

Privileges for: **Cardiothoracic Surgery**

Request

ST. ELIZABETH - EDGEWOOD  
ST. ELIZABETH - FLORENCE  
ST. ELIZABETH - FT. THOMAS  
ST. ELIZABETH - GRANT CO. (Surgical & other invasive procedures requiring general anesthetic are not offered)

MEC Approval: August 27, 2009; Revised October 25, 2012, Revised 2.27.2014; Revised 1.23.2015, 3.24.2016

Board Approval: September 14, 2009; Revised November 5, 2012, May 5, 2014; Revised 3.2.2015, 5.2.2016

DEPARTMENT APPROVAL

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

\_\_\_\_\_  
Department/Section Chair Signature Date

MINIMUM REQUIREMENTS

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in cardiothoracic surgery

Note: For Practitioners (excluding AHPs) who apply for membership after March 2, 2009 be and remain (with a lapse of no longer than one year) board certified in their principal practice specialty, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

I. Core Privileges: Core privileges in cardiothoracic surgery include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

DESCRIPTION OF CORE PRIVILEGES

- \_\_\_\_\_ Care and treatment of cardiovascular and thoracic diseases, including admissions, consultations, histories and physicals, pre/post-op care, incision and drainage, placement/removal of chest tubes and drains, and placement/removal of wound vacuums
- \_\_\_\_\_ Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Intensive Care, Pulmonology or Emergency Medicine or (b) current ACLS Certification or (c) satisfactory completion of the ASA Moderate Sedation course).

\_\_\_\_\_  
Anesthesia Section Chair Date

- \_\_\_\_\_ Atrial Fibrillation Procedure (MAZE procedure) - 37.33, 37.34, 37.36, 37.37 / 33254-33256, 33265,33266
- \_\_\_\_\_ Carotid endarterectomy - 00.40, 00.44, 38.12 / 35301
- \_\_\_\_\_ Coronary artery bypass grafting - 36.11-36.19 / 33510-33519
- \_\_\_\_\_ Heart valve repair or replacement - 35.05-35.28, 35.97 / 33425-33427, 33430
- \_\_\_\_\_ Pericardial window (drainage procedure) - 37.12 / 32659, 33025

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- \_\_\_\_\_ Placement of permanent pacemaker/implanted automatic defibrillator - 0.54, 37.96 / 33208
- \_\_\_\_\_ Placement of pulmonary artery monitoring catheters - 89.64 / 93503
- \_\_\_\_\_ Repair of acquired defects of the heart - 35.81 - 35.84
- \_\_\_\_\_ Repair of congenital heart defects in an adult - 35.50-35.73, 39.59 / 33625
- \_\_\_\_\_ Repair of femoral artery/vein - 39.56-39.59 / 34812, 34820,35500, 36620,
- \_\_\_\_\_ Repair or replacement of the great vessels - 39.59 (suture of great vessels) 39.31, 39.32 / 33405
- \_\_\_\_\_ Thoracic endograph placement
- \_\_\_\_\_ Use of cardiopulmonary bypass - 39.61 / 33960
- \_\_\_\_\_ Use of intra-aortic balloon pump - 37.61 / 33967, 33968

**OFFICE BASED PRIVILEGES (Applies to SEH Cardiac & Thoracic Surgery practice only):**

\_\_\_\_\_ Examine, evaluate, and treat ambulatory patients. Perform new patient consults (cardiac and thoracic), follow-up appointments, post-operative appointments, wound packing, suture and/or staple removal, debridement, EKG, and cauterization.

