

SPECIALTIES OF CARDIAC AND THORACIC SURGERY

Delineation of Clinical Privileges

Criteria for granting privileges:

Current certification in Thoracic Surgery by the American Board of Thoracic Surgery, or Thoracic and Cardiovascular Surgery by the American Osteopathic Board.

Or

Successful completion of an ACGME, or AOA accredited post-graduate training program in thoracic surgery or in general thoracic and cardiothoracic surgery and board certification within 5 years of program completion.

Or

Current certification by the American Board of Thoracic Surgery, and additional training or subspecialty certification in Pediatric Thoracic Surgery.

Or

Successful completion of an ACGME or AOA accredited post-graduate training programs in thoracic surgery and additional training in pediatric thoracic surgery, and board certification within 5 years of program completion.

Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.

Current Clinical Competence - MLH

In addition to the required education, experience and/or training specified on each DOP (Delineation of Privilege) form, documentation of current clinical competence is required. Current clinical competence is described as having “performed the privilege recently and performed it well”.

Current clinical competence is assessed prior to granting privileges initially and is reassessed when renewing privileges at reappointment – for maintenance of privileges. Current Clinical Competence (CCC) may be location specific (acute hospital care/surgery center (ASC) and/or age specific (adult, pediatric, neonatal).

This should not be confused with Focused Professional Practice Evaluation (FPPE)

- FPPE: an evaluation of clinical competence of all new privileges as performed at the specific licensed MLH facility (MHMH, MHOBH,) for which they have been initially granted. This applies to privileges for all new applicants as well as to new/additional privileges for current members.

Both FPPE and current clinical competence assessments are privilege-specific. FPPE is conducted during the period after granting new/additional privileges. FPPE must occur at the MLH facility(ies) where privileges/membership are held. Current clinical competence may be evaluated from case logs provided by non-MLH facilities.

Current Clinical Competence: Requirements for New Applicants

- If applying directly from training, or based on the training received in a formal training program, provider should submit case* logs from the program authenticated by the program director along with their recommendation attesting to the comparable training, experience and qualifications relative to the criteria for the clinical privileges requested.

- If applying more than 1 year after training completion, submit the following:
 - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Case logs (see specifications below) for any special privileges requested that meet the criteria specific for the number of procedures defined for current clinical competence.

Current Clinical Competence: Maintenance of Privileges for Current Members

- **For active staff members:** MLH source data will be aggregated to review cases and procedures performed. If this does not meet the minimum requirement for core and/or special privileges, the practitioner will be required to submit additional case logs from other facilities.
- **For courtesy staff members with low activity and for certain active staff with activity that has diminished and is now low:** Department chair recommendation should be obtained from their primary facility; and the practitioner should submit the following:
 - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Case logs (see specifications below) for any special privileges requested that meet the specific number of procedures defined for current clinical competence.

Case Logs

All required case logs and/or procedure lists must contain the following information at a minimum: Date, patient identifier, CPT/ICD procedure code, diagnosis, complications, and disposition, and the facility name, name/title of the person authenticating the log, signature, date signed, and contact information. If the information requested is not available, please provide an explanation.

*A “case” is defined as an episode of care – either cognitive or procedural. For interpretive care, “case” is interpretation of one diagnostic study.

Ongoing Professional Performance Evaluation (OPPE)

OPPE is evaluated periodically (more frequently than annually) in the facility where membership/privileges are held.

To assure OPPE requirements are satisfied, the practitioner must periodically exercise the privileges in the MLH facility(ies) where he/she has membership. OPPE must occur regularly on patient encounters in the MLH facility(ies) where privileges/membership are held.

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
Adult Cardiac Surgery Core	Current certification in Thoracic Surgery by the American Board of Thoracic Surgery, or in Thoracic and Cardiovascular Surgery by the American Osteopathic Board of Surgery. Or Successful completion of an ACGME or AOA accredited post-graduate training program in general thoracic and cardio thoracic surgery and board certification within 5 years of completion.	Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. OR If applying directly from a post-graduate training program: Provide a training case log and a letter from the training director verifying completion of program.	First 5 cases	MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility.
Adult Thoracic Surgery Core	Current certification in Thoracic Surgery by the American Board of Thoracic Surgery, or in Thoracic and Cardiovascular Surgery by the American Osteopathic Board of Surgery. Or Successful completion of an ACGME or AOA accredited post-graduate training program in general thoracic and cardio thoracic surgery and board certification within 5 years of completion.	Aggregate data from primary practice facility for the previous 12 month time period identifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. OR If applying directly from a post-	First 5 cases	MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility.

