



Clinical Privileges Profile
Cardiovascular and Thoracic Surgery

Kettering Medical Center System

Kettering Medical Center **Sycamore Medical Center**

Certain privileges are covered by an exclusive contract.

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.

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 the site(s) and 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 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 organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR CARDIOVASCULAR AND THORACIC SURGERY

To be eligible to apply for core 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 general thoracic and cardiothoracic surgery.

AND

Current certification or active participation in the examination process with achievement of certification within six years 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

Required previous experience: Applicants for initial appointment must be able to demonstrate adequate volume of performance for both cardiac and thoracic surgical procedures, 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 requirements: To be eligible to renew core privileges in thoracic surgery, the applicant must meet the following maintenance of privilege criteria:

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. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES

CARDIAC SURGERY CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, consult, and provide pre-, intra-, and postoperative surgical care to patients of all ages to correct or treat 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, and congenital anomalies of the heart. 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 and such other procedures that are extensions of the same techniques and skills.

THORACIC SURGERY CORE PRIVILEGES (EXCLUSIVE CONTRACT)

- Requested** 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. 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. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and maintenance of clinical competence.

USE OF LASER

Criteria: Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or provide documentation appropriate to the specific laser to be utilized. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience.

- Requested**

USE OF ROBOTIC ASSISTED SYSTEM FOR SURGICAL PROCEDURES*

To obtain privileges in robotic assisted surgery, the applicant must fulfill the following criteria:

1. Successful completion of an ACGME/AOA accredited residency or fellowship training program in Cardio-Thoracic, Urologic or General Surgery.
2. Unrestricted laparoscopic surgical privileges, including privileges for the procedure to be performed with robotic assistance if currently being performed without robotic assistance.
3. If residency/fellowship training completed within the past three years a letter from the program director stating that applicant is qualified to perform the requested procedures utilizing daVinci Surgical System.
4. If greater than three years, must also submit case log of at least 10 cases, performed within the past year and a letter from the appropriate hospital department chair stating the applicant is qualified to perform the requested procedure utilizing the daVinci Surgical System.

or

5. If residency/fellowship training did not include formal training in using the daVinci Surgical System, applicant must complete all phases of a Clinical Mini-Fellowship Training Program facilitated through Intuitive Surgical. The training program must be more than didactics. It must include hands on simulation, usually with the porcine model. In addition, the applicant must observe two cases with a preceptor physician teaching. Applicants requesting to be precepted/proctored at KMC must apply for additional privileges via the medical staff office.

Prior to obtaining unrestricted privileges applicant must:

- a. Perform a minimum of three proctored cases, acting as primary surgeon.
- b. Submit a letter of proficiency from the elected preceptor/proctor. If candidate is not deemed proficient after three cases, then the physician will continue casework until proficiency is achieved.
- c. The first 5 cases performed independently at Kettering Medical Center will be subject to retrospective review by the clinical service chief and/or designee.

Reappointment: Practitioners requesting reappointment of daVinci robotic assisted surgical privileges shall demonstrate successful performance (as defined by the Clinical Service Chief and/or designee) of 10 procedures during the previous reappointment cycle.

If the surgeon fails to meet the maintenance caseload, he or she must repeat two preceptor observed cases, until again deemed proficient.

*Not applicable to Sycamore Medical Center

ENDOASCULAR PROCEDURES (SEE ENDOASCULAR SUPPLEMENT)

OFF-PUMP CORONARY ARTERY BYPASS (OPCAB)*

Criteria: Successful completion of an ACGME- or AOA-accredited training program in general surgery followed by the successful completion of an accredited thoracic surgery residency program. If training in OPCAB was not included in the thoracic surgery program, applicants must be able to demonstrate equivalent training in off-pump surgery.