**II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must meet all "Additional Requirements" listed for each privilege below and provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.**

**DESCRIPTION OF ADDITIONAL PRIVILEGES**

- \_\_\_\_\_ Use of ventricular assist device (Training and/or competency documentation required.) - 37.41, 37.60, 37.62, 37.65, 37.66, 37.68 / 33975
- \_\_\_\_\_ Transmyocardial Revascularization (ADDITIONAL REQUIREMENT: Recognized training program) 36.31, 36.32, 36.33, 36.34 / 33999, 33140-1, 38206, 38241
- \_\_\_\_\_ Thoracic Endoaortic Graft Placement (ADDITIONAL REQUIREMENT: Recognized training program) 39.73 / 33880-33891, 75956-75959
- \_\_\_\_\_ Implantation of Bi-Ventricular pacemaker (ADDITIONAL REQUIREMENT: Recognized training program) 00.50, 00.52, 00.53, 37.75 / 33207, 33208, 33212, 33213, 33221, 33224, 33225, 33226
  
- \_\_\_\_\_ Transcatheter Aortic Valve Replacement - privileging criteria specified below (TEAM APPROACH)
  - a. >=100 career AVRs including 10 high risk patients; or
  - b. >=25 AVRs in one year; or
  - c. >=50 AVRs in 2 years; and which include at least 20 AVRs in the last year prior to the TAVR initiation

Must also complete the device specific training as required by the manufacturer.
  
- \_\_\_\_\_ Fluoroscopy (ADDITIONAL REQUIREMENT: Radiation Safety certification required) - 76000, 71023, 71034
- \_\_\_\_\_ Holmium YAG (ADDITIONAL REQUIREMENT: Proof of Competency)
  
- \_\_\_\_\_ Robotic surgery for BASIC cardio-thoracic procedures: 17.41, 17.43, 17.45 - internal mammary takedown, pericardial window, pericardial effusion, epicardial lead placement, thymectomy, sympathectomy, single vessel small thoracotomy, multi-vessel small thoracotomy, transmyocardial revascularization. (5 proctored cases-see training details below)
  
- \_\_\_\_\_ Robotic Surgery for ADVANCED cardio-thoracic procedures: mitral valve repair/replacement, atrial septal defect, ventricular septal defect, atrial fibrillation ablation, total endoscopic coronary artery bypass; (8 proctored cases - see training details below)

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See criteria below. The applicable criteria will be applied based on training and/or experience.

**Applicants without Documented Robotic Experience**

1. Applicant must be board eligible or board certified within the specialty requested.
2. Applicant, regardless of specialty, must have full videoscopic or open privileges for each procedure to be performed with robotic assistance.
3. Documentation of completion of a formal training program in robotic surgery specific to the subspecialty. The program length should be a minimum of two days, providing both didactic and hands-on animal or cadaver laboratory training with the curriculum specifically tailored for each specialty and application. The clinical chief will determine the adequacy of the formal training.
4. Proctored for a minimum of 5 basic robotic cases. If advanced robotic privileges are requested, then 3 additional cases must be proctored, of which all must be advanced robotic cases. Proctoring Form completed with observed competency. Selected proctor must be approved by the Robotics Committee Chairman. A minimum of 20 cases within the scope of practice are required to qualify as a proctor.
5. Completion of basic robotics surgical training online course.
6. Completion of robotic surgical simulation training program or documentation of at least 10 lab session practicing knot tying and suturing for at least 30 minutes.

**Applicants with Current Unrestricted Robotic Clinical Privileges from another Hospital**

1. Applicant must be board eligible or board certified within the specialty requested.
2. Must be granted privileges to perform the intended robotic procedure by another technique.
3. Case log of procedures being requested with a minimum within the past year. ( 15 for Gyn; 7 for all other specialties)
4. Letter of support from the previous department director
5. Previous completion of basic surgical training online course.

**Applicants that received Residency Training in Robotics**

1. Applicant must be board eligible within the requested specialty.
2. Must be granted privileges to perform the intended robotic procedure by another technique.
3. Case log of procedures being requested must show distinction between primary/assisting surgeon. A minimum of 20 cases is preferred.
4. Letter of support from residency/fellowship training program director.
5. Proctored for a minimum of 5 basic robotic cases. If advanced robotic privileges are requested, then 3 additional cases must be proctored, of which all must be advanced robotic cases.