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		graduate training program: Provide a training case log and a letter from the training director verifying completion of program.		

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Cardiothoracic Pediatric Surgery Core	Current certification by the American Board of Thoracic Surgery. Or Successful completion of an ACGME accredited post-graduate training program in thoracic surgery and board certification within 5 years of completion.	Aggregate data from primary practice facility for the previous 12 month time period identifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.	First 5 cases: Shunts (2), VSDs (2), and Coarctation (1)	MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility.
<i>Pediatric Heart Transplant</i>	Cardio Thoracic Surgery Residency Pathway Completion of residency training in Cardio Thoracic Surgery approved by the American Board of Thoracic Surgery, or its foreign equivalent as accepted by the MPSC and recommendation of the Thoracic Organ Transplantation Committee And Current working knowledge of all aspects of heart transplantation, defined as direct involvement in all aspects of heart transplant patient care within the last two years Transplant Fellowship Pathway One year formal transplant fellowship training in a hospital with a Cardio Thoracic Surgery approved by the American Board of Thoracic Surgery, or its foreign equivalent as accepted by the	Cardio Thoracic Surgery Residency Pathway Case log documenting the performance of the surgeon of 20 heart transplants as primary surgeon or 1 st assist and 10 heart procurements as primary surgeon or 1 st assist, signed by training director And Letters from the training director verifying the requirements have been met and surgeon is qualified; letter of recommendation from the program's primary surgeon and transplant program director outlining the qualifications to act as a primary surgeon, integrity, honesty and adherence to OPTN obligations and judgment; letter from the applying surgeon indicating training and experience in heart transplantation	First 5 cases	Case log documenting the performance of procedures within the previous 24 months sufficient to maintain UNOS accreditation

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	<p>MPSC and recommendation of the Thoracic Organ Transplantation Committee And one year of experience to complete a two year formal transplant fellowship at a transplant program meeting UNOS membership criteria. And Current working knowledge of all aspects of heart transplantation, defined as direct involvement in all aspects of heart transplant patient care within the last two years</p> <p>Clinical Experience Pathway Based on post-training which includes the cases listed under initial application proof of current clinical competency And Current working knowledge of all aspects of heart transplantation, defined as direct involvement in all aspects of heart transplant patient care within the last two years</p>	<p>Transplant Fellowship Pathway Case log documenting the performance of the surgeon of 20 heart transplants as primary surgeon or 1st assist and 10 heart procurements as primary surgeon or 1st assist, signed by training director And Letters from the training director verifying the requirements have been met and surgeon is qualified; letter of recommendation from the program's primary surgeon and transplant program director outlining the qualifications to act as a primary surgeon , integrity, honesty and adherence to OPTN obligations and judgment; letter from the applying surgeon indicating training and experience in heart transplantation</p> <p>Clinical Experience Pathway Case log documenting the performance over a 2-5 year period of the surgeon of 20 heart transplants as primary surgeon or 1st assist and 10 heart procurements as primary surgeon (15 minimum) or 1st assist, signed by training director And Letters from the director of the program where surgeon acquired transplant experience verifying the requirements have been met and surgeon is qualified; letter of recommendation from the program's primary surgeon and transplant program director outlining the qualifications to act as a primary surgeon , integrity,</p>		

