

Privileges in Vascular Surgery Service

Name:

Instructions:

- $1. \quad \hbox{Click the $\bf Request$ checkbox to request a group of $\it Core Privileges.}$
- $2. \quad \textbf{Uncheck} \text{ any privileges you do not want to request in this group.} \\$
- 3. Individually check off any **Special Privileges** you want to request.
- 4. Sign form electronically and submit with all required documentation.

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FPPE FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF

DURING THE APPROVAL PROCESS

Provide care on LPCH patients in specific areas of SHC

| Request | Request all privileges listed below. Uncheck any privileges that you do not want to request. | Service Chief Rec |
|---------|---|-------------------------|
| | Additional Request | |
| | 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 | |

Core Privileges

| Request | Request all privileges listed below. Uncheck any privileges that you do not want to request. | Service Chief Rec |
|---------|--|-------------------------|
| | Core privileges include: | |
| | Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide medical and surgical treatment to patients presenting with vascular diseases and disorders. | |
| | Diagnosis and treatment of diseases and disorders of the arterial, venous, and lymphatic circulatory systems | |
| | Extracranial cerebrovascular procedures | |
| | Aortic procedures | |
| | Revascularization - upper extremity, lower extremity, renal, visceral artery | |
| | Embolectomy/thrombectomy | |
| | Arteriovenous fistula or shunt | |
| | Amputation of extremity or digit | |
| | Endovascular procedures excluding balloon dilation, stenting and stent-grafting. | |
| | Angioscopy | |
| | Arteriography / Venography | |
| | Procedures for varicose veins | |
| | Central Venous Catheter Insertion [CRITERIA - Must complete "Getting to Zero" educational module] | |

Qualifications

Renewal Criteria

Minimum 100 Core cases required during the past 2 years

Maintain current certification or active participation in the examination process leading to certification in Vascular Surgery by the American Board of Surgery or foreign equivalent training/board.

FPPE - Area is managed by Medical Staff Office. Please make NO selections

Core - Vascular Surgery - Arterial Repair

Core - Vascular Surgery - Arterial Reconstruction

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

| Request | Request all privileges listed below. Uncheck any privileges that you do not want to request. | Service Chief Rec |
|---------|--|-------------------------|
| | Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years] | |
| | Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger [CRITERIA - Teaching appointment through Stanford School of Medicine required & qualified for LPCH Core privileges.] | |
| | Carotid Stenting [CRITERIA - Initial - 10 procedures within the previous 2 years - Case log required. Renewal - Minimum 5 cases required during the past 2 years. Minimum 10 arteriograms required during the past 2 years] | |
| | Endovascular procedures, including balloon dilation, stenting and stent-grafting [CRITERIA - Initial - Residency in Vascular Surgery which included this training (documentation required) -OR-ACGME fellowship in Vascular Surgery -OR- Completed 3 month mini fellowship in Vascular Surgery. Renewal - Minimum 5 cases required during the past 2 years] | |
| | Hyperbaric Medicine [CRITERIA - Initial - Successful completion and proof of a minimum of 40 hours of a formal didactic and practicum training that meets the requirements set forth by the Undersea and Hyperbaric Medical Society. If this training is more than 12 months old then must show successful management of 10 patients through a hyperbaric treatment protocol in the prior two yearsOR- Have completed an identified fellowship in Hyperbaric Medicine with a letter from the program director stating s/he was adequately trained and proved clinical competency in the applied for procedure. If this training is more than 12 months old then must show successful management of 10 patients through a hyperbaric treatment protocol in the prior two yearsOR-Certification by the American Board of Preventive Medicine, the American Board of Emergency Medicine or another ABMS approved specialty board offering a Certificate of Added Qualification in Hyperbaric Medicine with a letter from the program director stating s/he was adequately trained and proved clinical competency in the applied for procedure. If this training is more than 12 months old then must show successful management of 10 patients through a hyperbaric treatment protocol in the prior two years. Renewal - Management of a minimum of 10 hyperbaric treatments or patients in the past 2 years.] Trans - Carotid Arterial Stenting (TCAR) [CRITERIA - Initial - 1) Minimum of 3 TCAR in previous 2 years, or TCAR certification/training 2) 2 proctored TCAR procedures. Renewal - Minimum 3 TCAR cases required during the past 2 years.] | |
| | Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA - Teaching appointment through Stanford School of Medicine required.] | |
| | 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] | |

FPPE - Area is managed by Medical Staff Office. Please make NO selections

Administration of Moderate Sedation

Carotid Stenting (Chart Review)

Carotid Stenting (Direct Observation)

Endovascular procedures, including balloon dilation, stenting and stent-grafting (Chart Review)

Endovascular procedures, including balloon dilation, stenting and stent-grafting (Direct Observation)

Hyperbaric Medicine

| Acknowledgment of Applicant | | | | | |
|---|--|--|--|--|--|
| I have requested only those privileges for which, by education, qualified to perform, and that I wish to exercise at Stanford Homalpractice insurance extends to all privilege I have requested | , training, current experience and demonstrated performance, I amospital & Clinics. I also acknowledge that my professional d. | | | | |
| I acknowledge I have met the minimum number of cases requi | red as identified for privileges. | | | | |
| I understand that in exercising any clinical privileges granted, I applicable generally and any applicable to the particular situati | am constrained by hospital and medical staff policies and rules ion. | | | | |
| By clicking on the "Submit" button below, I have electronically signed, | dated and submitted this Date | | | | |
| privilege request | | | | | |
| Service Chief Recommendation - Privileges | | | | | |
| I have reviewed the requested clinical privileges and supportin | g documentation and make the following recommendation(s): | | | | |
| Privilege | Condition/Modification/Deletion/Explanation | | | | |
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| Service Chief Recommendation - Proctoring Requirements | | | | | |
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| Service Chief/Designee - By clicking on the 'Submit' button be electronically signed, dated and approved this privilege reques | | | | | |

Trans - Carotid Arterial Stenting (TCAR) (Chart Review)
Trans - Carotid Arterial Stenting (TCAR) (Direct Observation)