**NOTE:** The appropriateness of using the robot for particular cases is subject to review by the Robotic Surgery Committee Director and the respective Department Clinical Chief. Select procedures may require approval by the Robotic Surgery Committee prior to scheduling of the procedure.

**Applicants without Documented Robotic Experience**

1. Applicant must be board eligible or board certified within the specialty requested.
2. Applicant, regardless of specialty, must have full videoscopic or open privileges for each procedure to be performed with robotic assistance.
3. Documentation of completion of a formal training program in robotic surgery specific to the subspecialty. The program length should be a minimum of two days, providing both didactic and hands-on animal or cadaver laboratory training with the curriculum specifically tailored for each specialty and application. The clinical chief will determine the adequacy of the formal training.
4. Proctored for a minimum of 5 basic robotic cases. If advanced robotic privileges are requested, then 3 additional cases must be proctored, of which all must be advanced robotic cases. Proctoring Form completed with observed competency. Selected proctor must be approved by the Robotics Committee Chairman. A minimum of 20 cases are required to qualify as a proctor.
5. Completion of basic surgical customer training online course.
6. Completion of Surgical simulation training program or documentation of at least 10 lab session practicing knot tying and suturing for at least 30 minutes.

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**CARDIO-THORACIC ROBOTIC SURGERY**

1. Applicant must be formally trained in Cardio-Thoracic fellowship training and be board eligible or board certified in Cardio-thoracic surgery.

2. Applicant must be approved for Basic Robotic Surgery. Basic includes LV lead placements and lymph node biopsy

3. Single Vessel Small Thoracotomy: At least one case observation and one proctored case

4. Endoscopic Mitral Valve Surgery and Open Cardiac Procedures: Prior to any assisted operations, at least 10 right mini thoracotomy cases for closure of ASD, mitral valve replacement or repair, tricuspid valve replacement or repair, atrial mass removal, or open atrial MAZE procedures are required. The procedures must include femoral perfusion with venous and arterial cannulation. This includes closure of atrial septal defect, mitral valve surgery, tricuspid valve surgery and open atrial surgery such as clot or tumor removal or "open atrial" MAZE procedures.

At least 10 prior cases, individual or jointly with another surgeon (at least 5 cases performed at the hospital where privileges are requested)

Completion of surgical mitral valve repair training course with at least 2 additional observed cases.

Lab training including at least 30 simulated repairs or 10 mitral cases performed elsewhere and 10 femoral perfusion cases as primary operator or first assistant.

A minimum of three proctored cases must include either mitral valve repair, tricuspid valve repair or atrial septal defect closure. The proctor may determine if additional cases are needed.

5. Total Endoscopic CABG: At least 10 prior cases, individual or jointly with another surgeon (at least 5 cases at the hospital where privileges are requested)

Completion of an advanced surgical endoscopic CABG training course with at least 2 additional observed cases and at least 30 coronary anastomoses in pig lab or 5 endoscopic CABG cases performed elsewhere and 10 femoral perfusion cases as primary operator or first assistant.

New applicants - The above requirements will be effective for all new applicants after January 1, 2014. Applicants currently in training will credential under the previous privileging guidelines. Surgeons currently credentialed are grandfathered under the previous privileging criteria. Reappointment credentials will apply to all beginning January 2015.

Reappointment for all Applicants: Applicants must have a documented case log with a minimum of 7 cases within the last year and 15 cases within the last 2 years. Surgeons failing to meet this requirement in the 1 year period preceding reappointment may have such privileges renewed for no more than a 1 year period. Failure to meet the minimum case volume for two consecutive years shall result in a loss of eligibility, which can then be restored only through completion of additional training and/or proctored cases sufficient to demonstrate current proficiency. The reappointment criteria will be effective for all reappointments beginning January 1, 2015.

I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_