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		honesty and adherence to OPTN obligations and judgment; letter from the applying surgeon indicating training and experience in heart transplantation		
<i>Use of Laser</i>	Completion of an approved eight hour minimum CME course which includes training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and hands-on experience with lasers. A letter outlining the content and successful completion of course must be submitted, or documentation of successful completion of an approved residency in a specialty or subspecialty which included training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and a minimum of six hours observation and hands-on experience with lasers.		First 5 cases	Case log documenting 5 procedures within the previous 24 months
<i>Endovascular Abdominal Aortic Aneurysm (AAA) Percutaneous Repair</i>	Provide documentation of a minimum of 10 hours of CME specifically devoted to endovascular repair of abdominal aortic pathology within the two previous years. AND Completion of Endovascular AAA percutaneous repair specific training as a component of a postgraduate training program as evidenced by training director evaluation and recommendation OR	Case log documenting the performance of at least 10 procedures within the previous 24 months OR Case log documenting the following: longitudinal clinical experience with patients with abdominal aortic disease (20 patients in the two years prior to credentialing); 10 open abdominal surgical procedures; 25 wire/catheter placements; participation in 10 abdominal or 5 thoracic aortic endovascular stent-graft procedures; large	First 5 cases	Case log documenting the performance of at least 10 procedures within the previous 24 months AND Participate in 10 hours of CME specifically related to endovascular abdominal aneurysm repair within the past 24 months.

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	<p>If the applicant had no post graduate training in Endovascular AAA percutaneous repair and no special training course is available, a current practicing CT surgeon should provide case logs documenting:</p> <ul style="list-style-type: none"> • Experience with 20 patients having abdominal aortic disease over the past 24 months • 10 open abdominal surgical procedures • 25 large bore femoral sheath cannulations and wire/catheter placements • retroperitoneal exposure of, and procedures on the iliac arteries. • participation in 10 abdominal aortic endovascular stent-graft procedures <p>OR</p> <p>If the applicant had no post graduate training in Endovascular AAA percutaneous repair, a current practicing CT surgeon should provide documentation of an STS/AATS/SVS sponsored or endorsed training course in Endovascular AAA percutaneous repair which includes didactic and cadaver laboratory training as evidenced by a certificate of completion.</p>	<p>bore femoral sheath cannulation; retroperitoneal exposure of, and procedures on the iliac arteries.</p> <p>And</p> <p>Case log of 5 successfully proctored Endovascular AAA repair procedures with proctor evaluations.</p>		

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<p><i>Endovascular Thoracic Aortic Aneurysm (TAA) Percutaneous Repair</i></p>	<p>Provide documentation of a minimum of 10 hours of CME specifically devoted to endovascular repair of thoracic aortic pathology within the two previous years.</p> <p>AND Completion of Endovascular TAA percutaneous repair specific training as a component of a postgraduate training program as evidenced by training director evaluation and recommendation</p> <p>OR</p> <p>If the applicant had no post graduate training in Endovascular TAA percutaneous repair and no special training course is available, applicant should provide case logs documenting:</p> <ul style="list-style-type: none"> • Experience with 20 patients having thoracic aortic disease over the past 24 months • 10 open thoracic surgical procedures • 25 large bore femoral sheath cannulation and wire/catheter placements • retroperitoneal exposure of, and procedures on the iliac arteries. • participation in 5 thoracic aortic endovascular stent-graft procedures <p>OR</p>	<p>Case log documenting the performance of at least 10 procedures within the previous 24 months</p> <p>OR</p> <p>Case log documenting the following: longitudinal clinical experience with patients with thoracic aortic diseases (20 patients in the two years prior to credentialing; 10 open thoracic surgical procedures; minimum of 25 wire/catheter placements; participation in 10 abdominal or 5 thoracic aortic endovascular stent-graft procedures; large bore femoral sheath cannulation; retroperitoneal exposure of, and procedures on the iliac arteries.</p> <p>And</p> <p>Case log of 5 successfully proctored Endovascular AAA repair procedures with proctor evaluations.</p>	<p>First 5 cases</p>	<p>Case log documenting the performance of at least 10 procedures within the previous 24 months</p> <p>AND</p> <p>Participate in 10 hours of CME specifically related to endovascular thoracic aneurysm repair within the past 24 months.</p>

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	<p>If the applicant had no post graduate training in Endovascular TAA percutaneous repair, a current practicing CT surgeon may provide documentation of an STS/AATS/SVS sponsored or endorsed training course in Endovascular TAA percutaneous repair which includes didactic and cadaver laboratory training as evidenced by a certificate of completion.</p>			