Required previous experience: Demonstrated current competence and evidence of the performance of at least 50 OPCAB procedures in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

*Not applicable to Sycamore Medical Center

CAROTID ENDARTERECTOMY (CE)

Criteria: Successful completion of an ACGME- or AOA-accredited training program in vascular surgery, general surgery, cardiac surgery, 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 previous experience: Demonstrated current competence and evidence of the performance in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance in the past 24 months based on ongoing professional practice evaluation and outcomes.

Requested

MAZE PROCEDURE (EXCLUSIVE CONTRACT)*

Criteria: Successful completion of an ACGME- or AOA-accredited training program in general surgery followed by the successful completion of an accredited thoracic surgery postgraduate training program. If maze procedure training was not included in the program, applicants must be able to demonstrate equivalent training by completion of a formal hands on course.

Required previous experience: Demonstrated current competence and evidence of the performance in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

*Not applicable to Sycamore Medical Center

ADMINISTRATION OF SEDATION AND ANALGESIA

Requested See Hospital Policy for Moderate Sedation

CORE PRIVILEGES

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 that you do not wish to request, initial, and date.

Cardiac Surgery

The following are covered by an exclusive contract:

1. Ablative surgery for Wolff-Parkinson-White syndrome*
2. 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*

3. Correction or repair of all anomalies or injuries of great vessels and branches thereof, including aorta, pulmonary artery, pulmonary veins, and superior vena cava*
4. Endarterectomy of pulmonary artery*
5. Endomyocardial biopsy*
6. Management of congenital septal and valvular defects*
7. Minimally invasive direct coronary artery bypass (MIDCAB)*
8. Operations for myocardial revascularization*
9. Pericardiectomy*
10. Surgery for implantation of artificial heart and mechanical devices (IMPELLA 5.0) to support or replace the heart partially or totally*
11. Surgery of patent ductus arteriosus and coarctation of the aorta*
12. Surgery of the aortic arch and branches; descending thoracic aorta for aneurysm*
13. Surgery of the thoracoabdominal aorta for aneurysm*
14. Surgery of tumors of the heart and pericardium*

The following are not applicable to the exclusive contract:

1. Endoscopic procedures and instrumentation involving the esophagus and tracheobronchial tree*
2. Pacemaker or AICD implantation and management, transvenous and transthoracic
3. Palliative vascular procedures (not requiring cardiopulmonary bypass)
4. Perform history and physical exam
5. Pericardiocentesis, pericardial drainage procedures
6. Pulmonary embolectomy*
7. Vascular access procedures for use of life support systems*
8. Vascular operations exclusive of thorax (e.g., caval interruption, embolectomy, endarterectomy, repair of excision of aneurysm, vascular graft, or prosthesis)

**Not applicable to Sycamore Medical Center*

Thoracic Surgery (exclusive contract)

1. Cervical, thoracic or dorsal sympathectomy
2. Correction of diaphragmatic hernias, both congenital or acquired, and anti reflux procedures
3. Decortication or pleurectomy procedures
4. Diagnostic procedures to include cervical and mediastinal exploration, parasternal exploration, and mediastinoscopy
5. Management of chest trauma
6. Operations for achalasia and for promotion of esophageal drainage
7. Operations upon the esophagus to include surgery for diverticulum, as well as perforation
8. Pericardiectomy*
9. Procedures upon the chest wall, lungs including wedge resections, segmental resections, lobectomy, and pneumonectomy for benign or malignant disease
10. Resection, reconstruction, or repair of the bronchi
11. Resection, reconstruction, repair, or biopsy of the lung and its parts
12. Surgery on the esophagus for benign or malignant disease
13. Surgery on mediastinum for removal of benign or malignant tumors
14. Thoracoscopy
15. Thoracotomy for trauma, hemorrhage, rib biopsy, drainage of empyema or removal of foreign body
16. Transhiatal esophagectomy
17. Tube thoracostomy

**Not applicable to Sycamore Medical Center*

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 Hospital, 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.

Signature: _____ **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:

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

Notes

Clinical Service Chief Signature: _____ **Date:** _____

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee action **Date:** _____

Medical Executive Committee action **Date:** _____

Board of Directors action **Date:** _____