



Thoracic Surgery Privileges Department of Surgery

Name: _____
(Please print)

- ' Initial privileges (initial appointment)
- ' Renewal of privileges (*reappointment, on 2 year specialty cycles*)
- ' Modification of privileges (*request for any additional privileges beyond those previously granted*)

Basic Education: MD or DO

Minimal formal training: Applicants must be able to demonstrate successful completion of an ACGME or AOA accredited training program in thoracic surgery and demonstrate current certification or board eligibility (with achievement of certification within 5 years of training completion) leading to certification in thoracic surgery by the ABTS or the AOBS (thoracic cardiovascular surgery).

Required current experience: Applicants must be able to demonstrate that they have performed at least 50 thoracic surgical procedures, reflective of the scope of privileges requested, in the past 12 months or successfully completed an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Maintenance of BLS and ACLS at a minimum required.

Facility (Check ALL that are applicable to your request)				
Baroness*	Children's**	North	East	Bledsoe/Sequatchie

* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics

**Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

Core Thoracic Surgery Privileges:

Core privileges for thoracic surgery include the ability to admit, evaluate, diagnose, and treat inpatients and outpatients, and provide operative, perioperative, and critical care to patients **16 and older** with pathological conditions within the chest. This includes surgical care of coronary artery disease; cancers of the lung, esophagus, and chest wall; abnormalities of the trachea; abnormalities of the great vessels and heart valves; congenital anomalies of the chest; tumors of the mediastinum; and diseases of the diaphragm. Practitioners may provide care to patients in the intensive care setting in conformance with unit policies. Privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff regulations regarding emergency and consultative call service.

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

Performance of history and physical exam

Cervical, thoracic, or dorsal sympathectomy

Correction of diaphragmatic hernias, both congenital or acquired, 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

Pericardiocentesis, pericardial drainage procedures, and pericardiectomy

Procedures upon 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 on the diverticulum, as well as perforation, resections, transhiatal esophagectomy, surgery for benign esophageal disease, and surgery on the 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

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

Cardiac surgery (organization specific, if privileging form is to include cardiac procedures):

Ablative surgery (radiofrequency energy, microwave, cryoablation, laser and high-intensity focused ultrasound, and maze)

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

Correction or repair of all anomalies or injuries of great vessels and branches thereof, including aorta, pulmonary artery, pulmonary veins, and vena cava

Endarterectomy of pulmonary artery

Endomyocardial biopsy

Endoscopic procedures and instrumentation involving the esophagus and tracheobronchial tree

Management of congenital septal and valvular defects

Minimally invasive direct coronary artery bypass

Off-pump coronary artery bypass

Operations for myocardial revascularization

Pacemaker and/or automatic implantable cardiac device implantation and management, transvenous and transthoracic

Palliative vascular procedures (not requiring cardiopulmonary bypass) for congenital cardiac disease

Pericardiocentesis, pericardial drainage procedures, pericardiectomy

Pulmonary embolectomy

Surgery for implantation of artificial heart and mechanical devices to support or replace the heart partially or totally

Surgery of patent ductus arteriosus and coarctation of the aorta

Surgery of the aortic arch and branches and the descending thoracic aorta for aneurysm/trauma

Surgery of the thoracoabdominal aorta for aneurysm

Surgery of tumors of the heart and pericardium

Vascular access procedures for use of life support systems, such as extracorporeal oxygenation and cardiac support

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

Special Non-Core Privileges in Thoracic Surgery:

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence. Non-core privileges include:

Procedure	Baroness	Children's	North	East	Bledsoe/Sequatchie
Use of laser					
Robotic surgical procedures [Criteria: Initial = robotic training as part of residency, fellowship, or an approved robotics course. Reappointment = minimum 10 cases per year]					
Endovascular repair of thoracic aortic aneurysms and abdominal aortic aneurysms					
Administration of Moderate sedation and analgesia (see below for criteria).					

Request for Privilege Not Listed in Core or Special Non-Core *(please list the privilege and provide justification as well as any accompanying certifications or case logs)*

Special Procedures Privileges Criteria
Moderate Sedation

CRITERIA – To administer Moderate Sedation

1. Basic education: MD, DO, DDS, or DMD
2. Successful completion of a post-graduate residency training program of at least three years' duration.
3. Trained in the professional standards and techniques to administer pharmacologic agents to predictably achieve either minimal or moderate sedation and monitor patients carefully in order to maintain them at either of these levels of sedation-either intentionally or unintentionally. Acceptable training may be the completion of a course offered by any local hospital or the local Medical Society. Documentation of completion is required.
4. Must be able to evaluate and document evaluation of the patient prior to performing minimal or moderate sedation.
5. Must be qualified to rescue patients from *deep* sedation and trained to manage a compromised airway and to provide adequate oxygenation and ventilation.
6. Current proof of ACLS, PALS, or ATLS
7. Able to demonstrate that he/she has administered minimal or moderate sedation or analgesia to at a minimum of five (5) patients during the past 12 months.

NOTE: Deep Sedation is limited to Anesthesia/CRNAs, Critical Care, and Emergency Medicine and full Anesthesia is limited to Anesthesiologists and CRNAs and is outlined in their delineation of privileges.

Department Chief Recommendation:

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

- ' Recommended as Requested
- ' Recommended with Modifications (See comments below)

Not Recommended (See comments below)

Chief Comments: _____

Provider Signature

Date

Chief Signature

Date

Rev. 03/24