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<i>Convergent Procedure – minimally invasive radiofrequency epicardial ablation</i>	<p>Current certification by the American Board of Thoracic Surgery, or the American Osteopathic Board of Surgery for Thoracic Cardiovascular Surgery.</p> <p>Or</p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in thoracic surgery and board certification within 5 years of completion.</p> <p>And</p> <p>Completion of Convergent procedure training course, which includes didactic and cadaver laboratory training as evidenced by a certificate of completion.</p> <p>Or</p> <p>Minimally invasive radiofrequency epicardial ablation training in Residency or Fellowship, evidenced by case logs and attestation from Program Director.</p>	<p>Case log documenting successful performance of at least 5 procedures within the past 24 months</p> <p>Or</p> <p>Completion of 3 successfully proctored cases as evidenced by submission of proctor evaluation forms.</p>	First 5 procedures	Case log documenting 5 procedures within the previous 24 months.
<i>Extracorporeal Membrane Oxygenation (ECMO)</i>	<p>Completion of ECMO specific training either as a component of a postgraduate training program</p> <p>OR</p> <p>Through an approved ECMO training course such as those sponsored by Extracorporeal Life Support Organization (ELSO) or Society of Thoracic Surgeons (STS).</p>	<p>Case log documenting ECMO management of at least 3 patients within the previous 24 months</p> <p>And</p> <p>Case log documenting 50 myocardial revascularization/open heart cases requiring cardiopulmonary bypass within the previous 12 months.</p>	First 3 cases	Case log documenting the management of at least 3 ECMO patients within the previous 24 months.
<i><u>Robotic Surgery Privileges</u></i>	<p>Applicants whose formal surgical training included robotic surgery: Training director letter validating competence in robotic surgery</p> <p>OR</p>	<p>Applicants whose formal surgical training included robotic surgery:</p> <p>Case log from training reflecting applicant was primary surgeon</p> <p>OR</p>	First 5 cases	Case log documenting the performance of at least 10 procedures over the previous 24 months

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	<p>Applicants without formal surgical training in robotic surgery: Training Certificate validating completion of a robotic surgery training course which included didactic and laboratory training</p>	<p>If training logs are not available, privilege will be initially granted with a limit requiring five successful cases evidenced by retrospective review.</p> <p>OR</p> <p>Applicants without formal surgical training in robotic surgery: Privilege initially granted with a limit requiring concurrent proctoring of five successfully completed cases.</p>		

Adult Cardiac Surgery Core Privileges:

Admit, evaluate, diagnose, consult, and provide pre-, intra-, and postoperative surgical care to patients of all ages, except where specifically excluded from practice, with structural abnormalities involving the heart and major blood vessels, as well as correction or treatment of 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 (such as infections, trauma, tumors, and metabolic disorders), and congenital anomalies of the heart.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The core privileges in this specialty include the procedures on the following list and such other procedures that are extensions of the same techniques and skills:

- Ablative surgery (radiofrequency energy, microwave, cryoablation, laser, and high-intensity focused ultrasound). Excludes Convergent which is a special procedure
- All procedures on the heart for the management of acquired/congenital cardiac disease, including surgery on the pericardium, coronary arteries, valves, and other internal structures of the heart, and for acquired septal defects and ventricular aneurysms.
- Angiovac
- Bronchoscopy (fiberoptic with biopsy, rigid with biopsy)
- Cardiac pacemaker system placement and replacement (cardioverter defibrillator, transvenous or transthoracic pacemaker) Operative portion of defibrillator surgery is a core privilege when EP is doing concomitant testing.
- Carotid endarterectomy
- Correction or repair of all anomalies or injuries of great vessels and branches thereof, including the aorta, pulmonary artery, pulmonary veins and vena cava
- Open correction or palliation of arteriosclerotic vessels, including the aortal-iliac-femoral systems
- Endarterectomy of the pulmonary artery
- Endomyocardial biopsy
- Implantation of mechanical devices to support the heart partially or totally
- Inferior vena cava (IVC) filter placement
- Lymph node and superficial biopsy procedures
- Minimally invasive direct coronary artery bypass
- Myocardial revascularization surgery
- Off-pump coronary artery bypass
- Open heart surgery, including valvuloplasty, replacement, and reconstruction with grafts
- Procedures involving biopsy, excision of tumor, drainage, etc. of the mediastinum, including cervical and mediastinal exploration, parasternal exploration and perforation
- Pulmonary Embolectomy
- Surgery for tumors of the heart and pericardium
- Surgery of the aortic arch and branches and the descending thoracic aorta for aneurysm/trauma
- Surgery of the thoracoabdominal aorta for aneurysm
- Thoracentesis
- Thoracotomy for trauma, hemorrhage, rib biopsy, drainage of empyema or removal of foreign body
- Tracheostomy
- Trauma management of the chest and neck
- Tube thoracostomy
- Vascular access procedures for use of life support systems, such as extra-corporeal oxygenation and cardiac support

