

**General Information**

All applicants must meet the qualifications, conditions and responsibilities as set forth in MLH Credentials Policies. Policies are located on [www.methodistmd.org](http://www.methodistmd.org)

Applicants seeking appointment, reappointment, and/or clinical privileges have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current clinical competence, character, ethics, and other qualifications and for resolving any doubts about an individual's qualifications.

Other requirements:

- Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid for initial granting and reappointment of privileges.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- Privileges granted may be exercised only at the Hospitals that offer the service/specialty, have sufficient space, equipment, staffing, and other resources required to support the privilege.
- Requests for clinical privileges that are subject to an exclusive contract will not be processed except as consistent with the contract.

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**Evaluating Current Clinical Competence at time of Reappointment:**

MLH Data will be obtained and analyzed as available from EMR reporting systems or Health Information Management.

If minimal activity/low volume, then the applicant should supply case logs from other facilities' HIM department or practice billing systems to meet the minimum requirement(s) to be considered for the privilege. Source of the logs must be denoted.

The preferable format for external case logs is Excel or PDF from the sourced system. Handwritten case logs are generally not accepted.

Case logs should include a blinded or partial patient number for case distinction, date of service, type of service (inpatient or outpatient), location of service, diagnostic code and/or procedure codes, and performing provider where applicable.



**Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital**

**Delineation of Clinical Privileges  
Specialty of Cardiac & Thoracic Surgery**

<b>Privilege</b>	<b>Initial Application: Required Education or Training</b>	<b>Initial Application: Current Clinical Competence:</b>	<b>Reappointment: Retrospective review of cases performed at MLH facility (FPPE)</b>
<b>Adult Cardiac Surgery Core</b>	<p>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.</p> <p><b>OR</b></p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in general thoracic and cardio thoracic surgery <b>and</b> board certification within 5 years of completion.</p>	<p>Case log or procedure list from primary practice facility for the previous 12 month time period.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p><b>OR</b></p> <p>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.</p>	FPPE: First 5 cases
<b>Adult Thoracic Surgery Core</b>	<p>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.</p> <p><b>OR</b></p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in general thoracic and cardio thoracic surgery <b>and</b> board certification within 5 years of completion.</p>	<p>Case log or procedure list from primary practice facility for the previous 12 month time period.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p><b>OR</b></p> <p>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.</p>	FPPE: First 5 cases
<b>Cardiothoracic Pediatric Surgery Core</b>	<p>Current certification by the American Board of Thoracic Surgery.</p> <p><b>OR</b></p> <p>Successful completion of an ACGME accredited post-graduate training program in thoracic surgery <b>and</b> board certification within 5 years of completion.</p>	<p>Case log or procedure list from primary practice facility for the previous 12 month time period.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p>	<p>FPPE: First 5 cases</p> <ul style="list-style-type: none"> <li>• Shunts (2),</li> <li>• VSDs (2),</li> <li>• Coarctation (1)</li> </ul>

