



Privileges in Cardiothoracic Surgery

Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.

Required Qualifications

Education/Training

Successful completion of an ACGME or AOA accredited postgraduate Residency in Cardiothoracic surgery or foreign equivalent training.

AND

Current certification or active participation in the examination process leading to certification in Cardiovascular Surgery by the American Board of Thoracic Surgery or in by the American Osteopathic Board of Surgery or foreign equivalent training/board.

AND

Documentation or attestation of the performance of at least 100 cardiothoracic surgical procedures during the past two years, or demonstrated successful completion of a hospital-affiliated formalized fellowship in cardiothoracic surgery

[applicant]

Provide care on LPCH patients in specific areas of SHC

Request <input type="checkbox"/>	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
	Additional Request	
<input type="checkbox"/>	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	<input type="checkbox"/>

ASSIST ONLY

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	ASSIST ONLY - Serving as Assist Only [CRITERIA - Initial - must meet initial Education/Training criteria above.	<input type="checkbox"/>

Qualifications

Additional Information No Admitting Privileges
 Must have primary surgeon in attendance for all procedures scheduled

Renewal Must maintain reappointment activity of 11+ per year
 Maintain current certification or active participation in the examination process leading to certification in Cardiovascular Surgery by the American Board of Thoracic Surgery or in surgery by the American Osteopathic Board of Surgery or foreign equivalent training/board.

FPPE

Assist Only

Core Privileges

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
<input type="checkbox"/>		<input type="checkbox"/>
	Cardiac Surgery Core Privileges Include:	
<input type="checkbox"/>	Privileges to admit, perform history and physical, evaluate, diagnose, consult, provide pre-, intra-, and postoperative surgical care, and perform surgical procedures to correct or treat various conditions of the heart and related blood vessels, lung or esophagus such as:	<input type="checkbox"/>
<input type="checkbox"/>	General procedures such as central venous line, arterial line, pulmonary artery flotation catheter, thoracentesis, pericardiocentesis, chest tube insertion, placement of renal dialysis catheter	<input type="checkbox"/>
<input type="checkbox"/>	Adult cardiac surgery with or without cardiopulmonary bypass	<input type="checkbox"/>
<input type="checkbox"/>	Aortic procedures with or without cardiopulmonary bypass	<input type="checkbox"/>
<input type="checkbox"/>	Coronary artery bypass graft	<input type="checkbox"/>
<input type="checkbox"/>	Heart valve replacement or repair	<input type="checkbox"/>
<input type="checkbox"/>	Abscess i & d	<input type="checkbox"/>
<input type="checkbox"/>	Removal of indwelling vascular access catheters	<input type="checkbox"/>
<input type="checkbox"/>	Wound Debridement	<input type="checkbox"/>
<input type="checkbox"/>	Atrial fibrillation ablation	<input type="checkbox"/>
<input type="checkbox"/>	Adult congenital cardiac surgery	<input type="checkbox"/>
<input type="checkbox"/>	Management of Cardiac Support Devices	<input type="checkbox"/>

Qualifications

Renewal Criteria Minimum 10 cases required in the past 2 years.
 Maintain current certification or active participation in the examination process leading to

[applicant]

certification in Cardiovascular Surgery by the American Board of Thoracic Surgery or in surgery by the American Osteopathic Board of Surgery or foreign equivalent training/board.

FPPE

- Core - (Chart Review)
- Core - (Direct Observation)