- Open vascular operations exclusive of the thorax, (e.g., caval interruption, embolectomy, endarterectomy, repair of excision of aneurysm, vascular graft, or prosthesis)

Adult Thoracic Surgery Core Privileges: Admit, evaluate, diagnose, consult, and provide pre-, intra-, and postoperative surgical and critical care to patients of all ages with pathological conditions within the chest. This includes surgical care of cancers of the lung, esophagus, and chest wall; abnormalities of the trachea; abnormalities of the chest; tumors of the mediastinum; and disease of the diaphragm. Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The core privileges in this specialty include the procedures on the following list and such other procedures that are extensions of the same techniques and skills:

- Bronchoscopy (fiberoptic with biopsy, rigid with biopsy)
- Cervical, thoracic, or dorsal sympathectomy
- Correction of diaphragmatic hernias and antireflux procedures
- Decortication or pleurectomy procedures
- Diagnostic procedures, including cervical and mediastinal exploration, parasternal exploration, and mediastinoscopy
- Endoscopic procedures, including bronchoscopy, esophagoscopy, and mediastinoscopy
- Implantation of cardioverter defibrillator
- Lymph node and superficial biopsy procedures
- Management of chest and neck trauma
- Operations for achalasia and for promotion of esophageal drainage
- Procedures of the chest wall, pleura, and lungs, including wedge resections, segmentectomy, lobectomy and pneumonectomy
- Resection, reconstruction or repair of the trachea and bronchi
- Resection, reconstruction, repair, or biopsy of the lung and its parts
- Surgery on the esophagus, mediastinum, and diaphragm, including surgery for diverticulum, as well as perforation, resections, transhiatal esophagectomy, surgery for benign esophageal disease, and surgery on mediastinum for removal of benign or malignant tumors
- Thoracentesis
- Thoracoscopy
- Thoracotomy for trauma, hemorrhage, rib biopsy, drainage of empyema, or removal of foreign body
- Tracheostomy
- Tube thoracostomy
- VATS

Special: The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

Administration of moderate sedation: See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists.
Requires: Separate DOP, ACLS, NRP or PALS certification

Carotid Stents: Requires: Separate DOP

Cardiothoracic Surgery Clinical Privileges

Check below the particular privileges desired in Cardiothoracic Surgery for each facility:

Please check (✓) applicable age categories for each privilege requested.

Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities				Methodist Healthcare – Olive Branch Hospital (MHOBH)
	Neonates (0-28 days)	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13 & Above)	Adults & Adolescents (13 & Above)
Cardiac Surgery Core					
Thoracic Surgery Core					
Cardiothoracic Surgery Pediatric Core					
Special Privileges					
Pediatric Heart Transplant					
Use of Laser					
Endovascular Abdominal Aortic Aneurysm Percutaneous Repair					
Endovascular Thoracic Aortic Aneurysm Percutaneous Repair					
Convergent Procedure – minimally invasive radiofrequency epicardial ablation					
Extracorporeal Membrane Oxygenation (ECMO)					
Robotic Surgery					
Limitations	Clinical privileges are granted only to the extent privileges are available at each facility.				
Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.					

Note: Privileges for administration of moderate sedation, and carotid stent placement require completion of a separate Delineation of Privilege form.

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 for which I wish to exercise at the facilities indicated above, to the extent services are available at each facility, and I understand that:

- (a) in exercising any clinical privileges granted, I am constrained by facility 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

Physician's Signature

Date

Printed Name