus arteriosus and coarctation of the aorta
- Surgery of the aortic arch and branches; descending thoracic aorta for aneurysm/trauma
- Surgery of the thoracoabdominal aorta for aneurysm
- Surgery on mediastinum for removal of benign or malignant tumors
- Surgery on the esophagus for benign or malignant disease
- Surgery of tumors of the heart and pericardium
- Thoracentesis
- Thoracoscopy
- Thoracotomy for trauma, hemorrhage, rib biopsy, drainage of empyema or removal of foreign body
- Tracheostomy
- Transhiatal esophagectomy
- Tube thoracostomy
- Use of energy source as adjunct to privileged procedure
- Vascular access for infusions
- Vascular access procedures for use of life support systems, such as extra corporeal oxygenation and cardiac support

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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 for which I wish to exercise at University Hospital and Health System, University of Mississippi Medical Center, 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** _____

CARDIOTHORACIC DIVISION CHIEF'S RECOMMENDATION (AS APPLICABLE)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I 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. _____	_____
4. _____	_____

Notes

Division Chief Signature _____ **Date** _____

CARDIOTHORACIC SURGERY CLINICAL PRIVILEGES

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CONGENITAL HEART SURGERY DIVISION CHIEF'S RECOMMENDATION (AS APPLICABLE)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I 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. _____	_____
4. _____	_____

Notes

Division Chief Signature _____ **Date** _____

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DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I 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. _____	_____
4. _____	_____

Notes

Department Chair Signature _____ **Date** _____

Reviewed:

Revised: 10/05/2011, 11/02/2011, 12/16/2011, 06/06/2012, 09/05/2012, 04/03/2013, 07/03/2013, 11/05/2014, 1/7/2015, 4/1/2015, 8/05/2015, 12/17/2015