



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

Provide care on LPCH patients in specific areas of SHC

Request	<p align="center"><i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i></p>	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	

ASSIST ONLY

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

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

Assist Only - Cardiothoracic Surgery

Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	Cardiac Surgery Core Privileges Include:	
	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:	
	General procedures such as central venous line, arterial line, pulmonary artery flotation catheter, thoracentesis, pericardiocentesis, chest tube insertion, placement of renal dialysis catheter	
	Adult cardiac surgery with or without cardiopulmonary bypass	
	Aortic procedures with or without cardiopulmonary bypass	
	Coronary artery bypass graft	
	Heart valve replacement or repair	
	Abscess i & d	
	Removal of indwelling vascular access catheters	
	Wound Debridement	
	Atrial fibrillation ablation	
	Adult congenital cardiac surgery	
	Management of Cardiac Support Devices	

Qualifications

Renewal Criteria	Minimum 10 cases required in the past 2 years. Maintain current certification or active participation in the examination process leading to
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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 - Area is managed by Medical Staff Office. Please make NO selections

Core Cardiac Surgery - (Chart Review)

Core Cardiac Surgery - (Direct Observation)

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	<p align="center">Request all privileges listed below. <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]	
	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.]	
	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.]	
	Insertion of Cardiac Support Devices [CRITERIA - Initial - Transplant fellowship training. Renewal - Minimum 20 cases required during the past two years.]	
	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.]	
	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.]	
	Transplantation of heart and lung [CRITERIA - Must meet criteria above for Transplantation of Heart and Transplantation of Lung]	
	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.]	
	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA - Teaching appointment through Stanford School of Medicine required.]	
	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.]	
	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]	

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

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