



## Privileges in Vascular Surgery Service

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 accredited Residency/Fellowship in Vascular Surgery or foreign equivalent training.

**AND**

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.

**AND**

Documentation or attestation of the management of vascular surgical problems for at least 100 inpatients or outpatients as the attending physician (or senior resident) during the past two years

#### 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	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	<b>Additional Request</b>	
	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	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	<b>Core privileges include:</b>	
	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**

<b>Renewal Criteria</b>	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.
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**FPPE**

- Arterial Repair
- Arterial Reconstruction

**Special Privileges**

**Description:** Must also meet Required Qualifications for Core Privileges

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	
	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]	
	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA - Teaching appointment through Stanford School of Medicine required.]	
	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 years. -OR- 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 years. -OR- 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]	

**FPPE**

- 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

[applicant]

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

**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 \_\_\_\_\_

[applicant]