<p><i>Pediatric Heart Transplant</i></p>	<p><b>1. Cardio Thoracic Surgery Residency Pathway</b> 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 <b>and</b> recommendation of the Thoracic Organ Transplantation Committee</p> <p><b>AND</b> 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><b>2. Transplant Fellowship Pathway</b> 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 MPSC <b>and</b> recommendation of the Thoracic Organ Transplantation Committee</p> <p><b>AND</b> One year of experience to complete a two year formal transplant fellowship at a transplant program meeting UNOS membership criteria.</p> <p><b>AND</b> 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><b>3. Clinical Experience Pathway</b> Based on post-training which includes the cases listed under initial application proof of current clinical competency</p> <p><b>AND</b> 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><b>1. Cardio Thoracic Surgery Residency Pathway</b> Case log documenting the performance of the surgeon as primary surgeon or 1<sup>st</sup> assist:</p> <ul style="list-style-type: none"> <li>• 20 heart transplants</li> <li>• 10 heart procurements, signed by training director</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Letters from the training director verifying the requirements have been met and surgeon is qualified;</li> <li>• 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;</li> <li>• Letter from the applying surgeon indicating training and experience in heart transplantation</li> </ul> <p><b>2. Transplant Fellowship Pathway</b> Case log documenting the performance of the surgeon as primary surgeon or 1<sup>st</sup> assist:</p> <ul style="list-style-type: none"> <li>• 20 heart transplants</li> <li>• 10 heart procurements, signed by training director</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Letters from the training director verifying the requirements have been met and surgeon is qualified;</li> <li>• 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;</li> <li>• Letter from the applying surgeon indicating training and experience in heart transplantation</li> </ul> <p><b>3. Clinical Experience Pathway</b> Case log documenting the performance over a 2-5 year period of the surgeon of:</p> <ul style="list-style-type: none"> <li>• 20 heart transplants as primary surgeon or 1<sup>st</sup> assist</li> <li>• 10 heart procurements as primary surgeon (15 minimum) or 1<sup>st</sup> assist, signed by training director</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Letters from the director of the program where surgeon acquired transplant experience verifying the requirements have been met and surgeon is qualified;</li> <li>• 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;</li> <li>• Letter from the applying surgeon indicating training and experience in heart transplantation</li> </ul>	<p>FPPE: First 5 cases</p> <p>Case log documenting the performance of procedures within the previous 24 months sufficient to maintain UNOS accreditation</p>
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**Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital**

**Delineation of Clinical Privileges  
Specialty of Cardiac & Thoracic Surgery**

Privilege	Initial Application: Required Education or Training	Initial Application: Current Clinical Competence:	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
<i>Use of Laser</i>	<ol style="list-style-type: none"><li>1. Completion of an approved eight hour minimum CME course which includes:<ol style="list-style-type: none"><li>a. training in laser principles and safety</li><li>b. basic laser physics</li><li>c. laser tissue interaction</li><li>d. discussions of the clinical specialty field</li><li>e. hands-on experience with lasers</li></ol></li><li>2. 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:<ol style="list-style-type: none"><li>a. laser principles and safety</li><li>b. basic laser physics</li><li>c. laser tissue interaction</li><li>d. discussions of the clinical specialty field</li><li>e. A minimum of six hours observation and hands-on experience with lasers.</li></ol></li></ol>		<p>FPPE: First 5 cases</p> <p>Case log documenting 5 procedures within the previous 24 months</p>

Privilege	Initial Application: Required Education or Training	Initial Application: Current Clinical Competence:	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
<i>Endovascular Abdominal Aortic Aneurysm (AAA) Percutaneous Repair</i>	<p>Provide documentation of a minimum of 10 hours of CME specifically devoted to endovascular repair of abdominal aortic pathology within the two previous years.</p> <p><b>AND</b> Completion of Endovascular AAA percutaneous repair specific training as a component of a postgraduate training program as evidenced by training director evaluation and recommendation</p> <p><b>OR</b> 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"> <li>• Experience with 20 patients having abdominal aortic disease over the past 24 months</li> <li>• 10 open abdominal surgical procedures</li> <li>• 25 large bore femoral sheath cannulations and wire/catheter placements</li> <li>• Retroperitoneal exposure of, and procedures on the iliac arteries.</li> <li>• Participation in 10 abdominal aortic endovascular stent-graft procedures</li> </ul> <p><b>OR</b> 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>Case log documenting the performance of at least 10 procedures within the previous 24 months</p> <p><b>OR</b> Case log documenting the following:</p> <ul style="list-style-type: none"> <li>• Longitudinal clinical experience with patients with abdominal aortic disease (20 patients in the two years prior to credentialing);</li> <li>• 10 open abdominal surgical procedures;</li> <li>• 25 wire/catheter placements;</li> <li>• Participation in 10 abdominal or 5 thoracic aortic endovascular stent-graft procedures;</li> <li>• Large bore femoral sheath cannulation;</li> <li>• Retroperitoneal exposure of, and procedures on the iliac arteries.</li> </ul> <p><b>AND</b> Case log of 5 successfully proctored Endovascular AAA repair procedures with proctor evaluations.</p>	<p>FPPE: First 5 cases</p> <p>Case log documenting the performance of at least 10 procedures within the previous 24 months</p> <p><b>AND</b> Participate in 10 hours of CME specifically related to endovascular abdominal aneurysm repair within the past 24 months.</p>