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request <input type="checkbox"/>	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
<input type="checkbox"/>	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	<input type="checkbox"/>
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment) [CRITERIA - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required]	<input type="checkbox"/>
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA - Teaching appointment through Stanford School of Medicine required.]	<input type="checkbox"/>
<input type="checkbox"/>	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger [CRITERIA - Membership and privileges at LPCH & qualified for LPCH Core privileges; Renewal - Minimum 10 cases required in the past 2 years.]	<input type="checkbox"/>
<input type="checkbox"/>	Transplantation of heart [CRITERIA - Initial - Completion of an American Society of Transplantation Surgery approved Fellowship in multi-organ transplantation and/or Verification of 20 cases in transplantation of adults -OR- 10 heart or lung transplants during American Board of Thoracic Surgery residency or advanced cardiothoracic transplant fellowship. Two cases required during the past two years - documentation logs required. Renewal - Minimum 5 cases required during the past two years.]	<input type="checkbox"/>
<input type="checkbox"/>	Transplantation of lung [CRITERIA - Initial - Completion of an American Society of Transplantation Surgery approved Fellowship in multi-organ transplantation and/or verification of 10 cases in transplantation of adults -OR- 10 lung transplants during American Board of Thoracic Surgery residency or advanced cardiothoracic transplant fellowship. Two cases required during the past two years - documentation logs required. Renewal - Minimum 4 cases required during the past two years.]	<input type="checkbox"/>
<input type="checkbox"/>	Transplantation of heart and lung [CRITERIA - Must meet criteria above for Transplantation of Heart and Transplantation of Lung]	<input type="checkbox"/>
<input type="checkbox"/>	Insertion of mechanical left ventricular or right ventricular assist devices (VAD) [CRITERIA - Initial - Completion of an American Society of Transplantation Surgery approved Fellowship in multi-organ transplantation and/or verification of 5 cases of VAD insertion in transplantation of adults Renewal - Minimum 5 cases required during the past two years.]	<input type="checkbox"/>
<input type="checkbox"/>	VATS (Video Assisted Thoracoscopic) [CRITERIA - Initial - Successfully performed at least five thorascopy or VATS procedures during residency or under the supervision of a qualified surgeon. Renewal - Minimum 10 cases required during the past two years.]	<input type="checkbox"/>
<input type="checkbox"/>	Robotic surgery [CRITERIA - Initial - 1) ACGME/AOA approved advanced laparoscopic and thoracoscopic training 2) Successful completion of a formal course in computer-enhanced laparoscopic abdominal surgery that included preceptorship by a surgeon experienced with the computer-chanced system. 3) Successfully done at least 25 computer-enhanced laproscopic abdominal surgery procedures in the past 12 months 4) Five (5) cases assisted by an approved surgeon 5) Ten (10) cases proctored by an approved surgeon Renewal - Minimum 5 cases required during the past two years.]	<input type="checkbox"/>
<input type="checkbox"/>	Insertion of Cardiac Support Devices [CRITERIA - Initial - Transplant fellowship training. Renewal - Minimum 20 cases required during the past two years.]	<input type="checkbox"/>

[applicant]

<input type="checkbox"/>	Endovascular procedures, including balloon dilation, stenting and stent-grafting - [CRITERIA - Initial - Residency in Cardiothoracic Surgery which included this training (documentation required) - OR- documentation of appropriate training and experience. Reappointment - Minimum 5 cases required during the past two years.]	<input type="checkbox"/>
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FPPE

- Administration of Moderate Sedation - (Chart Review)
- Administration of Moderate Sedation - (Direct Observation)
- Transplantation of heart - (Chart Review)
- Transplantation of heart - (Direct Observation)
- Transplantation of lung - (Chart Review)
- Transplantation of lung - (Direct Observation)
- Insertion of mechanical left ventricular or right ventricular assist devices (VAD) - (Chart Review)
- Insertion of mechanical left ventricular or right ventricular assist devices (VAD) - (Direct Observation)
- VATS (Video Assisted Thoracoscopic) - (Chart Review)
- VATS (Video Assisted Thoracoscopic) - (Direct Observation)
- Robotic surgery - (Chart Review)
- Robotic surgery - (Direct Observation)
- Insertion of Cardiac Support Devices - (Direct Observation)
- Endovascular procedures, including balloon dilation, stenting and stent-grafting - (Direct Observation)

Acknowledgment of Applicant

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 Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that 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.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request _____ Date _____

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

[applicant]

Service Chief Recommendation - Proctoring Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

Date