Privilege	Initial Application: Required Education or Training	Initial Application: Current Clinical Competence:	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
<i>Endovascular Thoracic Aortic Aneurysm (TAA) Percutaneous Repair</i>	<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><b>AND</b> 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><b>OR</b> 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"> <li>• Experience with 20 patients having thoracic aortic disease over the past 24 months</li> <li>• 10 open thoracic surgical procedures</li> <li>• 25 large bore femoral sheath cannulation and wire/catheter placements</li> <li>• Retroperitoneal exposure of, and procedures on the iliac arteries.</li> <li>• participation in 5 thoracic aortic endovascular stent-graft procedures</li> </ul> <p><b>OR</b> 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>	<p>Case log documenting the performance of at least 10 procedures within the previous 24 months</p> <p><b>OR</b> Case log documenting the following:</p> <ul style="list-style-type: none"> <li>• Longitudinal clinical experience with patients with thoracic aortic diseases (20 patients in the two years prior to credentialing;</li> <li>• 10 open thoracic surgical procedures;</li> <li>• Minimum of 25 wire/catheter placements;</li> <li>• Participation in 10 abdominal or 5 thoracic aortic endovascular stent-graft procedures;</li> <li>• Large bore femoral sheath cannulation;</li> <li>• Retroperitoneal exposure of, and procedures on the iliac arteries.</li> </ul> <p><b>AND</b> Case log of 5 successfully proctored Endovascular AAA repair procedures with proctor evaluations.</p>	<p>FPPE: First 5 cases</p> <p>Case log documenting the performance of at least 10 procedures within the previous 24 months</p> <p><b>AND</b> Participate in 10 hours of CME specifically related to endovascular thoracic aneurysm repair within the past 24 months.</p>



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Delineation of Clinical Privileges  
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Privilege	Initial Application: Required Education or Training	Initial Application: Current Clinical Competence:	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
<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><b>OR</b></p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in thoracic surgery <b>and</b> board certification within 5 years of completion.</p> <p><b>AND</b></p> <p>Completion of Convergent procedure training course, which includes didactic and cadaver laboratory training as evidenced by a certificate of completion.</p> <p><b>OR</b></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><b>OR</b></p> <p>Completion of 3 successfully proctored cases as evidenced by submission of proctor evaluation forms.</p>	<p>FPPE: First 5 procedures</p> <p>Case log documenting 5 procedures within the previous 24 months.</p>
<i>Extracorporeal Membrane Oxygenation (ECMO)</i>	<p>Completion of ECMO specific training either as a component of a postgraduate training program</p> <p><b>OR</b></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><b>AND</b></p> <p>Case log documenting 50 myocardial revascularization/open heart cases requiring cardiopulmonary bypass within the previous 12 months.</p>	<p>FPPE: First 5 cases</p> <p>Case log documenting the management of at least 3 ECMO patients within the previous 24 months.</p>
<u><i>Robotic Surgery Privileges</i></u>	<p>1. Applicants with formal surgical training in robotic surgery: Training director letter validating competence in robotic surgery</p> <p><b>OR</b></p> <p>2. 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>1. Applicants with formal surgical training in robotic surgery: Case log from training reflecting applicant was primary surgeon</p> <p><b>OR</b></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><b>OR</b></p> <p>2. Applicants without formal surgical training in robotic surgery: Privilege initially granted with a limit requiring concurrent proctoring of five successfully completed cases.</p>	<p>FPPE: First 5 cases</p> <p>Case log documenting the performance of at least 10 procedures over the previous 24 months</p>

## Core Privileges

The core privileges in the following specialties include procedures outlined in lists and such other procedures that are extensions of the same techniques and skills.

### 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 Privileges

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



Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital

**Delineation of Clinical Privileges  
Specialty of Cardiac & Thoracic Surgery**

## 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)
Age Limitations	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					
<b>Special Privileges</b>					
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					
<b>Limitations</b>	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